



**Building Bridges Quality Improvement Programme
Innovation Grant Fund
for Best Start in Life (0-2) Services**

GRANT PROSPECTUS

1. Introduction

A responsive approach to infant feeding sets a course for positive relationships and healthy eating later in life. Caring for a baby takes great commitment, and we can all help to ensure mothers, babies and families have the time and support they need to establish responsive and loving relationships. Many different people and services in our wider community can help to create the conditions for babies to be fed responsively, can support mothers to reach their infant feeding goals and can support the perinatal mental health and wellbeing of parents, babies, and their developing relationship.

This innovation grant fund is for local not-for-profit organisations, including NHS trusts, primary care networks and GP practices, to develop and deliver innovative projects that improve quality of existing services that support infant feeding, perinatal mental health and/or parent infant relationship services. Please see section 4 below for further information.

Applications are welcomed from organisations that support pregnant women or their partners and/ or families with children under 2.

All grant recipients will form part of a Building Bridges network to regularly share ideas, practice and learning across the network and build a system of staff that see themselves as the foundation of quality improvement.

As well as impacting how staff see themselves in relation to supporting parents, it is anticipated that families will also be positively impacted by seeing staff and services leading quality improvement projects that are there to support them to begin and continue their parenting journey.

It is expected that applications will be for both clinical and non- clinical projects. Projects should be targeted to specific cohorts and be designed to be self-sustaining in the longer term.

Grants will commence on 1st August 2026 and projects should be completed by 31st December 2028. This is funded by KCC's Best Start in Life Funding awarded by the DFE.

This is being commissioned by Public Health which is part of KCC's Chief Executive's Department.

2. Best Start For Life and Healthy Babies

[The Best Start for Life Review: a Vision for the 1,001 Critical Days](#) outlined a Vision for local authorities to pull together a coherent and joined up Start for Life offer which explains clearly to parents and carers what services they are entitled to and how they can access them.

Building on learning from Sure Start, Family Hubs and Start for Life the Government have set out their vision and delivery expectations for [Best Start Family Hubs \(BSFH\) and Healthy Babies for April 2026 to March 2029](#).

BSFH and Healthy Babies services play a central role in wider reforms, strengthening end-to-end family support, embedding prevention in local delivery, improving school readiness and supporting SEND reforms. They will be a cornerstone of the emerging Neighbourhood Health Service, complement Families First Partnerships and support delivery of the Healthy Child Programme.

Local authorities are establishing networks that bring together health, child development and wider support available to families across a local area and a number of network sites.

The Kent [Best Start in Life Local Plan](#) aims to improve outcomes for babies, children and families from pregnancy through to school age. A key component of the plan include the delivery of the following Kent strategies.

- [Nurturing Little Hearts and Minds 2024 to 2029 - Kent County Council](#)
- [Infant Feeding Strategy - Kent County Council](#)

Appendix A provides a literature review of the intersection of infant feeding, parent-infant relationships and perinatal mental health.

3. Aims of the Grant

The grant aims to;

- Create sustainable co-produced projects that support existing services that support infant feeding, perinatal mental health and/or parent infant relationships to improve quality or achieve relevant quality marks as appropriate, such as UNICEF Baby Friendly Initiative or Baby Bliss accreditation. The UNICEF Baby Friendly Initiative Standards are available at [Guide to the Baby Friendly Initiative Standards - Baby Friendly Initiative](#) and the Bliss Baby Charter Standards are available at [Baby-Charter-booklet-2020.pdf](#) which may support the development of innovative projects.

- Increase the number of organisations that are part of the Family Hub Network.

