

# **The provision of infant formula at food banks in the UK**

**Ensuring a fair for all approach to protect the health and wellbeing of formula fed infants and their families**

**December 2020**



**This document was written and researched by Feed.**

Feed is an independent charity that promotes accurate, compassionate and non-judgemental infant feeding support. We believe in bodily autonomy and desire to see women and families empowered to feed their infant as best works for them. While we don't advocate for any one feeding method over another we do recognise and support the need for breastfeeding to be protected and fostered.

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*December 2020*

**Conflict of Interest Statement**

Feed is an independent Scottish Charitable Incorporated Organisation (No 050164). Members and trustees of Feed have no conflict of interest, real or perceived, with any company or organisation that directly or indirectly profits from infant feeding.

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## Executive Summary and Recommendations

This document describes the limitations of current guidelines and support pathways for the provision of infant formula to formula fed babies experiencing food poverty. Further, it sets out the rationale for facilitation of safe first infant formula provision via food and baby banks in the UK in addition to the existing pathways of provision, in order to reduce the sociodemographic inequalities in access to formula, and to maximise the support available for formula fed babies experiencing food poverty and their families.

### **Food poverty is a serious issue and the incidence is rising across Scotland and the rest of the UK**

- Food poverty and food insecurity is a recognised public health concern in Scotland and internationally.
- The number of families experiencing food poverty has significantly increased over the course of the Covid-19 pandemic with households with children being the hardest hit. Seventy percent of professionals interviewed in a survey by Little Village this year said that children will go without essentials including nappies and milk.
- Health and social care professionals are ideally placed to recognise need and should be facilitated to signpost families to the relevant support services.
- Every infant and child should have the right to good nutrition in accordance with the UN Convention on the Rights of a Child.
- All families accessing a food or baby bank should be treated with dignity and their nutritional needs met.
- Food and baby banks are not the long-term solution to food poverty. However, while they are currently providing a crucial front-line service, they must be supported to do so in a safe and dignified way.

### **Infant formula provides the main, or sole source of nutrition for the majority of babies in Scotland**

- In Scotland 62% of babies in the least deprived areas are breastfed, either exclusively or partially, by six to eight weeks of age. This figure drops to only 28% of babies in the most deprived areas. Thus infants in these households are more likely to be either wholly or partially reliant on infant formula.
- For formula fed babies, infant formula is the only appropriate food that they can have for the first four to six months of their lives and it makes up a significant part of their diet until they are twelve months old when, in most cases, they can then move on to cow's milk.
- First infant formula is expensive, costing up to £30 a week for an exclusively formula fed infant of around four months of age.
- Many families report that they have been unable to afford sufficient infant formula to feed their babies.
- Lack of direct access to adequate formula results in increased risk to the caregiver and the infant.
- Inappropriate feeding practices have immediate, short term and long term health consequences, and increase the divide in socio-demographic health inequalities.

### **Specific groups are particularly vulnerable**

- Formula feeding families living in areas of greater deprivation.
- Families who have no recourse to public funds cannot access many of the current routes of infant formula provision.

- British HIV Association guidance recommends exclusive formula feeding as a means of preventing vertical transmission of HIV. However, many women living with HIV find themselves unable to access sufficient infant formula.
- Infants with a drug using parent are at risk of separation from their parents. Kinship carers are frequently of low income with 72% reporting financial hardship due to undertaking caring roles.

### **Current UNICEF UK guidelines on provision of formula to formula fed babies have limitations**

- UNICEF UK guidelines reduce pathways of support for formula fed babies in need of food by recommending against direct provision of infant formula by food and baby banks. This was reinforced in the updated guidelines 'A Guide for Local Authorities: Infant feeding during the Coronavirus Crisis'.
- The guidelines take a more stringent approach than international guidelines which allow for third sector direct provision of infant formula to formula fed babies in emergency situations.
- The guidelines create inequality of access for families living in poverty in the UK, and actively disadvantage vulnerable populations.
- The guidelines do not adequately safeguard formula fed babies living in food poverty as they prohibit, and create barriers to, routes of direct access to first infant formula.
- The absence of safe guidance on direct provision of first infant formula to formula fed infants creates risk.
- The guidelines create a time delay for provision of first infant formula due to the requirement for referral from food and baby banks into other services. Formula fed infants below six months are entirely dependent on first infant formula and a time delay introduces risk.
- The guidelines confuse the immediate need for food with a requirement for longer term infant feeding support or financial support. Not all families seeking help at food or baby banks have a need for longer term support. Many will, and these families should be directed to the relevant authority.
- The guidelines recommend monetary provision in an emergency in place of direct first infant formula provision but food and baby banks are not set up to provide money, as this is not within their remit and introduces additional risk.
- The guidelines are unclear as to how monetary provision negates any risk associated with direct provision of first infant formula or meets their requirement for consistency of supply.
- Many Local Authorities do not have a specific pathway for emergency formula provision; emergency food provision cases are often signposted back to food and baby banks, or other community initiatives.
- The guidelines offer inadequate resolution to families with no recourse to public funds.
- The guidelines are being cited by Health Boards and Local Authorities to prevent third sector organisations directly providing first infant formula to families in need, creating friction between health and social care providers and third sector organisations which damages this important relationship.
- The updated guidelines 'A Guide for Local Authorities: Infant feeding during the Coronavirus (Covid-19) Crisis' are open to misinterpretation in their claim that it is against the law for companies that manufacture or distribute infant formula to donate infant formula, or to offer lower cost supplies.
- The guidelines do not state which stakeholders were consulted in their development to ensure they are fit for purpose. Good practice should ensure all relevant stakeholders are consulted at all stages from design through to implementation.
- The guidelines are not explicit regarding any conflict of interest. UNICEF UK BFI state a primary aim of promoting and protecting breastfeeding, and accreditation involves a financial transaction.

## Recommendations

**The government must take immediate action to clarify the current law on the provision of infant formula from food and baby banks.**

- A public statement that, in accordance with UK law, food and baby banks *can* receive and provide first infant formula for formula fed babies. This would mitigate the current confusion and misinterpretation of current UNICEF UK guidelines by health boards, local authorities and other organisations.

**Food and baby banks and other such services should accept and provide First Infant Formula to parents and carers of formula fed babies up to one year of age.**

- Food and baby banks should receive and provide *only* first infant formula for formula fed babies.
- Staff and volunteers should provide the NHS 'guide to bottle feeding' leaflet with formula to mitigate the small but recognisable risks associated with preparation.
- Food and baby bank staff should signpost families to relevant financial support schemes.
- Food and baby banks should foster strong relationships with Health Visitors and local infant feeding support services to ensure that formula feeding and breastfeeding families receive adequate infant feeding support where required, and that breastfeeding is protected and supported.
- Food and baby banks should foster relationships, where relevant with local HIV services to ensure families living with HIV receive adequate support.

**The Government must take immediate action to remove current barriers to formula access.**

- Support Local Authorities across Scotland to continue the important work they are doing in offering a flexible approach to infant formula provision that can fulfil immediate and emergency need.
- Where necessary, support the implementation of formula provision pathways in authority areas where they do not currently exist.
- Address current barriers to formula access via food and baby banks in order to safeguard this pathway for authorities that currently adopt this approach.
- Ensure provision schemes are fair for all and open to families with no recourse to public funds.

**The government must continue to invest in longer term solutions to child food poverty.**

- Increase the value of Best Start Foods for infants to cover the costs of infant formula and/or the additional nutritional requirements of breastfeeding mothers.
- Address lengthy waiting times for benefits and support payments.
- Open support schemes to families with no recourse to public funds.

**Guidance should allow for safe direct provision of first infant formula for formula fed babies in need and ensure equity of access for all.**

- Guidance should ensure equity of access and that no vulnerable population is disadvantaged.
- Ensure Scotland is in line with international guidance adopted across Europe and the rest of the world.
- Ensure guidance is fit for purpose and meets the needs of those for whom it is intended to support; guidance should include consultation of key stakeholders, including service providers, service users and family support organisations.
- Guidance issued and adopted must be free from, or should be explicit about, any potential conflict of interest and show consideration and adequate measures to counter these.

# The Need

## Food and baby bank usage in Scotland

Food poverty is commonly defined as the inability or uncertainty to acquire or consume adequate or sufficient quantity of food. Food poverty and food insecurity is a major public health concern in Scotland<sup>1</sup>. COVID-19 has exacerbated previously existing inequalities leading to an escalation in food poverty<sup>2</sup>. For children this can be particularly devastating as experiencing childhood poverty has serious long-term effects including reduced life expectancy, poorer health and educational outcomes<sup>3</sup>.

Menu for Change and the Independent Food Aid Network reported that 596,472 emergency food parcels were handed out in Scotland between April 2018 and September 2019, equating to more than 1,000 food parcels on average every day<sup>4</sup>. The Independent Food Aid Network briefing published in January 2020<sup>5</sup> highlighted that independent food banks distributed 278,258 food parcels over the period of April 2018 to September 2019.

In September 2020, Little Village, a London-based baby bank group, reported a 66% rise in demand for its services between mid-March and mid-April 2020 and 177% increase in the number of emergency food parcels distributed by independent food banks comparing May 2019 to May 2020<sup>6</sup>.

