

A BETTER START, NATIONAL CHILDREN'S BUREAU - WRITTEN EVIDENCE (FDO0111)

Introduction

[A Better Start](#) is the ten-year (2015-2025), £215 million programme set-up by The National Lottery Community Fund, the largest funder of community activity in the UK. Five A Better Start partnerships based in Blackpool, Bradford, Lambeth, Nottingham, and Southend are supporting families to give their babies and very young children the best possible start in life. Working with local parents, the A Better Start partnerships are developing and testing ways to improve their children's diet and nutrition, social and emotional development, and speech, language, and communication. The work of the programme is grounded in scientific evidence and research. A Better Start is place-based and enabling systems change. It aims to improve the way that organisations work together and with families to shift attitudes and spending towards preventing problems that can start in early life. A Better Start is one of five major programmes set up by The National Lottery Community Fund to test and learn from new approaches to designing services which aim to make people's lives healthier and happier.

The following evidence draws from A Better Start's research base, local delivery methods, and best practice examples to provide insight into the role of foods on obesity, and the role of wider public health initiatives in encouraging healthy lifestyles for pregnant people, children, and families.

The evidence is structured across the following themes:

- **[Key evidence](#) from diet and nutrition programmes about what works to support families**
- **Barriers and challenges to diet and nutrition programme delivery**
- **Improving Nutrition and Wellbeing for Pregnant people**
 - Case study: LEAP's CAN programme
- **Breastfeeding Support, Barriers, and Opportunities**
 - Case Study: Bradford's Breastfeeding Peer Support project

- Case Study: Blackpool's HENRY service
- Case study: Small Steps Big Changes Nottingham 'Feed Your Way'
- **Impact of the cost of living crisis on diet and nutrition outcomes**
 - Case Study: A Better Start Southend's Nutrition Data Dashboard and Environmental Factors Analysis
 - Case Study: Small Steps Big Changes Nottingham's 'Eating and Moving for Good Health' Strategy
 - Case Study: Blackpool Cost of Living Support
- **Effective place-based interventions for improving diet and nutrition for families.**
 - Case Study: LEAP's Environmental Health Service
 - Case Study: SSBC Cook and Play Service
 - Case Study: Meeting the needs of families from ethnic minority backgrounds

Key evidence from diet and nutrition programmes about what works to support families

- **Effective messaging** to families as part of improving diet and nutrition outcomes. This includes ensuring professional bodies were consistent in their messaging, countering harmful or inaccurate messages, and getting key messages out to families; including to family members other than parents who might have influence over a child's diet and nutrition (e.g. grandparents).
- **Adapting aims for the diet and nutrition outcome due to the impacts of the cost-of-living crisis.** One ABS respondent stated that their partnership now focuses less on childhood obesity and are focusing instead on ensuring families do not go hungry.
- **Engaging families.** Several ABS respondents noted that building relationships and trust with families helped to engage families in services.
- **Connecting parents/carers through peer-to-peer support.** For example, an ABS respondent noted how 'co-production' activities in

children's centres, focused on SEND, had led to the formation of informal parent support networks. The ABS respondent felt that it was helpful for parents/carers of children with additional needs to connect with one another. Moreover, several ABS respondents felt the community presence encouraged take up of services and spread information by word of mouth.

- **Adapting services to improve accessibility.** Several ABS respondents reported that improving access to their services was working particularly well. This included: having both day and evening classes; offering a drop-in approach to enable families to be more flexible; and practitioners reaching out to families directly about the support on offer.

Barriers and challenges to diet and nutrition programme delivery

- **Poverty and deprivation.** Several ABS respondents and representatives from The Fund identified poverty and deprivation as challenges across the outcome areas. Multiple ABS respondents noted that experiencing poverty, particularly when entrenched across generations, can impact upon the way parents are able to care for, and support, their children.
- **Housing.** One ABS respondent outlined how deprivation and low-quality housing is a barrier to achieving outcomes. This respondent mentioned it specifically in the context of social and emotional development, but it applies to all outcomes area due to how it impacts engagement with services. The ABS respondent explained that families living in low-quality housing are more likely to be transient due to the instability of their living situation, and so are unable to engage fully with services.
- **Supporting families to make changes.** Several ABS respondents reported that families can struggle to take on recommendations or adjust their parenting approach. Therefore approaches to engaging families on diet and nutrition programmes must be especially sensitive and non-judgemental.
- **Families may see nutritional advice as less relevant.** An ABS respondent stated that families can be reluctant to take advice on

something they see as personal, such as diet, whereas they are more open to input on areas they see as requiring expertise.

