Bristol Family Hubs and Start for Life

Summary of needs 2023

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1.0 Executive Summary

1.1 Demographics of Bristol

There were just over 5,000 in Bristol in 2021. A quarter of these were to mothers living in the most deprived areas of the city (25.5%). Bristol is a diverse city, particularly its younger population, just over 1 in 4 births are to Black, Asian and Mixed Ethnicity (BAME) women. The average age of women giving birth is increasing. The number of teenage pregnancies has halved over the last 10 years but the level and complexity of need in this group has increased. The groups most likely to experience poor pregnancy and birth outcomes are under 20-year-olds; over 40-year-olds; BAME women; and women living in deprived areas, particularly; Hartcliffe and Withywood, Avonmouth and Lawrence Weston, Filwood and Lawrence Hill.

There are 78,280 0-19-year-olds in Bristol, making up 22.9% of the population. Whilst similar to the national average, this represents a rapid expansion in primary age children over the last 10 years. The child population is ethnically diverse, with 28% of children from BAME backgrounds, compared to 22% of adults. Over a quarter of children live in low-income households, and in some areas of Bristol, this is closer to half. Children in Bristol also have a slightly higher-than-average rate of limiting long-term illness or disability. The rates of hospital admissions among children and young people for mental health conditions is significantly higher in Bristol compared to England averages. Children in need are most likely to live in the more deprived wards of the city, the south of the city has the greatest number of children in need.

1.2 Overview of Family Hubs and Start for Life Priorities

All parents and carers can struggle at times and universally available parenting support is important, alongside more targeted approaches. Some families in Bristol face multiple challenges, often strongly associated with poverty, that can cause considerable stress and make parenting more challenging. There are 18,700 children estimated to live in households that are suffering from drug/alcohol abuse, domestic abuse, or suffering from mental health problems[1].

Nationally, 1 in 5 women and 1 in 10 men suffer from poor mental health during the perinatal period. In Bristol, there has been a rise in demand for perinatal mental health support, with 20% of maternities at UHBW referred to a specialist mental health midwife in 2020/21 compared to 17% the year before.

Research suggests that up to 10% of infants have a 'disorganised' attachment style, which is associated with poor developmental outcomes. This equates to approximately 500 infants in Bristol during 2021/22.

Bristol has higher-than-average breastfeeding rates at 6-8 weeks (70.9% vs. 54.4% nationally). However, there are stark inequalities and rates vary considerably across the city from 37% in Hartcliffe and Withywood to 87.9% in Redland. White, younger mothers, living in more deprived areas are the least likely to breastfeed.

Bristol has lower-than-average take up of 2, 3 and 4-year-old early years provision (62% and 69% vs. 91% and 93% nationally). 64.7% of under 5s achieve a 'Good Level of Development' (GLD) at Foundation Stage, slightly below the national average of 65.2%. This varies significantly between different groups, with only 44% of disadvantaged children achieving a GLD (rates are lowest in Hartcliffe and Withwood, Lawrence Hill,

[1] Bristol's Belonging Strategy for Children and Young People - Belonging in Families (bristolonecity.com)

Central and Brislington West and Southmead), 8.2% of children with Special Educational Needs or Disabilities (SEND). These inequalities persist into later years.

Summary

Many children and families living in Bristol face increasing levels of need, particularly young parents, those living in deprived areas, some BAME groups and groups with additional challenges, such as those with SEND. There are widening inequalities, with many families experiencing increasing deprivation, exacerbated by Covid-19 and the cost-of-living crisis. These factors drive our Start for Life and Family Hubs programme, which aims to improve support for all families, particularly those at risk of poor outcomes, in order to reduce inequalities and ensure that all children have the best possible start in life and improved life chances.

There is clustering of risk factors and poor outcomes for children and families in the more deprived areas of Bristol, and particularly in the following wards;

- North: Avonmouth and Lawrence Weston and Southmead
- East Central: Lawrence Hill
- South: Hartcliffe and Withywood and Filwood

Overall, children and families in Hartcliffe and Withywood have the greatest level of need.

References:

1. Bristol One City (2021), Bristol's Belonging Strategy for Children and Young People - Belonging from the Beginning (bristolonecity.com)
2. Office for Health Improvement & Disparities (2022), Public health profiles - OHID (phe.org.uk)
3. Bristol City Council and Healthier Together (2021), BNSSG Maternity Health Equity Audit [unpublished]

2.0 Demographics of Bristol and the challenges

Maternal demographics, risk factors and birth outcomes (See also: Bristol, North Somerset, South Gloucestershire Maternity Health Equity Audit 2021, Bristol Belonging Strategy: Belonging from the Beginning, Teenage Pregnancy JSNA, Low Birth Weight JSNA)

2.1 Maternity and birth

- 5,270 births were registered in Bristol in 2020. There has been a general downward trend in the number of live births, maternities and fertility rates across BNSSG since 2013.
- In 2021 a quarter (25.5%) of all maternities[2] in Bristol live in the most deprived areas of the city.
- Bristol is ethnically diverse, and in 2021,28.3% of maternities were BAME women, of which, 7.2% were Black and 5.9% were Asian.
- In Bristol, in 2021, 55.3% of pregnant Black women lived in the 20% most deprived areas of the city.
- The average age of maternities has been increasing in Bristol and the number of teenage pregnancies (<18 years) has halved over the last 10 years, but the level of need in this group has increased. Many young parents have multiple and complex needs.

In 2021 Hartcliffe and Withywood and Avonmouth and Lawrence Weston had the highest proportion of maternities amongst the general population (5.5%) followed by Lawrence Hill (5.4%). These are all areas of higher deprivation and, in the case of Lawrence Hill, greater ethnic diversity.

2.2 Risk factors

There has been a reduction in the prevalence of many of the risk factors since 2013 and, where national comparison data exists, Bristol often compares favourably, however:

- The prevalence of maternities with BMI>30 has been steadily increasing since 2013. In 2021, 19.8% of pregnant women had a BMI>30.
- 17% of maternities were referred to a specialist mental health midwife in 2019/20 vs. 20% in 2020/21 (UHBW data only).
- 8.7% of women were recorded as smoking at the time of delivery in Bristol in 2021.
- 11.3% of women booked antenatal care late in 2021.

When examining the prevalence of maternity and birth risk factors among different groups the inequalities are often stark, in 2021:

- 19.1% of under 20-year-old women booked their antenatal care late (double the rate of most other age groups) and 32.8% are recorded as smoking at the time of birth.
- 28% of Black women booked their antenatal care late and 35.9% had a BMI>30. Mixed Ethnicity and White women are most likely to smoke at the time of delivery and drink more than 1 unit of alcohol per week.
- Pregnant women living in more deprived wards experience the highest prevalence of all risk factors, apart from alcohol consumption. The ward with the highest percentage of women smoking at the time of delivery (33.1%) and women with BMI>30 (34.9%) is Hartcliffe and Withywood.

[2] Maternities refers to the number of pregnancies that result in one or more babies (including stillbirths).

2.3 Poor birth outcomes

Birth outcomes in Bristol generally compare favourably with national data and have been improving over time. However, as with risk factors, there are stark inequalities for specific groups. In 2021, under 20 and over 40-year-olds, BAME women; and women living in deprived areas were the groups most likely to experience risk factors and poor birth outcomes, for example:

- Age: under 20s are the age group most likely to have a premature baby (8.6%) and low birth weight (LBW) baby and are least likely to initiate breastfeeding (43.2%).
- Ethnicity: Black women experience the highest prevalence of poor outcomes, they are most likely to have a premature baby (8.5%), LBW, low APGAR score and admissions to NICU.
- Deprivation: There is a strong deprivation gradient to birth outcomes. Women living in the most deprived areas in Bristol are at greatest risk of poor outcomes (except stillbirth rate). For example, in Avonmouth and Lawrence Weston, Hartcliffe and Withywood and Lawrence Hill,10.4% of babies are born with a LBW compared to 1.7% in Westbury on Trym.

Table 1: Groups most likely to experience maternal risk factors and poor birth outcomes (Bristol 2019-21).

Group	Higher prevalence risk factors	Higher prevalence poor outcomes
Those living in deprived areas	All risk factors except alcohol consumption	All birth outcomes except stillbirths
Under 20-year-olds	Smoking, late booking antenatal care	Premature births, stillbirths, low birth weight, low breastfeeding initiation
20-24 year olds	Maternal weight	Premature births, low birth weight births, low APGAR score, low breastfeeding initiation
Over 40-year-old	Alcohol consumption	Stillbirth, low APGAR score, NICU admission
Black women	Late booking antenatal care, maternal weight	Premature births, low birth weight (all births), stillbirths, low APGAR score, NICU admission
Mixed Ethnicity	Smoking, maternal weight, alcohol consumption	Premature births, low birth weight (all & term), admissions to NICU
Asian women	None specifically	Low birth weight (term & all)
White British women	Smoking, alcohol consumption	Low breastfeeding initiation

In order to determine the areas of Bristol with the greatest level of need, all the wards have been ranked. The wards, listed in descending order are the top 10 in Bristol with the:

- Greatest percentage of births
- Highest deprivation (highest percentage of maternities living in the 20% most deprived areas)
- Highest prevalence maternal risk factors (smoking at time of booking, >BMI 30, late booking)

- Poorest birth outcomes (prematurity, LBW all births, breastfeeding initiation)[3]

1. Hartcliffe and Withywood
2. Avonmouth and Lawrence Weston
3. Southmead
4. Lawrence Hill
5. Lockleaze
6. Henbury and Brentry
7. Filwood
8. St George Central
9. Hengrove and Whitchurch Park
10. Eastville

2.4 Children and Young People (see also: Bristol Youth and Play Services Needs Analysis 2022, Bristol Belonging Strategy 2020, Child Poverty JSNA 2022, Deprivation JSNA 2022)

