

September 2017

**KENT COUNTY COUNCIL
EQUALITY ANALYSIS / IMPACT ASSESSMENT (EqIA)**

**This document is available in other formats, Please contact
Val.Miller@kent.gov.uk or telephone on 03000 416 484**

Directorate: Business Strategy and Support

Name of policy, procedure, project or service

Transfer of breastfeeding support services in the community from PS Breastfeeding CIC to the Health Visiting Service provided by Kent Community Health Foundation Trust (KCHFT) as part of an improved holistic infant feeding offer.

What is being assessed?

Community infant feeding support

Responsible Owner/ Senior Officer

Val Miller Public Health Specialist

Date of Initial Screening

16 January 2017

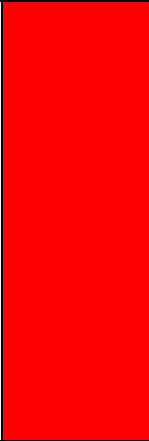

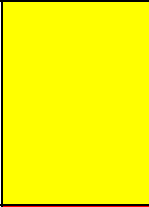
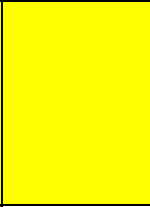
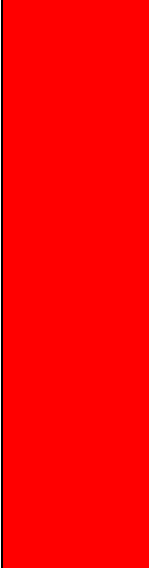

Date of Full EqIA :

Version	Author	Date	Comment
1	Val Miller	16/01/17	For Children's PH Consultants to review
2	Samantha Bennett	15/03/2017	Review of initial draft
3	Robyn Parsons	16/03/2017	Review of amended draft
4	Val Miller	27/03/2017	Amended
5	Robyn Parsons	28/03/2017	Amended and removed remaining template notes
6	AA Comments	30/03/2017	Notes and comments for review
7	Val Miller	31/03/17	Response to comments made
8	Claire Winslade	31/04/17	Further comments
9	Val Miller	03/04/17	review
10	A Agyepong	4/4/2017	Comments
11	Val Miller	16/05/17	Final review
12	Val Miller	2/6/17	Amended following comments
13	Claire Winslade	2/6/17	Consultation date amended and document signed.
14	Val Miller	11/09/17	Advice from Equality and Diversity Team re: re-draft of consultation documents
15	A Agyepong	15/09/17 24/09/17	comments
16	Val Miller	25/09/17	Final review

September 2017

Screening Grid

Characteristic	Could this policy, procedure, project or service, or any proposed changes to it, affect this group less favourably than others in Kent? YES/NO If yes how?	Assessment of potential impact HIGH/MEDIUM LOW/NONE UNKNOWN		Provide details: a) Is internal action required? If yes what? b) Is further assessment required? If yes, why?	Could this policy, procedure, project or service promote equal opportunities for this group? YES/NO - Explain how good practice can promote equal opportunities
		Positive	Negative	Internal action must be included in Action Plan	If yes you must provide detail
Age	No. Any changes impacts on all parents of childbearing age with additional needs around infant feeding. Teenage parents are a specific priority.			Further assessment is required - a public consultation process must be carried out prior to change. Additionally, the updated specification will require effective monitoring of service users in relation to age to identify any equity issues of accessibility.	Yes – the new service will be able to identify and target teenage parents more effectively as they already provide a universal service and therefore they see all families with new born in Kent.
Disability	No. The proposed plan ensures that additional need for groups requiring additional support will be identified through the universal health visiting offer, and adjustments will be made to ensure it is accessible to all potential service users.			Further assessment is required - a public consultation process must be carried out prior to change to ensure that proposals meet the needs of parents and do not have a disproportionate impact on people with disabilities. Additionally, the updated specification will require effective monitoring of service users in relation to disability to identify any equity issues of accessibility. Implementation of the Accessible Information Standard would need to be demonstrated. Meeting the training needs of staff regarding disability awareness would support the Service to meet the needs of women with disabilities.	Yes – the new service should be able to identify and target disabled people more effectively as they provide a universal service and therefore they see all families with new children in Kent. It should be noted that there is a lack of detailed knowledge about these users which we would need to ask the Health Visiting Service to provide, which will be included in the sub-specification and performance managed. Current data on protected groups is collected on e-Start and included in Appendix 2.

