



A Better Start Southend Stories of Impact

Supporting Infant Feeding in Southend

Insights and learning from the A Better Start Southend programme

Executive Summary

Infant feeding is an important part of giving children the best start in life. Breastfeeding has notable benefits for mother and child, providing key nutrients, protecting against infections and chronic diseases, and promoting an emotional bond between mother and child. It is also linked to lower levels of obesity, and reductions in future healthcare needs. However, mothers living in areas of higher deprivation and with lower educational achievement are less likely to breastfeed, with White British mothers in these circumstances the least likely to do so in the UK. Supporting these cohorts to initiate breastfeeding and to breastfeed for longer benefits long-term health and socioeconomic outcomes.

ABSS infant feeding services focused on early intervention targeting the most deprived populations. These services improved women's knowledge, confidence and motivation to breastfeed, enabling them to make informed choices about initiating and sustaining breastfeeding, and transitioning baby to solid food.

Key outcomes from the ABSS programme:

- The rate of sustaining breastfeeding at 6-8 weeks significantly improved since ABSS services were commissioned in 2018, and currently surpasses national rates.
- The cost-of-living crisis caused a sharp decline in 6-8-week breastfeeding rates, likely caused by women returning to work/working more, alongside the additional mental load of breastfeeding at a time of stress. This demonstrates that economic or social shocks have an outsize effect on outcomes in areas of greater deprivation, deepening existing inequalities. Progress to narrow inequalities is fragile and needs to be sustained through active support

Key insights from the ABSS programme:

- The person-centred approach to delivering services was fundamental to success. The strong rapport and trusting relationships with staff proved central to women's confidence and decision-making processes.
- Joined-up services, strategic roles and a comprehensive referral pathway enhanced the uptake of ABSS infant feeding services and facilitated shared learning and alignment between professionals. Strategic roles need to be formally within people's job descriptions for the value to be fully recognised.
- Informal peer support networks proved critical for successful breastfeeding and provided broader system-wide benefits through strengthened community resilience. Formalising peer support or providing pathways into more formal or expert roles may be effective for future infant feeding services.
- Shared knowledge and societal change is needed to generate greater acceptance of breastfeeding in the UK. Services which strengthen social resolve amongst businesses and communities and are important to drive a cultural shift for breastfeeding to be normalised by the public.

Contents

Executive Summary	2
Introduction	4
One-to-One Breastfeeding	12
Group Breastfeeding (Bump to Breast)	15
Southend Supports Breastfeeding	21
Three to Four Month Health Visiting Contact	23
Specialist Strategic Roles	30
Learning and Recommendations	35
References	36



Introduction

Optimal infant feeding is fundamental to giving children the best start in life, with good nutrition essential for healthy brain and body development. A wealth of advice regarding infant feeding is freely available, but this includes misinformation, advice based on out-dated health practices, and advice which has no scientific basis. Navigating this information can feel overwhelming, particularly for parents/carers experiencing additional vulnerabilities. For infant feeding programmes, this means that parents/carers are looking for support that both informs them about the choices available to them, and builds the confidence, skills and networks of support that will enable them to enact those choices.

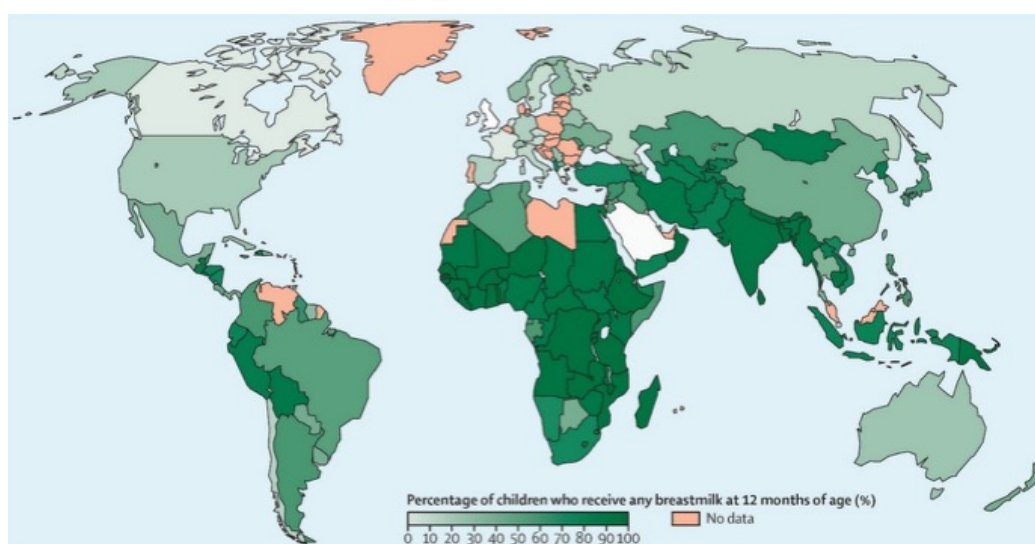
This report outlines the support offered by ABSS around infant feeding. Focusing on breastfeeding support and the transition to solid foods, it sets out the context that ABSS services operated in and discusses trends in rates for initiating and sustaining breastfeeding in ABSS wards during the lifetime of the ABSS programme. It then outlines the work and impact of individual infant feeding services commissioned by ABSS. Finally, it summarises the learning that has come from ABSS work in this area.



Breastfeeding

The health benefits of breastfeeding are well documented. For the child, breastfeeding provides key nutrients, protection against infection and dental malocclusion, increased intelligence, and there is evidence to suggest that it lowers the risk of obesity and diabetes, with these benefits persisting into later life. For the mother, it offers protection against breast cancer, improves the spacing between births and there is evidence that it reduces the risk of ovarian cancer and type 2 diabetes (Victora et al., 2016). It also promotes a strong emotional bond between mother and child. However, eight out of ten women stop breastfeeding before they want to, with continuation rates in the UK among the lowest worldwide (Figure 1). Breastfeeding at 12 months old is lowest in high income countries, but is particularly low in the UK, at less than 1%, compared to 35% in Norway, 27% in USA and 16% in Sweden (Victora et al., 2016).

Figure 1: Percentage of children who receive any breastmilk at 12 months of age by country



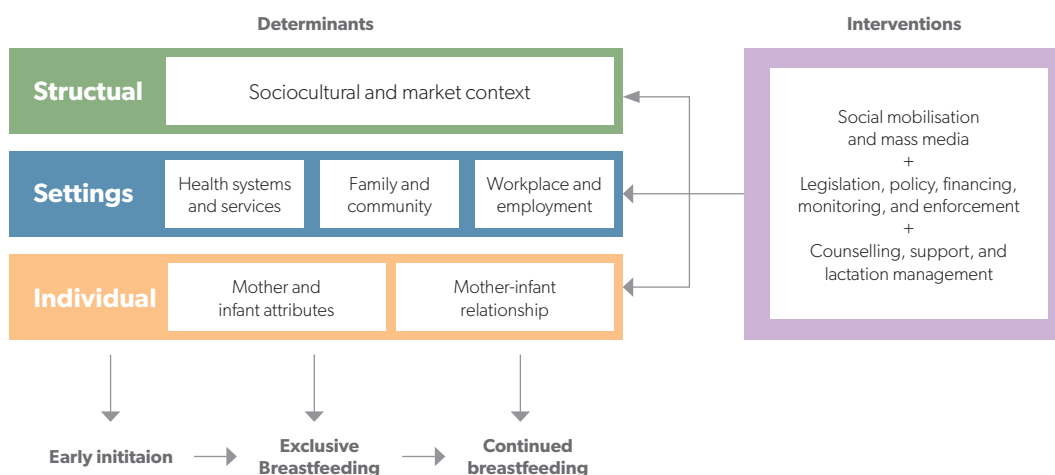
Source: Victora et al., 2016, p.477.

Factors known to influence breastfeeding rates in the UK include formula milk marketing normalising bottle feeding and undermining breastfeeding, misconceptions that formula milk can replace breastmilk without harm (Apple, 1986; Greer & Apple, 1991), cultural norms discouraging breastfeeding in public, and a lack of support for women returning to work to continue breastfeeding (Rollins et al., 2016).

Ongoing guidance and social support is needed for the whole journey from pregnancy to new parenthood to encourage and enable

women to initiate and continue breastfeeding. However, a cultural shift is needed to consider breastfeeding as a wider public health issue rather than the responsibility of the mother alone (Figure 2), with support to shift attitudes also needed at a society level (Brown, 2017). This requires better political recognition of, and investment in, the society-wide benefits of breastfeeding (Rollins et al., 2016). Early intervention via multiple routes, including political, healthcare and societal, improves the chances of initiating and sustaining breastfeeding.

Figure 2: Determinants of breastfeeding and points of intervention



Source: Rollins et al., 2016, p. 492.