2.4.1 Age profile

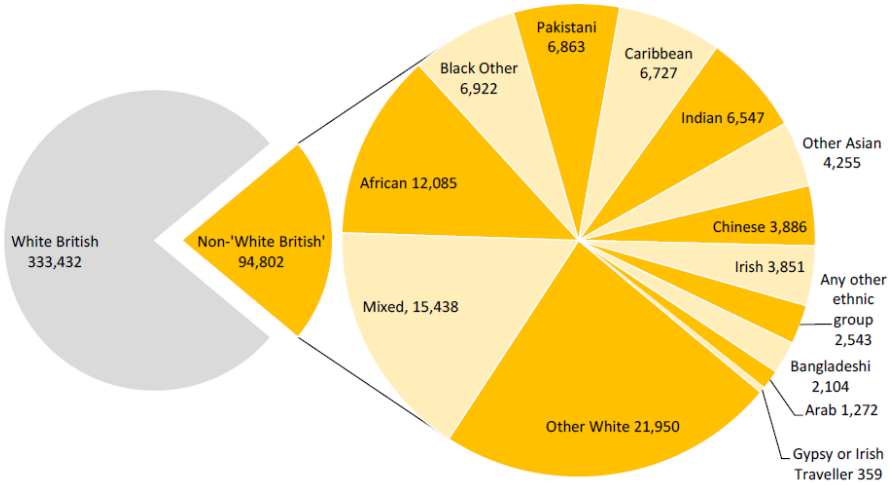
There are an estimated 78,280 children aged 0-19 in Bristol, making up 22.9% of the population. Approximately 25,942 are aged 4 and under. There has been rapid expansion in primary age children over the last 10 years. The age profile of each ward varies significantly, and the 0-16 population is higher in more deprived wards. Wards where a quarter or more of the population are aged under 16 include Hartcliffe and Withywood (27%) and Lawrence Hill (25%). The wards with the lowest proportions of children are all in areas in the inner west and central areas of Bristol including Central (6%), Hotwells and Harbourside (6%), Clifton Down (8%), Clifton (9%) and Cotham (9%).

2.4.2 Ethnicity

The population of Bristol has become increasingly diverse, and some local communities have changed significantly. There are now at least 45 religions, at least 187 countries of birth and at least 91 main languages spoken. The proportion of the population who are not 'White British' increased from 12% (2001) to 22% (2011), with 6% White Minority Ethnic, 6% Black, 6% Asian, 4% Mixed and 1% 'Other'.

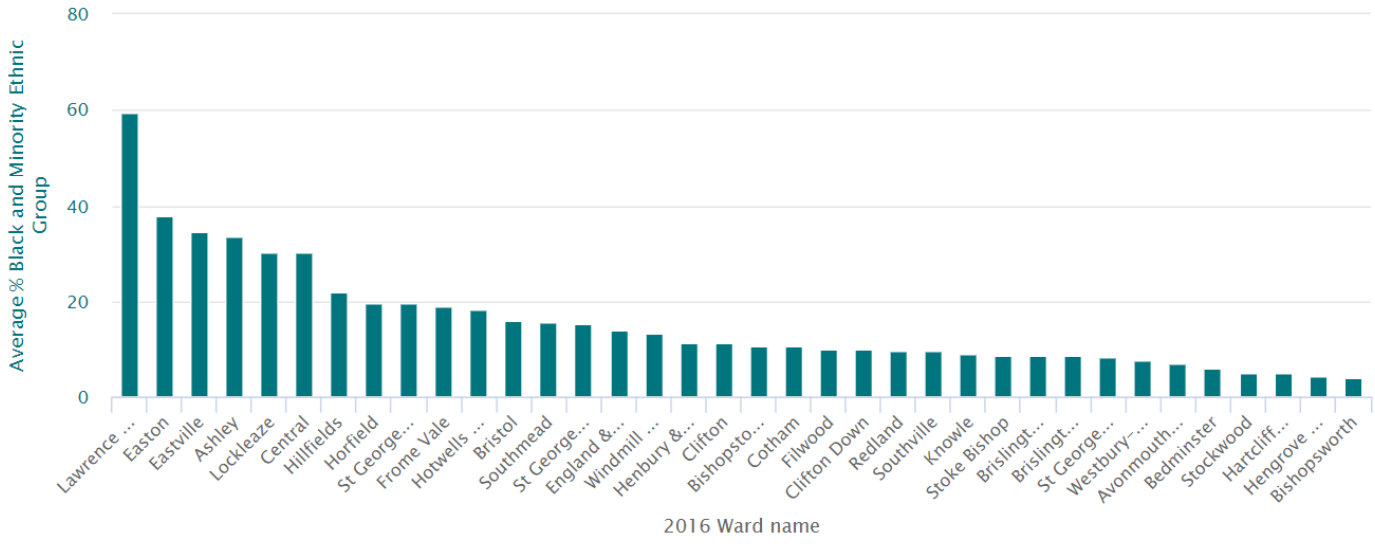
[3] The data used was pooled data for 2019-21. Scaled indicators have been used and each indicator has been given equal weighting when determining the ordering.

Fig. 1: Bristol's ethnicity profile



The Census 2021 will provide an updated picture of the local population profile in Bristol when the results are published from Spring 2022[6]. The Black, Asian and Minority Ethnic (BAME) group population varies significantly across the city - in Lawrence Hill,60% of all people belong to a BAME group compared to 4% in Bishopsworth. This difference is emphasised even more when looking at areas smaller than wards – in 'St Pauls Grosvenor Road', 80% of all people belong to a BAME group whilst just 1.4% are BAME in 'The Coots' in Stockwood.

Fig. 2: Black, Asian and Minority Ethnic (BAME) population by ward (2011)[7]



The age profile of the BAME population is much younger than the age profile of the Bristol population as a whole. The proportion of children (aged 0- 15) who belong to a BAME group is 28%, the proportion of people of working age (aged 16-64) who belong to a BAME group is 15% and the proportion of older people (aged 65 and over) who belong to a BAME group is just 5%.

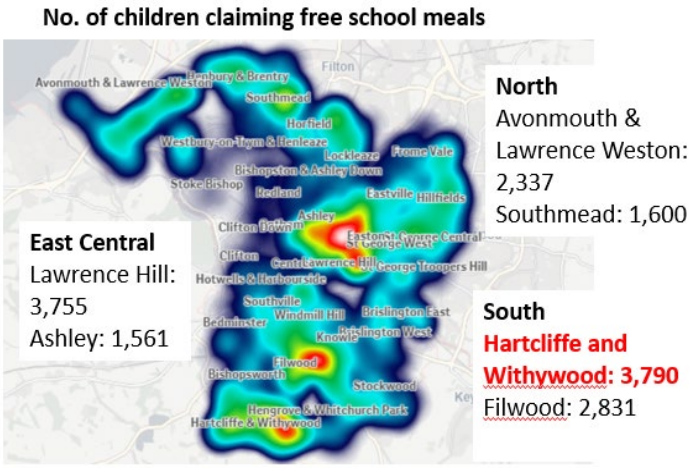
Recent data on school pupils shows that the percentage of pupils who are not 'White British' has increased from 31% in 2011 to 38% in 2021[8]. 29% of the child population are from BAME backgrounds.

2.5 Child Poverty

Bristol has deprivation 'hot spots' that are amongst some of the most deprived areas in the country yet are adjacent to some of the least deprived areas in the country. The place where you are born, or the place where you live, is likely to dictate your life chances and living in poverty can negatively impact outcomes for children.

- 15,300 children under 16 (17.8%) live in relative low-income families in Bristol (2020/21)
- 11,900 children under 16 (13.9%) live in absolute low-income families in Bristol (2020/21)
- Parts of Central and South Bristol have more than a quarter of children living in relative low-income families.

Map 1: Wards with the highest no. of children claiming free school meals (Think Family Database Feb 2023)



The wards where more than 1 in 4 children live in relative low-income households are Lawrence Hill (40.2%), Central (27.6%), Hartcliffe and Withywood (25.7%), and Filwood (25.3%). In contrast, just 2.6% of children in Redland ward live in low-income households. relative low-income families.

The wards with the greatest numbers of children claiming free school meals in the South is Hartcliffe and Withywood, followed by Filwood. In east central it is Lawrence Hill followed by Ashley and in the North, Avonmouth and Lawrence Weston followed by Southmead.

Special Educational Needs and Disability (SEND) (see also: JSNA Chapter on Children and Young People with Social and Communication Needs) 2015/16 and the SEND Information and Advice Service Commissioning Plan 2021)

2.5.1 Type of need

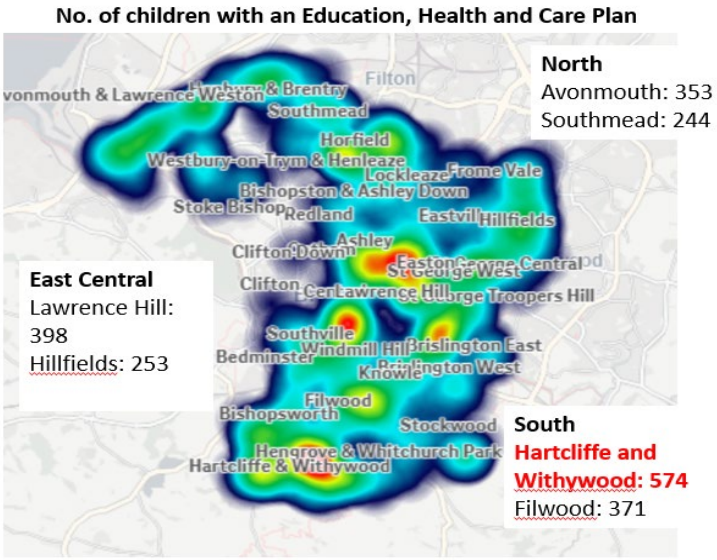
Using the Bristol SEND dashboard, the biggest categories of SEND primary need for school age children and young people in Bristol are Social, Emotional and Mental Health Needs and Specific Learning Difficulties.

