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A GUIDE FOR LOCAL AUTHORITIES AND HEALTH BOARDS
SUPPORTING FAMILIES WITH
INFANTS UNDER 12 MONTHS
EXPERIENCING FOOD INSECURITY

OCTOBER 2022



FOREWORD

Throughout the coronavirus outbreak, Local Authorities and Health Boards rapidly implemented emergency measures to distribute food, provide crisis payments, and offer advice and wider support where appropriate to individuals and families who were self-isolating and/or financially affected. Many also recognised the need to develop robust pathways for families who were unable to afford or access infant formula or appropriate foods for their infants – one of the most vulnerable groups in our population.

Now, as we adapt from the response to recovery phase of the pandemic and continue to feel the impacts of the cost of living crisis, many Local Authorities and Health Boards are working to support families who are experiencing food insecurity to achieve food resilience.

To support these efforts, the UK Committee for UNICEF (UNICEF UK) Baby Friendly Initiative, First Steps Nutrition Trust and the National Infant Feeding Network (NIFN) have updated this child rights-focused guidance for Local Authorities and Health Boards to support relevant teams – including public health and infant feeding support services commissioned locally and provided by maternity, health visiting, Family Nurse Partnership and/or third sector organisations – to work together to ensure that babies and families at risk of food insecurity are given the most appropriate support to meet their needs, with the aims of optimising short- and long-term health and wellbeing outcomes and minimising risk.

Development of this document has been informed by UK Law (2020) and the World Health Assembly International Code of Marketing of Breastmilk Substitutes and subsequent resolutions (the Code) which provide a framework and guidance for the appropriate distribution of infant formula. It is also based on the understanding that human milk (or First Stage infant formula) is the main source of nutrition for infants under 12 months of age and the only source of nutrition for those under six months.

This guidance builds upon existing good practice by incorporating case studies and examples of pathways from Local Authorities and Health Boards across the UK who are currently working to support vulnerable families with infants under 12 months of age. We look forward to continuing to gain feedback on how services meet the needs of vulnerable families. Further case studies will be added to this document as they become available.

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GUIDING PRINCIPLES

The current cost of living crisis has led to an **increasing number of families** experiencing **financial hardship**, with some unable to afford the rising cost of infant formula and/or appropriate foods for their infant. This may particularly affect families with no recourse to public funds, either because they are not eligible or because they struggle to access additional provision via the **Healthy Start** or **Best Start Foods** schemes. Babies being fed with infant formula can therefore become increasingly vulnerable during times of financial hardship or food crisis.

Breastfeeding can protect babies against food insecurity in the event of financial hardship or food crisis. A mother's confidence in breastfeeding can be undermined in times of hardship, and therefore access to available breastfeeding support can help to maintain the protective effects of full or partial breastfeeding.

Infants under the age of six months only receive human milk or infant formula as their sole form of nutrition, and thereafter alongside other foods. Consequently, infants under 12 months of age are some of the most vulnerable citizens in our society in times of crisis.

The principles of equality, diversity and inclusion should be central to the development of any response. This guidance has been developed using the evidence to promote, protect and support the health and wellbeing outcomes of infants under 12 months of age based on three key principles.

KEY PRINCIPLES

1. A duty of care for the safeguarding of all infants under 12 months of age affected by family hardship, however they are fed.
2. Provision of infant feeding support during financial hardship or food crisis that conforms to the World Health Assembly International Code of Marketing of Breastmilk Substitutes and subsequent resolutions (the Code).
3. The development of pathways of wrap-around care which enable families to access additional services to meet ongoing needs.



