

Welfare Foods Consultation

Analysis of Responses

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Executive Summary

'Welfare Foods - a consultation on meeting the needs of children and families in Scotland' was published in April 2018 and invited views on the Scottish Government's approach to Welfare Foods following its devolution through the Scotland Act 2016. UK Welfare Foods currently includes: Healthy Start Vouchers, Healthy Start Vitamins, and the Nursery Milk Scheme. The Scottish Government proposes to replace Healthy Start Vouchers with Best Start Foods, administered through a smartcard system. It also proposes to offer free milk to all children in funded and non-funded Early Learning and Childcare (ELC) provision from 2020.

The consultation consisted of 11 open-ended questions. 147 respondents completed the consultation, including 75 individuals and 72 organisations. These responses have been analysed thematically and qualitatively, although agreement or disagreement in response to questions 7 – 11 has also been quantified.

Views on how to increase the awareness and uptake of Best Start Foods

A large majority of respondents suggested a national awareness raising campaign through a range of media, and in both paper and digital formats, to raise the uptake of Best Start Foods.

The role of frontline staff was seen as key for raising awareness and uptake of Best Start Foods – in particular healthcare professionals; early years providers and schools; local authority and third sector welfare rights advisers; and staff working in social care and community roles. Healthcare staff, health visitors and midwives were identified by most respondents. It was felt that training and awareness-raising for frontline staff would cascade down to families and parents.

Retailers were also seen as important for promoting awareness and uptake amongst users. However, it was pointed out that, in order for retailers to play this role, they would need to be: (i) be made aware of the system through awareness-raising activities; and (ii) be supported, technically and logistically, in delivering Best Start Foods.

Stigma was seen as a barrier to the uptake of Best Start Foods. It was felt that this could be partly addressed by emphasising a positive image of Best Start Foods and advertising the scheme widely. A large majority of respondents felt that the application process should be as straightforward as possible to encourage uptake.

Views on the smartcard system

There was a consensus amongst respondents that the new smartcards should be easy to use and flexible. Being able to check the balance on the card, carrying forward unused funds and easily replacing damaged or stolen cards was seen by many respondents as important. An App was suggested by many respondents as a possibly additional functionality of the smartcard.

It was suggested that the smartcard system should also be easy to use for retailers, and that they would benefit from support and training.

Concerns were expressed that retailers without facilities for card payments would be excluded from the system, which would restrict users' choice (particularly in rural and remote areas). Suggestions were made to overcome this problem, including enabling smartphone payments (through an App), supporting small retailers to install electronic point of sale (EPOS) systems, or giving users the option of using paper vouchers instead of the smartcard. A number of additional concerns and questions were posed by retailers' organisations.

Many respondents welcomed the proposed increase in the value of the smartcard, although some respondents commented that it was still low. Others suggested varying the value across regions in line with cost of living, and linking it to inflation.

The fact that eligible foods was being expanded was welcomed by many respondents. However, concerns were expressed that tinned fruit and vegetables should not be in syrup or brine.

Suggestions for a programme to support families establish healthy eating habits

A nationwide campaign that goes beyond promotion of Best Start Foods and addresses healthy eating was suggested by a large majority of respondents. This should be a 'whole country' approach with consistent messaging and branding. It was felt that this campaign would benefit from linking with existing campaigns, such as Eat Better, Feel Better.

An educational programme through informative resources and workshops was also suggested by a majority of respondents. In particular, recipes using Best Start Foods ingredients were suggested by most respondents. The idea of an App was again popular as a way of disseminating these resources. Cooking and weaning lessons, in partnership with healthcare staff, ELC settings and schools, and other community organisations, were also suggested by many respondents.

It was felt that retailers could support these initiatives by distributing information leaflets and recipes alongside Best Start Foods ingredients and by actively promoting healthier foods. Cooking demonstrations and tasters in stores were also mentioned by some respondents.

Some respondents pointed out that accessibility and affordability of healthy food is an issue that cannot be ignored when considering how to develop healthy eating habits amongst the population.

Views on eligibility for children's vitamins

50% of respondents disagreed with the proposal that eligibility to children's vitamins be linked to eligibility for Best Start Foods, compared to 40% who were in favour. The reason given by most respondents who rejected the proposal is that free vitamins should be provided universally to all children under three years of age.

Furthermore, many respondents argued that they should be provided up to age five, as per current health guidance.

Views on providing free milk and healthy snacks for all children receiving funded ELC entitlement

90% of respondents agreed with the proposal to provide free milk to all children receiving funded ELC entitlement from 2020, although many respondents pointed out that dairy-free alternatives should be available. It was also argued that consideration should be given to the funding and provision of the milk offer.

96% of respondents agreed with the proposal to provide a healthy snack to all children in receipt of funded ELC provision from 2020. Clarification was sought by many respondents on what constituted a 'healthy snack', and some thought it should be restricted to a portion of fruit or vegetables. Similar comments were made regarding the funding and provision of snacks as with milk.

Although it was not explicitly asked, a large majority of respondents were in favour of providing free milk to all children, and not just those receiving funded ELC entitlement. It was suggested that this could be administered through: a voucher or smartcard; direct payments to childcare providers (similar to the current UK Nursery Milk System); or by embedding milk for non-funded ELC provision in the wider procurement of milk for childcare providers within each local authority.

A large majority of respondents (83%) were also in favour of providing a healthy snack to children outwith the ELC funded entitlement using the same funding mechanisms for free milk. Comments regarding the definition of a healthy snack were repeated here.

Chapter 1 Introduction

Welfare Foods are a targeted package of support for pregnant women and young children to access a healthy diet. These include Healthy Start Vouchers and vitamins as well as a Nursery Milk Scheme. The powers over Welfare Foods have been devolved to the Scottish Government under the Scotland Act 2016.

The Scottish Government have set out their proposals for the devolved Welfare Foods programme in the consultation document 'Welfare Foods - a consultation on meeting the needs of children and families in Scotland' published in April 2018 (hereafter referred to as 'the consultation document').¹ The consultation invited respondents' views on these proposals through 11 open-ended questions.

The proposals involve, firstly, integrating the former UK Healthy Start Vouchers into a new Best Start Grant system for eligible families. Within this, it is intended that the vouchers will be replaced by a Best Start Foods payment, distributed through a new smartcard system. The first part of the consultation (Qs 1 – 7) sought respondents' views on: how to increase awareness and uptake of Best Start Foods; the new smartcard system; how to work with retailers and others to improve families' diet and nutrition; and whether eligibility for children's vitamins should be linked to eligibility for Best Start Foods.

Secondly, the consultation document sets out proposals to continue the provision of free milk, and potentially adding a healthy snack, alongside a free meal to all children in funded Early Learning and Childcare (ELC) provision from 2020. The second part of the consultation (Qs 8 – 11) sought respondents' views on these proposals. It also invited views on if and how the provision of free milk and healthy snacks could be extended to non-funded ELC provision.

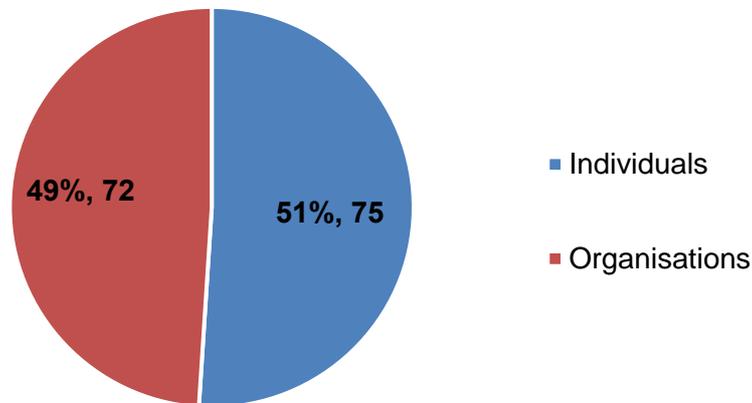
1.1 Who responded to the consultation

A total of 147 respondents completed the consultation. Most of the responses were completed through Citizen Space. However, 10 individuals expressed views on the proposals through social media, and these have also been included in the analysis. As Figure 1 shows, there was a fairly even split between responses from individuals (75) and from organisations (72).

