Poor Beginnings: health inequalities among young children across England

Appendix: Area summaries

Working with children for children

Introduction

Poor Beginnings explores variations in the health and development of young children across England. The report highlights the fact that tens of thousands of children are obese and suffering from tooth decay when they start school, and have suffered injuries and not reached good development in the first five years of their lives. It shows that, for these four key outcomes, much depends on which part of the country a child grows up in: There is startling variation at the regional and local level, and young children growing up in deprived areas tend to do worse than those living in less deprived areas.

However, the report also shows that there are a number of very deprived local authorities where young children's health and development is as good as, or better than, the national average in one or more of these key indicators.

This appendix to the report explores in more depth the stories of some of those areas that are bucking the trend, based on information published in the Joint Strategic Needs Assessments and associated documents. Each summary sets out key demographic information as well as some of the more specific risk factors and local variations that have been identified in the population. Some examples of local activities and priorities are also set out, covering those to improve outcomes where the areas are already doing relatively well, as well as where there is strong imperative to do better.

The local authority areas covered in this appendix are:

- **Waltham Forest** and **Walsall**, which are both in the best fifth of local authority areas for hospital admissions due to injury, the second best fifth for children reaching a good level of development by the end of Reception, and have near average rates of tooth decay.
- **Hartlepool**, which is in the best fifth for tooth decay and has near average rates of children achieving a good level of development.
- **Haringey**, which is in the best fifth for injury and has near average rates of tooth decay and children reaching a good level of development.
- **Salford** and **Bradford,** which have near average rates of obesity.

All of these local authority areas are in the top 30 most deprived in England, according to the 'deprivation extent' measure of the Indices of Multiple Deprivation 2010.[1]

[1] The 'deprivation extent' measure sets out the proportion of a local authority's population that lives in one of the most deprived neighbourhoods in the country. Where two or more local authorities have the same deprivation extent we have used the 'IMD average rank' measure to assign them a rank relative to each other.

Waltham Forest

Waltham Forest is a London Borough in the North East of the city with a population of around 260,000. The area is ethnically diverse, with no ethnic majority. Similarly to other London Boroughs, the area has a lower than average proportion of people aged over 45. There is a particularly high proportion of children under 5. The 2011 census indicates that there are over 20,000 in this age group, about 8% of the population as a whole. It is ranked 12th most deprived out of the 150 local authority areas we looked at.

Table 1: Outcomes in Waltham Forest

Outcome	**Rate**	**Compared to other local authorities in England**
Proportion of children in Reception (4–5-year-olds) who are **obese**	11.5%	Worst fifth
Proportion of five-year-olds with current/ active **tooth decay**	23.2%	Middle fifth
Rate of hospital admissions for children under the age of five due to **injury**	94.6 per 10,000	Best fifth
Proportion of children achieving a **good level of development** at the end of Reception	63%	Second Best fifth

Sources: Health and Social Care Information Centre (2014), National Child Measurement Programme 2013/14; National Dental Epidemiology Programme for England (2012), Oral health survey of five-year-old children 2012,; Health and Social Care Information Centre (2014), Hospital Episode Statistics 2014; Department for Education (2014), Early years foundation stage profile results: 2013 to 2014.

The borough has low rates of admission of under-five year olds for injury, in the best fifth of local authority areas. It is in the second best fifth for children reaching a good level of development by the end of Reception and in the middle fifth for tooth decay in five year olds. Its rates of obesity are in line with the average for London, which puts it in the worst fifth of areas across the country for that outcome.

Some of the risk and protective factors that have been identified...

The area's Joint Strategic Needs Assessment identifies a number of risk factors that its many young children face. Over 95% of women giving birth in 2011/12 were from the top two most deprived quintiles in the country, an increase of nearly 10% over the previous year. Waltham Forest had a higher rate of low birth weight babies (8.9%) compared to London (8%) and England (7.4%) in 2011. Consanguinity – marriage between people who are second cousins or closer – is identified as a particular issue locally. Consanguinity is linked to an increased risk of certain congenital and genetic disorders and Waltham Forest has been estimated to have the second highest rate of such conditions in London and three times the national average.

