ISRCTN68289910 https://doi.org/10.1186/ISRCTN68289910

Longitudinal impacts of no recourse to public funds on health and wellbeing for children and families in England

Submission date
18/12/2025

Recruitment status
No longer recruiting

Registration date
28/05/2026

Overall study status
Ongoing

Last Edited
17/04/2026

Condition category
Other

[_] Prospectively registered
[_] Protocol
[_] Statistical analysis plan
[_] Results
[_] Individual participant data
[X] Record updated in last year

Plain English summary of protocol

Background and study aims
The research aims to understand what happens to the health of children and families with no recourse to public funds (NRPF) and how this changes over time. NRPF is when people are not able to get basic money from the UK government like benefits or support to live. We want to know the impact of being denied recourse to public funds, and of relying on 'child in need' support from local council children's services under a law called Section 17 of the Children Act 1989. We want to know what effect applying for this support has on the health of children and families with NRPF, and what happens if this support is refused.

Who can participate?
People can participate if they are families with dependent children who have NRPF and have been referred to a local authority for 'Section 17' support, and wo live in England or Wales.

What does the study involve?
Participants will be asked to complete a short questionnaire every 6 months for 30 months (6 questionnaires in total). A small subgroup of participants will be invited to talk to one of the project researchers, and to share a copy of their assessment from their social worker.

What are the possible benefits and risks of participating?
We do not envisage any additional risks of taking part beyond those you reasonably incurred during the normal course of day-to-day life. The study will contribute to improving the evidence base for social work and social care practice in the UK, and participants will be provided with a £10 voucher as a thank you for taking part every time they complete a questionnaire or an interview.

Where is the study run from?
The study is run from the University of Birmingham (UK)

When is the study starting and how long is it expected to run for?
The study is starting in January 2025 and will run until December 2027

Who is funding the study?
The study is funded by the NIHR Public Health Programme (UK)

Who is the main contact?
Dr Andrew Jolly, a.jolly.1@bham.ac.uk

Contact information

Type(s)
Principal investigator, Scientific, Public

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Study information

Scientific Title
Health and wellbeing outcomes for families with no recourse to public funds (NRPF) in England: a longitudinal study of section 17 support under the Children Act 1989

Study objectives
Aim:
To explore the longitudinal impact of support under Section 17 of the Children Act 1989 on the health and wellbeing of families with NRPF.
Objectives:
To understand:
a. The experience of support under Section 17 of the Children Act 1989 and its role in relieving destitution and improving health outcomes for children with NRPF
b. How the denial of recourse to public funds impacts on child health.
c. The areas of good practice in supporting children and families with NRPF, and the risk factors relating to public health for people with NRPF

Ethics approval required
Ethics approval required

Ethics approval(s)
Approved 02/06/2025, University of Birmingham Humanities and Social Sciences Research Ethics Committee (University of Birmingham, Edgbaston, Birmingham, B15 2TT, United Kingdom; -; ethics-queries@contacts.bham.ac.uk), ref: ERN_3619-Jun2025

Primary study design
Observational

Secondary study design
Longitudinal study

Study type(s)

Health condition(s) or problem(s) studied
The impact of support for children in need under section 17 of the Children Act 1989

Interventions
The research will use a mixed method, longitudinal design to trace the experiences of children and families over a period of 30 months. The research design combines both qualitative and quantitative elements:

1. Quantitative Survey
Adult panel members from the 439 family members will be invited to complete a quantitative online survey using the Qualtrics survey platform on behalf of their households. Households who are experiencing digital poverty and exclusion or are unable to access the internet will be offered to complete the survey via telephone call. Surveys will take place at six-month intervals for 30 months and will mirror the qualitative interviews by including indicators based on the Public Health Outcomes Framework, selected for their relevance by stakeholder group members at a participatory workshop. All four of the Public Health Outcomes Framework domains will be included in the quantitative survey: 1/ wider determinants of health; 2/health improvement; 3/ Health protection; 4/ healthcare and premature mortality. However, the precise indicators used to measure these four domains will be coproduced during a participatory workshop in consultation with the steering group, which includes PPIE representatives and professionals in health and social care. This participatory design with expert consultation will ensure that the indicators are relevant to practitioners, methodologically valid and understandable to research participants, especially those who do not speak English as a first language.
The initial survey will provide baseline data on public health indicators and the health outcomes of children and families, and the quarterly follow up surveys will examine how the situation of children and families with NRPF changed over time. This longitudinal methodology will allow us to capture how the health and wellbeing of children and families with NRPF change over time and compare differences between those who are in receipt of Section 17 support and those who are not.
Dropout over time can be expected, and patterns of attrition and their relationship with baseline characteristics and outcome measures at baseline will be explored. Sensitivity analyses will be developed to check any need to adapt the main LMM method of analysis (for example, through weighted analysis), and to enable results to be presented under alternative assumptions about either the missing data or the model assumptions. Model diagnostics will also be performed to assess the adequacy of the model fit, including checks for normality, homoscedasticity, and the presence of any influential outliers.

2. Qualitative Semi-structured interviews
A sub-sample of 27 participants, drawn from all nine English regions will be interviewed at six-month intervals over 30 months either online using MS Zoom, or in person. Interview schedules will be drawn from relevant indicators in the Public Health Outcomes Framework across the following five themes:
a. Overarching Indicators
b. Improving the wider determinants of health
c. Health improvement
d. Health protection
e. Healthcare public health and preventing premature mortality.
Using the principles of co-production, relevant indicators for each of the five themes will be selected with assistance from the stakeholder group in a participatory workshop to identify which indicators are most relevant for this study, and to ensure PPIE in the development of the interviews.
The perspectives of children within families will be elicited using participatory visual methods. Young children, especially those who do not speak English as their first language, are sometimes more difficult to engage using traditional qualitative interview methods, and methods that use photographs and images can be a way to more effectively elicit their views and perspectives (Alderson & Morrow, 2011). Rather than using an interview schedule, children will be invited to draw pictures and take photographs using a series of prompts based on the themes drawn from the Public Health Outcomes Framework; these will then form the basis for a participatory interview about their perspectives on the research themes, which is appropriate to their age and stage of development (Einarsdottir et al., 2009). The interviews will be recorded, transcribed and analysed in the same way as the adult interviews. The child's competence to consent to the interview will be assessed beforehand by the parents, and again by the interviewer prior to commencing the interview, in a two-way process where children will be asked to confirm 1) how much they understand about the project 2) how much they understand about their rights (Alderson, 2004).

Intervention Type
Other

Primary outcome(s)
1. Families' experience of support under Section 17 of the Children Act 1989 and its role in relieving destitution and improving health outcomes for children with NRPF measured using Quantitative survey of public health indicators and qualitative semi-structured interviews with families who have NRPF at at three month intervals

2. How the denial of recourse to public funds impacts on child health. measured using Measured using a quantitative questionnaire and child health outcomes measured using indicators drawn from the Public Health Outcomes Framework at three month intervals

3. Identifying areas of good practice in supporting children and families with NRPF, and the risk factors relating to public health for people with NRPF measured using Quantitative survey of public health indications and qualitative semi-structured interviews at at three month intervals

Key secondary outcome(s)

Completion date
31/12/2027

Eligibility

Key inclusion criteria
1. A member of a family with dependent children
2. Living in England
3. Subject to the NRPF rule
4. Seeking support under section 17 of the Children Act 1989

Healthy volunteers allowed
Yes

Age group
All

Lower age limit
0 Years

Upper age limit
66 Years

Sex
All

Total final enrolment
0

Key exclusion criteria
1. Families who do not have dependent children in the household
2. Families living outside of England
3. Families who are not migrants or are not subject to the NRPF rule
4. Families who are not or have not sought support under Section 17 of the Children Act 1989

Date of first enrolment
10/11/2025

Date of final enrolment
10/02/2026

Locations

Countries of recruitment
United Kingdom

England

Study participating centre
University of Birmingham
Muirhead Tower

University of Birmingham
Birmingham
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B15 2TT

Sponsor information

Organisation
University of Birmingham

ROR
https://ror.org/03angcq70

Funder(s)

Funder type

Funder Name
National Institute for Health and Care Research

Alternative Name(s)
National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Not expected to be made available