¹ <https://www.gov.scot/Publications/2018/04/1344>.

Figure 1 – The number of individuals and organisations that responded to the consultation

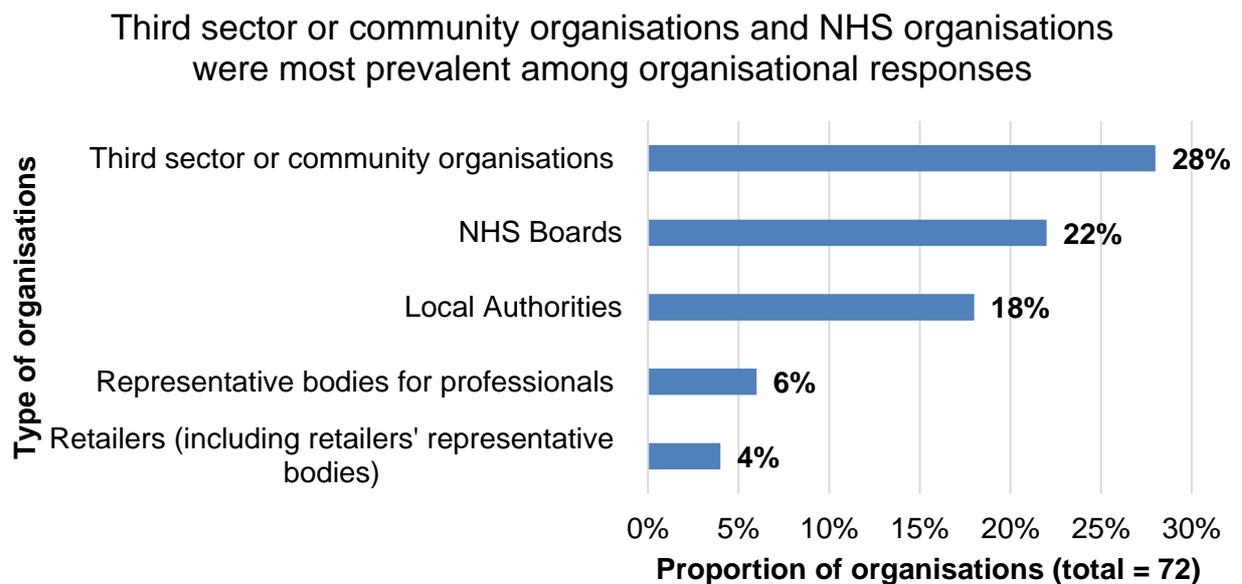
There was an almost even split between individual and organisational responses to the consultation



A majority of individual responses (58%) were uncategorised, but there were also individual responses from: medical or healthcare professionals (21%); parents or carers (5%); and childminders (4%).

As Figure 2 shows, organisational responses included responses from: third sector or community organisations (28%); NHS Boards (22%); Local Authorities (18%); Representative bodies for professionals (6%); and retailers including retailers’ representative bodies (4%).²

Figure 2 – The most common types of organisations that responded



² There were between one and three responses from each of: parent/carer organisations; childminder organisations; Community Planning Partnerships; teachers organisations; academic or research institutes; childcare providers; and other public body.

1.2 Methodology

Responses to the open-ended questions were analysed thematically and qualitatively, but the frequency of themes was recorded to gain a sense of their prevalence across respondents. Whilst not exact, broad frequencies are indicated throughout the text using the following key:

- 'Few' means between 5 and 9%
- 'Some' means between 10 and 19%
- 'Many' means between 20 and 49%
- 'Most' or 'majority' means 50 to 74%
- 'Large majority' or 'broad agreement' means 75 to 89%
- 'Consensus' means 90% or higher.

Questions 7 to 11, however, did lend themselves to more precise quantification, given that they invited respondents to explicitly express agreement or disagreement. Therefore, in addition to analysing these responses qualitatively, it was recorded whether respondents agreed, disagreed or held unclear views about the proposal. Following this, the extent of agreement and disagreement to the proposals in these questions has been quantified and reported.³

This report is structured as follows:

- **Chapter 2** summarises respondents' views on how to increase the awareness and uptake of Best Start Foods
- **Chapter 3** covers respondents' views on the smartcard system
- **Chapter 4** reports suggestions for a programme to support families establish healthy eating patterns
- **Chapter 5** summarises views on the eligibility criteria for Healthy Vitamins
- **Chapter 6** discusses respondents' views on the provision of milk and healthy snacks to all children receiving funded ELC entitlement.
- **Chapter 7** discusses respondents' views on the provision of milk and healthy snacks to children not receiving funded ELC entitlement
- **Chapter 8** concludes by highlighting the main messages that have emerged from an analysis of responses to the consultation.

³ Question 10 did not ask for agreement or disagreement – it was a 'how' question – but agreement/disagreement was often expressed in the responses, so it was possible to quantify it anyway. However, the number of unclear responses is higher for this question, as can be expected.

Chapter 2 Views on how to increase the awareness and uptake of Best Start Foods

This section includes views expressed directly in response to question 1, as well as views pertaining to awareness or uptake on Best Start Foods (BSF) expressed in response to other questions (in particular questions 2, 4 and 5). Respondents raised the following points:

- The need for an awareness campaign
- The roles played by key stakeholders in raising awareness and uptake
- The role of retailers in promoting awareness and uptake
- Removing stigma
- The application process and eligibility criteria for BSF.

Each of these points is discussed in more detail below.

This chapter is concerned with awareness-raising about BSF and practical barriers to the uptake of the scheme, whereas Chapter 4 discusses possible initiatives to promote healthy eating habits. There is some overlap between the two areas, as education initiatives might also impact on the awareness and uptake of Best Start Foods. However, to avoid repetition, broader comments on education about healthy eating habits are covered in Chapter 4 only.

2.1 The need for an awareness campaign

A large majority of respondents saw a need to increase awareness of Best Start Foods amongst low income pregnant women and families, as well as those agencies and professionals with whom they engage regularly.

It was highlighted that direct awareness raising could be conducted through:

- Mainstream media
- Social media
- Visual marketing materials (e.g. posters and leaflets) distributed at local community facilities, ELC and schools, healthcare facilities, social security services, retailers etc.
- Many respondents suggested including an information pack on Best Start Foods in the Baby Box that is sent to all pregnant women
- Some respondents suggested engaging a Scottish celebrity or chef in the campaign.

A partnership approach involving local authorities, the Department for Work and Pensions, the NHS, the Scottish Social Security Agency and Third Sector organisations, such as community food initiatives and welfare rights organisations, was suggested by some respondents as key to a successful awareness campaign. A few local authorities pointed to successful partnership working in their areas, which could be built upon to promote awareness and uptake of Best Start Foods.

Things to keep in mind for the campaign that were highlighted by respondents include the need for consistent branding and the provision of clear guidance, made available in a range of languages and in both digital and paper formats. Using positive messaging was suggested to partially address the stigma associated with the food vouchers. Many respondents pointed out that the awareness campaign should have a broader reach than just eligible pregnant women and families, which would also reduce stigma as well as increase general awareness and uptake.

