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Policy Brief

# **Briefing: Strengthening the Healthy Start Scheme to protect children's health**

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## Introduction

The Healthy Start scheme was introduced by the last Labour government in 2006 as a ‘nutritional safety-net’ for low-income families during pregnancy and early childhood - a critical window of opportunity for supporting lifelong health, aiding a child’s development and learning, and lowering the risk of diet-related illnesses later in life.<sup>1</sup>

The scheme provides very low-income pregnant women<sup>i</sup> and families with children under four years of age in England, Wales, and Northern Ireland with a weekly payment of £4.25 to spend on fruit, vegetables, pulses, cows’ milk and first infant formula, as well as free vitamin supplements. All eligible families with an under one year old get a double payment (£8.50). The payments and the vitamins are intended to help beneficiaries meet their nutritional needs for health, growth and development.

By prioritizing lower-income families, the Healthy Start scheme can play a role in **reducing health inequalities** and potentially **generate substantial government savings** by alleviating the costs associated with nutrition-related ill health.

However, due to neglect in recent years, the Healthy Start scheme is failing to achieve its intended aims: a restrictive eligibility criterion excludes many families living in poverty; the value of weekly payments has fallen behind inflation; and a lack of promotion, application hurdles and stigma means eligible families are missing out on this statutory entitlement.

Drawing on recent research and lived experience case studies, this briefing provides evidence for why and how the Healthy Start scheme urgently needs improving to help the government achieve its aim of having the healthiest generation of children ever and reducing health inequalities.

### Healthy Start eligibility

Eligibility for the Healthy Start scheme is means-tested and includes:<sup>2</sup>

- Pregnant women, or families with a child under four who are:
  - Receiving Universal Credit and on monthly earnings of £408 or less
  - Receiving Child Tax Credit with an annual income of £16,190 or less
- All pregnant teenagers under the age of 18, even if they do not receive any benefits

Following a legal challenge, the Department of Health and Social Care temporarily extended Healthy Start in May 2021 to parents with no recourse to public funds (NRPF) with a British child under four, provided they meet the earnings threshold (less than £408 per month). The Government is currently considering the responses to a public consultation on making Healthy Start permanently available to eligible families with NRPF.<sup>3</sup>

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<sup>i</sup> Although we use the term women in this document, we acknowledge that not all pregnant or lactating parents use the terms women, mother or breastfeeding.

## Why the Healthy Start scheme is needed

A strengthened Healthy Start scheme is needed to provide eligible pregnant women and young families, who have the greatest risk of food insecurity, with additional means to access nutritious foods for health, growth and development. By offering payments specifically healthy food like fruit and vegetables, they reduce the risk of families cutting back on these essentials, which are often more expensive than less healthy foods, when household budgets are squeezed, as well as infant formula, which is an essential item for infants under one who are not breastfed.

### **Food insecurity is higher in households with children**

In recent years, food insecurity levels rose sharply due to increased food prices and increased cost of living in other areas squeezing many family food budgets. As high prices persist, food insecurity continues to affect millions of people in the UK. Moreover, households with children are persistently at higher risk of food insecurity than households without: 17% of households with children under 4 reported experiencing food insecurity in January 2025, compared to 13% of households without children.<sup>4</sup> This means there are families reporting having to have smaller meals or skip meals, not eat when they are hungry, or having to go a whole day without eating, because they cannot access or afford enough food.

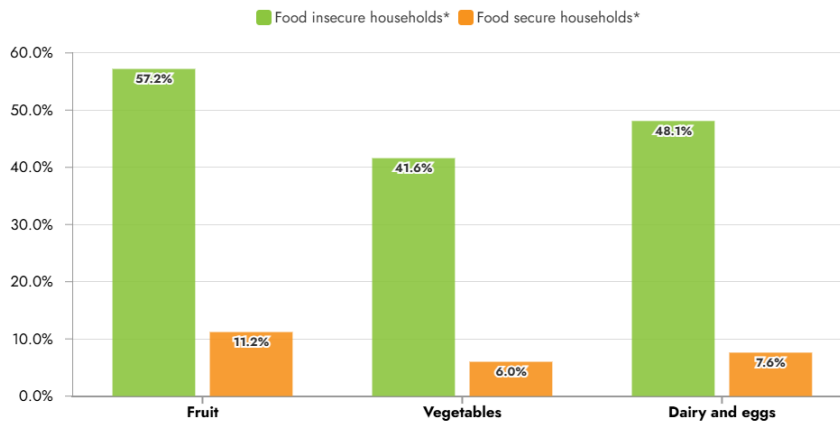
Women who are pregnant or on maternity leave are also at a heightened risk of food insecurity due to the additional financial pressures they face because of inadequate Statutory Maternity Pay and Maternity Allowance in the UK.<sup>5</sup> A recent survey of over 1000 expectant or new mothers commissioned by Maternity Action found that nearly two in five (38%) are eating smaller meals or skipping meals for cost reasons, and almost one quarter (24%) reported going without food themselves to prioritise their children during this time.<sup>6</sup>