Introduction of solid food

Since 2003, the UK-wide recommendation has been to exclusively breastfeed until around six months old, then introduce solid food (complementary feeding). At six months, breastmilk alone no longer meets the nutritional needs of the baby, who is developmentally ready to accept solid food. The introduction of solid food before this age reduces the baby's access to key nutrient benefits of breastmilk and increases the risk of infectious illness (SACN, 2018).

Younger mothers and those from lower socioeconomic groups are more likely to introduce solid foods before six months old. The 2010 Infant Feeding Survey found that 57% of mothers under 20 years old and 38% of mothers either in manual/routine jobs or who had never worked, started complementary feeding before four months old. The main reason given was that their baby was thought to be hungry. Conversely, in the UK mothers who choose to breastfeed tend to come from a higher socioeconomic group and are more likely to adhere to complementary feeding guidance (McAndrew et al., 2012).

Studies show that formula-fed babies introduced to solids prior to four months old are significantly more likely to be obese at three years old than formula-fed infants introduced after four months old (Huh et al., 2011). Infants who gain weight rapidly prior to six weeks old are more likely to be introduced to solid foods earlier than recommended (Wright, Parkinson and Drewett, 2004). Babies fed too much can put on weight too quickly, leading parents to introduce solid foods too soon because they fear that their baby is hungry. The Department of Health (2013) found that around three quarters of UK infants exceeded both the World Health Organisation estimated average requirement for energy and the growth standard median for weight, suggesting that UK infants are eating more than their energy requirements, increasing the risk of being overweight/

obese in childhood. The largest energy intake for children under one was found to be infant formula (Department of Health, 2013).

For breastfeeding to become the 'normal' way to feed a baby in the UK, mothers need face-to-face, ongoing, consistent support from pregnancy through to the early months of a baby's life. Practical support, advice and accurate information around starting solids would enable parents/carers to make informed decisions about when and how to introduce solid foods. An integrated, systemic approach to infant feeding across all services is required, encompassing community initiatives such as welcoming breastfeeding in public places, and educating children and adults about the value of breastfeeding, safely introducing solid foods, and healthy nutrition.

Services as a system

Diet and nutrition were an objective of the national A Better Start programme. Obesity rates in ABSS wards were above the national average, compounded by a food environment which was not conducive to healthy eating, with fast-food outlets per capita amongst the highest in the country. In 2017, the ABSS partnership identified the following outcomes as the primary focus for its Diet & Nutrition workstream to support pregnant women, babies and children up to the age of four:

- More children will be healthier as more mothers will initiate and sustain breastfeeding.
- More children will have reduced risk of illness such as diarrhoea and vomiting and respiratory infections.
- More children are a healthier weight at school entry as parents have knowledge, skills and resources to provide children with a healthy diet.

Several services were commissioned to develop the ABSS Diet & Nutrition portfolio and provide an infant feeding offer. These were:

- One-to-One Breastfeeding – contract commenced September 2018.
- Group Breastfeeding (Bump to Breast) – contract commenced March 2018.
- 3-4 Month Contact – contract commenced April 2018.
- Southend Supports Breastfeeding – launched in Summer 2024.
- Infant Feeding Lead Advisor – contract commenced October 2021.
- Public Health Midwife – contract commenced January 2022.

The One-to-One Breastfeeding service, Group Breastfeeding (Bump to Breast) and 3-4 Month Contact services, working directly with mothers and families, accounted for a considerable proportion of the ABSS Diet & Nutrition portfolio and outcomes. Table 1 shows the growth in numbers of beneficiaries accessing the infant feeding programme through these services since inception, and the proportion of ABSS beneficiary numbers represented. The infant feeding programme was strategically important for ABSS, with many families introduced to further ABSS services by participating in infant feeding services.



Table 1: Proportion of ABSS beneficiaries accessing infant feeding programme services per annum

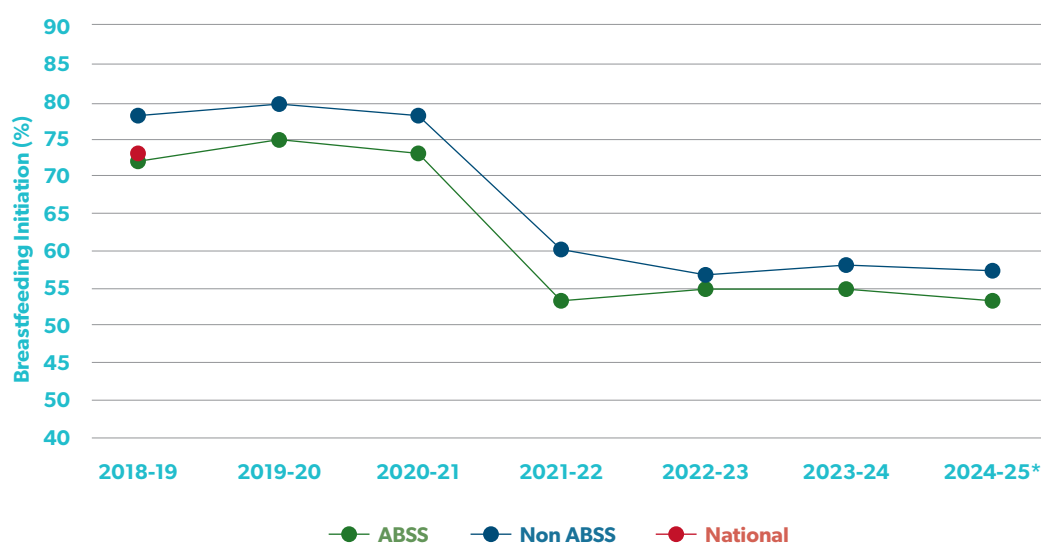
Year	Infant Feeding Programme Primary Beneficiaries	ABSS Programme Total Primary Beneficiaries	% of Total Primary Beneficiaries
2018-19	294	1582	18.6
2019-20	510	1979	25.8
2020-21	581	1740	33.4
2021-22	745	2017	36.9
2022-23	1001	2083	48.1
2023-24	981	2254	43.5
2024-25	634	1841	34.4

Source: Southend City Council Data Dashboard

Breastfeeding Rates

Southend Supports Breastfeeding, the Infant Feeding Lead Advisor, and the Public Health Midwife were not primarily family-facing services but instead addressed systemic challenges. Southend Supports Breastfeeding aimed to 'normalise' breastfeeding in Southend and encourage businesses, venues and organisations to support breastfeeding women. The Infant Feeding Lead Advisor linked ABSS, Specialist Feeding Advisors and Public Health and promoted positive feeding practices, uptake of ABSS services and shared learning. The Public Health Midwife aligned delivery and facilitated cross-agency collaboration, particularly between Public Health and maternity services. These roles complemented the infant feeding programmes by strengthening the systems and contexts these services worked within.

Figure 3: Breastfeeding initiation in ABSS and Non ABSS wards



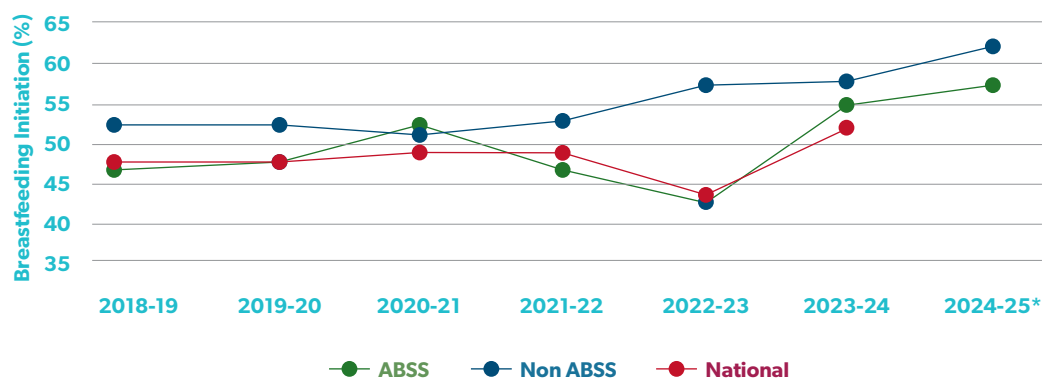
Source: Southend City Council Data Dashboard

*2018-2024 represents Sep-Sep 12 month data, 2024-25 represents Mar-Mar 12 month data

A comparison between rates in ABSS and in Non-ABSS wards effectively compares rates between sociodemographic groups. According to the ONS, 35.7% of the population of Southend live in areas classified as among the 30% most deprived in England (IMD3). However, 74.2% of those individuals live in ABSS wards, whereas almost half of the Non-ABSS wards do not include any areas within the 30% most deprived. Nationally, areas facing higher levels of deprivation consistently demonstrate lower levels of breastfeeding initiation, particularly for White British women (Simpson et al., 2019). Therefore, while initiation rates in ABSS wards historically lagged behind Non-ABSS wards, the recent closing of this gap is a sign that work to increase breastfeeding initiation in Southend is having a positive effect.