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KEY POINTS WHEN FAMILIES REQUEST INFANT FORMULA

- **The Code** provides a framework and guidance for the appropriate distribution of infant formula when needed. To safeguard infants being fed with infant formula, UK public services (e.g. Local Authorities and Health Boards) can purchase and distribute infant formula for families in food crisis. Infant formula should be purchased through normal procurement channels and not through free or subsidised supplies. A continued supply should be guaranteed for as long as the family is known to be in need, moving to a position where the family can access this using their own means.
- First infant formula suitable from birth (known as Stage 1 or First Stage milk) is the only infant formula a baby needs in the first year of life. After 12 months, babies can be given whole (full-fat) cows' milk.
- Cash can be offered to families to enable them to buy their usual infant formula supply. A cash-first approach can help to maintain dignity and choice for families.
- Local Authorities and Health Boards should take the lead in developing and maintaining crisis response systems which feature an integrated pathway of wrap-around care from council-delivered services and referral partnerships from voluntary sector/other statutory organisations. Pathways should include infant feeding support, an out-of-hours contact line, and infant formula distribution for those who require it.
- To establish the extent of local need, public health and other teams should work together to consider how information is recorded and monitored on families receiving crisis food support and/or infant formula, and decide for what purpose the information is used. This supports with data collection and helps to ensure families accessing food banks are referred to public health services. This may require engaging with local food banks. All families requesting support should be offered a referral to an appropriate health professional.
- All families presenting in crisis who are bottle feeding should be asked if they have access to bottle feeding sterilisation equipment. Families without the facilities to make up powdered infant formula may require ready to feed (RTF) infant formula. However, they will still need sterilisation equipment for the bottles and teats. All families should be signposted to information and support on **making up feeds as safely as possible**.
- For complex reasons, many mothers who start breastfeeding do not meet their breastfeeding goals. Families who present at a food bank (or equivalent) with breastfeeding challenges who request infant formula should be referred for infant feeding support.
- Babies are not recommended to have other foods until around six months of age and do not need commercial baby foods. Rather, families can be supported to provide **minimally processed family foods** for their baby. If it is necessary to supply baby food for vulnerable families (e.g. those with limited cooking facilities) it is important to avoid products labelled for babies under six months of age and snack foods marketed for babies. Foods must be well within the use by date with intact seals to ensure safety.
- Local and national infant feeding support and safeguarding policies should be followed at all times.



COORDINATING GOOD PRACTICE

The Code is a tool which helps to protect babies' rights and enables families to make infant feeding choices which are free from commercial influence and with the full understanding of what is in their child's best interest. The Code is designed to protect all infants from the **harmful effects of the marketing of infant formula and breastmilk substitutes**. Local Authorities and Health Boards can help to ensure that families who are breastfeeding or formula feeding have access to unbiased, evidence-based and independent information.

PROCURING INFANT FORMULA IN TIMES OF CRISIS

UK public services such as Local Authorities and Health Boards can distribute infant formula in a crisis where there is genuine need, provided that they have purchased the infant formula and that a continued supply can be guaranteed until the family's financial position changes or the infant has had their first birthday and can move to whole (full-fat) cows' milk. Stage 1/First Stage infant formula can be purchased through the NHS Supply Chain or a nearby shop.

If a family presents in crisis and does not have access to suitable preparation space or infant feeding equipment, ready to feed (RTF) infant formula may be required. This is more expensive than powdered infant formula and will need to be provided more regularly, but services might want to consider procuring a supply of this where they believe inappropriate preparation of powdered infant formula could present a hazard to infant health. Local Authorities and Health Boards may also wish to keep some RTF infant formula for emergency out-of-hours situations.

All staff should be informed of the following guidance on the provision of infant formula:

- All brands of infant formula must meet minimal UK compositional requirements and therefore all brands are nutritionally adequate and have a similar composition.
- Staff should not recommend one brand of infant formula over another as all brands are similar. Staff should reassure parents that they can choose any First Stage infant formula for the first year.

PROVIDING INFANT FORMULA TO FAMILIES IN TIMES OF CRISIS

Requests for infant formula or baby food support received through the Local Authority or Health Board council helpline for local residents should be referred into the agreed local pathway for support. Families may benefit from a referral to a health professional to assess other health needs. The **Scottish Welfare Fund** provides an essential source of occasional support for those most in need, including through Crisis Grant awards to help meet immediate short-term needs arising from exceptional circumstances. Applications are made via Health Boards.

Families should be actively signposted to information and support on safer preparation of infant formula and **responsive, paced bottle feeding**. Mothers can also be supported with breastfeeding or mixed feeding. In some areas, children's centres can engage with families in crisis in partnership with the health visiting service. Families without funds to purchase infant formula for a baby under 12 months of age can be provided with an emergency supply of Stage 1 or First Stage infant formula only.

Payment from the Healthy Start/Best Start Foods schemes can be used for First Stage infant formula, which is the only infant formula required in the first year. Families who may be eligible for these schemes should be given information and support to apply. It should be noted that the weekly allowance for an infant under 12 months of age may not buy sufficient infant formula for one week for most infants and additional support may be required. Healthy Start and Best Start Foods are being extended to families with **no recourse to public funds**. Eligible families should contact the **Department for Health and Social Care** or **Social Security Scotland**.

To understand local need, monitor progress and evaluate support, public health teams should record data on families requesting and receiving support. See the checklist on page 13 for more information.

