Exploring the lived experiences of people using Healthy Start: Is the Healthy Start scheme fit for purpose?

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Abstract

Healthy Start is a scheme that was introduced to provide support to families with young children in purchasing healthy foods and milk. The aim of this study was to explore and understand the lived experiences of people that use Healthy Start, working alongside Citizens Advice North Lancashire (CANL). To do so screenshots of posts within a Facebook group aimed at providing support to people using Healthy Start were taken and analysed for key themes. Following this, a focus group was conducted with staff members at Citizens Advice North Lancashire to develop my knowledge and understanding of the topic and gain their insight into the lived experiences of people that use Healthy Start, whom they very often work with. Then an online survey was produced and posted into the Facebook group aimed at delving deeper into the experiences that users have day-to-day. This study found that there are many issues with Healthy Start that are preventing it from having a bigger positive impact on people's lives. Many people rely on the Healthy Start card and these issues are causing extra grief and stress for Healthy Start users, who are already having to deal with the stress of life on low income. This study adds to the existing literature exploring Healthy Start as there is very little research looking solely into the lived experiences of people using Healthy Start. Healthy Start provides extra financial support that is valued by the recipients, however the issues faced by users is hindering its ability to truly help support people on a low income, and therefore, there needs to be rapid and expansive change within the scheme.

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Introduction and Literature Review

Food Insecurity and Child Poverty in the UK

With roughly 3.4 million people living in households of moderate to severe food insecurity (FAO *et al*., 2020), the UK is amongst the worst in Europe (House of Commons Environmental Audit Committee, 2019). The number of food insecure households increased to around 17% by June 2023, almost double that of January 2022 (Food Foundation, 2023). One reason for this may be the continued inflation of the prices of food and drink, that rose by almost 15% from July 2022 to July 2023 (ONS, 2023). Alongside rising food insecurity, food bank and other subsidies have experienced increased usage (Francis-Devine *et al*., 2023). There are a multitude of different factors that can affect food insecurity with the main ones being age, income, gender, and home ownership status (Pool and Dooris, 2021). Younger age groups and women tend to experience more severe food insecurity than older age groups and men (Turnbull *et al*., 2021; Pool and Dooris, 2021). It is also noted that experiencing food insecurity can make it harder for many adults to maintain employment (Power *et al*., 2020), which will only exacerbate the issue with the lack of a stable income. There is also evidence that in the fallout of COVID-19 the dire situation with food security may have worsened (Barker and Russell, 2020). COVID-19 brought with it a roughly 6-fold increase in claims for Universal Credit (Mackley and McInnes, 2021), with many people experiencing food insecurity for the first time (Power *et al*., 2020). What's more, much of the literature surrounding food insecurity comments on the fact that it can result in a poorer diet composition. For example, Turnbull *et al* (2021) found that people experiencing higher food insecurity were less likely to consume fruits and vegetables. A higher food insecurity can also lead to a diet compromised more of the

cheaper, but nutrient poor foods instead of fresh fruits and vegetables (Morales and Berkowitz, 2016).

In the UK, roughly 4.2 million children lived in poverty in 2021/22 (DWP, 2023). Children are much more likely to feel the negative repercussions of poverty than people of other ages (Sinha *et al*., 2020). Across the UK, 1.3 million children were deemed eligible for free school meals (FSM), however there was an additional 1 million children, seen as ineligible, that were expected to be food insecure (Sinha *et al*., 2020). Child poverty appears to be continually rising (DWP, 2023), and with this comes an increasing risk of many health issues (Schmidt *et al*., 2021). Childhood poverty can result in a diverse range of negative developmental and health issues (Pillas *et al*., 2014), which can then directly affect the health outcomes once adulthood is reached (Schmidt *et al*., 2021). Children that experience poverty are also much more at risk of developing chronic health conditions, including obesity (Lee *et al*., 2014) and respiratory illnesses (Sinha *et al*., 2020). Even short-term experiences of childhood poverty can lead to an increased risk of mortality in adults (Rod *et al*., 2020). Alongside the health conditions, childhood poverty in the UK can also lead to worse cognitive outcomes (Cooper and Stewart, 2013), with an increased risk of developing mental health disorders (Evans and Cassells, 2014). Children raised in poverty also achieve poorer grades and lower scores on standardised tests than children raised in more affluent households (Hair *et al*., 2015).

Poverty and Food Insecurity in Lancaster and Morecambe

Standards of living in the UK no longer just mean that people can afford the basics to survive, it means that they have enough to be an active member of society (Padley and Stone, 2021). However, over the last decade trends in employment have shown an increase in insecure employment (CANL, 2021). In the Lancaster District, up to 3000 people are employed in the gig economy (Donoghue, 2018), with numbers reaching approximately 122,000 workers in the Northwest in 2023 (Clark, 2023). Furthermore, the vast majority (80%) of the clients that CANL face are of working age (Young, 2022). With many of their clients (~40%) also being in work (Young, 2022), this highlights the issues with the benefit systems that are currently in place and how many people still cannot afford the basics.

As of July 2021, the number of people receiving Universal Credit (UC) in the Lancaster district was 13,587, just under 10% of the population. Of this number, over 50% were female and about 65% were either working or not required to (CANL, 2021). CANL reported a drastic increase of 524% in issues related to UC during its introductory year (CANL, 2021). In 2020, the Local Housing Authority (LHA) rate was frozen which meant that it did not cover the rent of any type of accommodation. This shortfall could be upwards of £100 which then had to be made up by the claimant (CANL, 2021), putting many people across Lancaster in a tricky situation by significantly reducing the amount of their UC claim left to support themselves (CANL, 2021).

1,267 clients were referred to food banks 4,785 times by CANL in 2020/21 alone, meaning many of the clients referred will have used food banks over 3 times, with some people constantly relying on food banks just to get by (CANL, 2021).

ImaginationLancaster (2022) found that in areas of higher food bank usage there was higher food insecurity, with both being high in Morecambe Bay for example. In 2020 alone, almost 40,000 5-day emergency food supplies were issued by Morecambe Bay Food bank across the Lancaster district (CANL, 2021). CANL also saw an increase of over 500% in clients looking for food bank vouchers, fuel voucher, and the hardship fund from 2021 to 2022 (Young, 2022), as dire financial situations leave many people having to decide between heating their homes or putting food on the table. Currently, for families in fuel poverty the Northwest region is the third highest in the UK (CANL, 2021), and with houses across the Lancaster district being poorly insulated an increasing number of people are unable to afford to pay their utility bills (Young, 2022). Moreover, attainment levels and FSM rates in schools have clear correlations in the Lancaster district. For the schools in the district with the lowest FSM rate, 5.1% and 5.5%, achieving at least a Grade 5 in English and Maths GCSE reaches 97% and 96%, respectively. However, once the FSM rate reaches 49.5%, achieving the same GCSE grade drops to 17% (CANL, 2021). Citizens Advice see a huge number of people with a wide variety of issues across Lancashire, with most clients having a disability or a long-term health problem and many of the clients also being women (Young, 2022).

Healthy Start

The Healthy Start scheme was introduced in the UK in 2006 in the form of paper vouchers to support low-income families with children that are either on the way or under the age of 4 in buying a specified set of items to help improve diet composition and childhood development (Griffith *et al*., 2018). By March 2022, the original paper vouchers had been entirely replaced by prepaid cards (Defeyter *et al*., 2022), with the

proposed benefits of checking the balance at a cashpoint, unspent balances remaining on the card for future use, and more shops being able to accept the card (Defeyter *et al*., 2022). In the UK, individuals in worse economic situations are 80% less likely to eat the recommended fruits and vegetables amount per day than those in better economic situations (Yau *et al*., 2019), whilst also having to spend a much higher proportion of their income to meet the guidance of the Eatwell guide (Food Foundation, 2022). Alongside this, fruit and vegetable prices have increased more than the prices of nutrient-poor foods (Headey and Alderman, 2019), meaning that nutrient-poor foods become more desirable in poorer households, and so, Healthy Start is important for encouraging the purchasing and consumption of healthier foods (Griffith *et al*., 2018). In April 2021, the value of the Healthy Start payment went up to £4.25 per week (Thomas *et al*., 2023) from £3.10, that had been the value since April 2008 (Griffith *et al*., 2018).

A study by Griffith *et al.* (2018) found that individuals in their study spent the voucher on what it was intended for with no purchases of close substitutes and no increase in the purchasing of unhealthy foods. They found that the main benefits were seen in households that previously would spend less than the value of the benefit on the targeted items due to the economic incentive to purchase the products. Similar results were found in Borzadaran *et al*. (2023). Overall, they stated that monthly spending on fruits and vegetables increased by 15% when compared with spending before the introduction of the scheme, equating to roughly an extra £2.43 per month, as well as stating that an extra £1 on the vouchers equated to an extra spend of 14p on fruits and vegetables. As a result, the Healthy Start scheme has been seen to improve the nutrient composition of many households' diets (Griffith *et al*., 2018). However,

Parnham *et al*. (2021) conducted a study that compared 4 different types of households relating to Healthy Start (high-income ineligible, ineligible low-income, non-participating but eligible, and participating). In this study they found no statistically significant difference between the fruit and vegetables purchasing of participating and non-participating but eligible households, concluding that participating in Healthy Start does not increase the expenditure on fruit and vegetables. One of the reasonings behind this was that the voucher was seen more as financial assistance that allowed spending elsewhere in households that already spent the amount given, or more, each week on the eligible items (Parnham *et al*., 2021). Furthermore, more fruit and vegetables were purchased in low-income ineligible households than that of eligible households, denoting that even small inequalities in income cannot be overcome by the scheme (Parnham *et al*., 2021).

