

7. Healthy Start

Key findings

- At Stage 1, 24% of mothers considered they were eligible for the Healthy Start scheme; levels of eligibility remained broadly similar over the survey period.
- Overall, 14% of mothers were registered on the scheme at Stage 1 and this remained at the same level at Stages 2 and 3.
- The youngest mothers (those aged under 20) and those who had never worked were the most likely to report they were eligible (77% and 60% respectively) and to be registered on the scheme (54% and 45% respectively).
- At Stage 1, 58% of eligible mothers had registered on the scheme. Lack of awareness of the scheme before completing the questionnaire was a key reason why eligible mothers had not registered, mentioned by 59% of these mothers at Stage 1.
- Key sources of awareness among eligible mothers who were registered or at least aware of the scheme were the midwife (51%), health visitor (29%), a partner, friend or relative (24%) and the local benefit office or Jobcentre Plus (23%).
- At each stage of the survey, over four in five mothers registered on the scheme said they had used their Healthy Start vouchers (84% at Stages 1 and 2 and 82% at Stage 3). Infant formula was the main item mothers on the scheme bought with their Healthy Start vouchers at Stage 1 (68%), followed by fresh fruit (52%), fresh vegetables (47%) and cow's milk (43%).
- The proportion of mothers registered on the Healthy Start scheme who breastfed initially was considerably lower than average (59% compared with 81%). The prevalence of breastfeeding at later time points was also lower than average: for example at six weeks, 32% of mothers registered on the scheme were still breastfeeding (compared with 55% on average) and at six months, 18% were still breastfeeding (compared with 34% on average).

7.1 Background information

Healthy Start¹ is a UK-wide government scheme to improve the health of low-income pregnant women and families on benefits and tax credits. Women who are at least 10 weeks pregnant and families with children under four years old are currently eligible for Healthy Start if the family receives:

- Income Support, or
- Income-based Jobseeker's Allowance, or
- Income-related Employment and Support Allowance, or
- Child Tax Credit (but not Working Tax Credit unless the family is receiving Working Tax Credit run-on²) **and** has an annual income of £16,190³ or less.

Women are also eligible during the whole of their pregnancy if they are under 18 when they apply, even if they did not receive any of the above benefits or tax credits. To continue receiving support from the scheme for their babies, they must meet the same eligibility criteria as other Healthy Start families.

Beneficiaries of the Healthy Start scheme receive vouchers which can be spent on milk, plain fresh or frozen fruit and vegetables, or infant formula. Vouchers can be exchanged in a wide variety of local shops and supermarkets, as well as with milkmen that have registered to take part in the scheme.

Every eight weeks, beneficiaries also receive vitamin coupons with their vouchers, which they can swap for Healthy Start vitamins in their local area. The coupons are either for Healthy Start women's tablets (containing folic acid and vitamins C and D) or Healthy Start children's drops (containing vitamins A, C and D). Distribution points vary by country and also from one locality to another, but they are generally available through Children's Centres, health centres and pharmacies. These vitamin products can also be sold to members of the general public.

The Healthy Start scheme was introduced during the fieldwork phase of the 2005 Infant Feeding Survey and replaced the Welfare Food Scheme⁴, thus the results are not directly comparable with the 2005 survey. Additional questions were also included in 2010 in order to explore the Healthy Start scheme in more detail.

This chapter firstly looks at whether mothers thought they would be eligible for Healthy Start and whether these mothers registered on the scheme. It goes on to cover awareness of the scheme and sources of this awareness, usage of Healthy Start vouchers and reasons for not having used them. Finally, initiation and prevalence of breastfeeding by Healthy Start status are discussed. In Chapter 8, the impact of having spent Healthy Start vouchers on fresh fruit and vegetables on mothers' likelihood to give fresh fruit and vegetables to their babies is considered. Use of Healthy Start vitamins is discussed in Chapter 9 and Chapter 11.

7.2 Eligibility for the Healthy Start scheme

At each stage of the survey, mothers were given a description of the Healthy Start scheme, including the eligibility criteria and asked if they were eligible based on these criteria⁵. It should be borne in mind that whether or not a mother was actually eligible could not be validated, for reasons of confidentiality.

At Stage 1, nearly a quarter of mothers (24%) considered that they were eligible for the Healthy Start scheme. Mothers' eligibility for the scheme may change over time as it is dependent on whether the family is receiving the benefits or tax credits mentioned above, however levels of eligibility remained broadly similar over the survey period. The proportion of mothers who considered that they were eligible at Stage 2 was 23% and at Stage 3 it was 22%. Thirteen per cent of mothers indicated that they were unsure if they were eligible at Stage 1, although this declined to 10% at Stage 2 and remained at a similar level at Stage 3 (9%).