<p>Sex</p>	<p>No. Service provision is for all mothers with targeted support for breastfeeding women and their significant others.</p>			<p>Further assessment is required - a public consultation process must be carried out prior to change. Additionally, engagement with the service is predominantly from women, but the service specification will require engagement with male partners. Support for partners of any gender should be included.</p>	<p>Yes – the new service will be able to identify and target women with additional infant support needs, including those breastfeeding, more effectively as they already provide a universal service and therefore they see all families with new children in Kent. This removes the need to separately access specialist support and should increase accessibility. Through the identification of key messages for engagement with partners, the change could have a positive impact on male and female parents.</p>
<p>Gender identity</p>	<p>No. There may be a small number of Transgender people whose needs are unknown to us at this stage</p>			<p>Further assessment is required, current picture unknown</p>	<p>The service should offer support and advice to all service users; there may be some need for training. – KCC has an e learning module- providers may be asked to demonstrate how they intend to meet the needs of transgender service users</p>
<p>Race</p>	<p>No. Perceptions of and attitudes towards infant feeding are influenced by cultural practices which may differ between ethnic groups. (National Feeding Survey 2012 tells us that 97 per cent for Chinese or other ethnic group, 96 per cent for Black and 95 per cent for Asian ethnic group),</p>			<p>The Infant Feeding Survey 2010 (published 2012) found that the highest incidences of breastfeeding were found among mothers from minority ethnic groups (97 per cent for Chinese or other ethnic group, 96 per cent for Black and 95 per cent for Asian ethnic group). This suggests that further work needs to be undertaken with women of White British origin in addition to offering a universal service. Further assessment is required - a public consultation process must be carried out prior to change. Additionally, the updated specification will require effective monitoring of service users in relation to race to identify any equity issues of accessibility.</p>	<p>Yes new service will be able to identify and target women with additional infant support needs, including those breastfeeding, from priority groups more effectively as they provide a universal service and therefore they see all families with new children in Kent. This removes the need to separately access specialist support and should increase accessibility</p> <p>In addition, media and promotion to address negative beliefs and attitudes in settings is part of this work. The issue of men attending groups may be an issue for women of different racial groups</p>

September 2017

Religion or belief	No. It will be necessary to ensure that assumptions are not made about wishes based on religion.			Further assessment is required - a public consultation process must be carried out prior to change. Additionally, the updated specification will require effective monitoring of service users in relation to religion and or beliefs to identify any equity issues of accessibility.	Yes new service will be able to identify and target women with additional infant support needs from all religious beliefs and none as they provide a universal service and therefore they see all families with new children in Kent. This removes the need to separately access specialist support and should increase accessibility.
Sexual orientation	No. The changes propose that this will form a targeted element of a universal service and is offered to all women or men with additional infant feeding needs and their significant others regardless of sexual orientation.			No further action required.	Yes new service will be able to identify and target priority groups more effectively as they provide a service to all families with new children in Kent,
Pregnancy and maternity	No. This is a service that will improve the interface with midwifery to improve standards			Action in place	Yes there is currently a multi agency task and finish group in place comprising representative from health visiting maternity services and children's' centres. This will develop an integrated multi-agency pathway for infant feeding.
Carer's responsibilities	No. Although by definition all service users would be carers, some may have additional caring needs that would need to be met, for example disabled family members. A universal service would also benefit this cohort as they can access help and support at source			No further action required.	The universal health visiting service responsible for promoting infant nutrition, providing advice and support on this issue more widely. Reasonable adjustments should be made to the delivery of advice and support based on need.

September 2017

Part 1: INITIAL SCREENING

Proportionality - Based on the answers in the above screening grid what weighting would you ascribe to this function – see Risk Matrix

Low	Medium	High
Low relevance or Insufficient information/evidence to make a judgement.	Medium relevance or Insufficient information/evidence to make a Judgement.	High relevance to equality, /likely to have adverse impact on protected groups

State rating & reasons

High relevance to equality, part of health inequalities priorities

Context

Kent has a history of having a lower prevalence of both initiating and continuing breastfeeding than England as whole. Recent data suggests that levels in Kent are similar to the national. Various national studies including the National Feeding Survey Report (2010) identify key groups that are less likely to breastfeed. These include:

- younger mothers
- those with lower levels of educational attainment
- those with a lower socioeconomic position
- mothers of white British origin
- Details of Children's Centre attendances by protected characteristics are collected on eStart system, this is summarised in Appendix 2

PS Breastfeeding Community Interest Company (PSB) has been providing specialist breastfeeding support services since October 2014. This followed the publication of a needs assessment which identified key gaps and geographical inconsistencies in provision of infant feeding support across the County. The insight work that has been carried out has included some groups with protected characteristics, such as young parents, but generally the focus has been on socio-economic characteristics.