While there have been some reports of positive lived experiences of Healthy Start, including a study by McFadden *et al*. (2014) that found the contribution of Healthy Start to improving the diet composition of women and their children was valued by participants as they felt it had led to an increased quantity and range of healthy foods being consumed, there have been more reports of negative lived experiences. When Healthy Start first began moving away from paper vouchers, there were many issues with the cards that led to many users feeling anxious and embarrassed, such as cards being declined at checkout or having to split up their shopping before paying (Defeyter *et al*., 2022). Moreover, the lack of automatic registration means that families must apply to the scheme (Parnham *et al*., 2021), and with their already being confusion around the complex details of eligibility (Dundas *et al*., 2023) and a reliance on healthcare professions to spread awareness of the scheme (Parnham *et al*., 2021),

uptake of the Healthy Start scheme has been low, with over a quarter of eligible individuals across the UK not applying for the scheme as of March 2022 (Defeyter *et al*., 2022). On top of this, when many people have issues with Healthy Start solving them can be difficult, with many calls to the Healthy Start helpline going unanswered (Defeyter *et al*., 2022).

Research Aims and Questions

The lived experiences of the people that use Healthy Start is something that remains relatively understudied in the literature with most studies focussing primarily on improvements in diet composition and purchasing of the eligible items and, while this is important, it is also important to understand the lived experience of using the card to explore whether the scheme needs to be improved and how. And so, based on the literature and discussions around what is expected from the research, the aim of this study is to explore and understand the lived experiences of people that use Healthy Start by exploring the following research questions:

- What are some of the main problems with the scheme and what impact is this having on people's lives?
- To what extent have the Healthy Start vouchers improved the day-to-day lives of young families experiencing food insecurity?
- How could the scheme be improved?

Methods

This study focussed solely on primary data collection, utilising a mixed-method research approach. Therefore, the data collected was useful for investigating the different aspects of each research question mentioned above (Robson and McCartan, 2016). The combination of qualitative and quantitative data in this study was useful for placing any quantitative data in the context of real-world complex scenarios and issues uncovered through the qualitative data collection. Thus, producing a more complete picture of the issues being researched (Robson and McCartan, 2016).

Screenshots of Facebook Group

The Facebook group used in this study was originally created for an older dissertation project. For that research, the group was set up as a safe space for people who use Healthy Start to share their experiences (Pridmore, 2022). However, since then the group has primarily become a place for individuals to post any questions or concerns they may have regarding Healthy Start, and has since grown to around 17,000 members (Facebook, ND). There are now almost daily posts from people across the UK that use Healthy Start, meaning that there is a whole swath of data available to be collected and analysed on the Healthy Start scheme, meaning it is an ideal time for follow-up research.

Due to the sheer volume of posts in the chat, every post made in one week was saved to make analysing the data more manageable, whilst still giving an accurate insight into the questions and struggles surrounding Healthy Start. Further screenshots were then taken if they were relevant to the research. The screenshots were then coded

(appendix A) and used to inform the topics and questions in the focus group and survey.

Focus Group

A focus group was the chosen method because they are an inexpensive means to collect a large amount of data on a complex societal issue (Abrams and Gaiser, 2017). Another important reason for this method was to expand my knowledge in this area to help build the subsequent survey by recruiting experts and professionals in this field (Conradson, 2005).

The focus group was initially supposed to be in-person, but this was changed to an online meeting due to bad weather making travelling to the location difficult. Despite this setback, an online meeting was not deemed to be an issue as the richness of data produced by both online and in-person focus groups is very similar (Abrams and Gaiser, 2017). Zoom was chosen as the best software to facilitate this focus group as the participants already used it for work, meaning it was more convenient for them.

The focus group involved 3 CANL staff members: Joanna Young, Chief Officer; Jeni Meadows, Schools and Family Advisor; Caroline Robertson, Head of Research and Campaigns, as well as my dissertation supervisor, Rebecca Whittle. For this study, one focus group was enough because the purpose was to develop the survey in-line with what CA were looking for and to understand their opinions on the scheme. Staff members at CANL were selected because they are much more familiar with Healthy Start and its users, and so would be able to share their understanding and knowledge of the scheme and what it is like for the people that use it.

Prior to the focus group, I noted down a series of topics and questions (appendix B) that were used to guide the conversation. These questions and topics covered everything from what CANL were looking to gain from my research to the themes that came from the Facebook group posts.

The transcript was then coded and analysed, including verbal and non-verbal cues, to further develop the survey questions. The transcription process was also useful for identifying any ideas or issues that I had not previously thought of myself or identified within the literature, which could then also be added to the survey.

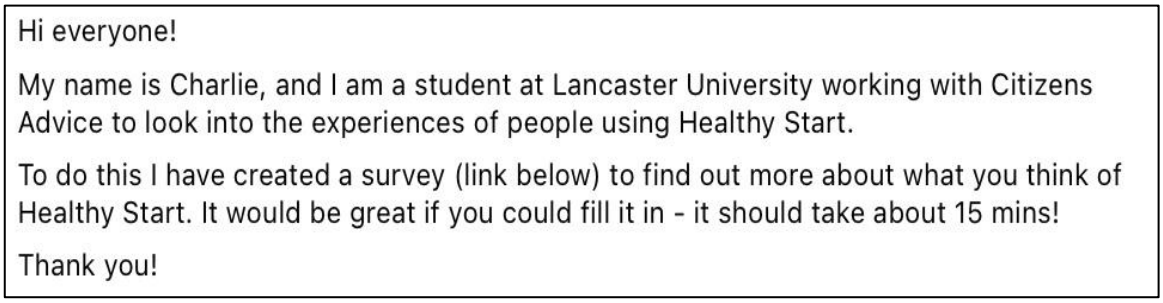
Survey

An online survey was chosen because it could be used to back up and support whether the opinions and thoughts raised in the focus group match with the actual lived experiences of the people using Healthy Start. One major advantage of using an online survey for this research is the fact that all the responses are saved automatically, making analysing the data easier. Online surveys also provide respondents with the opportunity to skip questions that they don't want to answer, as well as providing an increased sense of privacy, and so respondents may feel more comfortable answering questions truthfully on such a sensitive topic (Vehovar and Manfreda, 2017). As the survey was posted into the Healthy Start Facebook group, it was deemed that members would have access to the internet in some form, and therefore had the ability to access the survey.

Respondents being unable to follow or properly read the questionnaire is often the leading causes of low response rates (Boynton and Greenhalgh, 2004), meaning that making the survey user-friendly across multiple devices was essential. It was

important that the questions could be understood by any potential respondent as the national reading age in the UK is 9 years old (NHS, NDa). To do this, the language used, and the structure of the questions was checked multiple times by staff at CANL. The survey was split into 3 main sections: General Information, Food Security, and finally, the lived experience of Healthy Start. The first section included questions asking for more general background information, including the age and gender of participants, to gain an understanding of the demographic of people using Healthy Start. Following this, participants were then asked more general questions on food security. Many of the questions in this section were adapted from a questionnaire distributed by the University of California (2015), completed by over 66,000 respondents, to explore food insecurity amongst its students. The next section then contained questions focussed solely on the participants lived experiences of Healthy Start, giving participants the chance to suggest potential improvements and openly give their opinions on it. Throughout the survey there were plenty of open text boxes allowing respondents to expand upon their answers and provide extra context and detail to the data (Boynton and Greenhalgh, 2004), including one at the end of the survey asking respondents if they had anything extra to say about Healthy Start.

The first week of posting the survey involved 2 posts, one from me (fig. 1) and another by Joanna (fig. 2). Both posts mentioned that this research will be used by CA to


Hi everyone!

My name is Charlie, and I am a student at Lancaster University working with Citizens Advice to look into the experiences of people using Healthy Start.

To do this I have created a survey (link below) to find out more about what you think of Healthy Start. It would be great if you could fill it in - it should take about 15 mins!

Thank you!

Figure 1. shows the researcher's initial survey post into the Facebook group.

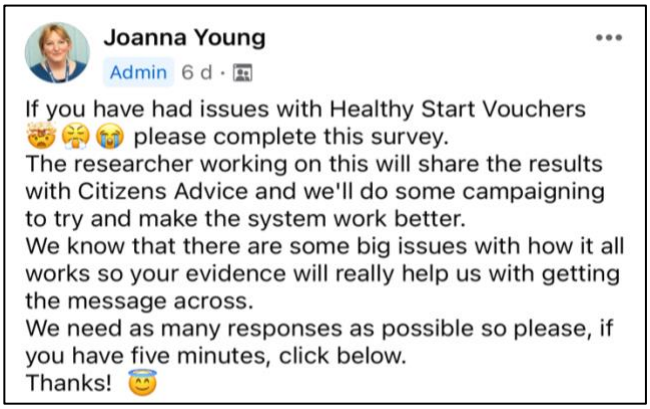


Figure 2. shows Joanna's survey post into the Facebook group.

campaign for changes in Healthy Start in hopes that this will help to raise response rates (Adams and Cox, 2008). However online surveys do generally have lower response rates (Vehovar and Manfreda, 2017), and after one week there was only one response to the survey and so for the following 10 days the survey was posted into the chat every day. Unfortunately, there was still only a total of 8 responses meaning that there were not enough responses for the results to be extrapolated to the entirety of Healthy Starts users with any statistical certainty. However, qualitative data and numbers that aren't suggestive of the entire population of users are still used.

Ethical Considerations

Ethics is especially important when dealing with participants who may be experiencing high levels of trauma and stigma due to living in poverty. This is why we opted for a relatively 'hands off' data collection strategy, built on primary data from the Facebook group and a focus group with professionals who interact with service users regularly, rather than service users themselves.

All ethical considerations were addressed in an ethics form and proposed to my dissertation supervisor prior to the completion of the research (appendix C). However the main things to consider were gaining consent and distributing important participant

information; maintaining confidentiality and anonymity throughout the research and write-up, if desired; and my positionality in the research.

Consent for any post within the Facebook group to be used for research purposes is gained when members first join the group (Facebook, ND). This was done in a similar check-box format to that used in the survey (appendix D). For the focus group, consent to record the meeting was gained at the start of the call, however consent to use quotes and names in the write-up of the research was gained afterwards via an email sent to all participants (appendix E). Participants were also informed of the conversation topics beforehand. Respondents to the survey were informed of what the survey was about and what it would cover when they first opened the link (appendix D). To ensure the privacy of the members of the group, some members posted anonymously but any screenshot used in the write-up of the research will be anonymised. When completing the survey, respondents were never asked for details that may reveal their Identity, so all answers were anonymous and could only be accessed by me through a password-secure account.

