

Healthy Start scheme in Northern Ireland

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Introduction

The NHS Healthy Start scheme provides help to purchase healthy food and milk to pregnant women and children under four years old in England, Wales and Northern Ireland (NI). Introduced in 2006, it is targeted at low-income families and young mothers aged under 18 years of age. It provides families with a payment card to buy milk, fruit and vegetables. The card can also be used to collect free multi-vitamins. The main objective of the scheme is to provide a nutritional safety net and encourage breastfeeding and healthy eating (Department of Health, 2010). Eligible individuals receive £4.25 per week and £8.50 for infants aged less than one (NHS Healthy Start, 2024). However, uptake of the scheme in Northern Ireland is lower than other parts of the United Kingdom (UK), and with soaring food prices and food inflation hitting an all-time high, access to this support is more important than ever.

The scheme is devolved and is administered by the Department of Health in Northern Ireland. Promotion of Healthy Start is the responsibility of local public health departments and awareness of the scheme varies between regions (Crawley and Dodds, 2018). Following government evaluation of Healthy Start, Scotland opted to introduce their own scheme 'Best Start Foods' which differs slightly in terms of eligibility and payment amounts.

This Policy Brief is based on research with women in Northern Ireland who shared their experiences and views on the Healthy Start scheme. With their input, an informational video¹ was co-designed to help raise awareness of the scheme. The video was launched in March 2024 at a roundtable discussion group with relevant stakeholders working in the area of pregnancy, public health and early years policy.

Research context

The Healthy Start scheme is unique as it spans both health and welfare policy areas. It replaced the longstanding Welfare Food Scheme which was first introduced during the Second World War to help combat food shortages, and which provided milk, infant formula tokens and free vitamin supplements. Historically this fell within the scope of the social security system.

Public health efforts have focused on improving diet and targeting benefits to pregnant women and young children to encourage healthy eating as a key route to tackling health inequalities (Acheson, 1998; Mackenbach, 2011). The Marmot Review (2010: 22) prioritised 'giving children the best start in life', emphasising that what happens during early years, starting in the womb, has a lifelong effect on health.

¹ The video is available on the ARK YouTube channel <https://www.youtube.com/user/ARKNIinfo>

However, the last few years have been particularly turbulent for households, due to the social and economic consequences of the Covid-19 pandemic and Cost-of-Living Crisis, which has seen the highest inflation levels recorded in 40 years (Harari et al., 2024). Food prices rose sharply as global supply chains faced disruptions following Russia's invasion of Ukraine. As a result, families have seen their household budgets being increasingly squeezed, and recent statistics from the Department for Communities (2024) show an increase in child poverty rates from 19 per cent in 2021 to 24 per cent in 2022. Additionally, 13 per cent of all children live in households that are food insecure, defined as 'households which have a risk of, or a lack of access to, sufficient, varied food' (ibid.). This situation has undoubtedly worsened since the beginning of the Cost-of-Living Crisis and research shows that a growing proportion of food insecure families are cutting back on healthy food (Parnham et al., 2021; Joseph Rowntree Foundation, 2023). It is becoming increasingly difficult for families to afford a healthy diet and the most deprived fifth of UK households would need to spend 50 per cent of their disposable income on food to meet the Government's guidelines in the NHS Eatwell Guide, compared to 11 per cent for the least deprived fifth (The Food Foundation, 2023). Consequently, more families are relying on food of limited nutritional value and the implications of this for people's health are serious as poor diet is related to disease, illness, and life limiting conditions (UK Parliament, 2022).

Research by Harding, Fitzpatrick and Chapman (2023) found women were struggling to buy essential food due to the Cost-of-Living Crisis, including baby formula and healthy food, and particularly fruit and vegetables. Just over two-fifths (43%) of the women reported that they had skipped meals to cope with rising food prices and to ensure that their children were fed. Other coping mechanisms included reducing portion sizes, buying cheaper brands and eating expired food. Given the substantial pressure on household budgets, many families are unable to consume a nutritionally adequate diet, which perpetuates health inequalities among low-income households.

The Cost-of-Living Crisis also coincided with a period of political stalemate. Between February 2022 and January 2024 there was no devolved government functioning in Northern Ireland, and as a result, Northern Ireland remains without an Anti-Poverty Strategy. At a time of precarity for many households, this policy vacuum thwarted significant progress on the long-awaited Strategy, which provides a unique opportunity to provide meaningful protections for those who are facing poverty and food insecurity. The Report from the Anti-Poverty Strategy Expert Advisory Panel criticised the monetary value of the Healthy Start scheme and recommended introducing a 'legal duty to ensure that children are well-nourished and free from food insecurity' (Department for Communities, 2020: 25).