### **For many low-income families, a healthy diet is unaffordable**

The Healthy Start payments can be used to purchase fruit, vegetables and milk - items which food insecure households are more likely to cut back on. According to Food Foundation data, among households that reported experiencing food insecurity in January 2025, 60% reported cutting back on purchasing fruit, compared to 11% of food secure households. A similar pattern was observed across vegetables (42% of food insecure households cutting back compared to 6% of food secure) and dairy and eggs (48% of food insecure households compared to 8% food secure households).<sup>7</sup>

### Food insecure households were more likely to cut back on purchasing healthy foods such as fruit, vegetables, fish, dairy and eggs

Percentage of households reporting cutting back on purchases:



\* 1-month recall period



This trend is likely related to more healthy foods being over twice as expensive per calorie as less healthy foods.<sup>8</sup> Maternity Action found that amongst expectant and new mothers surveyed, half (50%) reported buying less healthy food due to high costs.<sup>9</sup> Findings from The Food Foundation's Kids Food Guarantee revealed that a week's worth of fruit and vegetables equivalent to at least 35 portions (a portion is 80g) would cost between £8.67 and £13.24 depending on the retailer. This means that the poorest tenth of UK households may have to spend between 34- 52% of one person's weekly food budget to afford a week's worth of 5-a-day. In contrast, the wealthiest tenth of families would allocate 17-26% for the same purpose.<sup>10</sup>

### Inadequate diets during pregnancy and the early years are negatively impacting health outcomes, particularly for low-income families

Low-income and food insecurity is putting pregnant women, infants and young children at greater risk of poor physical and mental health:

- **Pregnancy:** Food insecurity during pregnancy is linked to adverse maternal health outcomes, including antenatal depression, gestational diabetes, excessive or insufficient weight gain, anaemia, and pregnancy-induced hypertension.<sup>11</sup> Babies born to mothers with a poor-quality diet during pregnancy are at a greater risk of developing chronic diseases later in life, such as obesity, type 2 diabetes, and cardiovascular conditions, as well as poorer cognitive and emotional development.<sup>12</sup>
- **Breastfeeding:** Breastfeeding has significant health benefits for babies and mothers.<sup>13</sup> Mothers experiencing food insecurity perceive that their poor dietary intake is impacting on milk quality or supply, contributing to decisions to stop breastfeeding.<sup>14</sup> Inadequate financial support during the maternity period also affects mothers' ability to breastfeed: mothers who returned to or started work for financial reasons were shown to be 14% less likely to breastfeed for at least four months.<sup>15</sup>
- **Formula-fed infants:** Parents who rely on infant formula the most are the least able to afford it. This may lead to unsafe feeding practices like diluting formula, delaying feeds or using unsuitable milk substitutes.<sup>16</sup>
- **Under fives:** There is a stark income gradient for many of these health outcomes, with children from the most deprived fifth of the population nearly twice as likely to be living with obesity by their first year of school than children from the least deprived fifth.<sup>17</sup>

Poor diets in infancy and early childhood put children at greater risk of nutrient deficiencies, poor growth, being underweight, or developing overweight and obesity later in life:



By the first year of school, more than a fifth of children in England are living with **overweight or obesity**,<sup>18</sup> increasingly their risk of significant health consequences later in life.<sup>19</sup>



**Dental decay**, associated with excessive sugar consumption is the leading cause of hospital admissions for children aged 5 - 9.<sup>20</sup>



By age five, UK children are up to **7cm shorter** on average than their peers in other high income countries, indicating poor-quality diets.<sup>21</sup>

