



Healthy Start in England:

Messages for professionals from interviews with parents, professionals and small retailers

Introduction

Healthy Start provides food vouchers (which can be exchanged for plain fresh and frozen fruit and vegetables, infant formula, or fresh cow's milk) and vitamin coupons for pregnant women, new mums and children under the age of 4 who are living on a low income (<http://www.healthystart.nhs.uk/>)

This leaflet summarises key messages from a research project which interviewed 107 parents, 65 professionals and 20 independent retailers from across England about their experience of the Healthy Start scheme in their area. Interviews took place between May 2011 and February 2012. This summary reports the situation at that time.

We talked to different professional groups (most often health visitors and midwives, but also a range of staff from Children's Centres) about what they were doing to support Healthy Start in their area.

We talked to parents who were current or past users of their scheme and some who hadn't applied despite living in poverty, and asked them about how Healthy Start was working for them.

This leaflet focuses on the challenges for Healthy Start and highlights activities undertaken by frontline workers in health and children's service in some of our study areas in responses to challenges they have faced supporting the scheme.

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Key messages from our research

What is working well

- Take up of the Healthy Start scheme is high: an estimated 80% of eligible families are registered on the scheme. Healthy Start is working well to support the diets of vulnerable families
- Healthy Start works well for families. Most can buy food their family likes to eat, from convenient locations. Many families are using the scheme as a way to protect spending on fresh fruit and vegetables, and are willing to try new fruit and vegetables because of the scheme. The vouchers make a significant contribution to family shopping budgets
- Health professionals and Children's Centre staff understand, value and support Healthy Start
- Children's Centres are a key source of health and nutrition support for parents. As well as housing specialist health services (such as classes from dieticians) they offer a range of activities, including advice about introducing solid foods and cooking classes
- Local independent retailers support the scheme and view themselves as serving their community

Challenges

Helping families use the scheme

- We found families whose circumstances had changed rapidly (for example because of homelessness) or often (for example those with irregular employment) or for whom English was an additional language sometimes struggled to access the scheme. They didn't apply, or they dropped out of the scheme. Where there are problems with applications it can be expensive for mothers to phone for help and advice

- Families do not understand or do not remember advice to call the Healthy Start Issuing Unit when their baby is born. Without this call, their vouchers will stop arriving after the Estimated Delivery Date for their baby
- Frontline staff are not always aware of where families can use vouchers. Parents find it embarrassing to ask in shops whether vouchers are accepted or not and prefer to know in advance

Strengthening the public health potential of Healthy Start

- Frontline health and children's professionals do not always appreciate and promote the potential health benefits available to mothers using the Healthy Start scheme, and do not often explicitly link Healthy Start applications to healthy eating advice
- Local independent retailers do not always understand the scheme correctly

Vitamins

- Few eligible families are taking Healthy Start vitamins. In our study we found just 12 mothers who had ever taken vitamins themselves or given them to their children. Health professionals estimated fewer than 10% of those entitled to vitamins were taking them. The 2010 UK Infant Feeding Survey reports that 30% of breastfeeding Healthy Start mothers were taking the vitamins when their baby was 4-10 weeks, rising to 44% at 8-10 months; and 13% of Healthy Start children were given the vitamin drops at 4-6 months, rising to 19% at 8-10 months¹
- Parents too often ignore or miss the vitamin coupon that is sent to them
- Parents are not receiving consistent messages from frontline staff about the need for vitamin supplementation, these staff are not always secure in their knowledge about Healthy Start vitamins
- Frontline staff are not always aware of where families can access vitamins and aren't consistently promoting the vitamins to families

1. McAndrew F, Thompson J, Fellows L, et al. Infant Feeding Survey 2010: Summary. 2012: Health and Social Care Information Centre.

Local Management

- Local management of Healthy Start focuses primarily on their responsibilities to coordinate the supply of Healthy Start vitamins. Little is known by scheme managers about the use of food vouchers in their area, and very few areas are working to increase uptake or knowledge of the scheme amongst eligible families
- Local staff responsible for Healthy Start often have a challenging task because they are working across organisational boundaries

Six good ideas from practice

Many of the challenges we identified for professionals in supporting Healthy Start had already been recognised by frontline staff. Innovative practice had been developed in some areas to address these issues. Although these are unevaluated (so we can't be sure that they are effective), they provide ideas developed and tested on the ground. We think that these 6 good ideas are likely to help local teams improve support for Healthy Start families.