There is also a positive trend for the number of women sustaining breastfeeding at 6-8 weeks in ABSS wards, with rates increasing steadily from 2018-2021, and in 2020/21 slightly overtaking rates in Non-ABSS wards (Figure 4). Breastfeeding at 6-8 weeks in ABSS wards also surpassed the national rate in 2020/21, 2021/22 and 2023/24 (national data for 2024/25 is currently unavailable). However, 2020/21 was during COVID-19, when data collection may not have been as complete as other years. Rates for breastfeeding at 6-8 weeks fell in ABSS wards from 2021-2023, whilst rates in Non-ABSS wards continued to climb. 2021-2023 was a period of significant socioeconomic flux, characterised as a Cost-of-Living crisis.

Figure 4: Breastfeeding at 6-8 weeks in ABSS and Non ABSS wards versus National statistics



Source: Southend City Council Data Dashboard

*2018-2024 represents Sep-Sep 12 month data, 2024-25 represents Mar-Mar 12 month data

In ABSS wards, more mothers initiated and sustained breastfeeding during COVID-19 lockdowns, but the end of lockdowns and onset of the Cost-of-Living crisis saw a fall in breastfeeding at 6-8 weeks. This seems counterintuitive; breastfeeding is free, so should be beneficial when the cost of living rises. Several factors may explain this. With household incomes squeezed, more women return to work or take second/third jobs; limited support for breastfeeding in the workplace could prompt many to choose not to breastfeed or to stop earlier than intended. Mothers who work full time also find it more challenging to access breastfeeding support if they face difficulties. Additionally, families facing financial pressures are likely to experience additional stress and

anxiety, and the physical and mental strength required to breastfeed might prove too much on top. As inflationary pressures began to ease, breastfeeding rates at 6-8 weeks in ABSS wards recovered, closing the gap until in 2023/24 there was no statistically significant difference between rates in ABSS wards and Non-ABSS wards.

While it is not possible to directly link ABSS breastfeeding services to population-level increases in women sustaining breastfeeding, the availability of services to support women with breastfeeding will have contributed. This support could come directly from ABSS breastfeeding service professionals, or through peer groups sharing information and 'normalising' breastfeeding.

Demographics

For the three services working directly with women (One-to-One Breastfeeding, Group Breastfeeding, and 3-4 Month Contact), the demographics of service participants were examined, looking particularly at ethnicity, and at residence in areas of high multiple deprivation.

Data on beneficiary ethnicity was incomplete across all three services. Ethnic origin was not recorded at the time of registering (perhaps because beneficiaries missed this section on the form, were not asked for this information by staff, or declined to provide this information) for 13.4% of beneficiaries participating in One-to-One Breastfeeding, 13.6% for Group Breastfeeding, and 21.8% for 3-4 Month Contact. Table 2 presents data collected for participating beneficiaries across the three services, and a comparison with the estimates for eligible beneficiaries in all ABSS wards (source: Southend City Council).

Given the high proportion of missing data, it is difficult to draw conclusions about how successfully the services engaged with minoritised communities, but the data does suggest that engagement with beneficiaries identifying as Asian or Asian British, or as having mixed or dual heritage, was less successful. This finding is in line with findings from the Independent Summative Evaluation of ABSS, which identified that, while ABSS was inclusive by design, there were challenges engaging with some minoritised groups within the community. It should be noted that services were aimed at the mother, but the beneficiary counted was the baby (if born), so there could be a difference between the ethnicity of the service participant and that of the recorded beneficiary.



Table 2: Beneficiaries of infant feeding services by ethnicity (2018-2025)

	Not Recorded	Mixed/Dual Background	Asian or Asian British	Black or Black British	White	Any Other
One-to-One Breastfeeding (n=2,232)	13.4%	4.5%	4.6%	4.6%	71.7%	1.2%
Group Breastfeeding (n=1,224)	13.6%	4.8%	4.8%	3.8%	71.7%	1.4%
3-4 Month Contact (n=1,418)	21.8%	6.9%	6.3%	4.0%	59.2%	1.8%
All Eligible to be ABSS Beneficiaries	1.1%	7.9%	8.8%	3.7%	77.5%	1.0%

35.7% of the population of Southend live in areas classified as among the 30% most deprived in England (IMD3). Of those eligible for ABSS services (living in an ABSS ward and either aged 0-3 years or pregnant), 71.6% lived in an area among the 30% most deprived in England (Southend City Council data). 24.7% of those eligible for ABSS services live in areas classified among the 10% most deprived in England (Southend City Council data). Table 3 breaks down the beneficiaries of ABSS infant feeding services by IMD decile. While the services recorded engagement with good proportions of beneficiaries from areas facing multiple deprivation, the lower proportion (16.8%) facing the highest levels of deprivation who engaged with the Group Breastfeeding service points to the challenges faced by the most disadvantaged groups when it comes to sustaining breastfeeding. This highlights the importance of providing consistent, ongoing support to families facing the greatest challenges

Table 3: Beneficiaries of infant feeding services by IMD decile (2018-2025)

	0-10% IMD	0-30% IMD
One-to-One Breastfeeding (n=2,232)	24.1%	73.8%
Group Breastfeeding (n=1,224)	16.8%	71.8%
3-4 Month Contact (n=1,418)	23.3%	74.1%
All Eligible to be ABSS Beneficiaries	24.7%	71.6%

ONE-TO-ONE BREASTFEEDING

Summary

The One-to-One Breastfeeding Service began in September 2018 and was delivered by Mid and South Essex NHS Foundation Trust's maternity department. The service aimed to increase uptake and sustaining of breastfeeding, supporting women to breastfeed for however long they wanted. Initially, this served women resident in Shoeburyness and West Shoebury wards, expanding to Kursaal ward in 2019 and Victoria ward in 2022. Support was delivered by trained infant feeding support workers in the mother's own home, with a support service available via text message.

Between September 2018 and March 2025, One-to-One Breastfeeding reached 2232 beneficiaries. Within this timeframe, women reported:

- **Feeling more motivated and encouraged to breastfeed.**
- **An increase in confidence.**
- **An increase in knowledge.**
- **They were able to make an informed choice about initiating and continuing to breastfeed.**

Figure 5: One-to-One Breastfeeding Word Cloud

Key themes from the voices of parents/carers based on a thematic analysis of their feedback, highlighting the dominant areas of focus, constructive feedback, or appreciation expressed



Background

In September 2018, ABSS commissioned a 12-month pilot of a specialist midwifery breastfeeding support service through Mid and South Essex NHS Foundation Trust (MSE), within Shoeburyness and West Shoebury wards. Following this test-and-learn period, in 2019 the service expanded to include Kursaal ward, and in 2022, Victoria ward. These ABSS wards were chosen due to higher deprivation rates in conjunction with lower breastfeeding rates. There was appetite to expand the service further in 2020, but this was put on hold due to the impact of COVID-19.

The One-to-One Breastfeeding service was developed to address multiple influences that can affect a mother's confidence and ability to breastfeed. It was designed as a short intervention working with an individual antenatally and postnatally, to increase the numbers of mothers initiating breastfeeding at 48 hours, and then continuing to breastfeed at 10 days, at the main 6–8-week target, and at 6 months and beyond. Infant Feeding Support Workers (IFSW) made a home visit antenatally if requested, and postnatal visits until six weeks after birth. They also supported mothers on the ward throughout their stay.

The service objectives were to provide support on:

- The benefits of breastfeeding.
- Colostrum harvesting.
- Getting off to a good start.
- Developing a relationship with your unborn child.
- How family members can support.
- Positioning and attachment.
- Hand expressing breast milk.
- Safe parenting.
- Brain development.

The service aimed to increase initial uptake and retention of breastfeeding rates by:

- Delivering one-to-one support for women to breastfeed their babies for as long as they want to.
- Providing evidence-based information to women and their families in pregnancy and up to 6 weeks after birth, improving knowledge on the health benefits of breastfeeding and breast milk.
- Informing parents about how close and loving relationships enhance brain development and make the baby feel safe and secure.

A strong partnership between the One-to-One Breastfeeding service and Group Breastfeeding (Bump to Breast) ensured that mothers who did not live in one of the four target wards, or those not wanting to take up the One-to-One service, were offered support by the Group Breastfeeding service in the community. Referral numbers are discussed in the Group Breastfeeding section.