### The cost of first infant formula is putting pressure on family finances

For the first year of an infant's life, first infant formula is an essential non-substitutable product for those parents who rely on it. However, formula prices have been subject to higher rates of inflation than most other food categories,<sup>22</sup> putting pressure on family finances:

- In a Food Foundation commissioned survey one in four mothers with children under eighteen months (26%) reported that they struggled to afford formula.<sup>23</sup>
- To help feed their child, the mothers surveyed reported behaviours such as, borrowing money (10%), introducing solid foods earlier than the recommended age of six months (10%) and skipping meals for themselves (10%).<sup>24</sup>
- There is also evidence that when faced with financial difficulties, stretching available household budgets to cover the cost of formula can lead to parents being forced into unsafe feeding practices, such as watering down formula, increasing the time between feeds, and substituting formula with other milks which are not appropriate for the age of infant.<sup>25</sup>
- There are large price differentials between infant formula products, despite all having to meet the same nutritional composition standards.<sup>26</sup> Only five infant formula products cost <£8.50, the current weekly Healthy Start payment for families with an infant under one years old.<sup>27</sup>

## Case Study: Healthy Start scheme beneficiary

My name is Barbara Achingale, and I am a mother of two daughters aged one and four. I live in Hartlepool. I am sharing my experience as a beneficiary of the Healthy Start scheme.

Before receiving Healthy Start payments, I had numerous challenges with providing food for me and my kids. Imagine struggling to give your very young children (at least) three meals a day, as well as diapers and everything they need? It was so impossible that I couldn't even look after my own needs. It wasn't until my daughter turned eighteen months that someone told me about Healthy Start. I am very grateful to the lady I spoke to. The weekly payments provide a lot of relief for me. I'm truly grateful.

However, there are some things Healthy Start could improve on. I really wish that Healthy Start and nutrition education was shared with new moms when leaving hospital, so that they leave with knowledge and know if they can receive the Healthy Start benefits. More awareness and auto-enrolment of Healthy Start, would help many parents on low incomes from facing unnecessary challenges with food and health.

Secondly, I wish Healthy Start could make the eligibility for kids aged four years old, not just kids under four. For me, I receive no support for my four-and-a-half-year-old through Healthy Start. Just the additional months makes her ineligible and this has a big impact. It is very difficult for people like me, single parents, to afford everything two young children need – even our most basic needs.

## Health benefits of the Healthy Start scheme

The Healthy Start scheme supports low-income families to access healthy foods, including fruit and vegetables, and vitamin supplements:

- **Fruit, and vegetables:** The World Health Organisation (WHO) recommends that individuals eat a minimum of 400g of fruit and vegetables a day to reduce the risk of health problems including heart disease, stroke and some cancers.<sup>28</sup> Fruit and vegetables are also an important source of fibre, which is associated with a lower risk of heart disease, stroke, type 2 diabetes and bowel cancer.<sup>29</sup> 88% of children aged 1.5-3 years do not meet fibre targets and for children aged 4 years, 72% do not meet them.<sup>34</sup> Intakes of fibre are around 12% lower in the most deprived children compared the least deprived.<sup>34</sup> On average, children consume less than half the recommended amount of fruit and vegetables.<sup>52</sup>
- **Vitamins:** Women eligible for Healthy Start can receive free Healthy Start vitamins until their child is one years old. These vitamins provide vitamin D, folic acid and vitamin C, and are suitable for breastfeeding women. Children under the age of four can also get vitamin drops containing vitamin A, C and D. Public health guidance recommends supplementing diets with specific micronutrients as a precaution to ensure nutritional needs are met: vitamin A is needed for helping the immune system to function properly, vitamin C is needed for protecting cells and maintaining healthy skin, blood vessels and cartilage, and vitamin D is essential for bone health.<sup>32</sup> Folic acid is advised pre-conception and during early pregnancy to reduce the risk of neural tube defects.<sup>31</sup>

The Healthy Start Scheme has the potential to help pregnant and breastfeeding women, infants and young children from low-income families to access better diets:

### Evidence shows that the Healthy Start Scheme has:

Improved the proportion of women meeting their recommended nutrient intake.<sup>35</sup>



Improved household nutrition by increasing fruit and vegetable purchases by 15% (1.8kg per month).<sup>36</sup>

Supported families to establish healthy dietary preferences and establish good eating habits.<sup>38</sup>

Improved dietary choices (including the quantity and range of fruit and vegetables that women use).<sup>37</sup>



Beneficiaries, local authorities and charities report that the Healthy Start scheme is highly valued and has positively impacted household finances and what families ate.<sup>39</sup>

### Evidence from the USA

Insights from the USA's Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) demonstrates that nutritional safety nets can positively influence obesity trends and support breastfeeding.

