



Working with children
for children



Poor Beginnings

Health inequalities
among young children
across England

A National Children's Bureau report

Simply by growing up in
a certain part of England
a child under five is more
likely to have poor health
that will impact the rest of
their lives

Cover: An end of term party at the Liz Atkinson Children's Centre in Lambeth where LEAP (Lambeth Early Action Partnership) is based. LEAP is an innovative 10-year Big Lottery funded programme where parents and professionals are working together to transform the health and social and emotional development of babies and young children and make a difference to their future life chances.

Photo: © Matt Writtle 2015

Summary

The first five years of a child's life are critical to their future development. Based on official data published by Public Health England, this report looks at four key measures of young children's health and well-being – obesity, tooth decay, injury and 'school readiness'. It provides a clear picture of the health of children under five years old living in England and shows how growing up in different areas of the country dramatically affects their lives.

Thousands of children are obese, are suffering from tooth decay, are victims of accidental injury and do not develop well before starting school. However, a child's chance of being affected by one of these poor outcomes depends a great deal on where they grow up.

What we found

- There are stark variations in young children's health outcomes across the country, both at regional and local authority level. For example:
 - Ten per cent of 4–5-year-olds in the North West are obese, compared to eight per cent in the South East. If the North West had the same early childhood obesity rate as the South East, there would be over 1,600 fewer obese Reception class children.
 - At a local authority level, rates of tooth decay vary widely. In West Sussex, just under one in ten children aged five suffers from tooth decay, while in Leicester over half of five-year-olds have poor dental health. This means *a five year-old in Leicester is five times more likely to have tooth decay than one of their peers in West Sussex.*
- Children growing up in deprived local authorities are more likely, in early childhood, to be obese, suffer from tooth decay and be injured, and less likely to reach a good level of development before starting school. The most deprived local authorities tend to have worse than average outcomes. This variation is such that if children living in the most deprived fifth of councils had the same outcomes as those living in the

wealthiest fifth, thousands of poor outcomes could be avoided. For example, there would be nearly thirty-five thousand fewer cases of tooth decay in five-year-olds.

- Although poor health outcomes among young children clearly correlate with growing up in a disadvantaged area, there is also variation among the most deprived areas. For example in 2013–14 there were 100 cases (per 10,000) of a child under five being admitted to hospital due to an injury in Haringey compared to 241 in Middlesbrough despite both having the same level of deprivation. Similarly five out of the most deprived 30 local authority areas are in the top two-fifths for children achieving a good level of development by the end of Reception. This suggests that, despite their challenging circumstances, there is an opportunity for local authorities and their health partners to do more to improve young children's health and well-being.

As local authorities take on responsibility for young children's public health services from October 2015, they must focus on working with local agencies to improve young children's health. It is also important for national government to provide continuing support and challenge local authorities and regions to improve young children's health and narrow the gap between children living in different parts of the country.

It is unacceptable that simply by growing up in a certain part of the country, a young child is more likely to be obese, suffer from tooth decay and being injured, and less likely to develop successfully, with consequences for their well-being and development now and into adulthood. The government has been very focused on narrowing the gap in performance between rich and poor students in school. It must also apply the same energy and focus to narrow the gap in health outcomes between young children growing up in rich and poor areas.

An interactive map setting out health outcomes data for young children in all English local authorities, along with data tables, can be found at: www.ncb.org.uk/poorbeginnings.

Introduction

What happens in the first years of a child's life can have a profound impact on their future development, opportunities and outcomes right through to adulthood. A child's physical, social and cognitive development strongly influences how ready they are to start school and their educational attainment, as well as their health and employment prospects as an adult.¹ This development begins before birth when the health of a baby is affected by the health of their mother and is influenced by the socio-economic status of their parents.²

In 2014, along with the Royal College of Paediatrics and Child Health, NCB published *Why Children Die*³. The report highlighted the welcome progress that has been made in reducing child mortality in recent decades. However, it also showed that children from poorer families are more likely to die before their 18th birthday than their richer peers, and that mortality rates are far higher than some of our European neighbours. If the UK had the same all-cause mortality rate for children under 14 years as Sweden, we could have nearly 2,000 fewer deaths among children in that age group per year – five fewer deaths per day. Many of these preventable deaths would be in the preschool years – currently around 1,500 children between one month and four years old die every year in the UK. However, for the vast majority of children who thankfully now survive the early years, there will still be too many avoidable and unjust poor health outcomes that have an impact on the rest of their lives.

New focus for local authorities

A wide range of local and national policies are important levers for improving early health. These include the welfare and economic policies that impact on parents' ability to support and nurture their children, through to local planning of services and communities, as well as the right provision and targeting of health and other services to support those in need. The transfer of responsibility for public health services to local authorities presents an opportunity to align the commissioning of

preventative health services with, for example, their existing responsibilities in spatial planning, licensing and early intervention work with children and families.

In October 2015, this transfer will reach its final stage as local authorities take on responsibility for public health commissioning for children aged five and under, including the Healthy Child Programme 0 to 5 Years led by health visitors. Local authorities will be required by law, at least for the first 18 months of the transfer, to provide key aspects of the Healthy Child Programme⁴. They have an overarching duty to improve the health of their population, and are required to consider health inequalities when spending the Public Health Grant that funds their new public health responsibilities. Key data monitoring the impact of this work will continue to be reported nationally by Public Health England⁵.

In many ways councils will have a strong base on which to build, with a significant increase in the number of health visitors in the past five years along with an evidence review and updated service model to support their work⁶.

However, there is also the wider context of significant welfare reform and reductions in the amount of money local authorities have for funding early intervention and public health services. *Cuts that Cost*, a report by NCB, The Children's Society and Children and Young People Now,⁷ found that between 2010 and 2015 government funding for local authority early intervention services had been cut by £1.8 billion. In May, the government announced a £200m reduction in 'non NHS' health spending⁸, which is expected to come from the local authority Public Health Grant⁹, and government departments are planning for further reductions in spending of up to 40 per cent¹⁰.

Rising to the challenge

Given this backdrop, questions about the significance of geographical variations in health outcomes become increasingly relevant. Are

all local authorities facing the same challenge when it comes to promoting the health and development of preschool children? If not, what do these variations mean for the future chances of children growing up in different areas? And to what extent can local areas tackle these challenges alone?

Responding to these questions, this report explores the extent of variation between local authority areas within the wider context of regional differences and the impact of deprivation.

- Section one provides an overview of four key indicators of child health and development in the first five years of a child's life, explaining their significance and the key risk factors that influence whether or not a child is likely to have a poor outcome, including the pervasive impact of poverty and deprivation.
- Section two compares outcomes for young children across regions and local authorities, looking across the four key indicators of health and development.
- Section three then looks at the relationship between deprivation in a local authority and the health and development of the young children growing up there.

This report uses publicly available data compiled by the Public Health England's National Child and Maternal Health Intelligence Network (ChiMat) as part of its Data Atlas. ChiMat has also produced a number of tools¹¹, including Early Years Profiles, which allow local areas to view their outcomes across a wider range of young children's health measures. See www.chimat.org.uk.

Many of the measures referenced in this report and ChiMat's Early Years Profiles are also included in the Public Health Outcomes Framework (PHOF). The PHOF describes the outcomes the government expects public health services to achieve for people in England, along with indicators for measuring progress. See www.phoutcomes.info.

Geographical variations in health matter increasingly as local authorities take on responsibility for the health of children under five

SECTION 1:

Key outcomes indicators for children in the early years

A range of data on young children's health is recorded and published nationally, allowing for the comparison of outcomes in different geographical areas and progress on previous years. This includes a number of key indicators in the government's Public Health Outcomes Framework as well as more detailed information brought together by Public Health England's National Child and Maternal Health Intelligence Network (ChiMat).

In this report we focus on four key areas that, taken together, give a rounded picture of the impact the first five years of a child's life has on their health: obesity; tooth decay; injuries; and development or 'school readiness'. These outcomes have been chosen because they provide good coverage across the country, are measured at the end of this age range or across it, and give a good indication of the number of children affected by these poor health outcomes. This section provides an overview of these four indicators, their significance for children's life chances and the key risk factors that influence whether or not a child is likely to have a poor outcome.

Obesity

Almost one in ten children starting school are obese, amounting to over sixty thousand children in 2013–14. After increasing for a number of years, levels of child obesity appear to have plateaued since 2006, although the rate for boys has decreased slightly over this period.

Obese children are at an increased risk of a number of health complications that have the potential to have a significant negative impact on their development and wider outcomes. Not only are obese children more likely to suffer from cardiovascular disease and diabetes in later life, but there are also a number of issues that are more likely to affect them *during childhood*. These include asthma, emotional and behavioural problems (particularly in boys), sleeping problems, musculoskeletal problems and type 2 diabetes.¹²

According to an economic analysis in the Chief Medical Officer for England's 2012 annual report, the short-term costs of child obesity are estimated at £51 million per year, with estimated long-term costs (including health care and non-health care costs) of £588–686 million.¹³

Key issues

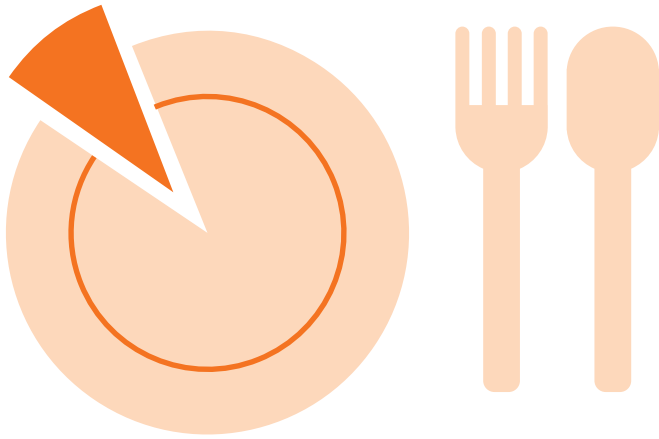
- The costs of childhood obesity are estimated to be £51 million per year.
- Tooth decay leads to pain and infection, and in turn difficulties with eating, speaking and sleeping.
- Severe injury in childhood is linked to a range of health and psychosocial problems in the short and long term.
- A young child's physical, emotional, social and cognitive development strongly influences their educational attainment, health and employment prospects as an adult.

