

ALEXANDRA ROSE CHARITY - WRITTEN EVIDENCE (FDO0039)

1. About this submission

1.1 Founded in 1912 in honour of Queen Alexandra, Alexandra Rose Charity has a long history of supporting people experiencing poverty in the UK. Our current mission is to give families on low incomes access to fresh fruit and vegetables in their local communities. We do this by providing financial incentives ('Rose Vouchers') via two models:

1.1.1 The 'Rose Vouchers for Fruit and Veg Project', our **early years model** works with community centres and children's centres to provide Rose Vouchers to families with children under 5 years of age, as well as pregnant women, to buy fresh fruit and vegetables at local markets or independent shops.

1.1.2 Our '**Fruit and Veg on Prescription**' model, works with healthcare professionals and social prescribers to prescribe fresh fruit and vegetables, via weekly collections of Rose Vouchers, to adults with long-term health conditions that could be improved or reversed with better diet.

1.2 To date, we have supported **41,670 people**, including **10,580 families** and **20,068 children**, to access fresh fruit and vegetables with Rose Vouchers. Over the last decade, **£2,804,409** worth of Rose Vouchers has been spent at local markets and independent shops.

1.3 Our work demonstrates that financial incentives to support individuals and families on low incomes to buy fresh fruit and vegetables in their local community can:

1.3.1 Transform the diets of adults and children, improve physical and mental health and reduce pressure on the NHS.

1.3.2 Reduce financial stress and food insecurity, whilst narrowing the gap in dietary inequalities.

1.3.3 Invest in and create demand for a healthy local food environment.

1.3.4 Redefine food aid provision, ensuring dignity and choice for those facing food poverty.

1.4 Recommendations 1 and 7 of the National Food Strategy urged the Government to commit £2 million a year for a three-year pilot, which trials fruit and vegetables on prescription through a "Community Eatwell" Programme. In the 2022 *Levelling Up the United Kingdom*

White Paper, the Government accepted this recommendation, committing to running a three-year pilot. However, this commitment has yet to be implemented.

1.5 We therefore urge the Committee to consider the following recommendations:

- 1.5.1 **Recommendation 1: Make fresh fruit and vegetables affordable.** Government should press forward with their existing commitment to pilot a three-year 'Community Eatwell' Programme, that enables GPs and social prescribers to prescribe fruit and vegetables to adults on low incomes with food-related ill-health.
- 1.5.2 **Recommendation 2: Give children the healthiest possible start.** Government should expand the "Community Eatwell" Programme to trial a preventative approach to providing financial incentives for fruit and vegetables to families on low incomes, based upon our early years model.
- 1.5.3 **Recommendation 3: Rebalance our food system.** Use the revenue from the Soft Drinks Industry Levy and any future extensions to fund financial incentives for fruit and vegetables for those on low incomes to tackle food insecurity and food-related ill health.

2. Key trends in food, diet and obesity, and the evidential base for identifying these trends.

- 2.1 The UK has one of the highest rates of obesity in Europe.¹ Over 2 in 3 adults in England are above a healthy weight, and of these, half are living with obesity.² A fifth (21.4%) of children start school with overweight or obesity and over a third (36.6%) leave primary school with these conditions. Children in the most deprived fifth of the population are over twice as likely to be living with obesity as those in the least deprived fifth by the time they start school.³
- 2.2 These conditions are costing us dearly. Overweight and obesity are the third leading cause of death and disability in the UK and account for 1.4 million disability-adjusted life years (DALYs).⁴ New figures from the Tony Blair Institute for Global Health estimate that these conditions cost the UK £98 billion a year, 4% of GDP.⁵ Without Government action, analysis predicts these figures could rise to £109.4 billion and 10% of GDP annually by 2040.
- 2.3 The food we eat plays a vital role in our health. There is a global consensus that fruit and vegetables are the cornerstone of a balanced, nutritious diet.⁶ A diet rich in a variety of fruit and vegetables has been found to support healthy weight maintenance and reduce the risk of food-related ill health such as heart disease, diabetes, and cancer.^{7 8 9 10}

¹ Ritchie, H. and Roser, M. (2017). "Obesity". OurWorldInData.org. [online]. WHO, Global Health Observatory.

² Office for Health Improvement and Disparities (2024). Obesity Profile. [Obesity Profile - OHID \(phe.org.uk\)](https://www.phe.org.uk/obesity-profile)

³ NHS Digital (2023). National Child Measurement Programme, England, 2022/23 School Year. [National Child Measurement Programme, England, 2022/23 School Year - NHS England Digital](https://www.nhs.uk/ncmp)

⁴ One DALY represents the loss of the equivalent of one year of full health. [Disability-adjusted life years \(DALYs\) \(who.int\)](https://www.who.int/dalys)

⁵ Tony Blair Institute for Global Change (2023). Fit for the Future: A Fair Deal on Food for a Healthier Britain. [Fit for the Future: A Fair Deal on Food for a Healthier Britain \(institute.global\)](https://www.institute.global/fit-for-the-future)

⁶ World Health Organization (2003). Diet, Nutrition and the Prevention of Chronic Diseases. Report of a Joint FAO/ WHO Expert Consultation. Technical Report Series, No. 916. Geneva: World Health Organization.

⁷ Boeing, H., Bechthold, A., Bub, A., et al., (2012) Critical review: vegetables and fruit in the prevention of chronic diseases. *European Journal of Nutrition*, **51**(6):637–63.

