

Infant Food Insecurity – Emergency Pathways

Carolyn Wilson/Pam Amabile

Scottish Government

March 2024

Accurate as of 18 March 2024

Key message 1: All children have the right to the best possible health (article 24) and an adequate standard of living (article 27) which includes appropriate nutrition to meet their developmental needs.² All parents and carers of infants should be supported in ways that help them provide this safely and sustainably, whether the baby is breastfed, formula fed or a combination of both.

Key message 2: Parents and carers of infants, as well as everyone who works with them directly or indirectly, should know where to get locally assured advice and support to ensure that all infants are fed safely and responsively.

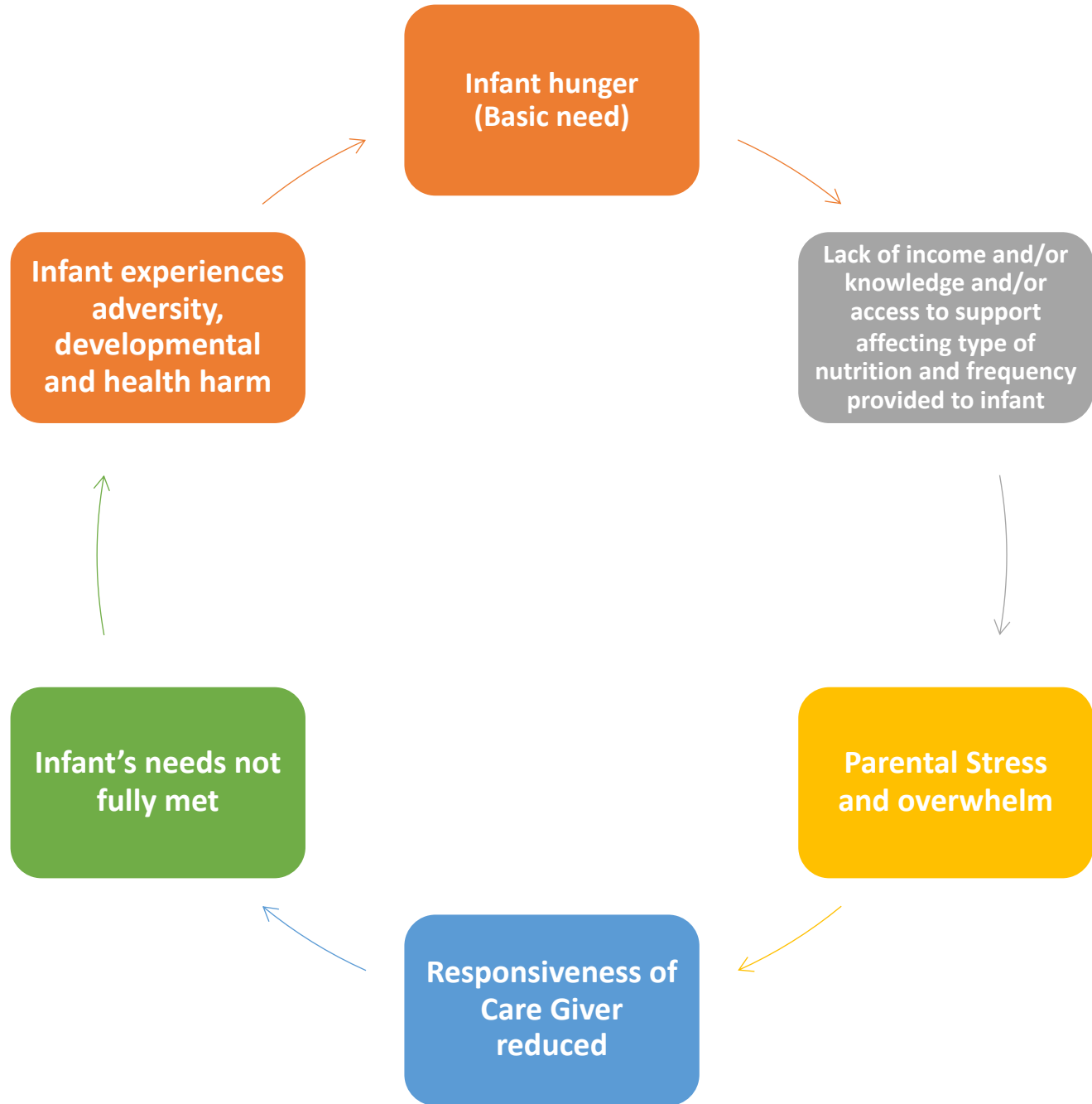
Key message 3: Local pathways and responses should be developed around dignity, respect and choice. A **'No Wrong Door'** principle, with an appropriate onward referral approach should be in place to ensure parents are supported to feed their infants safely and responsively.

