



## **Consortium for the Regional Support for Women in Disadvantaged and Rural Areas**

**Response to: Eligibility for Healthy Start for groups who have no recourse to public funds or are subject to immigration controls**

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# **Women's Regional Consortium: Working to Support Women in Rural Communities and Disadvantaged Urban Areas**

## **1. Introduction**

**1.1** This response has been undertaken collaboratively by the members of the Consortium for the Regional Support for Women in Disadvantaged and Rural Areas (hereafter, either the Women's Regional Consortium or simply the Consortium), which is funded by the Department for Communities and the Department of Agriculture, Environment and Rural Affairs.

**1.2** The Women's Regional Consortium consists of seven established women's sector organisations that are committed to working in partnership with each other, government, statutory organisations and women's organisations, centres and groups in disadvantaged and rural areas, to ensure that organisations working for women are given the best possible support in the work they do in tackling disadvantage and social exclusion.<sup>1</sup> The seven groups are as follows:

- ♀ Training for Women Network (TWN) – Project lead
- ♀ Women's Resource and Development Agency (WRDA)
- ♀ Women's Support Network (WSN)
- ♀ Northern Ireland's Rural Women's Network (NIRWN)
- ♀ Women's TEC
- ♀ Women's Centre Derry
- ♀ Foyle Women's Information Network (FWIN)

**1.3** The Consortium is the established link and strategic partner between government and statutory agencies and women in disadvantaged and rural areas, including all groups, centres and organisations delivering essential frontline services, advice and

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<sup>1</sup> Sections 1.2-1.3 represent the official description of the Consortium's work, as agreed and authored by its seven partner organisation

support. The Consortium ensures that there is a continuous two-way flow of information between government and the sector. It also ensures that organisations/centres and groups are made aware of consultations, government planning and policy implementation. In turn, the Consortium ascertains the views, needs and aspirations of women in disadvantaged and rural areas and takes these views forward to influence policy development and future government planning, which ultimately results in the empowerment of local women in disadvantaged and rurally isolated communities.

**1.4** The Women's Regional Consortium appreciates the opportunity to respond to the Department of Health and Social Care's consultation into eligibility for Healthy Start for groups who have no recourse to public funds or are subject to immigration controls. We believe there is an urgent need to ensure that **all** pregnant woman and their children, regardless of their immigration status, can access the vital nutrition they need to have an adequate diet and live healthy lives.

**1.5** We wish to endorse the responses made by Project 17, First Steps Nutrition Trust and the Faculty of Public Health (FPH) & British Association for Child and Adolescent Public Health (BACAPH).

## **2. Healthy Start in Northern Ireland**

Healthy Start is devolved and administered by the Department of Health in Northern Ireland.

Northern Ireland has the lowest uptake level of Healthy Start compared to England and Wales. There are roughly 21,000 people eligible to receive Healthy Start but statistics show that uptake is only 52.7%.<sup>2</sup>

Northern Ireland research found that awareness of the scheme was low, and it was notable that a number of women had missed out on this payment – either completely

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<sup>2</sup> Healthy Start scheme in Northern Ireland, ARK Policy Brief, June 2024  
<https://www.ark.ac.uk/ARK/sites/default/files/2024-06/policybrief28.pdf>

for some children, or had only found out long after they had become entitled. Some also missed out on receiving the higher payment (when a child is aged between 0 – 1 years old). One parent said: *“I found out about it in the Women’s Centre. My wee boy was a year and a half and I’m on my own with him. I missed most of it when I really needed it because I didn’t know”*. Another parent missed out on the scheme altogether for her first two children, as she explained: *“I only found out about it with my third child, I missed out on it for my first two kids. My health visitor only told me when my third child was one”*.<sup>3</sup>

Information on Healthy Start is available online including on the NI Direct and Department of Health websites but given the low uptake, there are serious issues with signposting.

An ARK policy brief on the Healthy Start Scheme in Northern Ireland<sup>4</sup> highlights the current challenges with the Scheme:

1. **Low awareness and Uptake** – Northern Ireland has lower levels of uptake of Healthy Start than England and Wales. Data on the uptake of the Healthy Start scheme is available broken down by Primary Care Trust area in Northern Ireland. There is substantial geographic variation in uptake levels across the Trust areas, with the lowest uptake in the Southern Trust area (48%) compared to the highest uptake level at 57% in the Belfast Trust area.
2. **The value of the scheme is not enough** - despite the rising cost of food, the Government has not adjusted the level of support in line with inflation.