⁸ Hartley, L., Iabinedion, E., Holmes, J., et al., (2013). Increased consumption of fruit and vegetables for the primary prevention of cardiovascular diseases. *Cochrane Database of Systematic Reviews*, Issue 6.

⁹ Micha, R., Khatibzadeh, S., Shi, P., (2015). Global Burden of Diseases Nutrition and Chronic Diseases Expert Group. Global regional and national consumption of major food groups in 1990 and 2010: a systematic analysis including 266 country-specific nutrition surveys worldwide. *BMJ*, **5**:e008705.

¹⁰ World Health Organization (2003). *Diet, Nutrition and the Prevention of Chronic*

Eating a variety of fruit and vegetables has also been shown to give children the healthiest possible start, establishing positive eating behaviours, supporting healthy growth and development and protecting against food-related ill health in adulthood.^{11 12 13 14 15}

2.4 In the UK, the Government's dietary guidelines, also known as the Eatwell Guide, recommends we eat 5 portions of a variety fruit and vegetables a day (400g). The Scientific Advisory Committee on Nutrition (SACN) recommends this for children from the age of 2 years.¹⁶ The Committee recommends that young children (1-2 years) should be introduced to a range of foods, flavours and textures and from 1-5 years, should be exposed to unfamiliar vegetables on multiple occasions (as many as 8 to 10 times or more) to help develop their palate and support regular consumption.

2.5 Despite this, almost all of us eat too little fruit and vegetables and our consumption in the UK has remained stubbornly below Government recommendations for over a decade. The Health Survey in England found that 1 in 4 men and 1 in 3 women ate 5 or more portions of fruit and vegetables a day in 2018, barely changed from 2011.¹⁷ Similarly, the 2019 UK National Diet and Nutrient Survey found that only 1 in 4 of us were eating our '5-a-day'.¹⁸ SACN estimates that on average, children aged 1-4 years eat 2 portions of fruit and vegetables a day.¹⁶ Consequently, in 2019 diets low in fruit and

Diseases. Report of a Joint FAO/ WHO Expert Consultation. Technical Report Series, No. 916. Geneva: World Health Organization.

¹¹ Craigie, A.M., Lake, A.A., Kelly, S.A., et al., (2011). Tracking of obesity-related behaviours from childhood to adulthood: a systematic review. *Maturitas*, **70**:266–84.

¹² Lien, N., Lytle, L., Klepp, K.I. (2001). Stability in consumption of fruit, vegetables and sugary foods in a cohort from age 14 to 21. *Preventive Medicine*, **33**(3):217–26.

¹³ Ness, A.R., Maynard, M., Frankel, S., et al., (2005). Diet in childhood and adult cardiovascular and all cause mortality: the Boyd Orr cohort. *Heart*, **91**(7):894–8

¹⁴ Maynard, M., Gunnell, D., Emmett, P.M. et al., (2003). Fruit, vegetables, and antioxidants in childhood and risk of adult cancer: the Boyd Orr cohort. *Journal of Epidemiology and Community Health*, **57**(3):218–25.

¹⁵ Arimond, M., Ruel, M.T. (2004). Dietary Diversity Is Associated with Child Nutritional Status: Evidence from 11 Demographic and Health Surveys. *The Journal of Nutrition*, **134**(10):2579–85. pmid:15465751

¹⁶ Scientific Advisory Committee on Nutrition (2023). Feeding young children aged 1 to 5 years. [Feeding young children aged 1 to 5 years \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/114444/feeding-young-children-aged-1-to-5-years.pdf)

¹⁷ NHS Digital (2022) *Health Survey England Additional Analyses, Ethnicity and Health, 2011-2019* <https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-england-additional-analyses/ethnicity-and-health-2011-2019-experimental-statistics/fruit-and-vegetable-consumption>

¹⁸ Public Health England and Food Standards Agency. (2019). *Years 1-9 of the UK National Diet and Nutrient Survey Rolling Programme (2008/09-2016/17)*. HMG. Available at: <https://www.gov.uk/government/statistics/ndns-time-trend-and-income-analyses-for-years-1-to-9>

vegetables accounted for 16,000 premature deaths and 308,000 disability-adjusted life years (DALYs) in the UK.¹⁹

2.6 The consumption of fruit and vegetables is where the widest dietary inequalities are seen. Those on low incomes are particularly susceptible to diets low in fruit and vegetables, with the most deprived fifth of adults consuming 37% less fruit and vegetables than the least deprived fifth.²⁰ For children in these families, they eat around a third (29%) less fruit and vegetables than their least deprived friends.¹⁹

¹⁹ The National Food Strategy (2021) [25585_1669_NFS_The_Plan_July21_S12_New-1\(1\).pdf](#) Accessed 26/03/2024

²⁰ Food Foundation (2023). *The broken plate 2023. The State of the Nation's Food System*. https://foodfoundation.org.uk/sites/default/files/2023-10/TFF_The%20Broken%20Plate%202023_Digital_FINAL..pdf

3. The primary drivers of obesity both amongst the general population and amongst distinct population and demographic groups.

