Birmingham City Council

Directorate for People
Commissioning Centre of Excellence
Needs analysis for
Early Years Services

Purpose: To provide an evidence base for the commissioning of health and wellbeing Early Years services

CONTENTS

1 INTRODUCTION

The vision for the Early Years is:

> "To give every child in Birmingham an equal chance to have the best start in life so they can achieve their full potential".

An Early Years offer is being developed focussing on the health and wellbeing of children and parents. This needs analysis will provide part of the evidence base in shaping that offer.

The analysis will use data on the demographics of Birmingham, future population projections and what the current pattern of early year service use is like. In addition the demand for services and past trends will be considered in another section of the commissioning strategy.

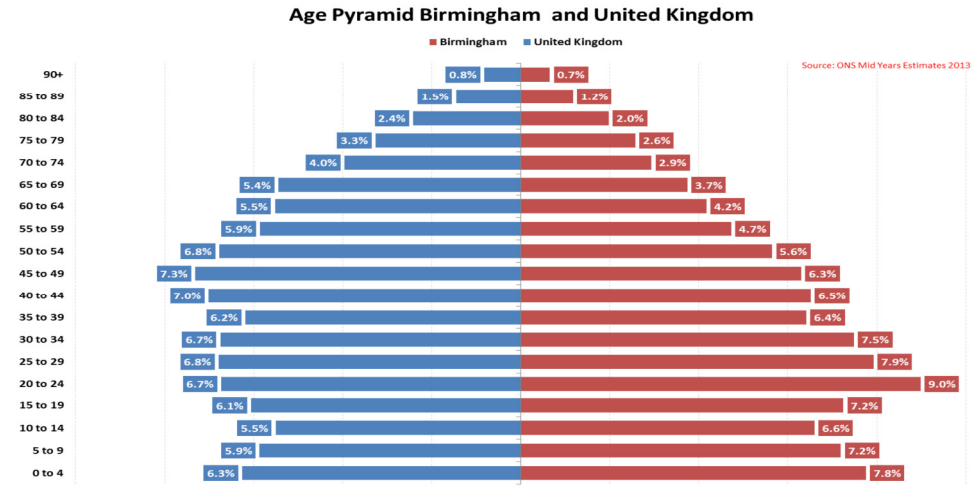
2 BIRMINGHAM CHILDREN DEMOGRAPHICS

Key facts

- The population is relatively young with about 45% of residents under 30, compared with the national average of 37%. 27% is under 18.
- Birmingham has one of the most diverse populations in the UK with around 42% of residents from a BME group, compared to just 14% nationally.
- 60% of under 5's belong to a BME group.
- There are pockets of considerable deprivation with the most deprived wards predominantly located in inner city areas.
- Birmingham is ranked 9th most deprived area out of 354 local authorities.
- 79% of under-5's live in 40% of the most deprived areas.
- Around 28.2% of residents have no qualifications compared to the England average of 22.5%.
- In July 2014 Birmingham's level of unemployment (8.8%) was significantly above the national average of 3.7%.
- 23.8% of households have dependent children and 10.1% of households are lone parents with dependent children.
- 56.2% of households are owner occupiers compared to the England average of 64.2%, whilst 15.4% rent form the local authority compared to 9.4% nationally.
- 12.4% of households are overcrowded.

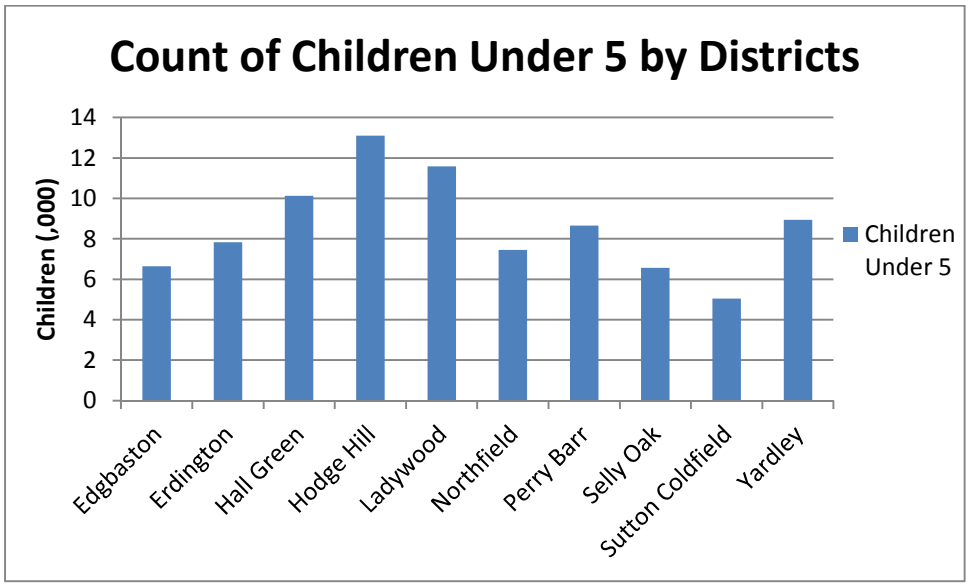
Birmingham is the largest local authority in Europe and the UK's second city, home to an estimated current population of 1.092million (ONS mid-year estimates 2013). The city has a younger population compared to the England average (Figure 2.1) with a more diverse background and higher than average levels of deprivation. The under 5 years population is not evenly spread over the City (Figure 2.2). Districts in the North and South of the City have smaller numbers than Central Districts.

