



First Steps Nutrition Trust response to the Scottish Welfare Foods Consultation

June 2018

First Steps Nutrition Trust is an independent public health nutrition charity that supports eating well from pre-conception to five years. Until 2016 we ran the Healthy Start Alliance which supported those implementing the Healthy Start scheme in local areas, but this has now been absorbed into the main work of the charity. We provide practical support to Healthy Start beneficiaries through our resource '*Making the Most of Healthy Start*' which can be accessed at www.firststepsnutrition.org.

Registered charity number 1146408

Summary

First Steps Nutrition Trust welcomes the proposed changes to Healthy Start as Best Start in phases 1 and 2 of the Welfare Foods scheme in Scotland. We very much support the intention to simplify the scheme, increase the number of beneficiaries, to link it more closely to other opportunities for consistent support and to increase the value of the food vouchers and the range of foods that can be purchased.

We would particularly like to support the following recommendations with the caveats mentioned:

1. That there is an increase in the number of women and families eligible for the scheme by raising the Universal Credit income limit and including those on a number of other benefits. We would like to see consideration of extending eligibility to all women under 20 years of age.
2. That entitlement starts from confirmation of pregnancy rather than from 10 weeks of pregnancy.
3. That the value of the food vouchers is increased to reflect food inflation and the need to allow for fruit, vegetable and milk intake. The scheme is however a nutritional safety net for vulnerable families and the amount provided in the first year, even at the enhanced value, would not buy the amount of infant formula needed weekly by most infants in their first year. Some discussion of this is required.

4. That the number of foods that can be purchased with Healthy Start food vouchers is expanded to include tinned fruits and vegetables, dried or tinned pulses and eggs. Fruit canned in syrup is however counter to current health advice on sugar reduction and may have to be considered separately from canned vegetables.

We have reservations about these recommendations:

1. The use of a smartcard only system that can only be used in shops where they accept card payments limits the scheme linking with local community food growing schemes, farmers markets, social pantries or other local food schemes that aim to link up food growing, local food and better public health. Whilst a card can allow families to spend the money over a number of purchases, removes stigma and could cut administration for the Reimbursement Unit consideration needs to be given for ensuring that Healthy Start is linked to other initiatives around food and that small providers are not disadvantaged by not having card payment technology. Issues around managing the card and money loading, connectivity and apps that require smart phone technology also need to be considered.
2. That nursery milk is tied to the free meal offer in early years settings. There needs to be clarity about how this will support the guidance offered to early year's settings on eating well across the day and the impact on the energy and nutrient needs of young children. This is also the case with the idea of 'healthy snack' and these ideas need to be fully integrated with the revised 'Setting the table' guidelines for EY settings in Scotland.

We note that nothing in the consultation has been mentioned on the following issues:

1. Clarity over which infant formula families can buy with the Best Start food vouchers (some milks that are marketed as to be used from birth may not be suitable). Clear information about the infant milks that can be purchased as part of the scheme, and those that are unnecessary or which should only be used under medical supervision should be provided in line with information on the Scottish Feedgood website and that provided to relevant health workers in their e-learning. This will be particularly important for retailers who may become confused by the cross-branding and similar appearance of products. Consistent and clear messages are needed to counter the inappropriate advertising of breastmilk substitutes which is still allowed in UK law. Whilst the intention is to support families to eat well and breastfeed their babies the use of the majority of current Healthy Start vouchers for the purchase of infant formula cannot be ignored.
2. The use of Best Start eligibility to provide information about safe infant formula use.

3. The opportunity for provision of information and advice via Best Start to pregnant women on how they can be supported to breastfeed. This could include links to support websites, organisations and helplines and clarity over the legal right to breastfeed wherever a baby needs to be fed. Consistent information across all support schemes for families is needed and the scheme should have a fundamental aim to improve breastfeeding and support women who are breastfeeding to eat well.
4. including the Baby Box and any documentation given to parents around their child's birth and development.
5. There is no indication about how the scheme might work with Universal Credit recipients who have fluctuating income (e.g. due to seasonal work) and how long they would have to be above the threshold for eligibility before they were removed from the scheme and would have to replay (as is currently the case). This may be one of a number of practical considerations for the new Social Security Agency managing the scheme.
6. Consideration on widening the scheme to all pregnant women under the age of 20 years (in line with how data is reported on pregnancies among young women in Scotland) and to consider how to make the scheme available to women who are not in the benefits system (e.g. asylum seekers).

Full consultation response

1. How can we increase the uptake and awareness of the Best Start Grant and Best Start Foods?

1. Information about the scheme in plain English should be easily available online, and as hard copy leaflets at key points of contact, such as in hospital waiting rooms in maternity settings, GP surgeries, children's centres and other early years settings as well as in settings visited by women who may become pregnant such as contraceptive services. Apps recommended to pregnant families or families with young children by health workers should be checked to ensure they provide information on the Best Start grant and Best Start foods. The Scottish Baby Box scheme provides an opportunity for all women to receive additional information on Best Start around the birth of their baby.
2. Every contact counts and local areas should consider the opportunities to inform potentially eligible families about the scheme not just via health and social care professionals but also welfare rights workers, local food schemes supporting low income families, foodbanks and food sharing organisations, those involved in early learning and childcare and relevant faith groups and community centres.