PROTECTING BREASTFEEDING

Families who are breastfeeding or feeding their infant with human milk should have access to information on getting breastfeeding off to a good start, how and where to access support, and keeping breastfeeding going alongside other foods. Families requesting support should be offered a referral to an appropriate health professional.

There is a wealth of evidence that human milk and breastfeeding improve the short- and long-term health and wellbeing outcomes of babies and mothers. Breastfeeding provides food security for the infant in the first six months of life and thereafter alongside other foods. Where breastfeeding is successfully established and is the goal of the mother, it can benefit and protect the mother's mental health and buffer against the effects of stress. Stopping breastfeeding before readiness to do so can increase risk of postnatal depression. All mothers should be signposted to **national and local breastfeeding support** antenatally and postnatally.

Breastfeeding is the healthiest way to feed a baby. If a mother decides not to breastfeed or to stop breastfeeding, it is possible to restart with the right information and support.

Giving infant formula to a breastfed baby will reduce a mother's milk supply. Mothers should therefore be supported to maximise the amount of human milk the baby receives.

Mothers do not need to eat any special foods while breastfeeding, but it is a good idea for all mothers, just like everyone else, to eat a balanced diet. If parents are mixed feeding and the mother wishes to increase milk production, the mother can be supported to do so.

Families in crisis can be supported with extra food for the mother and the family through the Healthy Start/ Best Start Foods schemes. Learn more:

- [The UNICEF UK Baby Friendly Initiative](#)
- [Better Health Start for Life](#)
- [First Steps Nutrition Trust](#)
- [The Breastfeeding Network](#)
- [Parent Club](#)
- [The Association of Breastfeeding Mothers](#)
- [The National Childbirth Trust](#)

COMMERCIAL BABY FOOD

Local Authorities, Health Boards, children's centres, food banks and baby banks may be asked to supply commercial baby food for infants. Infants are not recommended to have solid foods until around six months of age. Families should speak to their health visitor if they want to offer solids before this age.

Commercial baby foods are unnecessary and typically less healthy and more expensive than minimally processed family foods. Food banks and baby banks should be careful that any commercial baby food supplied to families is in date and that pouches and jars are sealed and present no risk to infant health. Food marked as suitable for babies from four months of age contradicts UK health policy and should not be distributed.

Commercial baby snacks are unnecessary and can undermine the development of good eating habits in infants and young children. Visit [First Steps Nutrition Trust](#) for advice on eating well on a budget in the first year with minimally processed family foods.

ADDITIONAL METHODS OF SUPPORT

Families in crisis may access food banks and baby banks. Staff at these facilities are asked not to accept or distribute donations of infant formula and should instead refer families to their Local Authority or Health Board to ensure they receive ongoing, wrap-around support. Local arrangements and referral processes may vary.

The [Independent Food Aid Network](#) has produced locally tailored cash-first leaflets designed as step-by-step guides to identify which local agencies are best placed to help people maximise income and access any existing financial entitlements. Some areas also offer families access to crisis funding for immediate use to purchase infant formula.

The rationale for food banks not accepting donations of infant formula is [explained here](#). Key points include:

- How babies are fed in the early months can have a profound effect on their short- and long-term health and wellbeing, which is why health professionals such as health visitors and midwives are trained to support families to feed their babies as safely as possible depending on individual need and circumstance.
- The contributions food bank staff and volunteers make are vital. However, they cannot be expected to assess, plan and put into place the strategies needed to ensure that the short- and long-term needs of babies are met in what can be complex situations. Additionally, they cannot guarantee timely, consistent infant formula supplies, as they rely on donations which may not be suitable, e.g. out-of-date donations or the wrong type.
- However, food bank staff and volunteers play a vital role in recognising families in need, making timely referrals to relevant professionals and signposting to resources so that families receive ongoing support.

DEVELOPING A PATHWAY FOR SUPPORT

Best practice indicates that in order to deliver optimal outcomes for individuals and families in need, crisis support must be aligned to a combination of council-delivered services and referral partnerships with voluntary sector and other statutory organisations. This is echoed in The Local Government Association's good practice guide [Delivering financial hardship support schemes](#) which examines how local crisis support schemes providing a pathway to wrap-around support are more effective in tackling deep-rooted issues and addressing longer-term needs.

ONGOING, WRAP-AROUND SUPPORT

Local Authorities and Health Boards are best placed to support families to shift from requiring food support to achieving food resilience and should therefore develop clear pathways to ensure that anyone presenting in crisis is provided with ongoing, wrap-around crisis support.