Evidence and Impact

The University of Essex (UoE) conducted a Formative Evaluation of the One-to-One Breastfeeding service, collecting data about project performance and impact on a quarterly basis between July 2020 and September 2023. Quantitative data included beneficiary engagement and reach. Qualitative data included interviews and surveys with parents/carers to measure the impact and explore perceptions and experiences of taking part in the service. 29 responses were received from online surveys and 13 semi-structured qualitative interviews were conducted with parents/carers.

The One-to-One Breastfeeding team conducted a post-six-week evaluation with women to assess their confidence and knowledge of breastfeeding, and ability to sustain breastfeeding for six weeks and beyond. 201 women responded to the surveys (of 258 who received support) across three separate quarters in 2022. They gave near-unanimous responses reporting an increase in breastfeeding confidence at the end of accessing the support (100%, 100% and 97%), an increase in knowledge about breastfeeding (100%, 97% and 97%) and an increase in motivation to breastfeed (100%, 100% and 100%).

I would say I got probably above and beyond to be fair, because I didn't think they'll come that much. I mean there was one time they phoned up and they were almost having to cancel because they were short staffed to come here and see me, but they then heard in my voice that I've had a bad night with her, it was in the early days. Then they said, "No, we'll come and see you." Just hearing my voice wobble a little bit, she went, "I need to see you." Because she came out and supported me which was great. Because I was about to say, "No don't worry about coming." But I really needed it that day and it gave me the boost I needed.

Yes, I was desperate to breastfeed and struggled hugely so really needed it, everyone was so helpful and friendly.

I've learned everything and I told my friends who aren't a part of it, they can go see information on Facebook as well because they're not in the postcode area and I've been to a couple of them as well. So, all of us can still get some support because I think they give people the light they need at the right time, and it makes a difference.

Personally, I think that they've done an amazing job, and I think it needs recognition and for what they've done. Also being a first-time mum, I thought breastfeeding would be so easy and I thought it'd be easy option. I've always wanted to do that, but I did not know how hard it was. I was so naive and honestly without the team, I would not have carried on at all to the point where I'm still carrying on now and I absolutely love it. I give true thanks to the support they gave me because I would have given up.

Quotes from parents/carers who participated in the One-to-One Breastfeeding service

GROUP BREASTFEEDING (BUMP TO BREAST)

Summary

Bump to Breast Group Breastfeeding support services began delivering group-based services in March 2018. Leading the delivery, Southend YMCA provided antenatal and postnatal support to women living in ABSS wards. To increase initial uptake and continuation of breastfeeding in Southend, women were referred by midwives to services such as Bump to Breast for further support. As part of the Bump to Breast service, mothers could also train as peer breastfeeding support volunteers by undertaking a 6-week course to promote long-term breastfeeding.

Between March 2018 to March 2025, 1224 beneficiaries participated in the Group Breastfeeding service, accessing support through one-to-one sessions, in-person groups or online groups. They reported:

- **Feeling more motivated and encouraged to continue breastfeeding.**
- **Reduced feelings of isolation with an increased ability to connect to others.**
- **Increased confidence with breastfeeding.**
- **Greater support from their community.**
- **A higher success rate than their previous breastfeeding experiences.**

Figure 6: Group Breastfeeding Word Cloud

Key themes from the voices of parents/carers based on a thematic analysis of their feedback, highlighting the dominant areas of focus, constructive feedback, or appreciation expressed.



Background

Group Breastfeeding was commissioned by ABSS from Southend YMCA (SYMCA) in March 2018, initially as a six-month pilot which was then extended. As the project developed it was named 'Bump to Breast'. The service was delivered across five sites, open to all families in the six ABSS wards: Southend YMCA Eco Hub (Milton), Storehouse (Victoria), Trust Links Community Gardens (Shoeburyness), Plaza Centre in Southchurch (Kursaal), and once a month in The Cliffs Pavilion Café (Milton). Support was primarily delivered face-to-face through group sessions.

The group aimed to support all mothers who wanted to breastfeed, including expectant mothers asking questions pre-birth, first-time mothers looking for support and encouragement, or mothers who were previously unable to breastfeed or had not considered breastfeeding. The group paid particular attention to those wishing to breastfeed past six months, and also supported mothers to express milk and bottle feed. Mothers were encouraged to attend with partners or other members of their support network.

The main objectives of the Group Breastfeeding service were to:

- Support more mothers to initiate and sustain breastfeeding to at least 6 months and beyond in Southend.
- Support more mothers with the knowledge and confidence to initiate and sustain breastfeeding, especially amongst populations traditionally underrepresented within services.
- Facilitate environments supportive of breastfeeding families within the community.
- Work towards long-term continuity and sustainability, by training mothers as peer breastfeeding supporters.

Group sessions had a relaxed, holistic, and non-judgemental approach, focusing on building the confidence of new mothers and breaking down barriers to breastfeeding. The project built a strong sense of community, with group-based sessions allowing mothers to share the experience and knowledge of their peers. Whilst predominately delivered face-to-face, the offer was also available virtually, with the option to contact the service for advice and support via telephone or social media (Facebook and/or Instagram).

The introduction of the volunteer programme was essential to the project. To become a volunteer, mothers undertook a six-session course, offered through a hybrid approach, face-to-face and via Facebook Live. After completing the course, attendees could choose to formally register as a volunteer with SYMCA and receive ongoing training, support and resources from them.

Evidence and Impact

The University of Essex (UoE) conducted a Formative Evaluation of the Group Breastfeeding service, collecting data about project performance and impact on a quarterly basis between October 2020 and September 2023. Quantitative data included beneficiary engagement and reach. Qualitative data included interviews and surveys with parents/carers to measure the impact and explore perceptions and experiences of taking part in the service. 137 responses were received from online surveys and six semi-structured qualitative interviews were conducted with parents/carers.

As part of the ecosystem of services provided by ABSS, comprehensive referral pathway saw large numbers of referrals from the One-to-One Breastfeeding service into Group Breastfeeding. Some referrals received this way were for women who did not require breastfeeding support at all. Over time, however, Table 4 demonstrates that an increasing proportion of referrals were for women who subsequently participated in the Group Breastfeeding service.

Table 4: Referrals into Group Breastfeeding from all services and One-to-One Breastfeeding

	2018-2019	2019-2020	2020-2021*	2021-2022	2022-2023	2023-2024	2024-2025
Total Referrals From All Services	513	973	569	447	437	527	444
Referrals In From One-To-One Service	460	873	503	393	326	505	433
Referrals From One-To-One As A Percent-age Of Total Referrals	90%	90%	88%	88%	75%	96%	98%
No. Beneficiaries	118	202	165	227	322	306	185
% Of Total Referrals Converted To Benefi-ciaries	23%	21%	29%	51%	74%	58%	42%

*COVID-19

Sources: Referral data from Self-monitoring packs, beneficiaries' from ABSS Project Activity Dashboard

Across the duration of the project, March 2018 to March 2025, Group Breastfeeding reached 1,224 primary beneficiaries. COVID-19 saw Group Breastfeeding move from a predominately face-to-face offer to one with considerable remote support, via social media and telephone contacts. When Group Breastfeeding launched its online presence in September 2018, the service gained 45 Facebook followers; by December 2022, this had risen to 1,362 followers on Facebook and 247 on Instagram.

As part of the UoE evaluation, breastfeeding mothers were asked to identify the type of support they received, whether online, group attendance, or face-to-face. As illustrated in Table 5, the majority of mothers (52%) attended a group, followed by face-to-face support sessions (27%) and online support (21%). This underlines that, while virtual support was successful, it was not seen as a replacement for all of the benefits of group and face-to-face support.

Table 5: Number of respondents by support type - 1st October 2020 to 30th September 2023

Support type	Count of Direct Beneficiaries	Count of beneficiaries (%)
Online	29	21.17%
Group	71	51.82%
Face-to-Face	37	27.01%
Total	137	100%

Key outcomes of the project mentioned by parents/carers were increased knowledge, confidence and understanding about breastfeeding. 96% of parents/carers (76 of 79 survey respondents) reported that the Group Breastfeeding service supported them to feel able to breastfeed for as long as they want, 88% felt more motivated and encouraged to continue breastfeeding, and 87% felt more confident about breastfeeding. Specific comments about breastfeeding included being able to breastfeed for longer than anticipated and having a deeper understanding of the benefits. Many parents/carers were motivated to participate in the service to improve their general knowledge and understanding around breastfeeding, or because they had specific challenges initiating or maintaining breastfeeding.

I was looking online for some sort of breastfeeding course [...] actually it was before giving birth [...] and I found the page for the group. I was very motivated to breastfeed, but from feedback from other people, I knew it could be hard

I needed general support and advice online because of COVID. My baby was feeding well but I went crazy as my period returned. They supported me and he settled after that

Other parents/carers reported that they had developed their confidence and knowledge about breastfeeding through participation in the group, identifying practical impacts on their breastfeeding behaviours. Several noted that they were now more confident breastfeeding in public. For others, breastfeeding confidence was linked to increased breastfeeding knowledge, which some women reported was critical to their ability to maintain breastfeeding long-term.