These are:

1. Develop 'Healthy Start Mention-itis'
2. Promote the health benefits of Healthy Start
3. Increase access to fruit and vegetables
4. Make sure all staff have up to date vitamin guidance
5. Consider whether Healthy Start vitamins could be funded locally for all pregnant mums and young children?
6. Find healthy start champions in different services

1. Develop 'Healthy Start Mention-itis'

The take-up rate for Healthy Start across the areas we studied was 78.4% in England in Jan 2011². Although high, it still means that approximately one eligible family in five was missing out. We found families whose circumstances changed (including sudden changes of housing, irregular patterns, and after babies were born) who had dropped out of the scheme. Our research also found families that didn't get Healthy Start during pregnancy and/or early infancy because they had signed up late. To address this, many areas had put in place measures to ensure that Healthy Start was mentioned as part of all routine contacts between health professionals and parents – developing 'Healthy Start Mention-itis'.



How it works

Most often 'Healthy Start Mention-itis' was promoted by placing a Healthy Start 'tick-box' on paperwork such as antenatal notes, family health assessment forms, Personal Child Health Records (PCHR), or other paperwork used by health professionals. This was used by midwives at first booking appointment and by health visitors during the primary home visit to ensure Healthy Start was discussed, often at the same time as other welfare benefits. In some Trusts, health professionals were also prompted to raise Healthy Start with 'new' families who had just moved into the area or were not previously in routine contact with local health professionals. 'Healthy Start Mention-itis' should not be confined to health professionals; Children's Centre staff in some areas were consistently mentioning Healthy Start during diet, nutrition and cooking classes.

Examples of additional good practice points for raising awareness of Healthy Start that we came across included:

- using Healthy Start-branded slips and stickers for inclusion in the 'red book' (PCHR)
- providing all midwives and health visitors with a tool for calculating age in weeks, and converting kilos to pounds, which was branded with Healthy Start logos and included Healthy Start information and contact details

Monitoring and Evaluation

Services could be audited to ensure that Healthy Start is mentioned during all booking appointments. Best practice would also include encouraging health professionals to record the outcome of early Healthy Start discussions with families by checking during later appointments if families have applied.

Recording parents' Healthy Start status may also make it possible to audit the number of families receiving vouchers in your area, and enable targeting of those missing from the scheme.

2. This was estimated by using HMRC records to compare the number of those expected to use Healthy Start to those actually signed up for Healthy Start

2. Promote the health benefits of Healthy Start

“Because my midwife told me I know it’s healthy”. **Healthy Start mum**

Parents were often clear that using Healthy Start promotes good health in mothers and young children. Midwives and health visitors were positive about their role in supporting Healthy Start and saw it as a natural fit with their remit to support families during pregnancy and early childhood. However, health professionals did not always make the link between health choices and Healthy Start when talking to mothers. Consistently linking Healthy Start to healthy eating advice may help ensure that it is not simply viewed by parents as a ‘milk token’ scheme or a financial benefit only. In some areas we saw good practice in linking Healthy Start to discussions about healthy eating, and this reinforced the link between Healthy Start and family health.

How it works

“If you’ve got a client who’s got the vouchers it does give you an opportunity to discuss healthy diet at the same time.” **Health Visitor**

Midwives and health visitors are experienced in giving dietary advice and are a trusted source of support to pregnant women and mothers. Embedding Healthy Start within this advice will highlight the health benefits that the scheme can bring. Good practice noted during our research included health visitors using a discussion about Healthy Start vouchers to open up discussion about nutrition and diet, pointing

out the range of fruit and vegetables that Healthy Start could be used for (including frozen), and discussing in the context of supporting breast-feeding.

For older children, some health visitors were promoting home-cooked food using ingredients bought with Healthy Start vouchers.

Some Children’s Centres were also embedding mention of Healthy Start vouchers within diet and nutrition services such as fussy eater groups, classes supporting introduction of solid foods, cooking courses and diet and healthy eating sessions. Best practice would also include making parents aware of local retailers selling fresh fruit and vegetables who accepted Healthy Start vouchers, particularly in areas where parents had limited access to supermarkets.

Monitoring and Evaluation

Trusts and local authorities can map sources of diet and nutrition advice provided to pregnant women and mothers through health and children’s professionals, and identify which of these currently promote or link to Healthy Start.

