

JULY 2013

FEASIBILITY STUDY FOR 'ROSE VOUCHERS'

Part 1 - The research & findings Report



**food
matters**

sustainable, fair food systems

FEASIBILITY STUDY FOR 'ROSE VOUCHERS'

Final Report
July 2013

food
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creating sustainable, equitable food systems

1. Introduction

The issue of food poverty is on the rise. During the current economic downturn the gap between rich and poor has continued to grow as has the number of food banks opening across the country. People on low incomes continue to struggle to afford a healthy balanced diet with the poorest households in the UK spending the largest percentage (upwards of 30%) of their income on food. These households are often doubly disadvantaged as access to banking facilities are limited, pay-as-you-go payment methods make utility bills comparatively more expensive, and access to affordable healthy food is often determined by where a person/family lives.

The Alexandra Rose Charities (ARC) recognises the links between poor nutrition and life chances, particularly the effect of poor nutrition on children and educational attainment. Working with the London Food Board ARC are looking to explore the viability (and potential benefits) of increasing financial support to the most vulnerable families to access more healthy affordable food using the existing government-run Healthy Start voucher scheme as a conduit, which specifically targets low-income families with small children.

This report details the results of a feasibility study to determine the viability of increasing the amount of money (in voucher form) available (in the first instance) to recipients of Healthy Start vouchers to spend solely on fruits and vegetables through outlets that focus on more locally grown and sourced foods for example farmers' markets, vegetable box schemes, street markets, independent retailers, food co-ops etc. The research explored the constraints, opportunities and practical implications of such a scheme by examining existing evidence, interviewing researchers, academics, practitioners and Healthy Start recipients, and identifying three settings in London Boroughs in which to run pilot schemes.

This work has involved identifying potential locations, retailers, and statutory support agencies – such as Children's Centres, public health teams, and local authorities - determined the possible impact on local retailers, and through consultation focus groups identified the concerns of and impact to potential users and the long term financial viability of such a scheme.

Given the alarming rise in food banks across country, let alone in London itself, it was crucial that this research was carried out with the current economic difficulties facing statutory agencies in mind to determine how best to support families that are finding it increasingly difficult to manage their budgets to access a healthy balanced diet.

This research has involved a journey from an initial idea sparked by the re-telling of an innovative North American project's story to a pioneering evidence-based proposal that has the potential to change people's lives for the better.

2. What we did

2.1 The Research

The primary aim of this feasibility study was to determine the viability of running a pilot project across three London Boroughs to increase the capacity for families on low incomes to buy and consume more fruit and vegetables using Healthy Start as a vehicle. And to explore the viability of such a project if there was an emphasis on using retail outlets that promote fresh local produce.

This section outlines the research methods. The next section then goes on to set out what the research told us, followed by our thoughts and recommendations for the next phase.

- **Desk based**

The research comprised desk research to evaluate similar schemes in North America with particular reference to the Women Infant and Children (WIC) nutrition program, WIC Farmers' market Nutrition Program and the Double Value Coupon Program to determine how useful those US experiences would be to designing a pilot project in London. The research also examined two recent national evaluations of the Healthy Start scheme to determine its value to recipients, how, when and if the Government will change the parameters of the Healthy Start scheme, and how best to utilise the Healthy Start programme as a vehicle for the Rose voucher pilot project.

The researchers also explored the potential staff and cost implications for statutory agencies such as children's centres, local authorities, voluntary and community sector organisations to be involved in delivering the pilot and if the pilot is run successfully what that might mean long term if the programme is rolled out.

To help determine the most feasible settings for the pilot, the researchers looked at what is happening in London Boroughs with regard to working on food access, support work around Healthy Start and those boroughs that have made some in-roads around supporting the local food economy.

By examining the experiences of the US programmes and evaluations of previous projects that aimed to support low income families to increase fruit and vegetable consumption, the research was able to clarify how the pilot project would identify success and how that could be measured.

- **Interviews**

Through a series of meetings, interviews and phone conversations information was gathered to determine the most suitable settings for the pilots, the barriers and opportunities for food retailers and other stakeholders to being involved in the pilot, the practicalities of developing an alternative voucher systems to the Healthy Start, the potential long term cost for funders if the pilot project became embedded, and to determine the parameters for the evaluation and monitoring of the pilot.

Retailers and payment method providers

Based on the initial desk-based research it was determined fairly early on that in order to restrict recipients' choice to fruit and vegetables only, and to focus on local produce, the project would have to work with retailers that only sold fruit and vegetables which automatically discounted the vast majority of 'regular retailers': supermarkets, corner-shops, metro stores, etc. The research therefore focussed on interviews with 'alternative' shopping options including; farmers' markets; fruit and vegetable box schemes, street markets and street market traders, fruit and vegetable co-ops, voluntary sector community growing projects, social enterprises and community interest companies (CIC).

The research also looked at the issue of how a 'Rose Voucher' might work in practice, e.g. paper, swipe-card, wooden or plastic tokens, mobile phone technology. The research also looked at the practical constraints such as security and payment protocols.

Health professionals / Department of Health

The researchers undertook telephone and face-to-face interviews with health professionals (see appendix E) working at strategic policy level and health practitioners working at the local level to help identify how this pilot could add value locally by dovetailing with successful interventions to maximise motivation and behaviour change whilst also addressing wider health inequalities through an innovative new approach.

Farmers

Telephone interviews were carried out with a number of farmers who currently supply London farmers' markets and street markets, to see if there was both interest in the scheme and capacity to supply, and to learn more about what a successful scheme might look like from the farmers' perspective.

Researchers, third-sector organisations and campaigners

The researchers spoke to number of health inequalities researchers, third-sector organisations and campaigners to determine the implications of such a pilot, on the recipients, the supporting organisations and public health, and whether this would be the most cost effective way to:

- support long term behaviour change with regard to fruit and vegetable consumption
- improve health and wellbeing
- reduce health inequalities
- be cost effective, i.e. save public money long term

Campaigning organisations

Conversations and investigations were had with organisations and individuals to explore the viability of including a secondary aim of promoting local produce to the pilot by assessing the implications on choice, variety and supply, and the uptake of the pilot scheme vouchers.

Academics

A crucial element of this research involved talking to academics and health evaluators to determine what a successful pilot project would look like, how to measure that success and how to convey those messages in meaningful ways to the participants and wider audiences, including potential funders and policy makers.

- **Developed Scenarios**

Based on the gathered evidence and advice from this consultation the researchers developed a series of possible scenarios for the pilot to be considered and discussed at the Healthy Start focus groups (see below).

The scenarios outlined what the pilot would hope to achieve; to provide additional value in the form of Rose vouchers in a handy format with all appropriate security checks in place, that, with the prior agreement of a range of local and community food outlets, could be used by families on low-income (receiving Healthy Start) with small children to exchange for more fruit and vegetables.

2.2 The Focus groups

Possibly the most crucial element of this research was talking to the potential recipients of an enhanced Healthy Start Voucher scheme. Success, indeed whether the pilot happens or not, will depend on the active engagement of such participants. So it was important that the researchers listened and heard what existing Healthy Start recipients had to say about the proposed project.

Three preliminary focus groups were organised to inform the pilot project planning process. They aimed to ensure that the pilot project responded to the concerns and specific context of existing Healthy Start Voucher recipients in three target areas in London. The focus groups were designed using an approach based on Participatory Appraisal. This approach uses a combination of different exercises and activities aimed at allowing participants to easily express their opinions and feelings in an open, non-judgemental and relaxed way.

The focus groups were organised with Children's Centres in three areas where the pilot project could potentially be implemented:

- Camden – 1a Children's Centre 19th June 2013
- Hackney – Sebright Children's Centre 27th June 2013
- Woolwich – Brookhill Children's Centre 28th June 2013

In all three cases the Children's Centre staff identified potential participants from among their regular clients/users with a specific focus on pregnant women and mothers receiving Healthy Start Vouchers. All focus group participants were given £10 supermarket gift tokens as a thank you for their time and for sharing their experiences.

- **Focus group aims**

The overarching aim, as expressed in the introduction, was to provide a relaxed and open environment in which participants could easily discuss their feelings and thoughts without any judgement. The sessions lasting 2 or 2 ½ hours were designed and facilitated to encourage a sharing of different personal perspectives and a consideration of specific ideas as proposed by the facilitator.

Specific aims were to:

- A. understand how a restricted budget influences the way in which participants shop for food – in particular what food they buy and where
- B. identify what fruit and vegetables are usually purchased and where
- C. examine a number of different pilot project ideas for doubling the value of Healthy Start vouchers if used to purchase fruit and vegetables

- **Focus group findings**

The findings from these focus groups have been crucial to informing the suggested pilots, helping to determine area specific differences and the importance of integrating the pilots with existing services and interventions to reflect the needs and preferences of the potential participants.

3. What the research told us

We begin our report on the research findings with an overview of food poverty – the issues, considerations and policy responses, both in the UK and in North America.

3.1 Food Poverty – the issues

What exactly is food poverty? What does it feel like? How does it affect people and families long term? Academics, campaigners and practitioners have offered various definitions of food poverty and food insecurity.

*'The inability to acquire or consume an adequate quality or sufficient quantity of food in socially acceptable ways, or the uncertainty that one will be able to do so.'*ⁱ

*"Having too little money and too few other facilities to be able to eat a healthy diet. A lack of cooking and storage equipment, an absence of local shops with a range of affordable foods... inadequate transport to shops, and inappropriate education and training, can all contribute to food poverty."*ⁱⁱ

*'Food poverty is worse diet, worse access, worse health, higher percentage of income on food and less choice from a restricted range of foods. Above all food poverty is about less or almost no consumption of fruit & vegetables.'*ⁱⁱⁱ

However described by those that research, campaign and organise, the reality for those living with food poverty – year in, year out – is that it is just one of the day-to-day facts of their life, and the label 'food poverty' may mean nothing.

➤ The reality

Every year thousands if not millions of people in the UK experience difficulties when trying to make ends meet. The current economic climate has only exacerbated the hardship individuals and families face when trying to make an often shrinking budget due to benefit cuts and stagnant wages stretch between rising energy bills, increases in rent and rising food prices.

It is estimated that a staggering 13 million people in Britain are living in poverty^{iv} and of that 13 million, 4 million (a conservative estimate) are experiencing long-term food poverty. Bills such as rent, heating and loan repayments are fixed costs. Food is one of the flexible budget items and when times become unmanageable, it is usually the food budget that suffers. Families, mums in particular, report missing meals and going without to ensure their children get something to eat; not being able to buy fresh foods such as fruit and vegetables; and struggling at the end of the month to decide whether to pay the payday loan or to buy a bag of chips.

Healthy food is more expensive and families on very limited budgets have to buy food that will fill up empty stomachs. Calorie for calorie, less healthy foods – those high in saturated fat, sugar and salt (junk foods, highly processed foods, ready meals) are almost always better value – where “value” means foods that are cheap, filling and will be eaten.

Recurring poor access to an adequate diet is detrimental to health. Research demonstrates the poorer you are the worse your diet. At all ages people in poorer households have lower beneficial micronutrient intakes than people in richer households. A quarter of women in households in receipt of benefits have deficiencies of vitamins A, B and C. Diets that lack vital nutrients or contain high levels of saturated fats, salt and sugar cause physical and mental ill-health contributing to obesity, coronary heart conditions, diabetes and strokes, and some cancers. A poor diet whilst pregnant can cause life-long health consequences for the unborn child.