I was able to breastfeed for over eight weeks which I wouldn't have done without the support.

Loads [of learning]! Super supportive information, answered lots of general BF questions I had and also assessed latch, knowledge, friends.

The positive impacts of the Group Breastfeeding service were attributed to a combination of professional and peer support inputs, with the two working synergistically to improve knowledge and confidence. The opportunity to learn from others, to share the experience of breastfeeding, and to share the challenges along the way, was critical.

So, kind of learning from other parents' experiences as well who are going through or have had similar experiences to you or can actually offer you that kind of advice and support and guidance...

Becoming a mum changes your whole life and I think it's important to find people going through similar to what you are and at a similar stage to your baby/babies that you can relate too, but also to have people who are knowledgeable and can help and advise you on things you wouldn't necessarily know. Or sometimes when you're just having a bad day know that these people are there to lean on and lift you.

A desire for social interaction and peer support was frequently cited by parents/carers, with the Group Breastfeeding Service seen as an avenue to meet others with shared experiences of breastfeeding challenges, and parenting more broadly. 93% of parents felt more supported by their community as a result of attending the Group Breastfeeding Service, and 89% reported reduced feelings of isolation and an increased ability to connect with others. During the period of peak-COVID-19 and associated disruptions, those seeking social interaction and peer support was particularly prominent.

For me, it was a bit daunting, because I found breastfeeding really difficult [...] and I realised with the group that I wasn't by myself. Everyone goes through difficult phases with it

To meet other feeding mothers and babies and to become part of a support network/family

Social media posts made them familiar and accessible when I had a problem feeding and we were isolated

Staff had a critical role in shaping participants' experience of the service, their length of involvement, and the value and benefit they felt they drew from it. Overall, staff were perceived as effective supporters for women attending groups for the first time, and navigators for those experiencing challenges with initiating or maintaining breastfeeding. In an interview, one staff member from the service identified a deliberately person-centred approach, with a focus on listening and supporting rather than simply 'fixing a problem':

I'll really spend time with that person to listen and to let them tell their story, because... without interrupting or trying to fix things straight away. It's very much about listening and making that person feel safe...

The knowledge and expertise of staff was noted as an invaluable resource by several participants who found it difficult to find consistent and reliable support.

If I didn't have A Better Start, I honestly don't think I'd have breastfed for as long as I did, because none of my... So, my mum didn't. None of my family members breastfed... the fact that they were actually able to help me actually able to show me that, 'oh your daughter's not actually around your nipple and they need to go further up, because your milk ducts are actually near your shoulders and it's all coming down from there. I would never have learned that from Google

The amount of people I've told. I've got loads of friends that are pregnant currently... and I'm just going you need to follow A Better Start. Not only do they provide help, advice and support... it's like a friend.

Regular clinical supervision from the Infant Feeding Lead Advisor (IFLA- discussed later in this report) allowed the Group Breastfeeding service to seek support and advice for mothers with more complex needs. The IFLA offered direct support and answers for more clinical-based questions, for example regarding baby weight and maintaining breastfeeding when there was a medical issue.

The Group Breastfeeding project fostered an environment which was supportive of breastfeeding, and through this, improved breastfeeding knowledge, confidence and motivation. As with the One-to-One Breastfeeding Service, this highlights the important role of community-based services for supporting the initiation and maintenance of breastfeeding. Group Breastfeeding also demonstrates how peer support and supportive social environments can work alongside specialist input, advice and education to sustain breastfeeding and build confidence. The Group Breastfeeding project's impact arose from the knowledge, time investment, and responsiveness of its approach. These qualities were recognised and valued by participants, highlighting the broader system-wide benefits that a service of this nature can bring.



SOUTHEND SUPPORTS BREASTFEEDING

The Southend Supports Breastfeeding (SSB) scheme was launched in Summer 2024, with the aim to influence the cultural change to normalise breastfeeding in Southend. SSB worked with local businesses, organisations and venues to encourage welcoming environments for breastfeeding. SSB also collaborated with parents, practitioners and professionals to foster messaging and practice that was supportive of breastfeeding.

Background

The idea of breastfeeding in a public place can cause stress and anxiety to mothers. Breastfeeding is a new skill and mothers are getting used to their bodies behaving unpredictably. A Start4Life poll showed that 72% of the UK population 'support' breastfeeding in public, yet a third of mums still feel uncomfortable (Public Health England, 2015). Research demonstrates that breastfeeding in public remains controversial and embarrassment to breastfeed in public is an influencing factor in women's infant feeding decisions (Dykes et al., 2003). Women manage the stigma around breastfeeding in public in a variety of ways, with some avoiding breastfeeding in public altogether. The 2010 UK Infant Feeding Survey identified that 40% of breastfeeding women had never breastfed in public, with those who were young or from socially disadvantaged backgrounds being less likely to do so (McAndrew et al., 2012).

Mothers report multiple barriers to breastfeeding once returning to work, such as a lack of flexibility in the work schedule to allow for milk expression, lack of accommodations to express and/or store human milk, and concerns about support from supervisors and colleagues (Lauer et al., 2019). Supporting women to continue breastfeeding in the workplace confers many benefits, including retaining hardworking, loyal employees and negating the expense of hiring, training and integrating new employees. Providing a conducive environment to continue breastfeeding means that the infant will benefit from better health and the mother will require less time off to manage sickness. The mother will also experience health benefits such as reduced risk of mastitis, and better morale.

At present, the only UK legal requirement regarding breastfeeding in the workplace is to provide a suitable area for the employee to rest, including being able to lie down. The employer does not have to grant breaks for breastfeeding/expressing milk, although without proper consideration, denying temporary flexible breaks could constitute indirect sex discrimination (HSE, 2024). Best practice starts with maintaining a robust workplace breastfeeding policy, with guidance and expectations presented and explained for all employees. Areas of consideration include break allowances or flexible working arrangement for breastfeeding mothers, appropriate spaces for breastfeeding/expressing milk, suitable facilities for milk storage, and managing the expectations of other employees (HSE, 2024).

The purpose of the SSB scheme was to make positive and social behavioural changes that would contribute towards normalising breastfeeding in Southend. SSB aimed to empower those who wanted to breastfeed by encouraging the availability of safe public and private places, so that women feel comfortable breastfeeding in public and in the workplace. Creating positive changes for women returning to work strengthens a family's ability to make informed feeding choices, supporting breastfeeding initiation and sustained breastfeeding across Southend.

Evidence and Impact

SSB launched in Summer 2024, with the following objectives:

- To understand the key role businesses and local services play in supporting breastfeeding across Southend.
- To influence the cultural change that will contribute to normalising breastfeeding in Southend.
- To influence and signpost businesses to support and guidance for breastfeeding.
- To disseminate information and encourage changes in local business, supporting women returning to the workplace, who would still want to breastfeed.
- To increase families' knowledge of the benefits of breastfeeding and the support on offer in Southend.
- To support the uptake and increase retention rates for breastfeeding across Southend.

Partners from Southend Association of Voluntary Services (SAVS), Southend City Council and Parent Champions, along with ABSS, agreed the primary scope for the work. The focus was on encouraging local businesses and community venues to embrace the scheme and become welcoming, non-judgmental environments. SSB collaborated with parents, practitioners and professionals to influence and change attitudes and practices in Southend. ABSS supported SSB scheme venues by advertising them on the ABSS website via a postcode-searchable map. ABSS collaborated with Parent Champions and partners to create branding to make it simpler for businesses to advertise that they were breastfeeding-friendly and for mothers to identify where they could breastfeed comfortably.

By the end of March 2025, 113 locations had signed up to the SSB Scheme, including libraries, cafes, restaurants, playgroups, community centres and churches. SSB was promoted by teams from SYMCA and SAVS at a number of local events including the Infant Feeding Festival, Southend YMCA conference, Southend Libraries Summer Fayre, Southend Faith and Belief Network Meeting and Cliffs Pavilion Bump to Breast. The scheme was well received by parents and providers:

"...feeding out and about, especially in pubs, I feel quite self-conscious breastfeeding. I spotted the Southend Supports Breastfeeding poster on the wall, and it instantly made me feel more comfortable and confident about feeding".

We absolutely welcome anyone that wishes to breastfeed in our establishment and they should never feel like they need to hide or be ashamed by this. We offer a warm and safe space for families to join us and be able to breastfeed comfortably.

Quotes from parent and manager who participated in the Southend Supports Breastfeeding Scheme

The Southend Supports Breastfeeding campaign worked alongside the other infant feeding programmes offering direct support to breastfeeding mothers, and is able to tackle some of the systemic challenges that those services cannot. This is a good example of the additional value that can be brought when organisations work in partnership and include families and their lived experience. By understanding the broader context around breastfeeding, ABSS and its partners have identified actions that can be taken to effect systemic change and shift cultural expectations, and so improve the circumstances that shape the decisions families make around infant feeding.