Source of infographic on opposite page:

Health and Social Care Information Centre (2014), National Child Measurement Programme 2013/14; Office of National Statistics (2013), Population Estimates by single year of age and sex for local authorities in the UK, mid-2013; 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.

Four indicators of early years health and development in England:

Obesity



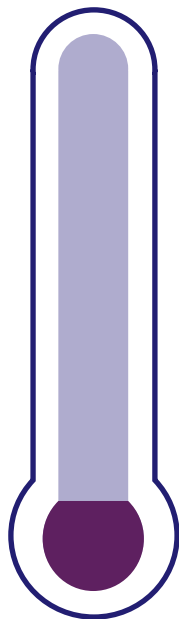
9.5% of 4–5-year-olds are obese

That is over 60,000 children

Injuries

48,000

hospital admissions of children under five due to injury



That is 140 cases per 10,000 of the population

Tooth decay

25%

of five-year-olds are affected by tooth decay

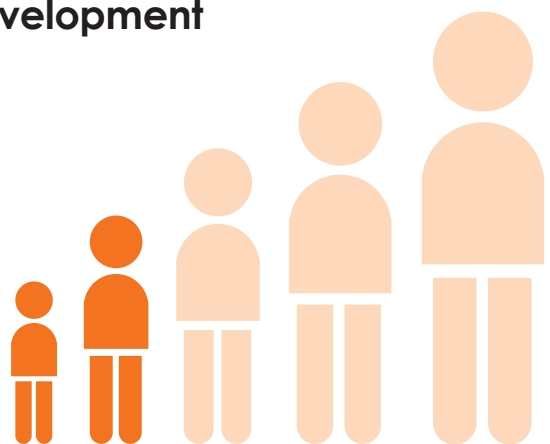


A total of over 150,000 children

Development & 'school readiness'

of Reception class children did not reach a good level of development

39.6%



Amounting to over a quarter of a million 4–5-year-olds

Factors that can increase a child's risk of becoming obese include low birthweight, not getting enough sleep, poor early nutrition (for example not being breastfed or moving to solid foods too quickly) and consuming high-calorie solid foods. Boys and children from a Black African background are also more likely to be obese.¹⁴

There is a strong link between low income and high rates of obesity in children. Obesity in four- and five-year-olds as they arrive at school is approximately twice as common in the most deprived ten per cent of the population as it is in the least deprived ten per cent. This level of inequality is mirrored in a number of measures of deprivation. Investigations into the relationships between poverty and nutrition have shown how low-income families often have limited access to shops selling a healthy range of food and often 'trade down' to less nutritional but highly calorific foods in the face of financial pressures.¹⁵

In this report, we have used data on 'excess weight' among 4–5-year-olds who are overweight or obese, which is gathered every year from Reception class children in all maintained schools, as part of the National Child Measurement Programme. 'Excess weight' includes those who are overweight as well as those who are obese, giving local authorities a broader view of the health of their population and the likely impact of being overweight as a risk factor. In our analysis of data in this report, however, we have used figures only for children classified as obese, in order to give an indication of children suffering more immediate poor health outcomes.

Tooth decay

Around a quarter of five-year-olds in England have tooth decay, amounting to over 150,000 children at the time of the last major survey in 2012. While oral health has greatly improved since the 1970s, the number of children admitted to hospital for tooth decay has been increasing in recent years.

Tooth decay often leads to pain and infection, such as gum disease or dental abscesses, which in turn can lead to difficulties with eating, speaking and sleeping. The rate of tooth decay can be more rapid in children and adolescents than in older people, and seems to be faster in milk teeth than in adult teeth. Tooth decay in early childhood increases the risk of a child developing subsequent problems, such as further decay in their milk and adult teeth.

Many children have to be admitted to hospital to have decayed teeth removed, with almost 26,000 children aged five to nine admitted in 2013–14, a 14 per cent increase since 2010–11. This is much higher than in any other age group, making the development of good oral health in the early years vital.¹⁶

Consumption of sugary or acidic food and drinks, including via bottle feeding, not cleaning teeth properly or often enough, and not being exposed to fluoride, are all known to increase the risk of tooth decay. Children who come from an Asian family where

Obese children are at an increased risk of health complications that can affect their development

Tooth decay is a common cause of hospital admissions for primary school aged children

parents do not have good English language skills are more likely to suffer from tooth decay, as are all those living in low-income households.¹⁷

In this report we use data from the oral health survey of five-year-old children 2012, which is part of the National Dental Epidemiology Programme for England. This involved examining a sample of five-year-old children in each local area and produced a range of measures of children's oral health. We have used the percentage of children with current/active tooth decay, which represents the number of children who have one or more obviously decayed teeth.

Injuries

In 2013–14 there were over 48,000 hospital admissions of children aged under five due to injury – 140 cases per 10,000 of the population. This includes both intentional injuries and injuries resulting from an accident.

The home is the most common place for preschool children to be injured, where they are vulnerable to a range of unintentional injuries including falls, burns and scalds, drowning, suffocation and poisoning.¹⁸ The Child Accident Prevention Trust estimate that every four minutes a child under the age of five is admitted to hospital with an accidental injury¹⁹.

Severe injuries are associated with a range of health and psychosocial problems in both the short term and long term. These problems include post-traumatic stress, physical disability, cognitive or social impairment, and lower educational attainment and employment prospects. When a child is severely injured, this may also place a significant psychological burden on families and carers.²⁰ Injuries are the most common cause of death in children aged one to four years in the UK.²¹

If a child's parents are of lower socio-economic status, if they live in rented or older accommodation or if their parents have little social support (for example having someone to talk to, borrow money from or ask to watch their children, particularly in emergency situations²²), they have an increased risk of injury. Lack of parental supervision and certain maternal behaviours, including alcohol consumption and displaying higher levels of anxious, impulsive or stressed behaviours, are also linked to a higher risk of injury. Boys and children who have conditions affecting behaviour such as autism, hyperactivity and mental health problems are more likely to be injured.

The data used in this report is taken from the Public Health Outcomes Framework's indicator 'hospital admissions caused by unintentional and deliberate injuries in children and young people aged 0–14 and 15–24 years'. Public Health England calculate rates for each local authority area based on the Health and Social Care Information Centre's Hospital Episode Statistics (HES) and population estimates from the Office for National Statistics.

Home is the most common place for preschool children to be accidentally injured

Poverty affects a young child's chances of developing well in early years

It is important to note that hospital admissions data is a function of how care is managed in a particular local area as well as of the number of people affected by an injury or ailment. Admission may be avoided, for example, through the use of child health expertise in community settings, allowing quicker treatment and services being more confident in decisions (or simply having a different policy) regarding when admission is and is not required.

Development and 'school readiness'

In 2013–14, four out of ten children, or over quarter of a million, were judged by their teachers to have not reached a good level of development by the end of Reception class – a measure of their readiness for school.

A child's physical, emotional, cognitive and social development in the early years will of course be key to determining the extent to which they are ready to engage and learn alongside their peers when they start compulsory schooling, and their success later in life.

While such development will be supported by early years education, it is also important to consider the public health contribution and the role that wider environmental factors play in a child's development. Interventions focusing on social and emotional well-being can have positive impacts through to adolescence and beyond, and there is particular evidence supporting those delivered by health professionals.²³ A young child's physical and emotional, as well as social and cognitive development, strongly influences their educational attainment and their health and employment prospects as an adult.²⁴

Maternal health, including stress, diet, drug, alcohol and tobacco use during pregnancy, has significant influence on early brain development.²⁵ Growing up in poverty and deprivation is a key factor affecting a young child's chances of reaching a good level of development in the early years. In 2013–14, only 45 per cent of Reception class pupils eligible for free school meals (a proxy indicator of poverty and deprivation) reached a good level of development, compared to 64 per cent of those not entitled to free school meals.²⁶

In this report, we have used the Public Health Outcomes Framework's indicator of 'school readiness', which measures 'the percentage of children achieving a good level of development at the end of reception'. This is drawn from the Early Years Foundation Stage Profile (EYFSP), which is an assessment carried out by teachers at the end of Reception. Children are defined as having reached a good level of development at the end of the EYFS if they achieve at least the expected level in the 'prime areas of learning' – personal, social and emotional development; physical development; and communication and language, as well as learning goals in mathematics and literacy. It is important to note that the government currently plans to remove the requirement on schools to record this information from 2016, replacing it with a baseline assessment focussing on maths and literacy only.²⁷

The pervasive impact of deprivation

It is clear that growing up in poverty has a negative impact on the first five years of a child's health and development, as measured by the four key indicators focused on in this report. Not only is deprivation identified as a risk factor in itself, but it also contributes to the likelihood of other risk factors arising early in life. Infants from low-income families, for example, are less likely to be breastfed, and more likely to be born with a low birthweight, both of which are factors identified as increasing the likelihood of obesity²⁸. They are also more likely to be fed sugary food and drinks, which increase the

likelihood of obesity and tooth decay²⁹. And children living in low-income households are more likely to live in rental accommodation, which is a risk factor for injury. Furthermore, behaviours that impact on cognitive development to ensure a child is ready for school have been linked to the socio-economic status of a child's parents³⁰.

