

HEALTHY START

RAPID EVALUATION OF EARLY IMPACT ON BENEFICIARIES, HEALTH PROFESSIONALS, RETAILERS AND CONTRACTORS

EXECUTIVE SUMMARY

This report presents the findings from the rapid evaluation of Phase 1 of Healthy Start and its early impact on beneficiaries, health professionals, retailers and contractors. It was commissioned by the Department of Health in autumn 2005 and ran in tandem with the evaluation of the training provided to implement Phase 1 of Healthy Start, also undertaken by Symbia/Tavistock Institute.

We include our main recommendations at the end of this summary. A full set of recommendations is provided at the end of the full report.

The evaluation strategy

Overall the evaluation strategy adopted for Phase 1 of Healthy Start worked well, and generated a wealth of useful data.

- We were able to gather qualitative feedback from a large number of informants at both a national (21) and local level (112).
- We developed, piloted and gathered quantitative data from three postal and telephone survey tools from health professionals attending training activities (32), retailers (20) and beneficiaries (18).

We experienced significant difficulties in undertaking the evaluation strategy because:

- The absence of a local co-ordinator in Devon and Cornwall made it difficult to understand the variations in the local context, and to establish contact with local health professionals and the relevant management structures.
- The difficulty with the LREC application, especially in Plymouth had a great impact on the team in terms of both time and resources and delayed access to informants in the Plymouth area.
- There are few ethnic communities in Devon and Cornwall; we have been able to gather only limited data on the potential cultural and linguistic issues that might arise in more ethnically diverse areas.

Links to wider policy

- The extent to which Healthy Start is complementary to many other policy developments in both health and children's services provides strong backing for managers of services to take a proactive stance, both in promoting the scheme, and in making links across services in developing innovative approaches to its delivery.
- These links were often not being made on the ground. Local health professionals appeared to have often been left to implement the scheme with little support from their management structure.
- This tended to encourage a focus on the 'mechanics' of the scheme, rather than exploiting the opportunities provided by the scheme to promote wider change.

Health Professionals

- There has been considerable success in implementing and delivering Healthy Start, especially given the tight timescales at the beginning of the scheme.
- While the coverage of training was patchy, in the main, by now, most health professionals are aware of the scheme and how to apply it. When they do not, they can ask colleagues for information and support.
- However, concerns remain that knowledge about some elements of the scheme remains low (some eligibility rules) and that in some areas certain team members have no knowledge at all.
- Healthy eating messages are provided to beneficiaries though this tends to be in a routine way. The wider application by health professionals of Healthy Start is much more limited – links between front line staff and wider supporting structures are generally poor.
- This is not entirely the responsibility of front line staff. There has been an absence of leadership and support from senior management, and no coherent strategy for Healthy Start in any of the areas we visited.
- Health professionals at all levels continue to work in silos, with little cross working. This is less true where Sure Start or other organisations are mobilised, or mobilise health professionals.

Retailers

The introduction of Healthy Start in Devon and Cornwall was, on balance, a success:

- A good number of retailers are participating, including some that did not previously participate in the Welfare Food Scheme.
- The information provided about the programme is generally regarded as adequate and useful. As a result, retailers tend to be well informed about the programme and in particular the foods covered by it.

- The registration and voucher reimbursement processes are regarded as smooth by the retailers themselves, suggesting that the objective of making them more straightforward was successful.
- The impact of participating on businesses tends to be either positive or neutral, with occasional comments that participation has brought in new customers or led customers to spend above the value of the voucher in the shop.

At the same time, the first phase of the Healthy Start programme did experience some 'snags':

- Some retailers heard about the beginning of the Healthy Start programme too late to register on time. Some retailers felt this cost them custom.
- Not all shops were directly invited to sign up and some did not respond to the invitation, which left significant gaps in some areas.
- There was confusion among some retailers about the need to register, particularly by those retailers that were already accepting milk tokens.
- Information about Healthy Start and the foods it covers did not always reach all staff and was sometimes poor.
- While some retailers were enthusiastic about the programme and the broader nutritional messages it is trying to support, most see it as just another voucher system. Opportunities for linking in with 5 A DAY programme by drawing on 5 A DAY work to give families ideas about using fruit and vegetables, as well as broader encouragement to eat healthily beyond Healthy Start are being lost.

Beneficiaries

- Communication from EWA, from benefits offices to existing and new beneficiaries was good. Health professionals such as midwives and health visitors also provided information about Healthy Start.
- Communication via the different routes had been effective in creating awareness of Healthy Start as a change to an existing benefit and the application form was clear.
- It is not possible to confirm that there had been good coverage of hard to reach groups as these may have been under represented in our sample.
- We identified a lack of clarity amongst potential beneficiaries interviewed around eligibility.
- Beneficiaries were mostly aware that the vouchers could be used in exchange for fruit and vegetables as well as infant formula and can be used in registered shops.
- The information received had been mainly written information with limited verbal discussion and the main purpose of the information was in terms of accessing the vouchers rather than health promotion.

- Retailers themselves were the main source of information about where the vouchers could be exchanged.
- Beneficiaries mainly used multiple retailers (supermarkets) to exchange their vouchers.
- Although there were some teething problems reported, exchange at retailers has generally worked well, especially where there was no fuss or embarrassment.
- Almost all beneficiaries with children over one year used the vouchers to buy fruit and vegetables.
- Over half the beneficiaries surveyed said that they were buying more fruit and vegetables since the vouchers were introduced.
- However, many health professionals in contact with beneficiaries reported pockets of the population with particularly poor diets, and a lack of food preparation skills. To achieve a shift in eating behaviour requires a targeted multi-layered approach over an extended timeframe.