Parents may also be surveyed to measure the level of awareness regarding Healthy Start eligible products, and the use of vouchers for non-milk items.



3. Increase access to fruit and vegetables

“And you can spend them in [name of shop], which is really good as it’s an independent greengrocers where you can get a lot more fruit and veg for your money.” **Midwife**

Professionals and parents in our study knew that independent greengrocers and markets stalls can provide good value. However, professionals were seldom aware which shops accepted vouchers, and in some areas few shops sold fresh fruit and vegetables.

In the areas we visited no one currently had the capacity to undertake any work to increase the availability of fruit and vegetables or promote Healthy Start through local retailers, though many could see the benefit of doing so. Some aspired to do so in the future, and there were examples of past innovative practice in increasing access to fruit and vegetables.

How it works

“It took time for parents in the locality to understand where they should take their vouchers. We always have posters up here” **Children’s Centre receptionist**

Professionals and parents said they would value having an accurate list of which local retailers accept Healthy Start vouchers. All currently registered retailers are listed on the Healthy Start website

www.healthystart.nhs.uk/healthy-start-vouchers/where-to-use-the-vouchers/, but not all families will have access to the Internet so it is useful if staff have an offline list. One area had provided parents with this information through the Children’s Centre (and noted those retailers listed on the Healthy Start website who no longer took vouchers).

The list of currently registered retailers can also be useful in understanding local access to healthy foods. In one region, each PCT maintained a map of Healthy Start retailers that they used as a proxy for access to healthy eating.

“There are no shops locally that actually sell fruit and veg” **Healthy Start Coordinator**

One local public health directorate had put in place a weekly mobile fruit and vegetable van which visited areas where local shops did not stock fruit and vegetables. They carried Healthy Start application forms on the van, and promoted the use of Healthy Start vouchers. In another area the community café attached to the Children’s Centre had begun to sell some fruit and vegetables and accepted the vouchers for these.

In the past, two PCTs had actively promoted Healthy Start with local retailers. One had designed a campaign for retailers encouraging them to sign up and mobilising them to stock fruit and vegetables in attractive displays. The other had produced an article for the local trading standards magazine explaining the scheme and its benefits for retailers.

Monitoring and Evaluation

A list of local Healthy Start retailers could be used to keep professionals and parents informed, and to monitor any gaps or changes in retailer use of the scheme.

Retailers (including those run as part of a local service) could be asked to keep a tally of the number of Healthy Start vouchers received each week, and note how many were used for fresh or frozen fruit and vegetables.



4. Make sure all staff have up to date vitamin guidance

We found that many health professionals weren't completely sure about current advice about vitamin supplements. Particular concerns included knowledge about recommended intakes for very young children (under 6 months) and the availability of vitamin D in a balanced diet. There is up to date guidance available for frontline professionals (both health and non-health staff) regarding vitamin supplementation and Healthy Start vitamins online and it is very important that staff be made aware that they should be recommending vitamin supplementation in line with these guidelines.

www.healthystart.nhs.uk/for-health-professionals/vitamins/

www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_132508.pdf

www.nhs.uk/Conditions/vitamins-minerals/Pages/Vitamin-D.aspx

Healthy Start vitamins for women contain folic acid and vitamins C and D and should be taken by all pregnant and new mothers who are entitled.

Healthy Start vitamins for children contain vitamins A, C and D and should be taken by all entitled children aged 6 months to 4 years who aren't having 500ml or more formula per day. Breastfed infants aged less than 6 months might also benefit where health professionals consider their vitamins stores are likely to be low (eg where a mother did not take vitamins during pregnancy).