But the effects of food poverty are wider than ill health caused by malnutrition, just as counting available cash cannot capture the experience of poverty, so an assessment of calorie and nutritional intake does not adequately convey the experience of food poverty.^v

3.2 How do people experience food poverty?

Food Poverty is multifaceted and people experience it in different ways. For some it's simply not having enough money to afford the basic foods that make up a healthy balanced diet, some are unable to access a bank account, are restricted to using cash and have no access to credit. For others the lack of money is compounded by a living in a neighbourhood where there are no shops let alone shops that sell fresh fruit and vegetables. Some people's experiences and lack of education limit their opportunities and capacity to improve the situation in which they find themselves.

➤ Affordability

People living on low incomes over long periods cannot afford to buy the basic foods that are needed for a healthy life. Basic out-of-work benefits generally leave people significantly short of what is generally agreed as needed for an adequate standard of living. Relying on out-of-work benefits provides well under half of the minimum income (net of rent and Council Tax) required for an adult with no children, and slightly over half for families with children^{vi}. A large percentage of those in low paid, part time work also struggle to afford an adequate standard of living.

- *Single people need to earn at least £16,850^{vii} a year before tax in 2013 for a minimum acceptable living standard. Couples with two children need to earn at least £19,400 each.*
- *The cost of the 'minimum' household budget of goods and services required for a decent standard of living is rising faster than the official rate of inflation.*
- *Families with children are particularly feeling the squeeze. Earnings needed to make ends meet have risen by over 5 per cent, at a time when average earnings have been flat.^{viii}*

But, it's not just a lack of money...

➤ **Accessibility**

It's true that the poor are getting poorer. Rising prices – rent, food, energy bills and stagnant wages and reductions in benefits are facts however it's not just about the amount of money in your wallet. Families living in poorer neighbourhoods are more likely to experience shops that don't stock fresh produce or other healthier food items and where food is more expensive 'the poverty premium'^{ix}. The inability of getting to shops that sell healthier foods at lower prices either because there are none in the neighbourhood or because the cost of getting to those neighbours where there are more choices is prohibitive - a taxi or bus fare might be the difference between buying some fruit and vegetable or paying the fare to get home. Mobility is also a big factor, particularly for the elderly and those with young children. The poorer you are the less likely you are to have a car and getting to the out-of-town supermarket where the groceries are cheaper is almost impossible without a car.

➤ **Acceptability & Awareness**

Do people know what to do with fresh produce – cooking from scratch? Despite the myriad of cookery programmes on the TV there is wide spread anxiety about cooking skills across the income divide. However those on limited incomes often cannot afford to experiment with preparing or cooking unfamiliar foods that may go to waste. They have to consider the cost of fuel to heat the cooker, the time and equipment involved and the potential waste involved in cooking from scratch. Convenience foods are quick and easy to prepare and are popular with children and don't get thrown in the bin. Added to that unrelenting advertising - especially to children – can make it difficult to avoid or fight against the demands (also known as 'pester power') for highly processed cheap 'junk' food.

3.3 Poverty in London

London is both the richest part of the country whilst also having the highest rates of poverty and inequality. Across the UK poverty risks are high for most ethnic minority groups, for lone parents and for families in rented accommodation and these are all groups which are strongly represented in London.

Four in 10 (or 650,000) London children live in poverty, 12% above the national average. London has the highest proportion of children living in income poverty (after housing costs) of any region or country in Great Britain.

➤ **Health inequalities**

The lower an individual's socio-economic position the higher their risk of ill-health. And there are high levels of income inequality across London. Coronary Heart Disease and cancers are the major causes of early deaths and with obesity rapidly becoming epidemic across London^x, and the rest of the UK there are huge implications to the public purse. In terms of socio-economic groups, obesity is highest among the poorest households often living in those parts of London with multiple deprivation indicators. And a poor diet is a major contributory risk factor for cancer, coronary heart disease (CHD) and diabetes.

➤ Food Poverty in London

Many of those families and children living in poverty will be experiencing food poverty in one way or another. The scale of hunger in the capital is on the increase and the most visible sign of the re-emergence of food poverty in London, as with the rest of the UK, is the rapid growth of Food Banks – numbers have risen exponentially in London from six in 2009 to over 40 in 2013 feeding over 34,000, and that's just what's reported by the leading food bank organisation the Trussell Trust^{xi} there are countless other food banks, food pantries and other community food projects supporting vulnerable communities being run by church groups, community volunteers and other voluntary sector organisations.

Another visible sign is highlighted in a recent survey by the London Assembly which found that 95% of teachers asked reported seeing increasing numbers of children arriving at school hungry. Malnutrition and hunger in children threatens not only their educational attainments prospects and consequently their life chances but more immediately their health and wellbeing.

3.4 Who are Healthy Start recipients?

Currently women who are at least 10 weeks pregnant and families with children up to their fourth birthday can receive Healthy Start if:

- they receive qualifying welfare benefits, or
- they receive qualifying tax credits *and* have a household income of £16,190 or less (2012/13), or
- they are pregnant and under 18, irrespective of benefits or tax credits.

The Healthy Start scheme provides:

- Vouchers which can be exchanged for fresh or frozen fruit and vegetables, plain cows' milk or infant formula. The current voucher value is £3.10 per week. Pregnant women and parents or carers of children between the ages of one and four years receive one voucher per week, and parents or carers of children under one (or within 12 months of the estimated due date, if born early) receive two vouchers per week.
- Coupons for free vitamin supplements. The Healthy Start vitamin tablets for women contain vitamins C, D and folic acid and the vitamin drops for children contain vitamins A, C and D.

There are currently approximately 80,000 recipients of the Healthy Start voucher scheme across London with uptake close to 80% (nationally). Around 90% of vouchers are redeemed, this equates to approximately £14 million in voucher value in London alone per annum. What does this mean for the Rose Voucher project in terms of cost?

➤ How do Healthy Start recipients spend their vouchers?

It is evidenced that the vast majority of recipients with children under one, that are primarily bottle feeding spend their Healthy Start vouchers to buy formula and that is unlikely to change given the current lack of systematic support for breastfeeding at policy and sometimes local level. The remaining voucher spend is rough split 70% on formula, 30% on fruit, vegetables and fresh milk.

➤ **How to contact Healthy Start recipients**

For a pilot project, and for future roll-out if successful, there are difficulties with identifying Healthy Start recipients in specific geographical areas through any one particular route. The Department of Health and Department for Work and Pensions jointly manage the Healthy Start scheme – the Department of Health oversees the health aspects of the programme with Department for Work and Pensions dealing with eligibility, the vouchers and participating retailers.

Currently, once a potential recipient has filled in the Healthy Start application form and had it countersigned by the midwife (health professional) it is sent to Department for Work and Pensions and the vouchers are sent straight to the recipient. The only way to openly identify Healthy Start recipients is if they come to a Children's Centre to claim their free vitamins (which are only dispensed in a limited number of venues such as Children's Centres and community pharmacies). However, vitamin up take is extremely low so that is very unlikely to be a particularly successful route to reaching significant numbers of Healthy Start recipients.

Children's Centres, by comparison, are increasingly the main focus for statutory ante-natal care policy and intervention and so seem the most obvious means to finding Healthy Start recipients, and for those recipients to be able to receive promotion and information through a trusted source linked to health, which could back up the healthy eating messages. However, there are still challenges to be overcome. Challenges relating to staff time and expertise to run or administer a fruit and vegetable co-op, market stall or bag pick-up scheme are noted elsewhere in this report. The research for this report also suggests that Children's Centres do not generally ask users if they are Healthy Start recipients. However, professionals such as midwives, health visitors, community health workers, breastfeeding support workers working through Children's Centres are a potential gateway to Healthy Start recipients. Working with these professionals and other voluntary sector support services through each Children's Centre, Healthy Start recipients can be identified and encouraged to take part in the Rose Voucher pilot, dovetailing with existing Children's Centre programmes and interventions.

3.3 Experiences from North America

Much of the UK experience of food aid provision is based on research and projects that have originated in North America. Indeed the idea for this feasibility was premised on the Double Value Coupon Program and the Boston Bounty Bonds, both of which work to support low income families to increase their ability to buy fresh fruit and vegetables at farmers' markets.

For the purposes of this current research, the focus was mainly on the food aid programmes in the US although the Canadian experience is similar. The federal food aid programmes are very entrenched and complex; both for the federal and state governments, the retailers and most importantly the recipients.

The majority of food aid in the US is federally funded (i.e. from central government) although different programmes have different state government contribution requirements, which has an effect on state-level uptake. The programmes consist of:

SNAP - Supplementary Nutrition Assistance Program, formerly known as Food Stamps which is described as a 'domestic hunger safety net'. Approximately 1 in 6 US citizens receive SNAP benefits and the money can be spent on almost any food items from soda to crisps (hot food is excluded).

WIC - The Special Supplemental Nutrition Program for Women, Infants, and Children (nearest equivalent to Healthy Start in the UK) provides Federal government grants to States for specific food items, health care referrals, and nutrition education for low-income pregnant, breastfeeding and non-breastfeeding mothers, and to infants and children up to age five who qualify on an income basis. In 2012-2013 to qualify for WIC a family of 4 would have an annual income of \$42,643 or less (approximately £28,500). In the UK to qualify for Healthy Start a family has to have an annual income of £16,190 or less – a difference of approximately £12,000. The WIC program is a universal benefit meaning that if you qualify on income you can receive WIC benefit whatever your status. In the UK the Healthy Start Voucher scheme is more restricted, for example asylum seekers are not eligible. The foods available on the WIC programme are more restricted^{xiii} than those that can be purchased with SNAP benefits but more extensive than those that can be bought with Healthy Start Vouchers.

WIC / SENIORS FMNP - The Farmers' Market Nutrition Program for seniors and those families receiving WIC. This programme was developed to support families and seniors on low incomes and small-scale farmers across the country. The programme is seasonal (between 16 and 20 weeks) and gives additional income to families in the form of vouchers that can be spent only in farmers' markets. The value of the voucher can be between \$10 and \$30 per season and that \$ value is determined at state level. The vouchers are given to recipients at the beginning of the farmers' market season and can be spent any time during that season. The range of food items that can be purchased with FMNP vouchers is more limited than with WIC vouchers, consisting of fruit, vegetables (excludes potatoes), food plants and seeds.

DVCP (Double Value Coupon Program)- This is the only non-federal food aid programme listed and was set up and is run by Wholesome Wave, a non-profit, non-governmental organisation working to support small farms to make healthy, affordable food available to people regardless of income.

Similar to the FMNP, the DVCP adds value to benefits already received through one federal programme or another. DVCP doubles the value of SNAP benefits when presented at a farmers' market. The double value vouchers can only be spent on fruit, vegetables (excluding potatoes), food plants and seeds at participating farmers' markets.

The similarities, differences and difficulties for replication

There is much to learn from the US experience, both positive and less positive. Firstly the US food aid programme is far more extensive than in the UK and that may be due in part to less extensive welfare benefits than in the UK (although this is changing rapidly as this report is being written and hence the growing need for such a pilot project in the UK) and so many more people in the US are experiencing immediate hunger and the need for food aid.