Crisis support is most effective when integrated with prevention practices. For example:

- Processes which support income maximisation help to reduce the likelihood that a family will become vulnerable and require food support.
- Processes which support breastfeeding and the maximisation of breastmilk for families breastfeeding exclusively or combining human milk and infant formula help to provide food security for infants and reduce potential vulnerabilities relating to food crisis or emergency situations, e.g. where water or energy supplies are compromised.
- Pathways linked to sexual health support can support mothers with HIV who may present in crisis and require infant formula.

When considering families with infants who are presenting in crisis, a pathway could offer opportunities for infant feeding assessments by a health visiting or infant feeding team so that an infant feeding plan can be put in place if required. The pathway can also link families with relevant local services, including support with infant feeding and nutrition, health and wellbeing, welfare advice and employment, and psychological and family support.

All Local Authorities and Health Boards should have an infant feeding strategy produced in partnership with the Local Maternity System or Integrated Care Partnership (or equivalent) which can be cross-referenced to the emergency preparedness plan.

TOOLS AND RESOURCES

This document provides the following tools and resources which aim to guide Local Authorities and Health Boards in developing pathways for crisis support:

- **Case studies** (pages 7-12): These short case studies share examples of effective strategies implemented across the UK. These centre around three common innovations:
 - Referral processes
 - Strategies for infant feeding support and the provision of infant formula
 - Enabling access to wrap-around care.
- **Self-assessment checklist** (page 13): This tool supports Local Authorities and Health Boards to consider the key elements of developing a crisis support pathway for families with infants.



EFFECTIVE STRATEGIES AND CASE STUDIES

WHEN A REFERRAL IS REQUIRED FOR FURTHER SUPPORT

Many Local Authorities across the UK operate a referral process with a **health visiting duty desk or single point of referral contact line**. This is an effective mechanism to support families experiencing hardship to make contact and gain access to relevant support. It can also help to reduce stigma, as the referral is available for all families with children and is not necessarily related to infant feeding and/or requests for infant formula. A simplified referral pathway from a London Local Authority is depicted below, alongside two case studies which share innovative referral processes implemented by two further Local Authorities. *Note: If referral support is only available during office hours, an out-of-hours system should be made available.*

1. A family presents at a food bank in need of food aid with a pre-school age child.

2. An online referral is completed via the local Food Alliance website and followed up by staff during office hours.

3. Acting as a partner within the Food Alliance, the Local Authority provides ongoing, wrap-around support.

CASE STUDY 1: ANGUS, TAYSIDE

For many families facing hardship, the birth of a baby can add significant financial pressure. To support vulnerable families in the Angus area of Tayside, Public Health Tayside and midwifery colleagues worked in partnership with the Angus Council Welfare Rights Service in 2019 to launch **The Angus Midwifery Pilot Project on Financial Inclusion**. This innovative financial inclusion referral pathway supports midwives to routinely engage in meaningful discussion with parents on financial concerns they are facing and to refer as appropriate to the Angus Welfare Rights Service.

The pathway has shown significant gains for mothers and their families. From December 2019 to January 2021 the pathway supported 108 referrals, helping to secure £326,338 for pregnant mothers and their families. This averaged at approximately £3,000 per person, with the highest gains stemming from Universal Credit payments and support from Best Start Foods and grants.

The project has received £20,000 in funding and has been adopted in midwifery services throughout Tayside following a successful pilot. The pathway is accessible via an app, with each locality referring into a single point of contact. Training is being extended to all pre-birth and early year (0-5 years) services.