Table 7.1

At Stage 1, mothers in Wales (28%) and Northern Ireland (26%) were more likely to consider themselves to be eligible for the scheme than mothers in England and Scotland (24% for both). Age and socio-economic group were the key discriminators in terms of socio-demographic characteristics. The youngest mothers (77% of those aged under 20 and 42% of those aged 20-24), those who had never worked (60%) and to a lesser extent those in routine and manual occupations (36%) were most likely to report that they were eligible. By contrast, only 13% of mothers aged 30-34 and 35 or over and even fewer mothers in managerial and professional occupations (6%) thought they were eligible. The socio-demographic profile of those considering themselves eligible for the scheme is to be expected given the eligibility criteria for Healthy Start.

Ethnicity was also a factor: Black mothers were the most likely to report that they were eligible (39%), while mothers from Chinese or other ethnic groups were the least likely (16%). It should be borne in mind that findings for age, occupational group and ethnicity are inter-related (as discussed in Chapter 1).

Mothers of second or later babies were also more likely to think they were eligible than first-time mothers, although the difference was not as marked as for other characteristics (26% compared with 22%). This may be because the eligibility criteria are broader for mothers of second or later babies as it would include those receiving Child Tax Credit in relation to an older child.

Table 7.2

7.3 Registration and awareness of the Healthy Start scheme

Mothers who thought they were eligible for the Healthy Start scheme were asked if they were registered on the scheme. As shown in Table 7.1 earlier, 14% of mothers overall were registered at Stage 1 and this remained at the same level at Stages 2 and 3 (15% at both stages). There was little variation by country (hence the data have not been shown).

As with eligibility, the key discriminating factors were age and socio-economic group. At Stage 1, 54% of mothers aged under 20 and 24% of mothers aged 20-24 were registered on the scheme, compared with only 7% of mothers aged 35 or over. Forty-five per cent of those who had never

worked and 21% of those in routine and manual occupations were registered, compared with 2% of mothers in managerial and professional occupations.

In terms of ethnicity, Black mothers were the most likely to be registered on the scheme (22%); mothers from Chinese and other ethnic groups were the least likely (5%). Mothers of second or later babies had higher levels of registration than first time mothers (18% compared with 11%).

It is also useful to consider the proportion of eligible mothers who registered on the scheme and how this varied by subgroup, to understand if there are certain groups who are more or less likely to register, even though they consider themselves to be eligible. As subgroup differences were similar at all stages, findings are presented for Stage 1 only.

At Stage 1, 58% of eligible mothers had registered on the scheme. The youngest mothers (70% of eligible mothers aged under 20) and those who had never worked (74% of eligible mothers who had never worked), were most likely to be registered on the scheme at Stage 1. This is likely to be because all mothers aged under 18 would have qualified for the scheme during pregnancy, which may have encouraged higher take-up of the scheme among younger mothers, even though they would have had to meet the same eligibility criteria as other mothers after their baby was born. Groups which are more likely to be eligible (such as those who have never worked and younger mothers) may also be more actively targeted with information about Healthy Start. Levels of registration were relatively similar for eligible mothers in other age groups (i.e. aged 20 or more). By socio-economic group, levels of registration were lowest among eligible mothers from managerial and professional occupations (35%).

So far in this section, the groups most likely to register for Healthy Start have also been those who were the most likely to be eligible. Another group which was particularly likely to have registered for Healthy Start was mothers of second or later babies (68% compared with 48% of first time mothers). They had higher levels of eligibility as well, but the difference was not as marked as it was for registration. This may be because these mothers were more likely to have come across the scheme already through previous exposure to maternity services. Mothers of second or later babies may also have felt under more financial pressure as they already had at least one other child and therefore were more motivated to take whatever assistance was offered.

Although Black mothers were the most likely to be eligible, levels of registration among eligible Black mothers were in line with the average (57% and 58% respectively).

Table 7.3

Mothers who considered themselves eligible for the scheme but had not registered were asked if they had been aware of the scheme before completing the questionnaire. Fifty-nine per cent of these mothers reported that they had not previously been aware of it, suggesting that this may be a key reason why registration levels among eligible mothers were not higher.

Levels of awareness among eligible mothers who had not registered were lowest among older mothers (67% of those aged 35 or over and aged 30-34 were not aware, compared with 59% average) and mothers in managerial and professional occupations (67% not aware). As mentioned above, it is possible that information about Healthy Start has been particularly targeted at groups who are more likely to qualify for it, meaning that 'atypical' mothers who are eligible for the scheme may be less likely to hear about it, and therefore apply for it. Analysis of awareness of Healthy Start by ethnicity is not possible due to low base sizes.

Table 7.4

7.4 Sources of awareness of the Healthy Start scheme

Overall, three-quarters of mothers eligible for Healthy Start were aware of the scheme (before completing the questionnaire) at Stage 1 (58% had registered for it and a further 16% were aware of it although they had not registered). Mothers were most likely to have found out about the scheme through their midwife (51%). Other key sources of awareness were health visitors (29%), their partner, friend or relative (24%), the local benefit office or Jobcentre Plus (23%) or SureStart/Children's Centre or Children's Health Clinic (16%).

