

Is the Healthy Start scheme associated with higher food expenditure in low-income families in the UK?

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About the research

The Healthy Start scheme was introduced in 2006 and aims to provide a nutritional safety net to low-income families. However, **there has been little evaluation** on whether the scheme is effective. This is partly due to a lack of data being collected on the participants and what they buy.

Additionally, there has been a lack of policy attention on the scheme. For example, **the value of the vouchers was not raised between 2009-2021**. Participation rates have been falling, 74% of eligible beneficiaries participated in 2015 but 50% participated in 2021.

Policy makers need to know **who is participating in Healthy Start**, how they are **using the vouchers** and whether this is helping to **reduce inequalities** in the purchasing of fruit and vegetables in low-income households.

To answer these questions, we used the Living Costs and Food Survey dataset to describe the characteristics of households who participated in Healthy Start. Also, to test if the vouchers were effective, **we compared the food expenditure in households who received the vouchers and similar low-income families who did not**.

Finally, to find out if the vouchers helped to reduce inequalities, we also compared this to other households in the UK with young children.

Policy implications

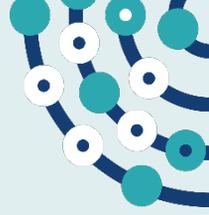
- Efforts to increase **Healthy Start uptake should prioritise reaching pregnant women**, our research showed they accessed the scheme less often compared to other participants.
- Our research suggested the vouchers were used as **financial assistance**, which meets aims of voucher being a “nutritional safety net”.
- However, the **voucher value was too low to increase fruit and vegetable spending** above a household’s usual level. The recent rise in voucher value (Apr 2021) should be closely monitored to examine if it helps to reduce inequalities in fruit and vegetable expenditure.
- There has been a debate whether the inclusion of infant formula in the scheme will discourage breastfeeding. Our study indicates this is not the case, as **infant formula expenditure was lower in households using the vouchers**. Increased engagement with health professionals should be encouraged to continue this trend.



About the School

The NIHR School for Public Health Research is a partnership between the Universities of Sheffield; Bristol; Cambridge; Imperial; and University College London; The London School for Hygiene and Tropical Medicine (LSHTM); LiLaC – a collaboration between the Universities of Liverpool and Lancaster; and Fuse - The Centre for Translational Research in Public Health a collaboration between Newcastle, Durham, Northumbria, Sunderland and Teesside Universities.

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Key findings

Uptake of Healthy Start was low, **only 54% of eligible households used the scheme**. Pregnant women were less likely to participate than households with children

We found **no difference in the amount of fruit and vegetables** purchased in households who use the vouchers compared to eligible households who did not.

There was also no difference in the total food expenditure between participating and eligible non-participating households, suggesting **the vouchers were used to help families buy their normal shopping**, freeing up money in their budget to be spent elsewhere.

Households who received the vouchers **spent less on infant formula** than households who did not, indicating the vouchers did not encourage infant formula purchases.

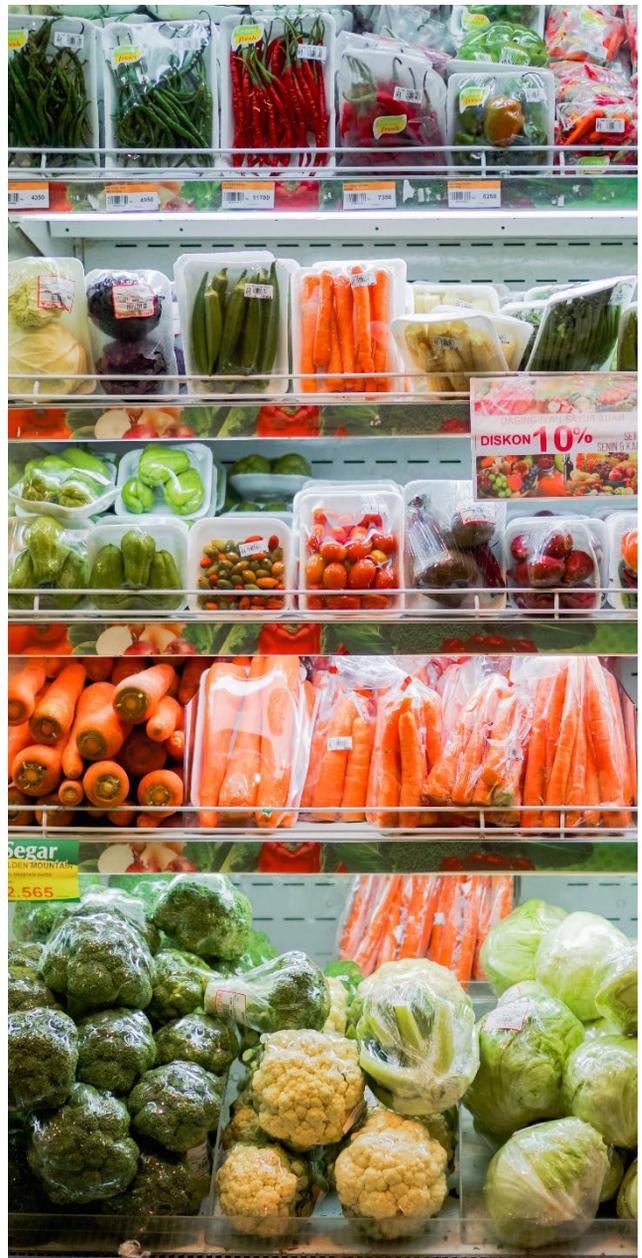
Our results show that the **Healthy Start scheme does not help families overcome income inequalities**, as their food expenditure was lower than households who were ineligible for Healthy Start but were still below the poverty line. The recent increase in voucher value may enable a reduction in inequalities and should be regularly reviewed to stay inline with inflation.

Further information

This research has been published as: [Is the healthy start scheme associated with increased food expenditure in low-income families with young children in the United Kingdom?](#) This work is part of a [SPHR-funded studentship](#) evaluating nutrition welfare policies.

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