Projects should have at least one of the following aims or outcomes;

- Parents, who are separated from their baby, are empowered to participate in their baby's care, promoting sensitivity, attunement, understanding of infant cues, and enabling the development of strong, close, and loving attachments.
- Early and regular parental physical contact with baby or increasing time that parents/ siblings get to spend with baby e.g. within neonatal units
- Ensure equity of outreach support for babies either leaving neonatal care
- Support bonding in pregnancy or support for parents, co-parents and carers to be actively involved in infant care, bonding, and their own wellbeing
- Improve antenatal contingency planning for feeding approach, night feeding and sleep, pelvic floor tears, Caesarean section or impact of feeding on the on mothers relationship with other child/ren (recognising feature of the early weeks with a newborn that eases as feeding establishes.)
- Improve accessibility of existing support or services
- Increase babies' first milk as breast (mother or donor)
- Increase initiation of expressing soon after birth (aim within 2 hours)
- Increase access to donor milk in hospital or in the community
- Support transition to exclusively breastfeeding by 6-8 weeks.
- Improve continuity of care across key transitions and services (antenatal to postnatal, neonatal discharge to home), ensuring families experience coordinated and consistent support with infant feeding, perinatal mental health and parent infant relationships
- Support for parents with Birth trauma to address trauma and support bond with baby if that has been affected
- Listen to the experiences of black families with babies and provide co-produced support
- Reduces isolation and/ or improves awareness of cultural sensitives for Gypsy, Roma and/or Traveller communities
- Embedding newly acquired workforce knowledge and/ or skills to improve quality of practice across perinatal mental health, parent–infant relationships, and infant feeding for key groups at risk of poor maternal outcomes
- Prevent jaundice in newborns

- Help parents create rich language and learning environments from birth.

Projects should have a least one of the following target cohorts;

- Mothers that have not accessed maternity care by 10 weeks of pregnancy.
- Parents and siblings who are separated from their baby at birth or shortly afterwards e.g. Babies on a neonatal unit or babies removed or at risk of removal from families care or baby loss
- Premature infants and/ or parents of premature infants or term infants that have received neonatal care
- Mothers who have had a C-section or have a c-section planned
- Adults that are planning a pregnancy (pre-conception care) that have had previous miscarriage/s, baby loss/es, twins or multiple births, or difficulty conceiving
- Mothers who are not exclusively breastfeeding by 6-8 weeks and wish to do so.
- Mothers with gestational diabetes or a postnatal BMI over 30
- Mothers with physical health problems or learning disabilities
- Parents who are experiencing perinatal mental health difficulties
- Black communities or communities with Black heritage or from any black backgrounds
- Mothers that have experienced domestic abuse
- Mothers that are experiencing isolation
- Families known to social services
- Fathers and/or co-parents

4. Who can apply?

The grants are open to all non-for-profit organisations registered as legal entities in the districts of Kent County Council and Medway Council or registered as legal entities in elsewhere in the UK and delivering currently services in the districts of Kent County Council and Medway Council.

All funded projects and schemes must be delivered to residents that reside in a district or borough of Kent County Council e.g. Swale residents accessing maternity care in Medway.

Joint bids and/or consortium bids are permissible under this scheme so long as one of the organisations is a legal entity. One organisation must have the lead role.

5. Funding available and how much can be applied for

KCC has allocated the following funding:

DFE Best Start in Life workstream	2026/7	2027/8	2028/9
Infant Feeding	£158,000	£80,000	£70,000
Perinatal Mental Health/ Parent Infant Relationships	£70,000	£55,000	£54,000
Total	£228,000	£135,000	£124,000

Applicants are asked to select, within the application form, which workstream the project is applying for - infant feeding, perinatal mental health/ parent infant relationships or both.

Project applications should not be made for more than £30,000 in year 2026/7 and £14,000 in year 2027/8 and £14,000 in year 2028/9. Applications can request funding for one year or more as required. Organisations should request the exact amount of funds that they will use within the financial year and are not able to roll funds from one financial year to another.

We reserve the right to request a copy of any funding agreement or application specifying the commitment and obligations made by the applicant to a third party in this respect.

6. Grant requirements

There are a number of mandatory requirements a grant application must meet, and these are:

- Projects must start and conclude within the financial period of the scheme.
- Funded projects must be delivered to residents that reside in a district or borough of Kent County Council e.g. if accessing maternity care in Medway but reside in Kent.