Waltham Forest in the top 10% of areas in England for initiation of breastfeeding. The Joint Strategic Needs Assessment identifies that, based on

the four broad ethnic groups (White, Black, Asian, Other), the highest prevalence is seen in the Black ethnic group (83.2%) and the lowest is seen in the White ethnic group (62.6%).

Some of the work that is going on locally…

The Family Nurse Partnership has been running locally for several years. The programme has been reaching increasing numbers of young parents and been increasingly effective at supporting breastfeeding initiation and continuation. In 2012/13, 84% of clients initiated breastfeeding and 20% were still breast feeding at 6 months, in spite of the vulnerability of the parents this programme targets.

Waltham Forest's children's centres have a particular focus on reaching vulnerable and under-represented groups and have achieved a good reach into the most deprived families. In 2012/13 61% of those registered with a children's centre were from the most deprived quintile, slightly higher than the proportion of births that are in that quintile. There are 6 children's centre clusters, operating across the 17 sites at various locations in the borough. They provide easy access to a variety of advice and support services for parents/carers from pregnancy through to when a child goes to nursery at a primary school.

Additional information taken from:

Waltham Forest Council and Waltham Forest Clinical Commissioning Group (2015), 'Waltham Forest Joint Strategic Needs Assessment (JSNA) Refresh 2014/15'

https://www.walthamforest.gov.uk/Pages/Services/ph-JSNA.aspx (accessed 28 August 2015)

Walsall

Walsall is a metropolitan borough in the West Midlands with a population of 270,000.

Like much of the country, Walsall's older population (those aged 65 and above) is predicted to increase at a higher rate than its overall population. Around 80% of the population are white, with the next biggest minority ethnic groups being of Indian and Pakistani descent. The number of births in Walsall has grown from 3,199 in 2001 to 3,816 in 2012. Walsall is ranked 24th for levels of deprivation out of the 150 local authorities we looked at.

Table 2: Outcomes in Walsall

Outcome	**Rate**	**Compared to other local authorities in England**
Proportion of children in Reception (4–5-year-olds) who are **obese**	11%	Worst fifth
Proportion of five-year-olds with current/ active **tooth decay**	24.5%	Middle fifth

Rate of hospital admissions for children under the age of five due to **injury**	105.2 per 10,000	Best fifth
Proportion of children achieving a **good level of development** at the end of Reception	63	Second Best fifth

Sources: See table 1

Walsall has low rates of hospital admission due to injury, being in the best fifth of local authority areas for this outcomes. It is the second best fifth for children achieving a good level of development by the end of Reception and the middle fifth for tooth decay. It is in the second worst fifth for obesity, in line with the average for the West Midlands.

Some risk and protective factors that have been identified…

With the birth rate growing in the area overall, many of the additional births have been in Walsall's more deprived areas, with more children now living in these areas than five years ago. Around a quarter of children are in lone parent households. There is a great deal of variation within Walsall in the levels of child poverty. For example just 5.2% of children live in poverty in ward of Streetly, but the figure is 46.5% in Blakenall. There are 9 neighbourhoods in the borough where over half of all children under 16 live in poverty. Local data reflects the link between deprivation and childhood obesity, showing that obesity rates are higher in the most deprived wards in the west of the borough.

In recent years partners in Walsall have been concerned by the relatively high infant mortality rates in the borough. Both infant and perinatal mortality are strongly associated with deprivation, with infant mortality rates of less than 5 per 1,000 live births in the least deprived areas compared with rates of 32 per 1,000 in the most deprived areas of Walsall. An audit into infant and perinatal deaths in Walsall completed in 2008 identified four key contributing factors to infant and perinatal deaths in Walsall, namely smoking in pregnancy, consanguinity, maternal obesity and deprivation, which are in turn linked to prematurity and congenital abnormalities.