Other services

- In terms of the practical implementation of Healthy Start, it was clear that there are a number of support workers and workers in parallel services who could play an important role in informing potential beneficiaries about their entitlement to the scheme, and helping them to make their applications.
- However, the level of information reaching these groups was often patchy, and their understanding of the scheme poor, in spite of efforts made by health visitors and midwives to cascade information received at training events.
- In terms of the use of Healthy Start as an opportunity to influence health behaviours, it was apparent that there were a large number of parallel initiatives taking place, to which beneficiaries could have been referred.
- Many of these provided 'hands on experience' of cooking and opportunities to sample different foods, particularly important given beneficiaries lack of knowledge and skills on how to make best use of the opportunity to buy fruit and vegetables, noted earlier.
- Those working in such services could often think of a number of different ways in which they could incorporate Healthy Start into these activities, once informed about it.
- Health visitors and midwives often had difficulty in making the links with such activities, because they had not been encouraged by the line management, because of their work load, and because connections between different services were poor at a local level.
- Lack of communication was compounded by the lack of links at a central level within some PCTs, between midwifery and health visiting services, and those responsible for other relevant services, such as public health, pharmacy or children's services.

Recommendations

Drawing on these findings we have made a number of recommendations for the national roll out of Healthy Start:

- That DH makes the links between Healthy Start and specific health policy objectives more explicit in communications to health professionals and parallel services, in particular objectives in the National Service Framework: children young people and maternity services, PSA obesity targets and health inequality targets.
- That DH communicates to relevant health service managers and parallel services the opportunities that Healthy Start provides in reaching key health policy objectives and those relating to children and families.
- That Healthy Start be used by DH to encourage joined up working between different services in order to achieve these key policy objectives at different levels (strategic and local).
- Communications should incorporate examples of successful cross-service working.
- It is essential that the right managers are informed about Healthy Start in Phase 2 in order to ensure that the aims of the programme are fully realised. At a minimum the following health professionals must be included in any communication about Healthy Start:
 - Director of Midwifery
 - Director of Operational Services
 - Director of Children and Family Directorate
 - Professional lead for Children's Services
 - Public Health - Professional Lead
 - Pharmaceutical Committee
- These messages should be reinforced by similar messages inserted in national and local professional and media communications.

At a local level

- Information about Healthy Start provided to beneficiaries at booking interviews with midwives is an effective means of dissemination and should be encouraged. However, it needs to be supported by other means to ensure that other potential beneficiaries don't fall through the gaps.
- Eligibility criteria should be highlighted in information provided so that specific groups are not missed, for example under 18s.

Communication with retailers

- To widen choice, especially in deprived and extremely rural areas, as many shops as possible should be targeted.
- Communication leaflets must be sent to retailers well before the start of the national roll-out to ensure maximum coverage.

Communication with beneficiaries

- Health professionals in Phase 2 should systematically link up with local services to disseminate information about Healthy Start and access beneficiaries to learn about nutrition and diet.
- To reinforce healthy eating messages health professionals must encourage beneficiaries to take part in relevant practical, experiential activities locally.
- The role of health professionals in encouraging beneficiaries to attend supporting activities needs to be reinforced.
- DH to make it clearer on the form where to send the application form back to.
- DH to ensure access and choice to retailers, provide additional information about registered retailers. For example, refer to the website in the application leaflet in the “Where can I use the vouchers?” section.

The role of ‘other services’

- A targeted information and management strategy, for example Sure Start and children's services, pharmaceutical services and school health. A key message for these groups is the eligibility of teenage mothers.
- Routine communication with public health leads, particularly those co-ordinating national programmes such as 5 A DAY and healthy schools. A key message for these is the significant benefit of incorporating Healthy Start in local initiatives, together with examples of good practice.
- Professionals from other services must be targeted for Healthy Start training or cascaded training.
- Specially designed training activities or information packs for support staff, including receptionists, NNEB Nursery Nurses and Health Visitor Assistants.

Evaluation of national roll out of the programme

- We strongly recommend that a national evaluation or quality assurance mechanism is developed for the national roll out of the programme, with support for local evaluation strategies at PCT level. This will:
 - Strengthen the programme through identifying gaps that need to be addressed
 - Address the gaps in information concerning the impact of the scheme in areas with large ethnic minority communities
 - Provide examples of good practice in local areas which can be fed back to encourage local innovation and commitment to the programme

- We recommend that the tools developed for this evaluation be used (appendix 1) for gathering feedback from health professionals attending training events, beneficiaries and retailers, as these have already been piloted and proved effective.

Cross cutting recommendations

- Consideration should be given to the coordination of implementation and training at a local level, which would strengthen both the coordination of training activities, and ensure good coverage of communication strategy at a local level.
- Such a role could be added on to another coordination role, for example, the 5 A DAY coordinator, or as part of the responsibility of another local coordinating group which brings together relevant parties (midwifery, health visitors, children's services, public health).
- The roll out of the programme would be strengthened by setting up some kind of learning network between those with a key role in the programme at either local or regional level.
- The network could also be supported by regular communications from the central team, either via an e-mail discussion group, website postings or a newsletter.
- It could be used for the sharing of examples of good practice in order to encourage others to pick up on creative uses of the opportunities provided by the programme.