- Projects must be monitored and evaluated using a tool agreed with KCC. This may vary by project and organisation depending on an organisation's quality improvement process. One example may be the UNICEF BFI audit tool scoring sheet.
- At least one project team representative must attend the virtual Building Bridges network meetings facilitated by KCC every 2 months. It is expected that correspondence from KCC is responded to promptly and within 5 working days.
- A project team member must regularly present on progress of the project and outcomes at Building Bridges network meeting facilitated by KCC.
- Be delivered and supported by DBS checked staff or volunteers.
- Projects must be sustainable at the end of grant funding and this should be demonstrated within the application. (There will not be ongoing funding provided after the grant term).
- Projects must include an element of co-production and ensure user's experience supports learning and refinement to project delivery within the life of the project.
- Projects must promote responsive feeding as part of a wider relational approach, supporting both infant feeding and parent infant relationships
- Where appropriate, support services to achieve relevant quality marks such as UNICEF Baby Friendly Initiative or Baby Bliss accreditation.
- Recipient organisations must register to become part of the Family Hub Network. To join the network, organisations must complete this MS Form: [Kent Family Hub Eligibility Form – Fill out form](#).
- Recipient organisations must be registered with a statutory body (e.g., Ofsted, Charity Commission, Companies House)
- Recipient organisations must have valid Public Liability Insurance.
- Recipient organisations must comply with the Data Protection Act 2018 and GDPR and have a current privacy policy and share privacy notices as required.
- Recipient organisations must have a Health and Safety Policy, including documented risk assessments.

- Recipient organisations must have a Safeguarding Policy outlining response protocols and training requirements. Organisations will be expected to demonstrate competent safeguarding procedures. All projects, activities and initiatives must keep adults, children and young people safe and meet the statutory safeguarding requirements. Please refer to Working Together to Safeguard Children 2023 (WTSC), The Care Act (2014) and Mental Capacity Act (2019).
- Recipient organisations must support the International Code of Marketing of Breastmilk Substitutes (the Code).
- Recipient organisations must follow safer sleep guidelines - <https://www.lullabytrust.org.uk/baby-safety/safer-sleep-information/safer-sleep-overview/>
- The grant cannot be used for any activities outside of the scope of the grant requirement.

7. Grant Process

KCC will ensure the grant process is transparent, open and fair and operates in line with the KCC grants policy. Grants will be evaluated as set out in Section 8 of this document.

Applications for grants must be submitted by midnight on 20th July 2026. No late applications will be considered.

An application form should be completed for each proposed project. Organisations can submit more than one application form.

Application outcomes will be shared with applicants no later than 1 August 2026 and a grant agreement will be issued.

Awarded funding will be paid within the relevant financial year.

50% of the awarded annual grant will be paid within 30 days of a signed grant agreements being returned and new supplier being set up on the KCC financial system whichever is earliest. (Please note is subject to variable timescales in setting suppliers up on the KCC financial system). 50% of subsequent years annual grants will be paid on 1st July.

The remaining 50% of the annually awarded grants will be paid upon submission of evidence of project delivery, presentation of project learning and regular attendance as part of the Building Bridges network. It is expected that this will be by February each year at the latest.

As part of the grant process, there will be vital documents the Grant recipient will need to read and/or complete as listed below.

- Grant Prospectus
- Application Form (required as part of application submission)
- Grant Agreement
- Data Protection Declaration

KCC reserves the right to reject applications.

8. Evaluation of Grant Bids / Applications

KCC will ensure the grant process is transparent, open and fair. Applications will be considered by a small panel, of a least 2 staff, from Kent County Council.

The panel will be looking for:

- partnership or integration with clinical services and/ or Family Hubs
- value for money
- sustainability
- innovation
- co-production
- a schedule of regular monitoring and evaluation that will be shared with KCC
- commitment to the Building Bridges network
- projects that support quality mark accreditation including, where appropriate, e.g. Baby Friendly Initiative accreditation or Bliss accreditation
- where appropriate, alignment with the BAPM Breastmilk Toolkit

The application form asks organisations a series of questions that will be scored based on the below scoring criteria. □

Descriptor Score	Descriptor	Scoring Descriptors Covering:
Fail	0	<p>Unacceptable</p> <p>The response is an extensively incoherent, fragmented and weak.</p> <ul style="list-style-type: none"> • It fundamentally fails to satisfy any of the Authority's requirements and falls far below expectations. • There are extensive omissions, and the response provides overwhelming doubt about the provider's ability

