

## Scottish Women's Convention response to:

### The Scottish Government Consultation

“Welfare Foods: A Consultation on Meeting the Needs of Children and Families in Scotland.”

June 2018

#### The Consultation

Currently, Welfare Foods are delivered through two schemes: The Healthy Start Scheme provides vouchers (direct financial support) to pregnant women and families on low incomes to purchase affordable nutritious food; and vitamins, for children and women (during pregnancy and after birth). The Scottish Government have already delivered a separate vitamin scheme (free vitamins for all pregnant women) and this will continue to evolve when the power to make schemes is commenced.

The Nursery Milk Scheme entitles all children under five to receive a drink of fresh semi-skimmed or full fat cow's milk (1/3 pint) on days where they have spent two or more hours in early learning and childcare (ELC). This includes infant formula for children under the age of one.

The Healthy Start Scheme and Nursery Milk Scheme are currently delivered by the UK Government's Department of Health and Social Care. The Scottish Government does, however, fund Scottish claims to both of these schemes.

The powers over Welfare Foods (for Healthy Start and Nursery Milk) have been devolved to Scotland through provisions in the Scotland Act 2016. These powers have not yet been commenced (brought into force). This consultation is seeking views on how we take forward these powers.

#### The Scottish Women's Convention (SWC)

The Scottish Women's Convention (SWC) is funded to engage with women throughout Scotland in order that their views might influence public policy. The SWC uses the views of women to respond to a variety of Parliamentary, Governmental and organisational consultation papers at both a Scottish and UK level.

The Scottish Women's Convention engages with women using numerous communication channels including Roadshow events, Thematic Conferences and regional contact groups. This submission provides the views of women and reflects their opinions and experiences in a number of key areas relevant to the devolution of new powers over social security and the new powers over the current welfare food schemes.

## Q1. How can we increase the uptake and awareness of the Best Start Grant and Best Start Foods?

Emphasis on the place of social security as an obligation of the Government to citizen's as a fundamental right is key to the place of a strategic and responsible state body. In welcoming the focus on ensuring uptake and awareness of these particular components within the remit, women have praised these approaches being child-centred and humanistic in its approach, whilst also stressing that increasing awareness must not take the form of a linear strategy that will tail off after promotions cease. Continuation of awareness raising is crucial in ensuring the best start in life possible for children and the women who raise them. Points raised have included:

- Whilst women have welcomed the expansion and streamlining of the new system, it has been picked up that criteria for the scheme will only be up to the age of three rather than four at present. Given the coordination between free universal ELC for 3 and 4 year olds, it would seem fitting to keep the current age at four.
- Campaigns must strive to portray social security as a citizen's fundamental right within the state. Given that both the BSG and Best Start Foods are in place to capture children, notably those that may be the most vulnerable, emphasising investment in children from the early years is of extreme importance.
- Training for both NHS staff as well as social security staff within the new agency to ensure women are being made aware of uptakes when enquiring around all forms of social security. This is in keeping with the SG's "streamlined" approach to child welfare and should operate in tandem with a range of other options for women.
- Streamlined service with accessible guidelines in order for claimants to be aware of their rights.
- Using targeted appeals including qualitative data and case studies of individuals who have benefitted from the scheme to promote its best qualities.
- Addressing issues around women who do not partake in the likes of community spaces and thus may have less knowledge of their entitlement. This could include targeted drives into some of the most under represented and deprived communities.
- Educational awareness programmes that combine looking at budget healthy options and their benefits.
- Updated and refreshed copies of the NHS' "Ready Steady Baby" guides by the NHS were seen as a great and informative manner in which to provide comprehensive policy, including having access in a range of languages. This should contain updated strategies concerning the Best Start Grant and Best Start Foods.
- Given that many women who benefit from free childcare may be pregnant again, nurseries and funded places should also carry information. This should be stressed in terms of educational attainment and healthy eating for children.
- Many women feel most at ease talking to midwives around a variety of issues, with these seen as the best way to introduce information about schemes to women. This includes support programmes and antenatal check-ups.

## Q2. What can we do to make the smartcard system as easy to use as possible?

Use of a smartcard may go some way to alleviating stigma attached to social security. A smartcard can be seen as adopting an integrated and accessible approach. Whilst many women have welcomed the smartcard option, there should be back up provisions in place for those who may not feel as comfortable.

As with the take up option, presenting this in a beneficial and streamlined way is of paramount importance. This includes easy to access information about what is available. A potential problem that has also been raised is lack of access to electronic payment systems in rural communities which are less likely to have these as opposed to more urbanised areas. Thus, a localised approach must take this into account when analysing the quality of smart card usage.

## Q3. How do we gather feedback to make improvements as the system develops?

Women must be kept at the heart of the process and actively involved in every stage. This includes feedback from health officials, ELC providers and most importantly mothers both during and post-pregnancy. This should take into account the unique geographical nature of Scotland with feedback encompassing both rural and urban areas.

In addition, allowing feedback to be gathered over a long period of time, gathering qualitative data which can feed into larger analysis of child development in Scotland in keeping with the new social security powers and Child Poverty (Scotland) Bill would be welcomed. It must be stressed that feedback should encompass a wide breadth of time, rather than just focusing on the first few years of the new powers coming into force.

## Q4. How can we work creatively with retailers and others to make it easier for families to use Best Start Foods to improve their diet and nutrition?

Working collaboratively with retailers is welcomed by women in order to effectively promote the benefits of healthy diet and nutrition for themselves and their families. This should include promoting the new planned further options for expansion of best start foods and extolling the benefits of these. Oftentimes, this can come at a fraction of the price of fresh produce and could encourage the likes of bulk buying and mixed diet.