THREE TO FOUR MONTH HEALTH VISITING CONTACT

Summary

The 3-4 Month Health Visiting Contact service, which began in April 2021, was delivered by local Health Visitors and assistants to new parents in ABSS wards. The overall aim was to contribute to an increase in the number of children entering reception school year at a healthy weight. Health Visitors and assistants met with parents in their home for their baby's six-week check and arranged a 3-4 month visit to provide support and guidance before solid foods were introduced at six months. The early help offers were designed to support with the continuation of breastfeeding alongside introducing solid foods.

From April 2021 to March 2025, the 3-4 Month Health Visiting Contact service gained 1,418 primary beneficiaries, who reported the following:

- **Increased confidence introducing solids to their babies.**
- **Increased knowledge of food types, density, textures and portion size.**
- **Assistance in deciding to delay solids until at or around six months.**
- **Women's confidence to continue breastfeeding whilst introducing solids increased.**

The 3-4 Month Health Visiting Contact was seen as being so successful it was subsequently rolled out Southend-wide.

Figure 7: 3-4 Month Health Visiting Contact Word Cloud

Key themes from the voices of parents/carers based on a thematic analysis of their feedback, highlighting the dominant areas of focus, constructive feedback, or appreciation expressed



Background

The UK's Department of Health recommends the introduction of solid foods to infants at six months, when infants are normally developmentally ready to actively accept foods. The introduction of solid foods before this stage is associated with greater risk of infectious illness in infants because it restricts breastmilk consumption (SACN, 2018).

The 3-4 Month Health Visiting Contact service focused on the timely introduction of solid foods, but also supported continued breastfeeding and covered appropriate portion size, parenting skills and attitudes towards food and a healthy diet. The service was available to families with a baby aged 3-4 months old as an additional and dedicated visit to the family. It utilised First Steps Nutrition resources to discuss family diet and nutrition as part of the enhanced Healthy Child Programme. The ABSS IFLA, managed and supervised all aspects of the project. The project was delivered by Health Visitor Assistants (HVA) within the Health Visiting Service at Southend City Council, initially to all families in ABSS wards from April 2021, but expanding to the whole of Southend in 2022.

The service outcomes were:

- An increase in babies being breastfeed up to 6 months.
- A reduction of babies being introduced to solids before they were 6 months old.
- A reduction in the prevalence of overweight (including obese) ABSS children in reception school year.
- A reduction in the admission rate for under 1's for emergency gastroenteritis.
- Increase in children at a healthy weight at 2.5 years of age.
- Parents understand a baby's milk requirements until they are 2 years old.
- Parents/carers have increased knowledge and confidence in introducing solids into a babies' diet.
- Families understand their and their children's nutritional and dietary requirements.

Evidence and Impact

The 3-4 Month Health Visiting Contact was a universal offer, automatically available to all babies of this age in Southend. Engagement with the service was not, however, compulsory, and visit declines were often due to mothers having a second or third birth and feeling more confident. If a mother declined and was not on a targeted or specialised caseload, then the HVA team did not pursue a visit. Visits were generally well received, giving mothers an opportunity to measure and weigh their baby, and ask questions about development, sleep, and normal baby behaviours. The visit also allowed the HVA to assess parental mental health.

The University of Essex (UoE) conducted a Formative Evaluation of the 3-4 Month Health Visiting Contact service, collecting data about project performance and impact on a quarterly basis between July 2021 and December 2023. Data included beneficiary engagement and reach, semi-structured interviews, and online surveys with parents/carers to measure the impact and explore perceptions and experiences of the visit, at the initiation, completion and follow-up (8-10 months later) stages. 1,138 responses were received from online surveys, as follows: initiation (503 responses), completion of visit (400 responses) and follow-up (235 responses). 10 semi-structured qualitative interviews were also conducted with parents/carers to understand their experiences. Table 6 presents responses to questions included in surveys completed at the end of the visit.

Table 6: Survey responses on completion of 3-4 Month Visit (n=400)

	Greatly decreased	Decreased	Sayed the same	Increased	Greatly Increased
Parental confidence in introducing solids with their baby	1.7%	0.3%	17.9%	38.2%	41.9%
Parental knowledge of food types	1.4%	0.3%	17.3%	45.6%	35.4%
Parental knowledge of food texture	1.1%	0.3%	20.4%	44.8%	33.4%
Parental knowledge of portion sizes	1.1%	0.3%	25.9%	41.3%	31.3%



The surveys reported high levels of increased confidence around introducing solid foods following the 3-4 Month Visit (80.1% either 'Increased' or 'Greatly increased'). Interviews identified that, while some parents/carers found the visit reassured them about decisions already made, for other parents/carers, the intervention was timely and helped them to make choices that they might otherwise not have done. Almost a fifth of parents/carers responding (17.9%) reported that their level of confidence stayed the same, however, perhaps reflecting that a single visit might not significantly change the viewpoint of parents/carers already feeling confident around this topic.

They were very good with basically just confirming that I continue the weaning, like when we started, I do it as I did it previously [...] And it was just all about confirming that I was on the right tracks, making sure that I was comfortable with what I was doing and it was just making sure that I felt empowered to know how to do the weaning with a child that's been a little bit of a pickle because of an allergy.

I would say I got probably above and beyond to be fair, because I didn't think they'll come that much. I mean there was one time they phoned up and they were almost having to cancel because they were short staffed to come here and see me, but they then heard in my voice that I've had a bad night with her, it was in the early days. Then they said, "No, we'll come and see you." Just hearing my voice wobble a little bit, she went, "I need to see you." Because she came out and supported me which was great. Because I was about to say, "No don't worry about coming." But I really needed it that day and it gave me the boost I needed.

Well, it already helped me with the weaning on the food. It really had an impact on how I am feeding my child, and it will have a long run impact on him as well because he already knows how to eat properly, so that really helped me out a lot. That concrete information that was the most helpful information of all because I will be using it for my next child someday, and I'm recommending that to everybody. That's really had a huge impact on me.

Quotes from parents/carers who participated in the 3-4 Month Health Visiting Contact service

Similarly, large proportions of parents/carers reported 'Increased' or 'Greatly increased' knowledge of food types (81.0%), textures (78.2%) and food portion sizes (72.7%) following the visit. Again, for many parents this knowledge provided reassurance that they were making the right decisions, and provided additional information that helped them to tailor their provision to meet their own child's needs.

I was sort of at the point where I thought, well maybe my son is ready to start eating because he's watching me eat and maybe I'll get him started a little bit earlier than six months. After discussing with her I thought, you know what, it makes sense to just wait the six months, make sure that he's properly developed and ready to go. Again, just a refresher on what to give him and when. The thing with textures, with my first son I pureed everything to death for quite a while so it was good to know that I could introduce texture earlier and I have done that with my son. I think that's really helped him with his eating. He is open to eating and trying pretty much anything.

Making sure I understood the best way to introduce solids, and the refresher on that was definitely needed and we'll put into practice and I've been discussing it with my husband, the best way to go about it that fits in with our lifestyle and him and our baby. And I've also been discussing it with the childminder because when he's there as well. So that we've got a plan in place and the calendar in place and just to remember that actually it's the baby's pace, he might only have a tiny little spoonful and that'll be it until he's ready for more. So the refresher on that was really good. So that's definitely something I'll put into practice. But otherwise, it was just, again, just reconfirming that what I had planned, what I thought of was along the right tracks, just confirming that I was doing the right stuff.

The confidence and reassurance around their own knowledge was recognised as something that would continue to be of benefit, both for their own family in the future and also as information that could be shared with peer networks, supporting friends and family.

Obviously, because I've done it now I do feel more confident. It's made me feel more confident if I was to have another one. I'll know what I'm doing. So, that's definitely educated me, made me more knowledgeable about it all.

Yeah, I suppose if like maybe my friends have children, I'll be able to guide them like, this is what I was told, like you can't wean until that six months. What types of foods they have and how they like finger food sizing to help avoid choking, there was quite a lot that I could use.

I think it was more reassurance. I'd done a lot of my own research anyway. It was good to know that what I'd read was also the official health service advice as well, and I was able to confirm a couple of things with them that I'd read as to whether it was a good idea or not. It was good to have an official opinion as well.

Looking at the visit's primary focus on the introduction of solid foods, of 169 who answered this question in the follow-up survey, the majority (72.2%) of parents/carers introduced solid foods at 6 months of age or later, with 20.7% introducing solids at 5 months (Table 7).