			<p>to deliver the requirements.</p> <ul style="list-style-type: none"> • The response is unrealistic, unjustified and lacks content with no supporting evidence. • There are extensive and serious concerns, representing an unacceptable level of risk.
	20	Poor	<p>The response is incomplete, incoherent and weak.</p> <ul style="list-style-type: none"> • It fails to satisfy the majority of the Authority's requirements and is below expectations. • There are significant omissions, and the response creates substantial doubt about the provider's ability to deliver the requirements. • The response is largely unrealistic, unjustified and lacking in content with minimal supporting evidence. • There are several serious concerns representing an unacceptable level of risk.
Pass	40	Adequate	<p>The response is coherent and acceptable.</p> <ul style="list-style-type: none"> • It satisfies the Authority's requirements in most respects, just meeting expectations. • There are several minor omissions, and the response provides limited confidence in the provider's ability to deliver the requirements. The response is generally realistic and justified, with some supporting content and evidence. • There is one serious concern, or several minor concerns or risks which are considered acceptable but require significant action.
	60	Good	<p>The response is coherent and strong.</p> <ul style="list-style-type: none"> • It satisfies the Authority's requirements in almost all respects, meeting expectations comfortably. • There are limited minor omissions, and the response provides confidence in the provider's ability to deliver almost all the requirements. • The response is largely realistic and justified, with supporting content and evidence. • There are no more than two minor concerns or risks which are considered acceptable but require action.
	80	Very Good	<p>The response is full, coherent and robust.</p> <ul style="list-style-type: none"> • It satisfies the Authority's requirements in every respect, and meets expectations very well. • There are no omissions, and the response provides full confidence in the provider's ability to deliver all requirements. • The response is realistic and well-justified, with

			comprehensive supporting content and evidence.
	100	Excellent	<ul style="list-style-type: none"> • There are no concerns or risks raised. • The response meets the requirements of a “Very Good” response, then goes further to exceed requirements by providing added value, continuous improvement, potentially through innovative means.

Highest scoring applications will be successful. KCC reserves the right to increase the value of the total grant available, should there be a sufficient amount of high scoring applications or to not award the full value of the round if the applications received are of poor quality, would risk duplication or do not provide value for money. KCC will contact applicants to clarify application content if required.

The fund cannot be used to support any of the below activities. Any applications received which cover the below activities will be rejected:

- Activity organised for party political, religious or charity fund-raising purposes. - drinking, gambling.
- Capital schemes. We define capital expenditure as that being used to meet the provision and improvement of permanent fixed assets, for example buildings, land and play parks.
- Anything that promotes unhealthy behaviours or illegal activity, smoking,
- Activity which has already taken place or is funded via other sources e.g. business as usual activity
- Activities which conflict with Kent County Council’s policies.

Applications from applicants who previously failed to comply with KCC grant conditions will be rejected without scoring.

If the application does not adhere to the above criteria, it will not be scored by the panel and it will be rejected by KCC. Furthermore, KCC reserves the right to reject applications where the application form has not been fully completed or where the request for funding exceeds the maximum values.

9. Policies and Procedures

The grant recipient is expected to have in place policies, procedures and protocols in line with the area of delivery. Example policies that may be required are detailed below.

- Safeguarding
- Safe Recruitment of staff and volunteers.
- Whistleblowing
- Complaints and grievances (staff and service users)
- Equalities and Diversity - Ensure that the action that was developed for the Equality Impact Assessment (EqIA) is implemented and completed annually
- Health and Safety
- Induction and training including mandatory training and a matrix policy
- Information governance covering Data Protection, Confidentiality, Data Retention, and Information Security
- Peer support and volunteering
- Risk assessment-risk register

Any questions regarding these grants should be emailed to:

infantfeeding@kent.gov.uk

Appendix A - A literature review of the intersection of infant feeding, parent-infant relationships and perinatal mental health.

