

Healthy Start Working Group Policy Positions

February 2025

Introduction

Healthy Start is part of the Government's benefits scheme targeted at families with children under the age of four and pregnant people on very low incomes, as well as all pregnant teenagers under 18. It is meant to provide a safety-net for families who are nutritionally vulnerable. Families are given a card that can be used to buy milk, fruit, vegetables, and pulses, as well as vitamins. It operates in England, Wales and Northern Ireland. Scotland has an equivalent 'Best Start' scheme.¹

Eligible families get £4.25 per week per eligible individual (£8.50 for infants under one) intended for spending on fresh, frozen or tinned fruit and vegetables, pulses, cow's milk or first infant formula, as well as free multivitamins for both pregnant and breastfeeding mothers and infants and children under four. In 2025, the Government announced a 10% increase in the value of the payments to £4.65 (and £9.30 for infants under one), which will apply from April 2026.²

Sustain and The Food Foundation convene a working group for civil society, academic and early years healthcare representatives collectively working to ensure Healthy Start is meeting its objectives and is serving those families who most need its support.

This document sets out the main challenges of the Healthy Start scheme and the Healthy Start working group's shared policy recommendations for strengthening the scheme.

Our policy calls are divided into four categories:

- Expanding eligibility for the scheme
- Improving access and uptake
- Supporting the scheme to meet its nutrition objectives
- Increasing the value of the payments

¹ Mygov.scot, (undated). Best Start Grant and Best Start Foods: How it works, available: <https://www.mygov.scot/best-start-grant-best-start-foods>

² Gov.uk, (July 2025). Fit for the future: 10 Year Health Plan for England, Department of Health and Social Care, available: <https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future>

Expanding eligibility of Healthy Start

Eligibility for the Healthy Start scheme requires families to be in receipt of a qualifying benefit and to meet a very restrictive income threshold of £408 per month or less (excluding benefits).³ Many low-income families on Universal Credit and equivalent support are ineligible. In January 2026, just 353,304 children under 4 and pregnant women were registered for Healthy Start,⁴ equating to around 10% of the total population in these groups.⁵ We know, however, that 48% of children from families where the youngest child is under five experience poverty.⁶ This disconnect highlights a clear gap between the number of families able to access Healthy Start, and the true number of those who need this vital nutritional safety net.

Furthermore, there are children falling through the gap in support between eligibility to the Healthy Start Scheme which ends at age 4 and to Free School Meals which start on entry to school between 4 and 5 years of age. The age range of the scheme also falls short of the NHS recommendation that all children aged 6 months to 5 years are given vitamin supplements containing vitamins A, C and D.⁷

In October 2024 the Government closed a consultation on expanding eligibility to other families who are prevented from accessing public funds due to immigration controls (families with no recourse to public funds) but who meet the other criteria for the Healthy Start Scheme. As of December 2025, the Government has yet to publish their response to this consultation.⁸

Policy positions

- The Government should expand eligibility to all families in receipt of Universal Credit, in line with the recently announced expansion to Free School Meal entitlement.
- The Government should expand eligibility to children under 5 years old, bridging the gap between the Healthy Start Scheme and universal Infant Free School Meals and to align with Government recommendations on vitamin supplementation.

³ NHS Business Services Authority, (undated). Am I eligible for NHS Healthy Start?, accessed 04/12/2025: <https://faq.nhsbsa.nhs.uk/knowledgebase/article/KA-30129/en-us>

⁴ NHS (2025) NHS Healthy Start Uptake Data – England January 2026. Available at: <https://www.healthystart.nhs.uk/healthcare-professionals/>

⁵ The Food Foundation analysis based on population statistics from ONS (England and Wales) and Northern Ireland Statistics and Research Agency (Northern Ireland). Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/estimatesofthepopulationforenglandandwales> and <https://www.nisra.gov.uk/statistics/population/mid-year-population-estimates>

⁶ CPAG (2025). Child poverty statistics - new record high and further breakdowns, available at: <https://cpag.org.uk/news/child-poverty-statistics-new-record-high-and-further-breakdowns>

⁷ NHS (2015). Vitamins for children. <https://www.nhs.uk/conditions/baby/weaning-and-feeding/vitamins-for-children/>

⁸ CPAG (2025). Child poverty statistics - new record high and further breakdowns, available at: <https://cpag.org.uk/news/child-poverty-statistics-new-record-high-and-further-breakdowns>

- The Government should expand eligibility of the Healthy Start scheme to non-British children under 5 from families with NRPF, pregnant women with NRPF and mothers with children under 1 with NRPF, who meet the other eligibility criteria.

