

Introduction

Healthy Start is part of the UK Government's benefits scheme targeted at families with children under the age of four and pregnant families on very low incomes, as well as all pregnant teenagers below 18 years of age. It provides a critical nutritional safety net for families who are nutritionally vulnerable and comprises of two parts: a cash allowance and multivitamin supplements. Eligible families get £4.25 per week per eligible individual (£8.50 for infants under 1) intended for spending on fresh, frozen or tinned fruit and vegetables, pulses, cow's milk or first infant formula, as well as free multivitamins for both pregnant and breastfeeding mothers and infants and children under 4.

In 2021 Sustain and The Food Foundation established a working group for civil society and early years healthcare representatives working on the Healthy Start scheme in order to amplify messaging around the programme in the run-up to the scheme being digitised. The group now consists of ten members who collectively work to ensure Healthy Start is meeting its original intentions and is adequately serving those families who most need its support.

This document sets out the Healthy Start working group's shared policy recommendations for Healthy Start to be improved and expanded so it functions as the nutrition safety net it is meant to be. The paper also describes the main challenges and our shared vision for what a successful scheme for England, Wales and Northern Ireland should look like. We provide a list of proposed recommendations we believe the Government should consider.

Our policy calls are divided into four categories:

- Increasing the value of the payments
- Expanding eligibility for the scheme
- Improving access and uptake
- Supporting the scheme to meet its nutrition objectives

Working group members who support the policy positions set out below are:



Increasing the value of Healthy Start

In April 2021, the Government increased the value of Healthy Start allowances from £3.10 to £4.25 a week. However, the value of payments is not keeping up with high levels of inflation and rising food prices. According to analysis by First Steps Nutrition Trust, between August 2021 and November 2022, the cost of infant formula has increased by as much as 23% - more than double the average increase in food prices. The current Healthy Start allowance is now not enough to cover the full cost of any infant formulas on the marketⁱ. Scotland's Best Start scheme is at £4.95 per week and is due to be increased in April of this year.

Policy positions

- Healthy Start allowance should be raised in line with food price inflation alongside other government benefits.
- Thereafter, the Government should review the value every six months.

Expanding eligibility to Healthy Start

The National Food Strategy (NFS) recommended a less restrictive income threshold for eligibility, which is currently only for those with children aged under 4 and with a household income of £408 per month or less excluding benefitsⁱⁱ. Many low-income families on Universal Credit and equivalent support are unable to benefit. Furthermore, there are children falling through the gap in support between eligibility to the Healthy Start Scheme which ends at age 4 and to Free School Meals which start on entry to school between 4 and 5 years of age. Wales set a precedent for bridging this gap by including £1 million in the Final Budget 2022-2023ⁱⁱⁱ. It is also recommended that all children aged 6 months to 5 years are given vitamin supplements containing vitamins A, C and D^{iv}.

Children from families with No Recourse to Public Funds immigration status are excluded from the scheme, even though they are now included in Free School Meals entitlement. Families with NRPF whose children are British Citizens are also eligible, but this provision is currently a temporary extension and the process of applying under this rule is complex. The Government has promised a consultation on expanding eligibility to all families with NRPF who meet the other criteria, which we welcome.

Policy positions

- The Government should expand eligibility to all families on Universal Credit and equivalent benefits with children under five years old, as recommended in the NFS and to support Government recommendations on vitamin supplementation.
- The Government should permanently expand eligibility to all families with No Recourse to Public Funds.

Improving access to Healthy Start

In September 2022 the Government announced an overall target to reach a 75% uptake by March 2023^v. Nevertheless, uptake continues to be low, currently at 64% across England, Wales and Northern Ireland (as of March 2023), especially when compared to the high uptake of Best Start in Scotland (77% as of 2021)^{vi}. Much wider promotion is clearly needed to reach families who have not yet signed up and remain unaware of the scheme. For this reason, the National Food Strategy recommended the Government invest in a £5 million communications campaign to promote the scheme^{vii}.

Blackpool Better Start working with the Council and partners across the city achieved a 76% uptake rate after low uptake figures in previous years through dedicated investment locally to promote the scheme, including work to engage various community health professionals, targeted communications at low-income households, video ads, and staff time to lead on coordination of promotion. This shows the impact of investing in resource to promote the scheme, but not all councils will be in a financial position to do this. Furthermore, the Department for Work and Pensions has not released uptake data from April to December 2022, despite repeated requests from local health professionals^{viii}, making it difficult for local teams to assess the impact of their work and investment in promoting the scheme.