The relationship between levels of deprivation within a local authority area and the health and development of their young children is discussed in further detail in section three.

SECTION 2:

Regional and local variations

From October 2015 local authorities will take on responsibility for public health for preschool children. As they start to look for opportunities for developing joined-up approaches to improving outcomes for children, they will of course want to know how these outcomes currently compare to those in other areas. Those championing children's health locally and regionally will also want information to illustrate the need for action and to hold decision makers to account.

This section analyses variation – by region and local authority – in young children's health outcomes across England, drawing upon the sources discussed in section one and the Child and Maternal Health Intelligence Network's Data Atlas. It demonstrates the existence of a wide gap in health outcomes between young children living in different parts of the country.

Variation in young children's outcomes by region

Looking at regional variations sets out the important context for local authorities' new public health role and illustrates how geographical health inequalities manifest at a sub-national level. Some health services are, in practice, organised over wider geographical areas than those covered by local authorities and the bodies responsible for planning local health services, clinical commissioning groups. The Greater Manchester Agreement pilot, giving more responsibility to a cluster of local authorities and health agencies, is evidence of a further move towards decisions about how resources are used and services organised being taken across local authority and health commissioning boundaries. Other city regions are expected to follow the Manchester example.

Key issues

- There is a wide gap in health and development outcomes between young children living in different parts of the country
- Overall, the South East has the best outcomes for early childhood obesity, tooth decay, injury and development, while the North West has consistently poor results. In fact, if the North West had the same under-five injury rates as the South East, there would be over 2,500 fewer cases a year
- There are even greater levels of variation in children's outcomes across local authorities. A five-year-old in Leicester, for example, is five times more likely to have tooth decay than a five-year-old growing up in West Sussex

Source of infographic on opposite page:

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.

If the North West had the same early childhood outcomes as the South East, it would have:

Obesity



19% fewer obese 4–5-year-olds

Equivalent to over 1,600 fewer children

Tooth decay

43%

fewer five-year-olds with tooth decay

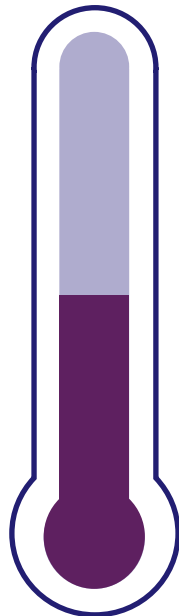


Equivalent to over 11,000 fewer children

Injuries

31%

fewer children under five admitted to hospital with an injury

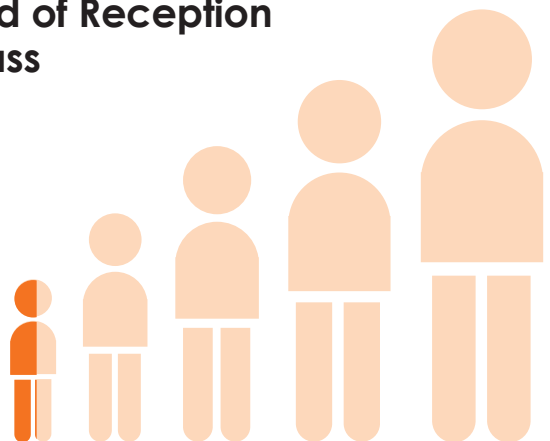


Equivalent to over 2,500 fewer cases a year

Development & 'school readiness'

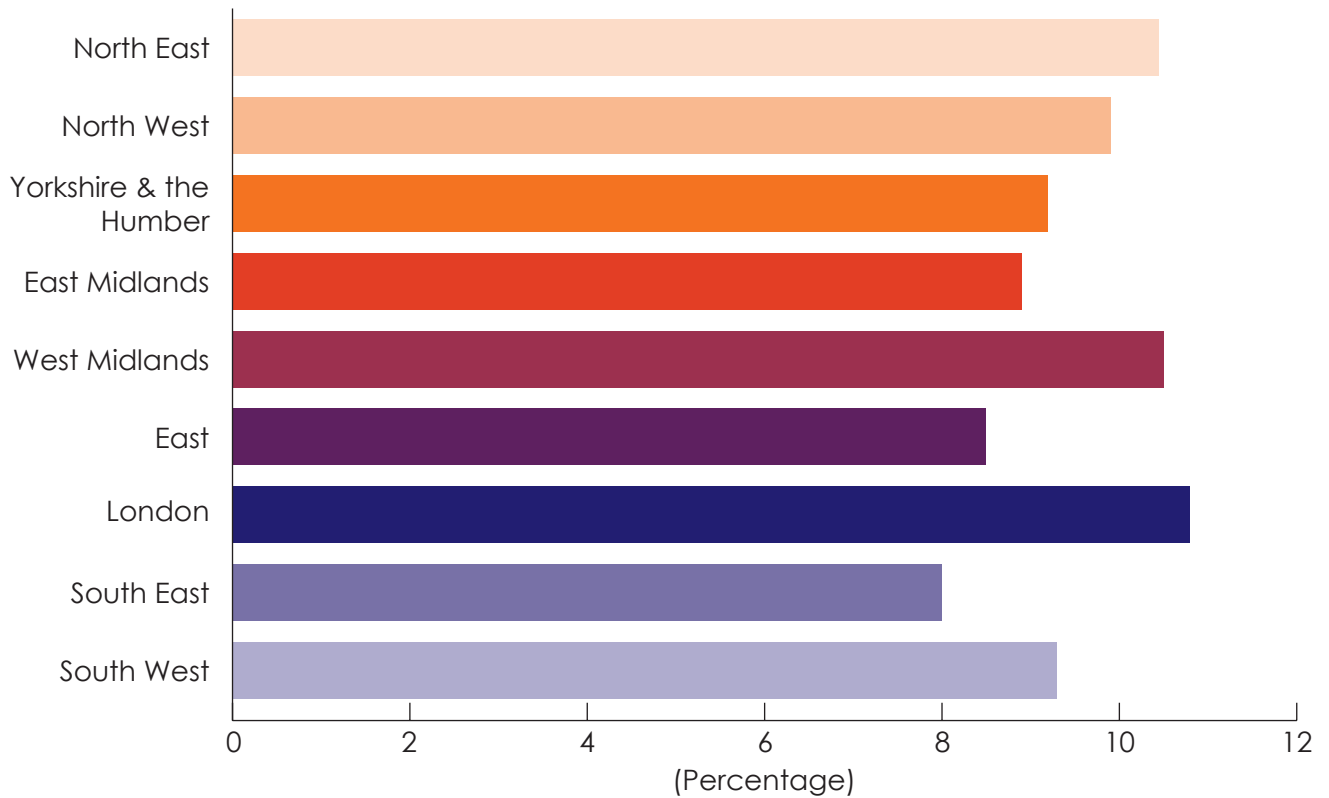
more children achieving a good level of development by end of Reception class

11%



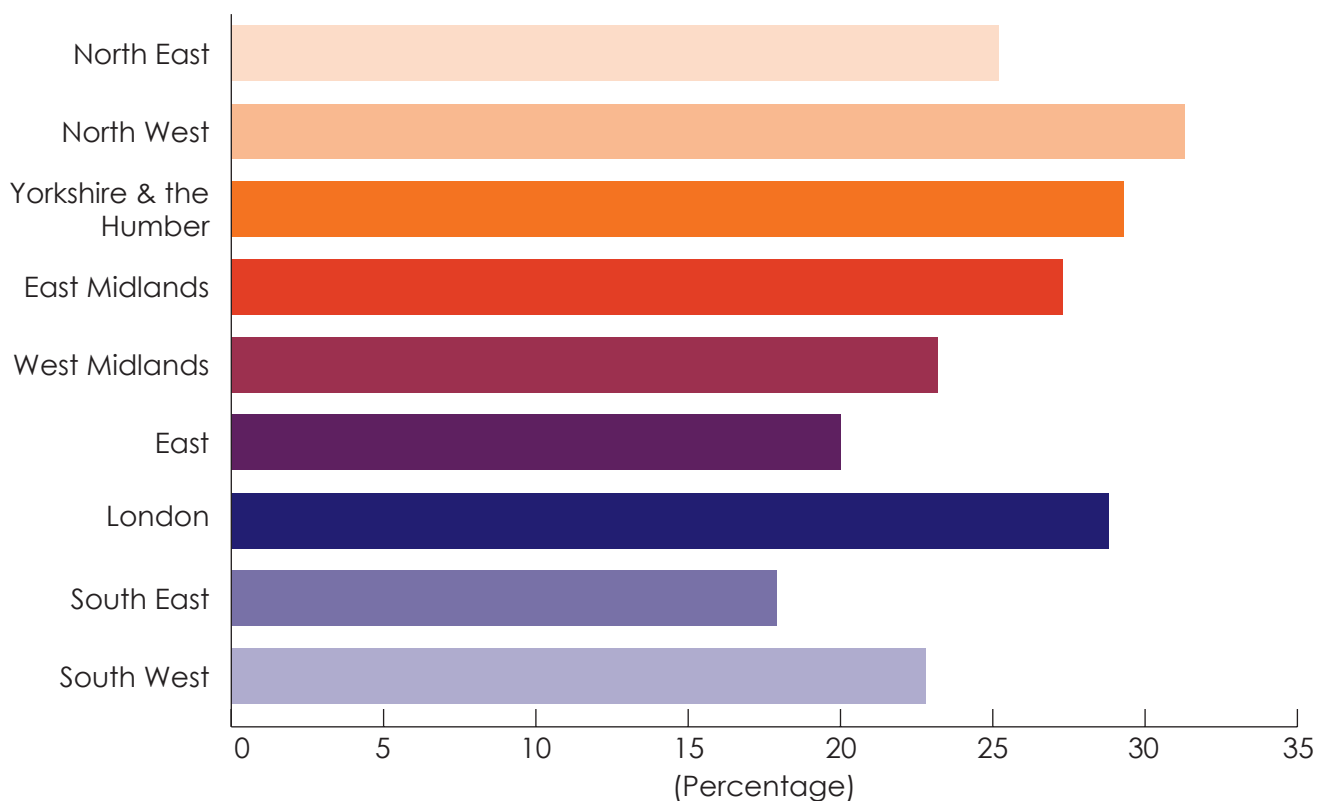
Equivalent to around 5,500 more children