Secondly, on a practical level because of the extensive reach of the food aid programmes and the number of years they have been in operation, they are thoroughly embedded. Both the SNAP and WIC benefits are now distributed using an Electronic Benefit Transfer swipe card system. This makes the administration of the scheme cheaper and more streamlined. Also, recipients are able to use their benefits in more flexible ways than the UK Healthy Start Vouchers and there are greater opportunities for traders and retailers to encourage recipients to shop in alternative retail outlets such as farmers' markets, box schemes and farm stalls. However, farmers' market co-ordinators report that administering the additional vouchers or tokens from the FMNP and DVCP programmes is time-consuming and often heavily reliant on farmers' markets volunteers because the USDA (United States Department of Agriculture – responsible for the FMNP budget) does not trust the Electronic Benefit Transfer technology and so still operate the programme using physical tokens such as paper, wood or plastic.

➤ American versus UK farmers' markets

There are major differences between farmers' markets in the UK and US – both practical and cultural. Practically, there are vastly more farmers' markets and market stalls in the US per head of population – for example New York City has a similar population to London (8.2 million) and has 64 weekly farmers' markets; London (8.1 million) has 21 weekly farmers' markets. The landscape and geography in the US is different; in the main, US cities are less densely populated than UK cities. The hinterland of US cities tends to have a wider range of farmland within easy reach and the variety and range of produce is greater. This means that farmers are able to commute into the cities more readily on a weekly basis with a wider variety of produce to sell. Added to this fuel prices in the US are markedly cheaper than in the UK (approx. 60p a litre).

Farmers' markets in American towns and cities have been a part of the fresh produce shopping experience for many more years than in the UK, and are arguably seen as a more everyday form of shopping than in the UK, where many farmers' markets have a 'niche' or 'expensive' reputation. In the US, farmers' markets have often become more embedded in the communities in which they serve and have more support from both state and federal government – US agriculture policy is fairly protectionist compared to UK and European Union agriculture policy. Of the 7,800 farmers' markets in the US, 4,000 accept FMNP vouchers and 2,500 accept SNAP benefits. And of the \$1 billion dollars

spent at farmers' markets in the US each year, nearly \$12 million originates as SNAP benefits (in 2011) and \$16 million from the FMNP which approximates to 2.8% of total farmers' market income. In comparison, there are approximately 700 farmers' markets in the UK, with 21 in London. Although all relevant farmers serving the farmers' markets in London are registered to receive Healthy Start vouchers, our limited research found no evidence of any HS vouchers being redeemed at UK farmers' markets currently (and if there is some evidence, we conclude that it is likely to be minimal).

The relationship US food aid recipients have with their respective donors (largely the US federal and state governments) and how they view the benefits they receive is very different to UK beneficiaries. There appears to be less stigma attached to the whole idea of food aid (the term is unused in the UK). This might be partially due to the significant proportion of US citizens receiving some kind of food aid. Beneficiaries of farmers' market supplementary food aid programmes in the US seem to welcome the programme and give positive feedback about being able to shop at farmers' markets in terms of quality and choice. Additionally, the culture of food banks and food pantries is completely embedded in the food hunger landscape.

The FMNP WIC & SENIORS programme is a federally funded programme aimed at supporting low income families alongside supporting farmers of small to mid-size farms. The additional administrative support needed to enable food aid recipients to spend their benefits at farmers' markets is funded through either state or federal funding. This includes the Electronic Benefit Transfer swipe card technology, equipment, administration, etc. and this makes an enormous difference to the viability of the scheme.

➤ **The recipient experience US verses UK**

Despite what has been said above low income families in the UK and US face similar barriers to accessing fresh fruit and vegetables generally. But at farmers' markets typically the issues centre around:

- **Access, hours and convenience-** farmers' markets aren't open many hours (let alone 24) a day unlike the vast majority of the large multiple retailers where most people (rich and poor alike) are used to doing their weekly shopping. For example, someone working multiple jobs to make ends meet, or has three children and no car, would probably be unable to get to the weekly farmers' market even if it was conveniently located;
- **Choice-** people want to be able to buy what they want, we have all been conditioned to want fresh produce all through the year regardless of season, regardless of where those products have been grown or how far they have been transported. Anecdotally, the supermarket M&S says that it sells more strawberries at Christmas than in the summer;
- **Travel-** for families on limited budgets, money is a big factor when it comes to food shopping choices. They not only want to be able to do an affordable weekly food shop but also very often want to do all their shopping in one place, be that in one shop or in several shops that are within walking distance of each other to reduce travel costs; and
- **Perception and culture-** farmers' markets are still perceived to be more expensive than other retail outlets and not a place where certain communities – including lower income and ethnically diverse shoppers - would ever consider shopping.

What can we learn?

The WIC programme is largely regarded (and is evidenced) as very successful in terms of what it is aiming to achieve when compared to the Healthy Start scheme. However it is argued that the two schemes are not trying to do the same thing- the WIC programme is a nutrition supplementary programme and the Healthy Start (according to the Department of Health) is first and foremost a safety net and so should not be compared. However for the purposes of this research it is clear from evidence of the WIC programme that when families are given additional support to make changes to their eating habits alongside financial support, there are long-term health and social benefits for the families and economic benefits for the state^{xiii}.

Supporting low income families through federally funded programmes to shop at farmers' markets is undoubtedly beneficial to farmers and largely the US experience suggests that those families receiving the additional food aid (FMNP and DVCP vouchers) also benefit. However, it is not clear as to whether those families would benefit more if the additional aid could be used where their value could be maximised.

3.4 Supporting low income families receiving Healthy Start to buy and eat more fruit and vegetables: *The potential recipients – perspectives*

It was abundantly clear from the three focus groups held with potential pilot project participants that the project must not adopt a 'one size fits all' approach. Each pilot area should test a specific scenario or delivery mechanism based on the existing local situation and focus group findings.

In order to assess the potential delivery mechanisms and it was important for the researchers to:

- Understand how a restricted budget influences the way in which participants shop for food – in particular what food they buy and where.
- Identify what fruit and vegetables are usually purchased and where.
- Examine and receive feedback on a number of different pilot project ideas for doubling the value of Healthy Start vouchers if used to purchase fruit and vegetables

- **Understand how a restricted budget influences the way in which participants shop for food – in particular what food they buy and where**

- Food shopping on a budget is a struggle and demoralising

'... raises concerns and serious thinking with my family living on the barest minimum. We sometimes have to forego some very important and vital foods so as to pay bills and avoid debt and get by. It is very devastating.'

- Many participants said that they are much more thoughtful about where they shop for food and what they buy and what they cook.

'I shop according to my budget and buy food that is value for money'

'Shop around for good deals at different supermarkets'

'Shop in different places each week'

'I avoid buying rubbish I don't need or will waste'

'I research meals that are healthy and cheap'

'I only buy bananas, apples and pears – cheap to buy'

- People find ways to buy in larger quantities

'Buying frozen vegetables in larger quantities to last the whole month'

'Go to wholesalers and buy in bulk – box of cheap fruit'

- Even though Healthy Start vouchers are worth £3.10 each week this is extremely important for many people on low income.

'It helps you to get in the habit of buying fruit and veg.'

'As kids get older it helps them get their 5-a-day'

'It helps you buy treats as the vouchers help buying fruit and veg.'

- For one participant in Hackney the vouchers were seen as a life-saver when she was pregnant and homeless with no income at all.

'The vouchers were the only way for me to get any food.'

- **Identify what fruit and vegetables are usually purchased and where**

Participants recorded a very wide range of fruit and vegetables that they buy. The list included what they regarded as 'Afro-Caribbean' produce such as: Plantain, Cassava, Yam and Okra. When prioritising the most important three fruit and three vegetables the results were similar:

Fruit: Bananas, Apples, Oranges/Strawberries

Vegetables: Potatoes, Carrots, Onions/Tomatoes

It was interesting to note that no fruit was bought frozen but peas, beans, sweet corn/corn-on-the-cob and broccoli were regularly bought frozen.

Most fruit and vegetables were bought at supermarkets (Sainsbury's, ASDA, Tesco, Iceland) but some participants wanted to be able to use their Healthy Start vouchers in markets where more 'Afro-Caribbean' produce was available. Markets are also seen as cheaper – '*you get more for your money*'. But there was also concern that market produce was poorer quality than that in supermarkets and that it 'went off' more quickly.

- **Examine and receive feedback on a number of different pilot project ideas for doubling the value of Healthy Start vouchers if used to purchase fruit and vegetables**

In general the focus group participants agreed that given their circumstances, anything that increased the value of the vouchers would be worth trying. The key concerns were that the mechanism should be convenient, flexible and not too restrictive.

The options introduced to the focus group participants:

- Option 1: Use your voucher to buy a **ready-filled** fruit and vegetable bag worth £6.20 from your local Children's Centre
- Option 2: Use your voucher to buy **your choice** of fruit and vegetables worth £6.20 from a food co-op stall your local Children's Centre or at the local farmers' market
- Option 3: Use your voucher to buy **your choice** of fruit and vegetables worth £6.20 from a local market

The lack of choice in option 1 was seen as a major obstacle – *'everyone has a different top 3 fruit and veg'; 'children may not like what's in the bag – leads to wasted food and money'*. Adding some choice over what goes in the bags would make this idea more acceptable i.e. giving participants a choice of three different bags. Overall participants felt they would only try this if they were really desperate. However linking this option with cook-and-eat sessions using the produce at the Children's Centre would be a motivator to participation.

The choice offered in Option 2 between using the voucher at a food co-op stall at the local Children's Centre or at the local farmers' market was starkly different. The farmers' market option was dismissed very clearly with participants citing cost (both travel to the market and increased cost of the produce), convenience (it would require a specific trip on a particular day that otherwise wouldn't be undertaken), and differences in culture as strong objections. However, the fact that you can choose what to buy would make this more acceptable than the ready-filled bag option.

The idea of a co-op stall at the local Children's Centre was strongly supported – *'Great idea! - good value, fresh produce, advice on what to do with it and other services and health officials'*. This option would be acceptable even if it was just the basics (potatoes, onions, carrots, bananas, apples, oranges).

In Hackney, Option 3 was by far the most popular option. Participants said the Ridley Road Market in Dalston is a convenient source of good quality, cheap, fresh fruit and vegetables. It is in a convenient location with other shops close by which would mean participants could do all their shopping in one go. However it was clear that it would be important that the vouchers could be split and used at more than one stall – a token system would be needed but there was some concern about the 'hassle' of having to exchange the vouchers for tokens before being able to shop.

However when Option 3 was discussed in Woolwich it was clear that there were major concerns over the quality and freshness of produce at the local Woolwich Market – *'not so good as Hackney'; 'Lewisham Market too far away'; 'they sell you the bad stuff if they can'*. For this option to be viable the market would need to be improved, both the quality of the produce and the attitude of the traders.

3.5 Promoting local produce as a way for low income families receiving Healthy Start to increase their consumption of fruit and vegetables:

The potential farmers – perspectives

The researchers for this report wanted to explore the viability of the secondary aim of the project more fully across the supply chain, and so undertook a range of interviews with local and regional farmers to discuss the practicalities of choice, delivery, cost, consistency of supply, etc.

The farmers spoken to were all relatively local to London, going out as far as Norfolk and Lincolnshire. It was clear that a number of local growers were struggling. For example one had to make some quite drastic changes to their business model (including laying off most of the staff) in order for their business to survive.