- 3.1 Where we live, and what we earn, shape the options available to us to be healthy, including our access to affordable, nutritious food. Rising costs of living, low-paid, unstable jobs, and a food environment flooded with junk food means more and more people are struggling with food insecurity and food-related ill health, such as obesity. This also means that children are not getting the food they need to learn, develop and live healthy and happy lives.
- 3.2 Fruit and vegetables are high in fibre and water and low in energy density. This means they can help us feel fuller for longer, which in turn helps us maintain a healthy weight or achieve weight loss.^{21 22} However, they are also the most expensive category of the Eatwell Guide, costing on average £11.79 per 1,000kcal compared with food and drink high in fat and/ or sugar costing just £5.82 per 1,000kcal.²⁰ This cost leaves people on low incomes unable to afford these foods for themselves and their children, driving low consumption patterns.
- 3.3 Eight million adults and 3 million children currently experience food insecurity in the UK, twice as many compared to 2021.²³ Households with children are more likely to experience food insecurity and those with at least one child under the age of four are most susceptible.²³ Non-white ethnic groups are also at higher risk of food insecurity compared to those who identify as white. For example, those who identify as Black, African or Caribbean are twice as likely (33%) to experience food insecurity, compared to those from white ethnic groups (14%).²³
- 3.4 A recent survey from the Food Foundation has found that 60% of households experiencing food insecurity reported buying less fruit and 44% less vegetables due to the ongoing cost of living crisis.²⁴ This compares to 11% of food secure households buying less fruit and 6% buying fewer vegetables. Concerningly, purchases of vegetables dropped to their lowest level in 50 years in 2021- 2022, suggesting

²¹ Nour, M., Lutze, S.A., Grech, A., et al., (2018). The Relationship between Vegetable Intake and Weight Outcomes: A Systematic Review of Cohort Studies. *Nutrients*, **10**(11):1626.

²² Tetens, I., Alinia, S. (2009). The role of fruit consumption in the prevention of obesity. *J Hort Sci Biotech*, **86**(6):47-51.

²³ Food Foundation (2024). [Food Insecurity Tracking | Food Foundation](#)

²⁴ Food Foundation (2024). [Families stuck in food insecurity are buying less fruit and vegetables as UK's health divide widens | Food Foundation](#)

that the cost-of-living crisis is having a profound impact on household purchasing habits and dietary health.

3.5 Where we live, also impacts our ability to access fresh fruit and vegetables. Unhealthy food is easier to access, particularly in the most deprived areas where 1 in 3 food outlets are fast-food outlets.²⁰ These areas are also more likely to be classified as “food deserts” - areas where it is harder to purchase healthy food conveniently at a reasonable price.²⁵ It is estimated that 3.3 million people in England cannot reach any food stores selling raw ingredients within 15 minutes by public transport.¹⁹

4. Lessons learned from international policy and practice, and from the devolved administrations, on diet-related obesity prevention.

²⁵ Corfe, S (2018). What are the barriers to eating healthily in the UK? [What-are-the-barriers-to-eating-healthy-in-the-UK.pdf \(smf.co.uk\)](#)

- 4.1 Over the last four decades, the Government has published 14 strategies containing 689 policies aimed at reducing obesity in England. Almost half (43%) of these policies have focused on individual behaviour change. Of those policies that could shape the food environment for the better, the majority (64%) were voluntary measures and others have been delayed (e.g. the introduction of bans on TV and online advertising of unhealthy food and drinks).²⁶
- 4.2 We believe that the Government must take bold action to ensure minimally processed foods such as fruit and vegetables are accessible and affordable, particularly for households on low incomes. One such measure that we recommend the Committee consider are **financial incentives for households on low incomes to purchase fruit and vegetables at local markets and independent shops in their community.**
- 4.3 In the USA, the U.S Department of Agriculture (USDA) funds two evidence-based public health strategies that aim to improve the consumption of fruit and vegetables for households on low incomes: cash incentives^{27 28} and produce prescriptions programs.²⁹ There is a growing body of research demonstrating that cash incentives for fruit and vegetables redeemable at local farmers markets and provided to low income households significantly increase fruit and vegetable consumption.^{30 31 32 33 34} Furthermore, fruit and vegetable prescription

²⁶ Theis, D.R.Z. and White, M. (2021), Is Obesity Policy in England Fit for Purpose? Analysis of Government Strategies and Policies, 1992–2020. *The Milbank Quarterly*, **99**: 126-170. <https://doi.org/10.1111/1468-0009.12498>

²⁷ [Supplemental Nutrition Assistance Program \(SNAP\) | Food and Nutrition Service \(usda.gov\)](https://www.usda.gov/food-nutrition-service/supplemental-nutrition-assistance-program-snap)

²⁸ [About WIC - WIC at a Glance | Food and Nutrition Service \(usda.gov\)](https://www.usda.gov/food-nutrition-service/wic)

²⁹ [Gus Schumacher Nutrition Incentive Program \(GusNIP\) | NIFA \(usda.gov\)](https://www.usda.gov/nifa/gus-schumacher-nutrition-incentive-program-gusnip)

³⁰ Lindsay, S., Lambert, J., Penn, T. *et al.*, (2013) Monetary matched incentives to encourage the purchase of fresh fruits and vegetables at farmers markets in underserved communities. *Prev Chronic Dis* **14**;10:E188

³¹ Karpyn, A., Pon, J., Grajeda, S. B., *et al.*, (2022) Understanding Impacts of SNAP Fruit and Vegetables Incentive Program at Farmers' Markets: Findings from a 13 State RCT. *Int J Environ Res Public Health*, **17**;19(12):7443.

³² Olsho, L. E., Klerman, J.A., Wilde, P.E., *et al.*, (2016). Financial incentives increase fruit and vegetable intake among Supplemental Nutrition Assistance Program participants: a randomized controlled trial of the USDA Healthy Incentives Pilot. *Am J Clin Nutr*, **104**(2):423-35.

³³ Durward, C. M., Savoie-Roskos, M., Atoloye, A. *et al.*, (2019) Double Up Food Bucks Participation is Associated with Increased Fruit and Vegetable Consumption and Food Security Among Low-Income Adults. *J Nutr Educ Behav*, **51**(3):342-34.