“I access food banks at least once per week for families I support. In the area I work in food poverty is a major problem and food banks are depended on”

Family Resource Project Worker, Barnardos

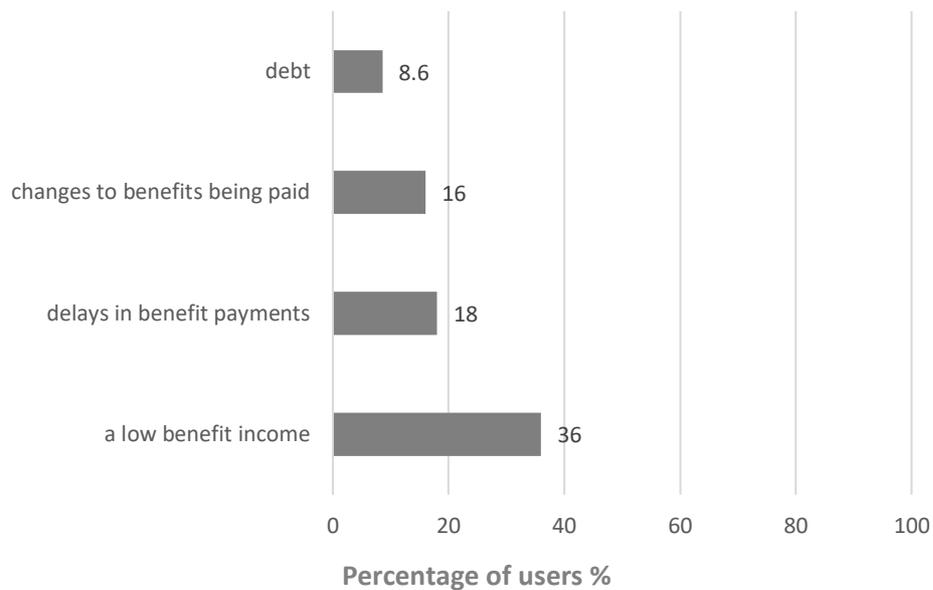
Trussell Trust figures<sup>7</sup> demonstrate that the reasons people access food banks varies; the largest groups are those with low benefit income (36%), experiencing delays in benefit payments (18%), experiencing changes to benefits being paid (16%), and those struggling with debt (8.6%). Less comprehensive information exists for Baby Banks; Little Village<sup>6</sup> demonstrated that families accessing their services are struggling against loss of income over Covid-19 either due to reduced hours (55%), business closures (64%), increased food bills (64%) and delays in benefit payments (55%).

Families with young children have been hit hard during the coronavirus crisis. Food insecurity in households with children has nearly doubled since the start of the pandemic<sup>8</sup> and the Trussell Trust predicts a 61% rise in the need for food banks over the winter of 2020 if urgent action is not taken<sup>9</sup>. Indeed, *over half of pre-primary school children living with only one parent are in poverty*<sup>10</sup>; the Little Village survey found that 83% of baby banks reported that families are concerned about being able to afford the basics including nappies and milk<sup>6</sup>.

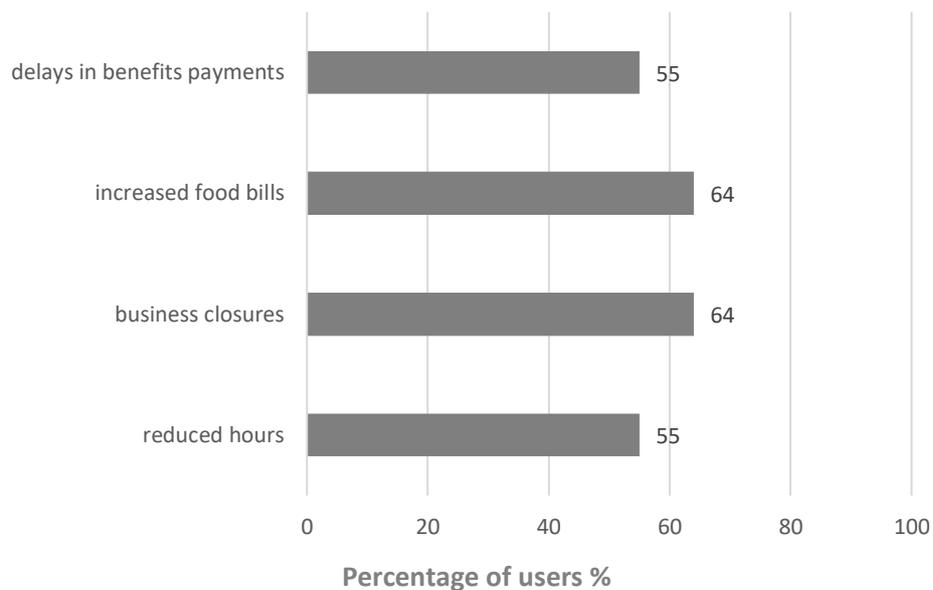
### Summary of data on food bank usage in Scotland 2018 - 2019:

- 596,472 food parcels distributed
- 22% increase in foodbank usage
- predicted 61% increase in Winter 2020
- families with young children the hardest hit

**Summary of reasons for food bank usage:**



**Figure 1.** Reasons for families accessing Trussell Trust<sup>7</sup> foodbanks.



**Figure 2.** Reasons for families accessing Little Village services following Covid-19 pandemic<sup>6</sup>.

While Scotland has the lowest child poverty rates in the UK, a quarter of children in Scotland still live in poverty<sup>11</sup>. The Scottish Government are committed to giving every baby an equal start in life with initiatives such as the Baby Box. In Scotland, local authorities have a duty to safeguard and promote the health and wellbeing of children under the Children's (Scotland) Act 1995<sup>12</sup>, and there are a number of processes in place to help support that goal. These provide the most basic of safety nets for families with children but are also complex, time consuming, and support is not guaranteed as many local authorities are struggling under stretched budgets and competing demands<sup>13,14</sup>. The Children's Society points out that in England, *all* families either in receipt of Section 17 support, the English equivalent to the above, or awaiting local authority decisions, used food banks as a result of

either waiting times or insufficient funds; in some cases, just £2 per day available for each family member<sup>15</sup>.

Of particular concern are families with no recourse to public funds. These families do not have access to benefits such as child tax credits, child benefit, Best Start Vouchers, or many of the social funds and crisis loans instrumental in supporting Scotland's 'cash first' approach<sup>16</sup>. Asylum seeking families fall into this category with children of asylum seeking families in Scotland experiencing 'absolute poverty' as described in the 'Child Poverty (Scotland) Act'<sup>17</sup>.

"Access to formula milk through foodbanks is a critical lifeline for children whose parents are in the asylum system. No mother should feel pressured into breastfeeding because of poverty, or feel guilt or shame if they cannot. The cost of formula milk alone can easily take up a large portion of the weekly support qualifying parents receive from Home Office. Making formula milk available to asylum seeking families through foodbanks is not only a lifeline to children, it can be a major relief to their parents; both financially and mentally. No child in Scotland should go hungry no matter what their immigration status is."

Esther Muchena, Asylum Services Manager, Scottish Refugee Council

A study<sup>18</sup> showed that 56% of asylum seekers were food insecure and 11% were food insecure with child hunger. Trussell Trust figures<sup>7</sup> show 2.61% of their food parcels, between April-September 2019 went to those with NRPF. However, research<sup>19</sup> indicates the need from this group is far higher. A research report<sup>20</sup> commissioned by The Scottish Refugee Council demonstrated that those who have been refused asylum, categorised by the government as 'over stayers', whose financial support has been withdrawn are living in abject poverty and are vulnerable to exploitation. Independent food and baby banks are an essential part in reaching communities such as this.

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### Case Study

Khadija\* is a single mother from Somalia with a four-year-old toddler and a new-born baby. Her asylum support from the Home Office was temporarily halted due to an administrative error so she phoned the Home Office contractor to report the issue.

The issue remained unresolved after 3 days.

When Khadija contacted Scottish Refugee Council, she was very distressed and emotional. She told us that she had no food in the house and she and her children had had no food that day.

The Scottish Refugee Council immediately phoned Social Work Services for support and was told that someone would be in touch with Khadija later that day to make an assessment. They were able to source Khadija and her children food from a food bank. However, the only food bank able to provide infant formula was across the city from where Khadija lives. However, arrangements were made for a delivery to be made to enable the family to eat.

Scottish Refugee Council

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Health professionals are ideally placed to support families living in food poverty including onward referrals to third sector organisations as needed. Little Village surveyed 131 professionals on the direct impact of the COVID-19 crisis on children living in poverty. The respondents believe the impact will be extremely severe<sup>6</sup>:

**Professionals view of the impact of Covid-19 on children living in poverty:**

- 70% agree children will go without essentials e.g. nappies and milk.
- 64% agree children will go hungry.
- 88% agree children will fall behind in developmental/educational terms.
- 81% agree children will be at greater risk of neglect.
- 78% agree children will be at greater risk of seeing/experiencing abuse.
- 66% point to a negative impact on children's mental health and behaviour.

“In [our area] we have seen a sharp increase in the number of families who increasingly cannot provide for all their family's needs, this increase has accelerated due to the effects of Covid-19. Families on universal credit often tell us that they simply cannot afford to buy new coats and shoes for their children as well as food and nappies. We work closely with [our local] Foodbank and feel both are essential to families in order to ensure their children have all they need including warm clothes for the winter and food. We have been overwhelmed by the number of families that have needed to access us for formula, many who have had no other means to purchase food for their babies. Currently there are many families in [our area] who simply cannot afford to feed their children well. We get referrals from a wide range of professionals such as Health Visitors and Midwives who are finding the families they support unable to purchase formula.”

Family Support Organisation Volunteer, London

## Formula feeding families

In Scotland 62% of babies in the least deprived areas are breastfed, either exclusively or partially, by six to eight weeks of age. This figure drops to only 28% of babies in the most deprived areas being breastfed<sup>21</sup>. Thus infants in these households are more likely to be either wholly or partially reliant on infant formula. Infant formula is expensive and is the only, or main source of nutrition for formula fed babies.

For families living with HIV, British HIV Association national guidance recommends exclusive formula feeding as a means of preventing vertical transmission<sup>22</sup>, however many families find themselves unable to access sufficient infant formula for the first year of their baby's life. There is no Scotland-wide provision of free formula to all mothers living with HIV, meaning that access to free formula for these families is a postcode lottery. While Waverley Care has a successful and long-standing scheme funded by the NHS to provide infant formula to families living with HIV on a referral system, this is only available in Edinburgh, Glasgow and Lanarkshire. Families unable to access these schemes may face impossible choices, perhaps resorting to inappropriate feeding methods for their babies, or going without themselves in order to provide it putting their own health at risk.