National data from Department of Work and Pensions (Nov 2017) indicates that in Bristol the main disabling condition that Disability Living Allowance or Personal Independence Payments is applied for is a physical disability (0-24 year olds).

- For 0-5 year olds: the main disabling condition is physical disability.
- For 5-10 year olds: cognition and learning and social communication and interaction becomes the main disabling condition.
- For 11-15 year olds: the main disabling condition is physical disability.
- For 16-24 year olds 'unknown' becomes the main disabling condition.

Children in Bristol also have a slightly higher-than-average rate of limiting long-term illness or disability. In Bristol 11,364 0-24-year-olds in Bristol have SEND.

Map 2: Wards with the highest no. of children with EHC Plans (Think Family Database Feb 2023)



There is a strong association between poverty and SEND as a result of intergenerational disability and co-occurring causal factors e.g. smoking and drinking in pregnancy, low birth weight etc.

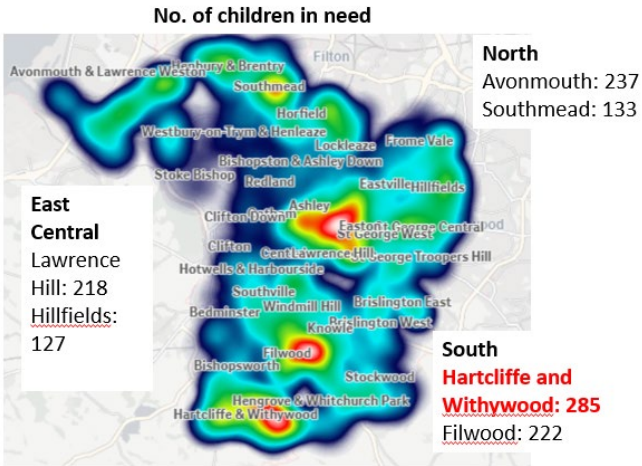
Children with SEND are most likely to live in the south of the city, the highest numbers of children with Education, Health and Care Plans are in Hartcliffe and Withywood, followed by Filwood. In the north the greatest numbers are in Avonmouth, followed by Southmead and in East Central, Lawrence Hill, followed by Hillfields.

2.5.2 Children in Need

Child in Need is a broad definition spanning a wide range of children and adolescents, in need of varying types of support and intervention, for a variety of reasons. A child is defined as 'in need' under section 17 of the Children Act 1989, where:

- they are unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for them of services by a local authority
- their health or development is likely to be significantly impaired, or further impaired, without the provision for them of such services; or
- they are disabled.

Map 3: Wards with the highest no.s of children in need (TFD: Feb 2023)

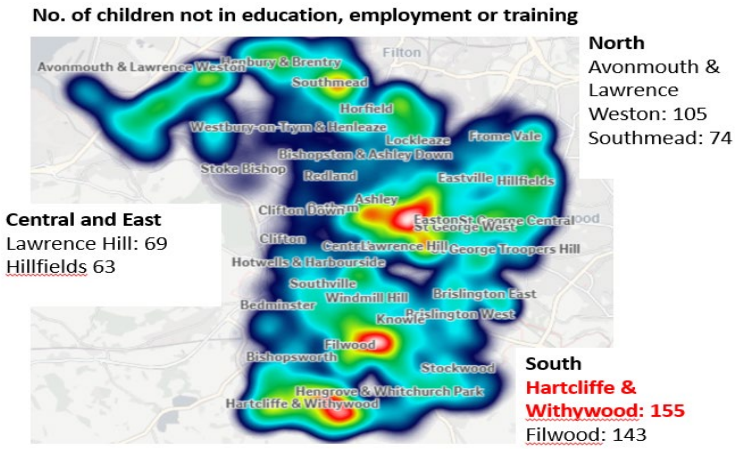


Children in need are more likely to live in areas of higher deprivation in Bristol, with the greatest number in the south of the city, particularly in Hartliffe and Withywood and Filwood. In East Central, the greatest numbers are in Lawrence Hill and Hillfields and in the North, Avonmouth and Lawrence Weston and Southmead.

Children not in Education, Employment or Training (NEET). (See also Not in Education, Employment for Training JSNA)

In Bristol over the last year (February 2022-February 2023), there were 1,552 under 18s who were NEET.

Map 4: Wards with the highest no. of children NEET



The greatest numbers of children who are NEET are in the south of the city, the ward with the greatest number is Hartcliffe and Withywood, followed by Filwood. In the north the greatest numbers are in Avonmouth and Lawrence Weston and Southmead and in East Central it is Lawrence Hill, followed by Hillfields.

3.0 Overview of Family Hubs and Start for Life Priorities

3.1 Parenting support (see also Domestic Abuse JSNA 2021/22, Depression JSNA 2021/22, Child Poverty JSNA).

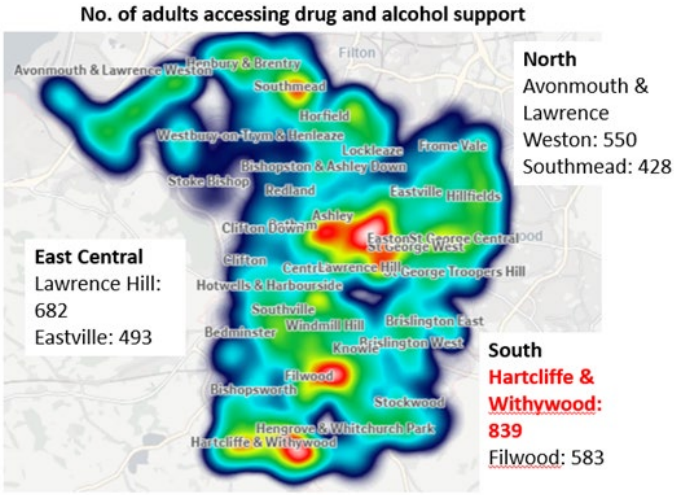
Providing nurturing care to infants and children takes time, resources and services. Parenting is challenging and all parents struggle from time to time. Many parents and caregivers in Bristol face challenges as a result of multiple and often interacting factors (e.g. domestic abuse, parental conflict, lack of access to quality services, poor mental health, adverse childhood experiences [ACEs], substance misuse).

18,700 children are estimated to live in households that are experiencing from drug/ alcohol abuse, domestic abuse, or mental health problems[4].

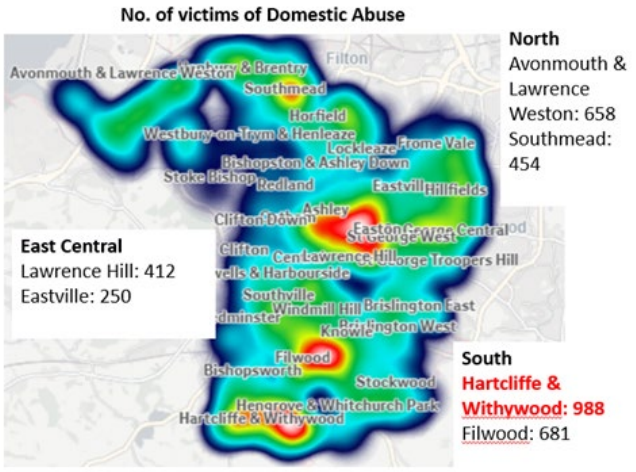
Poverty is strongly related to many of these challenges, and often acts as both a root cause and consequence. As such there is clustering of risk factors and poor outcomes in more deprived areas of the city. The impact of both the pandemic and the cost-of-living crisis is further exacerbating the challenges faced by many.

[4] Bristol's Belonging Strategy for Children and Young People - Belonging in Families (bristolonecity.com)

Map 8: Wards with highest no. of adults accessing drug and alcohol support



Map 9: Wards with the highest number of victims of domestic abuse (TFD: Feb 2023)



Poverty impacts on families by causing cumulative stress and can make providing an optimal environment for child development more challenging. By itself it does not determine the quality of parenting and many parents show exceptional resilience and parenting capacity in the face of significant challenges. Furthermore, parenting capacity acts as a protective factor and mitigates against some of the other impacts poverty can have on child development.

However, families experiencing poverty are more likely to:

- Live in households where no adult is employed
- Be headed by younger (teen) parents
- Have a sick or disabled child
- Have a large number of children
- Experience poor health outcomes
- Experience adult relationship breakdown
- Experience domestic abuse [5]

3.2 Perinatal Mental Health and Parent-Infant Relationships (see also JSNA Perinatal Mental Health 2022). National research suggests that up to one in five women and one in ten men suffer from mental health problems during the perinatal period. Unfortunately, only 50% of these are diagnosed[6].

Local prevalence: In Bristol, it is estimated that between 500 and 800 women each year will develop mild to moderate depression and/or anxiety in the perinatal period, while approximately 10-15 will develop serious perinatal mental illness[7].

[5] Poverty, Deprivation & Attachment Hoffman and Drury PP Drury and Simpson (swansea.ac.uk)
[6] Royal College of GPs (2019): www.rcgp.org.uk/clinical-and-research/toolkits/perinatal-mental-health-toolkit.aspx
[7] Royal College of Psychiatrists (2015): https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mhpolicy/college-reports/college-report-cr197.pdf?sfvrsn=57766e79_2

In 2021, there were just over 5,000 births in Bristol[8]. In the absence of precise local data national prevalence rates of new mothers with perinatal mental health conditions[8] have been used to estimate approximately how many women may be affected locally. Limited research on prevalence rates in men means that local estimates would be unreliable. This is recognised as a gap locally and nationally, with actions planned to address this.