Since this service was commissioned, the responsibility for commissioning Health Visiting services was transferred to local authority from NHS England in October 2015. Much development work has been undertaken with Kent Community Health NHS Foundation Trust and a transformation process is in place. As part of this work stream the senior management team of the Trust has stated its enthusiasm for leading and delivering community infant feeding interventions, including support to breastfeeding mothers, in line with the national Health Visiting Specification and NICE guidance for the management of Breastfeeding Peer Supporters. The Trust has demonstrated its commitment and has recently achieved stage 2 Unicef Breastfeeding Friendly Initiative (BFI) accreditation and recruited four County BFI leads.

The key benefits of transferring the responsibility for breastfeeding support to the health visiting service within the context of a new overarching infant feeding pathway include:

- Provision of a wider programme of infant feeding support, including supporting parents who decide to formula feed to do so as safely and responsively as possible.
- Reduction in duplication of service provision.

September 2017

- The Health Visiting Service has contact with all families through the key checks, achieving almost 100% uptake across Kent for the new birth visit, ensuring all families are reached. Recent analysis has found that those families living in the 10% most deprived areas in Kent are as likely to receive the key checks as those living in the least deprived. We do have some data on this which is being drawn together into community profiles. Data collected on e-Start includes protected factors, see Appendix 2.
- Embedding the service provision in health visiting will benefit all mothers and their families and ensure that breastfeeding support is not limited to a “specialist” role for more complex needs.
- Health Visitors providing advice at specific breastfeeding support sessions will be able to take a more holistic view about the family and are not limited to breastfeeding issues.
- Health Visitors are provided across the County, with a distribution reflecting the need for early years health support. They will be able to be more flexible to set up breastfeeding support sessions, in areas of greatest need.
- The service is well placed to become the systems leader for community infant feeding with an interface with maternity and Children’s Centre processes.
- Health visitors have access to healthcare records to more accurately identify and target women.

The proposed service model will be provided to all those parents registered with a Kent GP or resident within Kent geographical boundaries. It is comprised of a number of elements:

- Infant feeding advice is provided as part of the health visiting checks offered to all families in Kent, antenatally, at 10-14 days and 6-8 weeks.
- All families will be contacted at 48 hours after birth and asked questions about feeding and offered support if required
- Infant feeding advice will be available at open access health visitor led child health sessions
- Open access breastfeeding drop in sessions hosted by a health visitor and peer supporters will be available weekly in at three children centres in each district, these have been determined by Early Help and the Health Visiting Service as having space, accessibility and usage.
- Appointments will be available for specialist breastfeeding support, to which anyone can request a referral

The aim of the support given will be to:

- Assist a mother to understand how to identify that their baby is getting enough milk
- Supporting parents who decide to formula feed to do so as safely and responsively as possible.
- Ensure for those breastfeeding, it is a comfortable and enjoyable experience for both mother and baby
- Identify where more help is needed to sustain breastfeeding
- Facilitate breastfeeding support

September 2017

The Health Visiting Service will provide robust accredited training and supervision for peer supporters. The peer supporters are Children's Centre volunteers who are mothers who have breastfed their own baby, who have had 16-36 hours training and are drawn from the local community. The profile of Children's Centres and communities will help to inform positive action in relation to the recruitment of volunteers for example Gypsy Roma and Irish Traveller communities and young mothers etc. The Children's Centres will ensure their training is up to date. The Health Visitors will coordinate the peer supporters' attendance at the clinics.

Infant and mother nutrition is aided by the Healthy Start programme, which is available to women on benefits and to all pregnant women under 18 year olds. Currently the uptake in Kent is very poor, especially for vitamins. It would be expected that with the increased number of contacts through supporting infant feeding will increase uptake of the scheme.