³⁴ Vericker, T., Dixit-Joshi, S., Taylor, J. *et al.*, (2021) Impact of Food Insecurity Nutrition Incentives on Household Fruit and Vegetable Expenditures. *J Nutr Educ Behav*, **53**(5):418-427

programmes have been found to reduce body mass index (BMI) in both adults and children, hypertension and diabetes in adults.^{35 36 37 38} Fruit and vegetables on prescription could also be highly cost-effective - a recent study concluded that over 25 years, providing fruit and vegetables on prescription to the 6.5 million US adults experiencing both diabetes and food insecurity would prevent 292,000 cardiovascular disease events and save \$39.6 billion in health care costs and \$4.8 billion in productivity costs.³⁹

4.4 Financial incentives to support people on low incomes to afford fruit and vegetables were recommended in the 2021 National Food Strategy. Recommendation 7 urged the Government to commit £2 million a year for a three-year pilot to trial a “Community Eatwell” Programme tailored to local needs, which would give GPs the option to prescribe fruit and vegetables along with food-related education and social support. The Strategy recommended that these trials take place in the Government’s seven [Green Social Prescribing Programme](#) test and learn sites. The Strategy also recommended that the revenue raised from a sugar and salt reformulation tax (Recommendation 1) should be used to fund the “Community Eatwell” Programme trial. In the 2022 *Levelling Up the United Kingdom* White Paper, the Department for Levelling Up, Housing and Communities accepted this recommendation, committing to running a three-year pilot. However, this commitment has yet to be implemented.

4.5 In 2023, the Scottish Government committed to taking a cash-first approach to end the need for food banks in Scotland. The plan detailed nine actions guided by three overarching objectives: strengthen access to cash in a crisis; integrate money advice to prevent future need; and maximise dignity and choice when food is provided.⁴⁰ The Government

³⁵ Cavanagh, M., Jurkowski, J., Bozlak, C. (2017). Veggie Rx: an outcome evaluation of a healthy food incentive programme. *Public Health Nutr*, **20**(14):2636-2641.

³⁶ Veldheer, S., Scartozzi, C., Bordner, C.R. et al., (2021) Impact of a Prescription Produce Program on Diabetes and Cardiovascular Risk Outcomes. *J Nutr Educ Behav*, **53**(12):1008-1017.

³⁷ Jones, L.J., Van Wassenhove-Paetzold, J., Thomas, K., et al., (2020). Impact of a Fruit and Vegetable Prescription Program on Health Outcomes and Behaviors in Young Navajo Children. *Curr Dev Nutr*, **21**;4(8).

³⁸ Hager, K., Du, M., Li, Z. et al., (2023). Impact of Produce Prescriptions on Diet, Food Security, and Cardiometabolic Health Outcomes: A Multisite Evaluation of 9 Produce Prescription Programs in the United States. *Circ Cardiovasc Qual Outcomes*, **16**(9):e009520.

³⁹ Wang, L., Lauren, B.N., Hager, K. et al., (2023) Health and Economic Impacts of Implementing Produce Prescription Programs for Diabetes in the United States: A Microsimulation Study. *J Am Heart Assoc*, **12**(15):e029215.

⁴⁰ Scottish Government (2023). Cash-first: Towards ending the need for food banks in Scotland. [Cash-First: Towards Ending the Need for Food Banks in Scotland](#)

acknowledges that voucher and other short-term cash payments are a more dignified approach to addressing food poverty. Action 4 of the plan committed to provide £10 million a year from 1 April 2023 to 31 March 2026 to community and third sector organisations responding to food insecurity with cash-first approaches through the Investing in Communities Fund (ICF). A recent policy briefing from Public Health Scotland specifically mentions the work of Alexandra Rose Charity (see next question) in Glasgow as an example of best practice in voucher provision.⁴¹

5. Policy tools that could prove effective in preventing obesity amongst the general population, including those focussed on the role of the food and drink industry in tackling obesity.

5.1 At Alexandra Rose Charity, we have a decade of experience supporting individuals and families on low incomes to access fresh fruit and vegetables in their local community. Our work has successfully shown that financial incentives for fruit and vegetables can help improve the diet and health of these individuals and families, whilst supporting independent local food economies. Based upon a similar model to the US (described in question four), we provide financial support with Rose Vouchers via two models:

5.1.1 The 'Rose Vouchers for Fruit and Veg Project', our early years model, works with community centres and children's centres

www.gov.scot)

⁴¹ Public Health Scotland (2024). What can community food initiatives do to support cash-first approaches to food insecurity? <https://publichealthscotland.scot/media/25274/what-can-community-food-initiatives-do-to-support-cash-first-approaches-to-food-insecurity-english-february2024.pdf>

to provide Rose Vouchers to families with children under 5 years of age, as well as pregnant women, to buy fresh fruit and vegetables at local markets or independent shops. We currently run this project in eight locations across the UK: Hackney, Hammersmith and Fulham, Lambeth, Southwark, Tower Hamlets, Liverpool, Barnsley and Glasgow.