Table 2: Rates of perinatal mental health conditions (per 1000 maternities) and estimated local prevalence rates.

Perinatal mental health	Rates per thousand maternities	Estimated numbers in Bristol 2021
Postpartum psychosis	2 per 1,000	10
Chronic Serious Mental Illness	2 per 1,000	10
Severe depressive illness	30 per 1,000	150
Mild/moderate depressive illness and anxiety states	100-150 per 1,000	510-760
Post- traumatic stress disorder	30 per 1,000	150
Adjustment disorders and distress	150-300 per 1,000	760-1,520

Across BNSSG, there has been a rise in demand for perinatal mental health support, with 20% of maternities at UHBW referred to a specialist mental health midwife in 2020/21 compared to 17% the year before.

Equalities data: Some women are at increased risk of developing perinatal mental health illness, and some of the risk factors are linked to health inequalities. For example, women who have experienced a number of Adverse Childhood Events (ACEs), young mothers, women living in poverty and those experiencing domestic violence and migration, are all at increased risk of perinatal mental ill-health[9]. Previous pregnancy loss such as a stillbirth, a neonatal death or recurrent miscarriage can also increase the risk of developing psychological problems perinatally. There is also a need for a greater focus on partners/ fathers in relation to perinatal mental health.

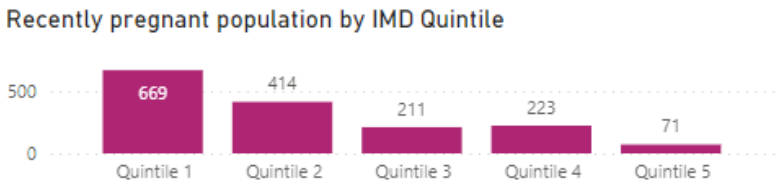
Analysis of the GP records of recently pregnant women (over the last 12 month prior to January 2022) with mental health conditions shows that they are most likely to be living in more deprived areas of the city. The multiple super output areas with the highest prevalence are Hartcliffe and Withywood (67 people), Henbury and Brentry (60 people) and St Pauls (49 people)[10].

[8] Locally collated dataset of maternity data on deliveries in the care of local maternity providers (North Bristol Trust and University Hospital Bristol and Weston, 2021)

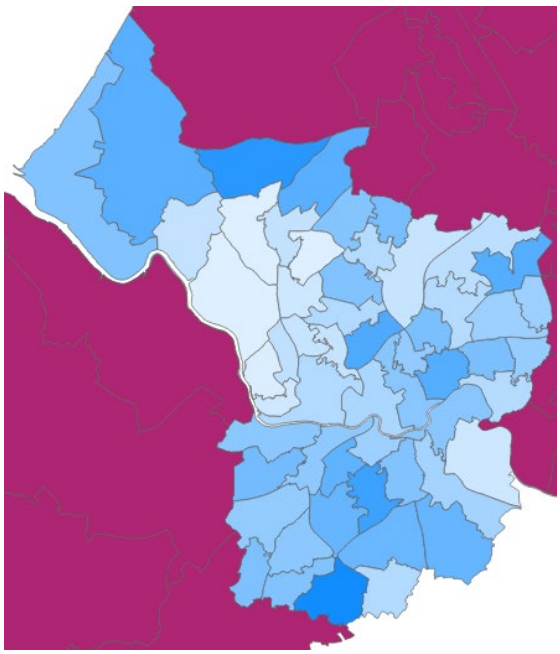
[9] Public Health England (2019): https://www.gov.uk/government/publications/better-mental-health-jsna-toolkit/4- perinatal-mental-health 10 Office for Health Improvement

[10] ICB Population Health Management data

Fig. 3: Recently pregnant women (Jan 2021- Jan 2022) with mental health conditions by deprivation quintile



Map 10: Recently pregnant women Jan 2021- Jan 2022) with a mental health condition



3.2.1 Parent-Infant relationships

Growing up in an emotionally warm environment where a child's needs are consistently met provides a safe base for children from which they can confidently explore the world. However, things can go wrong because of factors such as neglect and abuse, parental stress or absence, parental illness including mental health, alcohol/substance misuse or childhood illness[11].

Approximately 50% of babies are securely attached to their parents/carers, while 40% are insecurely attached, and 10% have a 'disorganised' attachment style, which is associated with the poorest developmental outcomes[12].

Relationships, emotional wellbeing and development in the earliest years of life predict later wellbeing across a range of indicators such as educational attainment, income, mental and physical health, relationships, risky and antisocial behaviour and parenting ability[13].

In the absence of precise local data estimates have been calculated based on the just over 5,000 births in Bristol during 2021.

Table 3: Attachment style; Bristol estimates

Attachment style	Number of infants
Secure	2,500
Insecure	2,000
Disorganised	500

[11] Poverty, Deprivation & Attachment Hoffman and Drury PP Drury and Simpson (swansea.ac.uk)

[12] (PDF) Beyond the ACE score: Examining relationships between timing of developmental adversity, relational health and developmental outcomes in children (researchgate.net)

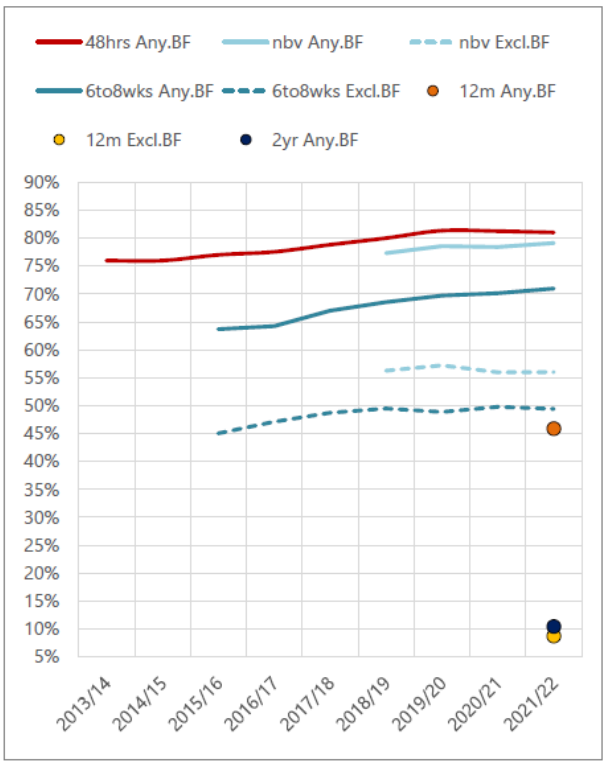
[13] Securing-Healthy-Lives-ENGLISH.pdf

3.3 Infant Feeding

3.3.1 Breastfeeding initiation

Nationally, 3 out of 4 mothers start breastfeeding. In Bristol the initiation rate has been more than 80% since 2018/19, the rate has been higher than the national average and gradually increasing for several years, see fig 4.

Fig. 4: Breastfeeding trends, Bristol (2014/15 to 2020/21 Q1-Q3)



However, there is significant variation in breastfeeding initiation rates across Bristol, with much lower initiation rates for younger women (under 20), White British women and women living in deprived wards, especially in the South of the city.

While the difference between the initiation rates in the most and least deprived areas has slightly narrowed over time (see fig.6) significant inequalities remain. For example, initiation rates at 48 hours ranged from 98.6% in Westbury on Trym and Henleaze to 43% in Hartcliffe and Withywood over the latest full year of data (Q2 2021/22- Q2 2022/23).

Fig. 5: Any breastfeeding at 48 hours by maternal age, latest 3-year period (2019/20-2021/22)

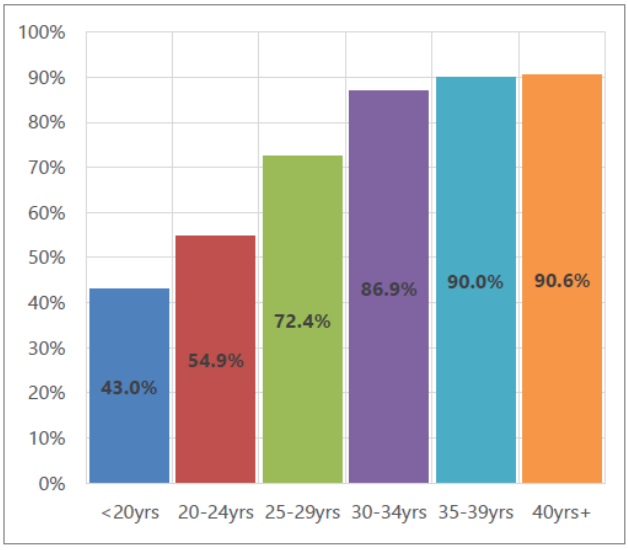


Fig. 6: Any breastfeeding at 48hrs by deprivation quintile (IMD2019 in Bristol), annual trends