Figure 2.1 – A comparison of age profile of Birmingham and United Kingdom



Source: ONS Mid Year Estimates 2013

Figure 2.2 – Children Under 5 years by Birmingham District



Source: BCC 2016

Key to future commissioning is the predicted increase in population. Figure four shows the predicted increase in the 0 to 4 years population over the next 20 years. By 2035 it is expected to have increased by 3% compared with a slight decline regionally and nationally.

Table 2.1 – Predicted age profile 0-4 years

Area	% Change in 0-4 Year olds 2015-2035
Birmingham	3%
West Midlands	-1%
England	-1%

Source: ONS 2014

Part of this demographic pattern is driven by Birmingham's position as a receptor centre for new arrivals. Table 2.1 shows the non-UK born population across the city and the country. As noted before, central districts within the city, have rates of non-UK born residents that are much greater than the city or England averages.

Table 2.2 Population Born outside of UK

Area	% Born Outside UK
Ladywood	40.3%
Hall Green	31.8%
Perry Barr	29.8%
Hodge Hill	28.8%
Edgbaston	19.7%
Yardley	17.9%
Erdington	15.0%
Selly Oak	14.3%
Northfield	8.5%
Sutton Coldfield	7.4%
Birmingham	22.2%
England	13.8%

Source: 2011 Census; Districts ordered highest to lowest

Birmingham is also a more diverse city community with 42% of people belonging to an ethnic group other than White British and 22% born outside the UK. This compares to 14% for England as a whole. The city has a significantly higher proportion of children under five from BME groups than the overall population of England (Figure 2.3 & 2.4). Over 60% of the younger population is from a BME group and only 33.5% is White. Table 2.3 shows the BME breakdown for children under-five by District. Over 60% of the younger population is from a BME group and this varies by District across the City. Districts in the north and south of the city have a majority of white ethnic group children, while central districts have BME ethnic group majorities – 2 districts with straight Asian ethnic group majorities.

Figure 2.4 – BME groups children under-five

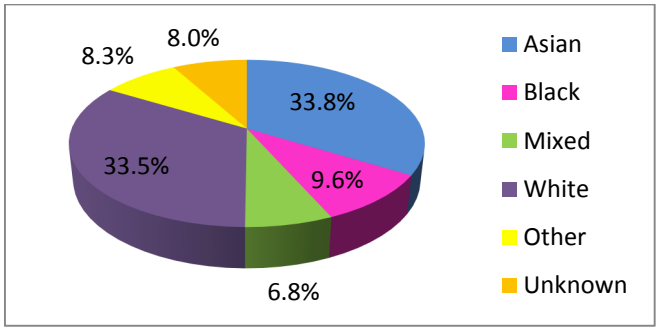


Table 2.3 – Split of Children Under 5 by District

District	Proportion of population under 5	Proportion of children 0-4 by Ethnic Group				
		White	Mixed	Asian	Black	Other
Hodge Hill	15%	21%	8%	58%	9%	3%
Ladywood	13%	11%	11%	44%	29%	5%
Hall Green	12%	18%	8%	59%	6%	8%
Yardley	11%	46%	10%	38%	5%	2%
Perry Barr	10%	28%	9%	46%	14%	2%
Northfield	9%	75%	12%	5%	5%	1%
Erdington	9%	58%	15%	15%	11%	1%
Edgbaston	8%	52%	16%	19%	10%	3%
Selly Oak	8%	63%	12%	16%	6%	2%
Sutton Coldfield	6%	78%	8%	11%	3%	1%
City	8%	40%	11%	35%	11%	3%
England	6%	76%	7%	11%	5%	1%