A number of suppliers were interested in the proposed voucher scheme. In general, the larger suppliers who were growing a wider range of produce at say around 200 acres, were more interested than the smaller growers who had perhaps 20 acres. Some of the larger growers also operated wholesale operations and bought in from other areas of the UK and/or imported produce, particularly fruit such as bananas, which might be useful for making up mixed bags, maintaining an attractive and diverse supply of fruit and vegetables throughout the year, and also make the scheme more profitable and hence viable for the participating farmers or wholesalers. For these growers, the most important factors for a successful scheme that would support their business model were:

- Regularity - they wanted to see regular orders for regular amounts.
- Size of order - below a certain amount it would not be cost efficient to deliver to London, which would require diesel, staff time, and congestion charge. Many were already delivering to London for farmers' markets, however there was limited scope for combining with these deliveries, as most of these markets take place at the weekend, which would be unlikely to suit community settings such as Children's Centres. Also the vans were already quite full.
- Early and efficient payment - so that they didn't have to chase (one in particular had had a poor experience with a community vegetable bag scheme that hadn't paid for produce received).
- Someone at the receiving end to sign off the delivery; somewhere to put the goods when they arrive; adequate storage facilities.

Having looked at both costs and logistics, it seems it would be very hard to construct a scheme that provided a good value bag for Healthy Start voucher recipient, if strict criteria (i.e. both local *and* organic) are applied - even with the 100% subsidy - compared to the cost of produce from a supermarket or local market^{xiv}. However a scheme which fulfilled or partially fulfilled one of these criteria seems achievable, if packing costs can be kept low or can be covered elsewhere e.g. the community organisation receiving the produce also allocates and packs the bags; also if there is an enterprise-savvy individual or team to do the work, and to maintain good trading relationships, reliable payments to suppliers and good financial management.

It would be advisable to ensure that the size of pilot scheme (i.e. the number of veg bags) roughly matches the optimum load size for vans coming into London, in order to ensure that costs are kept down and pollution minimised. This is likely to mean working with one or at most two suppliers for each pilot area.

It should be noted that the pricing comparisons with supermarket produce which were carried out as part of this exercise were very much a snapshot, and took place at a lean time of year (June) but based on weight alone the supermarket produce was generally cheaper (see Appendix B). Although it is worth pointing out that local and/or organic farms are likely to seem much better value compared against supermarkets if compared even a month later. However, we hope this will provide a useful insight in terms of evaluating options for the pilot, as seasonal availability - and the much higher prices at lean times of year - needs to be considered as a factor in choosing the pilot model.

3.6 Supporting low income families receiving Healthy Start to buy and eat more fruit and vegetables:

The potential fruit and vegetable providers – perspectives

What is clear from the research is if the aim of this pilot project is to support pregnant women and families living on low incomes to buy and consume more fruit and vegetable then the project has to start with and centre on the needs, preferences and circumstances of those people, and not start from an assumption that, for example, a farmers' market will necessarily be the best option. Working with farmers' markets is a mechanism or a conduit to accessing fresh produce, but given the evidence from this research, they may not be the most appropriate in this instance. So is there another mechanism to support local farmers and give Healthy Start recipients the opportunity to access fresh, local produce?

The desk research helped determine the criteria by which the pilot areas had greater chance of viability. As described earlier, those criteria included areas that are working on food access issues, working to support Healthy Start above and beyond the national promotion, and developing work to support farmers and the local food economy.

The potential pilot areas were partially determined by whether they had existing infrastructure that would support the pilot aims and objectives. Based on the findings from the participant focus groups and discussion with the infrastructure organisations, a picture began to emerge – all three pilot areas were going to be different but with a common theme that focused on local Children's Centres. It was then important to hear the constraints and barriers that would be faced by the organisations that would be growing, supplying, selling or delivering the fruit and vegetables.

A street market scenario

Street traders at conventional street markets, whether managed by local authorities or independent bodies were keen to be involved in the pilot Rose Voucher project suggesting anything that increased their sales would be welcome. There was a general feeling that being involved in a pilot would mean extra work but that it would be 'worth a go'. The market managers felt that this would be good for the market traders and the market in general as being registered as Healthy Start retailers might encourage other Healthy Start Voucher recipients to shop at the market.

The traders suggested that there would need to be a means for giving change so that recipients aren't restricted to buying all their items from just one stall. Funders of a voucher system (charitable, government or corporate) may however have concerns about protecting vouchers from being exchanged for cash, whether as wholly or in part. A hi-tech solution such as a smart card could allow multiple smaller transactions up to an overall total. For low-tech solutions such as tokens or vouchers, the solution would be to issue vouchers in low denominations or a range of denominations, just as was the case for Luncheon Vouchers (a paper-voucher food discount scheme offered as an employee benefit) – with the clear indication that these cannot be exchanged for cash, and cash change cannot be given.

It was also clearly important to the traders that the tokens or local vouchers are 'safe', i.e. that they are not easy to counterfeit. The low values will be a discouragement to potential forgers, but the

aggregate value to a market trader might prove a temptation. Foil or holographic markers might be an affordable option and difficult to forge, as are commonly used on tickets for events. Vouchers would also need to be clearly marked as intended for fruit and vegetables only, to encourage compliance with this restriction by traders.

Ideally, the vouchers should be branded and marketed in an attractive way so that they are enjoyable to spend, and the recipient doesn't feel like they have been given 'food stamps'. Traders have also identified that it is important that a scheme is simple as many of them mainly deal in cash and do not wish to manage paperwork. Minimising administration would also be key to success from the point of view of rolling out any pilot more widely.

It is worth noting that in all cases, active participation from the Department of Health, Department of Work and Pensions, and local authority public health representatives would be helpful. It seems unlikely that local third-sector organisations, farmers or social enterprises would have the information, time or money to contact local Healthy Start recipients to promote uptake of the scheme. It would be important to work with agencies already in contact with Healthy Start voucher recipients to promote the scheme – and (with advice from a government public health representative interviewed for this research) we judge that Children's Centres are the best route.

Scenario: fruit and vegetable co-op stall

There are various voluntary sector organisations working across London in neighbourhoods with high levels of deprivation to improve access to affordable fruit and vegetables by setting up and running fruit and vegetable co-ops run by community volunteers. These might sell a range of items at low cost, or (as noted in the veg box scenario, below) operate as a pick-up point for a standard mixed bag of a variety of seasonal fruit and vegetables at a fixed weekly price. The food co-op model had mixed reviews at the participant focus groups/, partly relating to the arrangements and choice. However, in Greenwich it was by far the most popular of the options presented. This model would need support from an outside agency with appropriate food and enterprise skills – the Greenwich Children's Centre staff that we consulted felt they would be unable to manage this element of the project. This option was preferred by the Healthy Start recipients in Greenwich because some had experienced other food co-ops run by a local organisation and reported that the quality and choice was great, they felt that this option would give them better choice, and it would be convenient – as they were bringing their children to the Children's Centre anyway. Staff at the Children's Centre supported the idea as they felt the co-op would bring in other families and that the surplus produce could be used for cook and taste session or in the Children's Centre café. This also helped allay concerns about surplus produce going to waste.

Scenario: farmers' market and vegetable box delivery

Any farmers' market and vegetable box pick-up or delivery scheme would have to involve working with existing growers and suppliers rather than setting up an entirely new delivery mechanism due to cost, time, staffing capacity and storage. The main concerns about this scenario came from the growers / suppliers and centre on cost, both for the Healthy Start recipient – fruit and vegetables in box schemes and farmers' market can be higher – and for the supplier / grower – most small growers operate on a very tight financial margin, so incurring any additional costs such as extra

drop-off points, having to bag-up vegetables or trying to reduce the unit cost of say a lettuce to accommodate Healthy Start recipients' financial constraints would not make financial sense.

However there are some advantages of a fruit and veg box (or bag) scheme – particularly well-established enterprises that have a commitment to social and environmental goals:

- Supporting local food growers and /or suppliers, many of whom are struggling to survive
- If collaborating with an existing box scheme, increasing income for a non-profit community project that is promoting local food (if collaborating with an existing box scheme)
- If collaborating with an existing box scheme, minimising administration and costs, as the structures and distribution points are already in place
- Quality - access to organic and/or local fresh fruit and vegetables which is (arguably) superior to the basic supermarket range
- Simplicity, as well as cost efficiency and waste reduction - as all recipients would receive the same contents
- Low administrative requirements; and no need to handle cash - the bags would simply be exchanged for a voucher
- Additional support - if taking place in a Children's Centre or similar, the chance to build in added value to the scheme, e.g. advice on using the produce; cookery lessons which also could cover topics such as nutrition, children's food needs, budgeting, etc.; or at its simplest level recipes or cooking/storage advice.

The disadvantages of a vegetable box or bag scheme – particularly those that trade wholly or exclusively in local, seasonal and organic fruit and vegetables, would be:

- Restricted choice for the recipients and/or receiving insufficiently diverse produce to be culturally appropriate. For low income households it is particularly important that their limited budget can be spent in a way that meets their needs
- Additional support – box schemes generally require some additional support or information, for example recipe cards - or even cooking classes, particularly if the bag contains unfamiliar items or ones which the customer doesn't know how to cook. However, this can also be seen as an opportunity to develop knowledge and skills (see above)
- Fluctuating quantities and variety, as the contents will be less at leaner times of year (especially in April/May, known as 'the hungry months'). This can be overcome by farmers and veg boxes by supplementing local and seasonal supply with wholesale fruit and veg
- Cost – in the case of using wholly or exclusively local, seasonal and organic produce, the added value of the proposed Rose Voucher subsidy would go more to the grower/supplier to pay for quality, and less to the recipients of the bag in terms of quantity of fruit and veg; although the recipient would be (arguably) be receiving a 'quality' subsidy – see above
- Staff or volunteer time is needed to pack the bags and make deliveries – unless the producer/supplier is asked to pack and make deliveries, in which case the bags are likely to be more expensive. This staff time – or the volunteer management and facilities - needs to be factored in as a cost. Home delivery is unlikely to be a cost-effective option, so arrangements for bags to be available at pick-up points (e.g. Children's Centres) is a more attractive option in this scenario
- Potential for food waste, both via individual bags (if the contents don't suit the household) or if people don't show up to collect their bags.

3.7 Supporting low income families receiving Healthy Start to buy and eat more fruit and vegetables:

Health professionals and organisations – perspectives

In general, the Department of Health (the government department with responsibility for disease prevention, health promotion, and for promoting healthy eating) states that programmes developed and implemented at a local level that add value to Healthy Start are welcomed. The Department of Health is currently at capacity working on the changes being phased in under universal credit (a new single benefits payment for people who are looking for work or on a low income), and once universal credit is functioning, the Department of Health will be looking to determine new eligibility criteria for Healthy Start due to the expected rise in numbers qualifying for Healthy Start, and limited government budgets.

As noted above, whatever the food outlets chosen for participation in the Rose Voucher pilot, in all cases, active participation from the Department of Health, Department of Work and Pensions, and local authority public health representatives would be helpful. It seems unlikely that local third-sector organisations, farmers or social enterprises would have the information, time or money to contact local Healthy Start recipients to promote uptake of the scheme. It would be important to work with agencies already in contact with Healthy Start voucher recipients to promote the scheme – and we judge (with advice from a government public health representative interviewed for this research) that Children's Centres are the best route.