2.2 The role of frontline staff in promoting awareness and uptake

The role of certain agencies and staff was seen by most respondents as key to raising awareness and uptake of Best Start Foods. The stakeholders most frequently noted were: healthcare professionals, early years providers and schools, local authority and third sector welfare rights advisers, and staff working in social care and community roles. Respondents thought that if these professionals were themselves made fully aware of the scheme, then information would 'cascade' through them and reach eligible families, although they did not think this eliminated the need for the broad public awareness campaign mentioned above.

The possibility to deliver training about Best Start Foods to frontline staff or include it as part of their core training and Continuous Professional Development events was also highlighted by some respondents.

Having 'Best Start Champions' or 'embedded workers' in each Local Authority of Health and Social Care Partnership, to promote the scheme to frontline staff, was also suggested. For example, a respondent commented that:

'In the current climate having a specific person available to offer information about income maximisation linked directly to other services for families and parents to be could be a useful step. This person could attend antenatal clinics, parent and toddler groups and nursery settings to offer information about the new system and other related benefits and support for families.'
(Third sector/ community organisation)

The role of healthcare professionals, particularly midwives and health visitors, in making parents aware of their entitlement to the scheme was highlighted by most respondents. It was pointed out that all parents have contact with these health professionals during pregnancy and the early stages of a child's life. Supporting evidence was cited by the University of Bristol showing that '*most parents are introduced to Healthy Start by their midwife or health visitor*⁴. In addition, NHS Health Scotland pointed out that:

⁴ <http://www.bris.ac.uk/sps/research/projects/completed/2013/rk7149/index.html>

'the Scottish Maternal and Infant Nutrition Survey 2017 reports the most common routes for finding out about Healthy Start were the midwife, health visitor and Ready Steady Baby!. These would seem to be the most promising routes for increasing awareness'. (NHS Health Scotland)

Specific ways in which health professionals could raise awareness and uptake of BSF that were mentioned by respondents were:

- Integrating the BSF scheme into the Health Visitor pathway. A NHS Board pointed out that:

'There are tick box sections for other schemes such as Childsmile but not one for Healthy Start [BSF]. A health visitor has to remember a lot of information at each visit so having a box to tick would be a prompt to mention Healthy Start.' (NHS Board)

- Completing the application to BSF within the initial midwifery appointment
- Include information on BSF in NHS resources for pregnant women, such as 'Ready Steady Baby!'.

It was also felt that Early Years providers, schools and childminders should be well informed about Best Start Foods, so that they can provide and support to parents and families. Suggestions for awareness raising included school/ELC e-mails, newsletters and open days. Toddler and parent groups were also identified as possible targets for an awareness raising campaign.

Amongst the Third Sector, organisations providing advice on welfare rights and financial inclusion, as well as organisations distributing food, e.g. food banks, were mentioned by many respondents as additional points of contact with families. It was suggested that Best Start Foods were aligned to the 'Menu for Change' initiative, which aims to tackle food insecurity in Scotland.

2.3 The role of retailers in promoting awareness and uptake

Most respondents agreed that a partnership with retailers was crucial to raise awareness and promote uptake of Best Start Foods, as shops are the most immediate point of contact with users.

Many respondents thought that retailers should actively promote the Best Start Foods scheme. Many respondents also identified ways in which retailers could contribute more broadly to a public education campaign on healthy eating – this is discussed in Chapter 4. It was suggested that retailers could promote awareness and uptake of Best Start Foods by:

- Clearly indicating that they accept Best Start Foods payments
- Visually identifying eligible foods – e.g. through a Best Start Foods logo
- Displaying and distributing Best Starts Foods marketing and educational resources – e.g. posters, leaflets, recipe cards, and information packs
- Sharing information on Best Starts Foods on their websites or social media accounts
- Having discounts and promotions on Best Start Foods products
- Having ‘bundles’ of eligible foods to the value of a weekly payment
- Having a stand or section of the shop with all the products eligible through Best Start Foods
- Larger retailers could have ‘Best Start Foods champions’ in the shop that promoted the scheme
- Engaging customers in a wider range of educational activities (see Chapter 4).

However, respondents felt that in order to maximise the potential of retailers promoting the scheme, they need to themselves be made aware of it and trained to promote it to customers (see Chapter 3 on the smartcard system). Moreover, retailers argued they needed to be supplied with resources for promotion. One retailer indicated they wanted:

‘More promotion materials so we can make it clear we accept the vouchers, as it not only raises awareness of us as a place to spend the vouchers, but of the scheme as a whole, and we are in the heart of a low-income area, where take up is low.’ (Retailer)

2.4 Removing stigma

Creating a positive image around Best Start Foods and removing any stigma associated with it was seen by many respondents as important to promote uptake of the scheme. In this vein, most respondents welcomed the shift from paper vouchers to smartcards, which they believe carry less stigma. For the same reason, a few respondents also welcomed the change in terminology from ‘Welfare’ Foods to ‘Best Start’ Foods.

To further create a positive perception of Best Start Foods, some respondents emphasised the need for a broad public education and awareness campaign that was aimed at the whole population, rather than at eligible families only. The implicit rationale appeared to be that healthy eating should not be portrayed as an issue relevant only to low income families. Many respondents also highlighted that the design of the new smartcard could further contribute to removing stigma (see Chapter 3).

2.5 The application process and eligibility criteria for Best Start Foods

A majority of respondents commented on the suggested application process and/or eligibility criteria for Best Start Foods when discussing how uptake could be promoted. Regarding the application process, there was a consensus amongst respondents that the process needs to be as simple and streamlined as possible. Therefore, the proposal to combine the administrative processes for Best Start Foods and Best Start Grant was welcomed by respondents.

Respondents suggested additional ways in which barriers to uptake could be removed from the application process. Many respondents pointed out that consideration needs to be taken of literacy and language barriers: wording should be clear; forms should be available in a range of formats (face-to-face, online, paper and by phone); and it should be possible to access forms in languages other than English.

A majority of respondents were of the view that uptake of Best Start Foods would be increased if eligible parents were automatically enrolled onto the scheme upon confirmation of pregnancy by healthcare staff, without the need for a separate application. For example, it was suggested that:

'there could be a notification from Health to the Social Security Agency (SSA) with the parents' consent [...]. The SSA could then automatically begin payment to eligible parents.' (Clackmannanshire Council – a focus group comprising local authority staff and third sector partners).

Many respondents also felt that the range of staff who can sign off the application form should be extended beyond health professionals to include allied health professionals, social workers, early years providers and community workers. It was argued that there may be a delay in seeing health professionals, whereas other staff might be in regular contact with the expectant mother or family. As such, they could raise awareness of the scheme and support them in their application.

Some respondents highlighted that the need to re-apply for Healthy Start Vouchers after the baby is born is a barrier for parents and families, leading to delays in receipt of the vouchers and, overall, in lower uptake. These respondents argued that the need to re-apply should be removed, leading to a continuous receipt of payments from the moment the pregnancy is confirmed.

Some respondents welcomed the enhanced eligibility criteria for Best Start Foods outlined in the consultation document but felt that eligibility could be enhanced further. Groups suggested for inclusion within the scheme were:

- women with insecure immigration status (such as asylum seekers)
- women aged under 20
- single women in receipt of Maternity Allowance
- families in receipt of Council Tax reduction (but not Universal Credit or Housing Benefit)
- low-income families who only marginally exceed the income limit or who have fluctuating incomes.

A few respondents argued that the eligibility criteria for Best Start Foods should be fully harmonised with those for Best Start Grant.

Chapter 3 Views on the smartcard system

This chapter covers the comments raised in response to questions 2 and 3 about the new smartcard system. Generally, respondents felt that the proposed smartcard system was an improvement on the current paper vouchers, believing that it will reduce the stigma associated with Best Start Foods, increase uptake and make the system easier for users. Concerns were expressed by all types of respondents, and particularly by retailers, that local shops and co-operatives that do not currently accept card payments will be excluded from the system, ultimately to the detriment of users.