Another group advised to formula feed their babies and who are at an increased risk of poverty are families with a drug using parent. An estimated 41,000 – 59,000 children are born into homes where there is a drug using parent in Scotland<sup>23</sup> and of these around 10,000 – 20,000 may be living with that parent<sup>24</sup>. These children are also at risk of being either temporarily or permanently separated from their parents. Two thirds of children placed into kinship care in Scotland are there as a result of substance abuse<sup>25</sup>. Kinship carers are frequently of low income themselves with 72% reporting financial hardship as a result of undertaking caring roles<sup>25</sup>.

### How much formula does a baby need?

By the end of their first week of age, most babies will need around 150 to 200ml per kilo of their weight a day until they are six months old. This amount will vary from baby to baby<sup>26</sup> and estimates are shown in Table 1.

**Table 1.** Average formula intake from birth until six months in exclusively formula fed babies.

Average age of infant	Average volume of feed	Average number of feeds per day	Max volume of formula required
Newborn	1 – 3 ounces	8 - 12	36 ounces
2 months	4 – 5 ounces	6 - 8	40 ounces
4 months	4 – 6 ounces	6 - 8	48 ounces
6 months	6 – 8 ounces	4 - 6	48 ounces

At an estimated scoop weight of 4.6g, and one scoop of infant formula required to make one ounce, an 800g tub of formula will make up to 186 ounces of formula. This means that two 800g tubs of infant formula may be required every week to meet the requirements of exclusively formula fed infants.

### How much does infant formula cost?

In November 2020, the cheapest first infant milk available in Tesco, Asda, Morrison’s, and Lidl was Cow and Gate First Infant Milk, at £8 per 800g powder. Sainsbury’s also offer their own brand formula, Little Ones First Infant Milk Stage 1, for £7 per 900g powder. The most expensive first infant formula powder available was Aptamil Pro-Futura First Infant Milk at £15 for 800g.

Infant formula was not available on the websites for Aldi, Poundland, B&M, nor in some of their stores in our locality.

Following an online search, the only place we were able to source 800g first infant formula powder for lower than £8 was on eBay from a private seller.

First Steps Nutrition estimate the cost per 100ml of Cow & Gate First Infant Milk 800g powder at 13p and Little Ones First Infant Milk Stage 1 900g powder at 11p, making them the cheapest, readily available first infant formula products in the UK market<sup>27</sup>. Ready to feed infant formula is more expensive than the equivalent volume of powdered formula.

## Summary of the need

Food insecurity and poverty remains a significant problem in Scotland and across the UK. Food poverty continues to rise and families with children have been hit hard, further exacerbated because of the pandemic. Without action future generations will be affected with the well-recognised long term sequelae.

Poor nutrition in the early years of life leads to lifelong problems with poor physical and mental health and poor educational attainment. It is therefore a reasonable assumption that the increase in food poverty due to the coronavirus pandemic, will have a profound impact on the development of children both physically and psychologically.

“Food and baby banks are a hugely important resource when supporting families in the area I work in.”

Health Visitor, NHS Greater Glasgow and Clyde.

While food and baby banks are not the answer to solving the problem of food poverty, these front-line services are currently required to support families in crisis. The safe and dignified provision of first infant formula for formula fed babies is a crucial component of this support.

Health and social care workers are ideally placed to recognise need. As such and should be facilitated to signpost families in their care to the service best placed to meet that need, including food and baby banks for emergency infant formula provision where appropriate.

In order to ensure infant formula provision is carried out in a safe and dignified way by the organisations and authorities who support families in crisis, guidelines on safe infant formula provision must be clear, accurate, suitable in practice and without conflict.

# Current UK policy recommendations for formula provision at food and baby banks

## UK Specific Guidelines

There are two main points of reference for food and baby banks regards infant feeding support and formula provision in the UK; the UNICEF UK Infosheet on Infant Formula Provision at Foodbanks<sup>28</sup> ('the UNICEF UK Infosheet'; Appendix 1) and the Baby Feeding Law Group (BFLG) document Information for Foodbanks: Supporting pregnant women and families with infants<sup>29</sup> which is currently under review and has been removed in the interim but was based on the UNICEF UK Infosheet. In May 2020, UNICEF UK, First Steps Nutrition, and the National Infant Feeding Network published Covid Specific Guidelines - A Guide for Local Authorities: Infant feeding during the Coronavirus (Covid-19) Crisis<sup>30</sup> ('the Covid Specific Guidelines') that refer to the UNICEF UK Infosheet. Whilst these documents have achieved institutional significance, they are not UK law.

The above documents recommend *against* the direct provision of infant formula for formula fed babies by food and baby banks in the UK. They also recommend against accepting donations of infant formula.

The UNICEF UK Infosheet<sup>28</sup> advises food and baby bank staff refer families to the local authority or an appropriate health professional, such as a Health Visitor. Foodbanks should consider offering families monetary provision to buy formula but only when struggling to make an immediate referral. Where the local authority "does not currently have a robust referral system in place" UNICEF UK recommend the food or baby bank staff "contact them to find out what is in place, and if needed, highlight their concerns and agree a pathway of care that includes referral to an appropriate health professional". The guidelines also suggest that families are given information about local authority crisis loans, Best/Healthy Start vouchers schemes and local infant feeding support.

## International Guidelines

The international guidance that reference the provision of formula for formula fed infants in emergency situations include:

- Infant and Young Child Feeding in Emergencies Operational Guidance for Emergency Relief Staff and Programme Managers 2017<sup>31</sup>
- Infant Feeding in Emergencies 2007<sup>32</sup>
- UNICEF Nutrition in Emergencies<sup>33</sup>
- The international code of marketing breast-milk substitutes: frequently asked questions 2017<sup>34</sup>
- World Health Organisation Guiding Principles for Feeding Infants and Young Children in Emergencies 2004<sup>35</sup>

All guidelines allow for the direct provision of appropriate breast milk substitutes. Agreed criteria include where there is unavoidable absence of the mother, the mother is very ill, the mother is living with HIV and choosing not to breastfeed, and where the infant is dependent on breastmilk substitute. As such, UNICEF UK guidelines are currently *more* stringent than international guidelines and do not align and may breach basic human rights.

## UK Law

The relevant UK law, The Food for Specific Groups (Food for Special Medical Purposes for Infants, Infant Formula and Follow-on Formula) (Information and Compositional Requirements) (Amendment

etc.) (England) Regulations 2020<sup>36</sup> ('The 2020 Regulations') assumes that there will be infant formula provision to formula fed babies who require it and states:

Article 10 (4): An institution or organisation which receives any infant formula free or at a reduced price shall

- If that infant formula is for use in the institution or organisation only use it for infants who have to be fed on infant formula and only for as long as required by those infants or;
- If that infant formula is for distribution outside the institution or organisation, only distribute it for infants who have to be fed on infant formula and only for as long as is required by those infants.

# Limitations of current policy recommendations for formula provision at foodbanks in the UK

## Variation in guideline interpretation

Whilst international guidelines and UK law allow for direct provision of first infant formula, the UNICEF UK Infosheet<sup>28</sup>, and the Covid Specific Guidelines<sup>30</sup> (referred to together as 'the UNICEF UK Guidelines') do not allow for direct provision of formula from a food or baby bank. Whilst not reflective of international guidance and not legally binding, these guidelines do have institutional significance and as a result have led to confusion resulting in varied interpretations with inconsistent approaches across the UK. Variations include:

- Food and baby banks may not provide infant formula
- Health and social care professionals are unable to refer families to food or baby banks for first infant formula in areas where adherence is insisted
- Health and social care professionals refer families to food and baby banks for infant formula provision indirectly via other third sector organisations to circumvent insisted adherence
- Food and baby banks refer families in need to social services by third sector organisation and healthcare for monetary provision

Furthermore, the current UNICEF UK guidelines<sup>28,30</sup> recommend against the acceptance of donation of infant formula; the COVID Specific Guidelines erroneously state that donation is illegal<sup>30</sup> and this misrepresentation is reiterated in the UNICEF UK Statement on Infant Feeding During the Coronavirus Outbreak<sup>37</sup>. However, many food and baby banks rely on donations as their main source of products. Organisations who are unaware that this advice is incorrect in respect of food and baby banks, may thereby refuse donation and routinely hold no infant formula in stock for provision to formula fed babies in need. For the organisations who choose not to implement this part of the UNICEF UK guidelines, there is no advice on what infant formula is appropriate to accept or how best to store, handle and provide formula.

Together, the recommendations and misrepresented advice provided by the UNICEF UK guidelines<sup>28,30</sup> result in inconsistent provision of first infant formula in emergencies for formula fed infants across locations and between healthcare workers. In cases where no provision is available it creates ample opportunity for unsafe feeding practices as highlighted in the All Party Parliamentary Group on Infant Feeding and Inequalities (APPGIFI) Inquiry report on the Costs of Infant Formula in the UK<sup>38</sup>. This undoubtedly causes harm and targets families living in poverty.

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### Case Study

Hearing a Mum cry down the phone to you because she can't get milk for her baby is the most awful sound. One particular Mum couldn't access the formula she needed for her baby because UNICEF guidelines were being used at her local food bank so she phoned us in the hope we didn't follow the same 'rules'. She was told by the food bank it was illegal for them to give her it. Luckily, she had a family nurse who was willing to speak to us. We got the milk to her in less than an hour. She phoned back and was so relieved. Imagine being told it was illegal to feed your baby. Formula fed babies are no less deserving of food than a baby fed any other way. Nor does the mother matter any less.