- 5.1.1.1 Eligibility is based upon the Government's Healthy Start scheme criteria. However, we also offer flexibility and autonomy to children centres to make their own judgments of need. Unlike Healthy Start, people with no recourse to public funds are eligible for Rose Vouchers. Our local partners also provide wrap-around support to families, which may include benefit and financial advice, support with applying for the Healthy Start scheme and cooking courses.
- 5.1.1.2 Families with children under 5 years of age receive £4 in Rose Vouchers per child per week. We also provide £2 per week for children aged 0-12 months and £4 per week for pregnant women. In project areas, where we have additional funding, we provide £4 per week for a child between the ages of 5-11 years. A family is eligible for Rose Vouchers until their last child under primary school age goes to school. On average across our project areas, eligible families receive £7.60 a week (£32.93 a month) in Rose Vouchers.
- 5.1.2 **Our "Fruit and Veg on Prescription" model**, works with healthcare professionals and social prescribers to prescribe fresh fruit and vegetables, via weekly collections of Rose Vouchers, to adults with long-term health conditions that could be improved or reversed with better diet. Like our early years model, these vouchers can be spent at local markets or independent shops. We currently run this project in two locations in London: Lambeth and Tower Hamlets.
 - 5.1.2.1 In Lambeth, people who have or are at risk of high blood pressure are eligible for Rose Vouchers. In Tower Hamlets, people who have food-related ill health are eligible (e.g. Obesity, type 2 diabetes and hypertension). In both project areas, people with no recourse to public funds are eligible for Rose Vouchers. Alongside Rose Vouchers, the participants take part in monthly sessions on topics including nutrition and healthy eating, budgeting and finances and cook and eat sessions.

5.1.2.2 In Lambeth, each person prescribed Rose Vouchers receives £8 per week, plus £2 per week for each household member. In Tower Hamlets, eligible individuals receive £6 per week in vouchers, plus £2 per week for each household member. In Tower Hamlets, individuals are prescribed Rose Vouchers for 9 months. In Lambeth, there is no limit on the length of time eligible individuals can receive Rose Vouchers. On average across the two project areas, eligible individuals receive £11.90 a week (£51.57 a month) in Rose Vouchers.

5.2 Our work shows that financial incentives to support individuals and families on low incomes to buy fresh fruit and vegetables in their local community can:

5.2.1 Transform the diets of adults and children, improve physical and mental health and reduce pressure on the NHS.

5.2.2 Reduce financial stress and food insecurity, whilst narrowing the gap in dietary inequalities.

5.2.3 Invest in and create demand for a healthy local food environment.

5.2.4 Redefine food aid provision, ensuring dignity and choice for those facing food poverty.

5.3 To date, we have supported **41,670 people** including **10,580 families** and **20,068 children** access fresh fruit and vegetables with Rose Vouchers. We work with **60 market traders, greengrocers, and a mobile fruit vegetable van**, who are committed to accepting Rose Vouchers for families to spend on the fresh fruit and vegetables of their choice. Across both models, **£2,804,409** worth of Rose Vouchers have been spent at local markets and independent shops since 2014.

5.4 On average, **92%** of the Rose Vouchers we give are redeemed across both projects, demonstrating that those living on low incomes will buy fresh fruit and vegetables and improve the diets and health of themselves and their families, if affordability and access barriers are removed. The next section of our consultation response aims to summarise the impact of both Rose Voucher models to date.

5.5 An evaluation of our Southwark Rose Vouchers for Fruit and Veg Project⁴² has found that the provision of financial incentives for fruit and vegetables has led to the following:

⁴² Based upon focus groups and interviews with 41 families. 22 of these families completed a short-form food frequency questionnaire at registration (baseline) and six months later (follow-up).

5.5.1 **Positive changes to the diet of children and families, in line with Government dietary guidelines including:**

5.5.1.1 Significant increase in fruit and vegetable consumption: before the project, only 7% of children and 15% of parents met the Government's '5 a-day' recommendations. After 6 months of receiving Rose Vouchers, 64% of children and 55% of parents were meeting these recommendations. On average, children and parents eat 3 more portions of fruit and vegetables a day as a result of Rose Vouchers.

5.5.1.2 Greater variety and diversity of fruit and vegetables consumed: because Rose Vouchers help to reduce the financial risk of children trying and rejecting new fruit and vegetables, parents tell us that they are much more likely to experiment and offer a greater variety of these products. Eating a wide variety of fruit and vegetables is essential for meeting micronutrient needs required for healthy growth and development. This is enabled by the wide range of fruit and vegetables options at the local market and independent retailer stalls.

*"If I didn't have Rose Vouchers, I would stick to my daughter's fruit and vegetable preferences, but with the vouchers, I can get different kinds of fruit and vegetables that she might not normally try." **Southwark Parent***

*"We try new things, very often. We are trying to eat more vegetables so we often try new types; the variety has been helping my daughter a lot. We experiment with vegetables and fruit - new recipes, blending smoothies ... Rose Vouchers has made me try a whole new variety and helped me eat healthier." **Southwark Parent***

*"Because the Rose Vouchers can only be spent on fruit and vegetables it almost forces you to be more creative. Sometimes I see foods I've never heard of at the market, I wouldn't even know if they were a cabbage or a fruit...! I'd ask people, ask traders - how do you cook that then? [...] I look into recipes online with what I have left in the fridge." **Southwark Parent***

5.5.1.3 Reduction of unhealthy snack food consumption: fruit and vegetables purchased using Rose Vouchers act as a substitute for snacks high in fat, sugar, and salt. Parents reported that almost half

(43%) of children in the project reduced their consumption of unhealthy snack foods by 3 to 4 portions a day.