Figure 1: Proportion of children in Reception (4–5-year-olds) who are obese, by region



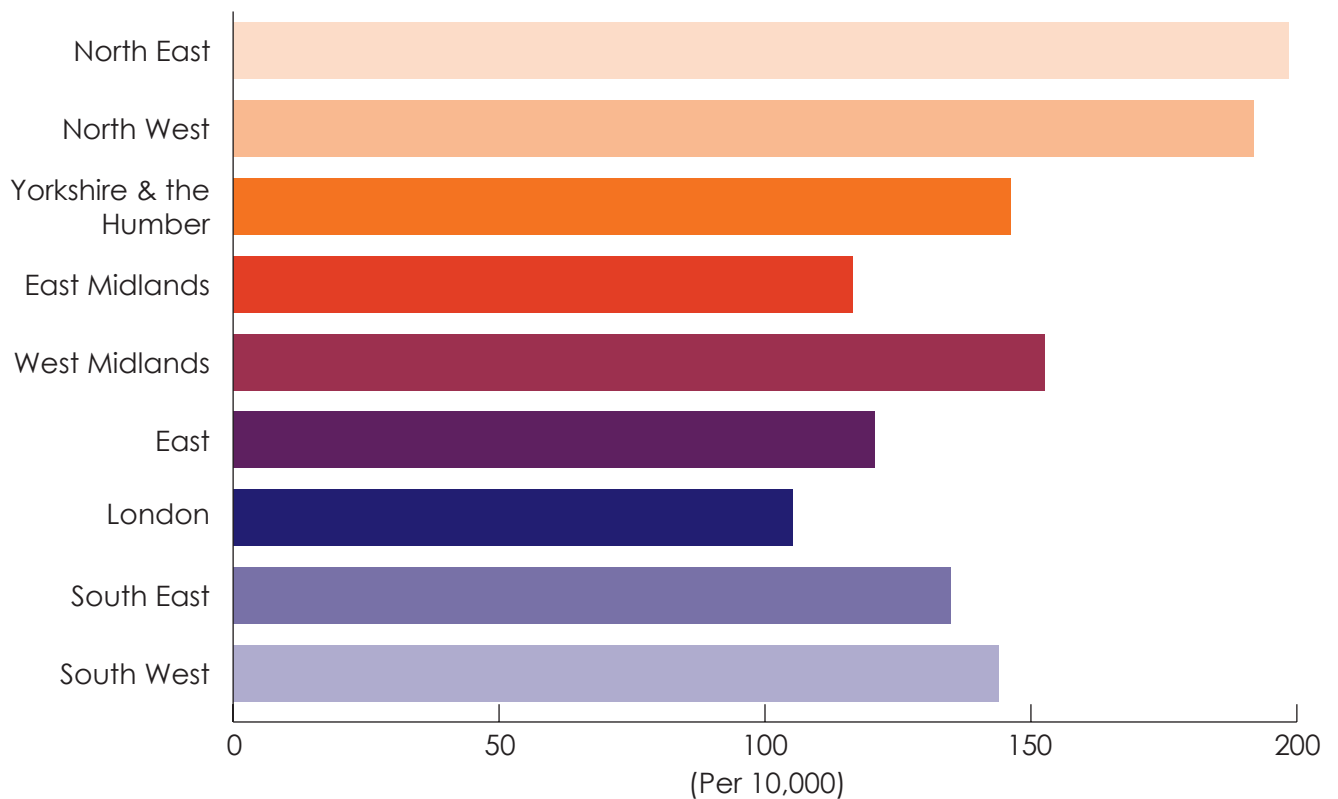
Source: Health and Social Care Information Centre (2014), National Child Measurement Programme 2013/14

Figure 2: Proportion of five-year-olds with current/active tooth decay, by region



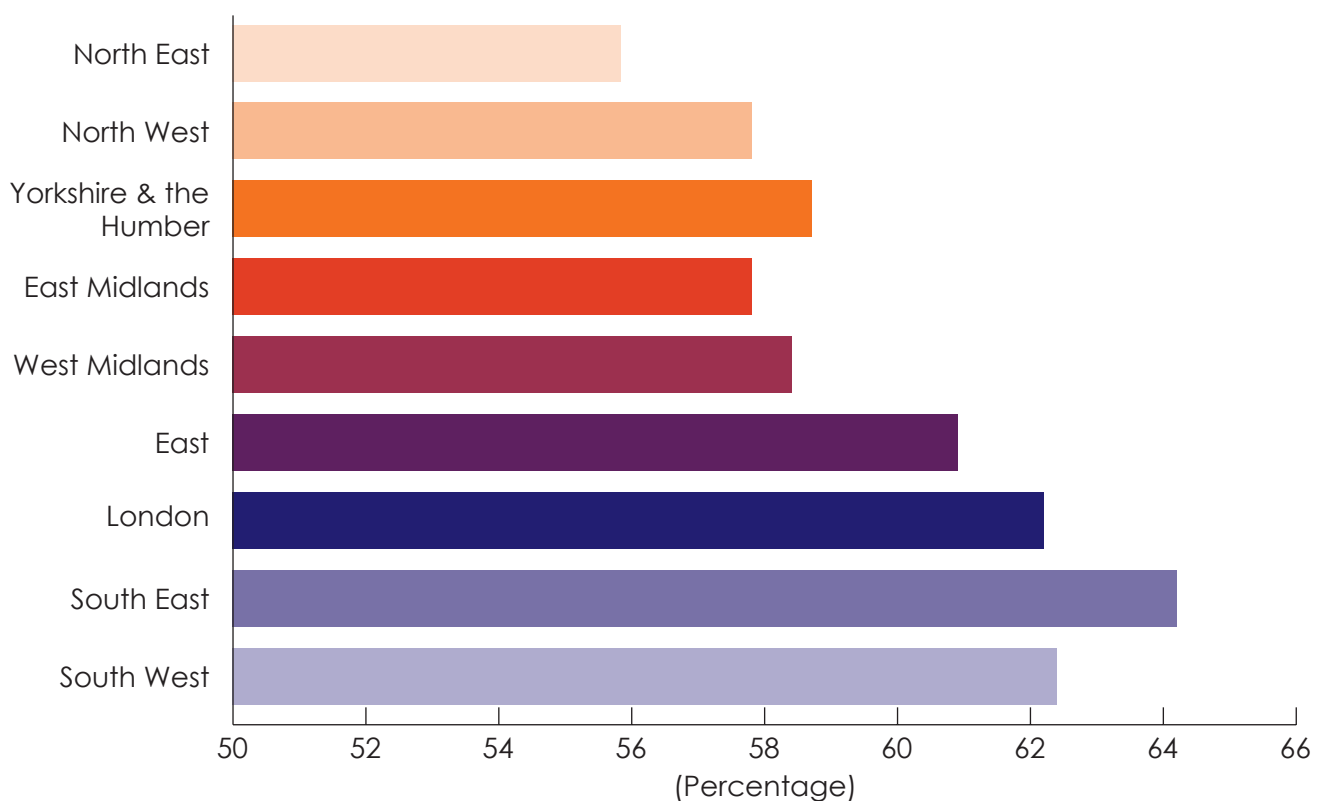
Source: National Dental Epidemiology Programme for England (2012), Oral health survey of five-year-old children 2012.

Figure 3: Rate of hospital admissions for children under the age of five due to injury, by region



Source: Health and Social Care Information Centre (2014), Hospital Episode Statistics 2014

Figure 4: Proportion of children achieving a good level of development at the end of Reception (4–5-year-olds), by region



Source: Department for Education (2014), Early years foundation stage profile results: 2013 to 2014.

As can be seen from figures 1 to 4, there is variation in young children's health and development across the nine regions of England, with some startling statistics:

- In three regions – London, the West Midlands and the North East – at least one out of every ten children starting school is obese. This means that, in London for example, 12,510 4–5-year-olds were obese in 2013–14.
- In five regions – London, the North West, the North East, the East Midlands and Yorkshire and Humber – more than a quarter of five-year-olds have tooth decay. In the North West, which has the highest rate, 26,307 children were suffering from tooth decay in 2011–12.
- Interestingly, some regions perform very differently across the four outcomes. For example, London seems to avoid a large number of hospital admissions due to injury, compared to other regions, and has relatively high rates of children achieving a good level of development, but the capital has high levels of tooth decay and the highest rate of obesity.
- The South East has the best overall outcomes for obesity, tooth decay and children achieving a good level of development and has a relatively low rate of injury.
- In contrast, the North West has *consistently* poor results for all four outcomes, when compared to other parts of the country.