AberNecessities Baby Bank

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The Scottish Refugee Council have noted food poverty is an acute concern for refugee and asylum-seeking communities<sup>39</sup> and thus recognise the important role of food and baby banks as a pathway of emergency infant formula provision for families with no recourse to public funds. As it stands, the UNICEF UK guidelines threaten the access route for this population, which would further disadvantage an already vulnerable population.

## **Failure to provide guidance on safe formula provision**

As we have established, some baby and food banks will continue to accept donations of and provide infant formula for formula fed babies in need. We have also established that despite the UNICEF UK guidelines<sup>28,30</sup>, some organisations, initiatives and individual health and social care workers will continue to refer to food and baby banks for direct provision of infant formula. The current UNICEF UK guidelines<sup>28,30</sup> neglect to advise on the safe direct provision of first infant formula, thus they fail to mitigate against the potential risk of unsafe feeding practices which could result in health issues for the formula fed infant.

“Parents have started to write or call the formula companies to ask for free samples because they are so in need.”

Social Worker, London

## **Confuse the need for immediate food provision with the need for longer term support**

Not all families seeking food aid will have a need for longer term support. Many will, and these families should be signposted or referred to the relevant authority. A families’ immediate need for food, which is often urgent, can currently be met by food and baby banks for all members of the family with the exception of formula fed babies.

The current UNICEF UK guidelines<sup>28,30</sup> suggest foodbanks refer all families in need of first infant formula to local authority, health or social care. Referring into health and social services creates an unnecessary and lengthy delay in resolving the immediate need for food by adding additional steps via an organisation who, unlike food and baby banks, are not set up to distribute food items. The current recommendations propose referring families in immediate need of food away from the organisation best placed to provide food (in this case infant formula) immediately and towards services that are often unable to meet the immediate need for food. Formula fed infants below six months are entirely dependent on first infant formula and a time delay introduces risk.

“If food banks provided formula it would help these families.”

Health Visitor, NHS Greater Glasgow and Clyde

Suggested alternative pathways promoted in the UNICEF UK guidelines<sup>28,30</sup> rely heavily on referral to long-term benefits. This fails to consider that low benefit income, delays to benefits and changes to benefits combined, account for the majority of reasons that foodbanks are accessed in the first place<sup>7</sup>.

## The suggested financial provision routes have limitations

The UNICEF UK guidelines<sup>28,30</sup> suggest alternatives to direct provision of first infant formula, all of which have significant limitations meaning many families cannot access first infant formula via these means. These include:

### Monetary provision by the food or baby bank

Community initiatives and third sector organisations are frequently not set up to provide money, instead relying on donations provided by the community and organisations around them<sup>40</sup>. The legal and/or regulatory and insurance requirements for cash handling may be beyond the scope of such initiatives and volunteers (Appendix 2).

For the few organisations who are able to do so, in some cases providing funds to purchase formula may pressure families to spend money on other items, including cheaper alternatives to first infant formula. Some individuals may be under financial coercion in domestic abuse situations. Rather than mitigating the risk, the responsibility is placed on a parent in food poverty and as with any financial support it is open to misuse rather than providing the direct support needed.

“[I] feel it is better to give the formula itself rather than money, vouchers dedicated to infant formula would be better.”

Food Bank Volunteer, Trussell Trust

Providing funds to buy formula does not mitigate any of the perceived risks associated with the direct provision of first infant formula. Nor does it guarantee an infants’ food source. Direct provision of infant formula safeguards this food source within the household for the formula fed infant.

“You are putting them in a position to have to choose: formula or giving money to an abusive partner, other pressing bills instead, sometimes addictions. It's better to provide the item in a safe and easy to access manner.”

Social Worker, Edinburgh

### Best Start Grant Scheme (Appendix 3a)\*

Best Start Foods is a Scottish benefit providing help to people and families on low incomes. The benefit is paid to women who are pregnant and families who have children aged up to three years old. Asylum seekers and working families not in receipt of other benefits are not eligible for this scheme.

For those eligible, the aim is for each application to be processed within twenty-one days and the applicant will receive their Best Start Foods card between one to five weeks later. This means a minimum wait time of four weeks, failing to meet the aim of providing immediate need.

Items available are restricted. The budget allocated for infants would cover the cost of four tubs of infant formula in a month which is a shortfall of up to four 800g tubs per month for babies at their peak formula intake prior to the introduction of solid foods.

### **Healthy Start Voucher Scheme (Appendix 3b)\***

Healthy Start is a voucher scheme for women in England, Wales and Northern Ireland who have young children or who are pregnant and receiving benefits. Asylum seekers, working families and those not currently in receipt of benefits are not eligible. Vouchers are only available for pregnant women and children. Fathers, or other care givers are not eligible.

For those eligible, the aim is for each application to be processed within fourteen days, again not meeting immediate need.

The voucher covers cost of three tubs of infant formula in one month which is a shortfall of up to five tubs per month for babies at their peak formula intake prior to the introduction of solid foods.

\*Eligibility for Best Start and Healthy Start are mutually exclusive – families will only receive one or the other, there is no overlap.

“Healthy start vouchers aren’t enough at all. By providing formula milk it means the baby is getting the right type of milk instead of being weaned too early.”

Baby Bank CEO

### **Section 22 Children (Scotland) Act 1995 Funding (Appendix 3c)**

This Act allows for local authorities to provide people with no recourse to public funds with housing and/or financial support to prevent homelessness or destitution. Such assistance can be provided to families where there is a child in need. However, although people with no recourse to public funds can request help from social services, some only receive support if it is necessary to prevent a breach of their human rights. This is due to exclusions from this funding based on nationality and immigration status. Often referral pathways for those with NRPF are unclear.

Once assessment processes have been completed, money may be available instantly. Some can be on a one-off basis but longer-term local authority financial support is highly variable. Social workers report difficulty in accessing this fund for the provision of items that can be accessed elsewhere, such as infant formula. As such funds are subject to local authority review, provision via this fund may differ across local authority areas.

### **Scottish Welfare Fund (Appendix 3d)**

This fund helps people on low incomes through Crisis Grants and Community Care Grants. Families can apply for a Crisis grant to help with food costs in an emergency under specific circumstances. To get a Crisis Grant a person needs to be on a low income but not necessarily on benefits. There is no specific figure that is used to judge whether someone has a low income but if they are in receipt of benefits it's more likely they'll be able to get a Crisis Grant.

It takes a minimum of 24 hours to assess eligibility and access funds. Crisis Grants are one-off payments so families may be turned away if they have previously accessed the funds. As a result, social workers report difficulties with the requirement for referrals from food or baby banks to go via the Scottish Welfare Fund.

### **Scottish Child Payment (Appendix 3e)**

Although not yet implemented, the Scottish government have introduced a payment of £10 per week for children under the age of six in low income families to start in early 2021. Whilst this is a valuable and welcome resource, our current understanding is that the payment would be available to families in receipt of a qualifying benefit. It is not clear whether this payment would be available to those with no recourse to public funds but the eligibility requirements stated suggest not. The payment would cover the cost of one, to one and a half tubs of formula per week so would still fall short of covering the costs of formula for a single child.

Despite the above pathways there are and will likely remain families who fail to meet eligibility criteria and thus fall through the gaps. Furthermore, the processing requirements for access to many pathways fail to address emergency need. Families with no recourse to public funds have even more limited access to support. Food and baby banks can address immediate need with direct provision.

### **Local authority provision routes have limitations**

UNICEF UK guidelines suggest that local authorities should provide “a clear pathway for the protection of breastfeeding and infant formula distribution as part of the local authority emergency food provision system<sup>28,30</sup> and recommend that families who require infant formula are not given this by food and baby banks but instead referred to the local authority.

In November 2020, we contacted all 32 Scottish Local Authorities to ask for information on their infant formula provision pathway for families in food poverty. We were unable to contact 3 local authorities (9%) via telephone and at the date of completion of this report we are awaiting a response from 7 authorities (22%; over two weeks from initial contact). Thus, we were unable to obtain information on infant formula provision from 10 of the 32 authorities (31%). Three local authorities do not provide infant formula for families experiencing food poverty (9%).

Of the remaining authorities who do have a formula provision pathway (19; 60%), the mechanism for provision varied significantly by region and largely involved referral onwards to food banks, Health Visitors, Social Services, the Scottish Welfare Fund and to other family support organisations. Of the local authorities who were able to provide information on their pathway, almost two thirds (63%) rely on local food banks referral. Where contact resulted in conversation with duty social work children and families’ teams, the discussions were positive and solution based. However, any requirement for access to be solely dependent on social work referral should take into consideration the general misconception around these services that drive fear and stigma associated with child protection and safeguarding, plus the likely increased demand on these services. Undoubtedly, in local authorities with an optimum budget and a low need, there is likely to be greater flexibility to provide support.

#### **Local authority pathways for formula provision include:**

- Local food bank – 63% (12/19)
- Health Visitor – 37% (7/19)
- Social Services – 26% (5/19)
- Scottish Welfare Fund – 32% (6/19)
- Other family support – 11% (2/19)

In Scotland, local authority pathways are not consistent or reliable in every instance for immediate provision of infant formula to formula fed babies in food poverty. It is unclear whether local authorities in other parts of the UK have clear and consistent infant formula provision pathways in place. Thus, by prioritising referral to local authorities for infant formula provision, UNICEF UK guidelines<sup>28,30</sup> do not guarantee the needs of formula fed babies in food poverty will be met and, as written, they prohibit, and create barriers to, alternative routes of direct access to first infant formula. Furthermore, the UNICEF UK guidelines<sup>28,30</sup> jeopardise established Local Authority pathways for emergency infant formula provision via referral to food and baby banks.