"My kids like biscuits a lot and potato chips, sweets, chocolate – now they are having less of these because of the Rose Vouchers"
Southwark Parent

5.5.2 Children develop a lasting preference for fruit and vegetables and an openness to try different foods

5.5.2.1 Families who had been on the project for 3 years or longer told us that Rose Vouchers not only helped to relieve the financial risk and burden of introducing new foods to their children but also enabled them to repeat this exposure over time, training their palates for a long-term preference for fruit and vegetables as recommended by SACN.⁴³ By being able to consistently offer a variety of fruit and vegetables, parents reported that children developed a taste for them, overcame picky eating tendencies and became more engaged in learning about how to cook them.

"Because I introduced vegetables to them at an early age, they love them now. Spinach, broccoli - they are eating it very often. But I had to work at it - the transition was difficult at some points when they wouldn't want to eat things." **Southwark Parent.**

"They would not eat fruit and vegetables as much, before they would only eat oranges and bananas, but now they eat all sorts – peas, carrots, sweetcorn, just more variety. They are accustomed to fruit and vegetables now - they know what I use, what's missing, what it should taste like, they notice and are learning." **Southwark Parent.**

"My son says no to unhealthy things, and knows the consequences of unhealthy eating. I have spoken about fried foods, they have the knowledge. Eating too much chips, etc. The kids eat fruit if they're hungry." **Southwark Parent.**

5.5.3 Improvements in healthy weight and weight maintenance, family health and less need for NHS services

5.5.3.1 Eight in 10 (82%) parents reported that Rose Vouchers help their child maintain a healthy weight, whilst 1 in 4 reported that

⁴³ Scientific Advisory Committee on Nutrition (2023). Feeding young children aged 1 to 5 years - summary report. [Feeding young children aged 1 to 5 years - summary report - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/115444/feeding_young_children_aged_1_to_5_years_summary_report.pdf)

their children had lost weight. The impact of Rose Vouchers on family's diets has benefited parents themselves with 3 in 4 (77%) reporting improved weight, with 1 in 4 telling us that they had lost weight.

"My daughter has lost weight - it has helped to give her and her brothers something sweet but better for you to eat, like fruit, instead of ice cream or some other sweet thing that's caught their eye " **Southwark Parent.**

"I have been managing my weight but since being on Rose Vouchers I have lost 4KG. It's down to my diet and eating lots of fruit and vegetables." **Southwark Parent.**

5.5.3.2 In the broader context of Southwark, the percentage of children entering primary school with an 'overweight' BMI has reduced by an average of 0.6% per year since Rose Vouchers launched in the area in 2018. Children entering primary school with a BMI of 'obese' have, on average, reduced by 0.8% a year during the same timeframe.⁴⁴ Whilst this cannot be solely attributed to Rose Vouchers, it does show a promising trend, counter to national trends, where until 2021/22 overweight and obesity in reception age children continued to increase.⁴⁵

5.5.3.3 Constipation and digestion issues are common causes of GP visits for children alongside colds, stomach bugs, and strep throat – all issues that can be reduced in frequency and severity through diet and improved immunity. The Children's Bowel and Bladder Charity estimates that 1 in 3 infants suffer from constipation.⁴⁶ Of those, 30% will develop chronic symptoms and be referred to secondary care specialists.⁴⁷

5.5.3.4 Almost 8 in 10 (77%) parents reported that their child experienced improved digestion and fewer bouts of constipation after 6 months of receiving Rose Vouchers. Nine in 10 stated that their children's energy had improved, whilst 3 in 4 (77%) reported better sleep quality and concentration.

⁴⁴ Childhood obesity in Southwark. Southwark's JSNA. Southwark Council: London. 2020.

⁴⁵ Office for Health Improvement and Disparities (2024). Obesity Profile. [Obesity Profile - OHID \(phe.org.uk\)](https://www.phe.org.uk)

⁴⁶ The Children's Bowel and Bladder Charity. Accessed 26/03/2024

⁴⁷ Patient. [Constipation in Children](#). Research based on Mutyala R, Sanders K, Bates MD; Assessment and management of pediatric constipation for the primary care clinician. *Curr Probl Pediatr Adolesc Health Care*. 2020 May;50(5):100802. 2020 Jun 10.

"My daughter used to be constipated a lot but anytime it seems like it's happening again I get more fruit and vegetables again, and it helps." **Southwark Parent.**

"[My children] are sick a lot less now." **Southwark Parent.**

5.5.3.5 Parents reported similar findings to their own health with 3 in 4 (77%) reporting improved digestion, sleep quality (73%) and concentration (73%). Nine in 10 (95%) told us that their energy levels had improved.

"I have literally struggled with constipation my whole life, and I've finally been able to break that cycle... it's really helped" **Southwark Parent.**

5.5.3.6 Furthermore 86% of parents and carers report better mental wellbeing including reduced stress and anxiety around finances, because Rose Vouchers cover most or all of their fruit and vegetable costs. Parents tell us that they can 'make a meal' out of Rose Vouchers, in comparison to similar initiatives.

5.5.3.7 A social impact evaluation⁴⁸ of the Southwark Rose Vouchers for Fruit and Veg Project estimated that the health and wellbeing benefits described above could save the NHS £2,220 a year for every child and £745 a year for every adult enrolled in the project. Based upon the number of children and adults the Southwark project supports, it is estimated that this project alone could **save the NHS £230,050 every year.**⁴⁹

5.6 An evaluation⁵⁰ of our **Fruit and Veg on Prescription** project in Lambeth and Tower Hamlets has found the following:

5.6.1 **Positive changes to the diet and eating habits of participants and their households, in line with Government dietary guidelines including:**

5.6.1.1 Significant increase in fruit and vegetable consumption: before the projects, only 28% of participants and 45% of households met the Government's '5 a-day' recommendations. By removing the financial barriers with Rose Vouchers, 80% of

⁴⁸ [What are the Principles of Social Value? - Social Value UK](#). Accessed 26/03/2024

⁴⁹ Internal report, available upon request.