Some of the work going on locally…

The local authority has set out its intent to target resources to support vulnerable groups, provide schools with appropriate support and learn from best practice in other councils. Walsall's Parenting Strategy has seen the local authority support the training of practitioners on a range of evidence based parenting programmes. The Strategy has established a range of programmes which fit with the needs of families across 4 different tiers - universal, prevention, targeted and specialist. It covers three life stages, including primary and secondary school as well as antenatal/early years. Support is based across three channels:

1. Self Service – online support
2. Contact Centre – phone support from practitioners and triage service
3. Programmes – delivered by trained practitioners.

The strategy included a plan to increase the number of programmes delivered, supported by more training for the work force. These programmes are a mix of group and 1:1 sessions delivered by multi-agency staff across Walsall. There is also now an intention to take steps to increase take up of these programmes particularly amongst the most vulnerable parents.

Children identified as being overweight or obese are offered help and support through weight management programmes, Fun 4 Life and Make it Count. Food Dudes, an evidenced-based behavioural programme to increase the consumption of fruit and vegetables, is also being rolled out in children's centres and primary schools.

Work has also been going on to help improve children's oral health. This includes supporting expectant mothers in their awareness and own oral health as well as more traditional approaches such as fluoridation and ensuring clear messaging from health visitors.

Walsall also has a number of priorities within its Infant Mortality Action Plan which could also contribute to improving the general health and wellbeing of young children locally. This includes reducing smoking during pregnancy, targeting vulnerable groups for more intensive support and tackling the wider causes of poor infant mortality as well as maintaining effective screening for development problems.

Additional information taken from:

Walsall Intelligence (2013), 'Joint Strategic Needs Assessment 2014'

http://www.walsallintelligence.org.uk/themedpages-walsall/JSNA/jsna2014 (accessed 28 August 2015)

Hartlepool

Hartlepool is a small metropolitan borough in the North East of England with a population of just under 100,000. There are around 1,200 live births a year and children aged 0-4 make up 6% of the population. 97% of the population are White British. Overall population levels are projected to remain static, but within this, like many areas, there is an increase in the number of those aged over 65. Like the rest of the Tees area of which Hartlepool is part, life expectancy is around 2 years lower than the average for England. Hartlepool is ranked 20th most deprived out of the 150 local authorities we looked at.

Table 3: Outcomes in Hartlepool

Outcome	**Rate**	**Compared to other local authorities in England**
Proportion of children in Reception (4–5-year-olds) who are **obese**	11%	Second Worst fifth
Proportion of five-year-olds with current/ active **tooth decay**	16.9%	Best fifth

Rate of hospital admissions for children under the age of five due to **injury**	196.2 per 10,000	Second Worst fifth
Proportion of children achieving a **good level of development** at the end of Reception	60.2%	Middle fifth

Sources: See table 1

Hartlepool has particularly low rates of tooth decay in five-year-old children, being in the best fifth of local authority areas for this outcome. The area is in line with the England average for children achieving a good level of development, but is in the second worst fifth for injuries and for obesity.

Some risk and protective factors that have been identified...

Deprivation measured through the Index of Multiple Deprivation is high in 6 of Hartlepool's eleven wards. These areas are generally on the coast and in or near the town centre. The rural, inland part of the borough has much lower levels of deprivation. Across the borough, the proportion of children living in poverty is around 50% higher than the average for England.

Teenage conception rates are at a similar level to the rest of the region and country. 43.9% of mothers in this area initiate breastfeeding when their baby is born. Almost one-third (30%) of adults in treatment for substance misuse in Hartlepool have (or are living with) children. A higher proportion of pregnant women in Hartlepool (23%) are smoking at the time of delivery compared to the England average (14%).

