A scoping review of infant food insecurity in Forth Valley: challenges of breastfeeding & formula feeding when food insecure

Dr Rosie McNeel1,2, Lesley Hetherington3, Prof Lesley Frank3, Prof Flora Douglas4 & Dr Erin J Williams2,5

Background
There is a social gradient of infant feeding. Infants in low-SES groups are predominantly formula fed but data shows a rise in breastfeeding rates, driven by an increase in combination feeding. Food insecure families are struggling to access the extra calories required for breastfeeding or the formula required for formula feeding.

Aim
1. To determine how food insecurity impacts on infant feeding practices across Forth Valley
2. To identify support pathways available for food insecure families with infants
3. To understand the infant feeding challenges experienced by food insecure formula feeding & breastfeeding women

Method
Health care professionals, local authorities & 3rd sector staff were invited to participate in a rapid scoping evaluation of infant food insecurity across NHS Forth Valley health board. Subjects were asked key questions to determine their awareness of
a) the scale of the issue
b) the unique challenges faced by food insecure breastfeeding & formula feeding women
c) the formal support available for food insecure families with infants
d) the collection of data on this issue.

Results
Breastfeeding provides some infants with food security, but physiological demand affected by stress & calorie intake limits this. Concerns were raised over informal donor milk & women’s reproductive rights.

No official emergency formula provision pathway in Forth Valley exists. UNICEF guideline implementation has led to barriers in access. Demand is increasing, resulting in unsafe feeding practices, maternal shame & stigma.

“mums worried about if they will be able to breastfeed if they themselves aren’t eating much because of food insecurity.”
Breastfeeding Network volunteer, Forth Valley

“This puts extra pressure on a mum who may prefer to stop breastfeeding but feels she can’t afford to make that choice”
Breastfeeding Network volunteer, Forth Valley

“One volunteer reported the added stigma, embarrassment and time of not being able to get formula at the foodbank, meaning she needed to seek out a second source of support”
Third Sector volunteer, Forth Valley

“making formula up with less powder, keeping bottles of formula to use later & stretching the time between feeds. A couple of mums have spoken about making their own formula from online recipes.”
Third Sector volunteer, Forth Valley
Tackling twenty-first century poverty – addressing the impacts of poor housing conditions for children with asthma in West Yorkshire

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Dr Claire Gilbert, Public Health Registrar, West Yorkshire Health and Care Partnership, Rachel Crossley, Public Health Registrar, Calderdale and Huddersfield Foundation Trust, & Dr Fredericke Garbe, Interim Associate Director for Improving Population Health, West Yorkshire Health and Care Partnership. Contacts: claire.gilbert@yorkshire.nhs, rachel.crossley@yorkshire.nhs, fredericke.garbe@yorkshire.nhs

‘Why treat people and send them back to conditions that make them sick?’
- Michael Marmot, The Health Gap 2017

Background
West Yorkshire has high prevalence of asthma (all ages) and high admission rates for under 15s from asthma. Cold homes, damp, and mould can increase the risk of respiratory problems and be asthma triggers.

Example of damp in a property in West Yorkshire: Jancie Claverton, leaseholder in Keighley

- Health inequalities for children under 5 years old in West Yorkshire
- Admissions for children with asthma are three times higher in the most deprived than the least deprived
decile

How have we responded in West Yorkshire?
- This West Yorkshire Integrated Care System, known as the Health and Care Partnership, invested £1 million to keep people warm 2021/22 in the Winter Warmth fund
- The money was shared across each of the 5 local authority areas in West Yorkshire based on the proportion of fuel poor households in that area. Some areas chose to invest in existing services, whilst others are piloting new services.

Case Study - Addressing inequalities in asthma for children locally
Greenwood Primary Care Network (PCN) is in the Kirklees area (West Yorkshire). The PCN had identified inequalities in asthma as a clinical priority within their population, and a working group of partners across the PCN including Calderdale and Huddersfield Foundation Trust, Kirklees Council public health, and Locality (the community provider) were brought together to look at improving rates of asthma admissions, management, and inequalities.