The following points are covered in this chapter:

- Suggestions for making the system user-friendly
- Awareness raising and support for retailers
- How to make the smartcard system work for retailers
- Value of the smartcard and eligible foods
- Ensuring correct use of the smartcard
- How to gather feedback and improve the system as it evolves.

Each of these points will now be discussed in turn.

3.1 How to make smartcards work for users

There was a consensus amongst respondents that, for the system to work, users should be able to have a real choice of retail establishments in which to use the smartcard and therefore as many retailers as possible should be involved in the system. This point was made particularly in relation to users in rural or island communities, and it was felt their choice and access to affordable and healthy food should not be constricted by the system. For example, Argyll and Bute Council stated that the smartcard system *'is no use if the nearest shop which accepts the smartcard is say 20 miles away'*.

In addition, most respondents thought that smartcards should be easy to use, flexible, and designed in such a way to avoid users being stigmatised. Several suggestions were made about how to achieve this.

- Providing users with clear and step-by-step guidance on how to use the card. This should be complemented by access to a support service – either through free phone line, a web service, or both
- Enabling users to check their balance easily. It was suggested this could be done online, through an App, through text notifications, through a phone line or through printed receipts. It was highlighted that this would further remove stigma around the smartcard, as users could avoid situations in which they did not have enough funds for a purchase

- Enabling users to use the smartcard flexibly by carrying forward any unused funds at the end of the four-week period. This would enable families to buy in bulk
- Replace lost, stolen or damaged cards easily and timely, whilst providing interim solutions (e.g. during a weekend). A suggestion for this would be to have a smartcard code that retailers could type in
- Designing smartcards so that they look like bank cards. Have all the relevant information on them (e.g. it was suggested that a list of eligible foods is included on the card, as well as a customer support number). A few respondents also suggested designing the smartcard as a key fob.

What parents and carers said:

'Allow any left-over amount to accumulate so weekly amounts aren't wasted'.
(Individual)

'Keep it simple. Remember those who are illiterate and/or innumerate. Replace lost or stolen cards.' (Individual)

'A contactless system could be put in place that does not require the person using the card to have to explain what the card is for, thereby reducing the stigma that people can experience'. (One Parent Families Scotland)

3.2 Awareness raising and support for retailers

The removal of the need for retailers to register was viewed positively by a majority of respondents. However, many respondents felt that awareness raising across the retail sector would be necessary. Incentives for retailers to join the system were also mentioned by a few respondents. These could include material incentives, such as support rolling out card payment systems (see below); or recognition through an award or standard that retailers can work towards.

Some respondents highlighted the need for specific training and resources aimed at retailers. Particular emphasis was put on making retail staff aware of: the scheme and what foods are eligible, how to manage IT systems, how to remove stigma around the scheme, and how to treat users with dignity. Some respondents suggested that the support service mentioned in the previous section be made available to both users and retailers.

3.3 How to make the smartcard system work for retailers

Many respondents were concerned that the requirement to accept card payments would exclude many local shops, community growing schemes and vegetable box schemes from the system, and that this would limit users' access to affordable and healthy food through Best Start Foods. This point was made by all types of respondents, and particularly by retailers. The Scottish Grocers' Federation pointed out that *'12% of convenience stores in Scotland do not accept card and debit payments'*. It was also argued that local community retailers play an important community role and that they should therefore not be disadvantaged by the system.

The most frequently mentioned solutions to include small and community retailers in the system were:

- Developing a Best Start Foods App for card-less payments and online purchases. An App was also a popular suggestion to enable users to manage their balance (see the next section) and for educational purposes (discussed in chapter 4). However, it was acknowledged that connectivity might be an issue in certain remote areas.
- The Scottish Government supporting, through cheaper IT systems or grants, the roll-out of electronic point of sale (EPOS) systems to all independent and community shops registered on the scheme.
- Having a mixed paper voucher and EPOS system, with users able to decide which one to use. A few respondents suggested this would be just for a transitional period, allowing the necessary technology to be rolled out, whilst others wanted this choice as a permanent feature of the system.

What community retailers said: *‘Many community retailers don’t have card machines (we are a third sector community retailer and only deal with cash). Have an app, that needs no card machine.’*

Regarding retailers who already accept card payments, organisations representing retailers highlighted that a common ground needs to be found amongst the various systems used by retailers, ideally whilst leading to minimum change for retailers.

Additional concerns were mentioned specifically by retailers’ representative organisations. These included:

- The fact that retailers are charged for card payments. Therefore, in order for Best Start Foods to remain cost-neutral for retailers, the Scottish Government should either work with payment providers to ensure free smartcard payments or compensate retailers
- Questions regarding the turnaround period for the reimbursement of payments
- Questions about whether retailers would have to give change in cash if the whole value of the smartcard was not used up
- That *‘significant deviation from the UK approach will require new processes from retailers who operate across the UK, and that will require time to implement effectively’* (Scottish Retail Consortium).

What retailers' representative bodies said:

'The smartcard ideally needs to adhere to existing standards.' (National Federation of Retail Newsagents)

'Most retailers will have different systems, and any smart card needs to be configured to ensure all current operators are able to accept the cards.' (Scottish Retail Consortium)

'PayPoint and PayZone are the operators who are most prevalent in the independent convenience store market [...] a solution may be able to be reached to cover a very large number of stores by reaching agreement with those providers.' (Scottish Grocers' Federation)

3.4 Value of the smartcard and eligible foods

Many respondents welcomed the proposals included in the Consultation document to increase the weekly value of the Best Start Foods payment from £3.10 to £4.25 and to expand the range of eligible foods. Nevertheless, some respondents raised concerns regarding these two areas.

A few respondents, mainly organisations, believed that the new value of £4.25 was still too low to achieve the aims set out in the consultation document. A few respondents wanted to see a commitment to increase the value of the payments in line with the Retail Price Index (inflation). In addition, a few respondents suggested that the value of Best Start Foods payments should vary to reflect the cost of living in different areas of Scotland. Citizens Advice Scotland, for example, stated that:

'CAB research has revealed considerable differences between the costs of food in different areas within a local authority, meaning that a Best Start Foods payment is likely to buy a different amount of food in different areas, particularly in more rural locations. This may be a factor that the Scottish Government wants to consider in the wider design and delivery of the payment.' (Citizens Advice Scotland)

Regarding the proposed eligible foods, some respondents expressed concerns that vegetables and fruits tinned in sugar and salt should not be included in the scheme. For example, the First Steps Nutrition Trust advised that *'fruit canned in syrup is however counter to current health advice on sugar reduction and may have to be considered separately from canned vegetables'*. A few respondents also believed that it would be beneficial for the foods included in Best Start Foods to overlap with those considered suitable under the Healthy Living retailers' scheme. It was noted that vegetables and fruits tinned with sugar and salt are excluded from this scheme.

A few respondents also pointed out that at present Healthy Start Vouchers are used mainly for infant formula and they requested clarification regarding which infant formula would be included in Best Start Foods. The First Steps Nutrition Trust warned that *'some milks that are marketed as to be used from birth are not suitable'*. This view was echoed by other health-related organisations.

3.5 Ensuring correct use of the smartcard

Some respondents also highlighted that consideration should be taken of how to ensure that the smartcard system is not used inappropriately by either users or retailers. It was suggested that both users and retailers must have clear guidelines on what products are included in the scheme, and that mechanisms should be in place to prevent the purchase of other products through the card. It was also suggested that a personal chip and pin mechanism would ensure the card was used only by the intended user. More broadly, it was believed that an overarching mechanism should be in place for identifying and dealing with violations of the smartcard system.