The drinking water in Hartlepool is naturally fluoridated. The stark difference between the decay rates in Hartlepool and the other 3 localities in Teesside is partly attributed to this. Hartlepool has an average decay rate less than half of any of the other 3 Teesside local authority areas.

Despite Hartlepool's low rate of tooth decay, there are dental health inequalities between wards in the borough. For example there is almost a fivefold gap between children, with the best oral health in Elwick ward and those with the worst oral health in Burn Valley.

Some of the work going on locally...

The Smile Sack is an educational resource aimed at nursery and reception children and their parents to increase knowledge of oral health and healthy eating messages through play. Schools participating in the tooth brushing programme have also been provided with smile sacks, to raise awareness of good dental health practice and healthy eating messages.

There are also 3 schools in Hartlepool that have an established daily tooth brushing programme for pupils in nursery and reception classes. Schools in this programme have been targeted based on high dental decay rates identified by survey in 2005.

Priorities for local partners in Hartlepool also include a number of areas that should improve young children's health and development. Objectives in the Health and Wellbeing Strategy include reducing child poverty and implenting an early intervention strategy. Within this, reducing maternal smoking at age of

delivery had been identified as a priority by the local clinical commissioning group. Relevant priorities for commissioning identified in the Joint Strategic Needs Assessment include:

- Implementing evidence-based best practice to maximise breastfeeding initiation and continuation, ensure appropriate support services are in place and health professionals are appropriately trained to provide support and consistent advice throughout antenatal and postnatal periods
- Increasing the promotion and uptake of the national 'Healthy Start' initiative (particularly vitamin supplements) to both professionals and the target group
- Developing service level agreements which require all health professionals (including midwifery as well as other staff from primary and secondary care) to raise the issue of smoking through a brief intervention and refer to Stop Smoking Services for support
- Investing in the development and delivery of a children & young people's weight management pathway/service.

Priorities identified for public health spending include:

- Local initiatives to reduce childhood injuries
- Local programmes to prevent and treat obesity, including commissioning of weight management services and the National Child Measurement Programme
- Alcohol misuse services, prevention and treatment
- Local activity around tobacco control, including stop smoking services, prevention activity, enforcement and awareness campaigns.

Additional information taken from:

Hartlepool Health and Wellbeing Board (2013), *Hartlepool Health and Wellbeing Strategy 2013-18* http://www.teesjsna.org.uk/hartlepool-core-strategies/

Shah, K (2014), 'Hartlepool JSNA: Oral Health' http://www.teesjsna.org.uk/hartlepool-oral-health/ (accessed 28 August 2015)

Haringey

Haringey is a borough in the North of Greater London with a population of around 260,000. Almost two thirds of the population are from ethnic minority backgrounds. It is one of the most ethnically diverse places in England. The population is growing, particularly amongst people of working age, and birth rates are increasing. Haringey has seen significant internal migration as well as internationally from Poland, Italy and Spain. The area ranks 8th most deprived out of the 150 local authority areas we looked at.

Table 4: Outcomes in Haringey

Outcome	Rate	Compared to other local authorities in England
Proportion of children in Reception (4–5-year-olds) who are **obese**	9.9	Middle fifth
Proportion of five-year-olds with current/ active **tooth decay**	35.7	Worst fifth
Rate of hospital admissions for children under the age of five due to **injury**	100.1	Best fifth
Proportion of children achieving a **good level of development** at the end of Reception	61.3	Middle fifth

Sources: See table 1

Haringey has low levels of admissions due to injury in under-fives, sitting in the best fifth of local authorities in England. It is in the middle fifth for obesity and children achieving a good level of development with near-average rates for these outcomes, but is in the worst fifth for tooth decay.

Some risk and protective factors that have been identified...

The borough has higher rates of teenage pregnancy and of lone parents than average for London and England, and a high proportion of households in rented accommodation. This is particularly the case in the East of the borough which is more deprived than the West.