Table 7: Baby's age when solids were introduced (n=169)

Age	Number	%
4 months	12	7.1
5 months	35	20.7
6 months	115	68.1
7 months	5	3.0
8 months	2	1.2

Source: Online Survey Data via Qualtrics

Following the 3-4 Month Health Visiting Contact, 18.7% of 182 respondents introduced food later than they had originally planned. 6.0% introduced food earlier, but it is not clear from the data whether they had already introduced solid food by the time they received the 3-4 Month Health Visiting Contact. 69.2% of respondents did not change the time they introduced solid food following the 3-4 Month Health Visiting Contact (Table 8). The data demonstrates that the service successfully delayed the introduction of solid foods until the infant was at a more appropriate developmental stage for almost one fifth of respondents. The majority of respondents did not change the time at which they introduced solid foods, most likely because most parents/carers always intended to introduce solid foods at or after six months.

Table 8: Did attending 3-4 Month Contact change the age at which solid foods were introduced? (n=182)

Age	Number	%
Yes – introduced solid foods earlier	11	6.0
Yes – introduced solid foods later	34	18.7
No	126	69.2
Other	11	6.0

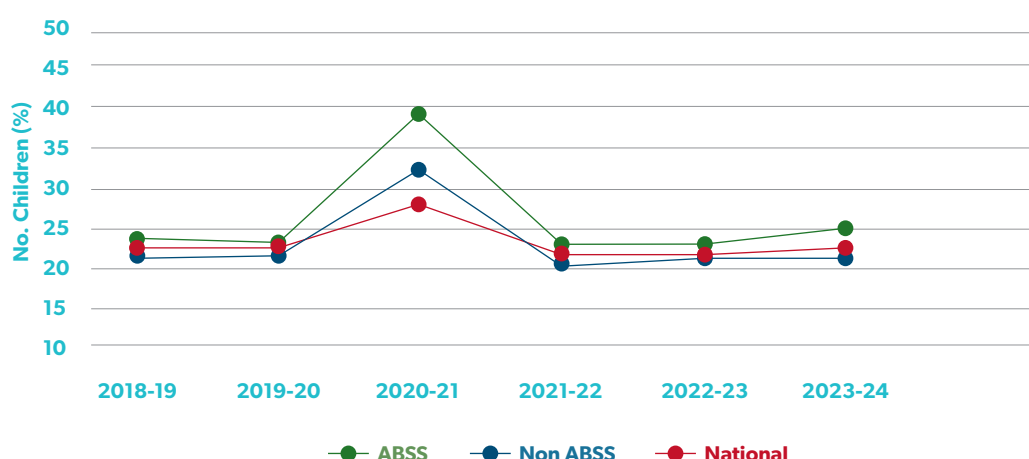
Source: Online Survey Data via Qualtrics

Of 1,219 mothers who participated in a 3-4 Month Contact visit between 2021 and 2024, 53.2% reported that they were continuing to breastfeed at the time of the contact (source: Southend City Council Health Visiting Service). For these women, the contact aimed to support their confidence to continue breastfeeding whilst introducing solids.

A key outcome for the 3-4 Month Health Visiting Contact service was to reduce the number of overweight (including obese) ABSS children in reception school year. Figure 7 shows the prevalence of overweight children entering the reception year. Generally, between 2015 and 2024, the proportion of children who were overweight remained relatively stable in ABSS wards, Non-ABSS wards and National cohorts, with the prevalence of overweight children being slightly higher in ABSS wards. In 2020-21, however, there was a spike in the proportion of overweight children across all cohorts, with the increase in ABSS children being the greatest. This period covered the COVID-19 pandemic, when the data collection methodology was temporarily amended, with measurements of a sub-sample of children attending school during

lockdowns (primarily, children of keyworkers or more vulnerable children) rather than the entire population. This may have resulted in figures that were not representative of the population. Even taking this into account, the size of the disparity suggests that the COVID-19 period in 2020/21 saw a marked, if temporary, increase in the proportion of overweight children entering reception year that particularly affected children in ABSS wards.

Figure 7: Prevalence of overweight children entering reception in ABSS and Non-ABSS wards



Source: Southend City Council Data Dashboard

In the years following the COVID-19 pandemic, the prevalence of overweight children returned to pre-pandemic levels for all cohorts, although rates remained highest in ABSS wards. Research shows that children in areas of higher deprivation, such as ABSS wards, tend to have more limited access to good quality, nutritious food. In addition, Southend has one of the highest densities of takeaway and fast-food establishments in Essex. Greater reliance on foods with a higher salt, sugar and fat content would tend to drive an increase in weight. The unanticipated impacts of COVID and the Cost-of-Living crisis increased barriers to accessibility and affordability of healthy food choices, and in combination with environmental factors such as advertising and easy availability of fast food, created powerful drivers for increases in children's weight.

Whilst it was anticipated that the proportion of overweight children in ABSS wards entering reception might fall following engagement with infant feeding services, these competing influences on children's weight have not been overcome by services supporting infant feeding alone. However, the foundations laid by infant feeding services with regards to positive food choices have given many parents the skills and knowledge to make better food choices from their restricted options.

SPECIALIST STRATEGIC ROLES

Background

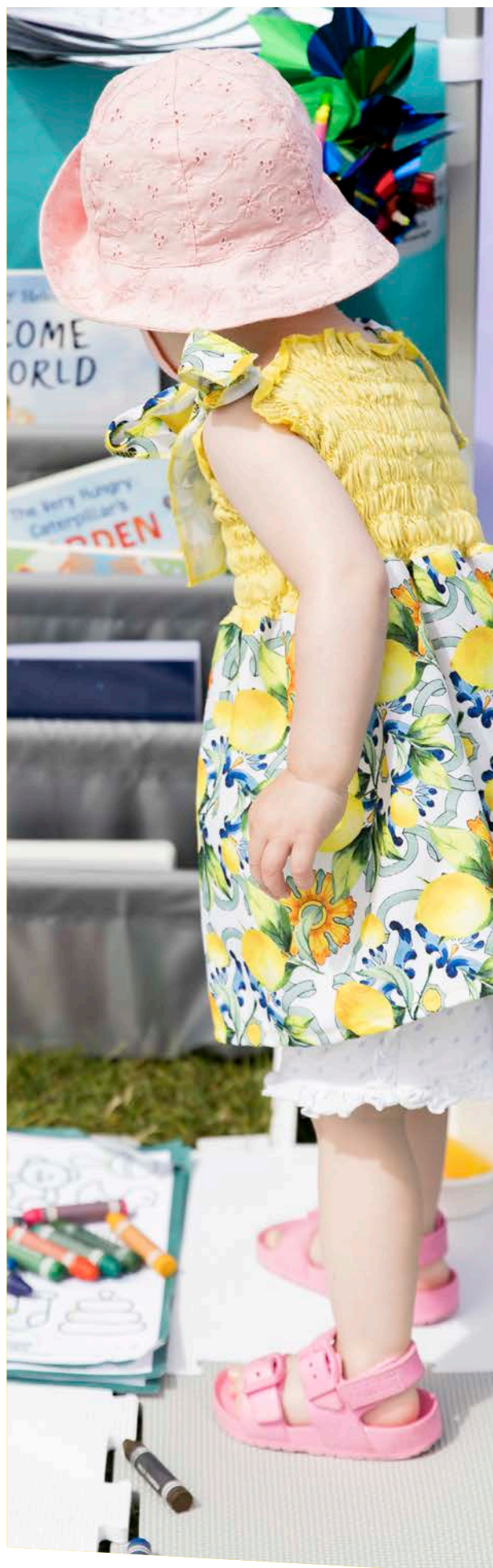
The infant feeding services delivered directly to families together form a pathway or system of support that can support the journey from expectant parenthood through to the early months and years of a child's life. It was identified that working across organisational boundaries with professionals with varying levels of clinical and community expertise and responsibility required effective partnership working. While the ABSS governance system could provide this at a higher strategic level, it was recognised that links needed to be created to support the strategic goals at an operational level and to build the cross-sector approach into service provision.

To address this, two roles were created

The Infant Feeding Lead Advisor acted as a link between ABSS, Specialist Feeding Advisors and Public Health with the aim of embedding positive feeding practices consistently across both health and community settings, increasing uptake of ABSS Diet and Nutrition services by parents/carers, and sharing learning with partners and stakeholders.

The Public Health Midwife role was jointly commissioned by Public Health at Southend City Council and ABSS. Services were delivered by Maternity Services at Mid and South Essex NHS Foundation Trust in Southend. The role facilitated cross-agency collaboration with a focus on antenatal education and infant feeding, and supporting the pathway for women from conception, pregnancy and birth to postpartum.

Together, these roles supported the wider system of support for families, and ensured a consistency of approach and priorities across organisational boundaries. ABSS was able to achieve this by bringing together partners to identify ways that systems could be changed to create coherent pathways that provided the coherent support families needed to provide the best start for their children.



