



Healthy Start Vouchers Study: The Views and Experiences of Parents, Professionals and Small Retailers in England

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(March 2013)

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Executive Summary

The Healthy Start scheme provides a nutritional safety net for pregnant mothers, new mothers and young children (under 4 years) living on low incomes across the UK and aims to improve access to a healthy diet for these vulnerable families. It does this by giving families food vouchers and access to Healthy Start-branded vitamins. Food vouchers can be used in neighbourhood shops to buy fresh cow's milk, infant formula milk, and plain fruit and vegetables (fresh or frozen). Each voucher is worth £3.10, and families receive two vouchers each week for babies less than 1 year old, and one voucher each week for pregnant women and 1-4 year olds. Vitamin coupons entitle families to free vitamins for children and new mothers, usually accessed from health or Children's Centres. A health professional (GP, midwife, health visitor, or other nurse) must sign application forms, confirming that applicants are pregnant or have young children and have received health advice. The Department of Health is legally responsible for the Healthy Start scheme in Great Britain, and it is the statutory responsibility of the local trust or board to make Healthy Start vitamins available.

This study was carried out in 13 Primary Care Trusts (PCTs) across all regions of England only. With a focus on understanding roll-out in disadvantaged communities, this study aims to understand the views and experiences of women, professionals and independent retailers on Healthy Start voucher and vitamin use. We interviewed 107 families living in a range of circumstances including current, past and non-beneficiaries. We spoke to 65 professionals who have day to day contact with Healthy Start families including health visitors, midwives and staff from Children's Centres. We also interviewed 20 staff in a range of different types of small retailers. Our findings are grouped into four areas: local management and coordination, the views of frontline professionals, the views and experiences of families, and the views of small and independent retailers.

Local Management and Coordination

Most PCTs had someone acting as a Healthy Start Coordinator, and most had set up or tasked an existing group to oversee the implementation of Healthy Start. Professions represented in these groups included: Directors of Public Health, midwives, health visiting, Local Authorities (usually representatives of Children's Centres), Medicines Management, Dietetics and Nutrition. Communicating across organisational boundaries was problematic for Healthy Start Coordinators.

Local management seemed to work best when different groups of professionals were involved and where there was a group or an individual who could act as a champion for Healthy Start. The involvement of senior staff (such as midwifery leads) was found to be helpful because their agreement was needed to achieve changes in practice in their teams.

In all the research sites, local teams had focussed their energy on resolving problems with the distribution of Healthy Start vitamins to families. Four PCTs had also put in place schemes to increase provision of free vitamins (e.g. to all pregnant women). Despite these efforts, few women and children were taking Healthy Start vitamins and problems with access to vitamins remained.

Healthy Start Coordinators and local management teams knew little about the implementation of the food vouchers element of the scheme.

The Views of Frontline Professionals

Frontline professionals associated with the implementation of the Healthy Start scheme were: **Midwives** who provided first contact with expectant mothers, signposted eligible women to the scheme, signed application forms, and in some cases handed out Healthy Start vitamins. **Health visitors** also promoted the scheme, ensured that eligible families were in receipt, and signed application forms. Occasionally they also handed out Healthy Start vitamins. **Nursery nurses** working as part of health visiting teams often replaced health visitors in child health clinics and could signpost the scheme, but were not able to sign applications. **Children's Centre Staff** had a variety of roles,

often in relation to vitamin distribution but in some sites promoting the scheme more widely. Respondents reported that **General Practitioners** were rarely involved at any level, despite their contact with eligible families.

The majority of midwives and health visitors reported that Healthy Start fitted with their remit to promote maternal and child health. They regularly encouraged application and countersigned forms. Additional strategies to encourage applications, for example including a Healthy Start tick box on records, and distribution of materials (application forms, leaflets, posters) to health and Children's Centres, were working well.

Professionals had good knowledge of the aims of the scheme, and viewed it as a financial and nutritional safety net; ensuring low income families always had access to healthy food.

While both midwives and health visitors offered nutrition advice as part of their usual role, most were not connecting this to the potential of Healthy Start vouchers to increase the amount of fruit and vegetables families buy. In most of the sites there were limited other nutrition services (such as cookery classes, or diet advice) available, and links were not made to the Healthy Start scheme.

Health professionals were pleased that the move from welfare foods to HS meant that breast-feeding mothers now receive the same level of financial support as bottle-feeding mothers, and believed this removed a disincentive to breastfeed.

There was some evidence that families who are disengaged from health services are brought to the attention of health teams when they seek out a counter-signature for Healthy Start applications.

Most frontline professionals said they would benefit from training or regular updates on Healthy Start, including: eligibility criteria, recommended vitamin intake for all groups, the benefits of the scheme to beneficiaries, local vitamin collection points and participating retailers. These latter two are available on the Healthy Start website, but the professionals we spoke to were not regularly using this resource.

The Views and Experiences of Parents

Uptake of the Healthy Start scheme amongst eligible families was generally high (in our research sites an estimated 72- 86% of eligible families were signed up). Data provided by DH showed that estimated take-up rates tended to be lower in less-deprived PCTs; the five least deprived PCTs had take-up in the range of 72-77%, while the more deprived were in the range 78-86%..