3.6 How to gather feedback and improve the system as it evolves

The key stakeholders that were identified most frequently to seek feedback were: parents and families, retailers, health professionals, and early years practitioners. Other service providers, such as social and community workers, and foodbanks, were also identified as potential stakeholders to include in an evaluation of the scheme.

A wide range of methods of engagement were suggested to incorporate the views of all the groups mentioned earlier. Frequently these include more traditional methods – such as surveys, questionnaires, focus groups and interviews – but more innovative methods were suggested, particularly for engaging with users.

The need to consider innovative methods to engage users was pointed out by many respondents. These included collecting feedback from users through social media, an App, texts, or through quick surveys at the point of use, with possibilities for using ‘emojis’ in order to facilitate engagement or incentives to encourage participation. However, some respondents also thought that more in-depth views and experiences should also be gathered using qualitative methods such as case studies. Creating user reference groups that were involved in the design and evaluation of the system was also suggested by a few respondents.

Engagement of retailers through more traditional evaluation methods, such as surveys and focus groups, was seen as important by many respondents. It was suggested that this could be achieved through collaboration with trade associations.

In addition, the ability to collect data on uptake and usage from the smartcards was seen as a major benefit to the system in terms of monitoring and evaluation. It was suggested that uptake and usage data could be used to identify:

- Areas of low and high uptake; whether smaller retailers were included in the system
- The usage of the system in rural areas
- What products were being consumed most.

Some respondents suggested for this data to be used to design the focus of the evaluation – e.g. by focusing on explaining areas with low uptake. A few respondents also suggested conducting trials or pilot schemes of the smartcard system and evaluating these, before rolling out the system fully.

Chapter 4 Suggestions for a programme to support families establish healthy eating habits

A large majority of respondents agreed that the Scottish Government should be looking beyond providing payments to families and seek to support families in establishing healthy eating patterns. Several strands to this programme were identified, including:

- A nationwide campaign
- Education through resources and workshops
- Accessibility and affordability of health food
- Other views on wider support for improving diet and nutrition
- Evidencing the impact of the programme.

Each of these points is explored in further detail below.

4.1 A nationwide campaign

Many respondents believed that the Best Start Food campaign should be part of a nationwide campaign aimed at all families, promoting healthy eating and lifestyle change. This should be a 'whole country' approach, adopting consistent messaging and branding. Specific ideas included engaging a high-profile personality to represent the campaign (e.g. a famous chef) and creating a television advertisement (possibly using cartoons to engage both parents and children). It was suggested that this campaign be disseminated through different media channels, including social media.

Some respondents thought a new nationwide campaign could be linked to existing strategies and programmes. The most frequently mentioned one was Eat Better Feel Better. For example, one respondent suggested that *'the Eat Better Feel Better branding could be built on, with a specific campaign for pregnant / new parents'*. Other campaigns and strategies suggested by respondents included: Setting the Table; the First Steps Nutrition Trust website; the Healthy Weight Strategy; the Eatwell Guide; the Baby Box; Inch By Inch For Scotland; Menu for Change; the Scottish Grocers Federation Healthy Living Programme; and the Scottish Attainment Challenge.

4.2 Education through resources and workshops

A range of educational resources and activities were suggested by respondents, involving several partners. The main two elements were providing information and resources to families and providing or cooking lessons for parents.

A range of stakeholders could be involved in an education programme:

'Health visitors used to have weaning groups which taught healthy family cooking for babies - these were stopped due to funding. [...] Many families need this one to one advice and demonstration.' (Health Visitor)

'My daughter rediscovered her need for fruit consumption after she researched to complete her poem on fruit, health & wealth...' (Parent)

'To have an even greater impact, involve parents/carers too. Cook with the children in school/nursery and set up after school/Saturday clubs where parents can come along for Big Chef Little Chef [...]. Make these open to everyone, but target in particular vulnerable families who use BSG/BSF' (Third sector/ community organisation)

'The families we spoke to were interested in more availability of cookery classes for parents, linked to Best Start but open to everyone and covering family foods from weaning age right through to adult meals. It was also highlighted that the social aspects of classes like this in communities can be very important, especially as research shows new parents can become isolated.' (Third sector/ community organisation)

It's important to align this work with the wider [dietary] and obesity strategy being developed by the Scottish Government, and which retailers are already heavily engaged with. Our members already promote healthy products, provide nutritional information, and have reformulated products to ensure consumers can make healthy choices. Aligning with the existing work in this area is likely to be the most effective approach. (Scottish Retail Consortium)

4.2.1 Information and resources

Many respondents suggested providing meal ideas, recipe cards or a Best Start Foods cookbook as a way to support families in cooking nutritious meals. These should use easily available, affordable and seasonal ingredients that can be purchased through the Best Start Foods smartcard. Other resources suggested were: information on diet and nutrition, food storage, healthy lifestyles, and budgeting.

Some respondents suggested that resources could be posted to families alongside the smartcard, as well as being distributed through retailers and other partners. The idea of an App where families can access these resources – the same where families can also manage their smartcard and provide feedback – was particularly popular. Some respondents also mentioned a range of social media – including Facebook, YouTube or Instagram – as alternative channels to distribute information.

‘Simple advice needs to be given on what to buy with the Best Start Foods allowance, what could be cooked from the purchased items, and what portion sizes are appropriate for babies and young children. This advice needs to be consistent and the same from everyone: from health visitor to midwife to retailer’.
(Obesity Action Scotland)

4.2.2 An education programme for the whole family

Many respondents suggested an education programme for families consisting of cooking lessons and demonstrations, and weaning classes for parents, as well as education on healthy eating for children. These would provide knowledge, practical skills and confidence for families to adopt healthy eating patterns. A range of stakeholders were identified that could help deliver such a programme, some of whom were already delivering something similar. In particular, the role of health professionals, early years practitioners, statutory services, the community and voluntary sector (CVS) and retailers were emphasised.

Many respondents identified health professionals – particularly Health Visitors, midwives and GPs – as key points of contact with families. It was suggested that health professionals can refer families to appropriate sessions in their communities, organise weaning groups and other peer support groups, or even offer one-to-one support and advice.

The potential role of early years providers and schools was also highlighted by many respondents. NHS Health Scotland cited research evidence suggesting that interventions in early care settings lead to positive changes regarding children’s healthy behaviours. Respondents believe that healthy eating patterns could be promoted to the whole family through: open days, breakfast clubs, parent lunches and after school meal clubs, as well as snack provisions. Respondents also emphasised the importance of teaching children from a young age, by including education on healthy eating in the school curriculum. Some respondents suggested that education on healthy eating should be included in training programmes for teachers and early years practitioners.

Many respondents saw a role for the voluntary and community sector in delivering a family cooking programmes and healthy eating initiatives around Best Start Foods. Benefits of community-based approaches that were identified by respondents included: creating social networks of peer support, the benefits of place-based interventions, and drawing on the existing knowledge and resources of local organisations.

Finally, many respondents saw a role for retailers in supporting families to improve their diet and nutrition, over and beyond promoting Best Start Foods. As well as distributing Best Start Foods educational resources, such as recipes and information leaflets, respondents believe that retailers could offer cooking demonstrations and taster sessions in stores for the whole family. Another point that was made by some respondents is the need for retailers to more actively market healthy products – beyond Best Start Foods products – and reduce their marketing of unhealthy ones.