While many technical issues during the scheme's transition from paper vouchers to digital cards have been addressed issues persist with how families can use the cards. For example, families are not allowed to split purchases between the digital card and other payment methods, adding to delays and potential stigma at the till. Furthermore, cards cannot be used online, and issues persist with independent retailers taking part in the scheme.

Alongside the technical difficulties of joining the scheme and accessing the money to spend on healthy food and milk, families have also reported barriers in obtaining the free Healthy Start vitamins^{ix}. A sustainable strategy to improve access to vitamins for all families is urgently needed to improve uptake now and, in the future, including a national awareness raising campaign.

Policy positions

- The scheme should allow auto-enrolment, with an “opt-out” rather than the current “opt-in” system to remove barriers faced by families applying online or by post.
- The Government and NHSBSA should commit a £5 million communications campaign to promote the scheme, paid for with underspend from previous years.
- DWP should release uptake figures from April to December 2022 to allow councils to assess impact of previous promotional approaches.
- DHSC and NHSBSA should convene regional networks of local health professionals on a quarterly basis to gather intelligence and best practice, share latest scheme updates, and support the promotion of good nutrition education for beneficiaries.
- Government should work with major retailers to encourage better promotion and communication of the scheme to eligible customers.
- Government should implement specific strategies to improve the uptake of the multivitamin supplement component of the Healthy Start scheme.

Supporting the scheme to meet its nutrition objectives

The Healthy Start scheme was originally set up to improve the nutritional status of pregnant families, infants and young children in vulnerable and low-income families. To maximise its nutrition impact, there is a need to improve information provision and practical support for the scheme’s beneficiaries to enable them to eat well.

Research has shown that the intake of fruits and vegetables by children in receipt of Healthy Start is statistically lower than among the national average, in spite of the scheme’s beneficial impact on increased nutrition and awareness of the importance of healthy eating. Moreover, breastfeeding rates among beneficiaries are half of those among the general population^x. More should be done to utilise communication pathways with eligible and entitled families to promote healthy eating and maximise the nutritional value of the scheme payments.

To support the increase in uptake of Vitamin D supplementation and Folic Acid in the first trimester, improving access to the Healthy Start scheme will have a direct impact in the most deprived areas, where people are known to be less likely to take vitamin supplements. Rather than taking a means-tested approach to increase Vitamin D and Folic Acid supplementation, consideration should be given to universal access to Healthy Start vitamins. A Universal approach will better help to meet the NICE Maternal and child nutrition public health guidance [PH11] that all children under 5 years old, as well as those who are pregnant or breastfeeding, take additional vitamins^{xi}. This will reduce the stigma of receiving free vitamins and help to increase vitamin uptake.

Policy positions

- DHSC should ensure that when individuals are enrolled in the scheme they are given information on healthy eating in pregnancy in early years, accessing Healthy Start vitamins, and evidence-based guidance on infant nutrition, including breastfeeding support access.
- Government should consider making the multivitamin supplement component of the of the Healthy Start scheme Universal and not means tested.



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- ⁱ First Steps Nutrition Trust (2022). Costs of infant formula, follow-on formula and milks marketed as foods for special medical purposes available over the counter in the UK. <https://infantmilkinfo.org/costs/>
- ⁱⁱ Dimpleby, et al (2021). The National Food Strategy: The Plan. <https://www.nationalfoodstrategy.org/>
- ⁱⁱⁱ Welsh Government (2022). Final Budget 2022-23: A Budget to build a stronger, fairer and greener Wales. <https://gov.wales/sites/default/files/publications/2022-03/final-budget-2022-2023-note-v1.pdf>
- ^{iv} NHS (2015). Vitamins for children. <https://www.nhs.uk/conditions/baby/weaning-and-feeding/vitamins-for-children/>
- ^v DHSC (2022). PO-1410315 Official reply to Healthy Start Open Letter June 2022. <https://www.sustainweb.org/assets/dhsc-healthy-start-open-letter-june-2022-reply-po-1410315-Jan23.pdf>
- ^{vi} Scottish Government (2022) Best Start Foods: evaluation. <https://www.gov.scot/publications/evaluation-best-start-foods/>
- ^{vii} Dimpleby, et al (2021). The National Food Strategy: The Plan. <https://www.nationalfoodstrategy.org/>
- ^{viii} Sustain (2022). Healthy Start Open Letter. <https://www.sustainweb.org/news/dec22-healthy-start-open-letter-half-of-families-miss-out/>
- ^{ix} First Steps Nutrition Trust (2018). The UK Healthy Start Scheme: What happened? What next? [Report](#)
- ^x Ibid.
- ^{xi} <https://www.nice.org.uk/guidance/qs98/resources/maternal-and-child-nutrition-pdf-2098975759045>