⁵⁰ Based upon a baseline and follow-up evaluations with 51 participants (31 in Lambeth and 21 in Tower Hamlets). The evaluation is ongoing.

participants and households eat five portions of fruit and vegetables a day. Our Tower Hamlets project found that on average, children and parents were eating 3.2 more portions of fruit and vegetables a day as a result of Rose Vouchers. Participants were also more likely to take greater risks when trying new fruit and vegetables, diversifying their and their household's palates.

"Before the Rose Voucher I didn't even eat fruit, because it takes so much out of my money... but now it [the vouchers] makes a difference, I don't have to spend my cash, I can try different fruit and vegetables." **Lambeth Participant.**

"Family is a strong motivator for participants with families. Mum can show her son she can look after herself too. He's not even in nursery yet, but it is about having those habits, and seeing those habits is important. Because previously she would focus on him having a healthy diet at the expense of her own, so not modelling a good diet." **Tower Hamlets Social Prescriber.**

"I have tried new recipes such as ratatouille with lots of vegetables, and I made vegetable soup." **Lambeth Participant.**

5.6.1.2 Reduction of unhealthy snack food consumption: 62% of participants in Tower Hamlets and 68% of participants in Lambeth told us that they snack less on foods that are high in fat, salt and sugar. Nine in 10 participants said they snack more on fruit thanks to Rose Vouchers.

"I used to like snacking on chocolate and sensations crisps, but I now just grab an apple because it's healthier". **Lambeth Participant.**

"I used to eat processed foods, but now I make my own fresh fruit salads using fresh fruit" **Lambeth Participant.**

5.6.1.3 Families have a better food and cooking culture in the home: By having greater availability of fruit and vegetables and reduced financial stress, participants told us they found more joy in food and cooked more meals from scratch.

5.6.1.4 Greater motivation to eat healthier and take care of health: participants felt more motivated by the Rose Vouchers to eat healthier and put further healthy lifestyle changes into place, such as increased exercise.

"Since I've had the vouchers, I've noticed a difference in how I'm thinking about food. When I'm walking around the supermarket, I have started to look at healthier options. Because I enjoy having the vegetables and fruit, like a domino effect you're doing something good and it's tasty and gives you energy so it makes you look at other food in a different way." **Tower Hamlets Participant.**

"I eat more vegetables than before. I look after my health more now. Health wasn't as much a priority. I have to check blood pressure now when I get my vouchers - so it makes me take care of my health. I meet friendly people here too. I've also noticed my headaches have reduced." **Lambeth Participant.**

5.6.2 Reduction in food insecurity

5.6.2.1 In Tower Hamlets, 70% of participants were experiencing moderate to severe food insecurity.⁵¹ After 9 months of receiving Rose Vouchers, this had reduced to 29%. Furthermore, at the start of the project, only 19% of participants reported that they were food secure. This increased to 71% of participants after 9 months of receiving Rose Vouchers.

5.6.3 Improvements in food-related ill health and less need for NHS services

5.6.3.1 Participants in both projects are high users of health services, with most participants living with multiple long-term health conditions. Nine in 10 participants told us that their physical health had improved due to receiving Rose Vouchers for fruit and vegetables on prescription.

5.6.3.2 The project in Lambeth reported a 71% improvement in blood pressure for participants with initial hypertension. In Tower Hamlets, 43% of participants reported weight loss or improved weight management, whilst half (48%) reported improved blood sugar levels and reported improved digestion (52%).

5.6.3.3 Before Rose Vouchers, on average almost half (46%) participants in Lambeth and Tower Hamlets were visiting their GP every two months or less. This fell to 16% as a result of our project,

⁵¹ Defined as reducing the size of meals, skipping meals or choosing snacks over meals because there wasn't enough food or money for food.

demonstrating the potential for fruit and vegetables on prescription to reduce the burden on the NHS.

*"I've lost a bit of weight... I was 98kg now I am 92kg". **Lambeth Participant.***

*"I feel like I'm eating well, more energy now, before I would feel so weak and had pains everywhere, still suffer from medical issues, but felt like I had no strength, very tired all the time, no motivation to cook or eat healthily." **Tower Hamlet Participant***

*"It's so good. It's like getting vouchers gave me meaning. It gave me reason to get out of bed. The workers are so good too. I didn't know my blood pressure was high and in no time, my blood pressure went down. My blood pressure is now stable." **Lambeth Participant.***

*"This is what a lot of people have been crying out for. I've had a lot of weight loss referrals but have been restricted on what I can do or offer. It's made things a lot more accessible to people, reduced barriers – cost is a huge barrier to eating healthily. It's harder to have a healthy lifestyle when you have all of these other stresses going on." **Tower Hamlets Social Prescriber***

5.6.4 Improved mental health with reduced stress and worry

5.6.4.1 Rose Vouchers for fruit and vegetables provide relief from financial pressures, with 7 in 10 participants reporting that they worry less about money for food. Using the Measure Yourself Concerns and Wellbeing (MYCAW) tool, the wellbeing of participants across both projects also improved significantly from 4.3 to 2.7.^{52 53} The 'breathing space' created by the Rose Vouchers helps participants prioritise other needs, supported through other social prescribing activities. These activities also help to reduce social isolation and improve community connection, leading to further improvements in mental health.