The WIC program serves to safeguard the health of low-income pregnant, postpartum, and breastfeeding women, infants and children up to age five who are at nutritional risk by providing nutritious foods to supplement diets, information on healthy eating including breastfeeding promotion and support, and referrals to health care.

The WIC program has been shown to positively impact on children's weight. National obesity trends from 2010 to 2020 among children aged 2 to 4 years from families enrolled in WIC showed the following:<sup>40</sup>

- In 2020, 14.4% of WIC participants aged 2 to 4 years had obesity. That was a drop from 15.9% in 2010.
- The prevalence of overweight and obesity combined went down from 32.5% in 2010 to 29.8% in 2020.

The WIC programme has shown that increasing the value of the food package for breastfeeding mothers may have improved breastfeeding exclusivity and providing breastfeeding support services may also have improved **breastfeeding** initiation and duration.



## Improvements needed to the Healthy Start scheme

The Healthy Start scheme faces operational challenges that limit its effectiveness, including:

- **The scheme's stagnant value against significant food price increases:** In April 2021, the Government increased the value of Healthy Start from £3.10 to £4.25 – the first increase since 2010. Since then, food prices have risen substantially. Some products which can be purchased through the scheme, such as infant formula, have seen price rises that significantly outstrip average inflation.
- **A restrictive eligibility criteria means many families experiencing food insecurity do not benefit:** to qualify, pregnant women (except pregnant teenagers) and children must be in households in receipt of Universal Credit or equivalent benefits and a household earning less than £408 per month after taxes. The scheme is also only available to families with children under 4 years old, leaving a gap between Healthy Start ending and Free School Meals starting.
- **Failing to reach all eligible families:** there is no recent reliable data on coverage, but historical data suggests that approximately a third of eligible households are not claiming Healthy Start.<sup>42</sup> This is due to various factors such as lack of awareness of the scheme, not knowing if they are eligible, and the administrative burden of applying.

Timely improvements to the scheme are critical: for infants and young children, delays in receiving essential nutritional support could have lasting impacts on their health and development.

### **Case Study: Health Professional (Nurse)<sup>43</sup>**

Healthy Start is particularly helpful to our vulnerable, young parents who have restricted funds to pay for healthy food and milk when they are pregnant, and once they have their babies. It can also help them with budgeting skills. Limiting the offer to healthy choices encourages young parents consider foods other than unhealthy snacks, or fast foods which are often a quick fix to managing hunger. It is also helpful in avoiding introduction of formula milks other than first stage milk. The choice of healthier options when introducing solid foods supports baby led eating and chewing which aids speech development.

Applying for Healthy Start is particularly challenging for young parents under 18 years old as they cannot apply online, they must ring the service for a referral form and getting through to someone can take a significant amount of time. Our teenage parents often find it hard making telephone calls due to a lack of confidence, anxiety and neurodiversity. This can cause them to give up applying at that stage.

Formula milk is very expensive, Healthy Start needs to be more in line with inflation to benefit families. The eligibility criteria is also too tight, there are still families who are in poverty who are not eligible for the benefit.

*Family Nurse Partnership, Southampton.*

### **Case Study: Health Professional (Midwife)<sup>44</sup>**

The Healthy Start Scheme is for families with the lowest incomes - it can be vital support for those who use it. It may mean they are able to have the heating on for a few hours or take their children out for the day. Since fruit and vegetables are often more costly than processed food, Healthy Start may be the only way they are able to provide nutritious food for their family.

Families who are eligible will often have their application rejected due to minor errors, they will then receive a generic notification saying they are not eligible. This can discourage them from reapplying, as they do not realise it is due to an error. This is especially challenging for families whose first language is not English or are digitally excluded. These families experience health inequalities and Healthy Start could provide significant benefits for them.

Implementing auto-enrollment for the scheme would eliminate any barriers to applying. If this is not feasible, there should be mandatory national support in place to assist families with the application process, funded by the Government. In Manchester, this support is often provided by charity organisations.