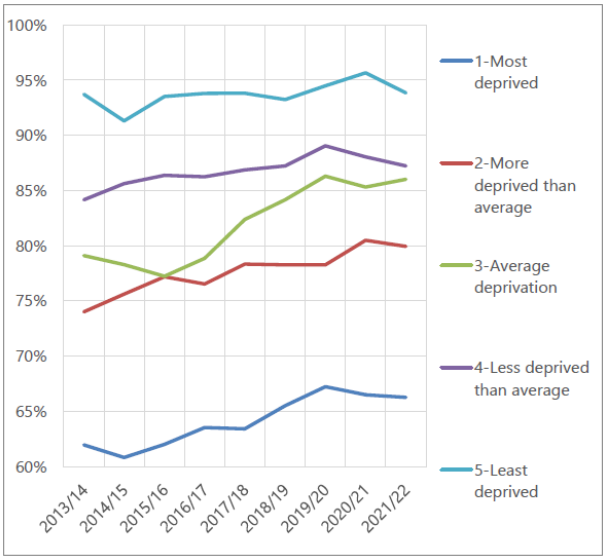
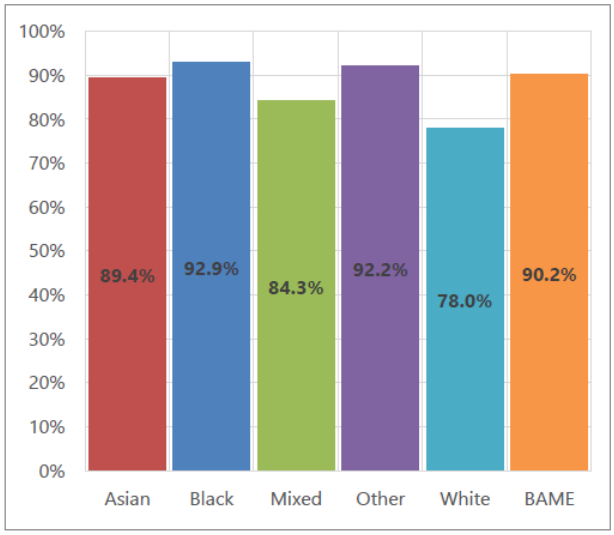


Fig. 7: Any breastfeeding at 48 hours by broad ethnicity (& BAME group), latest 3 year period (2019/20-2021/22)



Breastfeeding continuation

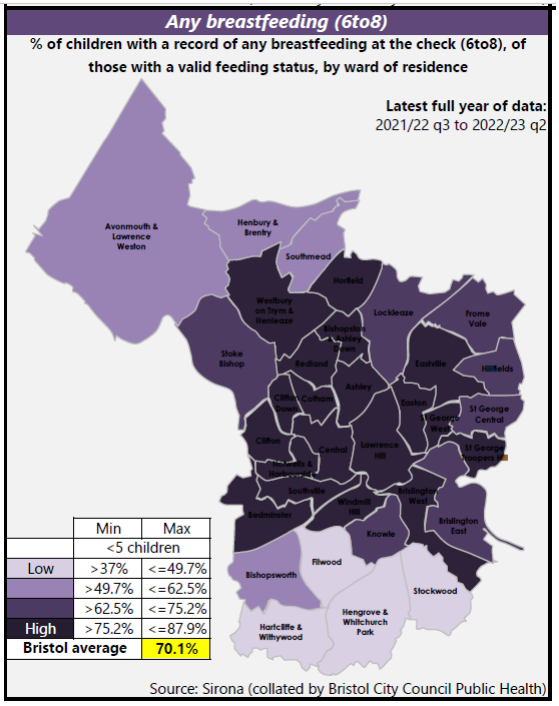
The World Health Organisation (WHO) advise that babies are breastfed for the first 6 months and continue for as long as they wish (2 years and beyond). As mothers have contact with the Health Visiting service when their baby is 10-14 days (at the 'New Birth Visit') 6 to 8 weeks,1 year and 2-2 1/2 years, breastfeeding continuation is measured at these points. Although national continuation comparison data is only available for 6 to 8 weeks.

New Birth Visit: The latest local data available (2021/22) shows that 56% of babies in Bristol were exclusively breastfed, and 79% were exclusively or partially breastfed ('any breastfeeding'), at the time of the New Birth Visit (10-14 days). This is similar to the previous year, when the rates were 56% and 78% respectively (2020/21).

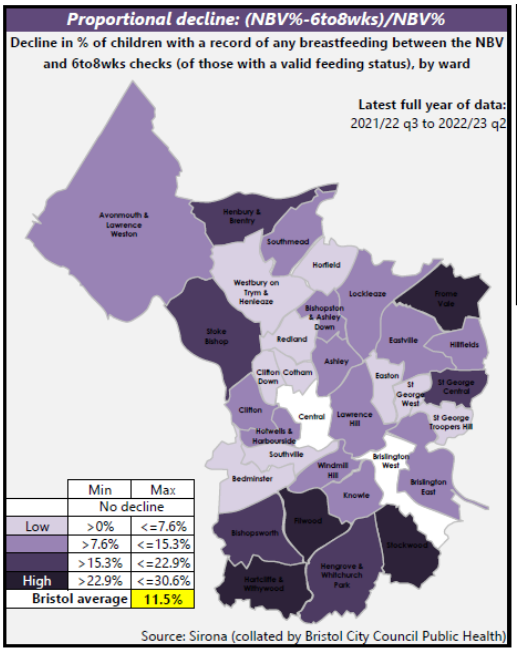
6 to 8 weeks: Bristol has significantly higher breastfeeding continuation rates at 6 to 8 weeks than the England and Core Cities average (Bristol: 70.9%, England: 54.7% and core cities average: 54.4%)[14] and these have been gradually increasing over time (see fig. 4). But there are stark inequalities, only 38.8% of women in Hartcliffe and Withywood are breastfeeding (any) at 6-8 weeks. Local data (2021/22) shows that 49% of babies in Bristol were exclusively breastfeed.

[14] Breastfeeding continuation rates, Public Health England, Child and Maternal Health Profile (2019)

Map 11: Any breastfeeding at 6-8 weeks by ward, 2021/22 Q3- 2022/23 Q2.



Map 12: Proportional decline in breastfeeding between NBV and 6-8 weeks 2021/22 Q3-2022/23 Q2.



Previous analyses on breastfeeding continuation rates between 2009 and 2017 indicated considerable variation in rates across Bristol, with the lowest continuation rates (at both New Birth Visit and 6-8 weeks) amongst younger women (under 25), White British women and women living in the most deprived wards. The area with the most significant proportional decline in breastfeeding (between the New Birth Visit and 6-8 weeks) is Hartcliffe and Withywood.

Again, while significant inequalities still exist, overall, the wards with the greatest improvement in continuation rates over the last 10 years or more have been the wards with the lowest prevalence of breastfeeding[15]. It is believed that the targeted peer-support service operating in these low prevalence wards has contributed to the improvement of both initiation and continuation rates in these areas.

1 year: Local data shows that 45% of 1 year old children were breastfed in 2021/22. The completeness of the data has been improving and consequently this is the first time this rate has been included.

3.4 Home Learning Environment

Language skills are developed in the womb and then further shaped and nurtured by the child's 'home learning environment' (HLE). HLE encompasses the physical characteristics of the home and the quality of the learning support from caregivers. Research demonstrates that everyday conversations, make-believe play and reading activities are particularly influential features of the home learning environment, although daytime routines, trips to the park and visits to the library have also been shown to make a positive difference to children's language development. Warm and nurturing parenting behaviours that encourage

[15] 'Improvement' here is the increase in the prevalence of any-breastfeeding (exclusive or partial) between 2009-11 to 2019-21, as a proportion of the baseline statistic.

children's learning are especially strong predictors of children's school achievement, over and above parental income and social status[16].

While focussing on HLE is important for all children, around 10% will have persistent speech and language needs requiring specialist input[17].

3.4.1 Local data

Bristol has lower-than-average take up of 2, 3 and 4-year-old early years provision (62% and 69% vs. 91% and 93% nationally) which can act as a protective factor supporting children to achieve good outcomes.

2 – 2.5-year health visitor check

The 2-2.5-year check completed by the health visiting service, assesses a range of developmental outcomes, including communication skills. In Bristol during 2020/21 86.8% of children (who received a 2-2.5-year check) were at/above the expected level of development across all domains and 89% were at/above expected levels of development in communication skills.

3.5 Early Years Foundation Stage Assessments

The Early Years Foundation Stage Profile (EYFSP) is a teacher assessment of children's development at the end of the academic year in which the child turns 5, and measures development against the early learning goals, including communication, language and literacy (C, L & L).

In Bristol during 2021/22 64.7% of children under 5 were assessed as having 'Good Level of Development' (GLD) at Foundation Stage', this was slightly below but similar to the national average of 65.2%. Additionally, 67% of children achieve at least the expected level of development in relation to C, L & L in Bristol, this is in line with the national average (67.1%).

Rates have fallen considerably since the pandemic, in 2019 71% of children (under 5) in Bristol were assessed as having a GLD at the end of the Early Years Foundation Stage, across England the average was 72%.

3.5.1 Inequalities

There are known inequalities in childhood development outcomes for certain groups e.g. boys, those living in areas of high deprivation, some ethnic minority groups and disabled children/children with SEN.

Poverty

Research suggests that children from more disadvantaged backgrounds are more likely to experience speech and language difficulties and that the home learning environment might explain the association between deprivation and language difficulties[18].

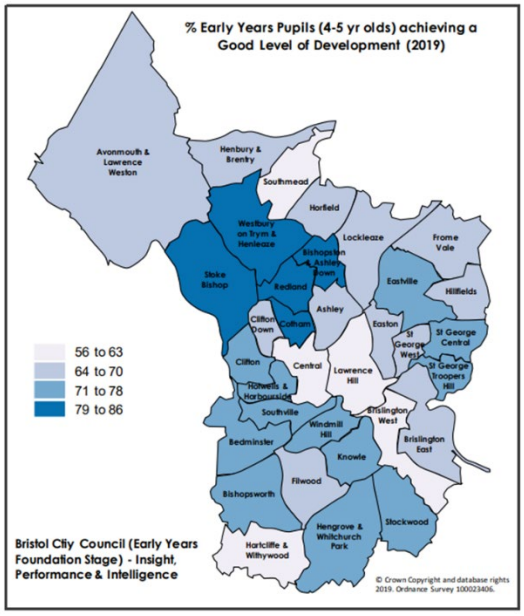
In Bristol 44% of children eligible for free school meals are assessed as GLD at Foundation stage and 50% as achieving at least the expected level of development in communication and language.

