



HEALTHY START: UNDERSTANDING THE USE OF VOUCHERS AND VITAMINS

Summary for practitioners

March 2014

Research Team

Alison McFadden¹
Julia Fox-Rushby²
Josephine M Green³
Victoria Williams⁴
Subhash Pokhrel²
Jenny McLeish⁵
Felicia McCormick³
Nana Anokye²
Melina Dritsaki²
Rose McCarthy⁶
Sarah Bennett⁷
Francesca Entwistle⁸
Mary J Renfrew¹

1 College of Medicine, Dentistry and Nursing, University of Dundee (previously at Department of Health Sciences, University of York)

2 Health Economics Research Group (HERG), Brunel University

3 Department of Health Sciences, University of York

4 Food Matters, www.foodmatters.org

5. Freelance researcher and writer

6. Refugee Council, Leeds

7. St James's Hospital, Leeds

8. University of Hertfordshire

Background: The Healthy Start scheme

Aims of Healthy Start

Healthy Start is a national government scheme that aims to improve the health of pregnant women and children living on a low income, by:

- providing a nutritional safety net for them
- promoting healthy eating and breastfeeding
- encouraging earlier contact with health professionals.

Who can get Healthy Start?

Healthy Start is for two groups of people:

- Women who are at least 10 weeks pregnant
- Families with children up to their fourth birthday.

They can receive Healthy Start if:

- they receive qualifying welfare benefits, *or*
- they receive qualifying tax credits *and* have a household income of £16,190 or less (2012/13), *or*
- they are pregnant and under 18.

What does Healthy Start provide?

The Healthy Start scheme provides two things:

- Vouchers which can be exchanged for **free fresh or frozen fruit and vegetables, cows' milk or infant formula**. The current voucher value is £3.10. Pregnant women and children aged one to three receive one voucher per week, and children under one receive two vouchers per week. Vouchers are sent by post every four weeks and can be spent at retailers that have registered for the scheme. This includes most large supermarkets and some small shops, pharmacies and market traders.
- Coupons for **free vitamin supplements**. Vitamin coupons are sent by post every eight weeks and may be exchanged for free Healthy Start vitamins at locally decided venues such as children's centres and clinics. Healthy Start vitamin tablets for women contain vitamins C, D and folic acid, and the vitamin drops for children contain vitamins A, C and D.

How do you apply for Healthy Start?

There is an application form which must be signed by a health professional and posted to the Healthy Start Issuing Unit. The health professional signs to confirm that the applicant is pregnant or has a child under four, and that the health professional has given him/her health-related advice.

What's the take up of Healthy Start?

Healthy Start is claimed by around 80% of people who are eligible for the scheme. Approximately 90% of the vouchers sent out are spent, but only 1% of vitamin supplements are claimed.

About this study

Aims of this study

The main aims of this study were (1) to look how the Healthy Start scheme works from the point of view of women using it and health professionals, and (2) to provide evidence for how it could work better.

Who did the study?

The study was carried out by researchers at the University of York and the University of Brunel working with colleagues from the voluntary sector.

Who took part in the study?

838 people took part in the study in 2011-12:

- 113 people who were eligible for Healthy Start or might be eligible. 39% were White British, 27.5% Asian and 18% Black.
 - 81 women and four men took part in 11 participatory workshops carried out in English.
 - 25 women took part in three focus groups carried out in Somali, Sylheti, Urdu and Polish.
 - 3 women from Gypsy/Traveller communities took part in telephone interviews.
- 725 practitioners, service managers, commissioners, policy makers and advocacy groups.
 - 49 took part in six focus groups.
 - 620 took part in an online survey.
 - 56 took part in two cross-sectoral workshops to develop final recommendations.

The workshops, groups and interviews were carried out in two regions: Yorkshire & Humber and London. The online survey was England-wide.