Challenges with the Healthy Start scheme

Healthy Start has the potential to help low-income families access a more nutritional diet, but its impact is currently hindered by two main issues.

1. Low awareness and uptake

In Northern Ireland, there are roughly 21,000 people eligible to receive Healthy Start, although statistics show that uptake is only 52.7 per cent (NHS Healthy Start, 2024a). One reason for this is that access to the scheme is not automatic, meaning that recipients must apply. Proposals to change the scheme from 'opt in' to 'opt out' to help with uptake has gained some political traction and a Private Members Bill calling for auto-enrolment was tabled by Emma Lewell-Buck MP (Lewell-Buck, 2023). In response, the Department of Health and Social Care said auto-enrolment is not possible as the Healthy Start pre-paid card is a financial product and is therefore subject to financial regulations. However, the Government has agreed to contact families using NHS data to inform them of the scheme and encourage them to apply (UK Parliament, 2024).

Information on Healthy Start is available online including on the NI Direct and Department of Health websites but given the low uptake, there are serious issues with signposting. Our research found that awareness of the scheme was low, and it was notable that a number had missed out on this payment – either completely for some children, or had only found out long after they had become entitled. Some also missed out on receiving the higher payment (when a child is aged between 0 – 1 years old). One parent told us *“I found out about it in the Women’s Centre. My wee boy was a year and a half and I’m on my own with him. I missed most of it when I really needed it because I didn’t know”*. Another parent missed out on the scheme altogether for her first two children, as she explained *“I only found out about it with my third child, I missed out on it for my first two kids. My health visitor only told me when my third child was one”*. The value of Healthy Start also varies depending on a child’s age and one parent told us that she felt this was unfair *“it shouldn’t go down once the child is one. You should get it [the same rate] for the four years, that’s the way it should be”*.

Data on uptake of the Healthy Start scheme is available broken down by Primary Care Trust area in Northern Ireland. There is substantial geographic variation in uptake levels across the Trust areas, with the lowest uptake in the Southern Trust area (48%) compared to the highest uptake level at 57% in the Belfast Trust area. How parents found out about the scheme varied: some were informed by their health visitor, but many learned about the scheme through their local Women’s Centre or word of mouth. One parent said *“loads of my friends didn’t know about it, so I told them”*.

In 2021, the scheme moved from a paper voucher system to a digital system. In the previous paper system, eligible families had to complete an application form that needed to be countersigned by a health professional (e.g. nurse, midwife, health visitor or doctor). The vouchers were then posted monthly to families for use. Research by Lucas et al. (2015) noted how the countersignature acted as a barrier to Healthy Start. With the scheme now fully digitalised, no countersignature is needed.

However, the National Food Strategy (2023) notes how this change has meant less healthcare professionals are notifying families about the scheme, leading to a drop in uptake.

Our research found that the move online was mostly viewed as positive, although some parents discussed their personal struggles using online services. One parent told us *“online is not effective for everyone, it just really stresses me out. I get a lot of anxiety – what do they want me to say, what words am I going to put in?”*. Another parent found it difficult to access the online application form, saying that *“trying to find the actual form online took ages... I could find information about it [the scheme] but not the form”*. Administration of the scheme for Northern Ireland was transferred from the Business Services Organisation based in Northern Ireland to the NHS Business Services Authority in England (NHSBSA). This transition coincided with another period of policy and legislative hiatus for the NI Executive. This context might go some way to explaining why uptake in Northern Ireland is quite significantly lower than England and Wales.

2. The value of the scheme is not enough

In April 2021, the value of Healthy Start was increased from £3.10 to £4.25 – the first increase since 2010. Despite the rising cost of food, the Government has not adjusted the level of support in line with inflation. This is particularly worrying as some products which can be purchased through the scheme, such as infant formula, have risen significantly faster than food inflation and are at ‘historically high prices’ (Competition and Markets Authority, 2024). As a result, Healthy Start funds are not enough to cover costs. Several parents raised this issue of baby formula and one participant explained *“My newborn is drinking £11 formula a week. How does that work with the value of the card?”*. In general, parents agreed that most food now exceeds the value of the Healthy Start allowance and one parent told us *“It’s £4.25 per week – if you think about how much a box of strawberries is at the minute it would hardly cover it.”*