[16] Improving the home learning environment (publishing.service.gov.uk)

[17] Improving the home learning environment (publishing.service.gov.uk)

[18] Locke A, Ginsborg, J, Peers, I. Development and disadvantage: implications for the early years and beyond. International Journal of Language & Communication Disorders. 2002;37(1):3-15.

Map 13: % of pupils achieving GLD (2019)



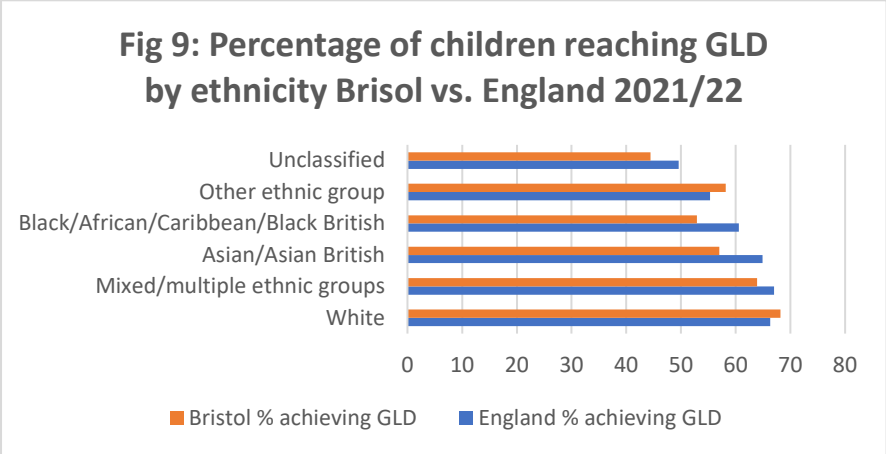
Gender

In Bristol during 2021/22 58.7% of boys vs. 71.1% of girls reached GLD and 60.9% of boys vs. 73.6% of girls reached/exceeded the expected level of development in relation to C, L &L.

Ethnicity

Generally, white children are the group most likely to be assessed as GLD at age 5 and as having reached/exceeded C, L &L and children in the 'Other ethnic group' are least likely to.

In Bristol the rates of Asian/Asian British, Black/African/Caribbean, and Mixed ethnic groups of children reaching GLD are much lower than nationally (see fig. 9), similar disparities are seen for C, L &L. For example, nationally 60.6% of all Black/African/Caribbean children reach GLD compared to 52.9% locally.



There is a strong deprivation gradient to childhood outcomes and poverty acts as a cofounding factor, the impact of ethnicity reduces when this is taken into account. For example, among children eligible for free school meals, nationally, White children least likely to reach GLD (47%) and those classified as Asian/Asian British are most likely to (56%).

Furthermore, BAME groups are not homogenous, often the differences between the groups brought together under the broad ethnicity categories used are equal to or greater than the differences between the categories. It also hides differences for particular groups, for example nationally, Travellers of Irish Heritage and Gypsy Roma Travellers are the groups with the lowest percentage of children achieving GLD and C, L & L (35.3% and 31.3% respectively).

SEND

Children with SEND are the group least likely to be assessed as reaching/exceeding GLD or C, L & L, particularly those with EHC plans. 18.3% of children with Special Educational Needs or Disabilities (SEND) reach a GLD and 22% reach C, L & L goals, this is broadly in line with England averages. Only 6% of children in Bristol with an EHC plan reach GLD.

3.6 Summary

There are widening inequalities, with many families experiencing increasing deprivation, exacerbated by Covid-19 and the cost-of-living crisis[19] and consequently the level of need in the city is increasing. The drive for the Start for Life and Family Hubs programme, which aims to improve support for all families, particularly those at risk of poor outcomes, in order to reduce inequalities and ensure that all children have the best possible start in life and improved life chances.

There are stark inequalities in risk factors and outcomes in Bristol, particularly for;

- Families living in deprived areas
- Families from Black, Asian and Mixed Ethnicity backgrounds
- Young parents
- Those with additional challenges, such as those with SEND

These groups are not homogenous and there can be as much variation within as between groups, in particular the broad categories used for ethnicity can be unhelpful as they hide important differences.

A high proportion of families in Bristol live in relative poverty. Poverty is strongly associated with many of the challenges experienced by children and families, it can act as both a causal factor and a consequence and so we see clustering of risk factors and poor outcomes among families living in the more deprived wards of the city.

South: Hartcliffe and Withywood and Filwood

Overall, the greatest level of need is in the south of the city amongst families living in Hartcliffe and Witywood, for almost every indicator examined the prevalence rate and/or numbers of children and families affected is greatest in this ward. It is therefore vital that families in Hartcliffe and Withywood are able to easily access a Family Hub.

North: Avonmouth and Lawrence Weston and Southmead

The prevalence rates of risk factors and poorer outcomes are high in both wards. But because more families live in Avonmouth and Lawrence Weston, the numbers of people impacted are higher.

[19] Babies-in-Lockdown-Main-Report-FINAL-VERSION.pdf

East Central: Lawrence Hill
In East Central, the highest levels of need are consistently found in Lawrence Hill across many of the indicators examined when looking at both prevalence rates and numbers. While there are other significant pockets of deprivation in this locality no other ward consistently came in second place behind Lawrence Hill.

4.0 The current landscape (February 2023)

4.1 Overview of maternity, health visiting and children centres provision (see also mapping exercises completed as part of the Family Hubs planning and Bristol's maternity asset mapping 2021)

Midwifery:
Two hospital trusts provide community midwifery services providing antenatal and postnatal care to women in Bristol. There are a range of community midwifery teams providing maternity care using a variety of models. Midwives provide face to face care and have continued to do so throughout COVID.

Health Visiting:
Bristol Health Visiting is a Universal and Targeted service. Needs are assessed at each of 5 mandated contacts, undertaken in the home, clinic, children's centre, face to face, video or telephone. There are 18 skill mix Health Visiting teams comprising Health Visitors, Community Public Health Nurses and Community Nursery Nurses. There is a small Peri-natal Mental Health Specialist Team.

Children's Centres/Family Hubs:
Bristol City Council's targeted early help family support services (Families in Focus) are currently located and delivered through our locality working model. Families in Focus is a multi-disciplinary service (0-19) which includes adult mental health, child mental health, housing, youth and community, domestic violence, drug and alcohol, training and employment advice, education inclusion, and both a parenting support and family support service. Our Strengthening Families Teams within the service work with families on the edge of care. Recent alignment of our children's centre hubs to this model is beginning to enable a more seamless place-based locality offer across universal, targeted, and statutory services, for all families.

We currently deliver children's centres via a hub model with 4 hubs across the city. Children's centre activities are delivered across a range of locations (22+) across the city to enable access to services where they are needed. The current hubs do not meet the minimum Family hub criteria at this stage. The delivery of programmes often rotate across venues within the hub area to optimise reach into the community. 4960 children are recorded as attending children's centre group activities in 2021/22. The programmes currently include a range of activity such as Early Birds, Stay & Play, Nurture Programme; Under 5's Hubs; Infant Feeding Support, Baby Groups, Sensory Baby group, Healthy Start, Rock a bye. Community learning and voluntary and community sector led provision is also delivered from centres. Health visitors and midwifery are collocated at some but not all venues (see below).

Our children's centre workforce provides warm and welcoming services and are knowledgeable about a range of services that families can access, including voluntary and community sector provision. Family support services are accessed through children centres. Our locality working model includes weekly multi-

agency meetings with Families in Focus, children's centre hubs, children's social care, and key voluntary and community sector providers to make sure that families are supported by the most appropriate professionals and services providers and resources are allocated appropriately.

Collaborative work with community and grassroots organisations in Bristol is well embedded and our integrated locality delivery model enables the harnessing of resources across agencies and the voluntary and community sector.

The current delivery model provides a good starting point from which to further develop our Family Hubs and Start for Life offer. Our family support services are delivered via community settings including Children Centre hubs, homes and schools and will be further embedded in neighbourhoods.

4.2 Alignment to core principles of Family Hubs and Start for Life programme (access, connection, and relationships)

Access:
We have some well some well-established mechanisms to gather and act on feedback from families and engage with lived experience in service design, quality assurance within our agencies and services (Bristol EHSG 2022) - through our Keeping Bristol Safe Partnership Shadow Board and an established multi-agency Participation, Engagement and Communication Group which brings together and prevents duplication of engagement and co-production arrangements. Family user data and evidence is not gathered across services.

There is no yet clear branding for family hubs or delivery and communication of a consistent Family Hub or Start for Life offer. Feedback from families and professionals tell us that the current early help offer is not clearly communicated and we do not have one virtual place that families can easily access information on the advice and information available. Our staff in the children's centre hubs are well informed about a range of family issues and further development will enable families to access the wider range of 0-19 services through the family hub network. There is a strong commitment to family friendly services and developing adherence to 'You're Welcome' criteria.

Services are currently delivered from a range of venues across Bristol including children's centres, faith and voluntary run community centres, health establishments, education establishments, youth centres and homes. This model aims to maximise the reach and access, particularly for seldom heard families and those facing barriers to accessing provision. However, limited capacity means that the service offer is not consistent across the city and there is a commitment to strengthen the outreach model with a clear focus on overcoming stigma associated with accessing services and a focus on access to evidenced based services.

Our data and monitoring of families access to our services needs to be strengthened to enable us to understand the reach and impact of services on individual families and enable us to effectively target resources to ensuring that vulnerable and seldom hear groups are having their needs met. This will include implementation of an overarching outcomes framework integrating related outcomes frameworks and data sets, such as the Children's, Families and Maternity strand of the Integrated Care Board, to ensure services and measurements of success and gaps are aligned.