Objectives

The objectives of the offer are to:

- Increase the uptake of the initiation and continuance of breastfeeding
- Ensure where formula feeding is chosen, this is done as safely and responsively as possible
- Provide information to a range of professionals, service users and the public
- Develop progressive programmes to address the needs of women in the most deprived areas who are least likely to breastfeed
- To ensure liaison with other bodies to address the requirements of achieving Baby Friendly Initiative accreditation, working together with other organisations on this journey where possible in hospital and community settings in Kent.
- To provide appropriate group and 1:1 support and make appropriate onward referrals to meet the needs of mothers and babies
- To provide an integrated service to promote infant feeding, working with colleagues across Kent
- To co-ordinate, develop and supervise peer supporters and peer support networks
- To contribute to public health assessments and interventions
- To work with local authorities to promote breastfeeding friendly communities including Welcome signage in shops and restaurants and providing support to women returning to work.
- To ensure that quality standards and performance monitoring processes include monitoring by protected characteristics, which can be analysed by other demographic issues e.g. deprivation

Beneficiaries

The beneficiaries of this service are parents and their infants, their partners and wider family members including grandparents and siblings.

Information and Data

Prevalence data is improving and is expected to be robust enough to provide a clearer picture of breastfeeding across Kent in year. Specific information about uptake of breastfeeding services delivered in Children's Centres by protected characteristics is captured on computerised eStart system, which is reported to Public Health. Future data received will be more carefully considered to assess

September 2017

access as current data (see Appendix 2) shows that protected groups are not well-represented. This will be part of the sub-specification and performance monitored.

User Involvement and Engagement

- There has been historical insight work undertaken across Kent, for example Listening Exercise in Thanet KCC 2011, Swanley focus groups with teenage mothers and their families 2012, Shallow dive engagement in Swale 2013
- Since 2013 insight work has been undertaken in Maidstone, Swale, Thanet and Dartford Gravesham and Swanley. Significant work has been undertaken over the last year to inform development of more robust Kent pathways. This has been undertaken independently by Activmob, funded from the PSBreastfeeding C.I.C. contract
- Formal public consultation will be undertaken as part of change in service provider
- A summary of the key insights that have been identified across the whole system is included in Appendix 1
- Key insights related to protected characteristics included the involvement of fathers, the recommendation that teenage mothers and vulnerable and isolated women should be buddied up with a peer supporter and that home visits should be available for those women that have difficulty getting out

Potential Impact

It is anticipated that the service would have an impact on specific high risk groups below through its universal reach and ability to provide a flexible service response based on need:

Specific high risk groups include:

- Women in lower socio economic groups
- Teenage mothers
- Women who have had more previous children
- White British mothers
- Mothers who have underweight babies
- Mothers who smoke
- Mothers who are not of a healthy weight
- More detailed data should be transferred from midwifery to health visiting in the new model

The only data we have on service users is from the e-Start system. KCHFT is currently working on a revised data set which will be part of performance monitoring from April 1st 2018.

Adverse Impact of change:

None anticipated. Monitoring will be part of performance management so any unforeseen consequences can be mitigated if they arise.

Positive Impact:

There is very strong evidence that breastfeeding prevents:

- four acute conditions in infants: gastrointestinal disease, respiratory disease, otitis media, and necrotising enterocolitis (NEC)
- breast cancer in mothers

September 2017

In addition there is good evidence that if the number of babies receiving any breastmilk at all raised by 1% this could lead to a small increase in IQ. A very modest increase in exclusive breastfeeding rates could lead to at least three fewer cases of Sudden Infant Death Syndrome annually. Increasing breastfeeding rates could lead to around a 5% reduction in childhood obesity.¹

Action Plan

The action plan below details how the issues raised in the judgement above are going to be dealt with.

Monitoring and Review

All commissioned services provide quarterly performance Reports to Public Health, this includes quality standards.
Data Collection re: 6-8 week breastfeeding uptake is provided quarterly by the Health Visiting Service as part of the mandatory check report.

Sign Off

I have noted the content of the equality impact assessment and agree the actions to mitigate the adverse impact(s) that have been identified.