3. Consideration should be given to translating application forms into other languages in areas where there are significant numbers of families who may be eligible for Best Start who do not have English as a first language.
4. Health Visitors and Midwives will remain the primary workforce having contact with pregnant women and families with young children and should receive annual training on the scheme and how they can support those families who are eligible.
5. All families who meet the criteria of pregnancy or having a child under 3 years should be offered a form signed by a health professional as it is the Department of Work and Pensions who decide on eligibility to the scheme, not the health worker. Offering all women a form removes stigma and can be accompanied by a clear explanation of who is eligible.
6. Removing the requirement for mothers to reapply when their baby is born. Very few pregnancies do not end in a live birth and where that is the case the mother may remain vulnerable and may become pregnant again. Providing additional nutritional support to low income or young women between pregnancies would be a very prudent public health measure. The numbers of women this would apply to would be extremely small and where health professionals know that a pregnancy has not resulted in a live birth they can provide additional support on how the vouchers can be used. Reaching vulnerable women who may become pregnant is a hard to achieve public health goal and it would seem prudent to allow the small number of women who were eligible in pregnancy but who sadly lost their baby to continue to receive the vouchers.
7. If the need to reapply when a baby is born is maintained, the number to call should be a free phone number.

2. What can we do to make the smartcard system as easy to use as possible?

1. Removing the need for retailers to register to take food vouchers would allow recipients to use a wider variety of retailers potentially. However, having a scheme which could only be managed via a card payment system would disadvantage small independent and community-run shops as well as community growing schemes, veg box schemes and other initiatives which aim to link local and sustainable food to local people. Encouraging the roll out of e-payment systems to all independent and community-run shops through cheaper IT packages, grants, or other financial incentives could be a longer term solution. Connectivity in more remote and rural areas always needs to be considered.
2. In the shorter term a mixed paper voucher and e-card system would allow recipients to choose the option that suits them, and when this decision is being made, recipients need to be given the advantages and disadvantages of each method.

3. Smartcard technology does allow more flexibility in spending the money loaded every 4 weeks, but no mention is made of how this will happen. Will this be an automatic loading on to the card by the Reimbursement Unit every 4 weeks? There would need to be detailed piloting of this method to ensure that it is more efficient and cost effective, that recipients can easily report missing or stolen cards and that the cards are then stopped and new ones issued, or to make enquiries if the funds are not received onto the card. For those on Universal Credit with fluctuating income this might be a particular problem. No mention has been made in the recommendations of how long those on Universal Credit would have to be on the higher income meaning they are not eligible before being removed from the scheme if this is planned. For example, if earnings remain above the threshold for 6 months or more would they need to reapply?
4. Linking the card to smart phone technology might disadvantage some users. Any links to new apps must account for difficulties some families may have in having sufficient credit for more complex information provision by smart phone.

3. How do we gather feedback to make improvements as the system evolves?

1. Feedback could be gathered through an online platform as well as paper forms available at key points of contact. Feedback should be sought from Best Start Foods recipients, retailers, health and social care staff, early years workers and voluntary organisations working with both people who are vulnerable and those that are eligible for the scheme. The enhanced eligibility criteria will still exclude some very vulnerable pregnant women (for example asylum seekers) and the scheme should consider how it could be widened to allow for entry to the scheme for those who do not have agreed benefits.

4. How can we work creatively with retailers and others to make it easier for families to use Best Start Foods to improve their diet and nutrition?

1. Most retail staff are unlikely to know about either Healthy Start or Best Start food vouchers, but a change in the foods that can be purchased with the Best Start food vouchers will require all retailers to ensure that staff are aware of the changed rules and provide an opportunity for training and awareness raising.
2. Improving awareness and knowledge of Best Start Foods among retailers would also allow them to offer specific special purchases (e.g. a fruit and vegetable retailer, market, box scheme or community supported agriculture project could offer a Best Start bag of foods equivalent to the value of a voucher which would be better value than buying foods individually; larger retailers could offer specific discounts on foods (excluding infant formula) that could be purchased with the scheme alongside recipe cards and meal ideas).



3. The First Steps Nutrition Trust resource '*Making the Most of Healthy Start*' provides cost effective and easy meal ideas that families can make using items they can purchase with Healthy Start food vouchers, and that can be eaten by all family members, with appropriate portion sizes shown. This could be adapted for use in Scotland with rebranding to Best Start so that clear practical information is made available to all. Additional resources from
4. First Steps on *Eating well for a healthy pregnancy*, *Eating well for new mums*, *Eating well: the first year* and various resources to support eating well for 1-4 year olds could also be used to provide visual and practical support. Visual practical support is particularly important where English is not the first language.