Throughout the research it was important that I recognised my position as a current student that is talking to experts in the field with much more knowledge and experience on this topic. Therefore, it was important that I was always respectful and kept an open mind to any opinions and experiences came up.

Results and Discussion

Ease of Use

One major problem with the Healthy Start scheme was the cards used by beneficiaries either not working entirely or being declined often. For example, one member of the Facebook group posted (fig. 3) about how their card had been declined despite only using the card for items for their baby. Another member of the group made a similar post (fig. 4) about their experience being declined whilst using the card in a major supermarket chain that should accept the card. This user specifies how their card had enough money on it and despite trying both contactless and chip and pin it was still declined. Both users describe their experience as embarrassing, with the tone of the posts suggesting that they were left humiliated. Similarly, Defeyter *et al*. (2022) identified the main issues with the cards being difficulties when trying to use the card, as well as the cards often being declined and having to split up shopping into eligible and non-eligible items (also seen in fig. 4), all of which resulted in users feeling anxious to use the card, humiliated, embarrassed, and stigmatised. Furthermore, 6 out of 8 survey respondents said that their card has been declined with Joanna stating that Healthy Start has “introduced a chip and pin

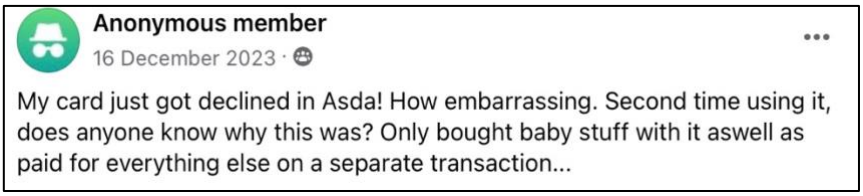


Figure 3. shows a member of the Facebook group describing their card being declined.

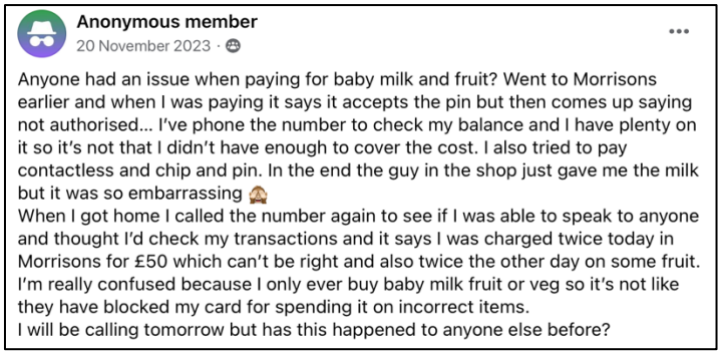


Figure 4. shows a member of the Facebook group describing their card being declined.

system that basically doesn't seem to work". Joanna also explained how recipients are extremely careful with their money and heavily rely on the card to get by but "then the card doesn't work". All of this can be extremely distressing for people using the cards, only adding to the already distressing experience of food insecurity (Pridmore, 2022). Due to the findings in this study, it is not a stretch to suggest that these issues identified early in the transition to prepaid cards have not been fixed. This was emphasised by Jeni stating that there is "no excuse for this to be such a bad system because other systems exist that work infinitely better that do the same kind of thing". Issues such as these can result in many people being afraid and reluctant to use the cards whilst shopping, shown by the vast number of posts in the Facebook group asking about where the card is accepted (examples in fig. 5). One solution to the problem is to keep Healthy Start up-to-date with modern technology. For example, in the Facebook group one thing queried a few times was being able to put the card in the wallet on mobile phones (fig. 6), which was also mentioned by Joanna, in a tone suggesting confusion as to why this hadn't already been instated because everyone needs to have a mobile phone to access benefits and it would make paying much easier. Furthermore, improving communication with retailers to help them better deal with the issues when they arise

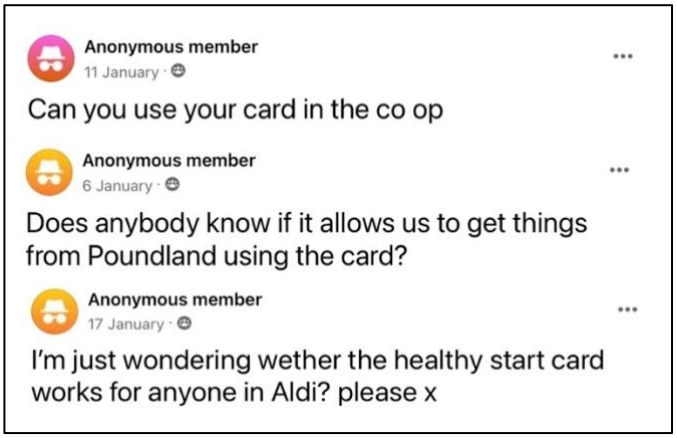


Figure 5. shows examples of posts asking where the card is accepted.

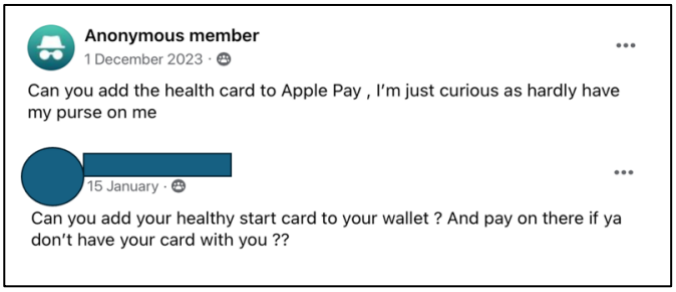


Figure 6. shows posts asking if the Healthy Start card can be added to the wallet on mobile phones.

(Defeyter *et al*., 2022) is essential to make the shopping experience less stressful for Healthy Start recipients.

Another issue mentioned was the access to retailers that accept the card with 6 out of 8 people saying that there aren't enough shops that accept the card. One user in the Facebook group stressed how they couldn't buy baby milk in a major supermarket that was closer to them (fig. 7), insinuating that they would have to incur higher travel costs. This finding adds to existing literature that reported problems with the amount and location of shops that accepted Healthy Start, meaning the extra cost of travel could reduce the value of the Healthy Start card (McFadden *et al*., 2014). Joanna also mentioned that the value of the voucher could be completely nulled if people must spend more to get to a shop that accepts the card, questioning its value. Therefore, there needs to be more emphasis on getting more retailers to accept the card, including more small-scale retailers like farmers' markets and community gardens (fig. 8) (Crawley and Dodds, 2018), to improve the scope of the Healthy Start scheme and ensure that people have equal and fair access to accepting outlets.

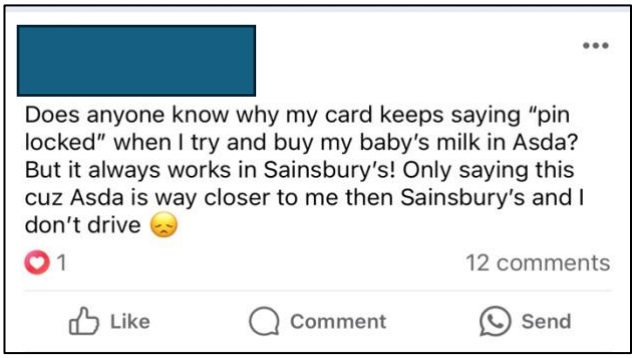


Figure 7. shows a post about a user's card being declined in the shop that is closest to them.

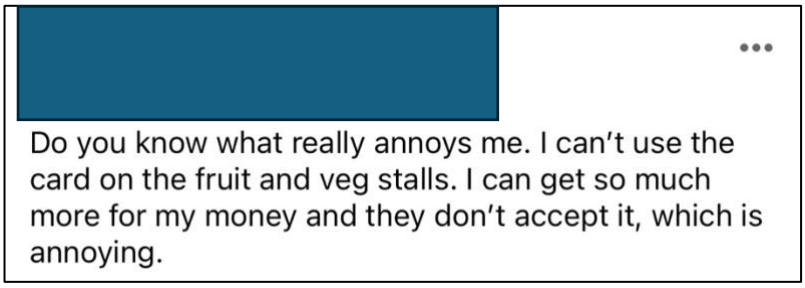


Figure 8. shows a user being annoyed as they can't use their card at market stalls.

Monetary Value

Another major issue was the monetary value of the card, with findings suggesting that it was not enough. One indication of this was a post in the Facebook group sharing a petition to increase the amount of money that Healthy Start offers. This can be seen in fig. 9 with a clear message showing concern surrounding the limited purchases that can be made with the current value of Healthy Start. This was then supported by