Source: 2011 census; districts ordered greatest to least number of children

Infant mortality

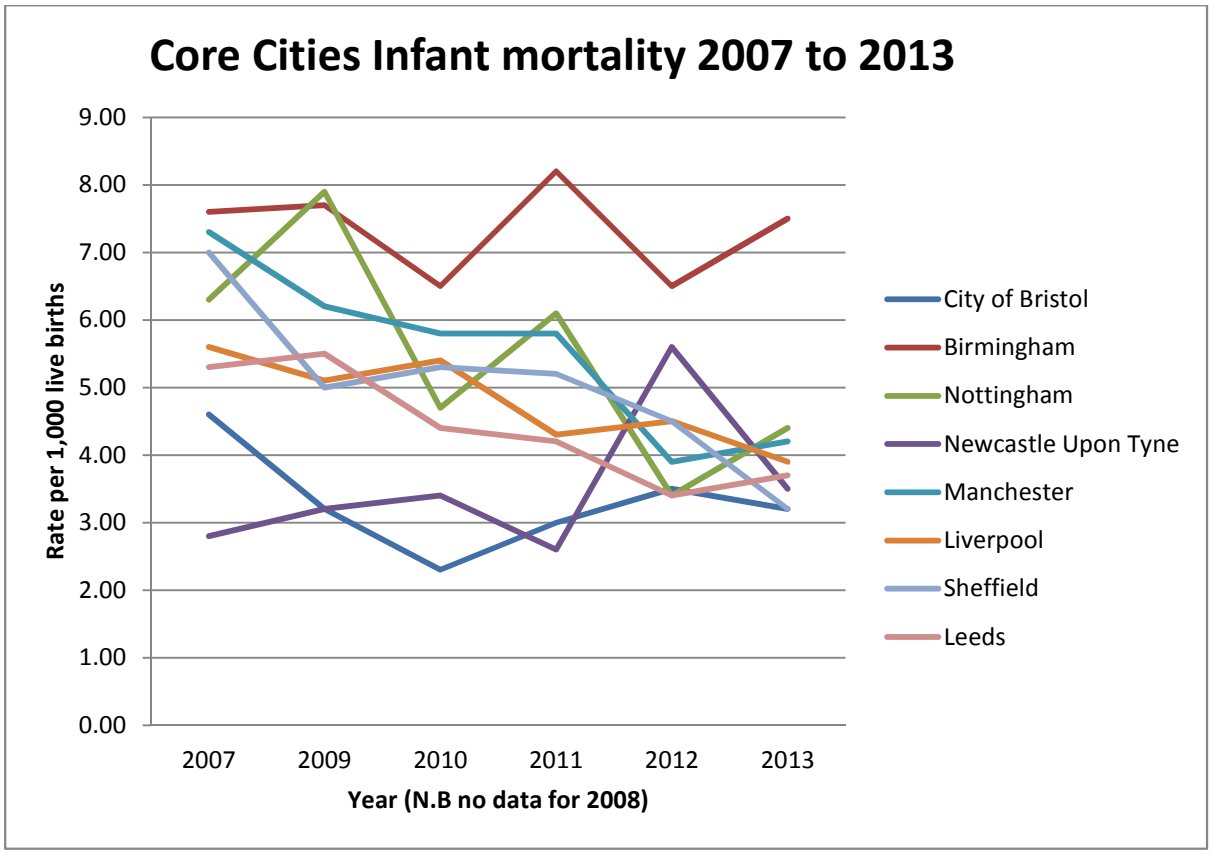
The majority of deaths of children under-5 years of age occur before the end of their first full year of life (infant mortality rate) but particularly in the first four weeks of life (Neonatal Deaths). This is demonstrated in Table 2.4. Birmingham has a high rate of infant mortality compared to England, 7.3 per 1,000 compared to 4.6 and similarly when compared with Core Cities over time (Figure 2.4).

Table 2.4 – Proportion of Deaths by Age in Birmingham (0-5 year olds)

Deaths in 0-5 year olds	Number	%
All causes, ages under 28 days	481	52%
All causes, ages 28 days and over (<1 year)	182	20%
All causes, 1 & < 5 years	255	28%

This is also the case in comparison with Core Cities, as shown in chart 8. Birmingham's rate is consistently amongst the highest and remains around the same level, while Core Cities, as a whole, trend downwards in recent years.