- **Shifting generational mindsets.** Several participants discussed the importance of ABS support for enabling breastfeeding, particularly in the context of challenges such as lack of intergenerational familial support and past experiences of poor environments themselves.
- **Practical challenges.** This includes parents' limited capacity because they are working full-time.
- **Problems with staffing capacity in ABS services.** Respondents working in diet and nutrition services also highlighted the impact of low staff capacity on the numbers of families they could work with. In one service, this caused long waiting lists.

Improving Nutrition and Wellbeing for Pregnant people

Being overweight or obese during pregnancy increases the risk of both short and long-term adverse consequences for expectant parents and babies. During pregnancy, short-term consequences include an increased risk of hypertension, gestational diabetes, thrombosis and pre-eclampsia, as well as premature birth, caesarean section and heavy bleeding after birth ([Marchi et al, 2015](#)). For the baby, short-term risks include congenital malformations, macrosomia and stillbirth (Marchi et al, 2015). The long-term consequences include an increased risk of type 2 diabetes and cardiovascular disease, depression and difficulty breastfeeding (Marchi et al, 2015). In addition, excessive gestational weight gain is common during pregnancy, which can also negatively impact the woman and baby's health ([SC Langley-Evans et al, 2022](#)).

For the baby, long-term risks include childhood and adult obesity, type 2 diabetes and cardiovascular disease, as well as poorer cognitive performance and increased risk of neurodevelopmental disorders ([Godrey et al, 2017](#)). Pregnancy and the earliest years of a child's life represent an unparalleled period of development, and a vital opportunity to lay the foundations for positive long-term health outcomes.

Case study: LEAP's [CAN programme](#)

Community Activity Nutrition (CAN) is an 8-week programme which supports women with a BMI over 25 to adopt healthier diet and activity behaviours during pregnancy and beyond. Delivered by midwives and health improvement facilitators, the CAN intervention is based on behavioural change. The programme consists of three midwifery appointments (antenatal and postnatal) and eight one-to-one weekly sessions with a health improvement facilitator. Through these sessions pregnant women are supported to make their own unique eating and activity plans. This enables women to make small but specific changes to their eating and activity behaviours and to maintain better control of their blood sugar levels. Below are further details about the efficacy of this programme and lessons learned.

Key enablers:

- By including recipes from a range of different cultures, LEAP CAN endeavours to respond to the needs of the LEAP's diverse population.
- LEAP CAN is also offered to non-English speaking women with the use of translation services, as well as translated resources.
- Walking groups, facilitated by LEAP health improvement facilitators, were introduced to encourage physical activity in local green spaces and create a peer support group.
- Flexibility of the timing of the appointments is also a key aspect for successful uptake and retention of participants. Participants often mention family and work commitments as possible barriers. As such, the LEAP CAN team offers evening and weekend appointments reiterating at recruitment stage that the appointments can be arranged at times to suit the women and their busy lives.
- Talking to women about the programme ensures that they understand the benefits.

Issues to consider:

- Some mothers may not maintain the changes after the postpartum period. Pregnancy itself is a major motivation, so it could be argued that the motivation wanes when the baby is born.
- At present women receive a letter and three telephone calls and texts about the programme. The most vulnerable women may not be able to access these due to tech issues or unstable accommodation.

- CAN begins work with women at the beginning of the 2nd trimester of pregnancy. For some women, this can be a difficult period as they may be still experiencing nausea/vomiting and tiredness associated with the first trimester and therefore not feeling motivated to take part.

Breastfeeding Support, Barriers, and Opportunities

There is clear evidence that breastfeeding and feeding with breastmilk has many immediate and long-term benefits. Some mothers are unable or choose not to breastfeed and providing non-judgemental, sensitive support to help formula feed babies responsively and safely, and help reduce the likelihood of over-feeding, is also a critical part of the infant feeding pathway.

Evidence shows that waiting to transition babies to solid foods at six months can also have positive long-term impact on the health and wellbeing of babies and their mothers. Breastfeeding can cut the chances of a child becoming obese by up to 25%¹, yet increased deprivation is associated with decreased breastfeeding initiation², showing that poverty can create health inequalities right from the earliest stages of life. ABS has found a variety of interventions support breastfeeding. These include antenatal education groups, breastfeeding peer support, inclusion of fathers and partners, and normalising breastfeeding and baby behaviours. Infant feeding education is paramount and timely interventions for those offering advice to families, should have accurate and unbiased information. Some specific examples are below.