Senior Officer



Name: Val Miller

Job Title: Public Health Specialist

Public Health Consultant lead

Name:  Claire Winslade

Job Title: Public Health Consultant

Date: 2/6/17

¹ https://353ld710iigr2n4po7k4kgvv-wpengine.netdna-ssl.com/babyfriendly/wp-content/uploads/sites/2/2012/11/Preventing_disease_saving_resources.pdf

September 2017

Equality Impact Assessment Action Plan

Protected Characteristic	Issues identified	Action to be taken	Expected outcomes	Owner	Timescale	Cost implications
Age	There would be no additional impacts on age. Teenage parents are a key group, who tend to have lower rates.	To include access as part of the consultation process.	Gain information on public's views on the best ways of working with all age groups, particularly teenagers.	Public Health	Public Consultation September-November 2017	There will be a cost for the consultation process but this is standard procedure, results will be analysed by Public Health
		Health Visitors to identify teenage parents and provide support at the universal ante natal visit and subsequent visits.	This will enable teenage parents to be identified earlier and will have more contact through the mandated checks to receive feeding advice.	Health Visiting Service.	Outcomes will be part of quality standards and monitored by performance management from April 1 st 2018.	Will be part of existing contract
		Data collection re: numbers of teenage parents up taking support and teenage mothers breastfeeding	Because of universal provision, higher numbers of teenage parents would be accessing support. Monitoring of prevalence would show if this this is resulting in increased rates	Health Visiting Service will need to put in place systems for collecting this data as it won't be on eStart	April 1 st 2018	

September 2017

Disability	Access to Service would be possible through reasonable adjustments being made; all parents are included in universal offer.	Health Visitors to identify parents with disabilities and ensure that adjustments are made to enable parents to access all necessary services.	Gain information on public's views on the best ways of working with parents and babies with disabilities.	Public Health	Public Consultation September - November 2017.	There will be a cost for the consultation process but this is standard procedure, results will be analysed by Public Health
			This will enable the feeding needs of parents and babies with disabilities to be identified earlier and will have more support through the mandated checks.	Health Visiting Service.	Outcomes will be part of quality standards and monitored by performance management from April 1 st 2018.	Will be part of existing contract
		Data collection re: numbers of disabled parents/children up taking support and breastfeeding	Because of universal provision, higher numbers of disabled parents and children would be accessing support. Monitoring of prevalence would show if this is resulting in	Health Visiting Service will need to put in place systems for collecting this data as it won't be on eStart	April 1 st 2018	

			increased rates			
Gender	An issue may be better access by fathers to feeding support.	Health Visiting Service should ensure that fathers are included in the offer of feeding advice	Gain information on the public's views about engagement with male partners.	Public Health	Public Consultation September-November 2017.	There will be a cost for the consultation process but this is standard procedure, results will be analysed by Public Health
			The Health Visiting Service will provide evidence of engagement with male partners.	Health Visiting Service.	Outcomes will be part of quality standards and monitored by performance management from April 1 st 2018	Will be part of existing contract
Gender identity	There may be a few biologically female users who identify as male.	Health Visiting Service should ensure that services are sensitive to gender identity.	Part of training on sensitive issues	Health Visiting Service	Issues to be communicated if there are problems.	Will be part of existing contract
Race	Non-white ethnicities are more likely to continue breastfeeding.	Targeting of women and families of white ethnic origin in areas of low prevalence	Gain information on the public's views about the best ways of engaging with ethnic groups.	Public Health	Public Consultation September-November 2017.	There will be a cost for the consultation process but this is standard procedure, results will be analysed by Public Health

			The Health Visiting Service will provide ethnicity data.	Health Visiting Service.	Outcomes will be part of quality standards and monitored by performance management from April 1 st 2018.	Will be part of existing contract
		Data collection re: racial group of parents and infants up taking support and breastfeeding	Because of universal provision, higher numbers of users from different racial groups would be accessing support. Monitoring of prevalence would show if this this is resulting in increased rates	Health Visiting Service will need to put in place systems for collecting this data as it won't be on eStart	April 1st 2018.	
Religion or belief	Attitudes to feeding may be influenced by religion and belief.	Gain further intelligence and ensure that there is no barrier to access on the grounds of religion or beliefs. This may be an issue around the involvement of male	Ensure that the public consultation includes implications about accessibility related to religion or belief.	Public Health	Public Consultation September-November 2017.	There will be a cost for the consultation process but this is standard procedure, results will be analysed by Public Health

September 2017

		partners of other users				
				Health Visiting Service.	Outcomes will be part of quality standards and monitored by performance management from April 1 st 2018.	Will be part of existing contract
		Religion or faith data to be collected as part of data set for those receiving support and their breastfeeding prevalence	Because of universal provision, higher numbers of people with beliefs or none would be accessing support. Monitoring of prevalence would show if this this is resulting in increased rates	Health Visiting Service will need to put in place systems for collecting this data as it won't be on eStart	April 1st 2018.	
Sexual orientation	This service is available to mothers and their families regardless of sexual orientation.	No specific action required.				
	.					
	.					
Carer's responsibility	This service is	No specific action				