Professionals who took part

	Focus groups	Online survey	Cross-sectoral workshops
Midwife	6	134	10
Health visitor	9	217	2
Public Health Specialist	7	53	22
Dietician/Nutritionist	1	35	1
Infant Feeding Specialist	3	22	6
Voluntary Sector Supporter/User Representative	0	8	3
Administrator	6	7	1
Children's Centre/support worker/early years worker/nursery nurse	9	31	1
Other	8	113	10

Key findings

1: General benefits and importance of Healthy Start

Women's views

Women said that Healthy Start was an important support for healthier eating. Most reported that the scheme influenced their shopping and eating habits. They could buy a greater variety of vegetables and fruit, and could experiment with introducing new fruit or vegetables to their children. However, the value of the vouchers was being eroded by the rising cost of food.

Some women also said that the vouchers:

- Reminded them it was important to eat a healthy diet.
- Helped them to manage better financially or buy better quality, but they would buy fruit, vegetables and milk anyway.
- Meant they (especially younger women) could afford fruit and vegetables, which they would not otherwise have eaten.

"I used to live on junk food - now I'm eating healthy. I get up feeling great - Friends say I look much better now - makes me feel so much better and healthier. Without vouchers I wouldn't buy fruit and veg."

Practitioners' views

Practitioners felt that Healthy Start had important benefits for the health of mothers and children. These were: increasing vitamin intake, and enabling poor families to include fruit and vegetables in their diets.

Some thought there were also negative aspects to the scheme:

- There was stigma attached to using vouchers that are only for those on low incomes.
- It could create the (wrong) assumption that those who are not eligible for Healthy Start do not need vitamin supplements.
- It could be an incentive to formula feed.
- Many families in nutritional need are not eligible (for example, those on low incomes but above the income threshold, and those seeking asylum).

2: Awareness of Healthy Start

Women's views

Most women were told about Healthy Start by their midwife or health visitor, but not all. Several women had never heard of Healthy Start or knew very little about it, especially the women who did not speak English. This was true even for women who were in regular contact with health services.

"I'm six month pregnant and until today I didn't know I was able to get Healthy Start."

Practitioners' views

Practitioners overwhelmingly felt that there were two key barriers to health professionals informing women about the scheme (at their antenatal booking visit or new birth visit):

- Healthy Start information could be lost in the mass of other information given to women at these visits.
- They did not have Healthy Start information in languages other than English or appropriate for women with low literacy.

Practitioners' ideas for improvement

- Hold a national, high profile media campaign to increase general awareness.
- Promote within the health service e.g. posters or video loops in antenatal clinics and GP waiting rooms, antenatal classes and on registration of birth.
- Include Healthy Start information with information about welfare benefits/tax credits.

3: Opportunity for providing health-related and lifestyle information

There were no comments about this from women.

Practitioners' views

There was consensus that Healthy Start did not motivate vulnerable families to access health services earlier. Some practitioners felt that Healthy Start did help them to identify vulnerable women earlier. Many stated that they discussed healthy eating and breastfeeding with all women, and did not connect this activity with Healthy Start. Practitioners identified some barriers to providing health-related information:

- Lack of time due to workload.
- Language barriers.
- Staff did not have sufficient training to give the latest information and could give conflicting messages.
- Some staff did not feel providing this information was important, or believed it was someone else's job.
- Some women gave their own health low priority and were not interested in this information, or did not engage with health care.

Practitioners' ideas for improvement

- Train all professional groups so that women receive consistent health messages.
- Integrate Healthy Start health-related information with the wider anti-obesity strategy.
- Provide health messages in new formats and in new places - schools, supermarkets, GP surgeries and benefits offices.
- Train maternity/family support workers or children's centre staff to give this information.

"There needs to be a greater understanding of public health issues amongst all professionals. Due to the demands of services, professionals need to be in a position where they can identify need and respond or refer. Breastfeeding and healthy lifestyle choices must be core business."

4. Eligibility for Healthy Start

Women's views

Women reported that it was hard to understand eligibility because it is linked to different welfare benefits and tax credits, and there are different criteria for young women under 18 before and after birth. There were particular problems for families in low paid work:

- There was confusion about eligibility for people receiving working tax credit.
- Healthy Start was not sensitive to changing circumstances where people moved in and out of temporary low paid work or were self-employed with varying income.
- The income threshold was too low and excluded a lot of working families on low incomes who would benefit from Healthy Start as living costs rose.