A microscopic view of several red blood cells, showing their characteristic biconcave disc shape and reddish color. The cells are arranged in a cluster, with some in sharp focus and others blurred in the background. The lighting is soft, highlighting the texture of the cell membranes.

Infant Nutrition and Baby Brain Development

- ❑ The brain and gut are connected and how they form and develop is inextricably linked.
- ❑ Nutrition is key to this. Nutrition means the right type of food and nutrients to meet the developmental stage a child is at.
- ❑ For babies under 6 months, the only nutrition that can fully meet their developmental needs is breastmilk, formula milk or a combination of both.
- ❑ For babies over 6 months, complementary foods are gradually introduced into the diet, alongside breast or formula milk, to meet their broader nutritional requirements as they grow and develop
- ❑ Once a baby reaches 12 months they can move to cows milk (over formula), breastfeeding is recommended to continue until they are two

Infant Trauma Cycle and Link To Poverty





Families experiencing poverty

Some families are more likely to experience poverty than others, these include:

- Lone Parents
- Families with a child under 1
- Families with a younger mother (under 25)
- Minority ethnic families
- Larger families (3+ children)
- Families with a disabled adult or child

[Tackling child poverty priority families overview - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/consultations/web_publications/2019/09/tackling-child-poverty-priority-families-overview/)

Infant Feeding by SIMD (First Visit, 2022/23)

- How does breastfeeding vary ..
- How does maternal age affect the type of infant feeding?
- How does maternal smoking affect the type of infant feeding?
- How does deprivation affect the type of infant feeding?
- How does ethnicity affect the type of infant feeding?
- How does Looked After Child (LAC) status affect the type of feeding?
- At what age were babies introduced to solid foods?

- Select Type of Review
 - First Visit
 - 6-8 Weeks
 - 13-15 Months
- View data by Board or Local Authority
 - NHS Board
 - Local Authority
- Select Board or Local Authority
 - All participating boards
- Select Financial Year of Eligibility
 - 2022/23

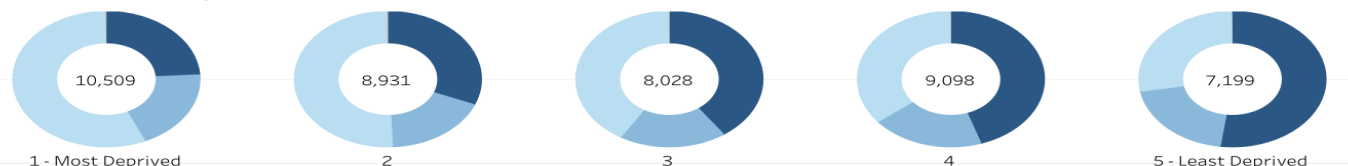
- Type of Feeding
 - Exclusive Breast
 - Mixed Breast and Formula
 - Formula
 - Other

Infant Feeding by Deprivation level

Review Type: **First Visit**

Area of Residence: **All participating boards**

Financial Year: **2022/23**



Note: The number of babies reviewed, with a known feeding type, is shown in the centre of each circle

