**Population Health Case Studies**

**Protecting families living in temporary accommodation from the harmful impact of marketing by commercial milk formula companies**

**What was the issue we were trying to resolve/why was it needed?**

Families living in temporary accommodation in the UK face multiple challenges such as barriers to accessing public health services and health care, limited or no access to public funds, limited physical resources and the harmful impact of marketing by commercial milk formula companies.

In addition to this, in our local temporary accommodation facility, “The Hotel”, staff were unaware of the [WHO code](https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/international-code-marketing-breastmilk-substitutes-resources/the-code/), and the [UNICEF BFI standards](https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/implementing-standards-resources/guide-to-the-standards/), which resulted in commercial milk formula being visible in the reception/ foyer area. This could undermine breastfeeding promotion, create confusion about feeding options, and influence parental choices through the endorsement of a particular (expensive) brand, available in stages 1, 2, 3 and 4 which is in conflict with the evidence base.

The infant feeding team and fellow health professionals felt that keeping formula out of sight supports the maintenance of a supportive environment for breastfeeding and reduces unnecessary formula dependence among parents.

**Who was it aimed at?**

The project was aimed at:

* **Asylum seeking families and babies**: Specifically targeting the populations residing in temporary accommodation in hotels in Leyland and Blackpool.  Particularly focusing on those with small infants or expectant mothers.
* **SERCO staff**: SERCO staff at all levels but particularly those working as housing officers and having direct contact with the families.

**Summary of the project**

* **Objective**: For displaced refugee or asylum-seeking families and babies to be protected from the harmful effects of formula marketing in all community areas where they receive support. For them to be able to receive evidenced based information and support with responsive feeding both antenatally and postnatally.
* **Initial concerns identified**: HV for the hotel identified commercial milk formula was visible in the foyer/reception area and practices were not in line with the WHO code. They escalated this to the infant feeding team.  Infant feeding team discussed with the BFI guardian who quickly responded by engaging key public health colleagues.
* **People and policy**: Infant feeding team established a stakeholder working group, identified local and national guidance and held an initial stakeholder meeting, these meetings are still ongoing.
* **Key priorities identified**: Formula to be stored in a place that is accessible but not visible in communal areas, evidenced based practice informed procurement of first stage formula only, improving the knowledge and skills of the Hotel staff and the role they play in creating a culture that protects optimal infant feeding.
* **Key priorities addressed**: Commercial milk formula moved to a non-visible location immediately, procurement of formula milk focussed on first stage formula only, unless specified by health professional. Families wishing to introduce cow’s milk alongside breastfeeding or to replace formula feeding from the age of one year, were reassured that cow’s milk is pasteurised in the UK and is safe. Commitment from the organisation operating the Hotel that all relevant staff have infant feeding training. Training package developed, and processes put in place for ongoing delivery of this. Infant feeding support file and resources in use at the Hotel.

**Who was involved – partnership approach for example?**

* Hotel staff, SERCO staff, Health Visitors, Midwives, Infant Feeding Team, locally commissioned NCT infant feeding peer support, First Steps Nutrition Trust, Child and Family Wellbeing Service, Refugee Resettlement Partnerships Officer (LCC), Red Cross, local churches, baby banks, food banks, Maternal and Neonatal Voices Partnership, BFI Guardian, Lancashire and South Cumbria ICB.
* This work was undertaken by members of the infant feeding network for Lancashire and South Cumbria.

**When did it start/finish (is it ongoing)?**

The project commenced in 2023 and is an ongoing project. Training is now being provided to SERCO staff and the aim is that they adopt a train the trainer model and it becomes business as usual for staff to have mandatory training in the WHO code and basic infant feeding information.

**What area was/is it delivered in?**

Currently delivered in Leyland and Blackpool with ambitions to extend to other areas.

**How did the team go about delivering it?**

The team delivered the project through a series of steps:

* **Stakeholder meetings**: meetings with stakeholders were set up and ongoing initially to explain the relevance of the milk marketing code and why it is so important to protect families with no recourse to public funds from aggressive milk marketing. Infant feeding professionals also sought guidance from experts in infant feeding in emergency situations through the Baby Feeding Law Group and First Steps Nutrition Trust.
* **On site hotel visits:** infant feeding colleagues did walk around visits with Hotel staff so that they could highlight areas of improvement, build relationships and embed knowledge.
* **Resource development**: Training resources were developed for staff alongside an information pack that can be available at the hotel permanently with guidance on where to get extra support and universal information for families.
* **Sustainability**: The training package is being evaluated by SERCO staff as they have completed the learning, the plan is to enable SERCO staff to train others. The plan is to engage community services and voluntary sector who also work with these families.

**What were the main outcomes/impacts for people?**

This project focused on providing information to staff so that they could better inform the people living in temporary accommodation. This has meant that they will be able to provide better information and support to the families at point of need. The project leaders identified the fact that there is the need to extend this project into wider consultation and co-production with families. Hopefully using representative peer support models. This project currently is focused on the staff at the Hotel. So far, we’ve successfully trained 2 trainers and 4 staff members. Only 2 staff can attend each session due to shift patterns and the current inability to offer virtual training. Face-to-face training has proven to be more valuable in terms of engagement and impact. We plan to reach out to agencies that support families living in the community with no recourse to public funds. There is recognition that data needs to be collected for this population so that breastfeeding rates can be better understood.