We have worked together to use the Winter Warmth fund in an innovative way focused on improving people’s living conditions.
A service has been commissioned for energy efficiency experts to help vulnerable households save energy and money and live in a warmer, more comfortable home, with interventions ranging from home improvements to behaviour change and signposting to financial and welfare support.

The PCN are working with Social Prescribing Link Workers to identify and refer eligible patients on the criteria:
- 0-19 year olds with a clinical indication of poorly managed asthma
- cold / damp housing or fuel poverty are a concern for the household
This will be a pilot which we will work with the Partnership to evaluate, hoping to establish proof of concept and expand the service if more funding can be secured.

Resources to support families and healthcare professionals
- We have created an affordable warmth webpage and patient information leaflets on where to get help.
- We ran a webinar on signposting families and carers to Affordable Warmth and Housing Services
- We have worked with colleagues to add questions relevant to indoor air quality to primary care clinical templates for asthma
- We have created resources on the West Yorkshire Healthier Together website on Indoor air quality and asthma triggers, keeping your home warm, damp and mould, and signposting to support families and healthcare professionals know what advice to give and what services are available locally
- We made a commitment at our System Leadership Executive and Children, Young People and Families Board that no child or young person in West Yorkshire should suffer severe or uncontrolled asthma symptoms due to fuel poverty or poor housing conditions
"It’s there to catch you" How a financial inclusion approach supports population health in Derbyshire

Abstract
A public health approach to financial inclusion can support population health, however, need and demand are growing and the research strategic intelligence loop.

In Derbyshire...
63,750 households estimated to be in poverty (2021)
49,887 households estimated to be in food poverty (2021)
37,000 pupils eligible for Free School Meals (2022)
69.2% adults classed in overweight (2021)

This case study features Delta who is aged 60 and lives alone. Delta had her Employment and Support Allowance benefit stopped as she was found "fit for work". This was despite having mental health conditions, significant pain and limited mobility.

Potential negative impacts on Delta
- increased pain and an improvement in condition
- distribution of food, health and essentials
- increased debt, missed bills and errors
- risk of homelessness
- negative impact on mental health
- unable to attend medical appointments
- increased isolation
- more susceptible to financial abuse and scams

Potential positive impacts on Delta's health
- more contact increases the risk of cardiovascular and respiratory disease, as well as increased risk of falls and injury
- food insecurity is linked to diabetes, poor management of diabetes and obesity
- living is linked to poor mental health, impaired mobility, negative affect on the nervous, circulatory & endocrine systems

Discussion
Need is rising - trends in the drivers of poverty (employment, earnings, benefits, housing, costs and inflation) suggest that poverty is going to get worse in the UK in the next few years (21). These drivers are largely out of the control of Local Authorities and require national policy action (3).

Authors
Wick Powers, Delta Burton & Thom Dunn
Correspondence
wick.powers@derbyshire.gov.uk

Methods - taking a public health approach

Prevention
Comprehensive action to stop the rise in poverty, plus initiatives to provide additional support services and financial inclusion services and initiatives.

Collaboration
Delta was offered a wide range of support including credit support which helped with food and housing costs, and supported a new claim for universal credit. Special offer support which helped secure £32 per month via a tribunal appeal. Further support to claim Personal Independence Payments, potentially totalling £3,328 per year. A referral for Occupational Therapy, along with home adjustments.

Potential positive impacts on Delta's health and wellbeing
- improved contact with peers and friends
- increased independence
- less stress and worry
- Delta knows where to turn for help in future

Conclusion
A public health approach to financial inclusion is beneficial to health and wellbeing and part of Delta’s story is that her situation is not unique. Need and demand are rising and whilst there are solutions for upfront action, taking a local, evidence-based approach we can mitigate and try to catch as many people before they fall.