Key evidence from diet and nutrition programmes

Case Study: Bradford's Breastfeeding Peer Support project

- This case study highlights the innovative Better Start Bradford project created to support an increase in breastfeeding duration based on partnership working and delivery through trained Breastfeeding Support Workers. The project was designed to practically and emotionally support women and their families to breastfeed their babies for longer. In the Better Start Bradford area, approximately 70% of women will begin breastfeeding, but subsequently stop early. Most mothers nationally report that they stop before they would wish to.

¹ [Breastfeeding reduces child obesity risk by up to 25%, WHO finds - Baby Friendly Initiative \(unicef.org.uk\)](https://www.unicef.org/uk/news-stories/breastfeeding-reduces-child-obesity-risk-by-up-to-25-percent-who-finds)

² [Breastfeeding practices in the United Kingdom: Is the neighbourhood context important? - PMC \(nih.gov\)](https://pubmed.ncbi.nlm.nih.gov/25811111/)

- The project team consists of Breastfeeding Support Workers, a Senior Support Worker, a Service Manager and a Team Administrator. All the staff have completed the UNICEF Baby Friendly Level 3 training and all the Support Workers have been trained to peer supporter level through accredited peer support training programmes including Breastfeeding LENS, La Leche League and the National Childbirth Trust.
- Once a referral is received a support worker is assigned to the family who will make contact by telephone to introduce themselves and the service. A more detailed case history will be taken at this time and, where appropriate, a home visit will be arranged. Families are usually contacted on the day a referral is received and particular attention is paid when supporting a family to language needs, specialist knowledge in relation to complexity, and availability of the team member, to meet the needs regarding continuity.
- Families can be supported until their baby is 6 months old and access as many home visits as they require. Home visits can be supplemented by telephone support. The frequency and duration of support is led entirely by families, whose needs vary, enabling the team to be responsive and family centred. The central ethos is to support breastfeeding families in the way that they choose, for as long as they choose, in a location of their choice.
- The breastfeeding support team is the first of its kind in Bradford, offering 1:1 home visiting six days a week. The service is responsive to the needs of families, often being able to visit on the same day a referral is received. Our team members can communicate in a variety of languages which ensures that families are able to fully express their experiences and understand the support offered.
- Overwhelmingly, families have reported that having a personal visit, at home, from a skilled support worker has given them the opportunity to express their concerns and issues with breastfeeding and wider challenges, in a non-judgmental and safe environment. The ability to influence the frequency of contact and the knowledge

that the team are easily accessible by telephone six days a week has provided reassurance and has helped to reduce anxiety about breastfeeding and early parenting where statutory services have proved difficult to access.

Case Study: Blackpool's [HENRY](#) service

- Commissioned in 2019 to deliver an evidence based infant feeding programme. This service includes a telephone advice line, home visits and drop-in sessions in community venues. In addition to this, training for the early years workforce and helpline support ensured that professionals were also equipped with the right knowledge and skills. This forms part of Blackpool's wider [antenatal education](#) course. They designed a new 'Learning to Feed' volunteer service that helped turn public health messages that weren't resonating, into an easy-to-understand format.
- By the end of 2022/23, 68% of mothers were initiating breastfeeding and at 6-8 weeks, compared to the national [average](#) of 49%. 31.3% were continuing to breastfeed exclusively or partially. There has also been an increase in babies that are partially or exclusively breastfed at both the 14 day and 3-5 week Health Visitor check. Additionally, following the enhancements of the service, They have seen a significant reduction in the number of families introducing solids prior to 6 months, falling from 26.4% at the of Q4 22/23 to 17.1% at the end of Q3 23/24. Supporting parents at every stage of the early years feeding journey ensures the development of comprehensive mentality shifts that can have systemic impact on the community.

Other ABS sites also deliver HENRY services. We are happy to provide further information upon request.