Mothers in Scotland and Wales were more likely than mothers in England and Northern Ireland to find out about the scheme through their midwife (57%, 56%, 50% and 48% respectively). Mothers in England were more likely than mothers in the other countries to mention the Sure Start/ Children's Centre or Children's Health Clinic (18%) and less likely to mention the health visitor (28%).

Tables 7.5 and 7.6

7.5 Usage of Healthy Start vouchers

At Stages 1 and 2 of the survey, mothers on the Healthy Start scheme were asked if they had used any Healthy Start vouchers to buy milk, infant formula, or fresh fruit and/or vegetables since the birth of their baby. At Stage 3, the time period was since they had completed the Stage 2 questionnaire.

Levels of usage of Healthy Start vouchers among those registered on the scheme was consistent over the three Stages of the survey, with over four in five mothers saying they had used them at each stage (84% at Stages 1 and 2 and 82% at Stage 3). There was no variation in usage levels by country.

Table 7.7

At all stages, infant formula was the main item mothers on the scheme bought with their Healthy Start vouchers (68% at Stage 1, 72% at Stage 2 and 70% at Stage 3). This was followed by fresh fruit (52%), fresh vegetables (47%) and cow's milk (43%) at Stage 1. Usage patterns were similar at Stages 2 and 3, although by Stage 3, there had been an increase in usage of the vouchers to buy fresh fruit (57%) and fresh vegetables (55%). This may have been because by Stage 3, when babies were 8-10 months, mothers were buying these for their babies as well as themselves. Usage of the vouchers to buy cow's milk dropped between Stages 1 and 2 (43% to 37%), but returned to a similar level to Stage 1 by Stage 3 (40%).

Table 7.8

7.6 Reasons for not using Healthy Start vouchers

At Stage 1, mothers who were on the Healthy Start scheme but had not spent their vouchers were asked why this was. The main reason was that they had not received the vouchers or that they were waiting for a response from Healthy Start. This was mentioned by 68% of these mothers. Other reasons were that:

- they needed more information (6%);
- the vouchers had been sent very early (6%);
- the vouchers were not convenient to use (3%);
- the baby was on a doctor's prescription (3%).

Table 7.9

7.7 Incidence of breastfeeding by Healthy Start status

As discussed in Chapter 2, 81% of mothers breastfed initially in the UK. The proportion of mothers on the Healthy Start scheme who breastfed initially was considerably lower, at 59%. In comparison, those who were not eligible for the scheme had the highest breastfeeding initiation rates, at 87%, while those who were eligible but had not registered fell in-between at 76%.

This differential is likely to be because mothers who were on the Healthy Start scheme were more likely to come from demographic groups with lower breastfeeding initiation rates (younger mothers and those who had never worked – see Chapter 2). This was less likely to be the case for those who were eligible but had not registered, which may explain why their initiation rates were higher (as discussed in section 7.3). It is also worth bearing in mind that mothers on the Healthy Start scheme are able to use their vouchers to buy infant formula, although it would not cover all the formula they would need to feed their baby. This means that the cost saving of breastfeeding relative to buying infant formula will have been reduced for these mothers.

Table 7.10

7.8 Prevalence of breastfeeding by Healthy Start status

The pattern observed for incidence of breastfeeding continued to be the case for breastfeeding prevalence at each of the time points shown in Table 7.11, with mothers registered on the Healthy Start scheme having the lowest prevalence of breastfeeding and mothers who were not eligible having the highest prevalence. For example, when babies were six weeks old, 32% of mothers registered on the Healthy Start scheme were breastfeeding, compared with 61% of those who were not eligible. When babies were six months old, 18% of mothers registered on the Healthy Start scheme were still breastfeeding, while more than twice as many mothers who were not eligible were still doing so (39%). The findings for those who were eligible but not registered fell in between the two groups (for example, 45% at six weeks and 26% at six months). As with incidence, these differences are likely to be linked to the demographic profile of each of the groups discussed.

Table 7.11

Notes and references

¹ The background information in this section on the Healthy Start scheme is taken from the Healthy Start website www.healthystart.nhs.uk. Further information on the scheme can be found on this website.

² Working Tax Credit run-on is the Working Tax Credit received in the 4 weeks immediately after a person has stopped working for 16 hours or more per week.

³ These income figures were correct at the time of the Infant Feeding Survey 2010 fieldwork.

⁴ For more than 60 years, the Welfare Food Scheme provided low-income mothers and families who met certain criteria with tokens which they could use to buy milk, both in liquid form and as infant formula. They were also provided with vitamins. It was phased out in 2005/2006, beginning with a pilot of the new Healthy Start scheme in Devon and Cornwall from November 2005, with national roll out a year later. The Healthy Start scheme is broadly similar to the old scheme, although it has been designed to have more flexibility. Vouchers can now be exchanged for fresh fruit and vegetables as well as milk or infant formula.

⁵ Copies of the questionnaires are provided in the Appendices.