September 2017

	universally available to all women, and aims to improve infant nutrition more widely.	required.				
--	---	-----------	--	--	--	--

September 2017

Appendix 1

Summary of key points from local breastfeeding insight work:

Insight	Comments to be addressed by partners going forwards
Little information or guidance on breastfeeding is being provided antenatally.	Will commissioned service be expected to address this?
Experiences in hospital post-delivery are often poor with lack of time and support with breastfeeding.	Will this be shared with Hospital trusts and CCG's what work can go into this before and after bearing in mind the groups that are most unlikely to breastfeed
Experiences in hospital post-delivery are often poor with lack of time and support with breastfeeding.	Will this be shared with Hospital trusts and CCG's what work can go into this before and after bearing in mind the groups that are most unlikely to breastfeed
There is a lack of a joined up approach across services.	Plans to join up or bridge gaps?
Services are not reaching those who decide not to breastfeed.	See comment ST12
Front line workers do not always feel empowered to speak about breastfeeding- even midwives may lack confidence to have effective conversations about breastfeeding.	Are there any plans in place with regard to workforce development?
There is inconsistency in messages and advice being provided to women.	Plans for joined working? Is there a strategy in place
There is insufficient information about the peer support team or services available.	
There is insufficient information about the	

<p>peer support team or services available.</p> <p>Peer support service was generally found to be valuable when it was accessed, but while peer support groups were helpful to some, others reported finding them cliquey.</p>	
<p>Support services need to be local, and home visits should be available as mothers may sometimes struggle to get out e.g. if they had a difficult delivery.</p>	
<p>Support needs to be timely.</p>	
<p>Tongue tie was a commonly mentioned problem and there is a need for timely recognition and treatment.</p>	<p>Any plans with regard to this- workforce development etc.</p>
<p>Rapid referral to lactation consultant should be available when needed. Where women accessed the support of a lactation consultant this appeared to be highly valued.</p>	
<p>Family members have an important influence on feeding decisions.</p>	
<p>Fathers should be involved and supported.</p>	
<p>Some women perceive breastfeeding as not normal or embarrassing. Women worry about whether the baby is getting enough milk.</p>	
<p>There is a need to manage expectations to ensure women have a more accurate idea about what to expect of breastfeeding e.g. what is a normal feeding frequency.</p>	

September 2017

Appendix 2 Early Help E-Start data Q4 2016/17 YTD

Numbers 5 or below have been suppressed. Kent totals are actual, with the exception of Lactation Consultant table, where Thanet figures have not been included due to data quality concerns.

September 2017

	All Children Aged 0-4	Disabled Children Aged 0-4	BME Children Aged 0-4	Children Living in the 30% Most Deprived LSOAs	All Adults	Lone Parents	Teenage Mothers	Disabled Adults	Adults Living in the 30% Most Deprived LSOAs
	Attending (Reach)	Attending (Reach)	Attending (Reach)	Attending (Reach)	Attending (Reach)	Attending (Reach)	Attending (Reach)	Attending (Reach)	Attending (Reach)
BREASTFEEDING SUPPORT - ALL EVENTS (Cumulative - Year to Date)									
Kent	3,304	≤10	433	935	4,021	141	74	60	1,137
Ashford	301	0	45	80	404	≤10	13	≤10	109
Canterbury	373	≤10	49	76	526	18	≤10	≤10	110
Dartford	156	≤10	44	71	201	≤10	≤10	≤10	88
Dover	176	0	≤10	73	202	11	≤10	≤10	75
Gravesham	161	≤10	55	89	173	12	≤10	≤10	102
Maidstone	300	0	35	68	345	≤10	≤10	≤10	85
Sevenoaks	370	0	40	33	423	≤10	≤10	≤10	44
Shepway	308	≤10	44	135	366	11	≤10	≤10	146
Swale	272	≤10	22	121	351	22	≤10	≤10	163
Thanet	222	0	23	140	243	23	≤10	≤10	158
Tonbridge and Malling	343	≤10	33	21	398	≤10	≤10	0	26
Tunbridge Wells	322	0	33	28	389	≤10	≤10	≤10	31

