

Guide to Responding to and Preventing Infant Food Insecurity in Scotland

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Key Messages

It is vital that parents and carers with an infant under 12 months and pregnant women know how, where and who they can reach out to when they need help and support them to safely, responsively¹ and appropriately feed their babies in a crisis. It is not always possible to establish who might need this information or when. Therefore consideration should be given to how to ensure all families with infants are provided with this information before or at times of crisis.

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.

1 [SACN report on Feeding in the First Year of Life.pdf \(publishing.service.gov.uk\)](#) 'Responsive feeding' is a form of 'responsive parenting', in which parents are aware of their child's emotional and physical needs and react appropriately to their child's signals of hunger and fullness (Black & Aboud, 2011).

2 [The Convention on the Rights of the Child \(unicef-irc.org\)](#)

Purpose of this toolkit

The aim of this toolkit is to provide a supportive resource to aid local agencies, front line workers and volunteers in supporting families with infants with money worries, including those who are struggling to afford infant formula, before and at crisis point. This resource will help guide agencies and staff to provide support which is appropriate to the needs of these families, taking a cash first approach through providing cash payments or cash equivalents (such as shopping cards). This should be provided alongside advice and support to maximise income and, if immediate support is required, access to infant formula milk (powdered or ready-to-drink) or breastfeeding support, for as long as it is needed.

It has been developed to support cross-sector teams within individual localities to ensure there are robust and accessible routes for parents and carers struggling with food insecurity to feed their infants. The content should build on and be integrated into existing work, pathways and sources of support and wider approaches to tackling poverty, prioritising the needs of families facing financial hardship and money worries. Infants have unique nutritional needs and the timing and frequency of receiving the food they require must be met to avoid causing serious health and wellbeing harm in the short and long term.³

There is limited data available to show the scale of this issue.⁴ However, there is evidence of the proportionately higher numbers of families with young children experiencing poverty⁵ and approaching or being referred to food banks and baby banks for help.^{6,7,8} Families in crisis do not always reach out for early help or may wait until they can no longer cope to seek support due to feelings of shame, stigma or they just do not know where to go for this help.

Communications and actions should reflect three key principles of dignity, respect and choice. We know that families with young children who are in urgent need or distress may feel judged or blamed if they cannot feed their children. These resources are aimed to improve communications with families and between services, to ensure that no baby in Scotland is left without the food they need to grow and thrive.

Exclusively breastfed babies do not need formula milk but the family may need support in other ways to protect breastfeeding and support the mother to continue breastfeeding.⁹ Where a baby is fed through a combination of breastfeeding and formula, maximising breastfeeding through sustainable support is as important as providing routes to purchasing infant formula. This includes supporting the mother to afford and access nutritious food, and providing access to breastfeeding support and advice where needed.

We use the term baby and infant under 12 months throughout this document. A baby who is formula fed and under 12 months will only require infant formula in the first year of life. Infant formula is the only alternative to breastmilk in the first six months. After 12 months of age, they can then move onto Cow's milk or a suitable alternative.

3 [pdf RCPCH_0.pdf \(cpag.org.uk\)](#)

4 [Reducing food insecurity in UK households with infant children December 2023.docx \(foodaidnetwork.org.uk\)](#)

5 [Child poverty summary \(data.gov.scot\)](#)

6 [Healthy Start needs urgent improvement to tackle food insecurity in the early years | Food Foundation](#)

7 [Tackling child poverty delivery plan: fourth year progress report 2021-2022 - focus report on households with babies under one - gov.scot \(www.gov.scot\)](#)

8 [State-of-Health-Visiting-Report-2023-FINAL-VERSION-16.01.24.pdf \(ihv.org.uk\)](#)

9 Local NHS Infant Feeding Teams should be included in signposting

Key statistics

Infant Food Insecurity in Scotland

**44,557 Babies
born in scotland
in 2022/2023**



Infant Food Insecurity in Scotland

**14.3% Born
to mothers
under 25**



Infant Food Insecurity in Scotland

For all Births in Scotland in 2022/23

**Most
deprived
24.5%**



**Least
deprived
16.5%**

Infant Food Insecurity in Scotland

**66% of all babies
receive some
breastmilk
from birth**



Infant Food Insecurity in Scotland

**By 6-8 weeks,
53% of all babies
are fully
formula fed**



Infant Food Insecurity in Scotland

**74% of babies from
most deprived
areas are fully
formula fed by
6-8 weeks**



Who is this Toolkit for?