“I don’t know what these guidelines are referring to. If we have a family come to us for formula, we would refer them to the local food bank or social services”

South Ayrshire Council

## Potential for breakdown of mutually beneficial working relations

The UNICEF UK guidelines<sup>28,30</sup> explicitly mention the importance of working relationships with health professionals, such as a Health Visitor, where there is urgent need to ensure safe formula provision only to infants with identified need. Whilst health and social care boards feel bound by the UNICEF UK guidelines and possible misinterpretation of the legalities around donation, but food and baby banks cannot fulfil their aims within the same remit, a tension is created putting strain on a relationship that should be fostered.

A breakdown of this relationship is damaging for vulnerable families leading to possible unsafe feeding practices (detailed on page 22) as highlighted by APPGIFI<sup>38</sup>.

Strong relationships between healthcare workers and third sector organisations including food and baby banks are key in order to educate and support safe feeding practice. Conversely, a breakdown of these relationships can jeopardise other referrals to food and baby banks for required products other than first infant formula.

## Current advice on the law is open to misinterpretation

The Covid Specific Guidelines<sup>30</sup> state that it is against the law for companies that manufacture or distribute infant formula to donate infant formula or infant milks marketed as infant foods for special medical purposes, or to offer lower cost supplies. While this regulation is specific within healthcare settings, the lack of clarity means it is likely to be interpreted as all encompassing, leading some organisations to mistakenly believe they are unable to accept donations of infant formula.

“Baby banks and foodbanks are utterly essential for the distribution of formula to families. We are regularly asked for [formula] and deeply frustrated to be prevented from giving it out. We have been told by our local authority that giving out formula is illegal. We don’t believe this is the case but have to comply with this as our baby bank accommodation is provided by the council for free”

Baby Bank Trustee, South East London

The 2020 Regulations<sup>36</sup> provide no legal impediment to an infant formula manufacturer or distributor donating infant formula to a food or baby bank as they are not part of the healthcare system. Furthermore, The 2020 Regulations state that *[D]onations or low-price sales of supplies of infant formula to institutions or organisations, whether for use in the institutions or for distribution outside them, shall only be used by or distributed for infants who have to be fed on infant formula and only for as long as required by such infants*. Thus the law does not prohibit organisations from receiving donated infant formula or providing infant formula to formula fed babies.

It is important that the infant formula industry is held accountable for unscrupulous behaviour but this should not be to the detriment of formula fed infants. The behaviour of infant formula companies must be addressed independent of limiting access options for formula fed infants in need.

## **Summary of the limitations**

The current UNICEF UK guidelines<sup>28,30</sup> do not allow for direct provision of infant formula from food and baby banks and the alternative routes recommended do not provide a fail safe alternative resulting in many families falling through the gaps.

The allowance of monetary provision is not operationally viable for many food and baby banks and suggested alternative pathways rely heavily on referral to long-term benefits. This fails to consider that low benefit income, delays to benefits and changes to benefits combined account for the majority of reasons that foodbanks are accessed in the first place.

UNICEF UK guidelines<sup>28,30</sup> recommend that food and baby banks refer families to Local Authority despite acknowledgement that these pathways may not meet immediate need, or indeed may not exist. The guidelines jeopardise Local Authority emergency food pathways that currently signpost to food and baby banks for infant formula provision.

Families with no recourse to public funds have even more limited access to support but food and baby banks can address the immediate need for infant formula with direct provision. As the UNICEF UK guidelines<sup>28,30</sup> recommend against this existing support, they create inequality of access for such families and actively disadvantage this vulnerable population.

The UNICEF UK guidelines<sup>28,30</sup> do not adequately safeguard formula fed babies living in food poverty as they prohibit, and create barriers to, established routes of direct access to first infant formula without providing a fail safe alternative.

## Considerations for safe direct provision of infant formula at food and baby banks

The UNICEF UK Infosheet<sup>28</sup> states of food and baby banks accepting donations of, and providing formula to formula fed babies: “While on the surface this can seem like a practical solution, it can be a risky practice that can inadvertently cause harm”. The UNICEF UK Infosheet does not elaborate on the particular risks or harms referred to, however, previous versions of this guidance in place until mid November 2020<sup>41</sup>, and public statements made by UNICEF UK<sup>42</sup> have listed the following safety and logistical concerns as justification for recommending against direct infant formula provision:

### Food bank staff and volunteers working within their remit

The UNICEF UK Infosheet<sup>28</sup> correctly states that “Food bank staff and volunteers 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 often be complex situations”.

The remit of a food or baby bank is to meet the immediate need for food and other necessities required urgently by families experiencing poverty. While food and baby banks are not the solution to food poverty, they are currently an established support service that provide crucial front line support to local authorities, health and social care professionals, family support services and families themselves. Should families require assessment, planning and implementation of support strategies in order to meet the needs of their babies, food and baby banks are ideally placed to signpost or refer them to the relevant organisation. This can be done alongside, and is not precluded by, meeting a families’ immediate need for food.

### Correct formula being available

As there are numerous different infant formula products on the market UNICEF state that there is no guarantee that the correct product will be available<sup>41</sup>. UNICEF UK<sup>43</sup>, the NHS<sup>44</sup>, APPGIFI<sup>38</sup> and First Steps Nutrition<sup>45</sup> all agree that there are no significant differences between brands of first infant formula and that switching brands of first infant formula is not harmful<sup>44</sup>. The regulations governing the composition of first infant formula are extremely strict and thereby they all remain nutritionally equivalent. There may be some variation in taste, which some infants can identify after six months of age. After 12 months, an infant can transition from first infant formula to cow’s milk. If an infant requires a specialist formula this would be addressed by an infant’s Health Visitor or GP.

### Consistency of supply

Current UNICEF UK guidelines<sup>28,30</sup> recommend against the direct provision of infant formula because of the inability of food or baby banks to guarantee ongoing supplies to meet the needs of a baby for as long as is required. In the Covid Specific Guidelines<sup>30</sup>, UNICEF UK state that “It is acceptable for public services to distribute infant formula in an emergency and where there is genuine need, *providing that a continued supply can be guaranteed*” [emphasis added]. However, the alternative routes of provision recommended by the UNICEF UK guidelines (described on pages 14 – 17) also fail to guarantee the requirement of ongoing supply.

Baby and food banks should not be seen as a long-term solution to food insecurity but there *is* a clear requirement for emergency provision via these routes at present. Baby and food banks need only supply a short term course of formula in order to tide a family over until alternative arrangements can be made e.g., application to correct benefits, assessments for additional support. Indeed, as well

as meeting the immediate need for food, food and baby banks offer a valuable access pathway for families to be referred to the local authority for ongoing and longer term support.

“We provide two weeks worth of milk at one time. We ALWAYS supply the brand and stage requested and those who pack the bags are very carefully instructed on checking the date as well as stage/brand. For example, we do get asked for stage two but we would speak to the professional [who referred the family] if the baby was under six months old to clarify. We now see Feed guidelines as useful when we explain that babies can drink stage 1 until the age of one. However, we still get asked for other stages. We also supply sterilising tablets, equipment, bottles, bottle brushes and teats for different stages. This is all done in conjunction with a professional.

Baby Bank CEO.

## Safe preparation of formula

If a family is struggling to safely prepare formula this is a concern and should be referred to the appropriate health and social care services in order that education around safe preparation and an appropriate home environment can be established. In the interim the food or baby bank could offer ready-made formula and sterilising tablets which would be in keeping with World Health Organisation guidelines<sup>31</sup>.

It should be noted that there is no requirement for a supermarket or other retail outlet to ensure that a consumer has the ability and knowledge of safe infant formula preparation and neither is it clear how monetary provision would adequately circumvent this concern. Providing families with the NHS guide to bottle feeding alongside first infant formula helps mitigate the small but recognisable risk of unsafe preparation.

To our knowledge there is no guidance for other infant feeding equipment available from baby banks that would also require the same support regarding sterilisation, safe storage and preparation.

## Short shelf life

The shelf life of infant formula extends beyond a year; approximately two years from manufacture date. Food and baby bank staff are trained, capable of, and experienced in, monitoring food stocks. Simple procedures should be put in place such that volunteers and staff recognise ‘Best Before’ and ‘Use By’ dates and are able to manage stock rotation appropriately.

## Formula preference

While some families may choose to avoid certain food groups, the majority of carers choose cow milk based infant formula for their formula fed babies. It is possible that families could request specific formula milks, as demonstrated by the Waverley Care provision models.

## Undermining breastfeeding

This approach does not undermine breast feeding. On the contrary direct provision of infant formula for formula fed babies is not inconsistent or in conflict with providing tailored support for

breastfeeding mothers. The role of the food or baby bank is to provide food and to signpost families who require further support, such as infant feeding support, to the relevant organisation or authority. Food banks can provide extra food for breastfeeding mothers in order to meet the additional calorific requirements. Furthermore, food and baby banks should be able to signpost breastfeeding mums to their local infant feeding support services. The relationship between local authorities, health boards and third sector organisations such as food and baby banks is important to ensure breastfeeding families get the support they need. As the UNICEF UK guidelines<sup>28,30</sup> risk jeopardising this critical relationship (page 17) this will also be to the detriment of breastfeeding families.

We can support both breastfeeding and formula feeding families simultaneously without detriment to one or the other.

## Risks of no direct provision of first infant formula

The risk of no direct provision of first infant formula for formula fed babies in food poverty include illness, malnutrition or even death.

### Immediate risks

The lack of direct provision of first infant formula via a safe referral pathway can lead to unsafe infant feeding practices. When formula is not available care givers and health professionals report cases where families are forced to resort to unsafe infant feeding practices<sup>38</sup>. These include:

- Watering down feeds to make them last longer or not following safe practices
- Stretching out time between feeds resulting in under feeding the infant
- Adding solids to bulk up feed
- Early introduction of weaning
- Early introduction of cow's milk
- Use of a formula type that is inappropriate
- Breastfeeding when it is contraindicated

### Longer term risks

Infants who experience these unsafe practices can have profoundly poor short- and long-term outcomes. These include: allergies, anaphylaxis, choking and failure to thrive. And more subtle consequences like vitamin and mineral deficiencies, renal impairment, obesity, diabetes, hypertension, and poor cognitive development<sup>46</sup>.