Another option brought forth includes running of nutrition schemes in areas that look at cooking classes and budgetary options. Whilst this is obviously targeted at expectant and new mothers, a key caveat brought forth by women is to have this extended to children's education when growing up to ensure best practices are embedded from a young age.

A key concern that has come up over and over again is the situation wherein unhealthy food is denigrated as bad, however, no provision is made for accessibility to healthier options. Women have noted that this imbalance in rhetoric often seeks to address the disadvantages of "bad" options, with limited work in place with the likes of retailers to seek to redress how to countermand this in terms of cheap healthy options. Restricting the promotion of high fat and sugar foods is seen as beneficial moves, but this is only half the problem.

Another major issue in regards to costings is that rural areas in Scotland often may only have one local supermarket which can then charge higher prices due to lack of competitors. This means that the cost of healthy eating is even higher for women to give their children healthy options.

Another option women have mentioned is using retailers to incorporate healthy low cost recipes. Presently, a number of these may only be available online therefore it would be helpful to see in some type of paper format presented in stores showcasing what retailers offer under the best start foods scheme.

#### Q5. What could an innovative programme that will support families to establish healthy eating patterns look like?

In order to promote and establish healthy eating it should be tied in with other schemes by the Government that ensure the best start possible for children in the early years. Tying healthy eating to the expansion of ELC is seen as a positive move that provides a comprehensive approach that could benefit maximum distribution and uptake across the country.

Poverty is an inherent factor in the barrier to a sustainable and healthy diet due to the lack of quality food at low prices in comparison with processed food. Whilst women have commended increasing the value of Best Start Foods payment, the reduction in the eligibility criteria to the age of three from four years old was seen as a step backwards in reducing child poverty and targeting those at the lowest incomes. Women have commented that a major point is not that they do not have awareness of healthy eating but that is simply not affordable. Given that free ELC provision includes both three and four year olds, this was not seen to clearly align with policy in this area by absencing many children still in need at a vital development stage.

Healthy eating is something that affects women at all periods of life and coincides with a range of external factors. Mental health for instance has been picked up as a significant barrier for women in terms of either skipping meals altogether or over eating. A number have commented that this often is not taken seriously by doctors in health terms when it comes to looking for support.

Additionally, healthy eating programmes could be distributed including recipes detailing nutritional guidance that use cheaper foods including appropriate portion sizes. Habits are often picked up early by children in forming good habits around approaches to food. Therefore, it is crucial that programmes place children at the heart of the setting.

Finally, given that under the current UK scheme premature children are entitled to double vouchers up until a year after the intended birth date rather than the actual date of birth, this should be kept to ensure the extra nutrients that these children may need.

#### Q6. What evidence could we gather about the impact?

A ream of evidence should be gathered concerning women who are potentials for up take as well as monitoring data and case studies consistently throughout the scheme to ensure it is as effective as possible in giving children the best start in life. A key place to gather information would be in the quality of antenatal care and provision of this. It is crucial that evidence gathered represents a wide cohort of women in Scotland and their children including those in rural areas

as well as those from under-represented groups. At present, many UK wide evidence samples cite only a small number of women living in Scotland which fails to take into account the challenges they uniquely face and how to combat these.

[Q7. Should the provision of children's vitamins be linked to eligibility for the new Best Start Foods \(i.e. up to age of three\)?](#)

Provision for vitamins for children should be universal. There is currently a low uptake of children's vitamins under the scheme in comparison to the food component. There is limited knowledge surrounding provision of vitamins under the current remit.

Given the universal nature of free vitamins for all women during pregnancy throughout Scotland rather than having eligibility criteria is to be commended and is key to driving uptake forward and providing nutrition for those children who need it most.

As the current UK Government promotes healthy start vitamins up to the age of four, this should be kept rather than putting it down to the age of three. Given the high emphasis vitamins have on the child's formative years, in keeping this it will give many who may not meet nutritional aims achievement of them. The importance of vitamins cannot be understated, some women are not made aware of these the way healthy start foods are. Vitamin drops still have rather low uptake and this must be addressed.

Another point raised was for vitamins to be incorporated into the smartcard option to ensure a clear and consistent process. This was also thought to increase uptake and allow purchase of both food and vitamins at the same time.

[Q8. What do you think about the proposal to offer milk as part of the free meal offer for all children in ELC funded provision by 2020?](#)

Any scheme which seeks to give children more healthy options is one that should be welcomed. Linking all targeted drives aimed at young children in a streamlined process is seen as a good way to ease administrative burdens and increase uptake amongst groups who may be aware of one scheme but not another.

However, provision should be looked at increasing for those that are longer in funded ELC on a day to day basis. Currently, the requirement is only to provide the set amount as long as the child is in for two hours or a longer period of time. Provision should also be made for those children who may be allergic to cow's milk or other components.

[Q9. What are your views on the proposal to include an offer of a healthy snack to complement the free milk and meal offer for all children in early learning and childcare funded provision by 2020?](#)

As stated previously, any drive that seeks to ensure high quality nutrition for children is one that should be commended. Given that for many children, much of their daily intake may come from the childcare setting, ensuring healthy options are provided is essential.

Q10. We are interested in your views on how we can best support childcare providers to provide milk to children out with funded ELC entitlement. How could this work in practice without creating a costly administrative system?

The fact that the SG are open to exploring how to best offer milk to children out with funded provision is to be commended. Ways this could work in practice include: smartcards as is being proposed previously within this, with a prepaid amount for childcare institutions.

### Conclusion

The SWC welcomes the opportunity to comment on and have women's voices heard in relation to the devolution of social security assistance to Scotland. Women are more likely to be recipients of social security and are disproportionately hit hard by welfare reforms to the current system. It is crucial that their voices are heard to further gender equality and ensure the best start out of poverty for all children throughout Scotland.

For further information, please contact

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