These tools and resources are designed to be used by welfare rights teams, health visiting and family nurse partnership teams, midwifery, GP's, public health, social work, third sector and voluntary sector and anyone else working with families with young children and pregnant women. These should be used to develop and enhance existing pathways of support for families experiencing poverty and food insecurity, and for families with an infant in immediate need. This content could also be shared more widely, including with families themselves.

What can health visitors, family nurses or other health professionals do?

You could access training resources to help ask sensitive questions on household income and food security with families and how to take a cash first approach to providing support.

You could provide a cash first response (or cash equivalent such as shopping vouchers).

You could provide routes into wider support and advice (eg. access to fuel cards to ensure safe formula preparation and storage).

In an emergency, for formula fed babies, you could purchase infant formula (powdered or ready-to-feed) where essential to enable safe, responsive feeding. This does not impact your Unicef Baby Friendly status or breach the WHO Code.¹⁰

You could provide a route into wider, holistic support pathways such as income maximisation or mental health support and refer to food banks when essential.

You could provide or refer families to support on appropriate, safe and responsive infant feeding, which may include qualified support on breastfeeding or formula feeding.

You could ensure families requiring infant formula are informed that all first infant formulas are nutritionally equivalent, and that only first infant formula is needed for the first year.

What can food banks/baby banks or other voluntary/third sector partners do?

Firstly, you could connect to your local crisis response pathways, co-ordinated through local leads in the NHS or Local Authority.

You could seek advice from local health professionals on routes to support appropriate, safe and responsive infant feeding, which may include support on breastfeeding or formula feeding and help to direct families to health professionals for this advice and wider support.

You might provide a cash payment for the purchase of infant formula, or a cash equivalent (shopping voucher or gift card) or purchase the appropriate infant formula.

¹⁰ [UNICEF UK Baby Friendly Guide for Local Authorities and Health Boards](#)

What can local authorities and HSCP's do?

You could provide a cash first response (or cash equivalent such as shopping vouchers).

You could provide infant formula where there is a genuine need, provided this has been purchased, to meet families' needs during a time of crisis.

You could provide, or refer families to, income maximisation/ welfare rights support and other services in line with families' needs.

You could seek advice on maternal and infant nutrition through your health partnerships to inform local responses, including to embed breastfeeding support.

You could raise awareness across your organisation of the unique nutritional needs of babies and infants under 12 months in any crisis responses that are in place.

Supporting local approaches – issues to consider

Guiding principles

Alongside the Key Messages, we have developed guiding principles based on what we have heard from the cross-sector working group who informed the development of this resource.

Local areas should aim to have in place responsive support for families with infants under 12 months, in immediate crisis, to enable them to meet their baby's specific nutritional needs. This should include emergency provision of infant formula where essential, for as long as the baby needs it, as well as breastfeeding support where breastfed. This support should be adaptable based on existing local pathways and responses, including out of hours provision. Where infant formula is used, advice and support on how to safely prepare and store this should also be provided.

- Families should be able to access support whenever they need it, but support may look different at night or over weekends, depending on emergency out of hours provision in your local area. The key is that support needs to be available.
- This is not about providing infant formula to all babies who are formula fed. It is about providing a route for parents with an infant under 12 months in urgent need a safe, reliable route to accessing formula milk and support for safe and responsive feeding.
- Support for breastfeeding, particularly where a family do not have an adequate food supply for themselves and a mother's is concerned over their ability to start or continue to breastfeed their baby, reassurance and skilled support should be put in place. Connecting with your local NHS Infant Feeding team can help provide seamless care.
- Where a baby is fed through a combination of breastmilk and formula, finding ways to maximise breastmilk is as important as providing access to sustainable routes for purchasing infant formula.¹¹

¹¹ Use resources below including the National Breastfeeding Helpline

Support should be inclusive and recognise the particular needs of marginalised groups within local populations, including those who are most likely to be destitute.