There is a wide gap in young children's health outcomes across the country

Variation in young children's outcomes by local authority

Looking at differences in young children's health outcomes by local authority, there are even greater levels of variation. The latest statistics show that:

- The proportion of young children who are obese ranges from 5.5 per cent in Richmond upon Thames to 14.2 per cent in Barking and Dagenham, just 18 miles apart
- The proportion of young children with tooth decay ranges from 9.5 per cent in West Sussex to a considerable 51 per cent in Leicester
- The proportion of young children who suffer an injury serious enough to be admitted to hospital ranges from 67.6 per 10,000 in Westminster to 316.4 per 10,000 on the Isle of Wight
- The proportion of children who are developing well and ready for school by age five ranges from 75.3 per cent in Lewisham to 41.2 per cent in Leicester

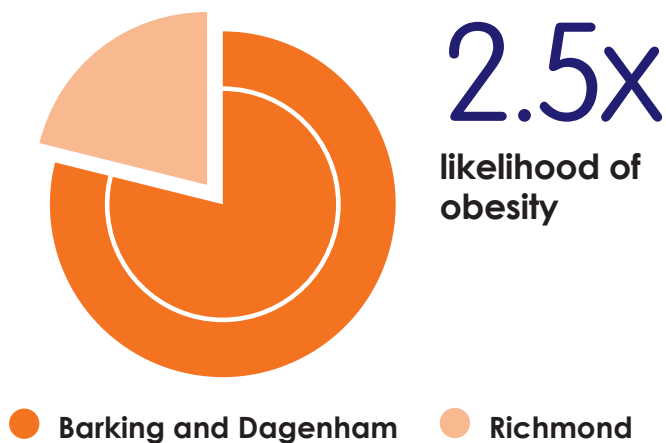
Figures 5 to 8 set out the variation in young children's outcomes between local authority areas across England. Local authorities with the ten best and ten worst rates for each of the outcomes are also listed. An interactive map setting out health outcomes data for young children in all English local authorities, along with data tables, can be found at: www.ncb.org.uk/poorbeginnings.

Source of infographic on opposite page:

Health and Social Care Information Centre (2014), National Child Measurement Programme 2013/14; Office of National Statistics (2013), Population Estimates by single year of age and sex for local authorities in the UK, mid-2013; 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.

Children growing up in different local authorities have very different outcomes in the early years

Obesity



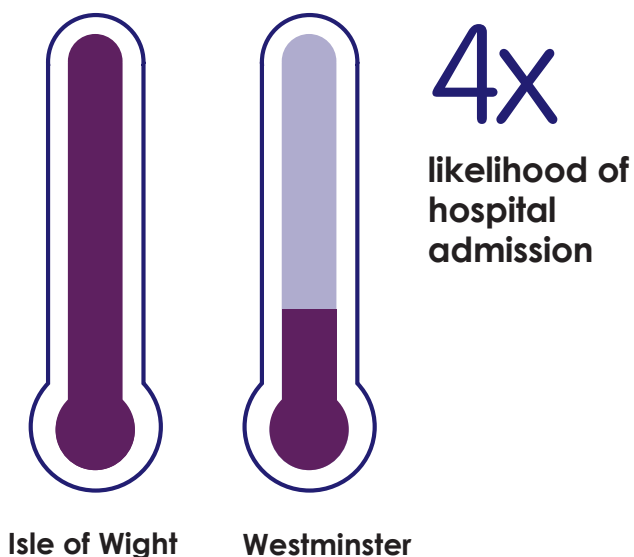
A child in Reception class in Barking and Dagenham is over **two and half times** more likely to be obese than a child of the same age in Richmond upon Thames, only 18 miles down the road

Tooth decay



A five-year-old in Leicester is over **five times** more likely to have tooth decay than a child of the same age in West Sussex

Injuries



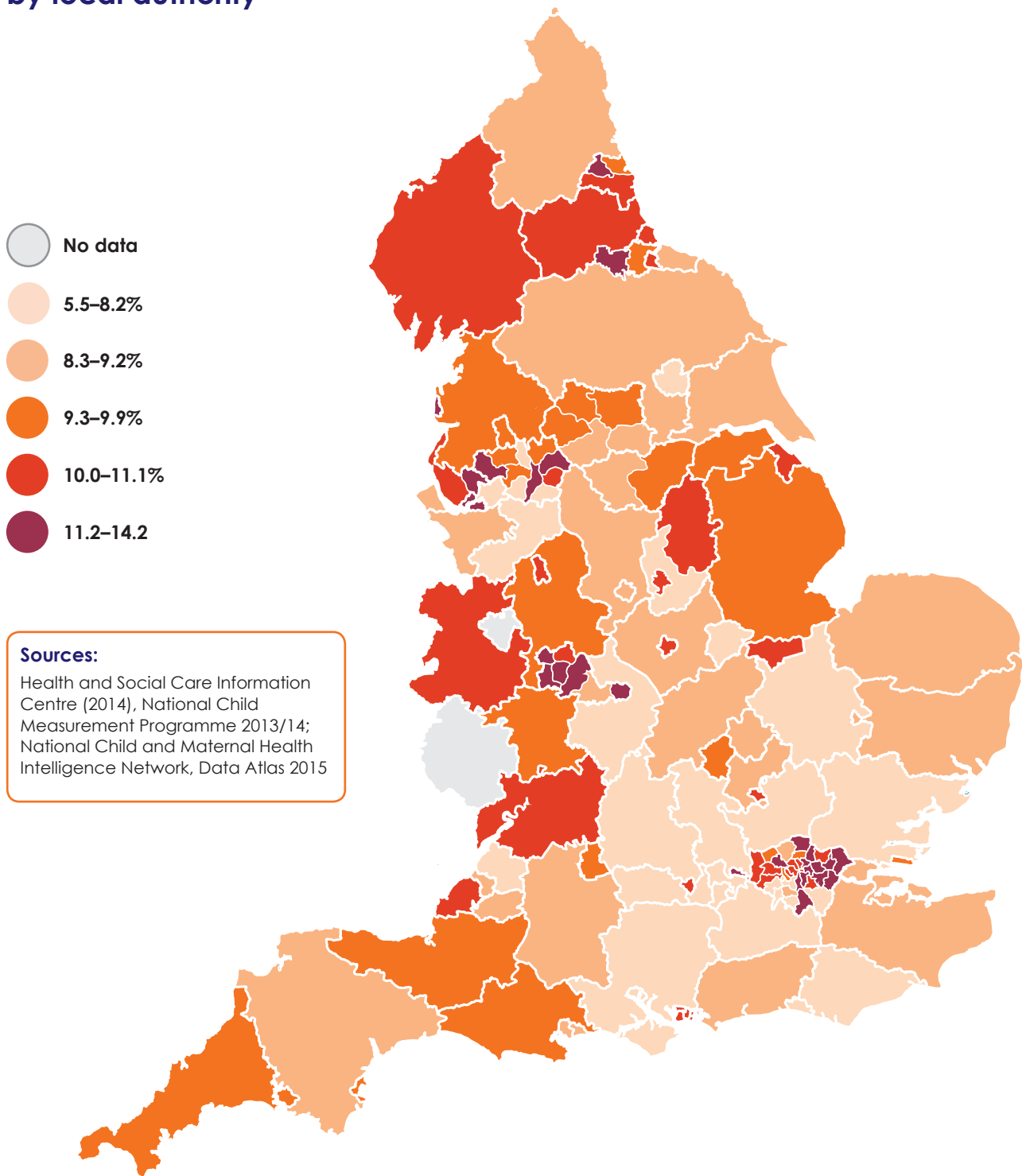
A young child on the Isle of Wight is over **four times** more likely to be admitted to hospital with an injury than one of their peers in Westminster

Development & 'school readiness'



A child in Lewisham is nearly **twice** as likely as a child in Leicester to achieve a good level of development at the end of Reception

Figure 5. Proportion of children in Reception (4–5-year-olds) who are obese, by local authority