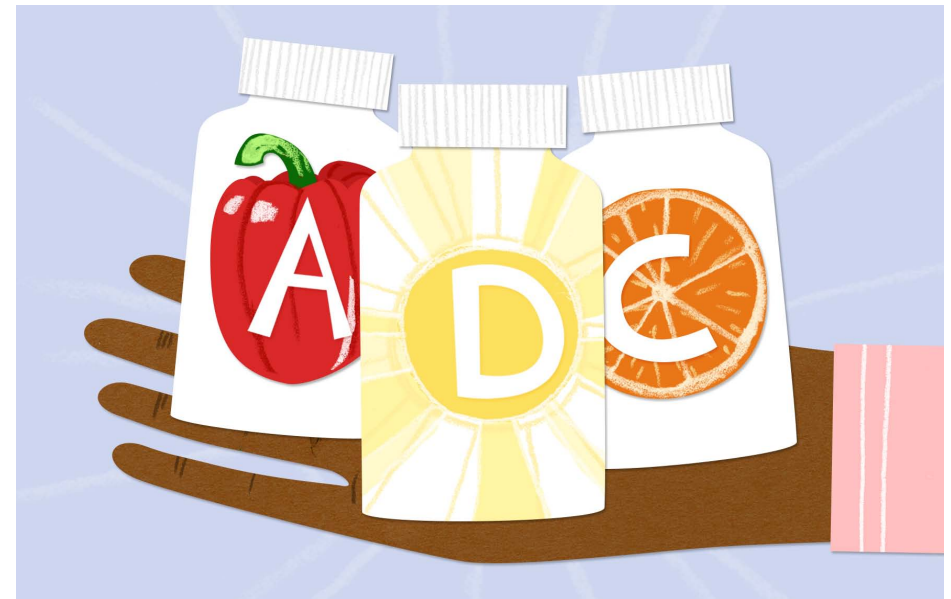
How it works

One Trust in our study ran a compulsory training session for health visiting teams and Children's Centre staff on vitamin distribution and the benefits of taking vitamins for mothers and children. Some information about the Healthy Start food vouchers was also covered. This training is now online for new staff.

Another Trust ran a series of training sessions on Healthy Start for health visitors, midwives, Children's Centre and nursery staff which also included training on vitamins for children and impact of vitamins

A, C and D. Consultant paediatricians and nutritionists contributed to the sessions.

Trusts and local authorities should make sure that local health and children's professionals are aware of and have access to the online guidance on vitamins. In addition, Trusts should circulate up to date details of Healthy Start vitamin collection sites to midwifery health visiting, and Children's Centre teams.



Monitoring and Evaluation

Health and children's professionals' knowledge about vitamin supplementation for pregnant and breastfeeding mothers and children could be surveyed to ensure they know, and are providing parents with, the correct information. From April 2013 the statutory duty to provide the vitamins resides with the group (the Trust, local authority or Clinical Commissioning Group) which commissions maternity services and/or child health clinics. These groups could monitor changes in uptake of Healthy Start vitamins to indicate whether improved training for professionals has increased take up of vitamins.

5. Consider whether Healthy Start vitamins could be funded locally for all pregnant mums and young children?

"[families] will accept you into their home, they are accepting our service and we are seeing them, so it feels like it would be easier for us to have [vitamins] and give them out." **Health Visitor**

"We had the vitamin coupons and for ages and ages I was trying to find out where to get them from, I'd go to my doctors they'd say you have to ask your health visitor or, um the midwife." **Healthy Start mum**

Very few Healthy Start families access free vitamins. Our research indicated this was often due to poor knowledge or access to places where they could be collected. Where it had been piloted, local staff believed that universal provision during pregnancy had increased uptake. In these areas midwives handed vitamins directly to pregnant women at their booking appointment. Professionals and parents felt this made it easier to access vitamins. Women in these areas could access the vitamins without having to apply to Healthy Start, or wait for the outcome of an application.

There is also beginning to be some evidence from other projects that universal provision is benefitting families. One study in Birmingham found that cases of symptomatic vitamin D deficiency reduced and public awareness of the problem rose following the introduction of universal provision of vitamins³. Lincolnshire has seen a consistent increase in use of vitamins since they were made universal⁴.

How it works

Where universal provision has been implemented, multidisciplinary teams were brought together to oversee the project. The PCT usually provided funding to allow the purchase of sufficient supply for all of the target population. Midwives and/or health visitors carried supplies with them to first visits with pregnant mums or babies so that they

could hand over the first bottle of tablets or drops. Thereafter, families could access replacements at health or Children's Centres. Coupons were collected from those registered for Healthy Start, and these costs were refunded.

In some areas this provision was accompanied by training for professionals, and information resources for parents explaining the need for vitamin supplements. These resources may themselves have also contributed to increased uptake.



Monitoring and Evaluation

Records used for ordering Healthy Start vitamins and applying for reimbursement could be used to monitor changes in use.

