

A Healthy Start for Liverpool

How can we improve
the uptake of the
Healthy Start
Scheme in Liverpool?

Executive
Summary
September 2022



1. FOREWORD

The Healthy Start Scheme is a lifeline for so many pregnant women and families with young children, providing access to good food: fruit, vegetables, milk and vitamins which are so important to give your child the best start in life. It certainly was for me, when back in 2014 my husband and I welcomed our first son whilst we were both students: the weekly benefit meant our family could have fresh fruits and vegetables at a time when money was tight.

But so many people who could be a part of this scheme are missing out. In 2021 in Liverpool nearly three quarters of a million pounds, set aside for the Healthy Start Scheme, went unclaimed.

This is outrageous.

This project marks a first step towards ensuring this doesn't happen again. Through working with parents, children's centre staff, health visitors and our public health colleagues, we have produced a series of local and national recommendations – practical steps that can be taken to improve the uptake of the Healthy Start Scheme both here in Liverpool and beyond.

Dr Naomi Maynard, Good Food Programme Director, Feeding Liverpool



From April 2022 – August 2022, Feeding Liverpool, partnering with Rachel Flood Associates Ltd., worked with pregnant women, families, Children's Centre staff, Public Health and Health Visitors to review the Healthy Start Scheme in Liverpool.

This executive summary outlines the key recommendations from this research.

The full report is available at: <https://feedingliverpool.org/a-healthy-start-for-liverpool-new-report>

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WHAT IS THE HEALTHY START SCHEME?

The UK's Healthy Start Scheme (hereafter 'Healthy Start') was first introduced in 2006 by the Department of Health and Social Care, replacing the Welfare Food Scheme which had been in existence since 1940. It is a statutory public health initiative with a stated goal of 'providing a nutritional safety net and improving access to a healthy diet for low-income families'.

Healthy Start is available to all women under the age of 18 (regardless of their income), and is means-tested for women aged 18 and over who are 10+ weeks pregnant, and for families with a child under the age of 4.

The full list of the Healthy Start income criteria can be found at: www.healthystart.nhs.uk/how-to-apply/.

Participants receive free vitamins and £4.25 per week, to be spent on fruit, vegetables, and milk for each child under the age of 4. This is increased during the first year of a child's life to £8.50. If a participant remains eligible from 10 weeks pregnant until their child is age 4, they will receive approx. £1,200 via the scheme. This amount makes a significant difference to some of Liverpool's lowest income households, improving the quality and quantity of good food their household consumes.

THE CONTEXT

Nationally

Despite Healthy Start having been in place for over 16 years, there is a distinct lack of understanding about the scheme, with confusion over eligibility, and significant inconsistencies in how it is co-ordinated across the country. National uptake in 2021 saw only 57% of eligible people in England and Wales taking-up the Healthy Start vouchers, which meant that over 2 million eligible people missed out: an estimated £69 million loss to families.

Locally

In Liverpool where one in three adults is food insecure, one in two adults are not eating 5 fruit and vegetables a day, and one in three children are living in poverty, it is vital that every eligible person is able to access Healthy Start. Locally, Healthy Start figures reflect the national picture, with monthly records showing up-take fluctuating between 59% – 80%. Thousands of eligible people are missing out on Healthy Start - a huge loss to families struggling to cover the rising cost of living. In 2021 in Liverpool an estimated £758,521.24 went unclaimed rather than supporting households with access to good food, milk, and vitamins.

Transition to a digital scheme

In March 2022, Healthy Start transitioned from being a paper-based scheme, where participants received vouchers each month, to become a digitalised scheme, where payments are uploaded onto an electronic card. While broadly welcomed, the move to digital brought a new set of challenges. Notably, existing beneficiaries did not automatically move onto the digital scheme but had to reapply to continue to receive



Healthy Start; inevitably, some people slipped through the net.

In June 2022, The Guardian estimated that nationally 52,000 existing beneficiaries for Healthy Start have been unable to re-apply. When added to those many other eligible households who have never made a claim, this adds up to a significant amount of funding not flowing into local economies and the homes of some of our poorest families.