There are particularly high rates of obesity in Reception class children amongst the Black African population, which is one of Haringey's four main ethic groups. Obesity rates at this age also reflect the spread of deprivation in the borough, with higher rates in the East.

Estimates of fluoride concentration in Haringey water are around 0.2 – 0.3 ppm. At this level it is not expected to have a protective effect against tooth decay.

Some of the work that is going on locally...

Health visitors, children's centres and schools work with children and families to promote avoidance of unintentional injuries. All families receive a poster at the new birth assessment on keeping their child safe in the home with specific information targeted at 0-24 months. Accident prevention is a key feature of the Healthy Child Programme which is currently targeted at vulnerable families. Children's centres have also been promoting safety with parents using Child Accident Prevention Trust booklets targeting families with low literacy levels.

Haringey has been promoting the Children's Traffic Club on behalf of Transport for London. Invitations are sent by the Public Health department to the parents/carers of every three year old with information on registering to receive a total of six free road safety booklets. The booklets contain pictorial information and stickers to encourage parents to promote the importance of road safety with their children.

During 2010/11, the Royal Society for the Prevention of Accidents were working in Haringey via Children's Centres to loan home safety equipment to vulnerable families. However, this work ceased due to funding constraints.

Haringey has recently achieved stage 1 Baby Friendly Accreditation which aims to improve the support provided for women to initiate and maintain breastfeeding. The Public Health directorate has also recently commissioned a breast feeding support group to help mothers to support each other to breast feed.

The HENRY (Health Exercise Nutrition for the Really Young) programme has recently started in Haringey. Trained facilitators run an 8 week programme for parents and carers of very young children aiming to introduce healthy lifestyles at a young age. Courses are run from children's centres and professionals can refer families onto the courses. Midwives, health visitors and Children's Centres also promote the Healthy Start programme which provides vouchers for fresh fruit and vegetables for eligible families.

Haringey's Public Health Team have recommended a refreshed Oral Health Improvement Strategy which will target children with additional needs and encourage parents to take their children to a dentist as soon as the first tooth appears as well tackling the social determinants of oral disease. They have also highlighted a number of steps that could strengthen the boroughs approach to tackling childhood injury, including home safety assessments and education targeted at families with young children, and raising awareness through the annual Child Safety Week.

Additional information taken from:

Haringey Council (2014), 'Haringey Joint Strategic Needs Assessment 2014' (Summary; Health of Mothers, Children and Young People) http://www.haringey.gov.uk/social-care-and-health/health/joint-strategic-needs-assessment-jsna (accessed 28 August 2015)

Salford

Salford is a metropolitan borough of Greater Manchester with a population of around 250,000, of which around 50,000 are children aged sixteen and under. The population is 93% white and life expectancy in the borough is around 3 years lower than the England average for both men and women. The area is ranked 21st most deprived out of the 150 local authority areas we looked at.

Table 5: Outcomes in Salford

Outcome	Rate	Compared to other local authorities in England
Proportion of children in Reception (4–5-year-olds) who are **obese**	9.6	Middle fifth
Proportion of five-year-olds with current/ active **tooth decay**	42.6	Worst fifth

Rate of hospital admissions for children under the age of five due to **injury**	208.6	Worst fifth
Proportion of children achieving a **good level of development** at the end of Reception	56.8	Second Worst fifth

Sources: See table 1

Salford is in the middle fifth of local authority areas for obesity in Reception class children with a level very close to the national average. The area is in the second worst fifth for children reaching good level of development by the end of reception. Along with five other local authority areas in the North West, it is in the worst fifth for tooth decay and along with thirteen other authorities in the region it is in the worst firth for hospital admissions of under-fives due to injury.

Some of the risk and protective factors that have been identified…

Teenage pregnancy and smoking in pregnancy are both higher than the England average.