### **3. The Impact of the Cost-of-Living Crisis on Women and Healthy Start**

Research published by the Women’s Regional Consortium in Northern Ireland and Ulster University on the impact of the Cost-of-Living Crisis on women<sup>5</sup> found that

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<sup>3</sup> Healthy Start scheme in Northern Ireland, ARK Policy Brief, June 2024  
<https://www.ark.ac.uk/ARK/sites/default/files/2024-06/policybrief28.pdf>

<sup>4</sup> Healthy Start scheme in Northern Ireland, ARK Policy Brief, June 2024  
<https://www.ark.ac.uk/ARK/sites/default/files/2024-06/policybrief28.pdf>

<sup>5</sup> Women’s experience of the Cost-of-Living Crisis in Northern Ireland, Women’s Regional Consortium and Ulster University, June 2023  
<https://www.womensregionalconsortiumni.org.uk/wp-content/uploads/2023/06/Womens-Experiences-of-the-Cost-of-Living-Crisis-in-NI-2.pdf>

many women were struggling to buy food including baby formula and healthy food especially fruit and vegetables.

Findings from this research highlight the importance of providing help with the most essential bills including food:

- 75% of the women said they were having the most difficulty paying for their food shopping
- 89% said the price rises which had the biggest impact on their household budget were food bills
- 78% said that cost of living increases had impacted on their children
- 78% said that they felt cold or hungry or both as a result of cost of living increases
- 43% of the women reported that they had skipped meals to cope with rising bills and ensure that their children were being fed
- 41% said they had needed to use a foodbank/other charitable support due to increases in the cost of living.

This research found that food was a significant issue at the forefront of women's minds. Women who took part in this research reported a variety of coping mechanisms including reduced portion sizes for themselves, skipping meals, buying cheaper brands and cheaper less nutritional food and in some cases eating out of date food. The result of rising food prices has meant that more women are having to act as the 'shock absorbers' of poverty in their homes, significantly cutting back or going without food themselves to try and ensure that their children and families are fed.

Given the substantial pressure on household budgets as a result of the Cost-of-Living Crisis many families are struggling to consume a nutritionally balanced diet. Data from the Food Foundation<sup>6</sup> shows that the most deprived fifth of the population would need to spend 50% of their disposable income on food to meet the cost of the

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<sup>6</sup> The Broken Plate 2023 Report, The Food Foundation  
[https://foodfoundation.org.uk/sites/default/files/2023-10/TFF\\_The%20Broken%20Plate%202023\\_Digital\\_FINAL..pdf](https://foodfoundation.org.uk/sites/default/files/2023-10/TFF_The%20Broken%20Plate%202023_Digital_FINAL..pdf)

Government's Eatwell Guide, compared with just 11% for the least deprived fifth. This perpetuates health inequalities particularly among low-income households.

The Healthy Start Scheme is important particularly as the price of food and formula milk continues to remain high. The Competition and Markets Authority (CMA) found that the average price of infant formula had risen by 25% in the past two years with the cost of infant milk at historically high levels despite some price falls.<sup>7</sup> In addition breastfeeding advocates have long pointed to the lack of time and support that is provided to new mothers with research showing that socio-economically disadvantaged mothers are least likely to breastfeed.<sup>8</sup>

Rates of poverty have increased in Northern Ireland.<sup>9</sup> In 2021/22, 16% of the NI population were in relative poverty and 13% were in absolute poverty. In 2023/23 the figure for relative poverty had increased to 18% and 14% of the population were in absolute poverty. Child poverty rates have increased even more – the percentage of children living in relative poverty in Northern Ireland in 2022/23 was 24%, up from 18% in 2021/22. The percentage of children living in absolute poverty rose from 15% to 19% over the same period.

Despite growing poverty rates Northern Ireland remains without an Anti-Poverty Strategy which would provide for meaningful protections for those who are facing poverty and food insecurity. The report from the Anti-Poverty Strategy Expert Advisory Panel<sup>10</sup> criticised the value of the Healthy Start scheme and recommended introducing a legal duty to ensure that children are well-nourished and free from food insecurity.