Case study: [Feed Your Way](#) Nottingham (SSBC)

- SSBC commissioned a bespoke breastfeeding public health campaign for Nottingham City. Launched in October 2022, the campaign shares the stories of local women who experienced different challenges in their feeding journeys. They initiated a stakeholder group including midwives, infant feeding leads, health visitors, peer supporters and families. It was coproduced through 6 months of market research including a county-wide survey, focus groups and creative testing. Parents communicated that unrealistic expectations of breastfeeding were not helpful, and they did not feel prepared for the realities of breast/chest feeding, especially in

public. Health messaging was not working and felt controlling. The campaign has spoken with lots of families to understand the challenges they have faced and offers support and advice based on real life experiences, and helped families have open and honest conversations about breastfeeding.

Impact of the cost of living crisis on diet and nutrition outcomes

There is a strong link between children living with obesity and deprivation. During 2021-22 reception-aged children in the most deprived areas of England (13.6%) were more than twice as likely to be obese than those in the least deprived areas (6.2%) ([NHS 2022](#)). As the cost-of-living crisis deepens, more families are unable to buy enough food, let alone healthy options. Parents have sited a forced 'hierarchy of need', where healthy and nutritious food competes against bills and other costs. Although the NHS Healthy Start Scheme helps to encourage a healthy diet for low-income households, the value of this benefit has not kept up with inflation. The Healthy Start benefit [does not cover](#) the cost of any first infant formula milk available in supermarkets in the UK. Many eligible families are missing out on the Healthy Start benefit and stringent eligibility criteria exclude many families living in poverty and facing food insecurity. The partnerships have reported significantly increased pressures on food banks and other resources, stretching family budgets even further and limiting the option of healthy food.

In all 'A Better Start' areas, we see that economic status underpins a variety of broader health and wellbeing outcomes. Since autumn 2022, we have seen increased requests for financial support, fuel vouchers, and basic items needed by families such as nappies, meat, fish, and dairy. We have seen a significantly large rise in demand for Food Banks, with increased concerns from families around rising food costs, particularly the costs of baby formula. Demand for Baby Banks is also growing where those services are offered. More families are asking when food pantries open, showing the shift in need growing exponentially.

The partnerships have identified the current issues around the Healthy Start Scheme and can see where improvements could be made, including an increase in its value and expansion of the eligibility criteria so that more families facing poverty and food insecurity can benefit, alongside improved promotion of and accessibility to the Scheme. The supermarket claims customers redeeming a coupon purchased 13 more portions of fruit and vegetables per basket compared to those that did not receive the coupon.ⁱ This shows that supermarkets can successfully promote the Scheme and support their customers to access a healthy diet.

Reducing inequalities is a central goal for the A Better Start Partnerships, as levels of inequality impact all three of the ABS development outcome areas.

Case Study: A Better Start Southend's Nutrition Data Dashboard and Environmental Factors Analysis

- Deprived areas have limited access to more expensive good quality nutritious food. The reliance on foods with a higher salt, sugar and fat content can drive an increase in weight, specifically in these areas. Whilst one might have expected the proportion of overweight children in ABSS wards entering reception to fall following engagement with the infant feeding services, the unanticipated impacts of COVID and the cost-of-living crisis will have further limited access to good quality food through a lack of accessibility and affordability, have possibly explained the peak in weights in 2020-21. Further data over time and geographical areas is awaited to understand the UK-wide impact of COVID-19 and deprivation on infant feeding and weight data.
- Environmental factors, such as easy access to unhealthy food options, aggressive food marketing targeting children, and sedentary lifestyles, further exacerbate the risk of obesity ([Swinburn et al., 2011](#)) Limited availability of affordable, healthy food options in certain areas, known as food deserts or obesogenic environments, can hinder access to nutritious foods and promote the consumption of unhealthy alternatives ([Beaulac et al., 2009](#)). This point is particularly pertinent when considering that Southend is a noted seaside town. As such there is a multitude of fish and chip shops, alongside other fast-food chains littered across the high street. As some of the least affluent wards in Southend are in very close proximity to the high street (in some cases even encompassing it), we might expect such obesogenic environments to take hold, and this does seem accurate. It is reflected in data pertaining to the number of takeaways per 100,000 people. Southend has a higher rate than national (109.6 vs 90.8) and wards such as Milton (an ABSS ward) have 4x the average rate of takeaways per ward in Southend ([Public Health England, 2017](#)).
- Though we cannot draw out the exact effect of such environmental factors, we would imagine they would have some impact on the

prevalence of obesity in children, or on their diet in general as they may be introduced to fast food at an early age.