It was suggested by the government public health representative that we interviewed for this research that Department of Health may be able to support the Rose Voucher pilot (if after April 2014) or a follow-on scheme, for example by helping contact existing Healthy Start recipients, for example with postcode-selected letter distribution to help identify a particular cohort of potential participants. Additionally it was also suggested that once universal credit is operational it may be a more effective way to determine acute need / poverty, and hence provide a means of targeting this and other food poverty interventions where they are most needed.

The representative also provided us with details of the Healthy Start scheme, current recipients and other insights that have proved valuable throughout this report.

3.8 Conclusions – considerations for the Rose Voucher pilot

As a result of this research, the research coordinators at Food Matters recommend that the proposed Rose Voucher pilot should:

- Run and evaluate a pilot project in three London Boroughs, to supplement the value of Healthy Start vouchers, with Rose Vouchers to be spent on fruit and vegetables
- Adopt an approach in each London Borough that suits the needs and preferences of Healthy Start recipients, taking into account local circumstances
- Target specific groups within the overall 'Healthy Start' recipient group - we recommend pregnant women (see longer discussion below)

- Work with Children's Centres as the main point of contact and promotion of the scheme, with support from the Department of Health and Department of Work and Pensions to target support appropriately and help with promotion to Healthy Start recipients
- Work with a range of food outlets that are likely to be appealing to Healthy Start recipients, such as street markets, food co-ops and low-cost vegetable bag schemes, also with the possibility Children's Centres being the delivery or sales point for the fruit and vegetables
- Make special efforts to achieve links with local farmers and seasonal produce for one or more of the pilot areas, but also recognise that there may be limited success in establishing this if costs are too high, or cultural expectations challenged, or if Healthy Start recipients prefer not to shop at farmers' markets, even if subsidised
- Adopt a low-cost, low-administration, paper-based or smartcard voucher mechanism that deals with the cash value and security issues identified in this report
- As part of the project and evaluation, assess the costs, benefits and mechanism of rolling out the scheme across London, and potentially nationally – also identifying how this could be paid for in the longer term and at scale
- Engage with policy-makers throughout, particularly local authorities, Children's Centres, Department of Health and Department of Work and Pensions

The research for this report shows that the purposes of the WIC nutrition programme in the US are very clear, and that is part of its success – it is a supplementary nutrition programme – it supports families to eat better. What's not so clear is the purpose of Healthy Start. The Department of Health expresses it as a 'safety net' first and foremost, however other stakeholders describe it in a number of different ways; a hunger programme, a nutritional safety net, a supplementary nutrition programme. The Rose Voucher pilot has to add value whilst also being explicit in its aims and goals regardless of what Healthy Start is or is not. It has to have its own identity with specific aims that serve health and wellbeing goals.

We suggest that ideally the pilot will focus on particular recipients of Healthy Start – the evidence suggests targeting young pregnant women (particularly under 18s – who are all eligible for Healthy Start regardless of income) would be more successful and have longer term health and social benefits for both mother and child. Focussing on pregnant women is appreciably significant because inadequate diet during pregnancy is the second most important cause (after smoking) of low birth-weight and low birth-weight is associated with infant mortality and an increased risk of disabilities, special educational needs, and in later life coronary heart disease, hypertension and diabetes.

Additionally a mother's weight during pregnancy can also affect the baby's development – being overweight in pregnancy can cause long-term health problems such as coronary heart disease and non-insulin dependent diabetes, and being excessively thin during pregnancy can cause prematurity, low birth-weight, non-insulin dependent diabetes and coronary heart disease.

Pregnancy in general is seen by health educators as a window of opportunity during which a woman is particularly likely to be open to health messages such as giving up smoking or eating more healthily^{xv}. Although there is potentially greater chance of delivering a successful intervention regarding diet related behaviour change with younger first-time mums than with women on subsequent births (as bottle feeding has not yet been established as the priority feeding choice),

there is also evidence suggesting that women living on benefits who are pregnant with their second or a subsequent child often cut back on their own food in order to feed their existing child(ren)^{xvi}.

It is also clear that giving anyone, regardless of income, some extra money for their food shopping will necessarily change the way they think about food, their diet, their health or their shopping habits. And certainly families living on limited incomes will need more than money to engender behaviour change because they are often struggling with complex difficulties – lack of access to money, shops, transport, storage, for example. They may lack the skills and confidence to cook with fresh ingredients, their children's bellies need filling and the list goes on. Children's Centres are increasingly the main focus for statutory ante-natal care policy and intervention and are often the places where vulnerable families feel safe and support and so seem the ideal mechanism to support families and pregnant women to encourage dietary behaviour change through the Rose Voucher pilot project.

Supporting those families to access more fresh fruit and vegetables is an important and achievable goal but whether that can include the secondary aim of promoting fresh local produce is potentially more problematic. The price differentials between the food items bought by the Healthy Start recipients spoken to during the focus groups are significantly different to the local vegetables and fruit prices researched for this work. However the differences in participant motivations, retailer opportunities and Children's Centre set-up and staffing, highlighted by the three focus group areas, allows for markedly different pilots in each of the three areas.

The recommendation is therefore that pilots should explore different mechanisms for increasing access to (and hopefully consumption of) fruit and vegetables via a market, a food co-op and a vegetable box scheme whilst also making best efforts to support local farmers. The proposed pilot project will include fruit and vegetables from sources that we might consider 'mainstream', i.e. wholesalers sourcing from the UK and around the world with a focus on price and quality, with little or no consideration given to environmental concerns such as seasonality or food miles; it will also include fruit and vegetables that are sourced ultra locally with seasonality, low carbon and quality the top priority with less emphasis on choice or lowest price possible; and it will include fruit and vegetables sourced as locally as possible but with choice and price considered, which may mean a balancing act with considerations such as food miles, methods of production and seasonality.

4. The Pilot Project

4.1 Overall Aim

The Rose Voucher pilot project aims to increase financial support to some of the most vulnerable families in London, helping low-income families that are about to have children, or who have small children, to access more healthy and affordable food. Using the existing Healthy Start voucher scheme as a conduit to reaching those women and families, the pilot project will support behaviour change interventions and activities alongside providing vouchers that can be exchanged for fruit and vegetables, particularly through a more diverse range of local and neighbourhood food outlets.

The pilot will also look at the viability of promoting locally grown and sourced foods as a secondary aim of the project. This will be a focus in three of the four pilot areas with varying emphasis. The pilots will explore different settings to determine the most successful way of supporting low income families whilst also supporting local farmers and adding value to the local economy. The pilots will determine how to find a balance between supporting low income communities to eat more fruit and vegetables whilst also giving attention to local food economy issues – what that means for choice, variety, supply and uptake.

4.2 Expected outcomes

It is proposed to evaluate the impact of the Rose voucher on both diet intake and food related behaviour. The plan is to measure intakes of fruit and vegetables also to measure the overall quality of the participant's diet before and after receiving the Rose vouchers. This will enable an evaluation of the impact of the voucher on both dietary intake and purchasing with particular emphasis on any displacement activity. The project would hope to see:

- Increased consumption of fruit & vegetables
- For those mothers that are breastfeeding at the start of the intervention – extended breastfeeding times
- Increased numbers of registration at the CC
- Increased numbers of participants taking part in health and wellbeing interventions
- Increased knowledge and confidence in cooking from scratch

4.3 Pilot project areas

By considering a range of indicators and factors it was determined to develop the Rose Voucher pilot project across settings rather than specifically focussing on boroughs. And although the outlined pilots are in four different boroughs the important factors that were considered were levels of health inequalities and deprivation, existing infrastructure, and proactive and supportive agencies and staff.

The research explored what types of food work were happening in different areas of London; local and organic food economy and infrastructure, food poverty, community food projects etc. Farmers' Markets and other local food indicators were mapped alongside local projects to support Healthy Start recipients, and local food access projects that could potentially work with the pilot project to delivery interventions.

There were time constraints – the feasibility project had a fairly limited period of time in which to deliver the findings and this meant focussing on those areas that met the criteria, namely; work on food access work; local promotional work to support Healthy start; encouraging local food economy; but additionally had supportive organisations and personal.

The pilot areas will include:

- Hackney
- Greenwich
- Waltham Forest
- Camden

4.4 Hackney: working with Sebright and Daubeney Strategic Children's Centres, Growing Communities vegetable box scheme, and Ridley Road Market

What the pilot might look like

The suggested project would include working in two of the 6 strategic children's centres in the London Borough of Hackney (Sebright and Daubeney) using the Rose Voucher as a motivation tool to support families to participate in the healthy lifestyle interventions offered at the Children's Centre to support diet and health-related behaviour change.

Ideally the pilot will focus on particular recipients of Healthy Start – the recommendation would be firstly to target young pregnant women^{xvii} (particularly under 18s – who are all eligible for Healthy Start regardless of income) as evidence suggests there is a greater chance of a successful intervention regarding diet related behaviour change with young first-time mums than with women on subsequent births, as bottle feeding has not yet been established as the priority feeding choice. However it is clear from conversations with the Children's Centre staff that the intervention work undertaken at the Children's Centress with pregnant women - First Time Tums – aims to work with young women in particularly difficult circumstances, and with multiple vulnerabilities, and that this pilot might be too much.

Bearing this in mind, the Hackney pilot will aim to work alongside the First Time Tums group (if timing allows) to support these women to breastfeed when their baby arrives. The Children's Centre staff work closely with this group and the Rose Voucher element will encourage breast feeding through supporting healthy eating during pregnancy. The project will improve food skills through cook and eat sessions plus additional vouchers that can be spent on fruit and vegetables with

participating stall holders at nearby Ridley Road Market or in exchange for a bag of local organic vegetables from Growing Communities at selected drop-off points.

The Hackney pilot will also focus on working with early stage breastfeeding mums (that are receiving Healthy Start vouchers) through working with midwives and health visitors to identify and encourage these women via the 28-day home visit period to register at the Children's Centre. The midwives and health visitors will talk to the new mums to explain the services that are on offer at the Children's Centres, the support they would receive at the Children's Centre and that they will be able to double the value of their Healthy Start voucher when they register at the Children's Centre and agree to take part in the Rose Voucher pilot project (and what that will involve).

The pilot programme would use the Rose Voucher as an incentive to taking part in health and wellbeing activities on offer at the Children's Centre and potentially supporting participants' behaviour change over time. The pilot will run for between 4 and 6 months and will take place alongside centre interventions potentially starting mid-September / early October depending on the Children's Centre timetables.

On registration at the Children's Centre, the pilot participant's Healthy Start voucher will be redeemable against either a bag of local organic fruit and vegetables (to the value of £7.75) or additional vouchers (Rose Vouchers) that can be spent at nearby Ridley Road Market. The additional vouchers would be made available for collection at times when programmes such as breastfeeding drop-in sessions and cook and eat sessions are running to further encourage participation. Once registered, participants would be encouraged to take part in a range of healthy eating programmes that reflect effective behaviour change interventions which might include:

- Cook and eat sessions – working with Social Kitchen, a social enterprise that trains and supports individuals and communities to cook and eat healthy affordable meals
- Bump Budding - a maternity peer education programme managed by Shoreditch Trust
- Breastfeeding advice / counselling / peer support
- HENRY – Intervention to protect young children from the physical and emotional consequences of obesity.