*"I didn't realise about Healthy Start. I was entitled from early in my pregnancy but I can't get it backdated now. No one told me I could have been getting extra money."*

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<sup>7</sup> <https://www.theguardian.com/business/2024/feb/20/uk-infant-formula-high-prices-competition-and-markets-authority>

<sup>8</sup> <https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-021-01393-7>

<sup>9</sup> [https://datavis.nisra.gov.uk/communities/PII\\_report\\_2223.html](https://datavis.nisra.gov.uk/communities/PII_report_2223.html)

<sup>10</sup> Recommendations for an Anti-Poverty Strategy, Expert Panel Advisory Report, December 2020 <https://www.communities-ni.gov.uk/system/files/publications/communities/dfc-social-inclusion-strategy-anti-poverty-expert-advisory-panel-recommendations.pdf>

*“The price of formula milk for babies is awful. You used to get two for £16 and now it’s £10.50 a tin. The Healthy Start card isn’t enough. £17 doesn’t cover what you need. In some places Aptamil formula milk is £17.50.”*

*“I have a Healthy Start card but now my daughter is on prescription milk I actually have the money on it now to get some fruit and vegetables where before it was all going on formula.”*

*“You can use the Healthy Start card to buy fruit and vegetables but how much does £17 buy you? Not very much.”*

*“My baby is on Aptamil formula and it’s £16 a tin now. I was going without food to make sure she had it. I was eating dry cereal just so she could get the formula she needs. The stress of getting down to the bottom of the tin and thinking will I have enough to get her her milk.”*

*(Quotes from participants in Women’s Regional Consortium focus group sessions)*

#### **4. Consultation Questions**

##### **Do you agree or disagree with the current eligibility criteria for Healthy Start?**

##### **Disagree.**

Article 27 of the UN Convention on the Rights of the Child outlines that state parties recognise the right of **every** child to a standard of living adequate for the child’s physical, mental, spiritual, moral and social development. It states that government should within their means take appropriate measures to help parents and others responsible for the child to implement this right and shall in case of need provide material assistance and support programmes, particularly with regard to nutrition, clothing and housing. Article 24 states that state parties recognise the right of the child to the enjoyment of the highest attainable standard of health and to combat disease and malnutrition through the provision of adequate nutritious foods.

Women’s Regional Consortium research has heard from women in Northern Ireland about the positive impacts that Healthy Start has made to their children and their family’s wellbeing. It is wrong and inequitable to deny families who would be financially eligible access to this Scheme but who are excluded because of their immigration status. Research has long shown the benefits to providing healthy, nutritious food in early childhood. Excluding children because of their immigration status could have long-term negative impacts on their health and wellbeing as these children grow into adults. Improving nutrition in early childhood will therefore have long-term health and economic benefits as these children grow to contribute to the society and economy of the future.

We agree with Project 17 who have highlighted that 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.”* The argument is therefore that there can be no reasonable basis for an eligibility criteria which serves to exclude children from the poorest families.

**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.**

All children deserve access to nutritious food regardless of their nationality or immigration status. Asylum seekers are at increased risk of food insecurity due to the barriers they face in accessing social and economic opportunities.

We agree with Project 17 who have outlined that the purpose of the Healthy Start scheme is to ensure that all children have access to vital nutritional support during the early years of development. Therefore, no child should be excluded from accessing this support due to their nationality or their family’s immigration status.

Since August 2024, eligibility for access to Best Start Foods in Scotland has been extended to include non-British children aged under three years with no recourse to public funds.

**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.**

First Steps Nutrition Trust have outlined that pregnant women on low incomes with NRPF are both financially and nutritionally vulnerable. The purpose of the Healthy Start scheme is to provide support to reduce health inequalities by ensuring that women and children who are most in need because of their low income have access to essential vitamins and nutritious food. Therefore, extending the eligibility for Healthy Start to these pregnant women would be in keeping with the purpose of the scheme.

Eating nutritious food during pregnancy is important for both the mother’s health and the baby helping to ensure that the baby can get all the nutrients they need to grow and develop. A mother’s diet can affect the health of the baby potentially into adulthood. Therefore, pregnancy is a crucial time to be able to eat a healthy, balanced diet.



Project 17 have highlighted that evidence shows that adequate nutrition is vital to ensure foetal growth and development (reducing risk risks of birth defects and low birth weight), the long-term health of the child (reducing the risk of chronic diseases such as obesity, diabetes, and cardiovascular conditions), the cognitive and emotional development of the child (linked to better cognitive development and emotional health) as well as improving the mental health of mothers (which in turn has a positive impact on foetal development).

Project 17 have also highlighted research which shows that in the UK 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. We agree with Project 17 that these findings highlight the urgent need for targeted interventions to address health inequalities and improve maternal outcomes for all pregnant persons in the UK.

As Just Fair have argued pregnant women with NRPF or subject to immigration controls should be entitled to a nutritional safety net, consistent with the UK Government's commitment to the International Covenant on Economic, Social and Cultural Rights, which requires securing the right to sufficient food for everyone in the UK.