The proportion babies born with a low birth weight is lower than the national average but breastfeeding initiation is lower than the national average.

As with many areas, levels of poverty and deprivation vary across different parts of the borough, with the proportion of children growing up in poverty ranging from 22% in Irlam and Cadishead to 50% in East Salford. Salford's Neighbourhood Profiles reveal that even East Salford, with its high rates of poverty, lower than average rates of Reception class children who are overweight or obese.

Some of the work that is going on locally…

Red Pepper courses are offered for parents and children aged four and up at venues across the area. The free courses are aimed at supporting families to make lasting changes to their lifestyle and involve:

- games, sports and activities to promote physical activity
- healthy cookery sessions, providing ideas for healthier meals, snacks and packed lunches
- advice on dealing with fussy eaters and encouraging children to eat healthier foods
- peers support to help make lifestyle changes

Salford's children and young people's trust priorities include improving early help, emotional health and wellbeing and reducing teenage conceptions. Promoting healthy weight at primary school age is one of outcomes that has been pursued through Salford's 2011-16 Health and Wellbeing Strategy.

As part of Greater Manchester, Salford is part of plans to devolve central NHS funds and responsibilities to a group of local authorities. Local authorities and health bodies in the Greater Manchester area have formed a System Prevention and Early Intervention Board to ensure this opportunity can be used to improve public health and reduce health inequalities.

Additional information taken from:

Salford City Partnership (2013), *Salford's Joint Health and Wellbeing Strategy: our vision for a healthier Salford by 2016*

http://www.partnersinsalford.org/salfordjhws.htm .

Salford Children and young People's Trust (2012), *Priority Action Plan 2012-2015* http://www.partnersinsalford.org/cyptrust.htm .

Salford City Partnership (2012), 'Salford Joint Strategic Needs Assessment – Profiles' http://www.partnersinsalford.org/jsnaprofilesalford.htm (accessed 28 August 2015).

Salford City Council (2014), 'Help for families with children who are above a healthy weight' https://www.salford.gov.uk/familyweight.htm (accessed 28 August 2015).

Storey, K (2015), 'Residents urged to take charge of their own health', Manchester Evening News, 10 July 2015.

Bradford

Bradford is a district in West Yorkshire centred on the city of Bradford but containing both urban and rural communities. In 2011 the district had a population of 522,500 – an 11% increase on 2001. Approximately 75% of the population is estimated to be white. The second largest ethnic group, making up 20% of the population, is Asian, and three quarters of this group are of Pakistani background. A large proportion of Bradford District's population is made up of people in the youngest age groups. There are over 40,000 0-4 year olds, more than there are people in any other five year age band. Bradford is ranked 26th most deprived out the 150 local authorities we looked at.

Table 6: Outcomes in Bradford

Outcome	Rate	Compared to other local authorities in England
Proportion of children in Reception (4–5-year-olds) who are **obese**	9.7	Middle fifth
Proportion of five-year-olds with current/ active **tooth decay**	40.4	Worst fifth
Rate of hospital admissions for children under the age of five due to **injury**	147.6	Second worst fifth
Proportion of children achieving a **good level of development** at the end of Reception	55.5	Worst fifth

Sources: See table 1

Bradford is in the middle fifth of local authorities for obesity in Reception class children, with a rate close to the national average. It is in the second worst fifth

for hospital admissions due to injury, with a rate close to the average for Yorkshire and the Humber. Along with five other local authority areas in the region it is in the worst fifth for tooth decay. The area is in the bottom fifth for children achieving a good level of development by the end of Reception.

Some of the risk and protective factors that have been identified…

Bradford's Joint Strategic Needs Assessment considers both the distribution of children in poverty across the district and the differences in outcomes for those in more and less deprived areas. Despite a sustained fall in the rate, more than one in four children in the District still live below the official child poverty line (almost one in two children in some small areas of the district). Children who live in the most deprived areas of Bradford are more likely to have lower life expectancy, are less likely to have a healthy weight (more likely to be overweight or underweight) and more likely to be admitted to hospital for a range of conditions including respiratory illness and injury than those who are born in the least deprived areas of Bradford. They are also more likely to have low birth weight, less likely to be breastfed and statistically more likely to die in their first year of life.