Improving access and uptake

Lack of accurate uptake data available:

Due to a data issue, the Government has been unable to accurately calculate the uptake percentage for the Healthy Start scheme since January 2023.⁹ It is therefore not possible to know whether the Government met its target to reach a 75% uptake by March 2023.¹⁰ Nonetheless, this target itself reflects the historically low uptake of the Healthy Start Scheme in England, Wales and Northern Ireland, compared to the uptake of Best Start in Scotland, which was 84% in 2023-4.¹¹

Local initiatives have shown progress in increasing uptake. For example, in London, Policy in Practice partnered with the Greater London Authority (GLA) to campaign to increase Healthy Start take up using both digital and paper communications. In two months in 2024 the campaign helped to increase Healthy Start uptake by 5.4% in participating boroughs compared to a 0.7% decrease in the other London boroughs.¹² This example shows the impact of letting eligible people know that they are missing out on this entitlement, but not all councils will be in a financial position to do this.

Access for families with no recourse to public funds (NRPF)

In May 2021, Healthy Start eligibility was extended through a non-statutory scheme to British children aged under 4 from families with no recourse to public funds (NRPF) who meet the other eligibility criteria. However, a combination of lack of awareness, the complexity of the application process, language barriers and fear of immigration authorities means applications from this group are very low. As of 19 June 2025, the number of those subject to no recourse to public funds, with a British child aged under four years old, in receipt of the Healthy Start Extension Scheme was 75. Moreover, refusals are high, likely due to the narrow eligibility criteria and burden of eligibility proof needed.¹³ Between April

⁹ NHS (undated). NHS Get help to buy food and milk (Healthy Start): Healthcare professionals, accessed 16.12.2025 <https://www.healthystart.nhs.uk/healthcare-professionals/>

¹⁰ DHSC (2022). PO-1410315 Official reply to Healthy Start Open Letter June 2022. <https://www.sustainweb.org/assets/dhsc-healthy-start-open-letter-june-2022-reply-po-1410315-Jan23.pdf>

¹¹ Scottish Government, 2025, Evaluation of the Five Family Payments, Social Research, available: <https://www.gov.scot/binaries/content/documents/govscot/publications/research-and-analysis/2025/09/evaluation-five-family-payments/documents/evaluation-five-family-payments/evaluation-five-family-payments/govscot%3Adocument/evaluation-five-family-payments.pdf>

¹² <https://policyinpractice.co.uk/p-content/uploads/2025/03/Healthy-Start-take-up-campaign-evaluation-report-for-Greater-London-Authority.pdf>

¹³ [Healthy Start Scheme: Migrants: 30 Jun 2025: Hansard Written Answers - TheyWorkForYou](#)

and September 2025 when the scheme transferred to NHSBSA 196 applications were received, but 83 (nearly half) of these were unsuccessful due to not meeting the criteria, highlighting the confusion around applying via this route. Families with NRPF whose children are not British Citizens are not currently eligible to access this scheme.

Digital exclusion

While many technical issues during the scheme's transition from paper vouchers to digital cards have been addressed, issues persist with accessing the scheme, which for most applicants is through an online application, and how and where families can use the cards. For example, cards cannot be used online, and independent retailers, including veg box schemes and market stalls may face barriers preventing them taking part in the scheme. These independent retailers often provide a broader offer of culturally varied produce and should be supported to promote Healthy Start to their customers, in turn supporting the local economy and helping low-income families.

Alongside the technical difficulties of joining the scheme and using the payment cards, families have also reported barriers in obtaining the free Healthy Start vitamins.¹⁴

Policy positions

- The Government should resolve data collection issues and publish reliable and accurate eligibility data from January 2023 onwards.
- The scheme should allow auto-enrolment, with an "opt-out" rather than the current "opt-in" system to remove barriers faced by families applying online or by post. In the interim, the Government should write to all eligible families to ensure they are aware of the scheme.
- The Government should work with local authorities to embed the Healthy Start scheme into statutory services including health visiting, the Best Start Family Hubs and Best Start digital service.
- The Government should work with major retailers to encourage better promotion and communication of the scheme to eligible customers.
- The Government should implement specific strategies to improve the uptake of the multivitamin supplement component of the Healthy Start scheme.
- The application process for families with NRPF should be simplified.

Supporting the scheme to meet its nutrition objectives

¹⁴ First Steps Nutrition Trust (2018). The UK Healthy Start Scheme: What happened? What next? [Report](#)

To maximize the nutrition impact of the Healthy Start scheme, there is a need to improve information provision and practical support for the scheme's beneficiaries.

Evaluations have found that the Healthy Start scheme led to a 15% increase in fruit and vegetable purchases for recipient households,¹⁵ and supports families to establish healthy dietary preferences.¹⁶ However, the intake of fruits and vegetables by children in receipt of Healthy Start remains statistically lower than among the national average. Moreover, the last UK wide Infant Feeding survey found that Healthy Start recipients had much lower initial breastfeeding rates (56%) compared to the UK average (81%).¹⁷ More should therefore be done to utilize communication pathways with eligible families to provide infant feeding support, including breastfeeding, promote healthy eating and maximize the nutritional value of the scheme payments.