Many women felt the Healthy Start scheme failed children aged four and five, and felt that children should be eligible at least until their fifth birthday or until they started school – some suggested up to seven or older.

“The system (Healthy Start) is not successful because I have five kids. My husband is self-employed - sometimes he has loads of work and sometimes we have to scrimp and sometimes he has no work. I want to be able to access the vouchers when my husband has no work.”

Practitioners' views

Opinion was divided as to whether practitioners should give all women information about Healthy Start, or should attempt to identify who might be eligible by asking questions about benefits or tax credits. Practitioners commented that the eligibility criteria exclude some women and children who may be in need (particularly of vitamins).

Practitioners' ideas for improvement

- Make enquiry about entitlement to all maternity benefits part of routine care.
- Simplify the eligibility criteria.
- Link with the welfare benefits system so that women on qualifying benefits would be automatically invited to apply for Healthy Start.

5: Applying for Healthy Start

Women's views

Women who spoke English generally felt that the application process was straightforward, but there were some significant administrative problems. They described how sometimes they had to be persistent and apply more than once before being accepted. Some women assumed that if they did not hear back it meant that they were not eligible whereas others had followed up their claims successfully. There were sometimes long delays in receiving the vouchers.

Completing the form was a problem for women who did not speak English or who could not read. They had needed help from friends and family, bilingual practitioners, children's centres or community organisations. Women who did not speak English also reported that it was impossible for them to use the Healthy Start helpline to follow up their applications.

“I had to keep applying because they kept telling me I wasn’t eligible but I was.”

Practitioners’ views

Practitioners depicted the application process as time-consuming and complex and noted that many women need help to complete the forms. Although half thought there was support available to help local women to apply for Healthy Start, only a fifth thought that women who did not speak English or who could not read could easily get help.

Many described how Healthy Start had a reputation for unreliable and problematic administration and this put some people off applying or caused the loss of many weeks of vouchers and vitamins. Forms posted were frequently ‘lost’. There could be long delays in processing applications. It was complicated to reapply after the baby’s birth, especially where a tax credit claim was slow to be processed. If health professionals did not have a supply of application forms, women might have to collect a form from the children’s centre and wait until their next medical appointment for a signature.

Practitioners’ ideas for improvement

- Make forms and leaflets easily available in languages other than English.
- Make it possible to apply by freephone number.
- Link up antenatal and postnatal claims so there is no loss of Healthy Start benefits in the weeks following birth.
- Remove the requirement for a health professional’s signature, or allow senior children’s centre staff to sign the form.
- Extend eligibility to all pregnant women and young children, especially for vitamins.

6: Using Healthy Start vouchers

Women’s views

Women generally understood what the vouchers could be spent on, although there was some confusion about frozen vegetables and fruit (which are in the scheme) and tinned ones (which are not). Many women who did not speak English thought the vouchers were for milk only. Women identified some problems with using their vouchers:

- Not enough local shops or market stall holders accepted the vouchers – this meant that women in rural areas faced an expensive bus trip to the supermarket, and women from migrant communities were not able to spend vouchers on culturally familiar food.
- Some retailers imposed arbitrary limits on the number of vouchers that could be used per transaction – this was a particular problem for women with more than one eligible child.
- Some women did not want to spend the full value of the voucher in one shopping trip, but no change was given if the voucher was not used in full.
- Some women felt stigmatised as “poor” when paying for shopping with Healthy Start vouchers and suggested a swipe card would be more discreet.
- The vouchers could not be used for online shopping.

“We can find the food we want but most of the local shops don’t take the vouchers. The supermarkets don’t have what we want to eat – they are bringing it in, they are trying but mostly it is corner shops.”