Research into the relationship between infant feeding and maternal wellbeing has consistently highlighted the benefits of breastfeeding for both mothers and their children (Victoria et al., 2016). A recent systematic review of 55 studies found breastfeeding to be associated with improved maternal mental health, particularly through the reduction of symptoms of postpartum depression and anxiety (Yuen et al., 2022). Positive breastfeeding experiences have been found to mediate existing perinatal mental health conditions and reduce the risk of developing future conditions (Billings et al., 2024). The mechanisms underpinning these benefits are increasingly well understood. The skin-to-skin contact associated with breastfeeding reduces cortisol levels in mothers and increases oxytocin, both of which support the regulation of postpartum stress and the emergence of bonding behaviour (Forde, Fang and Miaskowski, 2022). Breastfeeding also improves the mother's sleep-wake cycle, supporting better mental health (Tucker and O'Malley, 2022), and it also increases mothers' confidence while making them less likely to perceive their babies as irritable during feeding (Field, Hernandez-Reif and Feijo, 2002). The relationship between breastfeeding and mother-infant attachment is more nuanced than has often been assumed. A systematic review by Linde et al. (2020) found that whilst longer breastfeeding duration was associated with greater attachment security in some studies, findings across the field were mixed. The authors called for more robust studies to be conducted before firm conclusions could be drawn. A more cautious recent meta-analysis by Bugaeva et al. (2023) similarly found only limited evidence for a protective association between breastfeeding and the development of mental health disorders in children and noted that data on maternal mental health beyond the postnatal period remain limited. For mothers with preexisting mental health conditions, breastfeeding success has nonetheless been shown to support the mother-child bond and increase confidence as a parent, reducing feelings of stress (Billings et al., 2024). Successful breastfeeding has also been found to improve mental health outcomes for women following birth trauma (Wheeler et al., 2025), and a recent systematic review confirmed a consistent negative association between traumatic childbirth and PTSD symptoms and subsequent breastfeeding outcomes (Cavallé-Abasolo et al., 2025). The evidence, then, points not only to nutritional benefits but to a web of relational and emotional effects, even as the strength and direction of those effects continues to be refined as more rigorous studies are published.

A key strength of this body of research is that it has increasingly recognised these relational dimensions. Mothers themselves describe breastfeeding as fundamentally a bonding experience, and the desire to nurture the mother-infant relationship is consistently identified as a central reason women describe for choosing to breastfeed (Billings et al., 2024; Wheeler et al., 2025). Parents have also been found

to adapt their feeding approach by reading and responding to their infant's cues, sometimes in contradiction to medical advice, yet leading to better outcomes (Maldonado-Duran et al., 2008). From this perspective, parents themselves understand feeding as relational practice. Whilst this earlier study is now over fifteen years old, more recent qualitative evidence continues to confirm that parents understand feeding as relational practice rather than purely as nutrition (Yuen et al., 2022; Billings et al., 2024). Research has also attended to the environments within which feeding takes place. Couplet care, where hospitalised infants and mothers are cared for within the same room, has been found to improve mental health outcomes and increase both parental participation and breastfeeding success (van Veenendaal et al., 2022; Doughty et al., 2024). This suggests the relationship may be bidirectional, that not only does successful breastfeeding support mental health, but conditions that support mental health may also enable breastfeeding. The most recent Cochrane review on early skin-to-skin contact reaffirms its role in supporting breastfeeding establishment, whilst noting that questions around optimum timing and dose remain (Moore et al., 2025). Yet whilst this research illuminates the conditions under which breastfeeding succeeds, it also reveals a troubling tension.

While positive breastfeeding experiences improve outcomes, the pressure to breastfeed can cause serious harm when breastfeeding is difficult or not possible. The evidence on whether feeding difficulties themselves impact the parent-infant relationship has shifted in recent years. Earlier work suggested that feeding difficulties did not affect the relationship (Maldonado-Duran et al., 2008), but more recent quantitative studies have demonstrated that breastfeeding difficulty is associated with reduced bonding, with this effect persisting even after adjusting for postnatal depressive symptoms (Roth et al., 2021; Ondrušová, 2023). What appears to matter is not breastfeeding itself but whether the experience of feeding is one of difficulty or relative ease. Instead, mothers are negatively impacted by high pressure to breastfeed, suffering from guilt and shame when it is not possible (Wheeler et al., 2024). For mothers with preexisting mental health conditions, the pressure to succeed, often reinforced by healthcare professionals and connected to perceptions of being a "good mother", can lead to a sense of failure and increased anxiety (Billings et al., 2024). This creates a troubling dynamic, the same emphasis on breastfeeding that supports some mothers undermines others. The situation is compounded by inadequate professional support. A major NIHR-commissioned evidence synthesis on the implementation of breastfeeding support in the UK NHS concluded that whilst effective interventions exist, their implementation across the system remains uneven, with persistent gaps for mothers with long-term conditions and in areas of higher deprivation (Gavine et al., 2024). UK-based studies have identified specific gaps for health visitors supporting parents of twins and multiples (Turville et al., 2022; Cassidy et al., 2024), and persistent gaps in supporting mothers with preexisting mental health conditions (Billings et al., 2024). Workplace support also plays an important role in the successful continuation of breastfeeding. A scoping review across the European Region identified time flexibility, lactation