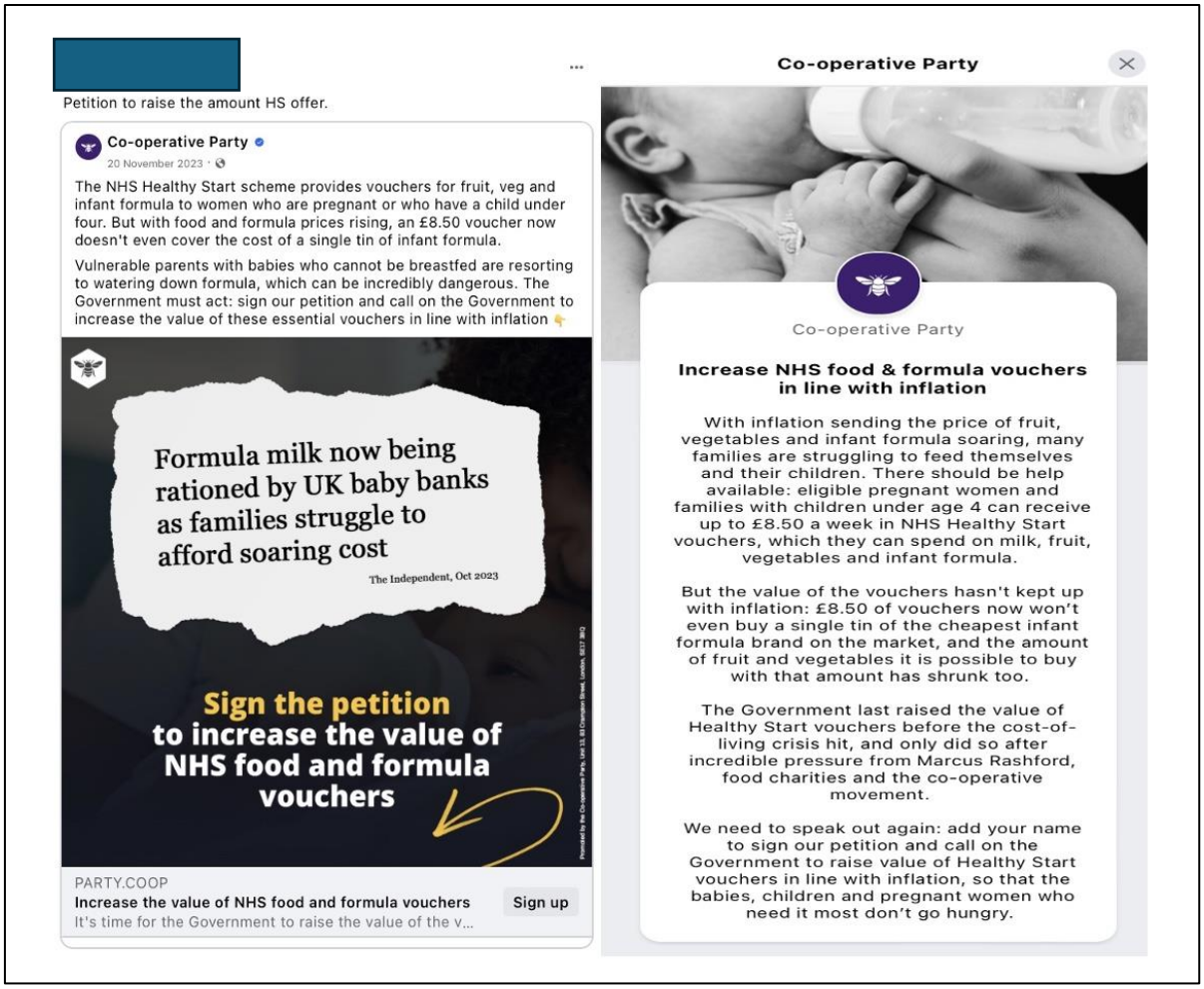


Figure 9. shows a post sharing a cooperative party petition to raise the amount offered by Healthy Start and the message that appears once the link is clicked.

survey responses whereby 7 out of 8 people said that the amount on the card is not enough, despite 5 out of 8 people saying that they couldn't live without it. During the focus group, both Jeni and Joanna expressed concern and discontent with the amount of money offered to families, with Jeni describing the amount as "miniscule". Jeni also

stated that some people have said to her that “they’re dealing with such an income deficiency that £5 a week is not worth [it]” and so “it’s not something that’s like going to solve the sort of long-term problem that they’ve got”. Fig. 10 shows a post in the Facebook group that particularly highlights this issue as the recipient is unable to afford food for themselves and their partner despite being on Universal Credit and Healthy Start, implying that Healthy Start has not helped to alleviate the income deficiency experienced. This supports most of the existing literature on this topic that believe the value of the card is not enough to support a healthy diet in young children even after the increase (Borzadaran *et al*., 2023), mainly due to the continually rising costs of food and other items that can be purchased (McFadden *et al*., 2014). The current cost-of-living crisis is likely to have increased the dependency on Healthy Start for low-income families that are already “absolutely reliant on it” (Joanna), and if the value of the Healthy Start card cannot keep track with rising prices then many people won’t be able to afford the basic foods associated with a healthy, nutritional diet (McFadden *et al*., 2014), which could negatively impact the potential for positive outcomes in both child and maternal health (Dundas *et al*., 2023). Parnham *et al*. (2021) found that due to the limited value of the card, Healthy Start struggles to reduce income equalities between groups of similar income levels. More fruit and vegetables were purchased by low-income households that were nearly eligible than there was in households of Healthy Start recipients. Dundas *et al*. (2023) also found that due to the cost of infant formula, mothers who didn’t breastfeed felt discriminated against as they had to spend a larger portion, if not all, of their Healthy Start money on formula, leaving them with no money to spend on

Figure 10. displays how some users have such a low income that the Healthy Start money isn’t enough to help them get by.

fruits and vegetables. One survey respondent said: ““For those with children on formula they shouldn’t have to worry about finding two weeks’ worth of formula as that is all the healthy start card covers. The remaining two weeks until a top up on the card has been made you’ve got to stress about how to get the money for the formula”. As a result, the nutritional benefits of Healthy Start were primarily seen amongst breastfeeding mothers (McFadden *et al*., 2014), showing how Healthy Start is not fit for meeting the nutritional needs of children that are not breastfed (Crawley and Dodds, 2018).

Therefore, for Healthy Start to have a bigger impact on people’s lives the monetary value of the card needs to increase. 4 out of 8 people mentioned that to improve the scheme there needs to be more money. Increasing the value of the card has been linked to increased spending on fruits and vegetables (Borzadaran *et al*., 2023) and increases in the consumption of the recommended intake for important nutrients (Griffith *et al*., 2018). Borzadaran *et al*. (2023) found that the previous increase from £3.10 to £4.25 resulted in an overall spending increase of 31p for users with one payment and 89p for users with two payments, and that increasing the monetary of the card by just 10p can results in increased spending on the targeted products by up to 6p. Thus showing how increasing the value would be beneficial. To ensure that the value of Healthy Start matches the cost of a healthy diet and infant formula, Crawley and Dodds (2018) suggest monitoring the prices of the targeted items annually and adjusting the value accordingly, with McFadden *et al*. (2014) stating that without this improvement the potential of Healthy Start to improve the diets of families with young children is compromised. During the focus group, Joanna said “why does it exist at all as a scheme? Why not just increase child benefit or increase the child element of

Universal Credit?". This suggestion supports some literature that found that many users treat Healthy Start in a similar way to the way they would treat a cash transfer with the same value (Borzadaran *et al*., 2023). Similar opinions were found by McFadden *et al*. (2014) where a few participants believed that adding the money to other benefit schemes would be better. Furthermore, if this approach is taken it would mean that all the eligible households would automatically receive the money (Borzadaran *et al*., 2023).

Eligibility and Applications

One thing that came up a lot was confusion around the eligibility criteria and people moving in and out of eligibility. For example, fig. 11 shows members of the Facebook

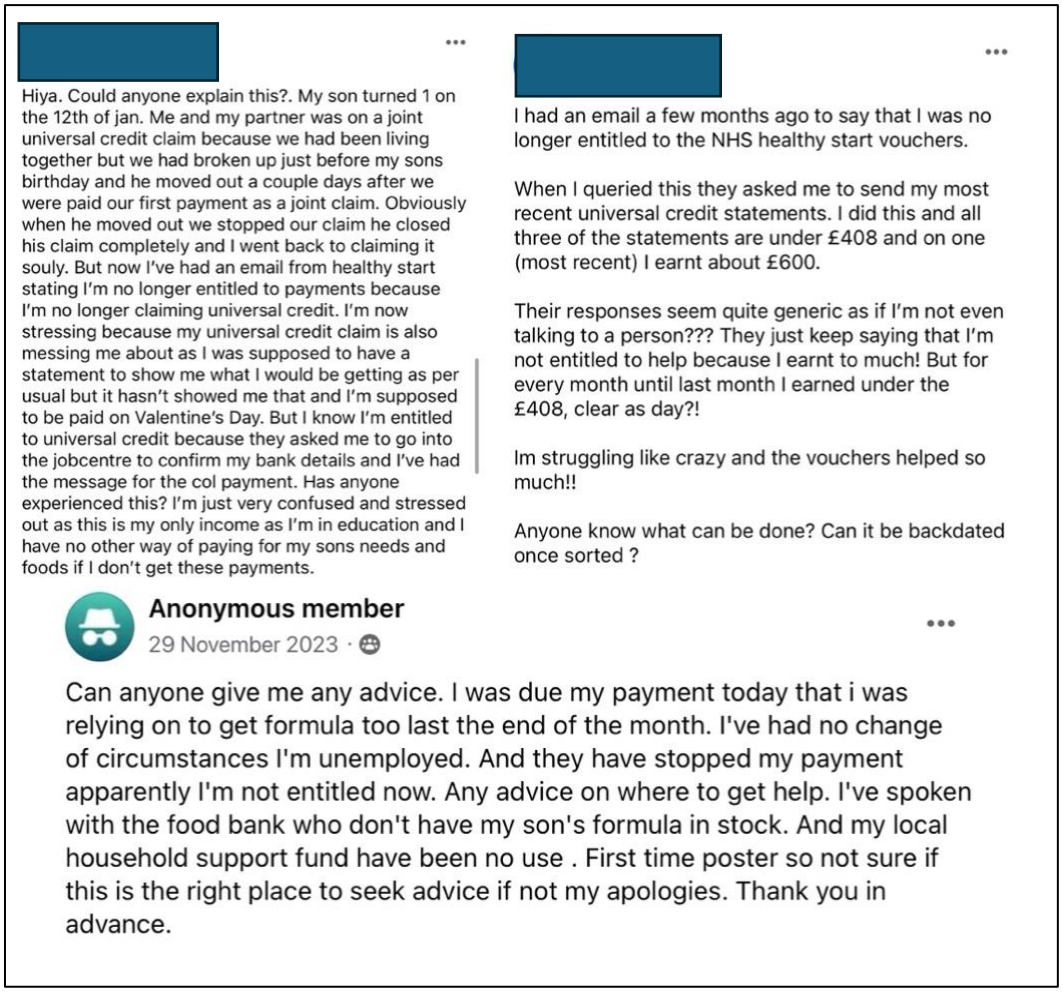


Figure 11. displays people unsure about why they are no longer eligible for Healthy Start.