Practitioners' views

Many practitioners did not know where vouchers could be exchanged in their local areas other than at large supermarkets, and some did not know what products they could be spent on. Some were concerned that vouchers might be exchanged for non-allowable goods. They were concerned about the potential barriers to using vouchers:

- Women might not know which shops accepted them.
- It might be too difficult or expensive to get to a shop that accepted vouchers, especially in rural areas.
- Small shops had limited choice and quality of Healthy Start goods; some did not give the customer full value for her vouchers or applied their own rules such as insisting the whole value of the voucher must be spent on one type of product.
- Women might be embarrassed at using means tested vouchers particularly if the shop assistant was unfamiliar with Healthy Start.

Practitioners' ideas for improvement

- Increase the number of smaller, local retailers and market stallholders registered to accept Healthy Start vouchers.
- Improve local information about which retailers accepted vouchers. Give women a list of local retailers and advertise individual shops' participation with conspicuous signs in the window.
- Allow vouchers to be redeemed for online shopping (which is cost-effective for women in rural areas or with large families).
- Make vouchers small enough to fit in a purse, or replace them an electronic card that would be automatically topped up each week (it was also felt that this would prevent the vouchers being spent on non-Healthy Start items).

Good practice

Practitioners described how fruit and vegetables had been made more available in their communities by persuading a range of local outlets to accept vouchers – food co-operatives, sometimes based in children's centres; markets; mobile food stores or fruit and vegetable vans.

"Redvales Children's Centre offer £5 worth of fruit and veg. for £3.10 voucher. This encourages attendance at the children's centre."

7: Healthy Start vitamin supplements

Women's views

Many women did not realise that a coupon for Healthy Start vitamins was included with the food vouchers. They often did not know where to collect Healthy Start vitamins and some assumed they could take the coupons to a pharmacy and use them to buy branded vitamin supplements. Some women suggested that Healthy Start vitamins should be available at the shops where they used their food vouchers or other accessible places, or should be posted with the vouchers.

"I knew I was entitled to them (vitamins) but where do you go to get them? If it's a bit too far and you've got little children you know. It would be easier if they just let them go and get them from your doctors or something."

Practitioners' views

There was consensus about the key issues. The first was that that most families and some practitioners were not aware of the importance of vitamins for mothers and children, especially vitamin D. Health professionals passed on to parents their confusion about whether children needed supplementation if they had a 'healthy diet', or were formula fed. Practitioners found it illogical that free Healthy Start vitamins were not available to women and children who are at high risk of vitamin D deficiency (such as people from Black and minority ethnic communities who did not receive relevant benefits or tax credits.) They believed that Healthy Start was seen to associate vitamin D deficiency with poverty or poor diet, which could undermine local efforts to promote the wider vitamin D message.

The second key issue was the complexity and weakness of the distribution system. This resulted in vitamin supplements being available locally only in a few outlets, and sometimes at restricted times, requiring expensive and inconvenient journeys for women. There were problems with maintaining supply and vitamins having a short shelf-life. Some practitioners reported that there was nowhere in their areas that distributed the vitamin supplements for pregnant women, because of the different commissioning arrangements for antenatal care and child health. Practitioners overwhelmingly expressed frustration at the practical challenges of getting Healthy Start vitamins to mothers and children, and at the disproportionate amount of resources needed to achieve this.

The third issue was the confusion for women about their entitlement letter. Many respondents said women did not or could not read the whole letter, and did not know what to make of the green slip that states it is not a voucher.

Practitioners' ideas for improvement

- Provide Healthy Start vitamin supplements free to all pregnant women and children – this would reach more mothers and children at risk of vitamin deficiency, and would be more cost effective than the burdensome administration of the current targeted system.
- Make the vitamins available in more accessible places, as part of routine care or in places women go anyway: supermarkets, pharmacies, children's centres, and GP practices.

"The scheme is the most complicated one to implement that I have ever come across. It should all be so simple, but after months of work on it we still have not cracked it. Until we have cracked the supply chain and distribution issue we cannot promote uptake of the vitamins. We also have no budget –in theory it should cost 'nothing' as the vouchers are reimbursed - but in reality you need someone co-ordinating the orders, get the orders delivery, monitor the paperwork and uptake, plus a budget to purchase the vitamins in the first place."