Infant Feeding Lead Advisor

The Infant Feeding Lead Advisor (IFLA) was qualified as an International Board-Certified Lactation Consultant, the highest qualification available in Lactation Education. With service delivery beginning in October 2021, the IFLA was able to strengthen relationships between Midwifery and Health Visiting, and also worked collaboratively to support the Group Breastfeeding service with clinical supervision.

Key responsibilities included:

- Working with the Health Visiting Service, the wider community and partners to ensure that introducing solids and healthy eating programmes were delivered using evidence-based resources across 0-4 year-olds.
- Coordinating and supporting the UNICEF Baby Friendly accreditation process across the wider children's partnership, with non-statutory services such as Voluntary Sector Organisations.
- Development and delivery of breastfeeding support and education to the wider Southend workforce including professional supervision to non-statutory services.
- Providing professional support to the Southend Supports Breastfeeding scheme, including as Chair of the Steering Group, to ensure that appropriate partners contributed to the scheme's development.
- Providing clinical supervision to partner organisations that requested support.
- Supporting the Infant Feeding Network meetings, attended quarterly by Health Visiting and partner agencies.
- Delivering refresher training and Healthy Start workshops.
- Promoting and raising awareness of the Healthy Start Scheme with parents, partners and staff, and supporting training of the wider workforce.
- Working with ABSS to identify potential gaps in the service and develop further programmes within the Diet and Nutrition workstream.
- Supporting families with children with complex feeding needs.
-

Key targeted outcomes were:

- Family Centres achieved and maintained the UNICEF Baby Friendly accreditation.
- Practitioners gained knowledge, skills and confidence around infant feeding, introducing solids and infant nutrition.
- Seamless and coordinated support for women who wanted to and were breastfeeding.
- Non-statutory services had access to clinical supervision and specialist support as required.



Infant Feeding Lead Advisor (continued)

The IFLA worked with Health Visiting and Family Centre staff to maintain up to date education and training around Infant Feeding and Nutrition. The IFLA offered support and training to partner agencies in the city according to need and the level of service delivered. When the 3-4 Month Health Visiting Contact was rolled out across Southend, the IFLA was responsible for training new Health Visiting staff and ensuring that Family Centres were aligned with information that was being delivered. Partner agencies could join 'starting solids' training to maintain a universal script of information given to families.

The IFLA liaised with the Specialist Health Visitor (SpHV) for Infant Feeding, Senior Management, Public Health team and the 0-19 Health For Life team to review and write policies so that Southend City Council remained up to date with Infant and Child Nutrition. Working with other specialist services, the IFLA ensured that information provided by staff was current and safe, and any concerns raised by staff were escalated appropriately. The IFLA provided agency staff with support or advice around Infant Feeding and Nutrition if needed and could refer into the Infant Feeding team if a family required specialist support.

The IFLA worked closely with the SpHV for Infant Feeding and Family Centres so they could achieve stage 2&3 UNICEF Baby Friendly Accreditation, and progress to achieving and maintaining the full UNICEF Baby Friendly Initiative (BFI) accreditation. The IFLA also supported the education and reaccreditation of the Southend Health Visiting Service with the SpHV for Infant Feeding.

Public Health Midwife

The ABSS programme launched at the same time as the publication of two significant national reviews. In 2015, the All Our Health: personalised care and population health programme, outlined a role for all healthcare professionals to use their skills and relationships to maximise their impact on avoidable illness, health protection and promotion of wellbeing and resilience (Office for Health Improvement and Disparities, 2015). The national 'Better Births' Maternity Review (National Maternity Review, 2016) resulted in the Maternity Transformation Programme being rolled out in NHS England in 2016 (NHS England, 2016). The objective of the programme was to improve outcomes of birth in England.

The ABSS Public Health Midwife (PHM) was a test-and-learn response to the recommendation for a specialised function linking public services to improve performance for women. The evidence base for the role was strengthened by the release of the continuity of care relationship requirements between Maternity and Health Visiting Service (Public Health England, 2021a) and the new maternity high impact areas in 2021 (Public Health England, 2021b).

The role was jointly commissioned in January 2022 between Southend City Council Public Health and ABSS and employed by Southend Maternity Services at MSE Hospital Trust, Southend. The PHM was a qualified Specialist Public Health Nurse for 0–5-year-olds and a registered Midwife. With a remit to impact on health inequalities presenting in women and families pre-birth until up to day 28 after delivery, the combination of professional registrations was invaluable for maximising and influencing public health agendas for families and for prioritising inequalities work. The PHM took a leadership and strategic thinking role to align delivery and facilitate cross-agency collaboration. They focused on delivering antenatal education and infant feeding, facilitating links between the two and supporting a pathway for women from conception, pregnancy and birth to postpartum.



Public Health Midwife *(Continued)*

Southend City Council Family Centres ran six-week antenatal courses following the Solihull model for a number of years prior to ABSS. Led by the Public Health Midwife and with greater support from ABSS (and latterly City Family) and MSE Hospital Trust (maternity services), the initiative was expanded to support more expectant parents and address birth inequalities in Southend. The decision was made early on to continue with the Solihull approach and training but to make changes based on beneficiary feedback and the best approach for multi-agency course delivery.

In October 2023, Family Centres and YourFamily teams began delivery of the new universal programme of antenatal education, called Journey to Parenthood. The PHM played an important role in this. The integrated approach to antenatal education successfully drew on the knowledge and expertise of a range of early years professionals. The programme supported partnership working and provided links to local parenting support groups, building parental and community capacity to improve children's outcomes. It also signposted local families to non-clinical provisions in the local area including housing and financial advisory services.

Survey data collected from expectant and postpartum parents who had participated in the course (August 2024-March 2025, n=53) showed high levels of agreement ('Agree' or 'Strongly agree') with statements that they had gained knowledge about antenatal experiences (100%), labour and birth (100%) and caring for their baby (100%), that they had increased their confidence around coping during pregnancy (100%), during labour and birth (67%) and in caring for their baby (100%), and that they felt more aware of community support available to them (83%) and better able to make use of support (100%). Feedback from participants focused on information shared in a digestible form that helped them to make decisions and prepare for their parenthood journey.

Brilliant classes, lots of information but delivered in a digestible way.

The courses prepared not only me but my partner too. Helped us to make decisions together.

Without the group, we would have been lost! The feeding [information] was great.

Quotes from parents/carers who participated in the Antenatal course

LEARNING AND RECOMMENDATIONS

Learning

For the individual:

- ABSS services successfully supported women to initiate and continue breastfeeding, and families to transition baby to appropriate solid foods at the appropriate age.
- Women consistently reported enhanced self-confidence, increased knowledge, strengthened social connections and greater empowerment as mothers and individuals.
- Opportunities for social interaction and the development of informal support network, were cited as critical to successful outcomes.

For professionals:

- The person-centred approach to ABSS services was a fundamental factor to success. Staff built strong rapport and relationships, and trust in their knowledge was central to women's confidence and decision-making processes.
- Joined-up services and a comprehensive referral pathway enhanced the uptake of ABSS infant feeding services and facilitated shared learning between professionals, including alignment of public messaging. This helped to build trust.
- Social media presence imparted individual and collective impact to mothers, their families, and even friends from non-ABSS areas, benefiting the wider community.

For commissioners:

- The strategic roles of Public Health Midwife and Infant Feeding Lead Advisor strengthened systems by aligning delivery, facilitating cross-agency collaboration and integrating context. They also provided specialist clinical advice to professionals supporting families with more complex needs.
- Community resilience was strengthened as beneficiaries themselves became advocates for others in their community, creating a network of those who had benefited from the service who then chose to act as a point of contact and informal support. This provided broader system-wide benefits than individual services of this nature could bring.

Recommendations

- Future infant feeding services could formalise some aspects of peer involvement, or pathways for provision of specialist education. The ABSS services appeared to be highly sustainable because of the peer support ethos, with many participants as invested in supporting others as they are in receiving support themselves.
- The strategic role performed by professionals needs to sit within people's job descriptions for the value to be recognised. Services were strengthened by providing a strategic role to link together public services (delivery and stakeholders) and therefore perform a better role for women (e.g. addressing differences in maternity experiences).
- It is important that services, such as Southend Supports Breastfeeding, strengthen social resolve amongst businesses and communities to drive the cultural shift that empowers, supports and enables breastfeeding to be normalised by the public. Breastfeeding was impacted by wider determinants of health and socioeconomic circumstances, and should not be considered the responsibility of the mother alone.
- Future services should try more direct outreach to minoritised ethnic communities, e.g. via formalised community navigator/ ambassador roles, or partnerships with other organisations with more of a visible identity or role in these communities. Engagement with more deprived areas of Southend and these communities was lower than anticipated, despite several attempts to address this.

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A Better Start Southend Stories of Impact

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