5. What could be an innovative programme that will support families to establish healthy eating patterns look like?

1. Best Start Foods presents an important opportunity to link health directly with other work on the promotion of local and sustainable food and local schemes to support the community to grow food and eat better. The scheme could support communities and local producers to work together to provide local and seasonal produce to the families eligible for the Best Start scheme.
2. It has been discussed that public health should be seen as a 'public good' and that investment in linking agriculture to health is essential if we are to protect both our environment and our health. The infrastructure is currently lacking in many places for initiatives that join up community food schemes with those who are eligible for welfare food, and therefore public support for relevant horticulture and other relevant agricultural schemes to offer support for welfare food should be jointly considered by those working in government health and agricultural departments.
3. Consistent information and practical support around behaviour change are important for supporting families to change their eating patterns where this is needed. Family centred programmes such as HENRY can be used to support positive behaviour change for young families.

6. What evidence could we gather about the impact?

1. There have been evaluations of Healthy Start but these have been mostly qualitative and have failed to determine how food vouchers are spent, how they contribute to family eating patterns and any benefit the scheme may have had on health and wellbeing. A new scheme provides the opportunity for an annual review of:
 - Uptake of the scheme by those who are eligible differentiated by those who are pregnant (<18y or we would suggest <20y), pregnant on low income and low income families with children in their first year, or with a child 2-3 years of age (with

information also available made for some families receiving multiple vouchers if they are, for example, both pregnant with a 2-3 year olds or have both an infant and a young child).

- Patterns of purchasing different foods of those on the scheme differentiated by recipient type.
 - Implications nutritionally, and in line with other public health goals, of how the scheme is being used.
2. Monitoring and reporting should be done in a transparent way, with the data being publicly available and regular reports showing key trends and areas for improvement. Information is already included on Healthy Start in the Scottish Maternal and Infant Nutrition Survey and this could be expanded when the Best Start scheme is rolled out to collect a range of other information on use, value and experience.

This data could enable targeted action in terms of training workers in areas where uptake is low or in specific areas or retail outlets where the Best Start Foods vouchers are not used optimally, in collaboration with local stakeholders or specific retailers.

7. Should the provision of children's vitamins be linked to eligibility for the new Best Start Foods (ie. Up to age of 3)?

Yes. Registration for the free vitamins should be automatic when families register for Best Start Foods.

8. What do you think about the proposal to offer milk as part of the free meal offer for all children in ELC funded provision by 2020

1. The current Nursery Milk scheme allows childcare providers to be reimbursed for formula given to infants and we believe this should be removed as a matter of urgency from any new scheme which should only consider free milk provision to children aged 1-4 years.
2. Children in early years settings could be offered 100ml of milk at one of their snacks or with breakfast, but some thinking needs to be done about how much milk children may receive in childcare settings and how this complements their overall energy and nutrition needs. A decision on nursery milk provision needs to be made alongside a revision of the 'Setting the table' food and nutrition guidelines for early years settings in Scotland so that clarity can be provided to early years workers in ELC about when, and where, free milk is appropriate. Offering milk with a main meal might be counter productive in terms of children having sufficient appetite to eat the nutritious foods on offer and therefore care needs to be taken that milk does not displace other key foods. Where children still receive milk in the home an

additional 189ml in an early years setting may mean higher than recommended milk intakes are consumed.

3. Consideration also needs to be given to children who are being breastfed into their second year or beyond and who may be provided with expressed breastmilk and those who do not have cows' milk for another reason.

9. What are your views on the proposal to include an offer of a healthy snack to complement the free milk and meal offer for all children in early learning and childcare funded provision by 2020?

We support this proposal, but as explained above the context of the 'healthy snack' needs to be clear within the overall guidance on how to support eating well in ELC settings. If this is to be a fruit or vegetable based snack then consideration also needs to be given to where this will be procured, whether there can be links to local producers, the pesticide burden that may be present on non-organic fruit and vegetables (as has been shown in the free school fruit and vegetable scheme) and the potential cost and benefit of such a scheme. If it is to be tied to the school fruit and vegetable scheme then consideration needs to be given to portion size, how fruit and vegetables might be prepared etc.

10. We are interested in your views on how we can best support childcare providers to provide milk to children outwith funded ELC entitlement. How could this work in practice without creating a costly administrative system?

The current nursery milk scheme allows any registered childcare provider (including childminders and private or third sector nurseries) to be reimbursed for milk given to children under 5 years present for more than 2 hours per day. The scheme also allows for reimbursement for 1/3 pint of made up infant formula for infants under 12 months but this should be stopped immediately. All registered childcare settings should be treated equally with respect to any free milk provision in ELC settings.

11. What are your views on the proposal to include an offer of a healthy snack for children outwith funded ELC entitlement?

As above. All registered childcare settings should be treated equally with respect to the provision of a healthy snack.