Case Study: Small Steps Big Changes Nottingham's 'Eating and Moving for Good Health' Strategy

- Through partnership working, including Nottingham City Council, the Nottingham and Nottinghamshire Integrated Care Board and Community and Voluntary Sector organisations, Nottingham has delivered the Eating and Moving for Good Health [Strategy](#). As part of this strategy, Nottingham creates a local environment that promotes healthy food choices, including limiting the 'density' of takeaway food outlets in Nottingham City to promote a more diverse food offer to Nottingham residents.
- Despite SSBC's local efforts, including promotion and workforce training around the Healthy Start Scheme, uptake had remained remains low. Since 2020 the number of families eligible has increased, alongside uptake highlighting the complex challenges around the scheme. Locally, Nottingham has made Healthy Start Scheme uptake a priority as part of the delivery of the Eating and Moving for Good Health Strategy and [aims that by 2027](#), 90% of those eligible will be claiming healthy start vouchers. Ongoing commitment and coordinated activity locally led by SSBC has now placed Nottingham City at 83% uptake.

Case Study: Blackpool Cost of Living [Support](#)

- Blackpool Better Start has adapted [nutritional resources](#) to the cost of living crisis. The local Health Connector team have a champion role of 'Money Saving Connector' who's role it is to link with local organisations and charities to ensure they have the most up to date information on the support and services available to families. This includes helping families sign up to the Healthy Start scheme. The local peer-to-peer service, the Community Connector team, was also instrumental in speaking to local families about barriers to accessing the scheme. This has led to a **72%** uptake - the [4th highest](#) in England as of February 2023.

Effective place-based interventions for improving diet and nutrition for families.

The ABS partnership integrates the voices of parents and carers into the development and delivery of services. The voices of those with lived experience need to be at the centre of service design, development and delivery, and co-production allows professionals, parents/carers, and communities to work together to shape services that will meet families' needs and empower them to develop their own strengths. This ensures service providers reflect the communities they serve, which can help families from minority communities feel safe and included. ABS partnerships recognise the importance of positive relationships between the workforce and families, and they prioritise continuity. This includes innovative work such as parent mentors and outreach.

Case Study: LEAP's Environmental Health Service

- The core activity for this programme was to support the food outlets frequented by LEAP families in making sustained healthier menu offerings available to children when eating out of home. To promote healthier eating and nutrition in the local area, LEAP engaged local food businesses and enterprises to promote healthier eating and nutritional food, and to improve accessibility and affordability of healthier food options.
- The programme aimed to have food outlets serve healthier options, increase the amount of retailers signed up to Healthy Start/Alexandra Rose vouchers, have greater family uptake of vouchers, and have childminders provide healthier options.
- By the end of qtr. 3 20/21, 10 food establishments had achieved the standard Healthier Choices Award, and many others had started to make changes.

Case Study: SSBC Cook and Play Service

- SSBC runs Cook and Play sessions in each of the SSBC wards in Nottingham. The free sessions involve parents cooking a healthy meal from scratch while there are play activities available for children. External evaluation of Cook and Play by Nottingham Trent University [explored](#) the impact of this intervention on parent' confidence and knowledge in relation to cooking healthy meals according to staff's perceptions. Findings showed that some parents

improved their cooking skills and as a result cooked healthier meals at home. The social aspect of Cook and Play was important for both parents and children. It helped parents build friendships and reduce isolation, while positive peer influence encouraged children to try new foods.

- It is important to stress that the social connections in such cooking activities are a key success factor. This is reflected in the experience of Hope Nottingham, who run foodbanks in Nottingham. In many cases, people know how to cook, but they lack the energy or motivation. This is particularly true of single people. The same people became more motivated when there were shared opportunities to cook and eat together. Many people that come to Hope Nottingham for crisis help for food are often socially isolated, but engagement with a welcoming, supportive community where they can also contribute, repeatedly results in positive transformation.

Case Study: Meeting the needs of families from ethnic minority backgrounds

- Across the partnerships, multiple ABS respondents discussed the importance of being culturally aware when engaging families from minority ethnic communities, including being mindful of dietary requirements and preferences. When considering future solutions, one ABS respondent believed it would be helpful to employ people from the same communities to ensure the ABS workforce was representative of those they serve. Providing opportunities to share foods from different cultures can also be a positive way to engage families in conversations about food and nutrition.

11 April 2024

The evidence in this response is not necessarily representative of the views of all the A Better Start Partnerships.

Full citations and longer research reports are available on request.