Rather than taking a means-tested approach, universal access to Healthy Start vitamins would better help to meet the NHS recommendation that all children from six months to five years old, as well as those who are pregnant or breastfeeding, take additional vitamins¹⁸. This will reduce the stigma of receiving free vitamins and help to increase vitamin uptake.

Policy positions

- Ensure that when individuals are enrolled on Healthy Start are signposted to information and support on healthy eating in pregnancy, infant feeding including breastfeeding, complementary feeding, and healthy eating for 1 to 5 year olds, as well as where to access their free vitamins.
- The Government should make the multivitamin supplement component of the Healthy Start scheme universal, rather than means tested, and promote it to support uptake.

¹⁵ Griffith, R., S. von Hinke, and S. Smith, 2018. Getting a healthy start: The effectiveness of targeted benefits for improving dietary choices. *J Health Econ*, 2018. 58: p. 176-187, available: <https://pubmed.ncbi.nlm.nih.gov/29524792/>

¹⁶ McFadden, A., et al., 2014. Can food vouchers improve nutrition and reduce health inequalities in low-income mothers and young children: a multi-method evaluation of the experiences of beneficiaries and practitioners of the Healthy Start programme in England. *BMC Public Health*, 2014. 14: p. 148, available: <https://bmcpublikealth.biomedcentral.com/articles/10.1186/1471-2458-14-148>

¹⁷ McAndrew F, Thompson J, Fellows L, et al (2012). *Infant Feeding Survey 2010*. Leeds: The Health and Social Care Information Centre. <https://digital.nhs.uk/catalogue/PUB08694>

¹⁸ NHS (undated), 'Vitamins for children', accessed 04/12/2025, <https://www.nhs.uk/baby/weaning-and-feeding/vitamins-for-children/> and NHS (undated), 'Breastfeeding and diet', accessed 04/12/2025, <https://www.nhs.uk/baby/breastfeeding-and-bottle-feeding/breastfeeding-and-lifestyle/diet/>

Increasing the value of Healthy Start

In the 10 year Health Plan for England: fit for the future, the Government announced an increase of approximately 10% to the weekly Healthy Start payments from April 2026.¹⁹ This means that for pregnant teenagers, and pregnant women, and children aged 1 to 4, weekly payments will be £4.65 and for infants under 1 weekly payments will be £9.30 per week.

This is the first increase in payment since April 2021 and is therefore welcome. However, the value of payments falls short of the value offered in Scotland under the equivalent scheme of Best Start (payments are £10.80 for under 1s and £5.40 for pregnant women and 1-4 year olds). Nor does the new uplift keep up with high levels of inflation and rising food prices.²⁰ Healthy Start payments can be used to purchase first infant formula milk, which for non-breastfed babies, is the only alternative safe nutrition for babies under 6 months old. Infant formula prices rose by 20-59% from 2019 to 2023, compared to overall food prices rising by 32% in the same period.²¹ Under the current Healthy Start Scheme value, only four first infant formula products in a standard 800g tin are affordable within the weekly £8.50 Healthy Start scheme payment provided to babies under one.²²

Policy positions

- From April 2026, the value of the Healthy Start allowance should be reviewed annually and increase in line with food price inflation alongside other government benefits.

Working Group Members supporting these policy positions:

- Alexandra Rose
- BPAS
- British Dietetic Association
- Early Years Alliance
- Feed UK
- Feeding Britain
- First Steps Nutrition Trust

¹⁹ DHSC and Prime Minister's Office, 2025, Fit for the Future: 10 Year Health Plan for England, available: <https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future/fit-for-the-future-10-year-health-plan-for-england-accessible-version>

²⁰ The Food Foundation, 2025, Roadmap to Reducing Food Insecurity, available: https://foodfoundation.org.uk/sites/default/files/2025-11/Road%20Map%20to%20Reducing%20Food%20Insecurity%20in%20the%20UK_3.pdf

²¹ Competition and Markets Authority, (November 2024), Infant formula and Follow-on formula market study: Interim report, available: https://assets.publishing.service.gov.uk/media/672c6e6ceee595f5288bdc10/Interim_report.pdf

²² First Steps Nutrition Trust, October 2025, Costs of infant formula, follow-on formula and milks marketed as foods for special medical purposes available over the counter in the UK, available: <https://infantmilkinfo.org/wp-content/uploads/2024/11/Costs-of-IF-FOF-and-milks-marketed-as-FSMP-available-over-the-counter-in-the-UK-October2025.pdf>

- Food Sense Wales
- HENRY
- Institute of Health Visiting
- Local Government Association
- Leicester Mammias
- Maternity Action
- National Day Nurseries Association
- Nourish Scotland
- Policy in Practice
- Royal College of Midwives
- SOAS, University of London
- Soil Association
- Sustain
- The Food Foundation
- The Royal College of Paediatrics and Child Health (RCPCH)
- UNICEF