⁵² On this scale, '0' indicates 'as good as it could be'. A reduction in one or more points on the MYCAW scale is considered a statistically significant change.

⁵³ Polley M, Seers H, Cooke H, Hoffman C, Paterson C, 2007. How to summarise and report written qualitative data from patients: a method for use in cancer support care. Supportive Care in Cancer.

"The stress that it takes away from people. One person had a lot of things going on with her – first meeting talked about being suicidal, pain in legs, a lot of pain generally, and financial stress. [...] Pressure it releases for participants - [they] don't have to worry about having to factor this amount of fruit and vegetables into their finances and diet. [...] The pressure it takes off is immeasurable."
Tower Hamlets Social Prescriber

"If my daughter asks, 'what have you done today?' I can say I went to this and it was great [...] I've got something different to talk about. But it's lovely you feel like you've achieved something different [...] I felt boring and now I don't, I've got something to offer."
Tower Hamlets Participant

5.7 Furthermore, both Rose Vouchers for Fruit and Veg models have shown the following benefits:

5.7.1 **Increased investment and stability in a healthy local food environment**

5.7.1.1 An economic impact assessment of the Southwark Rose Vouchers for Fruit and Veg Project revealed that for every £1 Rose Voucher spent, a further £2.11 is invested into the local economy.⁵⁴ In 2021-2022 the Southwark project generated a total economic value added of approximately **£610,003** for the local economy, including **£196,101** direct investment into local food markets via Rose Vouchers.

5.7.1.2 The additional **£413,902** economic value was channelled back into the local economy via trader spend at local food suppliers, additional cash spent by families receiving Rose Vouchers at market stalls and savings to the state via income from markets and avoided unemployment.

5.7.1.3 Early modelling suggests that our Fruit and Veg on Prescription model in Tower Hamlets results in similar benefits to the local economy, with every £1 spent on Rose Vouchers resulting in £2.12 investment in the local economy.

5.7.1.4 Furthermore, Rose Vouchers make up a significant (20%) proportion of local market trader's revenue, approximately £2,000 per month, per trader. This has proved vital to the survival of participating fruit and vegetable market stalls during the COVID-19

⁵⁴ Internal report, available upon request.

pandemic and the subsequent cost-of-living crisis, helping to ensure their survival.

5.7.1.5 The Rose Voucher models also provide demand for innovative community-based solutions that aim to increase the offer of healthy, fresh produce in the local food environment. For example, in Liverpool, Rose Vouchers are redeemable at [the Queen of Greens](#) fruit and vegetables bus and in Glasgow, Rose Vouchers have helped to diversify the produce offered at [Ruchazie Pantry](#).

5.7.2 Reduction in dietary inequalities

5.7.2.1 Financial incentives for fruit and vegetables have great potential to reduce dietary inequalities. Due to the localised nature of both Rose Voucher models, which are embedded within local communities and markets that are more likely to sell culturally familiar foods, our projects successfully support those who are typically defined as 'hard-to-reach'. Across both project models, 88% of participants are from an ethnic background other than White British, whilst 50% list English as a second language. As mentioned in questions two and three of our response, these groups are more likely to experience food insecurity and face greater financial and physical barriers to accessing a healthy diet.

5.7.3 Dignity and choice in the face of food poverty

5.7.3.1 The use of food banks, as a form of emergency food aid, has become increasingly prominent in the UK with 5.7 million people accessing support in 2022.⁵⁵ Although they provide an essential service to people facing extreme financial crisis, because of the nature of the surplus supply chain, the majority of food on offer is packaged and processed and food banks struggle to access a regular and diverse supply of fresh fruit and vegetables. Research has also shown that food banks can be a source of stigma, shame, embarrassment and guilt.⁵⁶

5.7.3.2 Rose Vouchers for Fruit and Veg are an innovative retail response to addressing food poverty and could provide an alternative solution to the surplus food redistribution model of food aid provision in the UK. The personalised shopping experience within markets offers recipients choice and agency, and Rose

⁵⁵ Trussel Trust (2022). Hunger in the UK. [2023-The-Trussell-Trust-Hunger-in-the-UK-report-web-updated-10Aug23.pdf \(trusselltrust.org\)](#)

⁵⁶ Brennan-Tovey, K., Board, E. M., & Fulton, J. (2023). Counteracting Stigma-Power: An Ethnographic Case Study of an Independent Community Food Hub. *Journal of Contemporary Ethnography*, **52**(6), 778-798.

Vouchers facilitate regular contact points with community partners, where additional services and support can be provided.

5.8 To conclude, supporting individuals and families on low incomes with financial incentives for fruit and vegetables has the potential to transform diets and local food environments and cultivate a long-lasting love of fruit and vegetables in early childhood. We therefore urge the Committee to consider the following recommendations:

5.8.1 **Recommendation 1: Make fresh fruit and vegetables affordable.** Government should press forward with their existing commitment to pilot a three-year 'Community Eatwell' Programme, that enables GPs and social prescribers to prescribe fruit and vegetables to adults on low incomes with food-related ill-health.

5.8.2 **Recommendation 2: Give children the healthiest possible start.** Government should expand the "Community Eatwell" Programme to trial a preventative approach to providing financial incentives for fruit and vegetables to families on low incomes, based upon our early years model.

5.8.3 **Recommendation 3: Rebalance our food system.** Use the revenue from the Soft Drinks Industry Levy and any future extensions to fund financial incentives for fruit and vegetables for those on low incomes to tackle food insecurity and food-related ill health.

5 April 2024