	All Children Aged 0-4	Disabled Children Aged 0-4	BME Children Aged 0-4	Children Living in the 30% Most Deprived LSOAs	All Adults	Lone Parents	Teenage Mothers	Disabled Adults	Adults Living in the 30% Most Deprived LSOAs
	Attending (Reach)	Attending (Reach)	Attending (Reach)	Attending (Reach)	Attending (Reach)	Attending (Reach)	Attending (Reach)	Attending (Reach)	Attending (Reach)
BREASTFEEDING SUPPORT - CENTRE LED (Cumulative - Year to Date)									
Kent	240	≤10	21	76	424	16	≤10	17	140
Ashford	≤10	0	0	0	79	≤10	≤10	≤10	22
Canterbury	73	0	≤10	16	108	≤10	≤10	≤10	22
Dartford	≤10	0	0	≤10	≤10	0	0	0	≤10
Dover	28	0	≤10	≤10	45	≤10	≤10	≤10	16
Gravesham	0	0	0	0	0	0	0	0	0
Maidstone	≤10	0	0	0	≤10	0	0	0	≤10
Sevenoaks	0	0	0	0	0	0	0	0	0
Shepway	67	≤10	≤10	29	97	≤10	0	≤10	39
Swale	18	0	0	≤10	46	≤10	0	≤10	21
Thanet	17	0	≤10	14	21	≤10	0	≤10	18
Tonbridge and Malling	≤10	0	≤10	0	≤10	0	0	0	0
Tunbridge Wells	19	0	≤10	0	15	0	0	0	0

September 2017

	All Children Aged 0-4	Disabled Children Aged 0-4	BME Children Aged 0-4	Children Living in the 30% Most Deprived LSOAs	All Adults	Lone Parents	Teenage Mothers	Disabled Adults	Adults Living in the 30% Most Deprived LSOAs
	Attending (Reach)	Attending (Reach)	Attending (Reach)	Attending (Reach)	Attending (Reach)	Attending (Reach)	Attending (Reach)	Attending (Reach)	Attending (Reach)
BREASTFEEDING SUPPORT - PEER SUPPORT LED (Cumulative - Year to Date)									
Kent	1,351	8	192	488	1,554	73	33	22	554
Ashford	34	0	≤5	8	36	0	0	0	9
Canterbury	235	≤5	37	52	331	13	≤5	≤5	78
Dartford	57	≤5	15	23	66	≤5	≤5	≤5	27
Dover	39	0	≤5	15	46	≤5	0	≤5	13
Gravesham	121	≤5	42	65	128	9	≤5	≤5	74
Maidstone	18	0	0	≤5	19	0	0	0	≤5
Sevenoaks	109	0	14	24	122	≤5	≤5	≤5	28
Shepway	132	≤5	25	59	140	≤5	≤5	≤5	54
Swale	235	≤5	20	105	261	16	9	≤5	119
Thanet	201	0	19	125	217	20	6	≤5	139
Tonbridge and Malling	145	≤5	16	9	163	≤5	≤5	0	10
Tunbridge Wells	25	0	0	≤5	25	0	0	0	≤5
BREASTFEEDING SUPPORT - LACTATION CONSULTANT LED (Cumulative - Year to Date)									
	All Children Aged 0-4	Disabled Children Aged 0-4	BME Children Aged 0-4	Children Living in the 30% Most Deprived LSOAs	All Adults	Lone Parents	Teenage Mothers	Disabled Adults	Adults Living in the 30% Most Deprived LSOAs
	Attending (Reach)	Attending (Reach)	Attending (Reach)	Attending (Reach)	Attending (Reach)	Attending (Reach)	Attending (Reach)	Attending (Reach)	Attending (Reach)
Kent	1,709	0	220	370	2,048	52	31	21	443
Ashford	260	0	43	72	289	6	8	6	78
Canterbury	65	0	≤10	≤10	87	≤5	0	≤5	≤10
Dartford	98	0	29	47	134	6	≤5	≤5	60
Dover	109	0	≤10	49	111	6	≤5	≤5	46
Gravesham	40	0	13	24	≤45	≤5	≤5	≤5	28
Maidstone	274	0	35	67	316	7	≤5	≤5	82
Sevenoaks	261	0	26	≤10	301	6	0	≤5	16
Shepway	109	0	11	47	129	6	≤5	≤5	53
Swale	≤20	0	≤10	≤10	≤45	≤5	≤5	0	23
Thanet									
Tonbridge and Malling	196	0	16	12	233	≤5	≤5	0	16
Tunbridge Wells	278	0	32	26	349	≤5	≤5	≤5	30