Most families found accessing the Healthy Start scheme easy. We can't be certain which families are not signing up, but our research suggests some groups may find it more difficult: those with chaotic lives particularly with unplanned disruptions in housing; who speak English as a second language; and whose income fluctuates. Additionally, some parents (especially under 18s) did not understand the process for notifying Healthy Start after their baby's birth and dropped out of the scheme at this point. The diet of children in some of the most vulnerable families may not be protected.

The Healthy Start phone line, used for administrative contact with the scheme, worked well for most parents, but was reported to be expensive to call especially for families who only had mobile phones.

Most parents reported receiving minimal information from health professionals about how they could use their food vouchers to improve their family's health. Some parents found the Healthy Start website and leaflet information useful for recipes and nutritional advice.

Most families found using the Healthy Start food vouchers easy. Nearly all had good access to a choice of places to spend their vouchers, and were able to buy food their family needed and used. Most breastfeeding mothers were successfully using the scheme, although a very few breastfeeding mothers didn't claim vouchers because they didn't perceive a need.

The fixed value of vouchers created some annoyance for families. The unspent portion of the voucher is usually lost to parents, and many would like smaller denominations, but this was not a barrier to using the scheme.

Parents were seldom using Healthy Start vitamins. Where they wanted to, most had been hampered by lack of access. There was a greater perceived need for vitamins during pregnancy, and more women had tried to locate Healthy Start vitamins during pregnancy than afterwards. Parents expected the Healthy Start vitamins to be available in high street pharmacies, were confused about where vitamins could be accessed, and reported that health professionals were also unsure.

Parents valued the Healthy Start scheme highly. It made a significant contribution to their weekly shopping budget. Infant formula and fresh cow's milk were the most commonly bought items, but many parents also reported an increase in the purchase of fruit and vegetables. Only a few parents perceived that taking part in the scheme had considerably improved their diet, but more parents said that it had broadened food experiences for their children.

Some parents felt they received good advice about diet and nutrition, but many parents were not in receipt of health and nutrition advice from a health professional or any other source.

The Views of Small and Independent Retailers Using Healthy Start

Most areas had a large number of registered retailers of different sizes, confirming parents' reports that most were able to reach a registered retailer. Small retailers found the scheme easy to use.

Many small retailers viewed their registration with the scheme as a way to serve their community. The financial contribution to their turnover was small, but their local families needed the scheme. Small retailers were largely providing fresh milk in exchange for vouchers, probably because they were often more expensive than supermarkets for infant formula and fresh fruit and vegetables. We found no solid evidence of widespread fraudulent use of vouchers (for example all vouchers used for adult items), but some evidence of minor inappropriate use where unspent proportions of vouchers are sometimes put toward non-eligible products they perceived as healthy items for children.

Implications and Recommendations

Local management teams in England have concentrated on arrangements for Healthy Start Vitamins to be available to families, but not enough families are accessing these vitamins. Families themselves felt the best solution would be to be able to collect vitamins from supermarkets and high street pharmacies. Resolving these challenges will probably need national action supported by good promotion by frontline staff, and would likely have budget implications.

Vitamins should be promoted consistently by frontline staff and at the earliest possible contact with families. Universal vitamin provision for pregnant women was implemented in some case by requiring midwives to offer vitamins directly to women at the first booking appointment. Expansion of this approach may help ensure that families are able to access vitamins from the earliest possible opportunity in pregnancy. Existing pilots of universal vitamin provision for pregnant women should be evaluated for their potential to increase take-up of vitamins in the short and longer term.

Strategies are needed to ensure that those who struggle to access the scheme are known about, and supported to apply.

The place of Healthy Start in relation to Universal Credit is not yet certain, but its particular value as a nutritional safety net available to the most vulnerable families should be considered in any changes. Furthermore, our findings would suggest that the place of Healthy Start as a public health intervention should be maintained and strengthened, and any changes should take account of this.

Good local management of Healthy Start should involve promoting take-up, and maximising the health benefits of the scheme. The devolution of health commissioning, and the movement of public

health to local authorities may create new opportunities for groups who could take responsibility for Healthy Start, but it is not yet clear what these might be nor how they will operate where funds are centrally dispersed. Learning from mechanisms already employed to improve vitamin availability, a successful team is likely to: be accountable for delivering against success criteria; be able to monitor local take-up, use and impact of the scheme; and to include or engage representatives of Public Health, health visiting, midwifery teams, and Children's Centre management. GPs may be an as yet seldom used addition to this professional group.

Frontline staff are successfully signing up families to the scheme, but they should strengthen links between the support and advice they provide on health and nutrition and Healthy Start.

The existing Healthy Start datasets hold data about families and retailer use that could provide data to assist with local planning and management, such as identifying locales with high or low use.

A copy of the full report of findings is available at

<http://www.bristol.ac.uk/sps/research/projects/completed/2013/rk7149/> or by emailing patricia.lucas@bristol.ac.uk

Acknowledgments

We thank those parents, professionals and retailers who took part in this research. We would also like to thank Katherine Tyler and Shazia Basaria for assistance with research, Jenny Chen, Louise Condon, Jenny Ingram, Philippa Tay, Jane Powell, Jessica Williams for their advice and support, and particularly Janice Thompson for chairing our advisory group. Our thanks also to the chair, secretary and members of the Social Care Institute for Excellence (SCIE) Research Ethics Committee. This is an independent report commissioned and funded by the Policy Research Programme in the Department of Health.

The views expressed here are those of the authors and not necessarily those of the Department of Health.