- Local organisations should consider their approach to collective, accessible communications for staff and their communities, to help tackle the stigma from asking for help and present it in ways that enable trusting relationships to be built with families.
- Population level needs assessments and local intelligence can help to identify where families more likely to be experiencing severe food insecurity are located.
- Co-creating pathways with families is more likely to result in support that is accessible, understandable and trusted by those most likely to be in need. This could be through existing community infrastructure/bodies who have strong engagement by under-served communities.
- Consideration should be given to the specific needs of groups who may face heightened barriers and risks such as those with No Recourse to Public Funds or severe mental health conditions

Pathways should be rights-based, free from stigma, trauma informed, and integrated into wider local supports and provisions to minimise repeated need for crisis intervention.

- When a family with a baby is in crisis, infant feeding support cannot wait. This point needs to be understood and recognised by everyone involved, including staff, parents and carers to create an enabling environment for responsive feeding.
- The aim of this work is to better identify those in immediate need as well as those most likely to be in need, to start to improve prevention and early intervention support to reduce a family's needs escalating or not resolving.
- Promotion of safe and appropriate infant feeding, whether infants are breastfed, formula fed or both, should be included in local messaging and resources.
- Co-creation of approaches and messaging with local families should be considered to support awareness and understanding of support that is available that meets their needs.
- Consideration should also be given to this messaging during pregnancy for support to be provided in advance of the baby being born.

Pathways should be clearly communicated and co-ordinated locally, with all relevant agencies, including the third sector to provide responsive, tailored support to meet individual level need.

- Consideration should be given to how to maximise coordination between national and local partner organisations, including the third and voluntary sector as a key contributor to support provision.
- Consideration should be given to the most appropriate ways to provide support in line with individual needs of families, including use of cash first approaches and the potential to be innovative around use of crisis funding.
- Approaches to supporting families should be linked to wider income maximisation and financial inclusion pathways to enable holistic, family support to be provided to meet longer term need.

Key public health messages to inform local action¹²

- No powdered infant formula is sterile which is why safe preparation and handling, and having enough fuel to be able to boil a kettle and sterilise equipment, is an important aspect of providing support. [Formula feeding | Parent Club](#)
- All first formula milks must meet the same nutritional composition standards by law. There is no difference between brands and price does not mean a higher level of quality.
- First formula milks can be used up to the age of 1.
- Follow-on formula could be harmful to infants under 6 months.
- After the age of 1, breastfeeding can continue and cow's milk can be introduced. Formula milk is not required after the age of 1.
- Growing up/toddler milks¹³ are unnecessary and not recommended as part of a toddler diet.¹⁴
- Growing up/toddler milks should not be given to an infant under 12 months as they may be harmful to them.
- Only use specialised milk (foods used for special dietary purposes) on the advice of a healthcare professional.

12 [Infant milks for parents & carers – First Steps Nutrition Trust](#)

13 These are different product to follow-on formula products and do not come under the same nutritional composition regulations as infant formula and follow-on formula

14 [Feeding young children aged 1 to 5 years - summary report - GOV.UK \(www.gov.uk\)](#)

Data and data sources

The importance of data and collating data sources to understand where and how families with infants are being supported, and the responsiveness of that support is vital to making a difference in these families' lives. The ultimate aim is to reach a position where families are no longer reaching crisis point before interventions are put in place to support them.

Available data is captured in a number of ways including routinely across multiple systems, through survey data and local intelligence. There is no single source to establish how families with an infant are seeking and receiving support, and how their unique needs are being met.