Source: CHSP Pre-School August 2023, Public Health Scotland

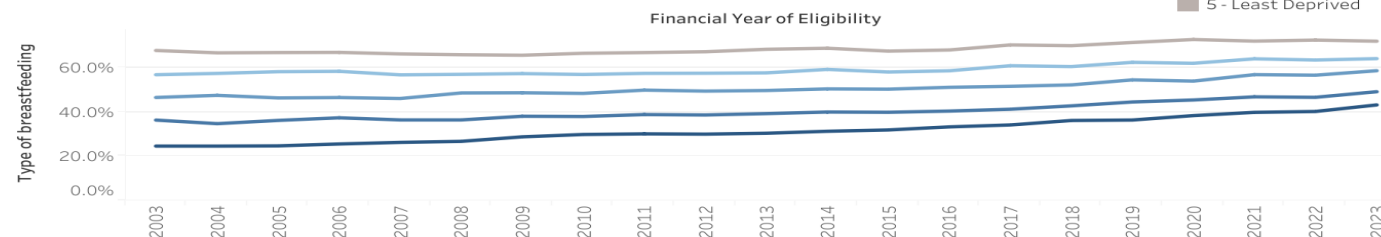
Overall Breastfeeding by Deprivation level

Review Type: **First Visit**

Area of Residence: **All participating boards**

- Exclusive/Overall
 - Exclusive Breastfeeding
 - Overall Breastfeeding

- Deprivation Level
 - 1 - Most Deprived
 - 2
 - 3
 - 4
 - 5 - Least Deprived



Infant Food Insecurity

Where a baby is fully or partially formula fed, parents need to pay for formula milk. **Formula milk is a commercial product** (this is provided on prescription for specific medical purposes only)

The cost of formula milk has increased at a higher rate than other food stuffs over the past year, leading to reports of parents stealing this product to meet their babies needs

Formula feeding requires certain feeding equipment (bottles/teats), regularly boiled water and access to hot, soapy water for cleaning.

This adds additional cost to this type of infant feeding, over the product itself, and more pressure on families to afford fuel to boil kettles, clean equipment and sterilise (steam)

Babies in low income households are almost twice as likely to be fully formula fed, compared to higher income households (SIMD 1 59.6% v's SIMD 5 27.2%)

Poverty is leading to some parents having to make difficult choices on what, when and how to feed themselves and their babies

Infant Feeding Emergencies

There is limited evidence on how many and what types of families are experiencing infant feeding emergencies (where their immediate nutritional needs cannot be met – more likely to be partially or fully formula fed).

However, we know that infants in families in the circumstances set out below are most likely to require immediate or urgent help:

Families with no recourse to public funds (NRPF), refugees, asylum seekers

Families who are newly approved for asylum but remain destitute

Families fleeing from domestic violence

Families who were previously 'just coping' and move into extreme poverty due to external economic shocks

Infant Food Insecurity and Action to Ensure Emergency Pathways for Infant Food Are In Place

In line with Action 1 of our Cash First Plan, we have progressed our work to ensure robust pathways are in place locally to meet the needs of families with infants under 12 months facing financial crisis. We have achieved this by focussing on three key themes:



Collaboration



Consistency



Communication

Infant Food Insecurity – Emergency Pathway work to date

Planning began in November 2022 following the Unicef Guidance on supporting Infant Food Insecurity and reports of unsafe preparation and lack of access to infant formula by some parents

Follow up stakeholder event held in June 2023 to share learning and agree further action [Infant food insecurity: summary report - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/documents/2023/06/Infant_food_insecurity_summary_report_-_gov.scot.pdf)

Launch of [Toolkit](#)



First meeting held in March 2023 to explore the root causes of the issues and gather evidence on local pathways, interventions

engagement with various stakeholders to ensure that this work is embedded in existing activity, including for income maximization
Short life working group to develop Toolkit content

Progress review

Infant Food Insecurity – Emergency Pathways – Next steps

Toolkit and Principles

- Shortlife working group – Sept - Dec

Data and Intelligence

- Data Sub group – Oct - January

Integration and implementation

- Existing Cash first responses
- Cross-sector, multi-level awareness

Infant Food Insecurity – Emergency Pathways – Next steps

Data Gathering

- Source baseline data and gather data from existing sources, including Five Family Payments survey
- Feedback from families is as important as facts and figures
- Explore potential for research and evaluation of impact of Toolkit

Networking and Sharing Best Practice

- Continuing to learn from each other around what is working well for families locally.
- Learn as we go, feedback to inform any amendments to the Toolkit

Review and Regroup

- Bring everyone back together in Summer to discuss progress, gather feedback and review the use of the Toolkit
- Update on data gathering

Infant Food Insecurity – Emergency pathways – Learning and Sharing

National learning

Cross-org learning

Cross locality learning