“How babies are fed in the early months of life can have a profound effect on their short and long term health, 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”

UNICEF UK (2019)

“If we're serious about reducing inequality in our society we need to focus far more on support for families and children. It's a complex system, and part of the difficulty is trying to provide simple solutions to complex problems<sup>47</sup>”

Sir Professor Harry Burns, 2017<sup>47</sup>

## Recommendations to overcome limitations of current guidelines and the risks of no direct formula provision

### Recommendation One:

The government must take immediate action to clarify the current law on the provision of infant formula from food and baby banks.

A public statement stating that in accordance with UK law, food and baby banks *can* receive and provide first infant formula for formula fed babies. This would mitigate the current confusion and misinterpretation of current UNICEF UK guidelines<sup>28,30</sup> by health boards, local authorities and other organisations.

### Recommendation Two:

Food and baby banks and other such services should accept and provide First Infant Formula to parents and carers of formula fed babies up to 1 year of age.

Taking into consideration the ever-increasing need for supporting families at food and baby banks, the limitations of the current UNICEF UK guidelines<sup>28,30</sup> and the concerns around safety of infant formula provision detailed in this report, we have developed a set of easy to follow guidelines<sup>48</sup> (Appendix 5) for food and baby banks.

### Recommendations for formula provision by food and baby banks:

- Food and baby banks receive and provide *only* first infant formula to formula fed babies.
- Staff and volunteers provide the NHS 'guide to bottle feeding' leaflet with formula to mitigate the small but recognisable risks associated with preparation.
- Food and baby bank staff signpost families to relevant financial support schemes.
- Food and baby banks should foster strong relationships with Health Visitors and local infant feeding support services to ensure that formula feeding and breastfeeding families receive adequate infant feeding support where required, and that breastfeeding is protected and supported.
- Food and baby banks foster relationships with local HIV services to ensure families living with HIV receive adequate support.

This recommendation allows for the immediate need for food to be met alongside appropriate referrals for additional support where required, whilst mitigating the concerns of direct provision.

The advice we offer ensures the recipient of first infant formula has the knowledge for safe preparation and feeding practice. It protects anonymity and dignity. It reduces the risk of unsafe feeding practice whilst all professionals involved are working safely within their own professional remit. Donations from the public do not create unsafe feeding practices in the UK. But public education around donating only first infant formula, and safe direct provision of first infant formula with healthcare involvement goes further in mitigating the risk of unsafe feeding practice, than the risk of no provision at all.

We consulted a number of stakeholders and professionals including health visitors, youth workers, social workers and professionals working with families in crisis in the development of our guidance.

We have contacted UNICEF UK on a number of occasions requesting their involvement; as of the date of publication of this report we have yet to receive a response. We will continue to work with service providers and clients who may have workable solutions to suggest to ensure the guidelines remain current, safe, practical and dignified.

The guidelines are written in accordance with the laws governing infant formula, the frameworks described by the Royal College of Midwives<sup>49</sup> and the Royal College of Paediatrics and Child Health<sup>50</sup>, British HIV Association<sup>22</sup> and National Aids Trust<sup>51</sup> recommendations, and as a response to the APPGIFI inquiry into infant formula costs<sup>38</sup> which highlighted the issues facing formula feeding families living within the UK today.

The guidelines are endorsed by the British Pregnancy Advisory Service, the National Aids Trust, Aber Necessities, Glasgow North Baby Foodbank, Birth Baby and Beyond and Moray Baby Bank.

### **Recommendation Three:**

The Government must take immediate action to remove current barriers to formula access.

Evidence shows that, at present, there is no one single approach to infant formula provision across the 32 local authorities in Scotland. Current guidance for local authorities provided in the Covid Specific Guidelines<sup>30</sup> is misleading and thus should be withdrawn or updated to accurately reflect the law on infant formula donation and provision.

#### **Recommendations for the development of a local authority formula provision pathway:**

- Support Local Authorities across Scotland to continue the important work they are doing in offering a flexible approach to infant formula provision that can fulfil immediate and emergency need.
- Where necessary, support the implementation of formula provision pathways in authority areas where they do not currently exist.
- Address current barriers to formula access via food and baby banks in order to safeguard this pathway for authorities that currently adopt this approach.
- Ensure provision schemes are fair for all and open to families with no recourse to public funds. These recommendations would ensure that consistent support is available across Scotland for all families living with food poverty and for local authorities providing this support.

### **Recommendation Four:**

The government must continue to invest in longer term solutions to child food poverty.

As outlined in our joint submission with the British Pregnancy Advisory Service to the Environment, Food and Rural Affairs Select Committee<sup>52</sup> we call on the Government to implement measures that will help support families over the longer term.

#### **Recommendations for longer term support through official channels:**

- Increase the value of Best Start Foods for infants to cover the costs of infant formula and/or the additional nutritional requirements of breastfeeding mothers.
- Address lengthy waiting times for benefits and support payments.

- Open support schemes for families with no recourse to public funds.

These recommendations would ensure that long term support was available for all families living with food poverty.

The UK Government has recently pledged to increase the Healthy Start vouchers (£3.10 per voucher, £6.20 per infant per week) in line with Best Start (£4.25 per voucher, £8.50 per infant per week)<sup>53</sup>. However, this does not go far enough. As we outlined on page 8, the cost of one 800g tub of infant formula is between £7 and £15, with babies needing up to two tubs per week at peak intake. Thus, we recommend that the Scottish (and UK) Government further increase the provision for infants under these schemes or consider alternative means by which infant formula may be provided to families living with food poverty.

Wait times for existing support are unviable for families in crisis; up to five weeks for Universal Credit, one to five weeks for Best Start Foods vouchers and three or more weeks for Healthy Start vouchers. A reduction in waiting times would minimise the reliance of families on third sector organisations such as food and baby banks and ensure longer term support is in place when it is needed. Notwithstanding this, we urge the Government to make clear, through issued guidance and by supporting our recommendations for formula provision by food and baby banks, that these organisations are allowed to provide infant formula and baby food and that provision of these supplies should not be disincentivised or opposed by local bodies.

One key issue with current schemes is the lack of provision for families with no recourse to public funds, a disproportionate amount of whom may be advised to give their babies infant formula rather than breastfeed as a result of British HIV Association guidelines<sup>22</sup>. Thus, we recommend all support schemes be opened to these families.

### **Recommendation Five:**

Guidance should allow for safe direct provision of first infant formula for formula fed babies in need and ensure equity of access for all.

All guidance on access to support schemes for families in Scotland should ensure equity of access and that no vulnerable population is disadvantaged.

Adoption of guidance that recommends and advises on the safe provision of first infant formula to formula fed babies experiencing food poverty – such as those provided by Feed<sup>48</sup> - would keep Scotland in line with international guidance adopted across Europe and the rest of the world.

Any guidance issued must include the consultation of key stakeholders, including service providers, service users and family support organisations, to ensure it is fit for practice and meets the needs of those for whom it is intended to support. Guidance issued must be free from, or should be explicit about, any potential conflict of interest and show consideration and adequate measures to counter these.

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# Appendices

## **Appendix 1: UNICEF UK Infosheet - The provision of infant formula at food banks**

### **UNICEF UK INFOSHEET: THE PROVISION OF INFANT FORMULA AT FOOD BANKS**

April 2014, last updated November 2020

Food banks are a relatively new phenomenon in the UK, with charities and volunteers taking an ever-increasing responsibility for supporting struggling individuals and families to provide food and other essential items. During the Coronavirus (Covid-19) outbreak, this has come into ever sharper focus, with food bank staff coping with even larger numbers of individuals and families in crisis. We recognise and admire the vital contribution that food banks are making.

Struggling families with babies are particularly vulnerable and some food banks have started taking donations of infant formula and distributing these to families in an attempt to support them. While on the surface this can seem like a practical solution, it can be a risky practice that can inadvertently cause harm.

How babies are fed in the early months of life can have a profound effect on their short- and long-term health, 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. Food bank staff and volunteers 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 often be complex situations. Additionally, they cannot guarantee timely or consistent supplies of infant formula. However, they can have an important role to play in recognising families in need and making timely and appropriate referrals to the relevant professionals so that families get the holistic and consistent support they need.

Whilst recognising that this is a very difficult issue with few easy solutions, in the interest of trying to secure the best possible outcome for the baby, we would recommend that:

- All local authorities have a clear pathway for the distribution of infant formula as part of the local authority emergency food provision system. For more information, please see our guide for local authorities.
- Food banks put into place a robust referral system and staff are trained to trigger this if they are concerned that babies are in danger of not being fed.
- If food bank staff are concerned that their local authority does not currently have a robust referral system in place, they contact them to find out what is in place, and if needed, highlight their concerns and agree a pathway of care that includes referral to an appropriate health professional.
- If a food bank is struggling to make an immediate referral, then an emergency payment could be given to the family to enable them to buy their baby's usual infant formula, while the food bank completes the referral process for ongoing support.
- Food banks continue to offer families food for the parents and older children to help ease the overall burden on the family and food banks do not accept donations of infant formula or distribute infant formula for babies. As mentioned above, this is due to concerns for the safety of the baby. In addition to concerns about consistency of supply, there is also an array of different products on the market and getting the right one from a food bank cannot be guaranteed. Babies could be given a milk that is not appropriate to them – for example, if the baby is under six months old, a follow-on milk would not be appropriate for them and could cause harm.
- Food banks are encouraged to tell families in England, Wales and Northern Ireland about the Healthy Start scheme, as this may be able to support the purchase of infant formula or other foods. Pregnant women and families with children under four who are getting income-based

benefits and tax credits can apply for support from Healthy Start. The Healthy Start scheme is not an immediate response, but mothers visiting the food banks may be eligible to apply (see below). In Scotland, families can apply for support through the Best Start scheme.