Good practice examples

"In our PCT, we fund Healthy Start vitamins for ALL pregnant women, postnatal women up to one year and all breastfeeding women and ALL children under five years – regardless of whether they qualify for Healthy Start or not. We distribute our vitamins through all health visiting teams and all 29 children's centres and this has significantly increased our uptake."

"In Westminster we have recently introduced the vitamins into our 12 children's centres. They are available for sale as well as voucher exchange. Uptake is highest when Health Visitors at clinics on site recommend them to parents and they are able to go out to reception and purchase them (this is also the case in our five health centres too)."

8: Healthy Start and infant feeding

Women's views

Many women who had chosen to formula feed said that Healthy Start was not a factor in their feeding decisions, which were influenced by family, friends, health beliefs and practical considerations. Healthy Start vouchers enabled them to afford to feed their babies in the way they had chosen. Some mothers said that they changed from breastfeeding to infant formula sooner than they would have done without support from Healthy Start. Where mothers were formula feeding, all their vouchers were generally used to buy infant formula. Some suggested the value of the 'double' vouchers for children under one should be increased to cover the entire cost of a week's infant formula.

"Having vouchers for formula doesn't influence the decision to not breastfeed but if it's not going well it means that having a way to help with the cost of formula takes away the worry about how to feed your baby."

Practitioners' views

There were strong opinions about whether or not infant formula should be included in Healthy Start. Some practitioners felt that allowing vouchers to be used for infant formula gave women an incentive to formula feed and appeared to endorse formula as a 'healthy' food. However, most practitioners felt that it was right for Healthy Start to protect babies whose mothers chose to formula feed – without the vouchers, families who ran out of money might resort to unsafe practices such as over-diluting and re-heating formula, or using cows' milk as a main drink during the baby's first year.

Practitioners also raised concerns about the advice that babies who are breastfed need vitamin supplementation whereas those who are formula fed do not. They felt this could undermine breastfeeding by making it appear deficient.

9: Information and training for health care professionals

Women's views

Women said that not all health professionals promoted Healthy Start or asked about possible eligibility. They also felt that not all health professionals understood who might be eligible.

Practitioners' views

Practitioners said that the main barriers to accessing information and training about Healthy Start were lack of time, and the fact that other issues were a higher professional priority. Many were aware that the Healthy Start website was a good source of information but most felt they did not have time to access it. Very few were aware of the Healthy Start e-learning module. Practitioners highlighted the importance of local leadership for training and information updates, but some commented that the local health promotion infrastructure had been dismantled as part of health service reforms.

Good practice

“We have a short training package that is easily delivered in team meetings and to new staff. This training is being cascaded throughout the children's centres (all staff including reception staff) and delivered in health visiting team meetings across the county.”

Discussion and Conclusions

Fruit, vegetables and milk

This evaluation has shown that Healthy Start meets its aim to be a nutritional safety net for low-income families by providing a small amount of regular financial support for the purchase of fruit, vegetables, cows' milk and infant formula. It has the potential to contribute to health outcomes for women and children by increasing the quantity, quality and range of fruit and vegetables consumed, and by establishing good eating habits in early life. However, the effectiveness of Healthy Start as a safety net will be eroded if the value of the vouchers does not keep pace with the rising cost of food. There were some concerns about using Healthy Start vouchers – there were no registered retailers in some rural areas, and some women could not buy culturally appropriate fruit and vegetables from the registered retailers in their area. Some women felt stigmatised using the vouchers, and some retailers applied their own rules about how vouchers could be used. There was concern about the use of vouchers for ineligible products, but it was difficult to assess how much of this was first-hand experience, rumour or urban myth.

Infant formula and breastfeeding

There is evidence of some tension between the aspiration of the scheme to promote healthy eating and breastfeeding, and the inclusion of infant formula. Many women who had chosen to formula feed said that Healthy Start was not a factor in their feeding decision, but they greatly valued having vouchers that could be spent on infant formula. While most of the practitioners agreed that the inclusion of infant formula was important to ensure babies could be fed safely, many argued that its inclusion should be reframed as a *nutritional safety net* and not, as many felt was implied currently, as a *healthy food*.