Connection:
There are some 0-5 services co-located in some of our children's centres. Health Visitors are co-located at 9 venues and Midwifery are located at 4 children's centres. A review is commencing to determine the feasibility of development of existing sites to further co-locate services within a hub building or as part of a campus model approach with linked outreach sites. We are committed to develop Family hubs for families with children of all age ranges, connecting and building on our strong community-based youth offer.

Our multi-agency City wide governance arrangements are in place through our Family Hub and Early help Steering group and is appropriately linked into other partnerships including at ICS level. It oversees early help and supporting families programme and sits within the Keeping Bristol Safe Partnership. There is strong commitment from senior leaders to a joined up approach to services. Our city -wide multi-agency workstreams linked to developing and implementing our delivery plan are becoming established and need project support. Locality based governance arrangements of Family Hubs with strong family voice needs further development.

There is a City Council Data Insight Analytical Board and the Avon & Somerset Data Accelerator Board to oversee the sharing of information across the partnership, chaired by the PCC and with links to the data governance arrangements for the ICS change programme.

There are data sharing routes in place with data feeds from most partnerships including health visiting, housing, education, children and family services, police through the Supporting Families Think Family Data base. This includes GP registrations and Health Visiting data. All have data sharing agreements underpinned by DPIA. Comprehensive internal data feeds from case management and other systems that identify risk and vulnerability issues for families. Data is shared to inform needs of individual families for assessment purposes and data can be aggregated to inform strategic decision making.

A data workstream needs to be established to focus on improving data and information sharing at an operational level to benefit the family hub, for example, the pro-active identification of expectant mothers; and families who may need additional services. A clear route for identifying and solving blockages needs to be established.

Systems and processes to collate and analyse data about need, uptake and impact of services delivered through family hubs need to be established to enable gaps to be identified and addressed across the system.

Single agencies are currently responsible for commissioning services and there is work to be done to develop an outcome based joint commissioning framework between different agencies. Bristol developed a theory of change in 2021 at the beginning of its journey in the development of family hubs. We are currently updating our theory of change to ensure it reflects the outcomes we aim to achieve through FH and SfL programme. We are committed to developing a shared population and cohort early help and family hubs outcomes framework that incorporates the Supported Families programme family level outcomes.

There are a range of evidenced based programmes and interventions being delivered across the city and a commitment to further developing these as described in detail below.

Some partners can access, read and input into the City Council's case management systems however this is currently limited to certain commissioned contracts as the wider partnership continues to use their own in-house systems for recording. Info relating to risk and vulnerability of families and which services they are open to are being made accessible through the external portal of the Think Family Data base as described in our EHSG, 2022.

Early help assessment and recording processes are based on the Supporting Families outcomes framework and are used by family workers delivering within children's centre hubs but there is not yet a coordinated assessment and recording process for universal services and families at an earlier level of need.

All agencies and services linked to our hubs and early help delivery access safeguarding training available via the KBSP and are aware of their duty to safeguard children, young people and families.

Statutory services, the community, charity an faith sector partners are working together to get families the help they need through our locality model. Our development of Family Hubs will further strengthen this model and we will further develop agreements, connectivity and clear pathways across the sector and across services.

Relationships:
Our Belonging Strategy cements our partnership commitment to prioritising strengthening relationships, inclusion, trauma informed and whole family models of working. Multi-agency whole family training is accessed by a range of services and agencies in the past and an early help multi-agency workforce learning, and development plan will be developed for the family hub network.

We need to establish a comprehensive offer of high-quality training and support in order to ensure consistent, evidence-led practice across the Family Hub network. Well-targeted, continuing workforce development will be embedded to ensure staff are well trained to deliver what's required and enhance the experiences for children and families.

5.0 Overview of current support available for Family Hubs and Start for Life priorities (February 2023)

5.1 Parenting 0-2

Children centre staff know the offer in their settings and those of other areas and can help families understand the parenting support that is available to them. Currently, some staff can provide initial information to assist new and expectant parent/carers during their transition to parenthood. This is well understood in some settings where there is health co-location but is not yet consistent across the city.

Staff at children's centre hubs have the skills to have sensitive conversations and promote the universal and open-access parenting support offered. They can connect families to the available evidenced-based parenting interventions.

Currently we have some good examples of co-delivery and co-location of some start-for-life services but there has not been a consistent strategy across the city.

Parent courses are advertised via the parenting menu which can be universally accessed. Multi-agency pathways for referral for 1:1 parenting, and family support are well understood.

Children's centre family support workers deliver a range of evidenced based parenting programmes across Bristol, rotating the delivery across the wards in their locality. Families can self-refer, and professionals can also refer directly to the setting. 43 practitioners are trained in the Family Links suite of evidence-based programmes including Welcome to the World (WttW), Nurturing Programme (NP) and SEN NP delivered in groups and on a 1:1 basis if needed. Current takes up of fathers on these courses are low. Delivery is not always consistent across the city and only one course per term of either NP or WttW runs. In some cases, midwives will join some sessions of the WttW. Bristol also runs NP with an Islamic perspective. NP has been established in Bristol since 2010 and more recently WttW. The programme has a good retention rate and is well placed in supporting parents' mental health and encouraging reflection on parents' experiences as well as being thoughtful about self-care. It has a developing evidence base and with increased capacity to provide robust monitoring and supervision we would be open to working with evaluation partners to enhance this further.

We are also keen to increase the use and roll out of "The Parenting Puzzle" as this is a much shorter programme, meaning we can increase the number of courses and parents accessing it. The Nurturing Programme: An evaluation of parent and child mental health outcomes (Villadsen, 2015) (familylinks.org.uk) provides a good overview of the impact data that has already been gathered. Bristol parenting team are well practised at using WEMWBS and SDQs and the delivery plan outlines how we will embed this practice across the Family HUB workforce.

Ante-natal Rock-a-bye and Rock-a-bye https://www.rockabye.org.uk/ are delivered across Bristol in groups. Referrals are made by specialist midwives and other voluntary sector organisations working with mothers who need mental health support (Mothers to Mothers, Bluebell). Circles of Security parenting course is co-delivered between Children's Centres and PIMHS, however the number of courses that are run are minimal due to lack of capacity and training. Universal peer support groups (stay and play, under 5 HUBs) are delivered across the city and delivery planning based on Five to Thrive Five to Thrive - An attachment-based approach to positive parenting. In some settings there are specific Five to Thrive groups which cover the "building blocks" of the model.

Despite a dedicated website for mental health support during pregnancy, birth and beyond, Bristol does not have dedicated parenting support webpages to new and expectant parents, nor do we have an online parenting programme offer. Whilst we do have a strong voluntary and community sector, approaches and pathways to parenting support are not joined up or consistent. We have particular gaps in providing peer

support and parenting programmes specifically for fathers, young parents and for parents from black and minoritised backgrounds, as well as for new parents with children with SEND.

Work is needed to improve sharing of information across our services (i.e. of expectant parents) to enable an offer of early help to those who would benefit and parents can experience gaps in the systems where pathways are not well understood. The evidenced based parenting courses we do provide are too few for expectant and new parents and our reach needs to improve, as does our data in terms of reach and outcomes. Our provision for school age children and teenagers is much stronger and we need to build on our offer significantly in the 0-2 years landscape. We need a stronger quality assurance framework for our provision and enhanced supervision.

5.2 Perinatal mental health and parent infant relationships

Multi-agency working:

There are care pathways in place for some, but not all, of the individual services involved in perinatal mental health care (for example, for the Specialist Community PMH Service, Health Visiting, each maternity trust) but there is not currently an overarching, multi-agency care pathway that covers all PMH services, from universal/ early intervention services to specialist PMH services. A clear evidence-based framework and multi-agency pathway is needed to support prevention, early help and a shared understanding which moves agencies towards a non-pathologising, relational approach. The integration of mental health services including those provided by voluntary and community sector partners is a key part of the Family Hubs development.

The Perinatal Mental Health Programme Board is coordinated by the ICB. The focus on parent-infant relationships needs to be bolstered, as it currently sits across the PMH Board and the Children and Young People's Mental Health Programme Board. Historically, there has also been a Perinatal Mental Health HIT IMPROVE group, which brings together some clinicians and academics.

There are weekly multi-agency meetings chaired by the Specialist Community Perinatal Mental Health Team and attended by health visiting, midwifery, IAPT, VCSE and Children's Centres and specialist mental health teams to ensure families who do not meet threshold for secondary care but who have significant needs receive personalised care appropriate to their needs.

The ICB fund the Bump to Baby BNSSG wide online directory of services but there are some issues with not all families being able to access this. A digital/virtual offer that is accessible to diverse communities needs to be further developed.

The MABIM and JSNA from 2019 highlighted several areas that need to improve in local services: improving infant mental health support, improved training in PIMH, improved PIMH input into antenatal classes, multi-agency PIMH pathway. There is also a need for improved data collection and collation to understand need and the impact of service provision.

Across all agencies, there is a noticeable gap in provision of services for fathers and co-parents. Our delivery plan has an emphasis on increasing the number and capacity of services available to support fathers and co-parents' perinatal mental health and the parent-infant relationships with their children.

Midwifery:
There is some delivery of antenatal classes by midwives and in some areas these are co-facilitated by Health Visitors and Children's Centre staff. Development is needed to ensure a more consistent and coordinated offer. There are Maternal Mental Health Midwives in both acute Trusts who provide a range of assessment and support for perinatal mental health, supported by maternal mental health triage meetings.