- In some areas, local authorities provide crisis loans or provide vouchers or referrals for essential items such as food or furniture. Information on accessing emergency support can be found at the debt charity Step Change.
- Staff/volunteers working at food banks should know how to refer women to the local infant feeding specialist team.
- Food banks should ensure that donors know that infant formula donations cannot be accepted and include this on websites and in literature about their service. People keen to donate in support of young families should be encouraged to offer other food and drink items that the family can benefit from.

### **Help for parents who visit food banks**

#### Infant feeding support (for mothers however they feed their baby)

**National Infant Feeding Network (NIFN)** A network of 800 NHS infant feeding specialists who work to share evidence-based practice around infant feeding and very early childhood development in order to deliver optimum health and wellbeing outcomes for mothers and babies.

<https://www.unicef.org.uk/babyfriendly/about/infant-feeding-networks/>

**National Breastfeeding Helpline** Tel: 0300 100 0212 [www.nationalbreastfeedinghelpline.org.uk](http://www.nationalbreastfeedinghelpline.org.uk)

**Association of Breastfeeding Mothers** [www.abm.me.uk](http://www.abm.me.uk)

**The Breastfeeding Network** [www.breastfeedingnetwork.org.uk](http://www.breastfeedingnetwork.org.uk)

**NCT Infant Feeding Line** Tel: 0300 330 0700 [www.nct.org.uk](http://www.nct.org.uk)

**La Leche League** Tel: 0345 120 2918 [www.laleche.org.uk](http://www.laleche.org.uk)

**Unicef UK Baby Friendly Initiative** [www.babyfriendly.org.uk](http://www.babyfriendly.org.uk)

**Scottish Government Parent Club** <https://www.parentclub.scot/> and Best Start Grant

<https://www.mygov.scot/best-start-grant/>

#### Healthy Start

Women in England, Wales and Northern Ireland who are at least 10 weeks pregnant or have a child under four years old qualify for the scheme if they or their family get:

- Income Support, or
- Income-based Jobseeker's Allowance, or
- Income-related Employment and Support Allowance, or
- Child Tax Credit (with a family income of £16,190 or less per year)
- Universal Credit (with a family take home pay of £408 or less per month).

Women also qualify if they are under 18 and pregnant, even if they don't get any of the above benefits or tax credits.

Visit [www.healthystart.nhs.uk](http://www.healthystart.nhs.uk) or call the Healthy Start helpline on 0345 607 6823 for more information about the Healthy Start scheme.

In Scotland, the Best Start Benefit will be available for pregnant women and children up to the age of three years from late summer 2019 and will replace Healthy Start. Information about this will be available at <https://www.mygov.scot/>

## Migrants, refugees and asylum seekers

- Asylum seeking women are entitled to some additional payments during pregnancy and their child's early years. See the Maternity Action information sheet: Maternity rights and benefits: Asylum seekers
- Women whose asylum claim has been refused may be entitled to support during their pregnancy. See the Maternity Action information sheet: Maternity rights and benefits: Refused asylum seekers
- Women who have refugee status are entitled to the same maternity benefits as any other UK resident.
- Women who are nationals of European Union or European Economic Area countries may be entitled to the same maternity benefits as any other UK resident, but this depends on their circumstances. See the Maternity Action information sheet: Maternity rights and benefits: EU/EEA and Swiss nationals
- Women who are migrants with 'no recourse to public funds' as a condition of their visa (e.g. work visa, spouse visa) may be entitled to some maternity benefits. See the Maternity Action information sheet: Maternity rights and benefits: No recourse to public funds
- Some women migrants are not entitled to any maternity benefits.

### **Asylum support** <https://www.gov.uk/asylum-support/overview>

Provides information on housing and money while waiting to find out if asylum has been granted. State school provision for children and healthcare from the NHS. This includes information on how to apply for short-term support if asylum has been refused.

**UK Visas and Immigration** Customer Contact Centre on 0300 123 2241 <https://www.gov.uk/contact-ukvi-inside-outside-uk> Office of the Immigration Services Commissioner Email: [info@oisc.gov.uk](mailto:info@oisc.gov.uk) Telephone: 0345 000 0046 The refugee council works with refugees and people seeking asylum in the UK offering practical support and advice throughout the UK. <http://www.refugeecouncil.org.uk/> Policy Bulletins <https://www.gov.uk/government/publications/asylum-support-instructions-policy-bulletins> 78: Additional payments to pregnant women and children aged under 3 37: Maternity Payments

### **Other useful information**

[Baby Feeding Law Group Information for Food Banks: Supporting pregnant women and families with infants](#): [www.bflg-uk.org](http://www.bflg-uk.org)

## **Appendix 2: Implications for provision of money to formula feeding families for the purchase of infant formula**

Organisations that accept and distribute money will need to develop and implement cash handling facilities and procedures, in which their staff and volunteers will need to receive adequate training and monitoring. Staff and volunteers will therefore be required to take on the responsibility and accountability of cash handling.

Transactions, including donations and provision of money (*i.e.* income and expenditure) will need to be tracked in detail. Basic good practice in this regard will require either a written ledger, or a computer-based tracking system such as a spreadsheet.

Service managers will be required to reconcile the cash account on either a weekly, monthly or quarterly interval depending on the amount of cash that is received.

An on-site safe or transportable lockable cash box is recommended to ensure security and minimise the risk of theft, as is insurance to cover the amount of money that may be held in the service against theft or loss ('cash on site' insurance). Service providers should also ensure that their staff and volunteers are covered under the liability insurance policy for the building in which they are working so that they may be protected in the event of being injured during a cash theft.

Should a service already be in receipt of funding, they will have to create and manage a separate budget for allocating funds to families to purchase formula. In the event that the service receives large amounts of funding, this may require additional software and accounting support.

When handling cash there may be an element of human error. For example, during busy periods volunteers may forget to log a donation or provision, notes may stick together and be miscounted or details may be entered into the ledger or spreadsheet incorrectly.

Food and baby banks and other organisations who hand out food parcels offer far more by the way of support and signposting than food parcels alone. Springburn offer signposting to other relevant agencies, a 'swap shop' for clothes and baby items, social interaction and so on. Other food and baby banks offer workshops on things such as parent-craft or managing stigma. One-off cash payments do not support this holistic approach.

### **Appendix 3: Alternatives to direct provision of infant formula at food and baby banks**

#### **Appendix 3a: [Best Start Grant Scheme](#)**

Eligibility: A parent over ten, can apply whether in work or not, as long as they're receiving one of these:

- (a) Universal Credit
- (b) Child Tax Credit
- (c) Working Tax Credit
- (d) Housing Benefit
- (e) Income Support
- (f) Pension Credit
- (g) Income-based Jobseekers Allowance (JSA)
- (h) Income-related Employment and Support Allowance (ESA)

They would also qualify if under eighteen, even if not receiving any of the above benefits.

The benefits a parent needs to be on to get Best Start Food are the same as Best Start Grant, but some of the benefits have an income limit for Best Start Foods.

- Universal Credit – if they or their partner have a job, joint income from working must be less than £610 a month, after tax and National Insurance (Universal Credit payments are not counted as part of this)
- Child Tax Credit, if not getting Working Tax Credit – joint income from working must be less than £16,190 per year
- Child Tax Credit and Working Tax Credit - income from working must be less than £7,320 per year
- Housing Benefit – joint income from working must be less than £311 a week

Parents or carers can apply if they're the main person looking after a child. This includes:

- the child's birth mother
- living with the birth mother and the two of you are a couple, married or civil partners
- a single father
- if they've taken over looking after a child, such as if you've adopted or are a kinship carer

**Provision:** The Best Start Grant consists of three cash payments paid once per child.

- Pregnancy and Baby Payment - a one off payment of £600 for a first child or £300 for a second or subsequent child. It is to help with the costs of pregnancy or having a baby such as maternity clothes, a cot or a pram
- Early Learning Payment - a one off payment of £250 to help with the costs of having a pre-school child for example the costs of day trips, books or toys for home learning
- School Age Payment – a one off payment of £250 to help with the costs of having a child of school starting age, such as the costs of a new school bag, to pay for school trips or after school activities.

In addition, the Best Start Foods is a prepaid card that can be used to buy healthy foods for children under three in shops and online.

The payments of Best Start Foods are:

- £17 every 4 weeks during pregnancy
- £34 every 4 weeks from your child being born up until they're a 1 year old
- £17 every 4 weeks between the ages of 1 and 3

If a child is between 2 and 4 years old at application, and the parent was getting Healthy Start Vouchers for them, they will be paid £17 every 4 weeks until the child is 4 years old.

**Difficulty:** Firstly, many families accessing food and baby banks will not be eligible for the Best Start Scheme such as refugees, working families earning above the specified limits and those not currently in receipt of benefits. For those who are eligible, Best Start is a very small budget and items available on the vouchers are restricted. The budget allocated for infants would cover the cost of four tubs of infant formula at £7 per tub, with £6 left over.

Once the application for the Best Start Foods has been completed in full, all required information has been provided and checked and they have confirmation of entitlement from the benefits system - which is not always achieved - the application can be processed within twenty-one days. However, Best Start advises that during busy periods this may take longer. The applicant will receive their Best Start Foods card between one to five weeks later; the cards are made and sent out once a month, approximately a week before the payments will be made. Thus, the waiting time depends on the time of application. This means the absolute minimum time from application to receipt of vouchers is four to nine weeks. In the instance where infant formula is urgently required by a family, a four week wait for funds is inappropriate and may put formula fed babies at risk.