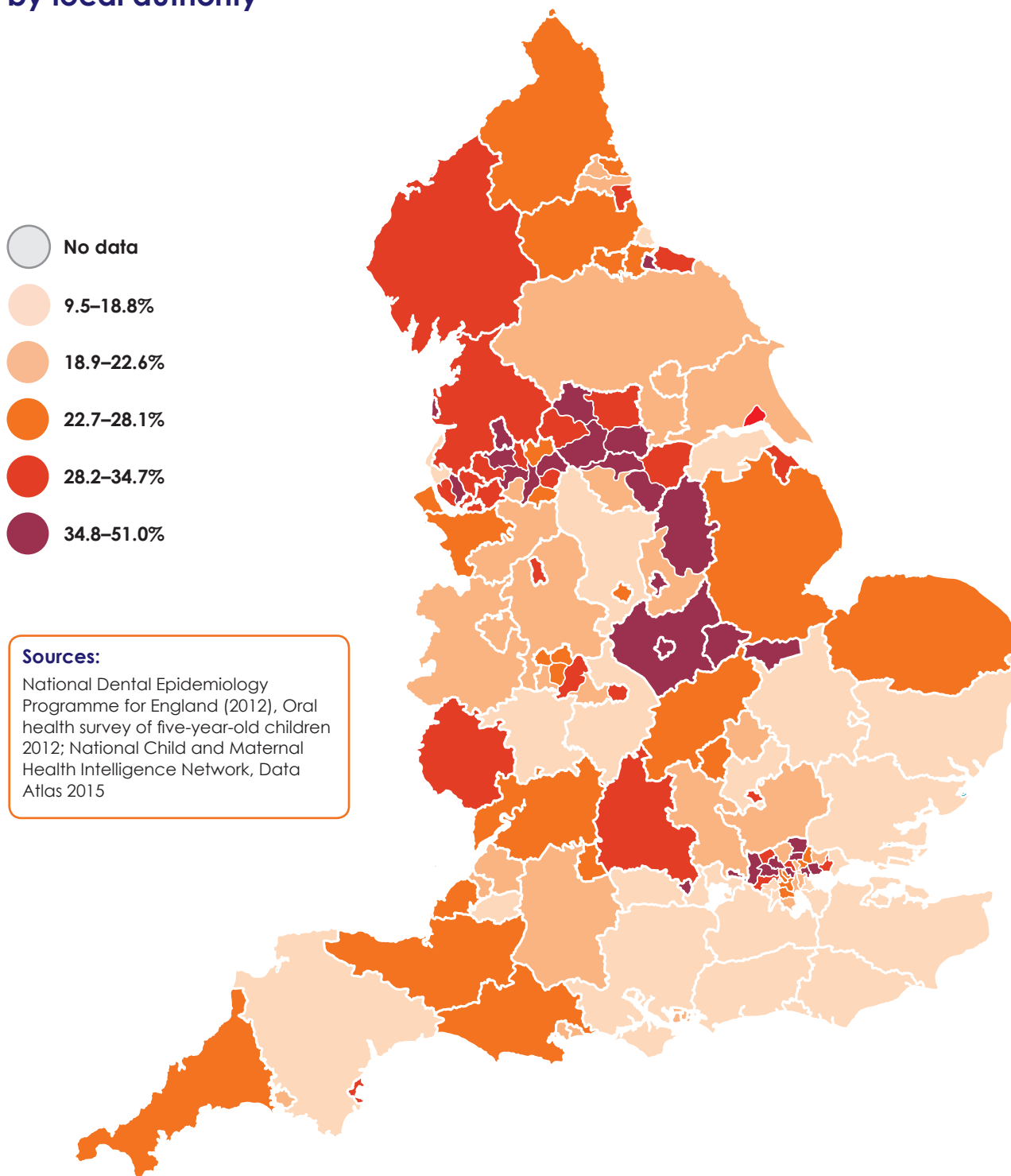
Sources:

Health and Social Care Information Centre (2014), National Child Measurement Programme 2013/14; National Child and Maternal Health Intelligence Network, Data Atlas 2015

10 lowest areas	Rate (%)
Richmond upon Thames	5.5
Kingston upon Thames	6.2
West Berkshire	6.4
Bracknell Forest	6.4
Wokingham	6.6
Surrey	6.7
Cheshire East	6.8
Windsor and Maidenhead	6.8
Rutland	6.9
Brighton and Hove/Buckinghamshire	7.1

10 highest areas	Rate (%)
Barking and Dagenham	14.2
Hackney	13.9
Brent	13.6
Greenwich	13.4
Southwark	12.8
Halton	12.8
Wolverhampton	12.6
Tower Hamlets	12.4
Newham	12.3
St Helens/Enfield	12.2

Figure 6. Proportion of five-year-olds with current/active tooth decay, by local authority



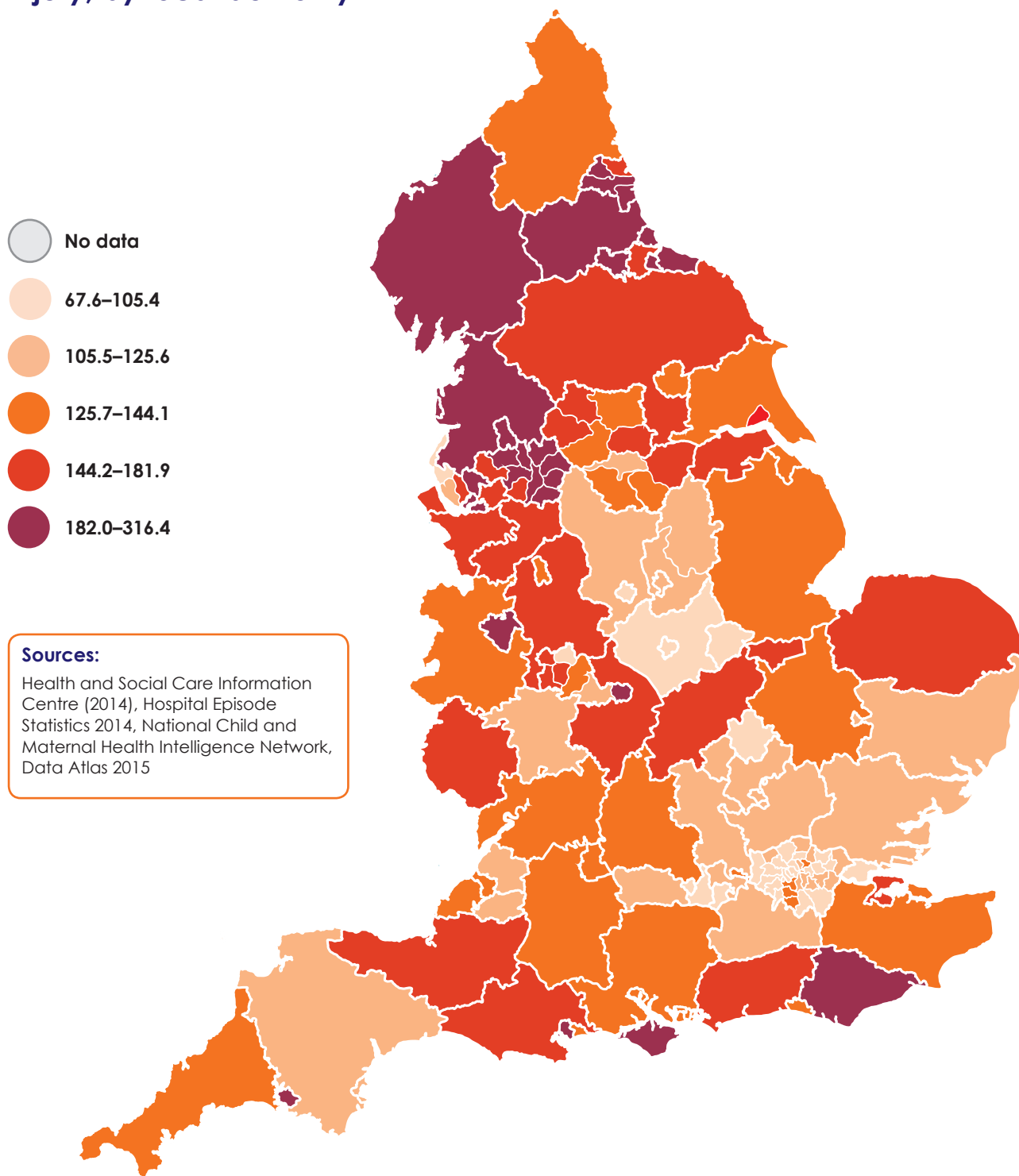
Sources:

National Dental Epidemiology Programme for England (2012), Oral health survey of five-year-old children 2012; National Child and Maternal Health Intelligence Network, Data Atlas 2015

10 lowest areas	Rate (%)
West Sussex	9.5
Brighton and Hove	10.1
Central Bedfordshire	12.3
Cambridgeshire	12.6
Medway	13.1
Lewisham	14.1
Kent	14.2
Richmond upon Thames	14.3
Wokingham	14.4
Hampshire	14.4

10 highest areas	Rate (%)
Leicester	51
Oldham	46.2
Salford	42.6
Tower Hamlets	41.2
Bradford	40.4
Bolton	39.5
Rutland	39.2
Brent	39.2
Kingston upon Hull	39.2
Wakefield	38.9

Figure 7. Rate of hospital admissions for children under the age of five due to injury, by local authority