Pilot locations -

Children's Centres

- Daubeney Children's Centre / Homerton Sure Start
- Sebright Children's Centre

Retail outlets

- Ridley Road Market
- Hackney City Farm - Growing Communities drop-off
- St Peters - De Beauvoir Town - Growing Communities drop-off

How will the pilot be co-ordinated?

The overarching pilot will be managed by consultants or an organisation appointed by Alexandra Rose Charities Board of Directors and London Food Board. Working with the Children's Centre staff,

it is envisaged that the Hackney pilot will be co-ordinated on a day to day / week to week level by a member of the Children's Centre parents' forum either on a volunteering or sessional basis. This would support the Children's Centres' aim to involve parents in service provision, and offering training and employment skills to local parents. But perhaps most importantly it would provide a point of contact and a support service delivered by someone whom parents feel comfortable talking to and who has local knowledge of both the geographical area and issues faced by the surrounding community.

Monitoring and evaluation at a local level

The Children's Centres will track services used by participants and retailers will record how many vouchers are redeemed.

The market manager will track how many vouchers are redeemed at the market. The market manager and traders will work with the pilot co-ordinator to assess the additional financial value to the market. They will also assess the additional administrative work involved and the inconvenience caused such as requests to exchange vouchers for cash or other unauthorised use.

4.5 Greenwich: working with Greenwich Development Agency, and two Children's Centres in Woolwich

What the Greenwich pilot might look like

The Greenwich Rose Voucher pilot project would include working in two of the Children's Centres in the London Borough of Greenwich (Brookhill and Mulgrave) using the Rose Voucher as a motivation tool to support families to participate in the healthy lifestyle interventions offered at the Children's Centres to support diet and health related behaviour change.

Ideally the pilot will focus on particular recipients of Healthy Start – the recommendation would be firstly to target young pregnant women (particularly under 18s – who are all eligible for Healthy Start regardless of income) as evidence suggests there is a greater chance of a successful intervention regarding diet related behaviour change with young first time mums than with women on subsequent births, as bottle feeding has not yet been established as the priority feeding choice. However it is clear from conversations with the Children's Centre staff that the intervention work undertaken at the Children's Centres with young pregnant women aims to work with particularly vulnerable young women with multiple vulnerabilities and that this pilot might be too much.

Bearing this in mind the pilot will aim to work alongside the Early Help Group to support young pregnant women through the Children's Centres to access support services including breastfeeding support. Once registered at the Children's Centre, staff work closely with this group of women, it is hoped that the pilot Rose Voucher project will encourage breast-feeding through supporting healthy eating through pregnancy by providing skills through cook and eat sessions and additional vouchers that can be spent on fruit and vegetables at a Greenwich Development Agency supported fruit and vegetable co-op stall set-up at the Children's Centres.

The Greenwich pilot will also focus on working with early stage breastfeeding mums (that are receiving Healthy Start vouchers) through working with midwives and health visitors to identify and encourage these women via the 28-day home visit period to register at the Children's Centre. The midwives, health visitors and Children's Centre outreach staff will talk to the new mums to explain the services that are on offer at the Children's Centres, the support they would receive at the Children's Centre and that they will be able to double the value of their Healthy Start voucher when they register at the Children's Centre and agree to take part in the Rose Voucher pilot project (and what that will involve).

The pilot programme would use the double value voucher as an incentive to taking part in health and wellbeing activities on offer at the Children's Centre and potentially supporting participants' behaviour change over time. The pilot will run for between 4 and 6 months and will take place alongside centre interventions potentially starting mid-September / early October depending on the Children's Centres' timetables.

On registration at the Children's Centre the pilot participant's Healthy Start voucher will be redeemable at the Greenwich Cooperative Development Agency fruit and vegetable co-op stall run at the Children's Centre. The aim would be to run the stall at times when programmes such as breastfeeding drop-in sessions and cook and eat sessions are running further to encourage participation. Once registered, participants would be encouraged to take part in a range of healthy eating programmes that reflect effective behaviour change interventions which might include:

- Cook and eat sessions
- 9-week breastfeeding support programme
- 6-week 'Baby and I' programme

Participants on the pilot would be able to use the Children's Centres interchangeably depending on the interventions being delivered, convenience (one Children's Centre's drop-in session might be at a more time convenient than the other). The fruit and veg co-op would be run at both Children's Centres so doubling the amount of time when people can use the co-op, the co-op would be open for anyone to use including other Children's Centre users and the wider community.

Surplus produce from the weekly co-op would be utilised in the Children's Centres' kitchens and /or in the cook and eat sessions.

Pilot locations -

Children's Centres

- Brookhill Children's Centre
- Mulgrave Children's Centre

Retail outlets

- Fruit and veg co-op at Brookhill Children's Centre
- Fruit and veg co-op at Mulgrave Children's Centre

How will the pilot be co-ordinated?

The overarching pilot will be managed by consultants or an organisation appointed by Alexandra Rose Charities Board of Directors and London Food Board. Working with the Children's Centre staff, it is envisaged that the Greenwich pilot will be co-ordinated on a day to day / week to week basis by a member of the Children's Centre parents' forum either on a volunteering or sessional basis. This would support the Children's Centres' aim to involve parents in service provision, and offering training and employment skills to local parents. But perhaps most importantly it would provide a point of contact and a support service delivered by someone whom parents feel comfortable talking to and who has local knowledge of both the geographical area and issues faced by the surrounding community.

Monitoring and evaluation at a local level

Independently the Children's Centres will be able to track

- Children's Centre registration levels
- Increases in services used by participants

Greenwich Cooperative Development Agency will track

- How many vouchers are redeemed at the co-op stall
- Other fruit and vegetables sales at the co-op stall
- Levels of volunteer activity involved in running the co-op stall

4.6 Waltham Forest: Working with OrganicLea and Waltham Forest Strategic Children's Centres

What the Waltham Forest pilot might look like

The Waltham Forest Rose Voucher pilot project would work with OrganicLea (a workers' co-operative growing food on London's edge in the Lea Valley) to support young people (that are not in Employment, Education or Training - NEETs) to facilitate peer-led activities in Children's Centres in the London Borough of Waltham Forest. Using the Rose Voucher as a motivation tool, the peer-led activities will support young pregnant women and young families to participate in the healthy lifestyle interventions offered at the Children's Centres to support diet and health related behaviour change.

Ideally the pilot will focus on particular recipients of Healthy Start – the recommendation would be firstly to target young pregnant women^{xviii} (particularly under 18s – who are all eligible for Healthy Start regardless of income) as evidence suggests there is a greater chance of a successful intervention regarding diet related behaviour change with young first time mums than with women on subsequent births, as bottle feeding has not yet been established as the priority feeding choice.

As part of a wider project supporting young people NEETs OrganicLea will aim to work with those young people to develop a peer-support project to encourage young pregnant women through the Children's Centres to access support services including growing projects, cook and taste sessions, and breastfeeding support. Once participants have registered at the Children's Centre, OrganicLea staff will work with participants to take advantage of the interventions available. It is hoped that this

pilot Rose Voucher project will encourage breast-feeding by supporting healthy eating through pregnancy by providing skills through cook and eat sessions and additional vouchers that can be spent on fruit and vegetables at the OrganicLea fruit and vegetable stalls or the Organiclea box scheme.

The pilot programme would use the double value voucher as an incentive to taking part in food, health and wellbeing activities on offer at the Children's Centres and with Organiclea supporting participants' behaviour change over time. The pilot will run for between 4 and 6 months and will take place alongside existing Children's Centres and Organiclea interventions potentially starting in autumn 2013, depending on the Children's Centre and Organiclea timetables.

Participants on the pilot would be able to use the Rose Vouchers either at the Organiclea fruit and vegetable stalls: outside the Hornbeam Café, Walthamstow, the market stall in Leytonstone, or the Hawkwood site in Chingford. Participants would have a choice of vegetables and fruit they buy at the market stalls. Alternatively participants can pick up a box of vegetables from the Hornbeam Café or potentially drop-off at a Children's Centre.

Pilot locations -

Organiclea

- Hawkwood Community Plant Nursery
- Hornbeam Café

Children's Centres

- nearest to Organiclea sites (to be confirmed)

How will the pilot be co-ordinated?

The overarching pilot will be managed by consultants or an organisation appointed by Alexandra Rose Charities Board of Directors and London Food Board. Working with the Organiclea and Children's Centre staff, it is envisaged that the Waltham Forest pilot will be co-ordinated on a day to day / week to week basis by Organiclea and/or a member of the Children's Centre parents' forum either on a volunteering or sessional basis. This would support the Children's Centres' aim to involve parents in service provision, and offering training and employment skills to local parents. But perhaps most importantly it would provide a point of contact and a support service delivered by someone whom parents feel comfortable talking to and who has local knowledge of both the geographical area and issues faced by the surrounding community.

Monitoring and evaluation

The pilot project will be independently evaluated by an academic institution / consultant (we are currently talking to City University London who are well experienced in this field, and particularly on the issue of addressing food poverty). Participants will be asked to take part in the evaluation which will be designed to be as user-friendly as possible with minimal contact time. It will be appropriate to the needs of the participants and will include pre and post -intervention interviews (focus groups, semi-structured, one to one, and other methods- to be determined).

The Children's Centres will be able to track

- Children's Centre registration levels
- Increases in services used by participants

Organiclea will be able to track

- How many vouchers are redeemed at the Organiclea fruit and veg stalls
- How many vouchers are redeemed through the box scheme
- Levels of volunteer activity involved in running the stall

4.7 Rose Vouchers Pilot in Camden working with four Farmers' Markets and the Camden Children's Centres

What the Camden pilot might look like

The Rose Voucher pilot project would look to work across all the Children's Centres in Camden to promote the double value Rose vouchers to Healthy Start recipients within the borough of Camden to be used at the four Farmers' Markets in Camden. However this pilot will focus on promoting the vouchers through the CCs order to encourage participants to shop at the FMs and will do no other intervention work. The idea is to determine the capacity of additional money that can be spent only on fruit and vegetables and only at FMs acting as motivational tool to facilitate diet and health related behaviour change.

This pilot will not target any specific group within the Healthy Start recipient group but will work with the CCs to monitor and evaluate voucher uptake and potential diet related behaviour change, and the CCs will monitor changes in registration levels, intervention uptake etc.

Possible Pilot locations -

Children's Centres

- Gospel Oak
- Harmwood
- Edith Neville & Hampden
- Thomas Coram and Corams Fields
- 1A
- Regents Park
- St Mary & St Pancras
- Integrated early years service
- Langtry
- Kilburn
- Sidings

Farmers' Market

- Bloomsbury
- Swiss Cottage
- Parliament Hill
- West Hampstead

How will the pilot be co-ordinated?

The overarching pilot will be managed by consultants or an organisation appointed by Alexandra Rose Charities Board of Directors and London Food Board. Working with the CC staff, it is envisaged that the Camden pilot will be co-ordinated on a week to week basis by the CC staff.

Monitoring and Evaluation

The pilot project will be independently evaluated by an academic institution (we are currently talking to City University). Participants will be asked to take part in the evaluation which will be designed to be as user-friendly as possible with minimal contact time. Independently the CCs will be able to track:

- CC registration levels
- Increases in services used by participants

The FM's co-ordinators will be able to track

- How many vouchers are redeemed at the FM's

4.8 Branding

A designer / agency will be engaged to develop a logo and marketing materials to communicate a series of messages to suit a range of audiences including the participants, the retailers / traders, and the health professionals and Children's Centre. It will be important to meet the needs of a diverse group of stakeholders whilst also designing a recognisable brand for external communications.