4.3 Accessibility and affordability of healthy food

Some respondents pointed out that Best Start Foods payments, awareness-raising and education are insufficient as long as some low-income families continue to face ‘food deserts’ – i.e. the lack of affordable healthy food in their area. A solution that was suggested was to support local and sustainable food initiatives to reach a wider population. These include: local farmers, food co-operatives, social enterprises, and vegetable box schemes. Campaigns around the right to food such as ‘Seat at the Table’ by Nourish Scotland were mentioned as already working in this area. The possibility to negotiate discounts on Best Start Foods with a range of retailers was also mentioned by a few respondents.

‘Improving access to a healthy and affordable diet by identifying “food deserts” and then consider with retailers and local planners how best to provide food in an economical and sustainable way. Best Start Foods in the initial step on that journey but is extended and encompass nutritional requirements across the lifespan.’ (Deep End GPs)

4.4 Other views on wider support for improving diet and nutrition

Other views mentioned by a few respondents included:

- Making sure families are involved in the design of programme from the beginning
- Helping families access cooking utensils and adequate food storage facilities
- Offer the programme to all families, not just those in receipt of Best Start Foods or Best Start Grant
- Make an explicit link between healthy eating and physical exercise.

4.5 Evidencing the impact of the programme

Many respondents argued that the evidence gathered should cover, at least: the uptake of the programme, its impact on families and its impact on children's health. The need to include views from early years providers and schools, health staff and retailers was also suggested by some respondents.

Some respondents identified the need to measure families' participation in broader educational initiatives as well as the reach of the educational resources developed. Regarding the latter, it was suggested that for App-based or online resources, the number of visits to the App or website could be monitored. Uptake data could then be contrasted with the outcomes achieved by the programme.

Health outcomes for children were identified by many respondents as important evidence to include in order to evidence the impact of the programme. Quantitative, longitudinal (i.e. over time) analysis was the preferred approach, with data prior to the introduction of the programme being used as a baseline. Suggested sources of data included: ISD Scotland, data gathered by Health Visitors or GPs from a sample of participants, the national Maternal and Infant Nutrition Survey, or the Scottish Household Survey. Indicators of health that were frequently mentioned were: childhood obesity rates, the body mass index (BMI), and dental health.

Gathering evidence of the impact of the programme on families was also mentioned by many respondents. Two complementary strands of evidence from families were identified in the responses. Firstly, many respondents suggested gathering in-depth, qualitative data from families regarding their journey through the programme, their experiences, and the impact it has made to their confidence and their choices. It was suggested that this could be presented in the form of case studies, videos or blogs. Secondly, more quantitative data on changes in consumption patterns within families was also suggested. This would seek to identify how the programme influenced: which products were bought, fruit and vegetable intake, and the percentage of a family's budget spent on food. It was believed that this data would be best gathered through surveys and questionnaires.

The views of health professionals, early years practitioners and teachers, and community services were also seen by some respondents as useful evidence regarding the impact of the programme. In particular, it was suggested that evidence could be sought from early learning centres or schools regarding the impact of the programme on children's educational attainment.

'There have been evaluations of Healthy Start but these have been mostly qualitative and have failed to determine how food vouchers are spent, how they contribute to family eating patterns and any benefit the scheme may have had on health and wellbeing.' (First Steps Nutrition Trust)

Chapter 5 Views on eligibility for children’s vitamins

Question 7 of the consultation document sought respondents’ views on whether the provision of children’s vitamins (Healthy Start Vitamins) should be linked to eligibility for Best Start Foods, i.e. to eligible low-income families with children up to the age of three.

This chapter includes the following sections:

- Agreement/disagreement with the proposal to link eligibility to Best Start Foods
- Other comments regarding the provision of vitamins.

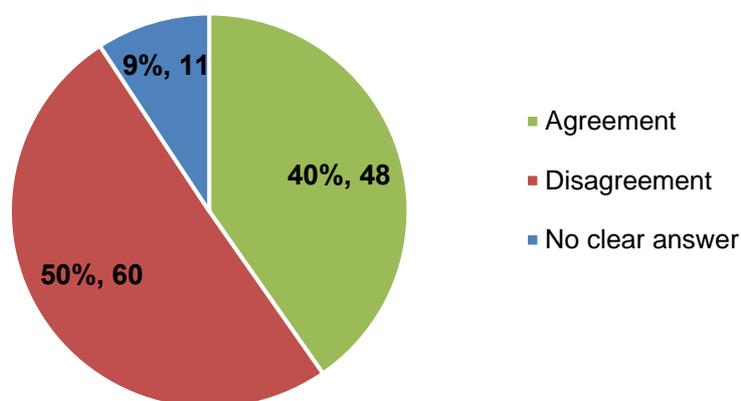
Both these points will now be discussed in turn.

5.1 Agreement/disagreement with the proposal to link eligibility to Best Start Foods

A majority of respondents who answered this question were opposed to the proposal to link the provision of children’s vitamins to eligibility for Best Start Foods. This included a majority of both individuals and organisations. As Figure 3 shows, out of the 119 respondents who answered this question, 48 respondents (40%) agreed that provision of vitamins should be linked to eligibility for Best Start Foods, 60 respondents (50%) disagreed, and 11 respondents (9%) did not provide clear answers.

Figure 3 – The percentage of respondents to question 7 that agreed or disagreed with the proposal to link eligibility for children’s vitamins to eligibility for Best Start Foods

Half of respondents to question 7 disagreed with the proposal to link eligibility for children's vitamins to eligibility for Best Start Foods



Amongst those who rejected the proposal, the consensus was that vitamins should be provided universally to all children up to the age of three. This view was also expressed by some respondents who thought vitamins should be universally provided in principle but who, given funding constraints, agreed with the proposal that they should be targeted at Best Start Foods recipients. Reasons given why vitamins should be freely provided to all children up to age three were:

- The argument that children from higher-income families, as well as other children currently not eligible for Best Start Foods, would benefit from vitamin supplements, including Vitamin D supplements. Current health guidance was cited in support⁵
- The argument that universal provision of vitamins would increase the uptake of vitamins, which is currently poor – this argument was backed up with evidence from Healthy Start in England⁶
- The argument that the increased cost of providing vitamins universally would be offset by reduced administration costs.

Many respondents who opposed the proposal also disagreed with it on the grounds that they believe vitamins should be available for children aged up to five, rather than three. Again, current health guidance was cited in support for this view.

5.2 Other comments regarding the provision of vitamins

Other comments that were made by a few respondents regarding the provision of free vitamins were:

- Concerns that widespread vitamins were used as a substitute for a healthy diet. These respondents argued that ideally, the need for vitamins should be reduced over time
- The need to expand the distribution points for Healthy Start Vitamins beyond NHS premises, to include supermarkets, pharmacies and community centres
- Ensuring that distribution points have sufficient stocks of vitamins (although with consideration of shelf-life)
- Considering including vitamins in the new Best Start Foods smartcard.

⁵ SACN report, 19th July 2017. Feeding in the First Year of Life Report. Chapter 7: Micronutrients

⁶ Jessiman, PE, Cameron, AM, Wiggins, M & Lucas, PJ (2013), 'A qualitative study of uptake of free vitamins in England' *Archives of Disease in Childhood*; and Moonan M, Hanratty B, Whitehead M. (2012), 'Which is more effective, a universal or targeted approach, to implementing the National Healthy Start Programme? A mixed methods study'. *Journal of Epidemiology and Community Health* 2012; 66 (Suppl 1): A44.