Health Visiting:
Perinatal mental health, transition to parenthood and the developing parent-infant relationship are discussed at each of the five (primarily face to face) mandated contacts as part of a holistic assessment. Local HV teams are currently implementing an iThrive model as part of a Public Health Nursing Transformation, which provides personalised place-based care for all families. There is also a shift in focus to a relational approach, which focuses on the parent-infant relationship as the foundation for all child development. HV teams are starting to roll out a MECSH service for families where the child is at risk of poorer outcomes, including where poor parental mental health is a factor. A small Specialist HVs for Perinatal and Infant Mental Health Team supports the universal HV service to effectively support all families' perinatal and infant mental health via training, consultation and some direct work with families e.g. Antenatal PEEP. Additional support is available to young mums via the Family Nurse Partnership service. Infant feeding peer groups, Specialist Infant Feeding Team and Baby Hubs also support parent-infant relationships.

Vitaminds (IAPT):
An IAPT service is provided. Women in the perinatal period are automatically prioritised for treatment (and men can also be prioritised where appropriate) and there are PMH Champions within their service.

Children's Centres:
Children's Centers deliver Welcome to the World, an 8-week antenatal programme, which aims to support expectant parents by improving parental wellbeing, increasing attunement and bonding to their baby, and developing knowledge and skills in breastfeeding and practical care.

Children's Centre Hub staff have been trained to deliver a variety of evidence-based programmes, most of which are in the process of becoming part of the core offer e.g. Rockabye, antenatal Rockabye, Circle of Security, Video Interaction Guidance. Children's Centres universal stay and play groups also support positive parent-infant relationships. Staff have accessed training provided by HV champions, including perinatal and infant mental health.

PIMHS:
PIMHS have delivered some training in Solihull, trauma and stress in the perinatal period but it is not yet a consistent offer. Some Children's Centre hubs have a named PIMHS link worker (moderate to severe needs). Consultation is available to Health Visitors and Children's Centre staff.

VCSE:
There is already a well-established perinatal mental health peer support offer available via VCSE and so we could easily meet some of the go further requirements (e.g., face to face sessions available in range of venues, virtual support) but demand currently outstrips supply. Bluebell supports parents with their parental mental health and well-being and deliver programmes from Children's Centres, one to one support, and

support for dads through their Dads in Mind service. Mothers for Mothers also offer support groups and one to one support. Bluebell and Mothers to Mothers have an on-line service offer, virtual groups and contact via websites. Dads in Mind offer a text chat service. Mothers for Mothers run a local helpline (open Mon-Fri 10am-9pm).

5.3 Infant Feeding

Health visiting:

Universal offer: At antenatal visits there is routine signposting to information, webinars, antenatal courses and peer support groups. Infant feeding assessments are carried out at every postnatal contact and support is provided when needed. The service has achieved Level 3 UNICEF Baby Friendly Initiative (BFI) accreditation. Drop in Baby Hubs in Children Centres are delivered across the city providing a holistic range of support, including infant feeding.

Specialist infant feeding service: Supports women with more complex feeding issues via clinics in Children's Centres across the city and home visits. The service has a small number of breast pumps freely available for those who need them, more are needed. Current capacity within this service is not sufficient to meet the level of need and limits the ability to pilot new approaches, undertake more strategic work (e.g. training, UNICEF BFI gold preparation etc) and input into antenatal classes.

Family Nurse Partnership: provides intensive support to young parents and achieves excellent outcomes, including in relation to infant feeding. Young parents are presenting with increasingly more complex needs, the service currently has a waiting list. Support is predominantly one to one, funding -will be used to trial young parents' groups for FNP clients and opened out more widely.

Maternal Early Childhood Sustained Home-visiting (MECSH): has recently been implemented, this will ensure there is an enhanced service for children and families with a higher level/more complex needs.

Midwifery:

Infant feeding and locally available support is discussed during routine antenatal appointments, classes and fayres. There are infant feeding specialist midwifery teams in both trusts, they have a role in training staff and maintaining UNICEF BFI quality standards. Funding will be used to pilot peer support on wards and to help raise the profile and increase referrals to the peer support service (in Children's Centres). Following discharge support is also available (including some out of hours) for up to 28 days post birth. Staffing capacity and recruitment within midwifery is an issue.

Specialist: There are infant feeding and tongue tie clinics in 4 locations across BNSSG, 2 are delivered in Bristol (Southmead and St Michaels hospitals). This provision is very responsive and sufficient to meet the need.

Children Centres:

Universal: The service is working towards Level 3 UNICEF Baby Friendly accreditation, standards around training have been met and so the workforce is skilled and knowledgeable and there are breastfeeding champions with enhanced training already in place.

Bristol Breastfeeding Support Service:
Peer support groups are delivered by Bristol Breastfeeding Support Service (BBSS), a Children Centre service commissioned by Public Health, in areas with low rates of breastfeeding and online. Whatsapp groups provide ongoing support.

Targeted one to one peer support is available (antenatally to 3 weeks post birth) from BBSS to those living in the 8 wards with the lowest rates of breastfeeding prevalence, support is delivered in person and remotely according to needs. The service is highly effective and has likely contributed to raising rates in the more deprived areas of the city. There has been a significant reduction in referrals from midwifery into the service, it is essential that robust data sharing mechanisms are put in place to ensure the service knows about and is able to contact all expectant parents in the wards it serves.

ABA-Feed Study:
ABA is an RCT investigating the effectiveness of breastfeeding peer support. Bristol is currently a recruitment site for the study.

Breastfeeding Welcome Scheme:
This scheme is coordinated by public health, hundreds of venues across the city participate. The scheme needs to be refreshed to raise its profile and ensure there is sufficient coverage in areas of the city where breastfeeding rates are low.

5.4 Early Language and HLE
Recognised as a key principle underpinning the Early Years Foundation Stage, 'Parents as Partners' includes the delivery of a series of ongoing parent/carer curriculum workshops and 'Play and Stay' sessions on a universal level. These build on children's early learning experiences in schools and settings and provide strategies and resources to provide continuity for home learning. The current delivery of the award-winning 'Children's Kitchen' programme in settings within the most disadvantaged wards addresses early years food inequality, providing guidance for home learning through cooking with children alongside seasonal recipes and ingredients accessed through the city's Food Clubs.

The early education team developed a suite of online 'Stay at Home' learning resources for early years professionals to support families during the pandemic. These cover a broad spectrum of early years areas of learning in line with the statutory framework, including: fostering positive leaning dispositions, getting outdoors with children, seeing mathematics in our everyday lives, creativity and physical activities to try at home. Home Learning | Bristol Early Years. These resources are currently being reviewed in light of the Family Hub designation.

Recent engagement in the I CAN 'Changing the Conversation about Language' included the roll out of evidence-based programmes, specifically relating to the HLE and early language development. These included: 'Tots Talking' /'Easy Peasey 'parent interaction CPD and the 'Parent Champion' programme, encouraging parents a babies to become speech and language ambassadors. Impact evident in the south of the city, but wider dissemination and embedding needed in view of delays and capacity issues due to the pandemic and current workforce recruitment and retention crisis.

The Early Years' Service Speech Language Therapy commission provides a dedicated team of therapists, providing both a universal and targeted continuing online /face to face CPD programme for early years professionals and courses for parents and carers. Online resources, guidance on referral routes and a telephone drop in help line are accessible for parents and carers. This commission will be reviewed in view of Bristol's Family Hub designation, Maintained Nursery School transformation programme and Early Years SEND panel review.

The funding will focus on creating a sustainable network of local capacity and expertise (practitioners and parent champions) for the virtual and on-site delivery of universal, targeted and intensive interventions relating to early language and the HLE. Through the development of a scaled-up offer, based on evidence-led practice and available through a range of settings, a greater number of children and families can be supported.

5.5 Parent Carer Panel and Publishing Start for Life Offer

BNSSG commission a website dedicated to finding the right mental health support for expectant and new parents https://bump2babywellbeingguide.org/. We have mapped all existing service directories against the 24 Family Hub services https://www.gloomaps.com/ndVTgtXJjt

Bristol have employed an Information Officer to support the testing and implementation phase of the DfE's digital product "Connect families to support". This is a fully funded 5 month position where we have chosen to engage as an early design and testing local authority to meet requirements of the programme guide expectations. The digital catalogue of family services and groups with partner local authorities' areas launches in private beta in February 2023. This was identified as a solution after national research with families and those professionals providing services to them which resonates with Bristol's own research. The aim is to alleviate the problems practitioners and families face when trying to find help and support.

We have mapped existing participation groups, are linking in with the engagement strategy https://www.maternityvoices.org.uk/and learning from their challenges to reach parents and carers that reflect Bristol's diversity. We have used existing data from our belonging strategy and a commissioned piece "Family Hub Research: Talking to Voluntary, Community and Social Enterprises" by Melanie Monaghan and written a specification for the development of a Parent Carer Panel.

It is our current intention to host the Start for Life offer on the main Bristol City Council website. There is a 'Schools, Learning and Early Years' access point on the first page and potential to include Start for Life link on this page so it would be accessible with a single click. We are committed to publicising the offer via the website in a format that is also friendly and welcoming and are exploring the best way of doing this.

We will work with the Parent Carer Panel and other relevant participation forums will determine which hard copy resources for specific issues are most valued by parent and carers and at which venues e.g. GP surgeries, Family hubs, community centres etc. they access these. Resources will be placed and regularly restocked in these venues.

The Parent Carer Panel and other participation groups will identify which social media channels and outreach methods are most valued and used by different communities' groups and areas. We will build on existing

methods such as Bristol, North Somerset & South Gloucestershire Maternity Voices partnership Facebook, Twitter, and Instagram channels alongside developing a Family Hub suite of social media channels. We will use both partnership Family Hubs data and the feedback from families to inform targeted outreach work.

A cross boundary BNSSG Family Hub Network has been established (Bristol, North Somerset, South Gloucestershire) and we are cognisant that families reside and access services from within and beyond the Bristol boundary and have existing and mature practices in this regard.