**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.**

First Steps Nutrition Trust have stated that *"Infants under one in families on low incomes and no recourse to public funds (NRPF) are nutritionally vulnerable. Infancy is a critical period of growth and development. During this period, safe, adequate and appropriate milk feeding, and the timely introduction of appropriate complementary foods at around 6 months of age is necessary to support health and optimal growth, including cognitive and immune development."*

In addition, Project 17 have outlined that *"public health advice is for mothers to breastfeed their babies, and to eat a healthy balanced diet to support them to do so."* Project 17 also point to the wealth of evidence that women with poor diets feel unable to breastfeed. Therefore, ensuring women who want to breastfeed have the support they need, including access to sufficient healthy foods, is vital as breastfeeding helps protect infants from common childhood illnesses and diet-related disease later in life.

One of the stated purposes of the Healthy Start scheme is to promote breastfeeding therefore extending the Healthy Start vouchers to mothers with children under one would be in keeping with the statutory purpose of the scheme.

As Just Fair have argued mothers with children under one and NRPF or under immigration controls should be entitled to a nutritional safety net as part of the UK Government's commitment to the International Covenant on Economic, Social and Cultural Rights, which requires securing the right to sufficient food for physical and mental growth for everyone in the UK.

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

**Yes.**

The Healthy Start Scheme should be extended to all children and families subject to immigration control whose parents meet the financial eligibility criteria. This would ensure that the scheme achieves its aim of reducing health inequalities by ensuring that women and children "most in need" have access to essential vitamins and nutritious food.

**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.**

As we have previously stated all children in families who meet the financial eligibility criteria should be able to access the Healthy Start scheme which ensures that the scheme meets its stated aim and purpose.

As Just Fair have argued excluding these families will exacerbate health inequalities and undermine the government's obligation to protect the rights of all children living in the UK, in line with the International Covenant on Economic, Social and Cultural Rights.

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

**Agree.**

We agree with Project 17 and the Faculty of Public Health (FPH) & British Association for Child and Adolescent Public Health (BACAPH) who have outlined the following benefits to adding these groups to the eligibility criteria for the scheme:

- 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.

- improved equity of access to vitamins and healthy food, including increased fruit and vegetable intake for pregnant women and children.
- potential for reduced demand on healthcare services as a result of improved nutrition of pregnant women and young children. For example, saving on preventing long term health issues and chronic conditions such as obesity, diabetes and cardiovascular disease but also expenditure for other government departments, such as Education 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.
- 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 the 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.

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

**Agree.**

While expanding eligibility to the scheme to these groups may result in an increased government expenditure in the short term this will save in preventing future health and developmental issues and associated local and central government expenditure.

We wish to raise the issue of awareness of the scheme as a significant challenge. Northern Ireland already has low uptake levels for Healthy Start and research with women in Northern Ireland has shown examples of families who are eligible for this support and who were not aware of it. This is often without the additional barriers that these groups face including language and cultural barriers.

**If you agree, do you have any suggestions for how these challenges could be overcome (maximum 350 words)?**

We agree with Project 17 that significant effort will have to be put into a campaign to raise awareness of any changes to eligibility for the statutory scheme to increase uptake. This should include with migrants themselves and with a range of other professionals they are likely to come into contact with including pharmacists, midwives, health visitors, health care professionals, early years workers, etc.

First Steps Nutrition Trust have suggested that other groups such as Family Hubs/Sure Start centres and breastfeeding support also have critical roles to play in ensuring that those eligible are aware of and can access the scheme. We suggest that Women's Centres and advice organisations also have an important role to play in ensuring that the most marginalised and disadvantaged women and families know about Healthy Start. We support First Steps Nutrition Trust in their call for funding to be invested in local services to support statutory services in this work.

We also suggest that there should be a clear statement that Healthy Start will not put anyone's conditions of leave at risk, provide information in a number of languages and provide access to interpreters to explain the scheme and facilitate referrals and provide help with completing the forms and access to the necessary technology to do so.

**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 (maximum 350 words).**

Nothing further to add.

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

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

##### **Positive effect.**

The majority of those subject to NRPF are from ethnic minorities/racialised communities. First Steps Nutrition Trust point out "*research shows that families with no recourse to public funds are predominantly families from Black, Asian and ethnic minority backgrounds whose children are at increased risk of socioeconomic deprivation and inadequate micronutrient intakes.*" Therefore, expanding the eligibility to those who share the protected characteristic of race would have a positive impact.

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

##### **Positive effect.**

As highlighted by the Faculty of Public Health (FPH) & British Association for Child and Adolescent Public Health (BACAPH) women who are pregnant or breastfeeding are at increased risk of vitamin D deficiency. Extending the eligibility as proposed would have a positive effect in relation to the protected characteristic of pregnancy and maternity through access to Healthy Start vitamins.