What health professionals, Health Boards and public health organisations said regarding the eligibility of children's vitamins:

'I believe that as the latest Government recommendations are that all babies (unless consuming greater than 500mls of formula a day) and children under 5 years old should take Vitamin D supplements as standard, they should be free to all up to the age of 3 at least.' (Health Visitor)

'The vitamins should be free up to age three for all children which links with universal health and giving every child in Scotland the best start. There are children from families who are not on low income and would benefit from a supplement - SHS 2016 highlighted the low consumption of fruit and veg by 2-4-year olds.' (Health Board)

'Requiring Healthy Start eligibility has been a barrier to uptake of both maternal and child vitamin take up.' (University of Bristol)

'Ideally, all young children should be eligible for vitamins regardless of eligibility for the Best Start Foods. However, this would be costly therefore by using age three as the cut off this will reduce the number of children eligible to receive vitamins (the recommendation for continuation of vitamins is age five), however an additional layer would be complicated to navigate, so yes should be linked.' (Third Sector/Community organisation)

Chapter 6 Views on providing free milk and healthy snacks to all children receiving funded ELC entitlement

Questions 8 and 9 of the consultation sought views on the proposal to include an offer of free milk and a healthy snack alongside the free meal that will be provided for all children in ELC funded provision by 2020. Children will be receiving funded ELC provision in a variety of settings including local authority settings, partner settings in the private or third/voluntary sector, or with childminders. It was found that there was a consensus amongst respondents in favour of these proposals. This chapter includes:

- Agreement/disagreement with the proposal to provide milk to all children receiving funded ELC entitlement.
- Other comments regarding the provision of milk to all children receiving funded ELC entitlement.
- Agreement/disagreement with the proposal to provide healthy snacks to all children receiving funded ELC entitlement.
- Other comments regarding the provision of a healthy snack to all children receiving funded ELC entitlement.

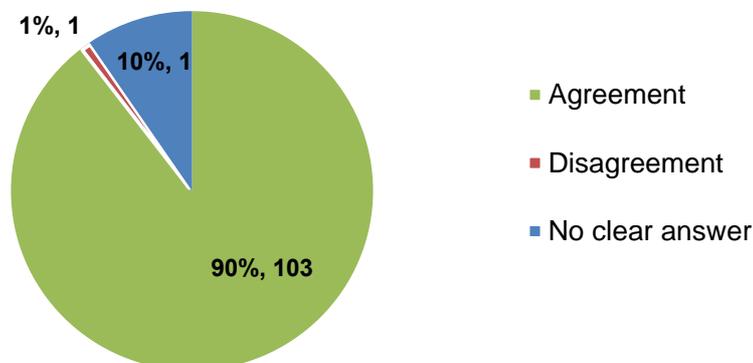
Each of these points will be discussed in turn.

6.1 Agreement/disagreement with the proposal to provide milk to all children receiving funded ELC entitlement

There was a consensus in favour of the proposal to provide free milk to children receiving ELC funding entitlement. As Figure 4 shows, of the 115 respondents who answered question 8, 103 (90%) agreed with the proposal, one disagreed, and 11 (10%) did not provide a clear view either way. Respondents highlighted the nutritional benefits of milk, as well as the benefits of providing this universally to all children.

Figure 4 – The percentage of respondents to question 8 that agreed or disagreed with the proposal to provide milk to all children receiving funded ELC entitlement

Nine out of ten respondents to question 8 agreed with the proposal to provide milk



6.2 Other comments on the provision of milk to all children receiving ELC funded entitlement

Many respondents who answered this question believed that dairy-free alternatives should be available for children who do not consume cow's milk due to allergies or cultural reasons.

Some respondents, particularly local authorities and milk providers, would like to see further clarification on how the provision and funding of the free milk offer would operate. Regarding this, the issues raised included:

- The need to consult with local authorities and dairy farmers when designing this offer
- How additional funding is allocated and whether a 'funding follows the child approach' is adopted
- Making the system as simple as possible for providers to navigate.

A few respondents pointed out that it might be advisable not to offer milk alongside a meal, as it might reduce children's appetite. For example, First Steps Nutrition Trust argued that *'offering milk with a main meal might be counter-productive in terms of children having sufficient appetite to eat the nutritious foods on offer'*. Another organisation suggested offering milk as a mid-morning snack, arguing that *'the earlier in the day milk is offered to children, the better they will learn and perform academically.'*

Additional comments made regarding the provision of milk included:

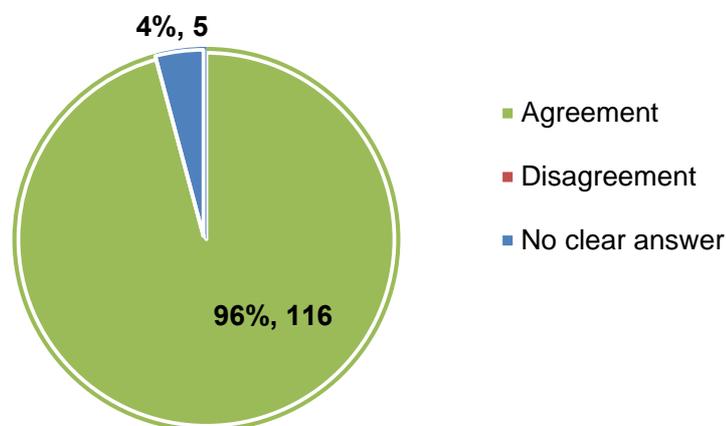
- Ensuring that childcare providers are not reimbursed for offering infant formula
- That guidance should be sought on whether the milk should be full-fat
- Consideration of children who might still be breastfed.

6.3 Agreement/disagreement with the proposal to provide healthy snacks to all children receiving ELC funded entitlement

As for the provision of milk, there was a consensus in favour of providing a healthy snack to all children receiving ELC funded entitlement. As Figure 5 shows, of the 121 respondents who answered question 9, 116 (96%) agreed with the proposal and 5 (4%) did not provide a clear view. No-one explicitly disagreed.

Figure 5 – The percentage of respondents to question 9 that agreed or disagreed with the proposal to provide healthy snacks to all children receiving ELC funded entitlement

There was a consensus among respondents to question 9 that healthy snacks should be provided



Aside from the short-term nutritional benefits of providing a healthy snack to children, many respondents highlighted the longer-term benefits in terms of educating children about healthy eating and creating positive habits.

6.4 Other comments on the provision of a healthy snack to all children receiving ELC funded entitlement

The most frequent comments concerned the type and quality of the snacks offered. Some respondents commented on what should constitute a ‘healthy snack’, with many of these being of the opinion that it should be restricted to a portion of fruit or vegetables. The need to follow Setting the Table guidance when determining healthy snacks was also mentioned by some.

As with the free milk offer, some respondents had questions regarding how the healthy snacks would be funded and provided. A few respondents stated that they should be locally and sustainably sourced.

A few respondents identified the provision of a healthy snack to children receiving funded ELC entitlement as an opportunity to offer holistic education for both children and parents/carers, by involving children in the preparation of a snack and parents/carers in the wider scheme.

Comments on free milk and healthy snacks:

'I am definitely in favour of this, as when a child is introduced to food/ drink at an early age, they are more inclined to develop a taste for these items and continue to want more of it.' (Medical or healthcare professional)

'This proposal will only be successful if it is fully funded, council's views on the operational challenges are listened to and responded to and there is sufficient flexibility to shape local provision depending on the context of the council.' (Local Authority)

'Over a few years the habit of giving kids a bag of crisps or a biscuit every day might just die out if snack is provided at school.' (Uncategorised individual)

'We are concerned the definition of "healthy snack" will be relaxed to allow baked crisps, cereal bars etc which may meet "healthy" criteria but can lead to habit formation (e.g. eating biscuits and crisps of any sort) beyond early years. In summary offering a fruit/vegetable snack is welcomed, offering other snack foods is not.' (Third sector/ community organisation)

Chapter 7 Views on providing free milk and healthy snacks to children outwith funded ELC entitlement

Questions 10 and 11 of the Consultation sought views on the possibility of providing free milk and a healthy snack to children aged under 5 who are in a setting (e.g. a provider in the private or third/voluntary sector or a childminder), but are not receiving funded ELC entitlement. It was found that there was a large majority of respondents in favour of these proposals. Question 10 asked about ways in which the provision of milk could be done without creating a costly administrative system, and several options were suggested by respondents.