Other key factors and issues identified include:

- A high rate of stillbirths – the highest within West Yorkshire.
- A significant cohort of adult alcohol users in treatment. The district has 421 alcohol users in treatment who live with children, 129 alcohol users in treatment who are parents but do not live with children
- A particular risk from vitamin D deficiency because of higher than average levels of deprivation, a large South Asian population, its northern latitude and lack of sunlight in winter months
- Higher levels of tooth decay in five year olds of south Asian descent
- A higher than average gap between the highest and lowest achieving five year olds.

Some of the work that is going on locally…

Bradford has a network of 41 children's centres and most of those that have been inspected have been given an outcome of good or outstanding. The district's priorities for the early years include tackling health and wellbeing inequalities in young children and ensuring services are delivered in an integrated manner across local authority, health and other partners.

Bradford's Joint Strategic Needs Assessment aligns with and references the area's Child Poverty Strategy which includes a priority to support positive parenting in building resilience in children and families to address inequalities particularly health related issues.

Bradford's child injury prevention strategy has included a number of actions particularly relevant for young children such as local campaigns (nappy sacks, safe sleep, hot drinks burn), e learning for practitioners (covering accidental injury, basic child protection and safe sleep), community first aid for

parents/carers, car seat checking. It also includes the piloting a home safety checklist and the development of a business case for a safety equipment scheme

Improving health for mothers and their babies is a priority programme within all three local clinical commissioning groups and for Bradford Council. Service developments to improve maternal and infant health are taken forward by the Joint Maternity and Children's Board and the Maternity Network which reports to the Board. Key Activities under the 'Every Baby Matters' Programme include:

- Booking-in with a midwife before 13 weeks of pregnancy to obtain expert care and access to support services early in pregnancy
- Quitting smoking by both parents and other people living in the household and increasing number of smoke free homes
- Increasing number of pregnant women who are monitored for carbon monoxide (to tell if and how much they have been smoking)
- Taking action to stop drinking alcohol during pregnancy
- Seeking support to manage a substance abuse problem during pregnancy
- Addressing housing needs before the baby is born
- Eating a balanced diet and keeping physically active to help maintain a healthy weight
- Taking folic acid and vitamin D in the Healthy Start supplements from twelve weeks before conception and throughout pregnancy
- Integrating services into children centres and monitoring of health targets relating to breastfeeding, smoking, immunisations and infant mortality within children centres.

The benefits to Bradford's babies and children brought about by breastfeeding are recognised in the work being done to make choosing to breast feed the easy choice for mothers, which is hoped will earn the district Baby Friendly accreditation from UNICEF.

Women who use illegal substances are encouraged to gain support during pregnancy from the specialised services in Bradford to minimise the harm from both the substances and associated risky lifestyles on the baby.

To help address the risk of vitamin D deficiency, Healthy Start vitamins are provided free of charge to all women registered with a midwife in Bradford during pregnancy and to all infants 0 – 2 years olds at risk of deficiency. A number of public health initiatives to raise awareness of the importance of vitamin D have also been undertaken. This includes training community champions to promote positive messages in the community as well as the development of a Vitamin D and sunshine policy with training to meet the needs of Early Years staff.

Additional information taken from:

Bradford Council (2014), 'Bradford and Airedale Joint Strategic Needs Assessment 2014' http://www.observatory.bradford.nhs.uk/pages/jsna.aspx (accessesed 28 August 2015)

Bradford Safeguarding Children Board (2011), *Child Injury Prevention Strategy 2011-2014* http://www.bradford-scb.org.uk/accident_prevention.htm