Figure 2.4 – Comparison of Infant Mortality by Core Cities (2007-2013)



3 TYPICAL LIFE JOURNEY

This analysis is based on a typical life journey from conception to starting school (Figure 3.1) and identifies issues that can have an adverse effect on this journey. Figure 3.2 highlights what a safe and smooth journey would include from a child's perspective

Figure 3.1 The Typical Life Journey of a Child

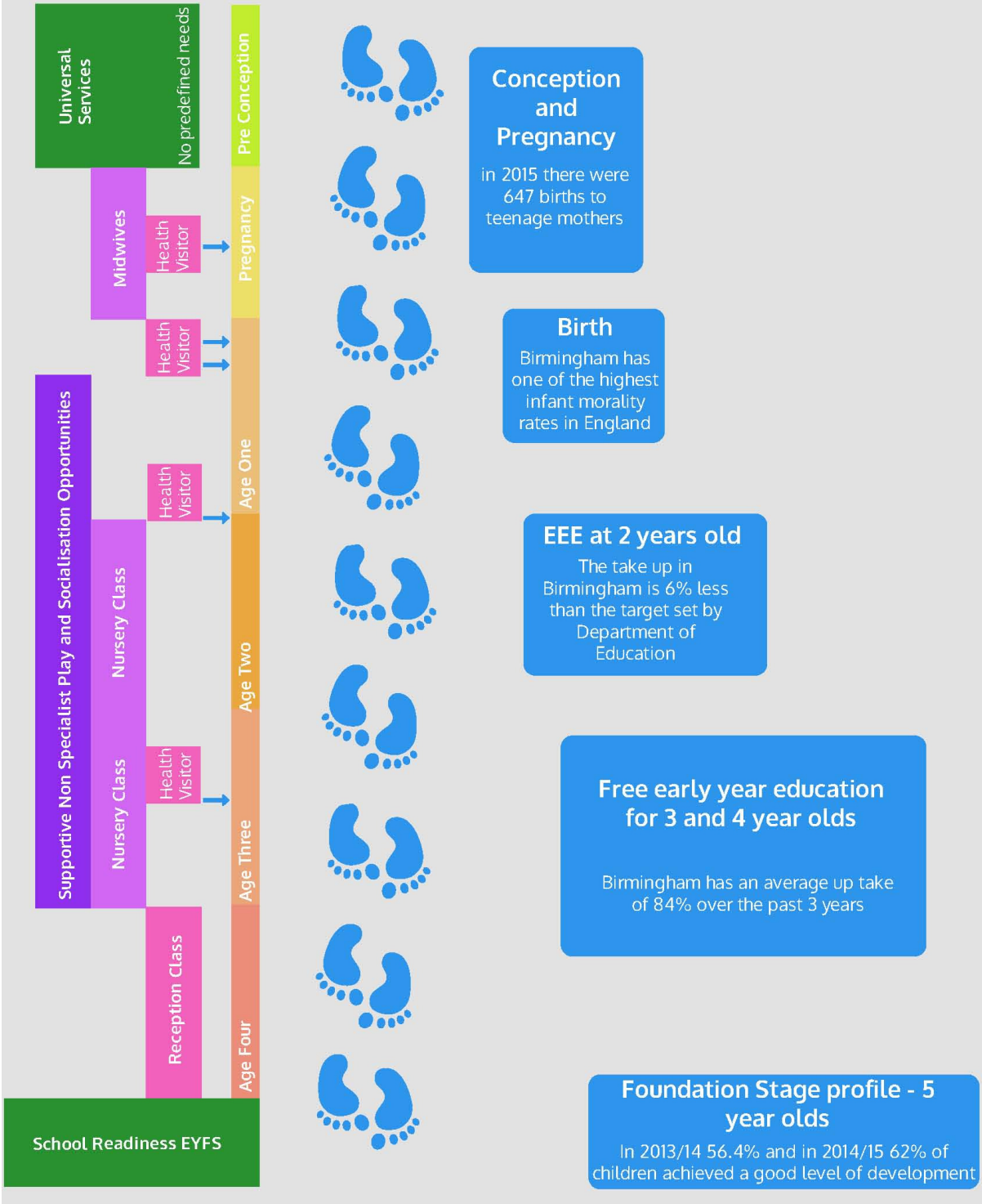
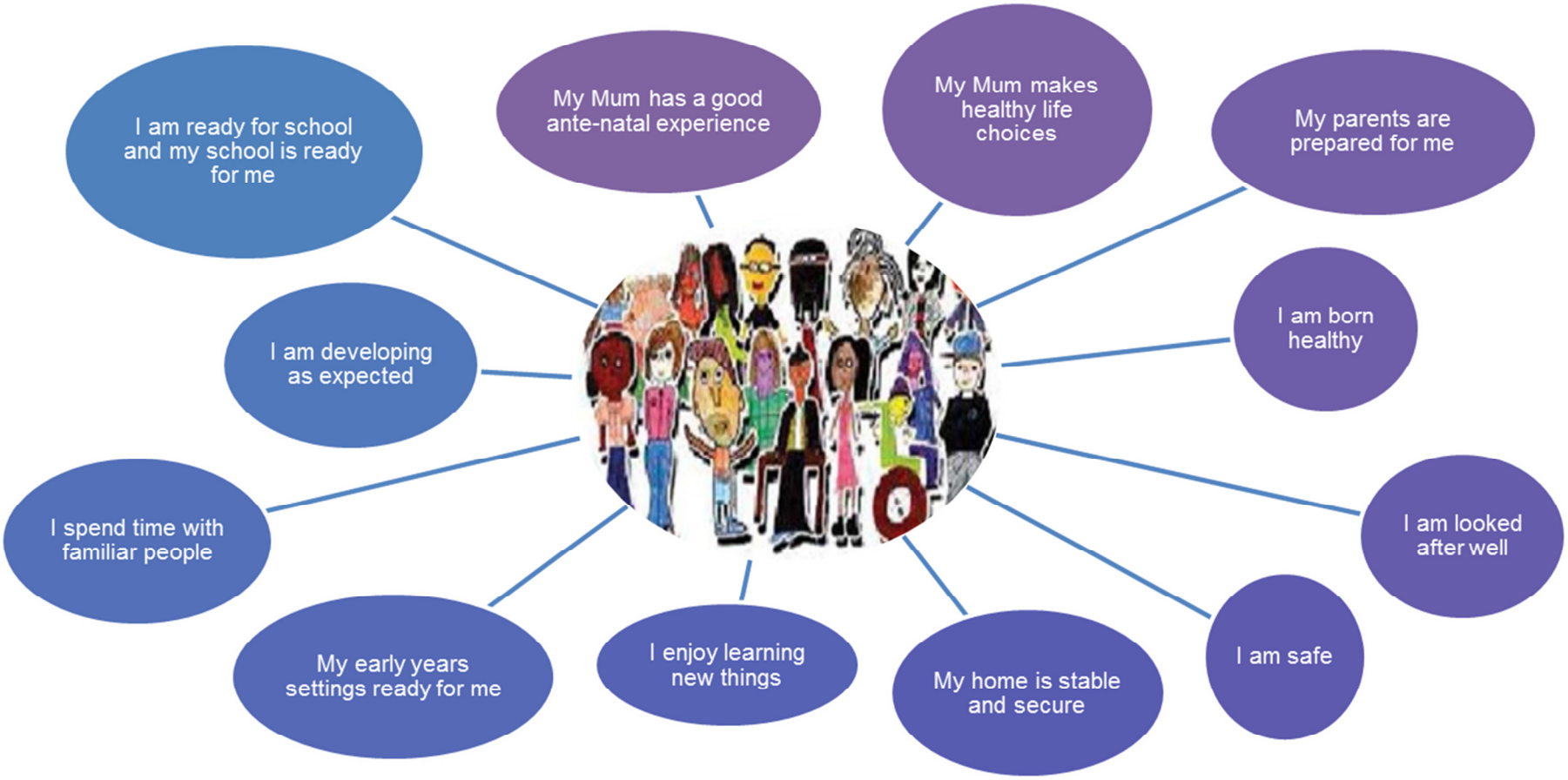


Figure 3.2: What a Safe and Smooth Journey Would Include From a Child's Perspective