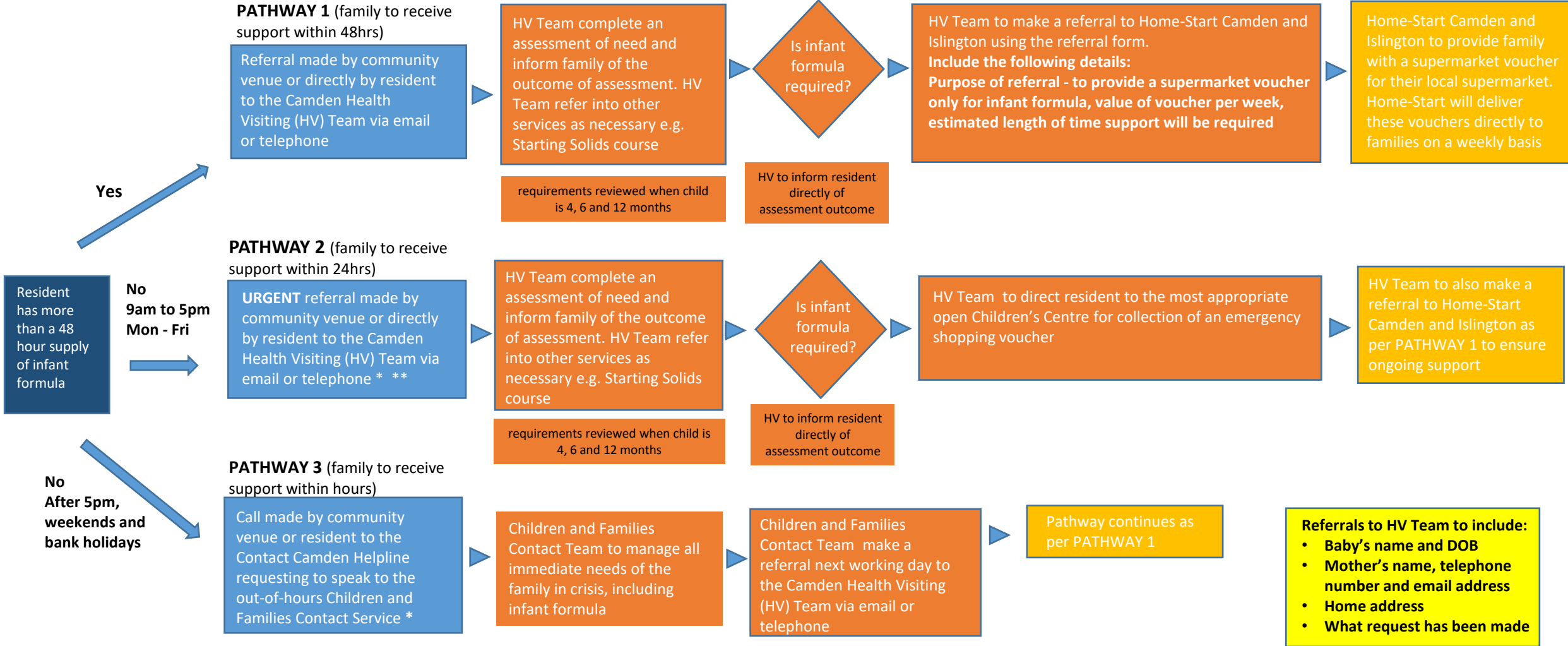
CASE STUDY 2: CAMDEN, LONDON

An overview of the **Camden Local Authority crisis pathway** is included on page 8. Key points include:

- Families with infants who call the Camden helpline are referred to the health visiting team in the first instance, with out-of-hours support delivered by the Children and Families Contact team (safeguarding).
- If a family presents in crisis and is unable to wait to speak with a health visitor, they can be provided with an emergency shopping voucher to enable them to buy their baby's usual infant formula.
- Families then receive a referral to the health visiting team for a follow up and a referral to Home-Start for ongoing practical and emotional support. Through Home-Start, families can also be provided with shopping vouchers for infant formula until they are no longer in need of crisis support.
- Any safeguarding concerns are directed to Children's Services.

Camden Crisis Infant Feeding Pathway

Resident presents in crisis at community foodbank / other community venue with no other means of obtaining infant formula



- Referrals to HV Team to include:**
- **Baby's name and DOB**
 - **Mother's name, telephone number and email address**
 - **Home address**
 - **What request has been made**

* Referrals should always be made to the Health Visiting Team in the first instance, or the Children and Families Contact Team if out-of-hours. However, if a resident presents in crisis and is unable to wait up to 24 hours to speak with a health visitor or the Children and Families Contact Team, an emergency shopping voucher can be provided to enable the family to buy their baby's usual infant formula. A referral must be made to the Health Visiting Team to follow up with the family. If there are any safeguarding concerns, a referral must be made to Children's Services.

** Should a resident in crisis with <48 hour supply of infant formula present to Early Years workers, they are able to issue a voucher directly before referring into Pathway 1.

FEEDBACK ON THE PROVISION OF INFANT FORMULA

The following summarises key findings from feedback obtained from interviews with public health leads and infant feeding leads from Local Authorities across the UK on the implementation of their crisis support pathways and processes relating to the provision of infant formula. A list of considerations on the Code are also included. For further details on developing a pathway, please refer to the checklist on page 13.