Best start Foods payments are only available for pregnant women and children. Once a woman has given birth, she is no longer eligible for support. Fathers, or other care givers are not eligible for support under this scheme.

Best Start Food payments do not cover the costs of food for those eligible under the scheme, including formula fed babies.

### **Appendix 3b: [Healthy Start Voucher Scheme](#)**

**Eligibility:** A parent will qualify for Healthy Start if they are at least ten weeks pregnant or have a child under four years old and if they or their family get:

- Income Support
- Income-based Jobseeker's Allowance
- Income-related Employment and Support Allowance
- Child Tax Credit with a family income of £16,190 or less per year
- Pension Credit; or

- Universal Credit with no earned income or total earned income of £408 or less per month for the family.

They would also qualify if under eighteen and pregnant, even if you not receiving any of the above benefits.

Provision: Healthy Start is a means tested scheme providing vouchers for families to spend with local retailers. Pregnant women and children over one and under four years old can get one £3.10 voucher per week. Children under one year old can get two £3.10 vouchers (£6.20) per week.

The vouchers can be spent on:

- plain cow's milk – whole, semi-skimmed or skimmed. It can be pasteurised, sterilised, long life or UHT
- plain fresh or frozen fruit and veg (fruit and vegetables with no added ingredients), whole or chopped, packaged or loose
- infant formula that says it can be used from birth and is based on cow's milk.

The voucher also provides vitamin coupons to swap for free Healthy Start vitamins. Healthy Start vitamins are specifically designed for pregnant and breastfeeding women and growing children.

Vouchers are provided every four weeks totalling £12.40 for pregnant women and children aged one-four, and £24.80 for babies up to one year old. Vouchers expire within one month.

Difficulty: Firstly, some families accessing food and baby banks will not be eligible for Healthy Start Vouchers such as refugees, working families and those not currently in receipt of benefits.

For those who are eligible, Healthy Start is a very small budget and items available on the vouchers are restricted. The budget allocated for infants would cover the cost of three tubs of infant formula at £7 per tub per month, with £3.80 left over that must be spent before the expiration date. The African Health project run by the Waverley Care distributes four tubs of infant formula per month<sup>52</sup> – this is not met through Healthy Start Vouchers.

Once the application for Healthy Start vouchers is fully completed, Healthy Start advise that applicants call them two weeks after sending it to them. If the application has been completed in full, all required information has been provided and checked and they have confirmation of entitlement from the benefits system - which is not always achieved - the application can be processed during that call. It will then take between eight-ten days for an applicant to receive their vouchers. This means the absolute minimum time from application to receipt of vouchers is twenty-two– twenty-four days. In the instance where infant formula is urgently required by a family, a three week wait for funds is inappropriate and may put formula fed babies at risk.

Vouchers are only available for pregnant women and children. Once a woman has given birth she is no longer eligible for support. Fathers, or other care givers are not eligible for support under this scheme.

Healthy Start Vouchers do not cover the costs of food for those eligible under the scheme, including formula fed babies.

### **Appendix 3c: Section 22 Children (Scotland) Act 1995 Funding**

Eligibility: Section 22 Children (Scotland) Act 1995 allows for local authorities to provide some people who have no recourse to public funds with housing and/or financial support in order to prevent homelessness or destitution. Such assistance can be provided to:

- Families, where there is a child in need (for example, because the child is homeless or the parent cannot afford to meet the family's basic living needs)

- Young people who were formerly looked after by a local authority, for example, because they were an unaccompanied asylum seeking child (UASC), or other separated migrant child]

To request help, a person should contact their local council's adult or children's social services department.

Difficulty: Although people with no recourse to public funds are able to request help from social services, some people can only receive support if it's necessary to prevent a breach of their human rights. This is due to exclusions from this funding based on nationality and immigration status.

Money is usually available instantly; it is usually paid on a 'one off' basis. Social workers have reported difficulty in accessing this fund for the provision of items that can be accessed elsewhere, such as infant formula.

### **Appendix 3d: Scottish Welfare Fund**

Eligibility: The Scottish Welfare Fund helps people on low incomes through Crisis Grants and Community Care Grants. A person can apply for a:

- Crisis Grant – if in crisis because of a disaster (like a fire or flood), or an emergency (like losing your money or an unexpected expense)
- Community Care Grant – to help them or someone they care for to start to live, or to carry on living, a settled life in the community

Families can apply for a Crisis grant to help with food costs in an emergency. Examples of this could include when:

- there's a fire or flood at home
- they've lost money
- an unexpected crisis happens
- they are a victim of domestic abuse and need support to moving away from an abuser
- they are a grandparent or other relative who has taken over caring for a child, and is waiting on a transfer of benefits (kinship)
- they are facing a gap in normal income because of a redundancy or change at work

To get a Crisis Grant a person needs to be on a low income but not necessarily on benefits. There is no specific figure that's used to judge whether someone has a low income but if they are on one of the benefits below, or their income is about the same as someone who is, it's more likely they'll be able to get a Crisis Grant:

- Income Support
- Pension Credit
- Jobseeker's Allowance (JSA) - Income based
- Employment and Support Allowance (ESA) - Income based
- Universal Credit

If a Crisis Grant, the local council will look at helping with the most urgent living costs such as housing and food.

Provision: Provision is dependent on the reason for the application for support.

Difficulty: Families may not be eligible for a Crisis Grant. Families cannot normally get a crisis grant if they have made repeated application or have applied within the last twenty-eight days unless their circumstances have changed. Families cannot normally get more than three crisis grants within a twelve-month period or if they have no recourse to public funds. If eligible, it will take at least

twenty-four hours to get a decision. Social workers report difficulties with the requirement for all referrals *from* food and baby banks to go via the Scottish Welfare Fund. This would result in families who are referred *from* a food or baby bank *to* social services for the purposes of accessing formula for their formula fed baby having to wait the minimum twenty-four hours for a decision. It also means that if the family have previously been referred to the fund then they are likely to be turned away by the local authority.

### **Appendix 3d: [Scottish Child Payment](#)**

**Eligibility:** The main carer of a child can apply whether in work or not, as long as they are getting one or more of the following benefits:

- Universal Credit
- Child Tax Credit
- Income Support
- Pension Credit
- Working Tax Credit
- income-based Jobseeker's Allowance (JSA)
- income-related Employment and Support Allowance (ESA)

**Provision:** A weekly payment of £10 that for every child under 6 years of age paid every 4 weeks and able to be spent on anything the recipient chooses.

**Difficulty:** Some families accessing food and baby banks may not be eligible for the Scottish Child Payment such as refugees, working families and those not currently in receipt of benefits.

## **Appendix 4: Feed guide to infant formula provision for food and baby banks**

### **PROVISION OF INFANT FORMULA Guidance for food & baby banks**

WHO IS ELIGIBLE FOR INFANT FORMULA?

*Babies up to one year of age*

Babies who receive all or part of their nutrition from infant formula must have that need met up until the age of 1, when they can transition to full fat cows milk.

WHAT FORMULA TYPE CAN WE ACCEPT?

*First infant milk is suitable for babies up to one year*

First infant milk, or stage 1 infant formula, usually has a large number 1 on the box or tin. It is suitable for babies up to one year of age.

WHAT INFANT FORMULA BRAND IS BEST?

*All brands meet the same nutritional standards*

All infant formula is subject to strict legal guidelines regarding the composition and manufacture. Therefore, all brands must meet the same nutritional guidelines.

CAN BABIES SWITCH TO A DIFFERENT FORMULA?

*Switching to a different formula brand is not harmful*

While some babies may show a preference for a specific brand of first infant formula, switching to a different brand is not harmful as all first infant milks have very similar composition. If a parent or carer has concerns they can speak to their health care provider.

WHAT IF A BABY NEEDS A SPECIAL FORMULA?

*Refer the family to their healthcare provider*

Some specialist formula are available on prescription while others can be purchased over the counter. If a family feels their baby needs such formula they should speak with their Midwife, Health Visitor or GP.

#### HOW DO YOU PREPARE INFANT FORMULA?

*By following best practice guidelines from the NHS*

The NHS Start4Life Guide to Bottle Feeding contains information on how to prepare and store infant formula, as well as handy tips on feeding. Keep these leaflets to hand to give to parents and carers of formula fed babies.

#### CAN FOOD AND BABY BANKS PROVIDE INFANT FORMULA?

*Yes, food and baby banks can accept and provide formula to families in need*

The national and international laws governing infant feeding recognise, and include allowances for, the acceptance and provision of infant formula to formula fed babies.

#### HOW CAN WE FURTHER SUPPORT FAMILIES IN NEED?

*Signpost them to additional support services*

Tell families about the Best Start Foods or Healthy Start schemes as they may be eligible for further financial support to help with the families food costs. You can also signpost families to their local infant feeding team for further support.

#### HOW CAN WE SUPPORT FAMILIES LIVING WITH HIV?

*Contact your local HIV support service*

It is recommended that parents living with HIV exclusively formula feed their infant, but some can struggle to afford infant formula. Contact your local HIV support service to see if they would be interested in receiving donations of first infant formula to distribute to their clients.

#### HOW CAN WE SUPPORT BREASTFEEDING?

*By supporting the breastfeeding Mum*

Breastfeeding families can be referred to their healthcare provider for feeding support. Additional foodstuffs can also be provided to meet the additional calorie requirements of optimal milk production.

#### FURTHER INFORMATION

These guidelines were written by Feed in accordance with the laws governing infant formula, the frameworks described by the Royal College of Midwives and the Royal College of Paediatrics and Child Health, British HIV Association and National Aids Trust recommendations, and as a response to the APPGIFI inquiry into infant formula costs which highlighted the issues facing formula feeding families living in the UK.

These guidelines are endorsed by the British Pregnancy Advisory Service, the National Aids Trust, Aber Necessities, Glasgow North Baby Foodbank and Moray Baby Bank.