Vitamin supplements

Many practitioners believed that Healthy Start vitamin supplements have great potential as a health intervention, particularly to address vitamin D deficiency. However, the current processes of vitamin distribution are not working and uptake remains low, despite the considerable investment of time, resources and creative thinking. Practitioners criticised the eligibility criteria for excluding women and children at high risk of vitamin D deficiency, such as Black and minority ethnic families who are above the income threshold. Most practitioners proposed splitting Healthy Start into two components – means-tested food vouchers as at present, and free, universal vitamin supplements for all pregnant and postnatal mothers, and for children under five.

Barriers to uptake and eligibility

The effectiveness of Healthy Start as means to reduce health inequalities is undermined by barriers to uptake and by the eligibility criteria which exclude some families in need:

1. Women who do not read or write English have difficulty understanding, applying for and using Healthy Start.
2. Women generally find out about Healthy Start from health practitioners, but some practitioners only give Healthy Start information to families who they believe to be eligible. This is especially likely to miss families in low-paid work or whose income is variable, as most practitioners do not have a detailed knowledge of Healthy Start.
3. Some families who may experience health inequalities are excluded from Healthy Start – asylum seekers, those in low paid work just above the income threshold, Black and minority ethnic families who are above the income threshold but at risk of vitamin D deficiency.

Earlier engagement with health services

One of the broader aims of the Healthy Start is to promote early engagement of disadvantaged women with health services, so that they can receive information regarding healthy lifestyles such as breastfeeding and healthy eating. This is the rationale for the requirement to have the form signed by a health professional. However, our findings suggest that Healthy Start is not a lever promoting earlier access, as many women are not aware of Healthy Start until they are told about it by a midwife or health visitor. Practitioners saw health and nutrition advice as part of their work with all women and children and did not associate it with Healthy Start.

KEY RECOMMENDATIONS

The research team summarised the views of women and practitioners and combined them with a review of economic literature, to draw up 62 draft recommendations. These were discussed at two cross-sectoral workshops to produce seven priority recommendations:

1. Maintain and develop the Healthy Start voucher scheme. This could include linking the application process to other benefits, speeding up the authorisation of claims; providing application forms in different languages and formats; index-linking the vouchers to the rising prices of Healthy Start goods; simplifying eligibility criteria in-line with proposed changes to the benefit system.
2. Make vitamin supplements free and universally available for pregnant women, postnatal women and children up to their fifth birthday.
3. Develop a communication strategy to increase awareness of the Healthy Start scheme among the general population, eligible families, health professionals and retailers.
4. Develop an overarching strategy for vulnerable women to increase engagement with health services accompanied by care pathways and staff training.
5. Provide education and training for health and social care practitioners in all sectors and disciplines that encounter pregnant women and young families, regarding their role in the Healthy Start scheme.
6. Reframe the debate between breastfeeding and formula feeding so that the inclusion of infant formula reflects Healthy Start's aim to provide a nutritional safety net and is not interpreted as a healthy food, and research the impact of use of Healthy Start vouchers on infant feeding decisions.
7. Evaluate the costs and effectiveness of the Healthy Start vouchers and vitamins, including different thresholds for voucher eligibility (age, income), different programme designs (voucher values, electronic cards) and different approaches to increasing the use rate of vouchers.

For more information download the full report of the evaluation from:

<http://nursingmidwifery.dundee.ac.uk/mother-and-infant-research-unit>

Publication

McFadden A, Green JM, Williams V, McLeish J, McCormick F, Fox-Rushby J, Renfrew MJ. (2014) Can food vouchers improve nutrition and reduce health inequalities in low-income mothers and young children: a multi-method evaluation of the experiences of beneficiaries and practitioners of the Healthy Start programme in England? *BMC Public Health* 14:148 <http://www.biomedcentral.com/1471-2458/14/148/>