Submission to the Health and Social Security Scrutiny Panel

Family Friendly Legislation Review: Immigration and Cultural Wellbeing

Introduction

I am writing to contribute to the Family Friendly Legislation Review, focusing on how immigration policy intersects with the health and wellbeing of families, particularly those from migrant and multicultural backgrounds giving birth in Jersey.

Across many cultures, motherhood is not an isolated experience; it is a communal and sacred passage. Among the Shona people of Zimbabwe, there is a practice known as Kusungira. It is both a ritual and a support system that ensures a woman is surrounded by her mother, aunties, and grandmothers in the final weeks before childbirth and throughout her recovery.

Before birth, her husband symbolically returns her to her maternal home, saying:

> “I am not of the womb, and cannot know its mysteries. I return her to those who carry that wisdom, so that mother and child may be safe.”

For weeks, the expectant mother is nourished with herbs, counselled on motherhood, and prepared for birth with the care only other women can provide. After birth, she continues under their watch, resting, breastfeeding, and healing.

Comparable traditions exist across the world. In China, for example, the practice of zuò yuè zi, meaning “doing the month”, requires a new mother to rest indoors while her family ensures her recovery. In parts of India and Latin America, similar postpartum confinement and care traditions exist, rooted in the same wisdom that a woman heals best when surrounded by family and guided by experience.

Modern health research increasingly confirms what these traditions have always known: communal postpartum care reduces depression, strengthens maternal confidence, and safeguards infant health.

The Missed Ritual in Migration

For many migrant women in Jersey, this sacred process is interrupted. Immigration restrictions, visa delays, and narrow definitions of family often mean that a woman gives birth without her mother or aunties by her side.

To those unfamiliar with these traditions, this may seem a small absence. But for many, it is a deep loss, a skipped rite of passage that can lead to anxiety, loneliness, and delayed recovery. Professionals, however skilled, cannot replace the ancestral knowledge, spiritual comfort, and intimate support of a mother's presence.

This is not only a cultural issue; it is a matter of public health. Studies by the World Health Organization and the United Kingdom's National Institute for Health and Care Excellence (NICE NG194) show that consistent emotional and social support dramatically lowers the risk of postpartum depression and improves breastfeeding outcomes.

Across the United Kingdom, perinatal mental health problems, including postnatal depression and anxiety, are estimated to cost society around £8.1 billion every year for each annual cohort of births. Of this, approximately £1.2 billion falls directly on the public sector through the National Health Service and social services. Research shows that early, culturally informed support for mothers could significantly reduce these costs. When scaled to Jersey's population, the proportional impact remains substantial, demonstrating that investing in preventative, family-centred postnatal care is not only a moral obligation but an economic necessity.

Policy Gaps

Under current immigration guidance, there is no specific route that allows a mother, grandmother, or maternal aunt to visit Jersey solely for the purpose of postnatal care. As a result, many new mothers, particularly migrants on work or dependent visas, face childbirth and recovery in isolation.

This omission runs counter to the principles of a family-friendly society. It also risks deepening the inequalities already faced by Black, African, Asian, and Caribbean women in maternal health outcomes.

Economic Realities and Immigration Criteria

Current immigration rules often expect visiting family members, such as mothers or grandmothers, to show personal savings or financial independence before being granted a visa. This requirement does not reflect the real structure of many non-Western families or economies.

In many African and Asian societies, families live and operate collectively. Money and resources are shared between generations, and financial responsibility often lies with the child who has migrated and is working abroad. The idea that a woman over sixty must show personal savings ignores that she has already raised children and supported them through sacrifice, often through subsistence farming or informal work. These mothers may not have bank savings, but they have invested in the very people now contributing to Jersey's workforce and economy.

To deny a visa on the basis of personal income or savings is to misunderstand how extended families function. Economic strength in such communities is shared, not individual. It should therefore be the sponsor's financial position, and the collective household structure, that

immigration officers consider, not outdated expectations based on Western models of individual wealth.

Policies that fail to account for these differences risk excluding entire communities and reinforcing inequality. A family-friendly immigration policy must respect cultural and economic realities, recognising that family support does not always come from personal savings but from shared values, contribution, and trust built across generations.

Length of Stay and Misconceptions about Overstaying

The proposed stay for postnatal carers should allow up to six months, reflecting the true recovery and adjustment period after childbirth. A shorter window does not recognise the physical, emotional, and practical needs of both mother and infant. Six months offers enough time for a new mother to regain strength, for breastfeeding to stabilise, and for the family to adjust without distress or disruption.

Concerns about overstaying visitors are often used as a reason to deny compassionate entry, but existing data and lived experience show that grandmothers and maternal carers are not a group at risk of overstaying. They are here for care, not migration. Their role is temporary, purposeful, and rooted in family responsibility. These women leave behind homes, communities, and commitments that they fully intend to return to.

There are no records showing a pattern of grandmothers overstaying after attending to their daughters and newborns. The assumption that they might do so reflects a misunderstanding of their purpose and culture. A family-friendly immigration framework must be informed by evidence, not fear. When the system operates on trust and compassion, it gains both integrity and efficiency.

Recommendations

To align Jersey's immigration framework with the values of compassion, inclusion, and family wellbeing, I recommend the following:

1. Recognition of Cultural Maternal Support

   Amend immigration practice guidance to recognise short-term postnatal caregiving as a valid reason for a family visit.

   Duration: up to six months

   Sponsor: Jersey resident parent or partner

   Evidence: expected due date, proof of relationship, and return travel booking.

2. Pilot a Perinatal Family Carer Visa

   Establish a short-term visa or visitor category allowing mothers, grandmothers, or maternal figures to stay during the late pregnancy and postpartum period. This could mirror compassionate visitor policies already used in medical care cases.

3. Cultural Competence in Family Policy

   Ensure that maternity and immigration policies are informed by cultural health practices such as Kusungira and similar global traditions. Health professionals and immigration officers should receive awareness training to understand that for many communities, maternal recovery depends on the presence of female kin.

4. Collaborative Policy Development

   Encourage cooperation between the Departments of Health, Social Security, and Customs and Immigration so that family-friendly legislation reflects the diversity of family structures and support systems within Jersey's population.

The Deeper Context

Many of the migrant millennials living and working in Jersey were born during times of instability, including the HIV epidemic in Africa and economic shifts across Asia and the Caribbean. Many were raised by their grandmothers or aunties rather than their biological parents. This experience means that maternal presence is not simply a preference; it is often the foundation of emotional safety.

To deny that presence through rigid visa processes is to misunderstand what family truly means to so many communities.

Conclusion

Family-friendly policy cannot begin and end with maternity pay or workplace flexibility. It must also mean the right to be cared for, to heal in community, to give birth without loneliness, and to have one's culture recognised as a source of strength, not suspicion.

Allowing a mother to have her own mother by her side is not indulgence; it is the most natural form of family support there is. It is the difference between surviving childbirth and growing into motherhood with dignity.

If Jersey seeks to be a truly family-friendly island, then immigration and health policy must walk together, recognising that cultural wisdom, love, and maternal care are as essential to life as medicine itself.

While this paper draws primarily from African and Caribbean heritage, its message extends to all families whose ways of caring differ from Western systems. Recognising these differences does not divide us; it deepens our collective understanding of family, compassion, and humanity.

A family-friendly society is not measured by policy alone, but by how it honours the invisible hands that hold new life. It is in those quiet, unseen acts of care, a grandmother's hands, a mother's comfort, a sister's presence, that a nation reveals its humanity.

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