- **Accessing infant formula:** Some Local Authorities keep small quantities of infant formula on-hand to distribute to families who present in crisis, whereas others prefer to purchase infant formula as needed in order to meet relatively low levels of demand and to reduce risk of stock going out of date.
- **Assessing need:** One Local Authority reported that over a 16-week period during the pandemic, half of the requests for infant formula that came in were for children over 12 months of age who could have full-fat cow's milk as their main milk drink, or a non-dairy option if required. Follow on formula and toddler milk are not recommended and were not provided as per national guidance. Families were referred as appropriate for nutrition support.
- **Providing cash options:** Some larger rural Local Authorities find keeping a stock of infant formula impractical and prefer cash options such as crisis funds or shopping vouchers. Cash options can help to maintain dignity and choice for families.
- **Provision of baby food:** Some Local Authorities shared that their pathway enables requests for baby food to be fulfilled provided that the infant is over six months of age and the family has limited cooking facilities or are in temporary accommodation.

KEY CONSIDERATIONS ON INFANT FORMULA AND THE CODE

Local Authorities and Health Boards are urged to consider the following key points on the provision of infant formula and the International Code of Marketing of Breastmilk Substitutes (the Code).

- Any infant formula purchased by Local Authorities or Health Boards should be bought through the NHS Supply Chain or from a nearby shop.
- Local Authorities and Health Boards must not accept free or reduced-price supplies of infant formula directly. Local procurement officers should purchase supplies through normal procurement procedures.
- Companies are not allowed to offer special deals, reductions or free supplies as an inducement for using only their particular brand.
- All brands of infant formula must meet minimal UK compositional requirements. Therefore, all brands are nutritionally adequate and have a similar composition.
- If a substance was found that was beneficial for infant health that could be added to infant formula, it would be required to be added to all infant formula by law.
- Local Authorities and Health Boards should uphold the recommendations of the Code by offering a choice of infant formula brands to parents. Staff should not recommend one brand of infant formula over another, as this would be considered promotion of that brand which is prohibited under the Code.
- Only small amounts of infant formula will be required for crisis provision and therefore keeping a large range may be impractical. It is therefore acceptable to offer only one brand, however it should be regularly rotated to avoid implied endorsement of or reliance on one particular brand.

To learn more, visit the UNICEF UK Baby Friendly Initiative's [Guide for Health Professionals to Working Within the Code](#).

ENABLING ACCESS TO WRAP-AROUND SERVICES

To address deep-rooted issues and longer-term needs for families presenting in crisis, it is essential that a pathway of care combines council-delivered services and referral partnerships with voluntary sector and other statutory organisations. The three case studies below highlight effective examples of how joined-up care across organisations helps support families through complex situations in order to achieve ongoing, wrap-around care.

CASE STUDY 1: BARNSELY METROPOLITAN BOROUGH COUNCIL

In 2019, following consultation with Food Bank Managers, Children's Social Care and the Welfare Rights Service, Barnsley Metropolitan Borough Council developed the following:

- **A position statement on the provision of infant formula for families in hardship, and**
- **A subsequent emergency support pathway**

The emergency support pathway enables provision of infant formula to those in extenuating circumstances via Code-compliant partner organisations and appropriately trained staff, and connects families with additional services including budgeting support via Family Centres and help with applying to the Healthy Start scheme. Families can also obtain local monetary support to buy fresh fruit and vegetables through 'Alexandra Rose' vouchers for use with Barnsley retailers.

Referrals for infant feeding support can be made by email, telephone or Facebook Messenger and are directed via the Single Point of Access to the 0-19 Public Health Nursing Service triage team which includes a named Specialist Community Public Health Nurse (SCPHN), Public Health Nurse, Child Development Practitioner and Infant Feeding Support Worker.

The support package for families also includes access to a means-tested breast pump loan scheme, which prioritises preterm infants, multiples and babies and/or mothers experiencing illness.

Barnsley Metropolitan Borough Council have also recently launched the new website [More Money in Your Pocket](#) which provides advice and signposting for families to get help with the rising cost of living.

CASE STUDY 2: BLACKBURN AND DARWEN

In Blackburn and Darwen, families contacting the **Local Authority Help Hub for Welfare Assistance** undergo a needs assessment to determine the full extent of support required:

Families undergo a health visiting assessment to determine the need for breastfeeding support, a breast pump loan, Healthy Start and provision of infant formula.

Families receive support on safe preparation of infant formula, responsive formula feeding, and introduction to solid foods. Referrals are made to family support as appropriate.

Families may also be referred via food banks or other concerned agencies to the Help Hub or Children's Advice and Duty Service if out of hours - *learn more below.*

Families referred to the **Children's Advice and Duty Service (CADS)** can be supported to purchase their baby's usual infant formula through provision of a pre-paid card redeemable at PayPoint outlets.