*Grace Ford, Family Hub Midwife, St. Mary's Hospital Managed Clinical Services*

## Why improving Healthy Start is an easy win

The Labour Government's commitment to ensuring all children have the best start in life presents a unique opportunity for transformative action. Strengthening the Healthy Start scheme has the potential to help achieve this goal, as well as being low-cost and popular.

In 2022-3, the actual expenditure on the Healthy Start scheme was around £79 million.<sup>45</sup> To put this in context, £355 million was raised through the Soft Drinks Industry Levy (SDIL) in the same financial year.<sup>46</sup> Against this cost, the Healthy Start scheme has the potential to generate substantial government savings by alleviating the costs associated with treating nutrition-related conditions such as obesity, diabetes, cardiovascular disease, and dental caries.

Food voucher schemes also have public support: a poll of 2000 parents conducted in 2024 found that there's a high level of concern among parents regarding their children's dietary habits, with seven out of ten expressing worry about what their children are eating. 80% said they support expanding funding for vouchers schemes for low-income families.<sup>47</sup> This finding is echoed in a recent Food Foundation survey, which found that more than three quarters (76%) of the public support the following changes to the Healthy Start scheme:<sup>48</sup>

- expanding to include four-year-old children.
- increasing weekly payments in line with inflation.
- auto-enrolling eligible families.

### Learning from Best Start Scotland

In Scotland, the equivalent scheme, Best Start Foods, reaches more low-income families and provides higher weekly payments compared to the Healthy Start Scheme.

Best Start is available to all pregnant people and families with a child under three who are in receipt of Universal Credit - unlike England, Wales and Northern Ireland, there is no additional earnings criteria.

Best Start reaches 92% of eligible families compared to approximately two thirds for Healthy Start<sup>49</sup> demonstrating that higher uptake rates should be achievable across the UK. The weekly payments are £5.30 for pregnant people and children under three (£4.25 under Healthy Start), and £10.60 for under one year olds (£8.50 under Healthy Start), better reflecting food costs and inflation.

In Scotland, all pregnant women receive free vitamins, and breastfeeding women and children up to 3 years old are also provided with free vitamin D supplements, regardless of enrolment in the Best Start Scheme.

## Recommendations for Government:

- 1) Increase the value of the Healthy Start allowance:**
  - Increase the value of Healthy Start in line with inflation and food price increases (costing approximately £184 million).<sup>ii</sup>
  - Ensure the value is index-linked in future.
- 2) Expand eligibility of Healthy Start:**
  - Expand eligibility to include all families on Universal Credit (costing approximately £244 million).
  - Expand to include children up to the age of 5 years old (costing approximately £175 million).
  - Permanently extend to eligible families with no recourse to public funds.
- 3) Ensure no eligible family misses out:**
  - Introduce auto-enrolment for Healthy Start, with an “opt-out” system rather than the current “opt-in” system to remove barriers faced by families applying online or by post. This will involve resolving data sharing issues between the DWP and DHSC.
  - Embedding the scheme into statutory services including health visiting and Family Hubs, which have unique roles to play in providing guidance and support for pregnant women and families on healthier diets and feeding practices.
- 4) Supporting the scheme to meet its nutrition objectives by:**
  - Giving beneficiaries evidence-based, practical information, support and guidance on healthy eating in pregnancy and the early years, including breastfeeding.
  - Making the multivitamin supplement component of the of the Healthy Start scheme universal and not means tested.

**Ultimately, improving nutrition through a stronger Healthy Start scheme could alleviate the costs of treating diet-related ill health, give children a better start in life and reduce health inequalities across the UK.**

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<sup>ii</sup> All costings have been calculated by The Food Foundation. To estimate the cost if entitlement of Healthy Start was increased to all children in households that receive Universal Credit (UC), we used the most recent data from the Household Below Average Income survey (downloaded from UK Data Service). We calculated the number of children aged 0-3 years who are in households who receive UC but not on other benefits that make them entitled to Healthy Start. The total population for each country (England and Wales) was estimated using survey weights, and averaged between 2019-20 and 21-22. This was combined with most recent data on entitlement to Healthy Start from the NHS to estimate the total cost. The cost of increasing the value of Healthy Start payments (£184m) is based on an increase in value of weekly payments from £4.25 to £5.30 in line with the Best Start scheme in Scotland.

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