group being confused at the fact they are no longer eligible. In these examples, the reason behind the users being ineligible is unknown, and there is a clear reliance on the card to get by, placing the users under a significant amount of stress. Similar issues have been discussed in the literature whereby any issues with the application process or with the continuation of the money was not made clear (Dundas *et al*., 2023; McFadden *et al*., 2014). In these situations, many people reported having to phone up to ask why they were no longer eligible (Dundas *et al*., 2023), but as the Healthy Start helpline can cost up to 40p per minute (NHS, NDb) many people on a low income could struggle (Lucas *et al*., 2015). During this study, it was also found that the "thresholds are now so low as to encompass almost nobody" (Joanna) leaving many of the most vulnerable people without access to the money. Such thresholds are particularly important for working families, with many individuals working more than a few hours a week unlikely to be eligible for Healthy Start, even if they only earn slightly above the threshold (Crawley and Dodds, 2018; Dundas *et al*., 2023). This leaves many of the most vulnerable people without access to the scheme, leading to many women and healthcare professionals believing the scheme discriminates against people working on low-incomes (McFadden *et al*., 2014), and doesn't support the notion that benefits are to encourage getting into employment (CANL, 2021). Another issue with the thresholds is that "there are lots of people who move in and out of eligibility to the extent that it then but not does not become, you know, worth them applying" (Joanna). This was noted by Dundas *et al*. (2023) where some of the participants in their study didn't think Healthy Start was worth the effort as their circumstances changed frequently. To improve Healthy Start the eligibility criteria needs to be expanded to prevent people from moving in and out of eligibility when they rely on the money to get by. For example, Jeni expressed frustration at the scheme

when she said “It is my understanding […] that if you're eligible for free school meals, eligibility doesn't go away at least until the end of that school year. […] so the fact that Healthy Start doesn't do that and it's aiming to achieve much of the same thing just confuses me really”. Many users have reported that scheme has been helpful and provided a positive change in their lives (Dundas *et al*., 2023), displaying how important it is for the scheme to be accessible for more vulnerable groups previously deemed ineligible. One way to improve the scheme would be to provide the money for a set timeframe after the application for individuals whose income may fluctuate, such as self-employed people. Furthermore, the eligibility criteria should be widened to include more vulnerable groups of society. Some suggestions have been to include all women that are pregnant under the age of 20 or in full-time education (Crawley and Dodds, 2018). Another suggestion was to increase the eligibility to include children up to 5 years of age (Crawley and Dodds, 2018; Dundas *et al*., 2023; McFadden *et al*., 2014). This was also suggested in the survey with one respondent saying ““I don't think it should stop when the child is 4. Just because they are turning 4, they still need access to fruit veg etc”. Another slight improvement would be to make any phone number needed throughout the application process and use of Healthy Start free (Crawley and Dodds, 2018).

Alongside complicated eligibility criteria, individuals that are eligible to receive Healthy Start must apply and are not automatically enrolled (Borzadaran *et al*., 2023), resulting in many eligible households missing out (Parnham *et al*., 2021). This also creates an administrative burden on eligible individuals, that are often in circumstances where carrying these burdens is difficult (Borzadaran *et al*., 2023; Chudnovsky and Peeters, 2021). A similar point was made by Joanna when she said that Healthy Start “creates

a lived experience whereby asking someone just to pop their details into the 15 page healthy start form and ring the number and get the pin number […], especially when you got a kid is too much", stressing the importance of the application process in ensuring equal accessibility, and how the current system is resulting in people losing out. Moreover, the application process itself was seen to be cumbersome and complex which resulted in many eligible individuals not accessing the scheme (McFadden *et al*., 2014). The current application process is too complicated and long, alongside very little support for filling it out (Crawley and Dodds, 2018). Joanna described the language used as "unintelligible" with the layout being "intimidating". To improve the uptake and access to the Healthy Start scheme the application process should be simplified, and more support should be offered to help eligible individuals fill it out (Crawley and Dodds, 2018).

Targeted Items

One issue that appeared often in the Facebook group but was not well covered throughout the literature was knowledge around the targeted items, including what items were eligible for purchase with the card, and the fact that many people need the money provided by Healthy Start to buy other items that are important for a child's development. For example, many people post questions asking whether they can purchase certain products that aren't the targeted items (fig. 12), with many of the responses stating that this was possible, even though it shouldn't be. Many of the items that individuals were querying about are useful and important during the early stages of a child's life, and many posts expressed a sense of urgency around needing the items. Some even acknowledged that it wasn't an eligible item, but they had no

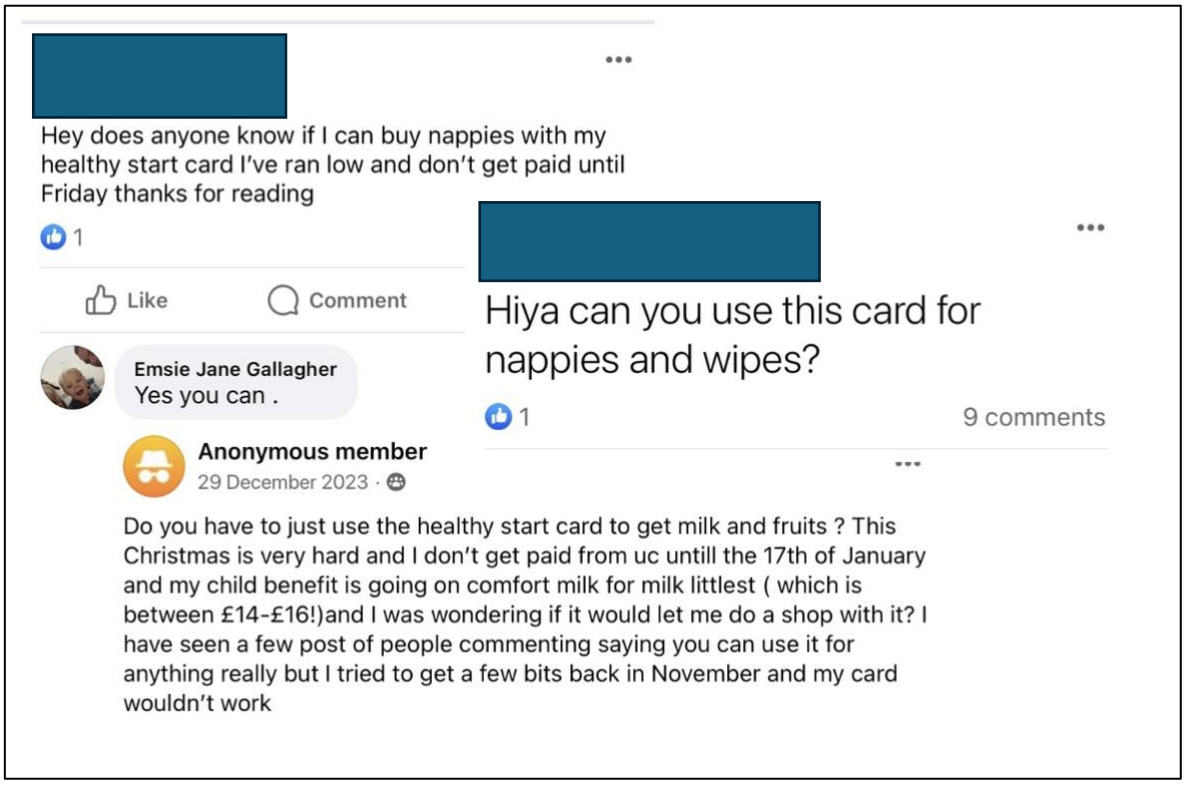


Figure 12. displays how many people need to use the card for items that aren't eligible and a response saying that it is possible, which was common across the group.

other choice due to their situation. Pridmore (2022) highlighted how this was a particular issue when alternative milks were needed for children that were allergic to cow's milk, with many of these alternatives not being eligible items and often being more expensive. Many people were also asking whether they could use the card for a full food shop as they have exhausted every other source of income they have (fig. 13). This shows the limitations of the eligible items as they highlight a variety of other items that are important for a child's development that they may not have easy access to without financial support.

Figure 13. displays how some people have no money from left from other sources and need the money from Healthy Start to provide for their family.

As a result, Crawley and Dodds (2018) believes that the eligible items need to be put under review as expanding the range of products that Healthy Start can be used for could significantly reduce the financial pressures felt by low-income households, whilst also potentially making applying for the scheme more appealing (Pridmore, 2022). Lucas *et al*., (2013) believes that the product range should cover a wider array of food such as bread and follow on formula, as well as extending this beyond food for things like nappies and wipes, which are also commonly asked about in the Facebook group.

Stigma

For people using Healthy Start, stigma is a challenge that presents itself in many ways, both online and in-person. For example, fig. 14 shows a post in the Facebook group from someone asking if Healthy Start do emergency payments to help them get by, however this person has felt the need to try and stop hate comments by trying to explain and justify their question. Another user was angered by the judgement on the Facebook group, which only contains people eligible or using Healthy Start, so much so they posted about it, and

Figure 14. displays the concern some users have over posting a question in case they're judged.

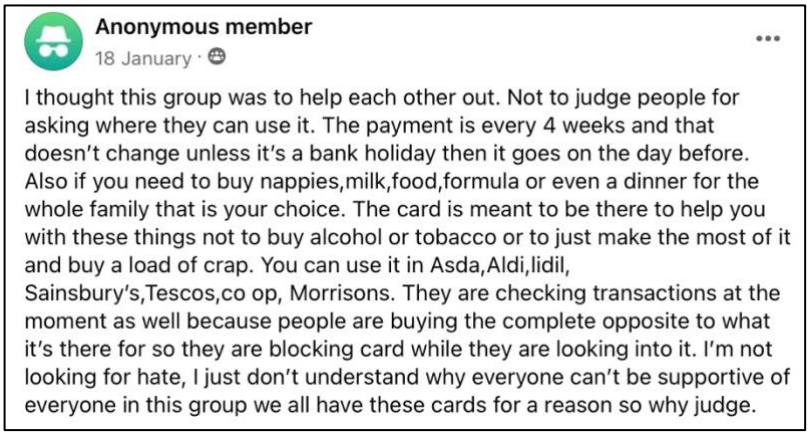


Figure 15. Displays the anger of a member of the Facebook at the judgement they see from other members.

attempted to offer basic advice to help people out (fig. 15). For one group of users, the judgement got so bad that they made a new Facebook group altogether, with the main reasoning behind their decision being the rise of anonymous comments that "spoil it for the rest" (fig. 16). At the time the screenshot was taken, the group had almost 400 members, highlighting the significance of the issue within online spaces. This finding adds an extra dimension to the more typically studied stigma faced by Healthy Start users, with many other studies focussing more on in-person interactions. The most common issue mentioned throughout the literature is the physical marking of a person as being on a low income when using the card (Crawley and Dodds, 2018). McFadden *et al*. (2014) reported that some women described feeling judged by other customers and even staff when using the card, which was also found in this study through the survey. In response to a question asking users how they feel when they used the card and why, multiple respondents mentioned that they feel anxious and scared that they will be judged because people look down on them, with one user stating that other shoppers "look at me with dirty looks as if I'm a disgrace". Many users have resorted to only using supermarkets that they know accept the card and self-service checkouts, to avoid interaction and reduce the stigma they faced (Dundas *et al*., 2023). Moreover, McFadden *et al*. (2014) found that when women weren't sure whether a certain shop

Figure 16. Displays how some users are so unhappy with the judgement seen on the Facebook group that they made a new group, with 378 members at the time.

accepted their card or not, they didn't want to ask the shopkeeper as this would mark them as a user of the scheme and being poor, highlighting how important it is for better information on which shops accept the card.