THIS RESEARCH

Given this context, our research focused on understanding how existing beneficiaries and frontline professionals view the scheme, uncovering barriers that could prevent eligible people from taking up Healthy Start, and identifying solutions to address this.

The research focused on the following core questions:

1. What is the current level of understanding and awareness of the Healthy Start Scheme in Liverpool?
2. Why is take-up not higher amongst eligible parents/carers in the city?
3. How can we improve take-up across the city and what is needed to deliver this?

To answer these questions, we have:

- Visited five Children's Centres, speaking to staff and parents/carers
- Designed a questionnaire which we left with Children Centre staff to complete with parents/carers
- Held two focus groups with Health Visitors and representatives from the Voluntary and Community Sectors to better understand their levels of awareness and ideas for improving take-up
- Interviewed a number of colleagues within Housing, Public Health, the Citizens Advice Bureau, and the Local Authority
- Reviewed best practice case studies nationally to better understand what might work in the city to improve take-up of the scheme, particularly the vitamin element
- During 2022 Feeding Liverpool have also taken the following actions:
 - Trained 80 new Healthy Start Community Champions: volunteers and staff members from foodbanks, community food spaces and housing associations
 - Provided promotional materials to community food spaces in Liverpool
 - Supported community food spaces to be able to accept payments via the Healthy Start cards
 - Distributed 10,000 leaflets advertising Healthy Start to families via the Holidays and Activities Food programme
 - Publicised Healthy Start through local media channels
 - Joined a national campaign, led by Sustain, highlighting the challenges experienced during the transition to the digital scheme

- Supported calls made by national charities such as Sustain and Feeding Britain for the widening of eligibility to the Healthy Start Scheme

KEY FINDINGS

A number of key messages emerged from the research, which were consistently reflected across all stakeholders. These can be grouped under the following broad headings:

- 1. The view of parents/carers and frontline professionals:** Parents in receipt of Healthy Start were incredibly positive, with many parents recognising the aims of the scheme and stating that it was a great help to them. Professionals also expressed a real passion and commitment for the scheme and what it can deliver. However, issues around levels of knowledge, awareness of changes to the scheme, and capacity to deliver an effective promotional campaign are hampering efforts to increase take-up.
- 2. Local Management and Co-ordination:** Best practice examples suggest that Healthy Start is most effective when it is 'owned' by a person acting as a Lead and supported by a multi-agency Steering Group of senior frontline professionals. Currently within Liverpool, Healthy Start is "no-one's job"; there is no coherent, co-ordinated strategy for Healthy Start. This has led, unintentionally, to an element of 'pot-luck' for beneficiaries with their awareness of the scheme being dependant on who they came into contact with (both during and after their pregnancy).
- 3. Training and Workforce Development:** A knock-on effect of Healthy Start not being 'owned' is that knowledge and awareness of the scheme is being limited/constrained/inhibited amongst the wider workforce. Many frontline professionals, for example, only found out about the transition to the digital scheme from the families themselves. Also, most were not aware about more recent changes to the eligibility criteria which affect some families with no recourse to public funds. All frontline professionals stated that they would welcome additional training, to ensure that they can be more proactive and confident in offering the scheme to potential beneficiaries.
- 4. Vitamin uptake:** This was the least well known and least promoted element of Healthy Start, a fact that is reflected in the very low take-up of the vitamins across the city.
- 5. Marketing and Communications:** While all the Children Centres we visited promoted the scheme, we found that they were using out of date information and did not know where to access the new digital card promotional literature. The lack of a strategic communication plan has directly affected awareness and knowledge of the scheme amongst all stakeholders. Additionally, opportunities to develop more localised leaflets and posters, which other parts of England have used to great effect, have been missed.

NATIONAL RECOMMENDATIONS

- 1. Review and consider extending the eligibility threshold for Healthy Start:** to enable more families to benefit from the scheme.

2. Invest in a national Healthy Start communications campaign: to increase awareness and uptake.

3. Resume monthly publishing of national uptake data: There has been no published data on the uptake of Healthy Start since the scheme moved to a digital one in March 2022. Without this data it is impossible for any local authority area in the country to be able to understand the impact of this transition.