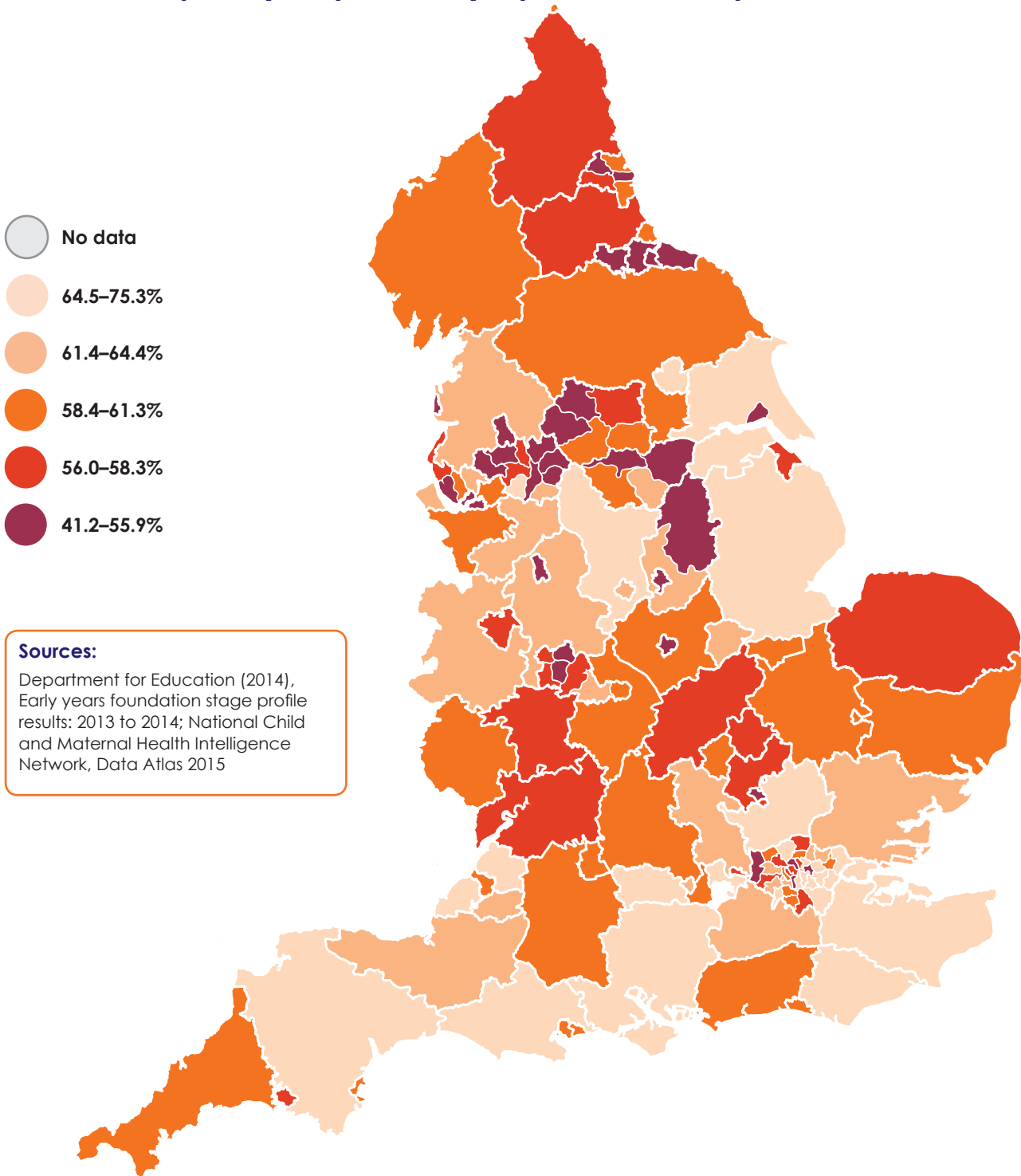


Sources:

Health and Social Care Information Centre (2014), Hospital Episode Statistics 2014, National Child and Maternal Health Intelligence Network, Data Atlas 2015

10 lowest areas	Rate (per 10,000)	10 highest areas	Rate (per 10,000)
Westminster	67.6	Isle of Wight	316.4
Rutland	73.5	Oldham	289.5
Newham	73.8	Rochdale	278.1
Camden	75.8	Manchester	265.7
Barnet	79.5	South Tyneside	265.3
Wokingham	81.1	Blackburn with Darwen	257.1
Leicestershire	83.0	Darlington	255.2
Bedford Borough	86.9	Middlesbrough	241.2
Hounslow	89.0	Bury	239.1
Bromley	89.2	Bolton	231.3

Figure 8. Proportion of children achieving a good level of development at the end of Reception (4–5-year-olds), by local authority



10 highest areas	Rate (%)
Lewisham	75.3
Greenwich	73.2
Bexley	72.9
South Gloucestershire	72.3
North Somerset	69.9
Trafford	68.6
Kent	68.5
Devon	67.8
Hampshire	67.5
Dorset	67.5

10 lowest areas	Rate (%)
Leicester	41.2
Halton	45.6
Blackburn with Darwen	46.5
Nottingham	46.5
Rochdale	50.1
Middlesbrough	50.1
Stockton-on-Tees	50.2
Kingston upon Hull	50.8
Derby	51.3
Oldham/Luton	51.6

SECTION 3:

Local variations and levels of deprivation

It is clear there are significant local and regional variations in the key health outcomes for children under the age of five. But to what extent are they determined by levels of deprivation? And given that poverty is a key factor in a child's early health and development, as set out in section 1, is it inevitable that young children growing up in poor areas will have poor health outcomes?

Comparing the most deprived³¹ local authorities with the least deprived local authorities shows that there is a significant difference. Not surprisingly, outcomes for children in the more deprived areas are much worse, with higher levels of obesity and tooth decay, more injuries and lower levels of preschool development.

Additional analysis reveals that, of the 30 most deprived local authorities:

- 13 areas are in the worst fifth for obesity, with more than 11 per cent of 4–5-year-olds being obese
- 13 areas are in the worst fifth for tooth decay, with over a third of five-year-olds suffering from poor dental health
- 12 areas are in the worst fifth for injuries, with hospital admission rates of over 180 per 10,000 each year
- 17 areas are in the worst fifth for children achieving a good level of development, with rates of less than 56 per cent.

This contrasts with the 30 most affluent local authorities. None of those local authorities are in the worst fifth for obesity, injuries or achieving a good level of development, and just two are in the worst fifth for tooth decay.

Deprived areas that buck the trend

However, the data also shows that poor early childhood outcomes are not inevitable for children growing up in deprived local authorities. There are several areas with high levels of deprivation that appear to buck the trend, with better health outcomes for their young children than might be expected. For example, among the most deprived 30 local authorities:

- Seven local authorities have average levels of obesity – Salford, Kingston-upon-Hull, Bolton, Bradford, Rochdale, Haringey and Blackburn with Darwen

Key issues

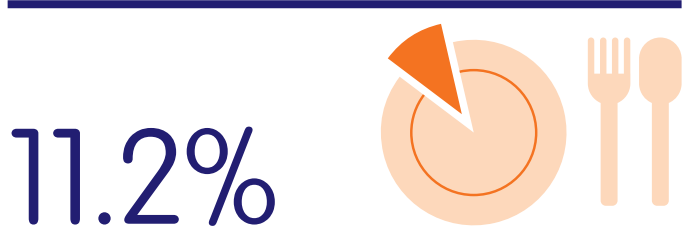
- Young children growing up in deprived areas are more likely than those living in more affluent areas to suffer from poor health and development
- However, poor outcomes in deprived areas are not inevitable. Some local authorities buck the trend, with average or better outcomes for young children
- Local authorities taking responsibility for young children's public health provides an opportunity for areas to improve young children's lives, whatever their socio-economic context

Source of infographic on opposite page:

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; A Department for Communities and Local Government (2011) The English Indices of Deprivation 2010: Local Authority Summaries.

Children growing up in the 30 most deprived local authorities have worse health and development outcomes than those in the 30 least deprived areas

Most deprived



of 4–5-year-olds in the most deprived local authorities are obese

Least deprived



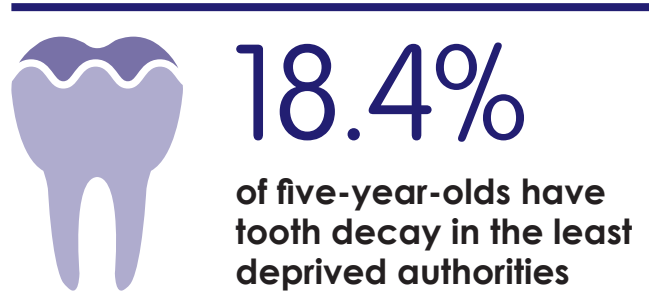
of 4–5-year-olds in the least deprived local authorities are obese

Most deprived



of five-year-olds have tooth decay in the most deprived authorities

Least deprived



of five-year-olds have tooth decay in the least deprived authorities

Most deprived



under five-year-olds are admitted to hospital for injury in the most deprived authorities

Least deprived



under five-year-olds are admitted to hospital for injury in the least deprived authorities

Most deprived



of children reached a good level of development by Reception age in the most deprived authorities

Least deprived



of children reached a good level of development by Reception age in the least deprived authorities

- One local authority – Hartlepool – is in the best fifth for tooth decay, and two – South Tyneside and Islington – are in the second best fifth
- Seven local authorities – Newham, Leicester, Islington, Haringey, Barking and Dagenham, Tower Hamlets and Walsall – are in the best fifth for injury, and four – Nottingham, Liverpool, Waltham Forest and Greenwich – are in the second best fifth
- Three local authorities – Greenwich, Newham and Hackney – are in the best fifth for children achieving a good level of development, and two – Waltham Forest and Haringey – are in the second best fifth.

Poor outcomes are not inevitable for children growing up in deprived areas

Furthermore, there is notable variation in outcomes between areas that have *similar* levels of deprivation, for example:

- Salford has 9.6 per cent obesity in five-year-olds compared to 12.8 per cent in Halton (both with deprivation extent³² of 46 per cent)
- Waltham Forest has 24 per cent of five-year-olds with tooth decay compared to 39 per cent in Kingston-upon-Hull (both with deprivation extent of 51 per cent)
- Haringey has 100 admissions due to injury per 10,000 of the population compared to 241 in Middlesbrough (both with deprivation extent of 55 per cent)
- Birmingham has 56.4 per cent of children achieving a good level of development compared to 46.5 per cent in Nottingham (56 per cent and 50 per cent deprivation extent respectively).

There will of course be other contextual factors underpinning an area's outcomes, including the ethnic make-up of the local population, as highlighted in the risk factors discussed in section 1, or the extent to which an area is urban or rural. Nevertheless, the variation between areas with similar levels of deprivation shows that for young children living in deprived areas, suffering from poor health and development is not inevitable.