While the issues of stigma and ways to decrease it are linked to much wider societal constructs and practices, there are a few ways in which the stigma around Healthy Start specifically can be decreased. One way in which this can be done is to update Healthy Start so that it can be used on people's smartphones through their wallet, so there is no need to physically get the card out. Expanding the eligibility criteria of the card may also help to reduce stigma indirectly, as the more people that use the card the more likely it is that other members of the public and staff members see or interact with the card and so may judge less while the card is being used (McFadden *et al*., 2014).

Conclusion

In conclusion, there were many problems identified with the scheme that are negatively impacting on people's lives, sometimes in multiple ways. This study has found that, while reliance on the card is quite high amongst its users, the issues that many people experience or have with the card dampens the ability of Healthy Start to improve the day-to-day lives of its users. As a result, it is important to act on the suggested improvements in this study to enhance the lived experiences of the people that use and rely on Healthy Start.

What are some of the main problems with the scheme and what impact is this having on people's lives?

Throughout this study there were many problems identified with the scheme. This includes the card being difficult to use, due to frequently declining and poor accessibility to shops accepting the card, potentially leaving people incurring higher travel costs (McFadden et al., 2014). The monetary value is too low, resulting in many users not being able to afford the eligible items, especially mothers not breastfeeding and having to purchase infant formula (Dundas et al., 2023). The eligibility criteria is too constricted with a complicated and drawn-out application process resulting in many vulnerable people missing out, particularly people in low paid work (McFadden et al., 2014). The range of eligible items being too small as many people needed other items that are important when caring for a young child. Stigma faced by users in-public, as well as online, results in many users being reluctant to use their card, and possibly to ask for help, out of fear of being judged.

To what extent have the Healthy Start vouchers improved the day-to-day lives of young families experiencing food insecurity?

Throughout this study the reliance on the Healthy Start card was evident as it provided financial assistance that helped people to purchase a wider variety and higher of quantity of healthy foods. However, the extent to which it can positively impact the day-to-day lives of young families experiencing food insecurity is significantly hindered by its issues. The low value of the card means that many people are still left struggling to purchase items even with the extra support. Many people are left with fear and anxiety due to stigma and other common issues, such as their card being declined. Furthermore, the items that can be purchased with the card are very limited, and other items are also needed to support a young child's development. Overall, the scheme has slightly improved the day-to-day lives of young families experiencing food insecurity, however it needs to be improved in multiple areas to really make a difference.

How could the scheme be improved?

Overall, there are many improvements that would mean that the scheme can have more of a positive impact on people's lives. The eligibility criteria should be widened so the scheme can reach more vulnerable populations, with the application process being shortened and simplified to make it easier to understand and follow. To ensure the card is easy to use it is important to keep the scheme up-to-date with modern technology, for example allowing people to put the card in their wallet on their phone.

Investment into increasing the number of shops that accept the card is vital for improving the accessibility of eligible items, and more information should be provided on where they are. With the cost-of-living crisis worsening, increasing the value of the payments is essential, as well as keeping it in line with the rising prices of food. Furthermore, the range of products that can be bought with the card should be expanded to include other basic food and non-food items that are also important when a child is young.

Future Research

This study creates the potential for future research into the lived experiences of people using the Healthy Start scheme as many of the ideas and problems presented here are novel and require further research for a better depth of understanding of the issue. Currently most research focusses on the purchasing and consumption of fruits and vegetables. More effort should be put into obtaining quantitative data on these experiences to improve the likelihood that changes are made to the scheme, as most research focusses on collecting qualitative data. This study aimed to fill that gap in the research, however, a low response rate on the survey meant that the data could not be extrapolated to a public. Furthermore, research should explore the stigma faced specifically by users of Healthy Start, including ways in which this can proactively be improved that don't rely solely on recipients taking their own measures to avoid it. Research should be aimed at finding an appropriate method to help keep the value of Healthy Start in line with inflation and the cost-of-living. Further research should also be done into the importance of other items that are essential during a young child's development and which ones should also be included in the Healthy Start scheme.

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References

Abrams, K.M. and Gaiser, T.J. (2017) Online Focus Groups. In: Fielding, N.G., Lee, R.M. and Blank, G. (eds.) *The SAGE Handbook of Online Research Methods*, London: SAGE Publications, pp. 435-450.

Adams, A. and Cox, A.L. (2008) Questionnaires, in-depth interviews and focus groups. In: Cairns, P. and Cox, A.L. (eds.) *Research Methods for Human Computer Interaction*, Cambridge: Cambridge University Press, pp. 17-34.

Barker, M. and Russell, J. (2020) Feeding the food insecure in Britain: learning from the 2020 COVID-19 crisis. *Food Security* 12, 856-870.

Borzadaran, H.M., Lohse, J. and Frew, E. (2023) A healthy start for healthy start vouchers?. *SSRN*. https://dx.doi.org/10.2139/ssrn.4487783

Boynton, P.M. and Greenhalgh, T. (2004) Selecting, designing, and developing your questionnaire. *The British Medical Journal* 328, 1312-1315.

Chudnovsky, M. and Peeters, R. (2021) The unequal distribution of administrative burden: A framework and an illustrative case study for understanding variation in people's experience of burdens. *Social Policy and Administration* 55, 527–542.

Citizens Advice North Lancashire (CANL) (2021) *An income to live by: affording the basics in Lancaster District*. [pdf] Lancashire: Citizens Advice North Lancashire. Available at: https://www.northlancashirecab.org.uk/assets/reports/An-Income-To-Live-By-FINAL.pdf [Accessed 13.3.24].

Clark, D. (2023) *Number of people in employment on a zero-hours contract in the United Kingdom in 2023, by region*. Statista. Available at: https://www.statista.com/statistics/398583/number-of-employees-zero-hour-contracts-region/ [Accessed 13.3.24].

Conradson, D. (2005) Focus groups. In: Flowerdew, R. and Martin, D. (eds.) *Methods in Human Geography*, Oxon: Routledge, pp. 128-143.

Cooper, K. and Stewart, K. (2013) *Does money affect children's outcomes? A systematic review*. [pdf] York: Joseph Rowntree Foundation. Available at: https://www.jrf.org.uk/care/does-money-affect-childrens-outcomes [Accessed 13.3.24].

Crawley, H., and Dodds, R., (2018), The UK Healthy Start Scheme. What happened? What next? London: First Steps Nutrition.

Defeyter, M.A., Hetherington, M., McKean, M. and Forsey, A. (2022) The bungled digitisation of Healthy Start is hampering low income families' access to healthy food. *The British Medical Journal* 377, o1462.

Department for Work and Pensions (DWP) (2023) *Households below average income: for financial years ending 1995 to 2022.* https://www.gov.uk/government/statistics/households-below-average-income-for-financial-years-ending-1995-to-2022 [12.3.24].

Donoghue, D. (2018) *Lancaster district inclusive growth report*. [pdf] Lancaster: Lancaster City Council. Available at: https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwjGnN_dj_GEAxV7xQIHHS4UCXoQFnoECBIQAQ&url=https%3A%2F%2Fwww.lancaster.gov.uk%2Fassets%2Fattach%2F4606%2FLCC4.23_Inclu

sive-Growth-Report-Em_Ep_03-.pdf&usg=AOvVaw2uqYhO0V3zSPLIjXAd6NY_&opi=89978449 [Accessed 13.3.24].

Dundas, R., Boroujerdi, M., Browne, S., Deidda, M., Bradshaw, P., Craig, P., McIntosh, E., Parkes, A., Wight, D., Wright, C. and Leyland, A.H. (2023) Evaluation of the Healthy Start voucher scheme on maternal vitamin use and child breastfeeding: a natural experiment using data linkage. *Public Health Research* 11, 2107.

Evans, G. W., and Cassells, R. C. (2014) Childhood Poverty, Cumulative Risk Exposure, and Mental Health in Emerging Adults. *Clinical Psychological Science 2*, 287-296.

Facebook (ND) *Experiences of Healthy Start Vouchers*. https://www.facebook.com/groups/livedexperienceofhs [13.3.24].

FAO, IFAD, UNICEF, WFP and WHO (2020) *The State of Food Security and Nutrition in the World 2020*. *Transforming food systems for affordable healthy diets*. [pdf] Rome, FAO. Available at: https://www.unicef.org/reports/state-of-food-security-and-nutrition-2020 [Accessed 12.3.24].

Food Foundation (2022) *The broken plate 2022*. [pdf] London: Food Foundation. Available at: https://foodfoundation.org.uk/publication/broken-plate-2022 [Accessed 13.3.24].

Food Foundation (2023) *Food Insecurity Tracking*. https://foodfoundation.org.uk/initiatives/food-insecurity-tracking#tabs/Round-13 [12.3.24].

Francis-Devine, B., Malik, X. and Danechi, S. (2023) *Food poverty: households, food banks and free school meals*. [pdf] London: House of Commons. Available at:

https://saphna.co/wp-content/uploads/2023/08/Food-poverty-Households_-food-banks-and-free-school-meals.pdf [Accessed 12.3.24].

Griffith, R., von Hinke, S. and Smith, S. (2018) Getting a healthy start: the effectiveness of targeted benefits for improving dietary choices. *Journal of Health Economics* 58, 176-187.

