Feedback from 'Healthy Start' Discussion
29 November 2002

The Scottish Community Diet Project hosted a meeting on 29 November 2002 to discuss the proposed reforms to the UK's existing Welfare Food Scheme as outlined in the Department of Health's consultation document 'Healthy Start'. Seventeen participants attended, including representatives from the Scottish Executive's Health Improvement Division, the Scottish Consumer Council, community food project staff and volunteers, and practitioners supporting community food work across a number of NHS Board areas. Please refer to the attached participant list for more information.

The limited consultation period for 'Healthy Start' meant that this meeting was organised at short notice and unfortunately was not able to include wider participation from community food projects operating outwith Scotland's central belt. Some of the community projects represented had already contributed to local responses while others had only just heard about the revised scheme in light of the invitation to this meeting. The following issues summarise the key areas of concern and comment raised during the meeting and will be fed back to all participants as well as to the Welfare Food Unit at the Department of Health in London. It is important to stress that the following views were expressed during the meeting and are not necessarily representative of all participants in attendance at the meeting. The ideas also can not be interpreted as the general views of all community food projects working in Scotland.

Proposal 1: Broadening Range of Foods

Healthy Start proposes to widen the nutritional basis of the existing Welfare Food Scheme to include such 'healthy' foods as fruit, vegetables, cereal based foods and other foods suitable for weaning in addition to the current provision of milk and infant formula.

The group broadly supported the idea of increasing the range of foods available within the scheme, and thought this range of food might also include fresh fruit juice and oil-rich fish.

However, the main concern raised was that if the total value of the weekly voucher was not increased from circa £2.00, as under the present system, very little food within the range suggested could be purchased with the voucher, especially in disadvantaged areas where access to quality, affordable fresh fruit vegetables, and other healthier is already very limited. One participant commented that a pint of milk could cost more than 50p in some housing schemes and remote and rural areas, which does not translate into 7 pints of milk costing around £2.00 as calculated under the existing scheme. In short, there were real concerns that unless the total face value of the voucher increased then the proposed nutritional benefits to users of the new scheme would be negligible.

A further concern was that if the range of foods available under the new scheme was widened without better regulatory measures set in place, the scope for abuse of the scheme by some unscrupulous retailers and others would also

increase. '*This is a local opportunity for fraud on a massive scale since the voucher is being opened up beyond milk'.* This fear was heightened by the lack of proposals within 'Healthy Start' to prevent existing or further abuses of the scheme.

The group also felt that the consultation document failed to address the current abuse of the existing scheme, such as milk tokens being exchanged for 'tick' or goods other than milk (especially cigarettes and alcohol), or retailers supplying less than the statutory entitlement or supplying 'short' coded milk that is liable to go 'off' before it can be used. (Examples given by Pilton Community Health Project, Edinburgh)

Proposal 2: Replacing Milk Token with Fixed Face Value Voucher

This voucher under the new scheme, together with a wider range of foods, is hoped to equalise the benefits for breastfeeding and non-breastfeeding mothers and reduce the current scheme's disincentive to breast-feed.

In addition to the group's concerns over the voucher being too low in value to purchase a wider range of healthy foods (especially if valued at around £2.00), the group suggested that the value of the voucher should increase with inflation costs and be subject to regular Governmental review from the outset. It was suggested that the value of the voucher should reflect variations in local prices and not be fixed as higher food costs in rural and out-of-city areas would mean that the already disadvantaged would be worse off under the new scheme.

The group felt that the consultation document did not explore the implications of the new scheme for traders, especially small independent retailers, and that it made the naïve assumption that traders operating in the most disadvantaged areas would automatically begin to stock a wider selection of healthier produce in response to the launch of the revised scheme. The proposals also overlooked that some of the most disadvantages areas have either no or very limited access to shopping facilities. Community food projects should be able to participate in the scheme, especially when limited shopping facilities exist, but it was noted that not every area has a community food project and, even if one does exist, it is unlikely that it will reach every marginalised member of a community. For the scheme to be effective, the group felt that it would have to be coupled with tight regulatory measures to prevent its abuse, be acceptable to the wider community and linked into existing community food work, and be joined up with other Government policy developments such as working with retailers and supporting the development of sustainable funding for community food activity. In addition, there was strong support for retailers and community projects requiring more information and training about the scheme as soon as possible if they are to be involved in its design and delivery.

The group applauded and welcomed the new scheme's attempts to improve the uptake of breastfeeding, but it was concerned that if NHS clinics cease to provide infant formula milk, mothers who choose not to breastfeed for whatever reason would be alienated from the support network that local clinics and health centre staff should provide. The group was also concerned that mothers who choose

not to breastfeed could under the new scheme be tempted to save money by buying cows milk too early for their babies instead of formula milk and spend the remaining value of the voucher on other items. Continued access to support and health advice via trained staff in health clinics and community-based projects might help minimise the risk of this happening. Training in basic health advice by local staff could also be a prerequisite for retailers wishing to accept the new vouchers.

Proposal 3: New Registration Process

Healthy Start proposes that mothers-to-be should register for the programme through and early antenatal booking visit and then re-register within three months of the child's birth.

The group was cautious that the new registration process would exclude some of the most hard to reach groups from taking advantage of 'healthy Start'. Mothers with no fixed address, drug-users, refugee and asylum seekers, and mothers from travelling communities to list only a few, might find it difficult to register the necessary two times as suggested under the new scheme, especially if they are not staying in the same location before and after the birth of their baby. To encourage maximum uptake, the group was adamant that the registration process would have to be as unstigmastised, uncomplicated and non-threatening as possible. A mother's confidentiality would also have to be respected. Venues for registration might include drop-in sessions at community health projects and other 'neutral' places, especially if mothers find it difficult to make and keep appointments at NHS clinics. Levels of uptake would also have to be closely monitored as part of the scheme's ongoing evaluation.

The group also felt that no information had been given in the document about participation and registration in the scheme if you were not the child's birth mother. Guidance for carers including fathers and other relatives should also be included in the new scheme.

Proposal 4: Making Better Links with Community Food Initiatives

'Healthy Start' invited comments as to how the scheme would be extended to link and support other initiatives aimed at improving food access, such as food co-ops, community businesses and home delivery.

Despite 'Healthy Start's intention to work more effectively with community food initiatives, the group felt strongly that the short timeframe given by the

Department of Health for community groups to mobilise their views and respond to this consultation document was unrealistic. However, while community food projects at the meeting welcomed the potential opportunity to be more involved in the effective delivery of the scheme, they wanted to know more about how the scheme would be co-ordinated and rolled out, and what their expected role would be. Some community projects represented were concerned that the new scheme would make it impossible for them to continue to give additional items in exchange for milk tokens such as fruit, and therefore, be a disincentive to get more involved in the new scheme. To get more community projects on board, it was suggested that the new scheme should drop the 9% administration fee for community food projects wishing to participate in accepting vouchers as is required at present.

Community involvement in the planning of this new scheme needs to be maximised at this stage if the multiple benefits of accessing local expertise, support and knowledge are to be gained. Asking communities directly about the problems of the existing scheme and what is needed to make it better will not only take time, but also resources and the genuine commitment to listen to what is being said and to follow up ideas with action.