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

**Positive effect.**

First Steps Nutrition Trust have outlined that the reasons cited for seeking asylum include avoiding persecution for religious beliefs and / or sexual orientation so there is the potential to have positive impacts for these protected groups also.

As highlighted by Project 17 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 will be single mothers. Expanding the eligibility would therefore have a positive impact on the grounds of sex.

We also suggest there will be positive impacts on the grounds of sex because women often act as the 'shock absorbers' of poverty in their homes, reducing their food intake, eating cheaper, less nutritious food or skipping meals altogether to make sure their children and family members have what they need. Providing access to this scheme could help increase the availability of healthy, nutritious food in the household helping to ensure that all members of the family can access the nutrition they need.

**Equality analysis: not extending Healthy Start**

**What effect, if any, do you think not changing the eligibility criteria would have on those who share the protected characteristic of race?**

**Negative effect.**

Families with no recourse to public funds are predominantly families from Black, Asian and ethnic minority backgrounds, therefore denying nutritional support to women and children with NRPF, despite meeting the eligibility criteria, will disproportionately affect individuals who share the protected characteristic of race.

**What effect, if any, do you think not changing the eligibility criteria would have on those who share the protected characteristic of pregnancy and maternity?**

**Negative effect.**

First Steps Nutrition Trust highlight that pregnant women with no recourse to public funds (NRPF) are highly vulnerable both financially and nutritionally. Many face destitution, lacking access to welfare benefits or a nutritional safety net and encounter multiple barriers to obtaining food. Yet they require a nutrient-rich diet to meet the needs of their growing baby, as well as an additional 200 calories per day

during the third trimester. Not changing the eligibility criteria will therefore have a negative effect on those sharing the protected characteristic of pregnancy and maternity.

**What effect, if any, do you think not changing the eligibility criteria would have on those who share any other protected characteristics?**

**Negative effect.**

There would be a negative impact on those with the protected characteristic of sex - as many of those likely to qualify for the financial threshold are women often single mothers. We also suggest that there will be negative impacts on the grounds of sex because women often act as the 'shock absorbers' of poverty in their homes, reducing their food intake, eating cheaper, less nutritious food or skipping meals altogether to make sure their children and family members have what they need. Not changing the eligibility criteria will ensure that these women will have to continue these harmful behaviours and therefore have negative impacts on the grounds of sex.

First Steps Nutrition Trust have outlined that the reasons cited for seeking asylum include avoiding persecution for religious beliefs and / or sexual orientation so not changing the eligibility criteria could have the potential for negative impacts for these groups.

**Equality analysis: other information**

**Please provide any further information that you would like DHSC to consider in relation to equality analysis for Healthy Start eligibility for those with NRPF or who are subject to immigration controls (maximum 350 words).**

DHSC should consider increasing the value of Healthy Start annually in line with inflation. In April 2021, the value of Healthy Start was increased from £3.10 to £4.25 – the first increase since 2010. Despite the rising cost of food, the Government has not adjusted the level of support in line with inflation. This is particularly worrying as some products which can be purchased through the scheme, such as infant formula, have risen significantly faster than food inflation and are at historically high prices (Competition and Markets Authority, 2024). As a result, Healthy Start funds are not enough to cover costs. Research participants have raised the cost of formula milk with one saying: *“My newborn is drinking £11 formula a week. How does that work with the value of the card?”*. In general, parents agreed that most food now exceeds the value of the Healthy Start allowance and one parent said: *“It’s £4.25 per week – if you think about how much a box of strawberries is at the minute it would hardly cover it.”*

Leading campaign groups and charities across England, Wales and Northern Ireland have called for the value of Healthy Start payments to rise in line with rising food prices. In December 2022, over 110 organisations wrote to Ministers, and the Chief Executive of the NHS Business Service Authority, calling for an immediate increase

to the Healthy Start amount in line with inflation and for the Government to commit to review its value every six months. If the payments had increased in line with food inflation between April 2006 and March 2023, the value would be worth around £5.10 per week (The Food Foundation, 2022). It is difficult to understand why the payment is not uprated in line with inflation, particularly as this happens to other social security payments such as Universal Credit. Moreover, the comparable scheme in Scotland, Best Start Foods, saw an uplift by 10.1% in 2023, reflecting high food inflation rates. **Failure to increase the value of Healthy Start is part of a broader Government failure to adequately support food insecure households.**

The National Food Strategy (2021) has also recommended that the scheme should be available to all households earning under £20,000 and expanding the scheme to all families on Universal Credit. It also recommends that the age limit should be raised to include children under five years old. In addition to this, it also calls for the scheme to include every pregnant woman regardless of age or income. Similarly, there is also a call for Healthy Start vitamins to be universally available.