4. Collect and publish data that can be integrated at a local level: Including data on those who do not take up the scheme. This will enable local authorities to develop targeted interventions.

5. Review the requirement to confirm a baby's birth: Families need to inform Healthy Start after a baby is born to continue receiving the benefit. This element of the process is not well understood by families or professionals, and may result in some families missing out.

6. Improve support processes for families contacting Healthy Start: Getting through to the national telephone number is particularly problematic; more needs to be done to assist families to access support so their claim can be processed as quickly as possible.

7. Make the vitamins element of the scheme universal: to support the health of all women during pregnancy and children up to their 4th birthday.

8. Identify a system to remind families to collect vitamins: the move to the digital card has delivered an unintended consequence in that there is now no 'reminder' of when parents need to collect their vitamins, as had been the case with the paper voucher.

9. Develop a Healthy Start App: To address support issues, enable families to check their card balance and deliver reminders of when vitamins need to be collected.

10. Review and streamline the application process for eligible families with No Recourse to Public Funds.

LOCAL RECOMMENDATIONS

A. Local Management and Co-ordination

1. Identify a Healthy Start Lead: To manage and co-ordinate Liverpool's approach to Healthy Start – this person should also be responsible for the implementation of the local recommendations within this report.

2. Establish a cross-sector Healthy Start working group.

3. Identify a single point of contact for complex cases: someone, for example, from Public Health or Citizens Advice Liverpool who can support frontline staff with complicated applications (e.g. people with No Recourse to Public funds, or on legacy benefits).

4. Engage GPs in the promotion of the scheme: The research suggested that for many pregnant women, the first person they engage with about their pregnancy is the GP and that this is an optimum time in their pregnancy to promote the vitamins and digital card.

5. Identify a lead midwife to join the Healthy Start working group.



6. Target promotion of Healthy Start to children/families requiring Early Help Assessments and Social Care Assessments.

7. Explore maximizing community-based support for baby wellbeing: Plus joint working opportunities between Health Visitors and Children's Centers to provide a two-pronged approach to the promotion and support for families

B. Training and Workforce Development

8. Deliver Healthy Start training: To the children's workforce, frontline health professionals and the voluntary and community sector.

9. Produce a 'Liverpool-ised' set of Frequently Asked Questions: To support staff.

10. Engage with the Private Voluntary and Independent (PVI) childcare sector: Many two-year-olds accessing funded early education are doing so in PVI settings, where there has been limited engagement and promotion of Healthy Start.

11. Identify Healthy Start Champions from a variety of sectors: To support the Healthy Start Lead and working group to deliver training, promote best practice and identify opportunities, as a group, to improve up-take.

C. Vitamin uptake

12. Children Centre staff monitor vitamin uptake: To enable the Healthy Start working group to better understand where vitamins are being accessed and where localised strategies are needed.

13. Deliver training on vitamins to frontline professionals: Including details on what is offered, why, benefits, recommended intake, where to collect etc.

14. Review opportunities for Health Visitors to provide vitamins.

15. Explore opportunities for a return to Universal Vitamin distribution: To increase uptake

D. Marketing and Communication

16. Develop a Liverpool Healthy Start marketing and communications plan: To promote the scheme and distribute up-to-date information and promotional materials. This should be led by the Healthy Start Lead and reviewed by the working group. This may include the development of a Healthy Start newsletter, 'key messages' documents for frontline staff, and targeted leaflets for midwives and Health Visitors to use during routine visits.

17. Embed Healthy Start into wider 'contacts' and discussions led by a variety of sectors: for example, Healthy Start could be made reference to by Housing Associations and advice networks when undertaking benefits checks, and by Children's Centres and Social Workers all Early Help/Statutory assessments.

18. Ensure Healthy Start is promoted across a range of websites/directories: for example, the Early Help Directory, LiveWell Directory, Liverpool City Council and Come2Gether websites and professional materials, and on the websites of Housing Associations and VCS organisations.



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