Hair, N.L., Hanson, J.L., Wolfe, B.L. and Pollak, S.D. (2015) Association of Child Poverty, Brain Development, and Academic Achievement. *JAMA Pediatrics* 169, 822–829.

Headey, D.D. and Alderman, H.H. (2019) The relative caloric prices of healthy and unhealthy foods differ systematically across income levels and continents. *The Journal of Nutrition* 149, 2020–33.

House of Commons Environmental Audit Committee (2019) *Sustainable development goals in the UK follow up: hunger, malnutrition and food insecurity in the UK*. [pdf] London: The Stationery Office. Available at: https://publications.parliament.uk/pa/cm201719/cmselect/cmenvaud/2310/231002.htm [Accessed 12.3.24].

ImaginationLancaster (2022) *Food insecurity in the Lancaster district*. [pdf] Lancaster: ImaginationLancaster. Available at: https://www.research.lancs.ac.uk/portal/files/359926833/Case_Study_Food_Insecurity_in_the_Lancaster_District.pdf [Accessed 13.3.24].

Lee, H., Andrew, M., Gebremariam, A., Lumeng, J.C. and Lee, J.M. (2014) Longitudinal associations between poverty and obesity from birth through adolescence. *American Journal of Public Health* 104, e70–e76.

Lucas, P.J., Jessiman, T. and Cameron, A. (2015) Healthy Start: The Use of Welfare Food Vouchers by Low-Income Parents in England. *Social Policy and Society* 14, 457–469.

Lucas, P.J., Jessiman, T., Cameron, A., Wiggins, M., Hollingworth, K. and Austerberry, C., (2013). *Healthy start vouchers study: the views and experiences of parents, professionals and small retailers in England.* [pdf] Bristol: University of Bristol. Available at: https://research-information.bris.ac.uk/en/publications/healthy-start-vouchers-study-the-views-and-experiences-of-parents [Accessed 13.3.24].

Mackley, A. and McInnes, R. (2021) *Coronavirus: Universal Credit during the Crisis*. [pdf] London: House of Commons Library. Available at: https://commonslibrary.parliament.uk/research-briefings/cbp-8999/ [Accessed 12.3.24].

McFadden, A., Green, J.M., Williams, V., McLeish, J., McCormick, F., Fox-Rushby, J. and Renfrew, M.J. (2014) Can food vouchers improve nutrition and reduce health inequalities in low-income mothers and young children: a multi-method evaluation of the experiences of beneficiaries and practitioners of the Healthy Start programme in England. *BMC Public Health* 14, 148.

Morales, M.E. and Berkowitz, S.A. (2016) The relationship between food insecurity, dietary patterns, and obesity. *Current Nutrition Reports* 5, 54-60.

NHS (NDa) *Improving Health Literacy*. https://www.hee.nhs.uk/our-work/knowledge-library-services/improving-health-literacy [13.3.24].

NHS (NDb) *Contact us*. https://www.healthystart.nhs.uk/contact-us/ [13.3.24].

Office for National Statistics (ONS) (2023) *Consumer price inflation, UK: July 2023*. [pdf] London: Office for National Statistics. Available at: https://www.ons.gov.uk/economy/inflationandpriceindices/bulletins/consumerpriceinflation/july2023 [Accessed 12.3.24].

Padley, M. and Stone, J. (2021) *Households below a minimum income standard: 2008/09 – 2018/19*. [pdf] York: Joseph Rowntree Foundation. Available at: https://www.jrf.org.uk/cost-of-living/households-below-a-minimum-income-standard-2008-09-2018-19 [Accessed 13.3.24].

Parnham, J., Millett, C., Chang, K., Laverty, A.A., von Hinke, S., Pearson-Stuttard, J. and Vamos, E.P. (2021) Is the Healthy Start scheme associated with increased food expenditure in low-income families with young children in the United Kingdom?. *BMC Public Health* 21, 2220.

Pillas, D., Marmot, M., Naicker, K., Goldblatt, P., Morrison, J. and Pikhart, H. (2014) Social inequalities in early childhood health and development: a European-wide systematic review. *Pediatric Research* 76, 418-424.

Pool, U. and Dooris, M. (2021) Prevalence of food security in the UK measured by the food insecurity experience scale. *Journal of Public Health* 44, 634-641.

Power, M., Doherty, B., Pybus, K. and Pickett, K. (2020) How COVID-19 has exposed inequalities in the UK food system: The case of UK food and poverty. *Emerald Open Research* 2, 11.

Pridmore, M. (2022) *The seldom heard kid: Exploring Healthy Start voucher uptake among families experiencing food insecurity in the Lancaster District.* Dissertation. Lancaster University.

Robson, C. and McCartan, K. (2016) *Real World Research*. West Sussex: John Wiley & Sons.

Rod, N.H., Bengtsson, J., Budtz-Jørgensen, E., Clipet-Jensen, C., Taylor-Robinson, D., Anderson, A.N., Dich, N. and Rieckmann, A. (2020) Trajectories of childhood adversity and mortality in early adulthood: a population-based cohort study. *The Lancet* 396, 489-497.

Schmidt, K.L., Merrill, S.M., Gill, R, Miller, G.E., Gadermann, A.M. and Kobor, M.S. (2021) Society to cell: how child poverty gets “under the skin” to influence child development and lifelong health. *Developmental Review* 61, 1000983.

Sinha, I.P., Lee, A.R., Bennett, D., McGeehan, L., Abrams, E.M., Mayell, S.J., Harwood, R., Hawcutt, D.B., Gilchrist, F.J., Auth, M.K.H., Simba, J.M. and Taylor-Robinson, D.C. (2020) Child poverty, food insecurity, and respiratory health during the COVID-19 pandemic. *The Lancet Respiratory Medicine* 8, 762-763.

Thomas, M., Moore, J.B., Onuselogu, D.A., Dalton, A., Rains, T., Lowry, E., Sritharan, N. and Morris, M.A. (2023) Supermarket top-up of Healthy Start vouchers increases fruit and vegetable purchases in low-income households. *Nutrition Bulletin* 48, 353–364.

Turnbull, O., Homer, M. and Ensaff, H. (2021) Food insecurity: its prevalence and relationship to fruit and vegetable consumption. *Journal of Human Nutrition and Dietetics* 34, 849-857.

University of California (2015) *Student Food Access and Security Survey.* https://www.ucop.edu/institutional-research-academic-planning/services/survey-services/SFIS.html [13.3.24].

Vehovar, V. and Manfreda, K.L. (2017) Overview: Online Surveys. In: Fielding, N.G., Lee, R.M. and Blank, G. (eds.) *The SAGE Handbook of Online Research Methods*, London: SAGE Publications, pp. 143-161.

Yau, A., Adams, J., Monsivais, P. (2019) Time trends in adherence to UK dietary recommendations and associated sociodemographic inequalities, 1986- 2012: a repeated cross-sectional analysis. *European Journal of Clinical Nutrition* 73, 997-1005.

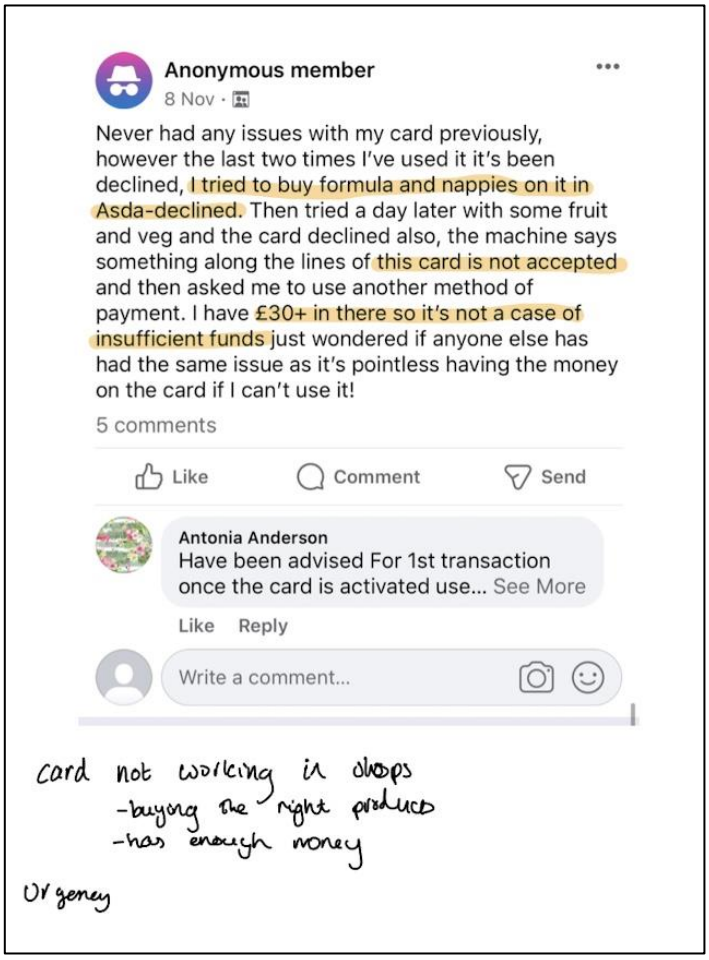
Young, J. (2022) *How is the cost-of-living crisis affecting people in Lancaster and Morecambe?*. [pdf] Lancashire: Citizens Advice North Lancashire. Available at: https://www.northlancashirecab.org.uk/assets/Briefing-Paper-November-2022.pdf [Accessed 13.3.24].

Appendices

Appendix A: a list of the themes identified when coding the screenshots from the Facebook group, along with an example of a coded screenshot with annotated notes.

- confusion
    - very strong theme noticed throughout the whole chat
    - lots of questions around topics that you'd think would have very simple directions on the website etc.
    - main areas of confusion:
        - where the card could be used/why it wasn't working
        - what products were accepted
        - whether people were entitled to money or not
        - how to contact healthy start
        - receiving payments
            - when they were due
            - why they were missing
            - where the money went to etc.
- stress/anxiety
    - card not working on products it should be working for or in shops it should be working in
    - being deemed ineligible/no longer entitled when should be
    - when payments will change with second born child
    - system going down when trying to use card or find out how much money is on card
    - finding out when last payment was
    - missing payments that should've been received
- anger
    - certain places not accepting the vouchers
    - not being eligible when should be
    - payments being late
    - card not working in shops/on products when it should be
- urgency
    - problems needing resolved fast as people need the money to afford the basics
    - situations changing (e.g. pregnancy) so needing money to be updated

- not knowing how to solve an issue



Appendix B: a list of potentially questions and topics for the focus group with the CANL staff.