This chapter covers respondents' views on:

- How to provide milk to children outwith funded ELC entitlement
- Agreement/disagreement with the proposal to provide healthy snacks to children outwith funded ELC entitlement

Both these points will now be discussed in turn.

7.1 How to provide milk to children outwith funded ELC entitlement

Question 10 did not explicitly ask whether respondents were in favour of the proposal to provide free milk outwith the funded ELC entitlement; rather, it asked how this may be done. However, from the answers to this question it could be inferred that a large majority of respondents (approximately three quarters) were in favour of this proposal. 20% did not express a clear view in favour or against.

The three approaches that were most frequently suggested for operating the provision and funding of milk outwith the funded ELC entitlement were: using vouchers or a smartcard, direct payments to providers, and having agreements in place with milk providers. However, some respondents also pointed out that further engagement with non-funded childcare providers would likely be necessary.

7.1.1 Vouchers or smartcard

Many respondents who answered this question felt that a smartcard-type system (a pre-paid card or voucher) could be issued to childminders and private or third sector nurseries, based on the number of children in their care. It was suggested by a few respondents that this smartcard could be used to purchase from the same retailers who accepted Best Start Foods payments. A few respondents were of the view that adequate governance systems would be needed and that this would create a certain overhead cost, but that it was nevertheless possible to avoid creating a costly system. One respondent suggested monitoring the system through the Care Inspectorate.

7.1.2 Direct payments

Some respondents, including many childcare providers, saw direct payments to childcare providers to fund milk purchases as a viable option. It was suggested that childcare providers claim retrospectively for milk purchases, i.e. a version of the current UK Nursery Milk Scheme. It was highlighted that this could be simplified through less frequent claims, or by integrating them with other payments. Another option that was identified is that childcare providers receive a regular payment per child, which would include the cost of milk.

7.1.3 Embed in wider procurement

Some respondents, including a few local authorities, suggested that procurement of milk to providers with children outwith the funded ELC entitlement should be embedded into the procurement for funded ELC provision. For example, NHS Lanarkshire suggested that:

'the entitlement is provided to non-funded ELC in the same way it is the funded providers so that no difference is made between the two. If in whatever means the entitlement is delivered, be it a funding bundle or contract with local provider, why does there need to be a difference?' (NHS Lanarkshire)

It was suggested that the numbers of all children receiving ELC can be obtained from the Care Inspectorate and used to calculate a milk entitlement.

What childcare providers said

'This could be included as part of the smartcard scheme discussed earlier, enabling parents to buy it without adding to the administration. If nurseries had a smart card with a certain amount of money based on numbers of children not in funded childcare then they could purchase from the same supermarkets the BSG is aligned with to buy their milk? Would seem like a simple way to work. An online system could be used to record how many children etc. and then money could simply be put onto the nursery's card, weekly or monthly?' (National Day Nurseries Association).

'We currently provide milk to all of the babies and children who attend the nursery. A contribution to this would be simpler than setting up a whole new system.' (Flying Start Nursery)

'The admin cost to local groups is a hassle so needs to be more accessible and easy for us. Registering and an average amount of children who attend each month and receipts to be kept or photocopied and sent in every six months.' (Parent/carer group)

'Childminders advise SCMA that the current system is straightforward but it would be as easy to claim less often. Even once a term or even less for these small settings would [not be] a problem. They still keep their records on an ongoing basis. Claiming less often is likely to reduce the administration cost. It may be that including this with other types of claim eg fees for providing funded hours will also reduce the cost.' (Scottish Childminding Association)

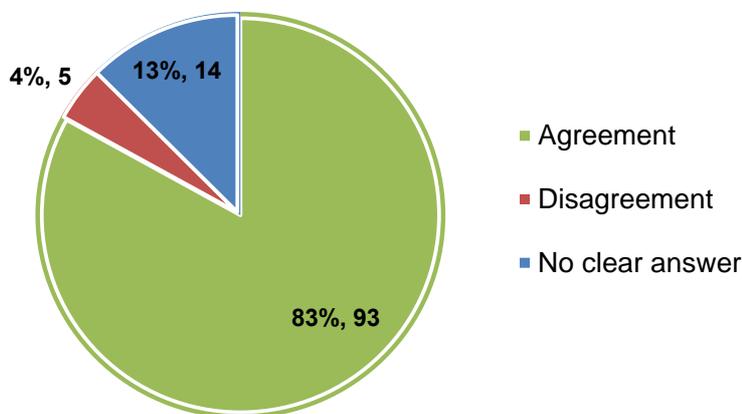
'Why not just provide it for every ELC nursery setting? With the expansion to 1140 hours many more nurseries will be involved in providing funded places and fewer not doing so; the costs saved on administration processes might make it possible just to provide this as a given.' (Scottish Out of School Care Network)

7.2 Agreement/disagreement with the proposal to provide healthy snacks to children outwith funded ELC entitlement

A large majority of respondents were also in favour of providing a free healthy snack to children outwith funded ELC entitlement. As Figure 6 shows, of the 112 respondents who answered question 11, 93 (83%) were in favour. 5 (4%) were against the proposal and 14 (13%) did not give a clear view.

Figure 6– The percentage of respondents to question 11 that agreed or disagreed with the proposal to provide healthy snacks to children outwith funded ELC entitlement

A large majority of respondents to question 11 agreed with the proposal to provide healthy snacks to children outwith funded ELC entitlement



The main reason given in favour was the belief held by a large majority of respondents that children should be treated equally regardless of whether they are in funded or unfunded childcare. For example, an individual said:

'My opinion is that if the Scottish government want to provide free milk and snack to children under 5 this should be universal regardless of the childcare provision they attend.' (Individual)

Amongst those who disagreed or were ambivalent with the proposal, the most common reason was the concern that the system would be administratively challenging and costly. A few respondents were of the opinion that higher income families should be able to cover the cost of providing free milk and a healthy snack outwith funded ELC entitlement.

Regarding how the provision of a healthy snack might work in practice, many respondents simply pointed to their views expressed in response to question 10, about the provision of milk.

Chapter 8 Conclusion

Overall, respondents were supportive of the proposals included in the consultation document – with the exception of the proposal to link the eligibility of children’s vitamins to Best Start Foods, where a majority of respondents felt they should be provided universally.

No significant differences were observed between the positions of individuals and organisations, or between those of different types of organisations.

The responses point to areas that could be explored further by the Scottish Government. These include:

- How to involve frontline staff and retailers – both are seen as key points of contact with families – in both promoting awareness of Best Start Foods and supporting families establish healthy eating habits
- How to include retailers without card payment facilities in the smartcard system
- How to coordinate existing campaigns and projects aimed at supporting families to establish healthy eating habits
- The details of the proposed milk and healthy snack provision in funded ELC provision – in terms of the characteristics of the provision (e.g. timing and guidance) as well as its funding
- The merits and drawbacks of the three main options proposed to provide milk and healthy snacks outwith funded ELC provision.

A common theme that was observed across responses was the wish by different respondent categories to be involved in further conversations around these issues. These include, particularly, childcare providers, local authorities, retailers and third sector or community organisations. Many respondents explicitly offered their support in the future development of these proposals.

Another common theme was the possibilities offered by technology and how to best harness them. The move from paper vouchers to a smartcard was seen very positively by respondents. Social media and smartphone technology also featured prominently in responses – as a way of engaging parents and families, collecting feedback and impact data, or even as a means to make Best Start Foods payments.



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