Leading campaign groups and charities across England, Wales and Northern Ireland have called for the value of Healthy Start payments to rise in line with rising food prices. In December 2022, over 110 organisations wrote to Ministers, and the Chief Executive of the NHS Business Service Authority, calling for an immediate increase to the Healthy Start amount in line with inflation and for the Government to commit to review its value every six months. If the payments had increased in line with food inflation between April 2006 and March 2023, the value would be worth around £5.10 per week (The Food Foundation, 2022). It is difficult to understand why the payment is not updated in line with inflation, particularly as this happens to other social security payments such as Universal Credit. Moreover, the comparable scheme in Scotland, Best Start Foods, saw an uplift by 10.1 per cent in 2023, reflecting high food inflation rates (Scottish Government, 2023). Failure to increase the value of Healthy Start is part of a broader Government failure to adequately support food insecure households.

The National Food Strategy (2021) has also recommended that the scheme should be available to all households earning under £20,000 and expanding the scheme to all families on Universal Credit. It also recommends that the age limit should be raised to include children under five years old. In addition to this, it also calls for the scheme to include every pregnant woman regardless of age or income. Similarly, there is also a call for Healthy Start vitamins to be universally available.

Roundtable discussion

We organised an online roundtable discussion in March 2024 to bring key stakeholders working in the area of early years, poverty and public health together to launch the Healthy Start video. Participants agreed that local promotion is key to increase uptake and policy-makers from the Department of Health explained that a new promotional plan is currently underway. This includes a bespoke Northern Ireland communication pack with information on Healthy

Start which contains the Department of Health branding. Working with community ‘touch points’ such as libraries, foodbanks, early years groups and local councils, the Department are keen to circulate this information. Where the information is published was a key focus throughout the discussion and participants also mentioned circulating the information through maternity and emergency departments, health visitors, community midwives, childcare providers, and early years providers such as Sure Starts and Home Starts to help increase awareness. Social media platforms can also be a useful way to share information, but participants noted that this should be ‘parent focused’ using platforms such as Facebook and Instagram. It was also agreed that videos and short clips are an effective tool for capturing attention.

Targeting pregnant women and families at the earliest point was identified as a central theme to help reduce health inequalities at an early stage, and participants highlighted the role of maternity services, in particular the ‘booking appointment’ when most women have their first appointment with a midwife between week eight and week 12 of their pregnancy. All pregnant women under the age of 18 are entitled to the scheme and one participant suggested sharing the information through the ‘School Age Mothers Programme’ which aims to support young women who are pregnant or parenting. This financial support would be helpful particularly as benefit entitlement for under 18s is extremely limited.

Healthy Start vitamins are also available through the scheme, which are extremely important for those breastfeeding. However, as one participant noted, Northern Ireland has the lowest breastfeeding rate in the UK. Greater awareness and uptake of Healthy Start can provide an important opportunity to ensure breastfeeding women are taking the advised daily vitamin D supplement of 10mgs.

Participants also raised concerns for families who have No Recourse to Public Funds² (NRPF) as they are often more susceptible to the effects of the Cost-of-Living Crisis. Following a successful legal challenge in 2021, the scheme was extended to British children under the age of four, but this is currently only temporary. The government previously committed to a consultation to explore permanently extending the scheme; however, to date, no consultation has taken place.

There was also strong agreement that the value of Healthy Start should be increased, as the rate has not kept up with the rising cost of food. While the scheme is devolved to a government department in NI, it works in parity with other parts of the UK and while there is currently no plan to increase the amount, policy-makers noted at the roundtable that the amount is continuously kept under review.

Overall, the video received a positive reception from the group with many recognising the value of having a short, animated video featuring local voices of women who have used the Healthy Start scheme. Participants agreed that this was a useful way to funnel information to the public. Working together to circulate the video would help improve general awareness and, in doing so, could increase uptake.

Conclusion

Given the low uptake and value of Healthy Start, particularly across Northern Ireland, the scheme may be failing in its main objective to provide a nutritional safety net for low-income families. With the rising cost of food, families are finding it more difficult to access healthy food. Many are forced to buy cheaper options, which are typically less nutritious. However, many eligible families are missing out. This reinforces the urgent need to ensure pregnant women and their children can access the Healthy Start scheme to gain the vital nutrition they need to have an adequate diet and live a healthy life.

² No Recourse to Public Funds is a condition attached to work, family and study visas which restricts access to public funds such as welfare benefits and housing assistance.

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