Below are some sample ideas



4.9 Payment methods

For the purposes of this pilot it has been assumed that a 'low tech' solution such as tokens or vouchers will be used, for cost reasons. However should a larger scheme be rolled out, a high tech solution such as a smart-card or payment app may be a better, more cost effective option.

Some examples of Low-tech tokens or vouchers

- 1) Printed wooden tokens



- 2) Printed wooden 'business cards'



- 3) Paper vouchers / notes (the Brixton B£10)



For a longer term scheme i.e. should the pilot be successful and the scheme be rolled out more widely there are various sophisticated printing technologies that include anti copying security etc. Alternatively a more expensive smart card solution or similar could be implemented, and some options are explored below.

Hi tech solutions - Smart cards and payment apps

Mobile Payment

There are difficulties finding a suitable mobile phone based app for this scheme, although there are different ways in which mobile devices are currently being used for payment. In general these are geared towards the consumer choosing to purchase an item via mobile phone, and generally require the consumer to set up an arrangement beforehand with a bank or a third party such as Paypal. In the next 3-4 years contactless payments via mobile phone are likely to become widespread using

NFC (near field communications) - contactless payments where you just wave your phone near to a reader.

However there is also an 'alternative community currency platform' - Qoin - which operates the Brixton pound; so could be an option for a market based pilot using an existing smart payment scheme. This system allows 'pay by text' - which has added advantages for the trader (particularly market traders who tend to be cash based) as they get a secure, low cost means of accepting electronic payment, without needing credit card machine, or a phone line: just a standard mobile phone. The customer can use a standard mobile phone (not a smart phone) and there is security in place e.g. pin numbers.

Smartcards

These have more flexibility than mobile payment systems, and are a more obvious solution as they can easily be pre-loaded with credits for a specific amount rather than requiring a 'payment system'. Also they are familiar to people as store gift cards etc. They are also used widely in other contexts e.g. in cashless school payments; or as points based 'loyalty' cards.

The value loaded onto the card can be very specifically allocated to certain types of purchase (i.e. fruit & veg) although there would still need to be willingness on the part of the Trader to enforce this restriction. Vouchers can be 'pre-loaded' to the cards so that they are automatically available for spending after a certain date; and vouchers can be set to accumulate i.e. to build up in value if they are not spent straight away; or alternatively to expire if not used ('use it or lose it').

The obvious disadvantage of this solution is that smart cards require a card reader, which involves an investment and in some cases electricity, though there are battery operated versions which typically have a battery life of 8-10 hours so could be used within a market stall context. The cards can be 'branded' in the same way as a loyalty card scheme i.e. logos etc printed onto the cards.

A less obvious advantage of a smart card system is that data can also be gathered and trends spotted, as information on shopping habits is reported back via the cards. This could provide useful information to traders and could potentially inform public health work.

4.10 Logistics – redeeming voucher

The HS recipients will be identified through the Children’s Centres, midwives, health visitors and other healthy professional, the behaviour change support participants will receive will be provided via Children’s Centres, the fruit and vegetable provision has been detailed in each of the pilot areas – markets, co-op stalls and vegetable box schemes. There are various options for the physical Rose tokens / vouchers but how will those vouchers / tokens be distributed / exchanged to the pilot participants, exchanged for fruit and vegetables, and then redeemed by the trader? There is no denying that any system is going to be fairly complex in order that voucher recipients have a degree of choice and flexibility whilst traders have a degree of security and simplicity.

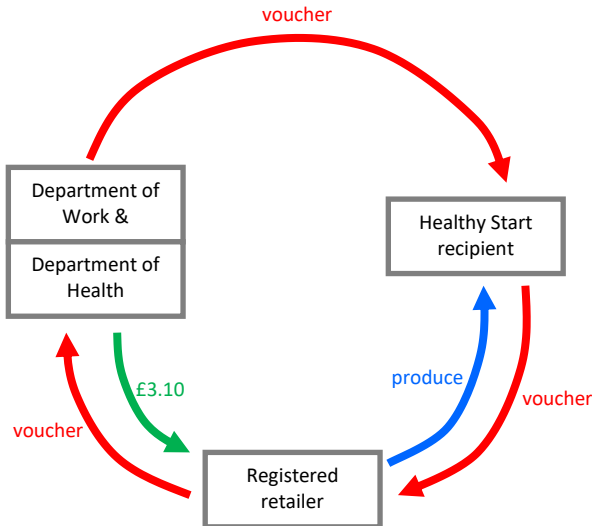
The current HS voucher

Outlined below in diagram 1 is how the current HS voucher operates. The HS recipient receives the HS voucher from DWP then takes it to an authorised HS retailer (supermarket), buys either milk, fruit or/and vegetables. The retailer accepts the voucher and sends it off to DWP for reimbursement.

Diagram 1 – The current voucher

Standard option

Healthy Start vouchers used with registered retailers

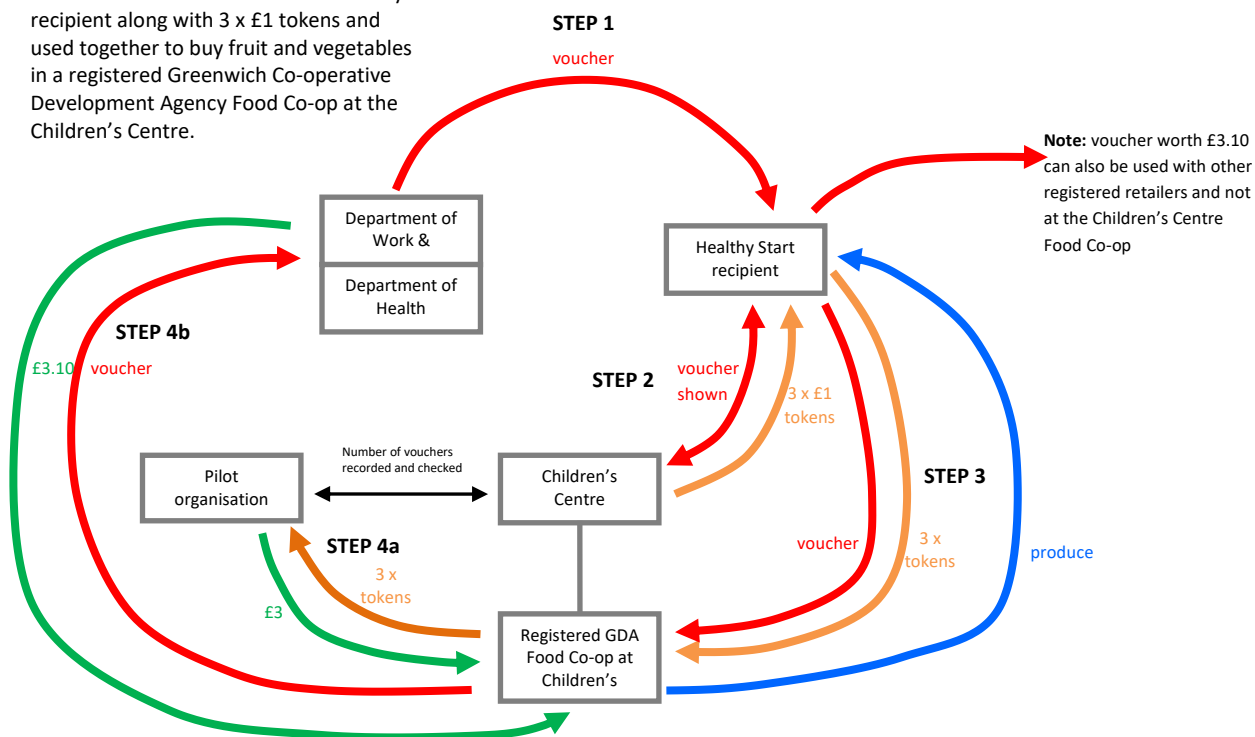


The co-op model

Diagram 2 details how the HS voucher might work with the Rose voucher / token in the Greenwich pilot. In Greenwich the pilot will be using a food co-op set initially up by Greenwich Development Agency at the participating Children's Centre (who will register as a HS retailer). The Healthy Start voucher will be exchanged at the CC for Rose Vouchers which can then be spent at the Food Co-op stall. The co-op will then exchange the vouchers for cash with the children's centre who in turn will redeem the HS vouchers through DWP and redeem the Rose vouchers with the Pilot Co-ordinating organisation.

Diagram 2 – The co-op model

Each voucher presented and recorded at a Children's Centre. Voucher retained by recipient along with 3 x £1 tokens and used together to buy fruit and vegetables in a registered Greenwich Co-operative Development Agency Food Co-op at the Children's Centre.

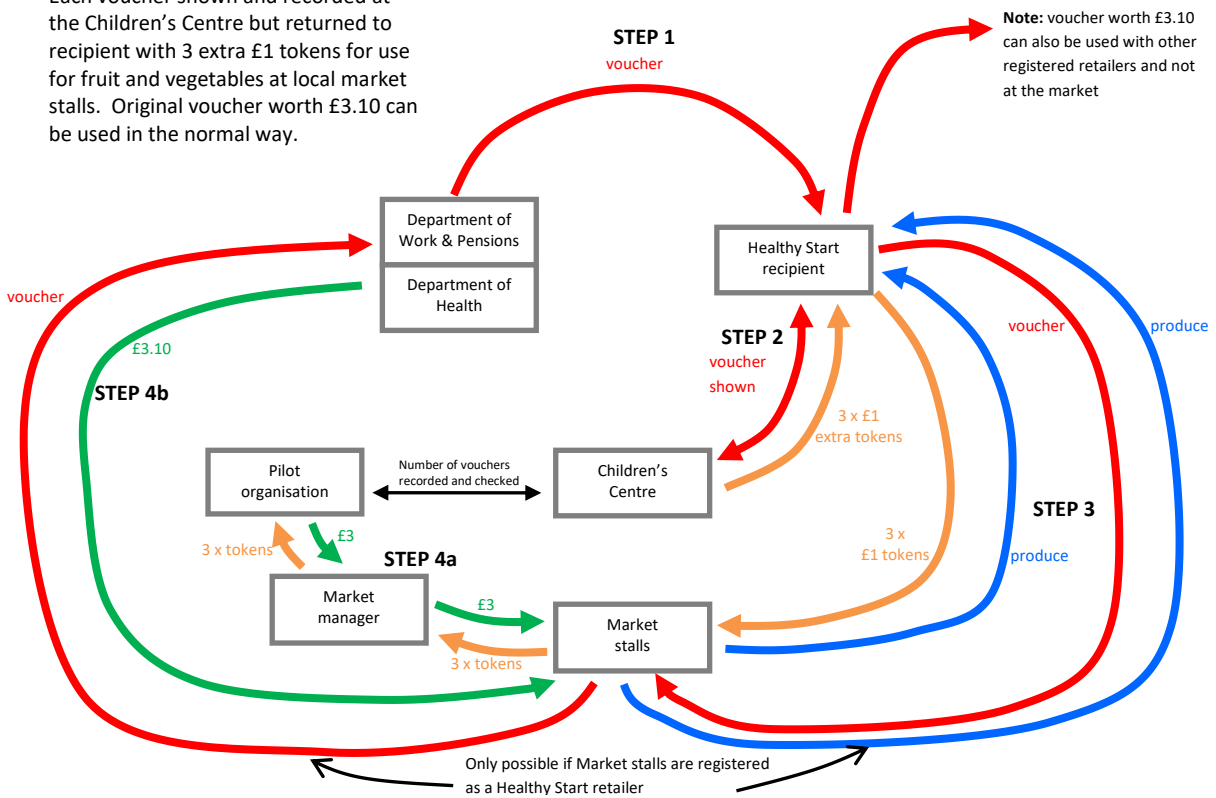


The market model

Diagram 3 is more complex as it involves options that include market traders registering as Healthy Start retailers as individual traders or market as a whole registers via the market manager or the market traders association. HS recipients register at the CC and on registering they show their HS voucher which is recorded at the Children’s Centre but is returned to the recipient with three £1 Rose vouchers / tokens for use for fruit and vegetables at local market stalls. (The original HS voucher worth £3.10 can be used in the normal way.) The stalls holders would then exchange those vouchers that they had receive with either the market manager or the Rose voucher project Co-ordinator.