CADS can then issue a referral for further support from the Help Hub and health visiting service and/or infant feeding team. Agencies are urged to explore other available avenues of support prior to making a referral to CADS.

Blackburn and Darwen have also recently produced guidance on the preparation of infant formula in emergency situations where water or energy supplies are affected. This pathway will be linked to future civil contingency planning.

CASE STUDY 3: LEICESTER MAMMAS

Overview: Many Local Authorities recognise that some families may not want to divulge their position of food crisis to authority figures for fear of repercussion. The case studies below from Leicester Mammias Baby Project demonstrate how partnering with outside organisations can be an effective approach to ensure that families are supported through complex situations.

About Leicester Mammias Baby Project: Leicester Mammias is a breastfeeding support programme for families which aims to promote the health and wellbeing of mothers and babies through the support, protection and promotion of breastfeeding and through better understanding of mother-baby relationships. Peer support workers at the Leicester Mammias Baby Project have the skills to support infant feeding and can provide a supply of infant formula for families in crisis. The organisation receives independent funding to purchase infant formula supply based on assessment of need.

Case study 1: Providing support when infant formula is required

A mother was referred to the Leicester Mammias Baby Project by her health visitor when her infant was six weeks old. At the time, she was living on £16 per week whilst awaiting an outcome on her asylum claim.

The mother lived in hotel accommodation for refugees and asylum seekers and was not allowed to use the hotel cooker due to it being deemed a safety hazard. She therefore had to make do with the meals provided, which she struggled to eat.

The mother's HIV status made her fearful of talking to anyone about her situation, and she didn't feel she could or should make friends. When she attended her first appointment, the mother was tearful, overwhelmed and isolated. She had been advised not to breastfeed due to her HIV status and was finding the cost of buying infant formula burdensome.

She recalls her meeting with the Leicester Mammias staff:

"I don't feel comfortable talking to people about my status, but I found I could speak about it to Mammias. I was in a bad way. I had many appointments with the Home Office and my baby had constant hospital appointments to check if he was infected. I also didn't know that the hotel was supposed to provide nappies and formula, so Mammias bought me formula and nappies for those early weeks."

Leicester Mammias arranged weekly family food packs from the food bank at Wesley Hall Community Centre and baby clothes from Baby Basics. The mother's weekly appointments with the Leicester Mammias Baby Project staff helped to build trust, and as her confidence grew, she agreed to attend a Baby Massage course:

"I really benefited from getting out and meeting the other mothers, although I couldn't join all the classes because of my interviews."

The mother attended the Mammias Maternal Mental Health Day and some of the café meet-ups earlier in the year, but was hesitant to sign up to further groups because of her ongoing schedule of appointments. To remove the barrier of signing up to a course, Leicester Mammias worked with Wesley Hall's Starting Strong Under 5s Project to ensure that mothers were able to drop into their sessions whenever they had the opportunity.

In January, after 10 months living in the hotel, the mother and her baby were moved to a shared house where she was pleased to finally be able to cook her own meals. The mother continues to drop into the Baby Project almost weekly to talk to staff, and she uses the food pantry at Wesley Community Hall to stock up on essentials.

Leicester Mammias continue to help with the supply of infant formula and nappies as required following ongoing assessment of need.

Case study 2: Implementing effective prevention practices

A pregnant mother was referred to the Leicester Mammias Baby Project at 32 weeks for antenatal support. She was in an abusive marriage with an alcoholic husband and had no family or friends of her own in the UK.

Leicester Mammias Baby Project worked with a Health Visitor, Early Help Worker and a suite of outside organisations including Healthy Start, The Refuge, Baby Basics, the Wesley Hall Community Centre Food Bank and the 0-5 Programme to provide ongoing, wrap-around support. This enabled Leicester Mammias to:

- Collect clothing and other baby items from Baby Basics and arrange clothing and essential items for the mother who had very little in her possession.
- Arrange food parcels and assist the mother in applying for Healthy Start vouchers.
- Conduct a personalised antenatal session in Hindi explaining what to expect in hospital, how to get breastfeeding off to a good start and who to call for support if needed.
- Stay in touch with the mother during her hospital stay and visit the refuge in the early months when the mother was struggling with anxiety and confining herself to her room.
- Help the mother to build her confidence to go out; initially she went for short walks and café meet-ups before attending both online and in-person groups.

At the time of writing, the mother and baby are living at the refuge and are in touch with Leicester Mammias. The baby is five months old and is still exclusively breastfeeding. Below is what the mother shared at her first Baby & Me group:

"I love my baby very much. She is my world; she makes me so happy. When she sleeps I just wait for her to wake up. When I see her smile I forget all my worries."