Aligning local data, and to some extent national data, will help us better understand the problem, assess the impact of focussing on these families and provide a baseline for improvement. Local agencies and partners are encouraged to consider:

- What sources of relevant data could be gathered or drawn upon to understand the scale of the problem locally, the nature of the problem, and where continuous improvement can be made.
- Opportunities for capturing family make up – including those with an infant under 12 months – within data gathering locally, given that this group is one of the six priority family types for tackling child poverty.¹⁵
- How existing local governance and reporting structures can take account of work in this area and any relevant data. For example, this could include:
 - reporting on local action through their local Child Poverty Reports.
 - monitoring through structures such as Maternal and Infant Nutrition strategic groups.
- How an active surveillance approach can be used to purposefully seek information and have conversations with families who are most likely to be at risk, including through services that are supporting them routinely.

15 [Tackling child poverty priority families overview - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/consultations-petitions/html/2019/06/190601-child-poverty-priority-families-overview)

Potential Data Sources for understanding population profile, food insecurity by family type and use of crisis/emergency funds

Local	National	Other
Scottish Welfare Fund	Births (parity/SIMD)	IFAN Survey
	ScotPHO	Trussell Trust Survey
		Food Foundation
		Scottish Household Survey
		Scottish Health Survey
		Impact of increased cost of living on adults across Great Britain - Office for National Statistics (ons.gov.uk)

Training

- [Independent Food Aid Network \(IFAN\) - free, train-the-trainer, multi-agency Money Counts training linked to 'Worrying About Money?' leaflets - free, multi-agency, train-the-trainer](#)
- [Public Health Scotland e-learning on financial inclusion and referral pathways](#)

Resources

Parents/pregnant women

- [National Breastfeeding Helpline](#)
- [Parent Club](#)
- [Worrying About Money Leaflet - IFAN 'Worrying about Money' cash first referral leaflet](#)
- [NHS Inform](#)
- [Ready Steady Baby!](#)
- [Cost of Living Support](#)
- [Guide to Infant Milks](#)
- [Eating well in pregnancy | Ready Steady Baby! \(nhsinform.scot\)](#)

Practitioners/service providers

- [Public Health Scotland Leaflet](#)
- [Money Worries Leaflet \(IFAN\)](#)
- [Child Protection Committees Scotland Campaign](#)
- [Feed UK Guideline for Food Banks](#)

No Recourse to Public Funds

- [Migrants Rights and Entitlements to LA Services and Support - National Guidance](#)

Other Helpful Links

[Cash-First - towards ending the need for food banks in Scotland: plan - gov.scot \(www.gov.scot\)](#)

Ready access to emergency cash payments enables people to buy the food and other essentials that meet their needs and preferences. When emergency cash is provided alongside appropriate advice, people can be supported to ensure they are accessing all of their entitlements and helped to resolve any issues in order to prevent the crisis from happening again, for example by securing increased income from benefits. Once that immediate support is in place, appropriate referrals to wider support, including local community support, can help meet wider needs and reduce the isolation often caused by poverty. Moving towards cash-first in practice will take time, and where help to access food is still needed this should be provided in a way that maximises dignity and choice.

[Cost of Living Support -Scottish Government](#)

[Child Protection Committees Scotland Campaign - its okay to ask](#)

[Getting it right for every child \(GIRFEC\) - gov.scot \(www.gov.scot\)](#)

[National Breastfeeding Helpline](#)

[Safe Formula Feeding - Parent Club](#)

[Breastfeeding | Parent Club](#)

[Unicef Guidance on Supporting Families with infants under 12 months who may be experiencing Infant Food Insecurity](#) This guidance was developed by Unicef in October 2022 to raise awareness of this issue. It has some examples of support pathways from across the UK.

Working group

This Toolkit was developed with a wide range of stakeholders from across sectors including:

Third sector and voluntary organisations; health professionals (health visitors/family nurses, infant feeding /maternal and infant nutrition staff); social work; local authority leads; child poverty leads; representation from national and local government.

We would like to thank them for their time and contributions to this important work.





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