It is important to learn from those areas that are doing better despite high levels of deprivation. It was beyond the scope of this analysis to conduct research into the factors or actions which may have resulted in young children in some deprived areas having relatively better health outcomes than those in similarly deprived authorities. However, NCB has produced an appendix to this report looking at what some areas are doing, which can be found at: www.ncb.org.uk/poorbeginnings. This summarises publicly available information from some of the areas bucking the trend, looking at their local context and the approaches they are taking to address outcomes in the early years.

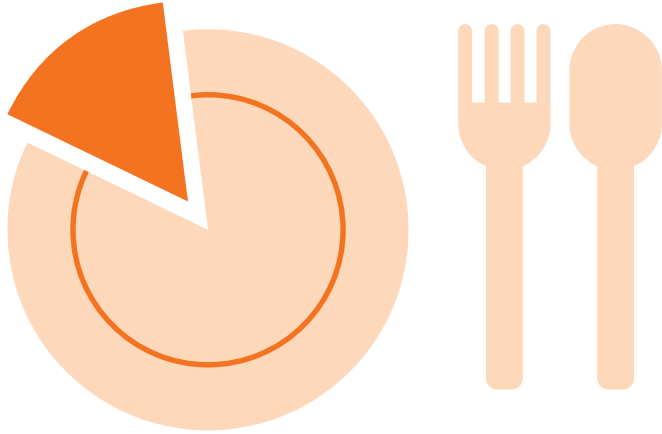
Further analysis should be carried out by Public Health England and the Department of Health to determine what local approaches are making a significant difference. This will help ensure that the transfer of responsibility for young children's public health services to local authorities in October 2015 provides an opportunity for authorities and health agencies, whatever their levels of deprivation, to improve young children's lives.

Source of infographic on opposite page:

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; Department for Communities and Local Government, (2011), The English Indices of Deprivation 2010: Local Authority Summaries.

If all local authority areas had the same outcomes as the least deprived fifth, across England there would be:

Obesity



16% reduction in cases of obesity in Reception class

The equivalent of nearly 10,000 fewer obese children

Tooth decay

26%

reduction in the number of five-year-olds with tooth decay

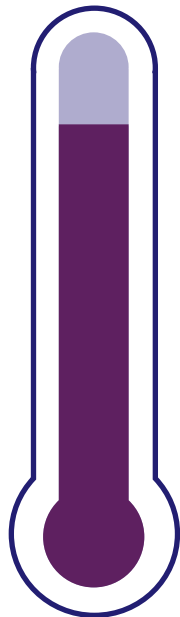


Amounting to nearly 35,000 fewer children with poor dental health

Injuries

11%

reduction in the number of children under the age of five admitted to hospital with an injury

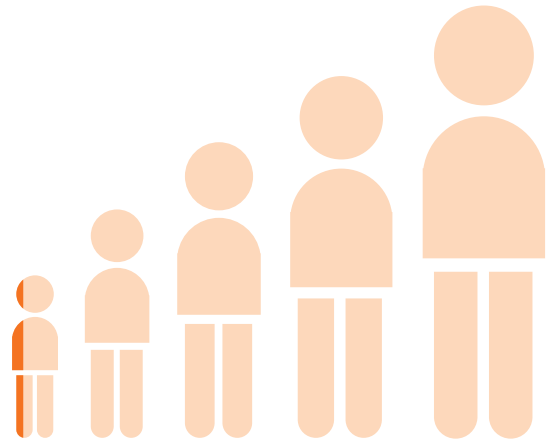


The equivalent of over 5,000 fewer cases of early childhood injury

Development & 'school readiness'

3%

increase in children achieving a good level of development



Amounting to nearly 12,000 more children better prepared for school

Conclusions

The first five years of a child's life are a time of great importance in their health and development. In recognition of this, Public Health England collects data to examine how children are progressing at this vital stage in their lives. This report has looked at that data relating to four key indicators – obesity, tooth decay, injury and 'school readiness' – and has examined the variations across regions and local authorities.

The report shows that tens of thousands of children under the age of five are obese, are suffering from tooth decay, suffer injuries and do not develop well before starting school. Much depends on where they grow up – with variation in young children's health and development across regions and local authorities. It is unacceptable, for example, that a five-year-old growing up in Leicester is over five times more likely to have tooth decay than a child of the same age in West Sussex.

It is not necessarily surprising that young children growing up in deprived areas tend to do worse than those living in less deprived areas. However, significantly, we have found that this is not inevitable. There are a number of very deprived local authorities where young children are doing as well as, or better than, the national average, such as Salford with its low obesity rates and Walsall with its low injury rates, and areas like Waltham Forest and Haringey that have good results across a number of outcomes. More in-depth analysis is needed to identify how these areas have managed to buck the trend.

The government has a pivotal role to play in championing the importance of children's development in the first years of their life. In the same way that it has had a strong focus on narrowing the gap in school performance, it must firmly focus on narrowing the alarming gap in early childhood health and development between different areas of the country. While local authorities and their partners are well placed to understand and respond to the needs of their

local communities, the regional inequalities and the impact of deprivation highlighted in this report mean that national government must also prioritise the issue if significant progress is to be made.

Government has a pivotal role to play

There are a number of steps which the government should take. Firstly, it needs to **join up activity across government departments, particularly health and education, to set out a renewed strategy to support children and families in the early years that focuses on children's health and development.** Nearly five years ago, the then coalition government published a plan to support families in the foundation years³³. A renewed approach is needed with a strong ambition that delivers on the government's manifesto pledge to give every child the best start in life. This approach should take account of the impact of poverty and deprivation on early childhood health and development.

Secondly, the government should support local authorities and their partners to work together across boundaries to tackle the challenges facing their city or region. It should **build on the new devolution approach it has championed in Greater Manchester. There, ten local authorities and a number of local health bodies have come together to form a strategic system-wide prevention and early intervention board that is pooling resources and coordinating activity with a clear focus on early childhood development. The government should work with all regions in England to develop the same approach** and ensure that the key indicators examined in this report are made a priority for regional prevention and early intervention boards.

The government should consider facilitating less formal arrangements, as an interim measure or where this is most appropriate for a particular region, building on the work of the nine regional oversight groups which have been supporting preparations for local authorities' new

responsibilities for young children's public health. To further inform the work of local authorities and their partners, **the Department of Health and Public Health England should investigate the reasons for the variations uncovered in this report and their relation to local practice**, particularly the factors that determine why some very deprived areas are doing as well as or better than the national average.

Thirdly, the government must closely **monitor the transfer to local authorities of commissioning of public health for children aged 0–5, which takes place in October, and ensure that local areas jointly commission early years provision effectively, and have sufficient resources to do so**. As part of this, it should monitor the implementation of the new integrated development check for two-year-olds which provides a benchmark of rounded childhood development and is a real opportunity to identify problems early. Depending on progress, the government could **consider developing an Early Years Fund, drawing on learning from the Department of Health's Better Care Fund, to incentivise effective integration across health, education and social care services for young children**.

Finally, the government needs to ensure that local authorities have access to high quality and relevant information and data on young children's health and development outcomes. To this end, the government needs to **review plans to replace Early Years Foundation Stage Profiles with the new baseline assessment for children starting school**, an assessment that will only focus on literacy, maths and communication. Without the continuation of a social and emotional development check at this age, it will be difficult to support the design and planning of local services and support for preschool children.

An integrated approach in all local areas

This report underlines the difference that local agencies can make to young children's lives, even if they are working in a challenging social and economic context. The health and development of young children will be affected by a wide range of local bodies – local authorities, health agencies, GP services and early years settings. Public health

continues to be everyone's business. Therefore, the development of effective local integrated systems and approaches are key for improving outcomes for children aged five and under³⁴, and local authorities and their partners need to take action together.

Health and well-being boards provide a forum in every area of the country for key partners to pool their knowledge and develop shared priorities, and local agencies should make the most of this opportunity to ensure joined-up planning for the early years. **Local authorities and their local health and well-being boards should use local data to identify where their outcomes for children's health and development in the first five years is poor compared to other areas of the country and put in place long-term strategies for improving outcomes**. In doing so, they should draw upon the tools and data provided by ChiMat and evidence of effective approaches, including Public Health England's Healthy Child Programme 0–5 evidence review and the Early Intervention Foundation's Getting it Right for Families³⁵.

Local areas must also ensure that they use the transfer of public health for under-fives in October to **integrate commissioning of services such as Children's Centres, parenting support and health visiting to deliver the Healthy Child Programme**. To make the most of these opportunities, councils and health agencies, including Clinical Commissioning Groups, should review the overall system of provision for children aged 0–5 across health, education and early years in their area as a whole.

Nobody would argue that a young child's health and development should be determined by accident of geography. The fact that there are differences across the country is not new, but the degree to which they vary is startling and needs to be better reflected in political debate and policy action. The gap between the health and development of children living in different parts of the country can and should be narrowed.

As one of the wealthiest nations in the world we should aspire to do far better for our children than is currently the case. The government says it is committed to giving every child the best start in life. To do that it must adopt a relentless focus on narrowing the gap in health outcomes for young children between the best and worst performing areas of the country.

Acknowledgements

National Children's Bureau would like to thank Helen Duncan and Kate Thurland from the Child and Maternal Health Intelligence Network at Public Health England for their advice and assistance in the preparation of this report

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³¹In this report, we have used the latest (2010) Indices of Multiple Deprivation to rank 150 local authorities (Isles of Scilly and City of London are not included because of their very small populations) by level of deprivation. We have used the 'deprivation extent' measure which 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 'income deprivation' measure to assign them a rank.

³²Deprivation extent is a measure which sets out the proportion of a local authority's population that lives in one of the most deprived neighbourhoods in the country

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