FURTHER CASE STUDIES

If you would like to submit a case study, please contact the UNICEF UK Baby Friendly Initiative:

WEB: [unicef.org.uk/babyfriendly](https://www.unicef.org.uk/babyfriendly)

EMAIL: bfi@unicef.org.uk

TEL: 020 7375 6144

SAMPLE SELF-ASSESSMENT CHECKLIST

DEVELOPING A PATHWAY FOR CRISIS SUPPORT FOR FAMILIES WITH INFANTS

Question	Yes	No	Gaps identified and action needed
Referral pathways for families with infants who are experiencing food crisis or require welfare assistance			
1. Does a referral pathway currently exist which includes an infant feeding assessment carried out by the health visiting or infant feeding team?			
2. Can families in need self-refer into the pathway?			
3. Is an out-of-hours referral pathway available e.g. via a Multi-Agency Safeguarding Hub (MASH), Children's Advice and Duty Service (CADs) or the emergency duty children's social worker?			
Providing wrap-around care with partner organisations			
<p>1. Are local services available which could benefit families with infants or pre-school age children? Could these form a package of support in instances of financial hardship or food crisis?</p> <p>Consider services delivering the following support:</p> <ul style="list-style-type: none"> ▪ Infant feeding and nutrition ▪ Health and wellbeing ▪ Welfare advice ▪ Employment and income maximisation ▪ Psychological ▪ Family wellbeing ▪ Parenting 			

<p>2. Can locally available food support be mapped?</p>			
<p>3. Can awareness of an existing referral pathway be increased among the following services and/or networks, or can a new pathway be co-produced with these organisations?</p> <p>Consider community services such as:</p> <ul style="list-style-type: none"> ▪ Food banks, food pantries, food larders and social supermarkets ▪ Community fridges, community kitchens and community growing schemes ▪ Baby banks ▪ Local voluntary and charitable organisations ▪ Faith groups ▪ Organisations supporting refugees, trafficking victims or those affected by domestic violence ▪ Early Years providers, including nurseries <p>Consider networks such as:</p> <ul style="list-style-type: none"> ▪ Food alliances working to reduce food poverty and food inequalities ▪ Groups responsible for implementing the Healthy Weight charter ▪ Local Voluntary, Community and Social Enterprise (VCSE) partners ▪ Community hubs 			
<p>Training and support</p>			
<p>1. Can information and/or training be provided to volunteers in community and/or partner organisations such as food banks, baby banks, etc?</p> <p>Consider information and/or training on:</p> <ul style="list-style-type: none"> ▪ Supporting eligible families to apply to the Healthy Start Scheme (Best Start in Scotland) ▪ The International Code of Marketing of Breastmilk Substitutes (the Code) ▪ How the Code impacts donations and distribution of infant formula ▪ Why breastfeeding and human milk matter ▪ How best to support families to get breastfeeding off to a good start ▪ Safer preparation of infant formula and responsive bottle feeding 			
<p>2. Is there a plan in place for communicating information and/or training offers to community and partner organisations?</p>			

Provision of infant formula			
<p>1. Does the Local Authority/Health Board emergency preparedness plan include the following?:</p> <ul style="list-style-type: none"> ▪ Provision of breastfeeding and infant feeding support ▪ Provision of an ongoing and consistent supply of infant formula where indicated 			
<p>2. Is the Local Authority/Health Board emergency preparedness plan cross-linked to the local infant feeding strategy?</p>			
<p>3. Can the following strategies be adopted to support provision of infant formula where required in line with the Code?</p> <ul style="list-style-type: none"> ▪ Emergency funds and/or shopping vouchers ▪ Pre-paid cards redeemable at PayPoint outlets ▪ Local stock of infant formula ▪ Working with partner organisations offering food support or infant feeding support 			
Data collection			
<p>1. Are data collection systems in place to monitor progress and evaluate effectiveness of the pathway?</p> <p>Consider the following data sets:</p> <ul style="list-style-type: none"> ▪ Referring individual or organisation ▪ Age of infant or child ▪ If the family has been successful in accessing Healthy Start/Best Start Foods (if eligible) ▪ The reason infant formula was requested e.g. <ul style="list-style-type: none"> • loss of household income • family displaced • family has no recourse to public funds ▪ Outcome of referral e.g. <ul style="list-style-type: none"> • infant formula required / not required • length of time infant formula required • safeguarding concerns identified • other support services family referred to 			