Trust records will be kept of laboratory tests for vitamin D deficiency. These have been used in Birmingham² to examine the change in the number of children diagnosed as being vitamin D deficient.

Surveys of parents attending Children's and Health Centres could be used to determine awareness of the need for vitamin supplementation, and the numbers reporting their use.

3. Moy, McGee, Debelle, Mather & Shaw (2012) Successful public health action to reduce the incidence of symptomatic vitamin D deficiency. Archives of Disease in Childhood. Published online 21 August 2012 doi: 10.1136/archdischild-2012-302287

4. Duckworth (2012) Increasing Healthy Start vitamin uptake. NICE Shared Learning Database. 26 October 2012 <http://www.nice.org.uk/usingguidance/sharedlearningimplementingniceguidance/examplesofimplementation/eximpresults.jsp?o=604> Accessed 23/01/2013

6. Find champions in different services

“...even though we are all NHS employees, things just don't click into place.” **Healthy Start Coordinator**

“Champions of Healthy Start have worked really well – members of the health visiting team who are prepared to be the resource for their colleagues and push Healthy Start.” **Healthy Start Coordinator**



Health professionals at the frontline of Healthy Start may work in separate Trusts, and local authorities are increasingly taking responsibility for some aspects of Healthy Start implementation through children's services (Children's Centres in particular) and their role in public health. Working across organisational boundaries is always challenging, and more so when services are being reorganised. Healthy Start coordinators often needed to mobilise a number of different teams to achieve their goals including midwifery, health visiting, public health, nutrition and dietetics, Children's Centre managers, clinical consultants (e.g. paediatricians), GPs and medicines management. To help the local organisation, some Healthy Start coordinators identified a 'champion' for the scheme in each team who could make things happen. 'Champions' were commonly identified amongst midwifery, health visiting, General Practitioners and local authority children's services, but were not confined to these. Post April 2013, it may be particularly important to identify these champions, as organisational changes bed in.

How it works

Healthy Start coordinators could map services and teams involved in the implementation of Healthy Start to ensure that there is adequate representation through clearly identified leads or champions in each team.

Healthy Start champions can cascade information and training across their team or service. They will have the best knowledge of who in their team needs to know about Healthy Start, and may be more influential than external teams (or Trusts). They can make decisions and ensure actions follow. For example, in one area identifying a senior Healthy Start champion in the Public Health team directly led to one years' funding to pilot universal Healthy Start vitamin provision:

“I noticed that no one was co-ordinating Healthy Start or doing anything about the Healthy Start vitamins, which were not available anywhere in [the area]. I decided to take this on, went to workshops from DH about the vitamin element and began thinking about ways of promoting the scheme.” **HS Coordinator**

Monitoring and Evaluation

Checking whether each service which could be involved in Healthy Start has a named lead would allow monitoring of the involvement of each organisation. Awareness of this contact within each staff team should be assessed.

Other ideas to consider

In our study we also identified a number of actions that might be useful, but that no one was yet trying:

- No areas we visited currently have training about the whole Healthy Start scheme, but many of the professionals (particularly non-health professionals) would value this
- There are misunderstandings about Healthy Start among some small retailers and till staff, but there is information available to them from Department of Health (including on their website www.healthystart.nhs.uk/for-retailers/). Local professionals might be in a strong position to promote this message
- Healthy Start provides an important nutritional safety net for families; it makes sure they can always buy some food for their children. Those who are using infant formula use their vouchers for this, but breast feeding mothers get considerable financial support (£6.20 per week for the first year of their baby's life). Emphasising this support for breastfeeding mothers may be one way to underline Healthy Start's health messages
- Where vitamins are not available directly from health professionals, local areas could provide parents with a list of venues where coupons can be exchanged for vitamins
- Healthy Start vitamins can be sold to parents who aren't entitled for free vitamins, and this may increase visibility and knowledge of the scheme
- Parents too often ignore or miss the vitamin coupon, and health and children's professionals could be more active in reminding Healthy Start beneficiaries about these
- Most women will see health professionals through pregnancy and early infancy, but contact drops off as children age and with second and subsequent children. There may be other groups in your area who continue to see families and could take on a greater role in promoting Healthy Start among families with older children

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Illustrations by Emma Lazenby <http://emmajazenby.tumblr.com/>

A full report of all of our findings is available on request from patricia.lucas@bristol.ac.uk

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