Diagram 3 – The market model

Each voucher shown and recorded at the Children’s Centre but returned to recipient with 3 extra £1 tokens for use for fruit and vegetables at local market stalls. Original voucher worth £3.10 can be used in the normal way.



4.11 Evaluation

The pilot project will be independently evaluated by Susan Lloyd, Public Health Specialist and Registered Dietitian, Nutrition and Wellbeing Ltd, and Professor Martin Caraher of City University will act as adviser. The communications between the Rose Voucher pilot project team and the evaluation team will be agreed between the two groups.

The evaluative question for this piece of work is: Can the Rose Healthy Start local intervention project add value to the diet and health related behaviours of young families?

The outcomes of the project are primarily based on the behaviour of young families but are also dependent on the participation of children's centre staff and local traders. For this reason the target groups from which we will gather evaluation data are – young mothers and their families, children centre staff and local retailers who are linked to the project.

The source of our evaluation data, young family, children centre staff or trader will govern the location where the data is collected. Data from young families will be collected during the cook and taste sessions as well as during visits to the children's centre. Data from the children's centre staff will be collected at the centre or by phone and data from retailers will be collected face-to-face.

This evaluation is designed to measure changes in both diet and health related behaviour measures will be linked to the content of the programme and the outcomes. In a community base intervention such as this it's not possible to design a randomised control study or to apply a prospective design. For this reason we have designed the study to make measurements before and after the introduction of the Rose vouchers, and therefore to measure change.

The evaluation process will last one year with the intervention lasting 6 months for this reason we propose to measure short term outcomes only.

Alongside the independent evaluation the Children's Centres will track registration, services and intervention uptake by participants and retailers will record how many vouchers are redeemed, any issues they face in terms of attempted fraud, generally how they found the scheme.

4.12 Budget

| item / s | cost | period | total |
|--|-------------------------|--|----------------|
| Staffing | | | |
| 1 Pilot Co-ordinator | £400 a day | 1 year - 100 days 3 days a week for 1st 3 months 1 day a week for following 6 months 3 days a week for 1st 3 months | 40,000 |
| Project staff | £150 a day | 2 days a week for 6 months (some of this time - ARC administrator?) | 7,800 |
| Evaluation | | | |
| 2 Staff | | | 16,000 |
| Participant vouchers | | £10 vouchers for participating in evaluation workshops | 1,600 |
| venue, refreshments | | £100 per pilot area - workshops before and after intervention | 400 |
| pilots | | | |
| Hackney | | | |
| 3 Pilot administrator | £10 per hour | 6 hours a week for 30 weeks | 1,800 |
| 4 cook & eat sessions (with Social Kitchen) | 6 week programmes | 4 programmes | 6,000 |
| Greenwich | | | |
| Pilot administrator | £10 per hour | 6 hours a week for 30 weeks | 1,800 |
| 5 Greenwich Development Agency Co-op set-up costs | | | 6,000 |
| cook & eat sessions | 6 week programmes | 4 programmes | 6,000 |
| Waltham Forest | | | |
| Pilot administrator | £10 per hour | 6 hours a week for 30 weeks | 1,800 |
| cook & eat sessions | 6 week programmes | 4 programmes | 4,000 |
| specialist staff - Behaviour change counsellors, cook & eat etc | | | 2,000 |
| Camden | | | |
| Farmers' Market administration | £20 per hour | 2 hours a week per market | 1,800 |
| Branding | | | |
| branded materials -logo design, recipes, shopping reminders, advice sheets, flyers etc | | | 1,000 |
| printing | | | 1000 |
| Voucher costs | | | |
| 6 Hackney | 40 participants @ £9.30 | 26 weeks (3 tokens a week) | £9,672 |
| Greenwich | 40 participants @ £9.30 | 26 weeks (3 tokens a week) | £9,672 |
| Waltham Forest | 40 participants @ £9.30 | 26 weeks (3 tokens a week) | £9,672 |
| Camden | 40 participants @ £9.30 | 26 weeks (3 tokens a week) | £9,672 |
| 7 app, physical vouchers, wooden tokens | | | 1,000 |
| Other | | | |
| 8 Travel | | | 2700 |
| project materials | | | 300 |
| 9 contingency | 10% | | 12,000 |
| total | | | 153,688 |

Notes

- 1& Food Matters (Victoria Williams) will co-ordinate the overarching pilot with an additional member of FM staff to deliver the day to day work on the ground.
- 2
- 3 The pilots will be co-ordinated on a day to day basis by a member of the CC parents' forum either on a sessional basis
Social Kitchen CIC is a social enterprise that trains and supports individuals, communities and organisations to increase shopping, preparing and cooking skills. They will work in Hackney to deliver the cook and eat sessions. In the other pilot areas the CCs will provide the cook and eat sessions in-house
- 4 sessions in-house
- 5 Costs include; wholesale purchase, deliver, set up etc
Aiming to start the pilots with 40 participants in each area with the expectation of 30 (minimum) completing the 6 month pilot. voucher costs based on working with pregnant mums either with a baby under 1 or a toddlers maximum payment 3 x £3.10 X 26 weeks. It is unlikely that the entire budget for vouchers will be taken-up - more likely that participants will op in and out on a week to week basis.
- 6
Travel costs are based on pilot co-ordinator traveling to London minimum once a week during the interventions. Travel between the pilot areas for shared learning meetings.
- 8 Additional travel to London for meetings between ARC, project co-ordinator and other pilot stakeholders.

4.13 Rose voucher pilot- project timeline

| activity | Sep-13 | | | | Oct-13 | | | | Nov-13 | | | | Dec-13 | | | | Jan-14 | | | | Feb-14 | | | | Mar-14 | | | | Apr-14 | | | | May-14 | | | | Jun-14 | | | | Jul-14 | | | | Aug-14 | | | |
|---|----------|---|---|---|--------|---|---|---|--------|---|---|---|--------|---|---|---|--------|---|---|---|--------|---|---|---|--------|---|---|---|--------|---|---|---|--------|---|---|---|--------|---|---|---|--------|---|---|---|--------|--|--|--|
| | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | | | | |
| Set-up phase | [Shaded] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Co-ordinate pilot development | [Shaded] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Set-up Evaluation | [Shaded] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| set and manage steering group | [Shaded] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phased start for pilot areas | [Shaded] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pilot projects | [Shaded] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Greenwich pilot | [Shaded] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hackney pilot | [Shaded] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Waltham Forest | [Shaded] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Camden | [Shaded] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Internal evaluations / assessments | [Shaded] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Managing the pilots and the wider project | [Shaded] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Meeting with pilot partners | [Shaded] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| co-ordinating learning between pilots | [Shaded] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Assessing funding / finance possibility | [Shaded] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Branding | [Shaded] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Publicity / media work | [Shaded] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Evaluation | [Shaded] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| pre-pilot data gathering | [Shaded] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| data gathering | [Shaded] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Analysis & report writing | [Shaded] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Project write-up | [Shaded] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| collate findings | [Shaded] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Write end of project report | [Shaded] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Recommendaions for next steps | [Shaded] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

4.14 Appendices

- **A - Risk Assessment**
- **B - Price comparisons – fresh local produce supermarket verses local veg box suppliers**
- **C - Focus Groups findings report**
- **D - Producers surveys**
- **E – list of interviewees**

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www.Londonpovertyprofile.org.uk

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How the WIC FMNP works - https://fnec.cornell.edu/Our_Programs/FMNP/WIC.cfm

American non-governmental food aid programmes –

Double Value Coupon Program - www.wholesomewave.org

Food Research & Action Centre - www.frac.org

ⁱ G Riches, 'Hunger, food Security and Welfare Politics: Issues and Debates in First World Societies', Proceedings of the Nutrition Society, 56, 1a 1997

ⁱⁱ Webster, J & Lobstein, T (1999). Sustain: the alliance for better food and farming

ⁱⁱⁱ Tim Lang, Professor of Food Policy at City University?????????

^{iv} 'Households Below Average Income' (DWP, June 2012)

^v Watson, A & Hiscock, S (2002). Food with latitude: a report exploring food project links across the North-south divide. Sustain

^{vi} Hirsh, D (2013). A minimum income standard for the UK in 2013. JRF

^{vii} a family or pregnant woman has to be earning £16,190 or less to receive Healthy Start Vouchers

^{viii} Hirsh, D (2013). A minimum income standard for the UK in 2013. JRF

^{ix} poor families paying more for a range of basic essentials. <http://www.family-action.org.uk>

^x In 2008, 23% of men and 23% of women (aged 16 and over) in London were classified as obese.

http://www.lho.org.uk/Download/Public/17381/1/Capital_health_gains_final.pdf

^{xi} p 3. Health and Environment Committee London Assembly (2013) *A Zero Hunger City: Tackling food poverty in London*. Greater London Authority

^{xii} California WIC, Authorized FOOD LIST Shopping Guide and other resources, July 5, 2011

^{xiii} A meta-evaluation of WIC programmes estimated that for every dollar invested in WIC programmes, \$3.50 was saved in healthcare costs during the first 18 years of life, due to the reduction in morbidity and disability. ^{xiii}

^{xiv} See Appendix B for price comparison carried out for this research

^{xv} McLeish, J (2005). *How to give effective healthy eating advice to disadvantaged pregnant women: A practical guide for health professionals*. Maternity Alliance

^{xvi} Dobson B, Beardsworth, A, Keil T, Walker R (1994). *Diet, choice and poverty: social, cultural and nutritional aspects of food consumption among low income families*. Loughborough: Loughborough University of Technology, Centre for Research in social Policy; Dowler, E & Calvert C (1195) op cit.

^{xviii} Focussing on pregnant women will provide long-term benefits to both mother and baby. This is important because inadequate diet during pregnancy is the second most important cause (after smoking) of low birth-weight and low birth-weight is associated with infant mortality and an increased risk of disabilities, special educational needs, and in later life CDH, hypertension and diabetes. Additionally a mother's weight during pregnancy can also affect the baby's development – being overweight in pregnancy can cause long-term health problems such as CHD and non-insulin dependent diabetes, and being excessively thin during pregnancy can cause prematurity, low birth-weight, non-insulin dependent diabetes and CHD.