rooms, supportive policies and supportive co-workers as key facilitators, but found these conditions to be unevenly available, particularly for mothers in precarious employment (Brugaillères et al., 2024). The result is a system that promotes breastfeeding without adequately supporting it, and the lack of support inadvertently leads to harm.

Beyond this tension, there are significant gaps in what the research examines. The overwhelming focus on breastfeeding means that comparatively little is understood about formula feeding, mixed feeding, or the introduction of solid foods. Although the research addresses pairwise relationships, the three-way intersection of infant feeding, parent-infant relationships and perinatal mental health has received limited direct attention. The research is also heavily focused on mothers and the mother-infant dyad. Whilst this is understandable given the physiology of breastfeeding, it leaves significant gaps in understanding the experiences of fathers, co-parents and wider family members who play important roles in supporting both infant feeding and the mental health of the birthing parent. A recent scoping review concluded that whilst fathers wish to be active parenting partners during the perinatal period, their need for support is often unrecognised and inconsistently met by services (Leahy-Warren et al., 2023). Where evidence is limited, assumptions can fill the space. The use of smartphones during feeding offers an instructive example. While some scholars have found it to negatively impact parent-infant bond (Alvarez Gutierrez and Ventura, 2021), others found no impact (Inoue, Hashimoto and Ohira, 2021) and for infants under two, parental smartphone use during breastfeeding was found to alleviate pain and boredom with positive effects on parental depression and stress (Coyne et al., 2022). Smartphone use during feeding is common (Ventura and Teitelbaum, 2017; Radesky et al., 2018; Inoue, Hashimoto and Ohira, 2021) and may in some cases benefit maternal mental health (Coyne et al., 2022). This underlines the importance of exploring lived experience rather than relying on assumptions about what constitutes good parenting practice.

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Appendix B - Further information on the rationale for this a Building Bridges Improvement Programme innovation grant.

In September 2025 Better Breastfeeding was appointed by Kent County Council, in partnership with Kent and Medway Integrated Care Board, to conduct a review of specialist infant feeding support in maternity and neonatal services in Kent and Medway.

During the research, Better Breastfeeding developed the concept of “Building Bridges” as a way of understanding how to implement potential solutions in a coherent and sustainable way. The idea was inspired by the way mothers themselves understood and talked about receiving donor breastmilk. Mothers who want to exclusively breastfeed but are struggling in the early days – for example because their baby was born early and needed more milk than they were able to express straightaway – saw donor milk as a “bridge to breastfeeding”. It allowed them some more time to establish their own milk supply.

This phrase inspired Better Breastfeeding to extend this concept further, and to think of all the ways that staff and systems could help to “build bridges” to develop ideas for quality improvement work to foster a culture in which staff see themselves as “bridge builders” to help families. Better Breastfeeding recommended a coordinated network was established to share future quality improvement work across Kent.

During 2025, Kent County Council also commissioned research to explore the links between infant feeding, parent-infant relationships and perinatal mental health for families in Kent with children under two.

The literature review from this work is shared in Appendix A. Researchers also heard from 74 people across Kent through 67 short intercept conversations, 41 semi-structured interviews, two focus groups, one co-production focus group and 14 microdiaries.

KCC have built on the Building Bridges concept presented by Better Breastfeeding to also incorporate perinatal mental health and parent infant relationships projects and to create an opportunity for projects to support the relationship between infant feeding, parent-infant relationships and perinatal mental health.