- what are your overall opinions on healthy start?
    - where do the healthy start vouchers fit into the broader benefit scheme?
        - how useful would they be if they were more successful?
- as I am doing this research to help benefit the campaigns of citizens advice, what are the kinds of things that you would be looking for out of this research?
    - what areas would you like more understanding of?
    - more data on?
    - anything that you would like to be clarified and/or really sent home?
- there are lots of questions on topics that you'd think would be quite easy to find the information on, do you feel like this is a major issue with the healthy start scheme, and what do you think could be done to help with this?

- since the move of healthy start going online and using an actual card instead of paper vouchers, do you feel like things have been better, or has it made the disparities even worse (i.e. access to technology)?
    - most studies have found that for people receiving benefits and healthy start vouchers the nutrient composition and amount of fruits and vegetables being purchased had improved, however, 1 study in particular pointed out that when this was compared with higher income households, the higher income households still had purchased more FV. How do you feel about this, and why do you think this is?
- people who were posting the questions on the chat often seemed very stressed and anxious about the question they needed answering, is this how people will often seem when they initially come for advice from Citizens advice?
    - also a sense of urgency like they have no choice or need the vouchers sooner rather than later
- there were quite a few times while scrolling through the chat, where people were saying that despite the fact they should be eligible, they were being told that they weren't, do you find this to be a common issue?
    - there were also times where people's vouchers had just been cancelled when trying to update their information, or even just randomly, is this common?
    - a lot of the time, the responses to these kinds of questions were saying to look into whether other types of account had affected it, or whether they needed to change to a joint account etc., suggesting that attempting to gain access to these vouchers can be a confusing and challenging task for people, this was also stated many times in the reports produced by citizens advice, I just wanted to see what your own personal opinions were on this as well as how this could be rectified?
        - i.e. are there any specific steps in the application process that are particularly challenging for people?
- in my reading I have seen that particularly during COVID, some supermarkets were subsidising the healthy start vouchers and this was successful when directed at fruits and vegetables, how do you feel about this? Do you feel like something like this would be good and useful to keep going?
- how do we think healthy start vouchers could be improved?
    - through a streamlining of the application process?
    - making it so the application goes in conjunction with other benefit schemes?
    - rewriting of the requirements and steps to make them easier for people with a poorer educational background can understand?

Appendix C: ethics form that was completed prior to the research.

Lancaster Environment Centre
Dissertation Ethics Form

This form should be filled out and signed by both student and supervisor as part of the dissertation planning process and before research commences

Student Name	**Charlie Archer**
Research Topic	**Exploring the lived experiences of people that use Healthy Start**
Advisor	**Rebecca Whittle**

Ethical issues are raised by any dissertation research that (i) includes people as participants and sources of data, or (iii) involves undertaking environmental field data collection, especially in environments that are sensitive and/or particularly valued in ecological, landscape or cultural terms by any relevant community. Students should ensure that no harm results from undertaking their research. They should also avoid gender, racial, age-related and other forms of stereotyping and, where appropriate, seek to contribute to social inclusion. Identifying and addressing ethical issues is an essential part of research design.

Ethics of data collection involving people

Where your research involves people as participants and/or sources of data you must ensure that:

1. All participants are fully informed about the nature and purpose of your research
2. Participants are made explicitly aware of the ways in which information they provide will be used
3. Participation is undertaken voluntarily and without coercion. No significant incentives should be given for participation.
4. Participants have the right to withdraw from the research at any stage and should be informed of how to do so;
5. No research causes any physical, emotional or other harm to participants. Appropriate responses to any potential harm (e.g. participants becoming distressed in the course of an interview) should be identified in advance;
6. Arrangements are made to preserve confidentiality and participant anonymity, including careful attention to issues of data storage;
7. Participants are asked to provide informed consent for their involvement in the research, for example, by ticking a box at the start of a survey, or filling out a consent form;
8. The research project does not reproduce gender, racial, age-related and other forms of stereotyping, and you are reflexive about your positionality as researcher when engaging with participants.
9. IMPORTANT: to ensure fully informed consent on the part of participants, a participant information sheet and consent form MUST be prepared and shared with participants before they take part to the research. This applies also to online activities such as online questionnaires and interactions on social media. These form

should be prepared by you and approved by your advisor BEFORE any participants are approached. Templates are available here.
Considering the specific nature of your project and starting from the guidelines above, please identify any ethical issues or particular sensitivities related to the participants involved in your research topic and/or research design, discuss these below and indicate how they will be addressed (expand boxes as needed):

Potential issues/impacts • Facebook group members not being comfortable having their name and profile picture associated with their posts outside of the group. • There are issues around maintaining the anonymity of the survey respondents and focus group participants as they are answering questions on a sensitive topic or providing opinions that may challenge local governments. • Participants feeling uncomfortable having their quotes used in the write up. • Not being respectful enough to the focus group participants that have much more experience and knowledge in the field. • Discussions may end up straying away from the original discussion topic. • Leading questions that force respondents to give certain answers. • Respondents may feel aggravated if they can't expand on an answer or if I haven't included the full range of responses to a question. • Respondents being offended or threatened by some of the questions asked as it is a sensitive topic. • Respondents may be confused or unable to follow the survey resulting in incomplete and inaccurate data.
Measures to address these • Members of the group can post anonymously if they do not wish to be associated with a post, however, any post used in the write-up that is not anonymous will have the name and profile picture covered to ensure anonymity. • The survey will contain no questions that could potentially reveal the identity of a person. The focus group participants will be asked for consent to use their names and associate these with quotes, and if they are not comfortable, then placeholder names, like "Participant A", will be used and there will be no mention of the branch of Citizens Advice that they work for. • I will understand and acknowledge my position as a current student trying to learn about and expand my knowledge on the subject that is talking to experts. Therefore, I will make sure that I am respectful and don't interrupt or rush anyone while they are talking, whilst keeping an open mind to the range of possible opinions and experiences that may arise. • However, I will have a list of topics and questions to help keep the conversation on topic if it begins to stray. • Questions in the survey will be left as open as possible with text boxes that allow people to elaborate on answers or provide alternative points of view if the question leans in one direction unintentionally. • The text boxes will also be placed after question that may require expansion so that respondents can explain why they may feel a certain way etc., with a text box placed at the end of the survey asking the respondents if they have anything else they'd like to say about Healthy Start and another providing

them with the opportunity to suggest improvements to the survey if they wish to provide any.
- Questions will be carefully worded attempting to keep the tone more light-hearted and friendly despite the sensitive topic. Questions will also be checked with the Citizens Advice staff members to make sure that the targeted respondents will understand them as they have the most experience working with the people most likely to respond.

Ethics of environmental field work

Where your work involves fieldwork and data/sample collection you must ensure that:

1. You have the landowners permission for access to land if necessary
2. You minimise disturbance to animals, plants and environments
3. You have appropriate permissions/consent for undertaking fieldwork on protected areas, such as SSSIs and nature reserves
4. You have any necessary appropriate licenses for your work, for example, to catch and mark animals, to take samples from the environment or to work on rare species
5. You consider the impact of collecting animals or plants on the immediate surroundings and other people, for example be discrete, collect only what you need, and leave no signs of your activity, i.e remove all equipment when you have finished
6. You are prepared to politely explain your work to interested members of the public

Considering the specific nature of your project and starting from the guidelines above, please identify any ethical issues or particular sensitivities involved in your research topic and/or research design, discuss these below and indicate how they will be addressed (expand boxes as needed):

Potential issues/impacts
Measures to address these

Appendix D: consent form and participant information from the survey.

This survey will take roughly 10 minutes to complete.

What is the study about?

This study aims to explore whether Healthy Start is helping to reduce the food insecurity and ease the stress on parents of young children.

To do this I will research:
- Your opinions on using Healthy Start
- The accessibility to shops that accept the card
- The application process
- The amount of money provided
- The issues with it
- Your opinions on how Healthy Start could be improved.

What are the possible benefits from taking part?

- Say what it is like to use Healthy Start day-to-day, which is so often ignored

- Express your opinions on Healthy Start without anyone knowing what you have said

- Help Citizens Advice campaign to improve the scheme

What if I change my mind?

First of all, you do **NOT** have to take part, it is completely up to you whether you choose to, or not.

Secondly, withdrawal from this questionnaire may not be possible due to answers being anonymous.

What if I have a question or concern?

If you have any concerns or complaints that you wish to discuss with a person who is not directly involved in the research, you can contact:

Rebecca Whittle

r.whittle@lancaster.ac.uk

Thank you for reading this information and considering taking part in this research. Please answer every question that you feel comfortable answering.

By proceeding to the survey you confirm that (please check the boxes before continuing):

- ☐ You have read and understood the participant information above
- ☐ You understand that any responses/information you give will remain anonymous
- ☐ Your participation is voluntary
- ☐ You consent for the information you provide to be discussed with my supervisor and Citizens Advice
- ☐ You consent for Citizens Advice to use the data to campaign for changes in the scheme
- ☐ You consent that the data will be pooled and possibly published
- ☐ By continuing with this survey, you consent to taking part in this study

Appendix E: email sent to participants of the focus group asking for their consent to use names and job titles and assign these to quotes throughout the write-up.

Hi everyone,

I hope you are all doing well!

I am in the process of writing up and finalising my dissertation now and just wanted to make sure that everyone was ok with me using your names in the write-up and associating these to quotes from the meeting we had a few weeks ago.

Am I ok to use names in the first place? And then to assign them to quotes? And if I am ok to do those things, would people prefer me to use just first names, or would it be ok to use full names if it makes more sense in the write-up?

I was also thinking about maybe including job titles to give more context around the meeting. These might not be included anyway but if they are, would that be ok?

Many thanks,
Charlie A