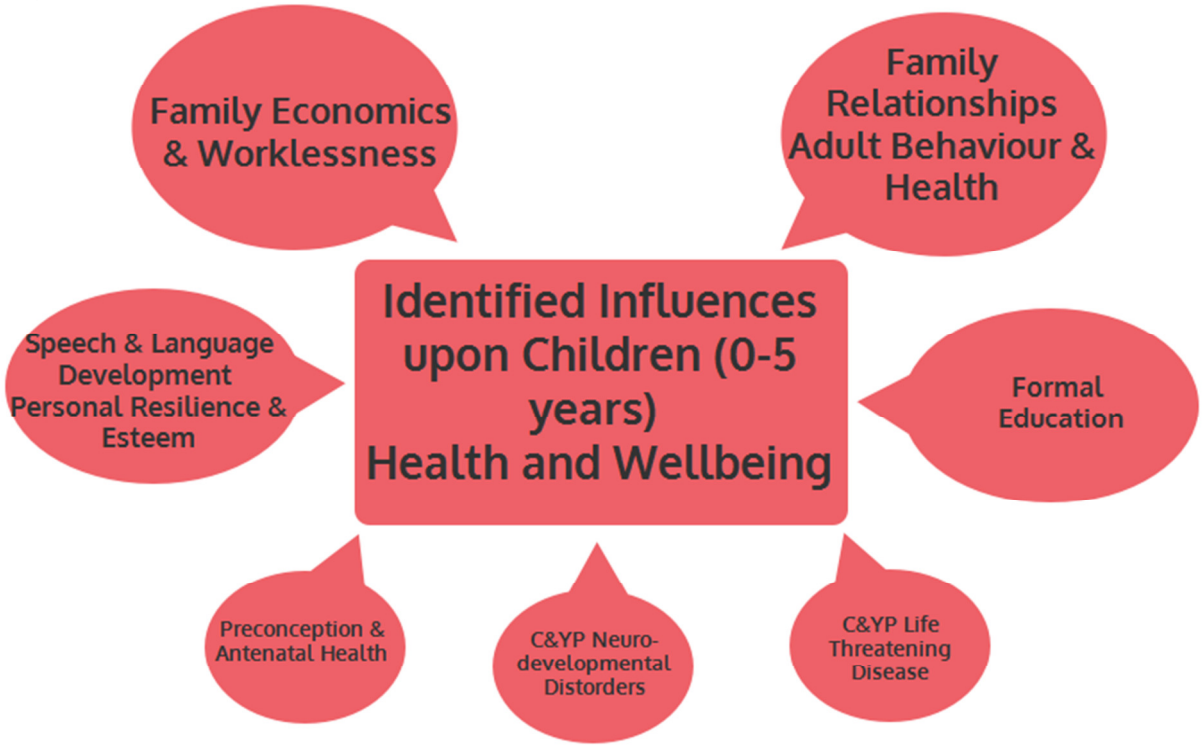


Source: BCC 2016

4 ISSUES AFFECTING LIFE JOURNEY

Systematic research demonstrates that there are a number of major influences on the Health & Wellbeing of our youngest children. These are summarised in Figure 4.1. It is clear that issues of poverty and parental relationships, both adult-child and adult-adult, are the important influences. However individual child development and learning capability are also important and need to be nurtured. The physical and emotional development can be assessed to identify those for whom some additional support or intervention would be of benefit. This is part of the role of the mandated routine encounters by Health Visitors. There is an abundance of evidence on the benefit of early educational opportunities to stimulate and star the development of cognitive functions in preparation for lifelong learning and work. This forms the basis of the proposal for the development the system model of an Early Years offer. This analysis will seek to identify both the underpinning evidence of benefit and the local experience so far.

Figure: 4.1



As Table 4.1 shows Birmingham's population is more likely than England's to have higher levels of these influences that impoverished children's and families Health & Wellbeing.

Table 4.1 – Comparison Of Measured Adverse Influences On Health & Wellbeing

	Birmingham	England
% over 16's with no qualifications	28.2%	22.5%
% economically active individuals unemployed	11.1%	6.3%
% households which are lone parents with dependent children	10.1%	7.1%
Overcrowded (ONS standard)	10.1%	7.1%
% individuals with limiting long term illness	18.4%	17.6%
Conceptions to under 18's – rate per 1,000 (2010/12)	34.6	30.9
% households with no-one with English as main language	7.5%	4.4%
% primary pupils whose first language is known or believed to be other than English	43.1%	18.7%
% primary age children from BME groups	65.6%	29.5%

4.a Deprivation

Birmingham is a deprived city with 40% of areas in the top 10% most deprived areas in England (Table 4.2). The key measure of deprivation used in this needs analysis is the IDACI (Income deprivation affecting children index). Figure 4.3 shows the map of Birmingham and the variation of poverty experienced by households with children.

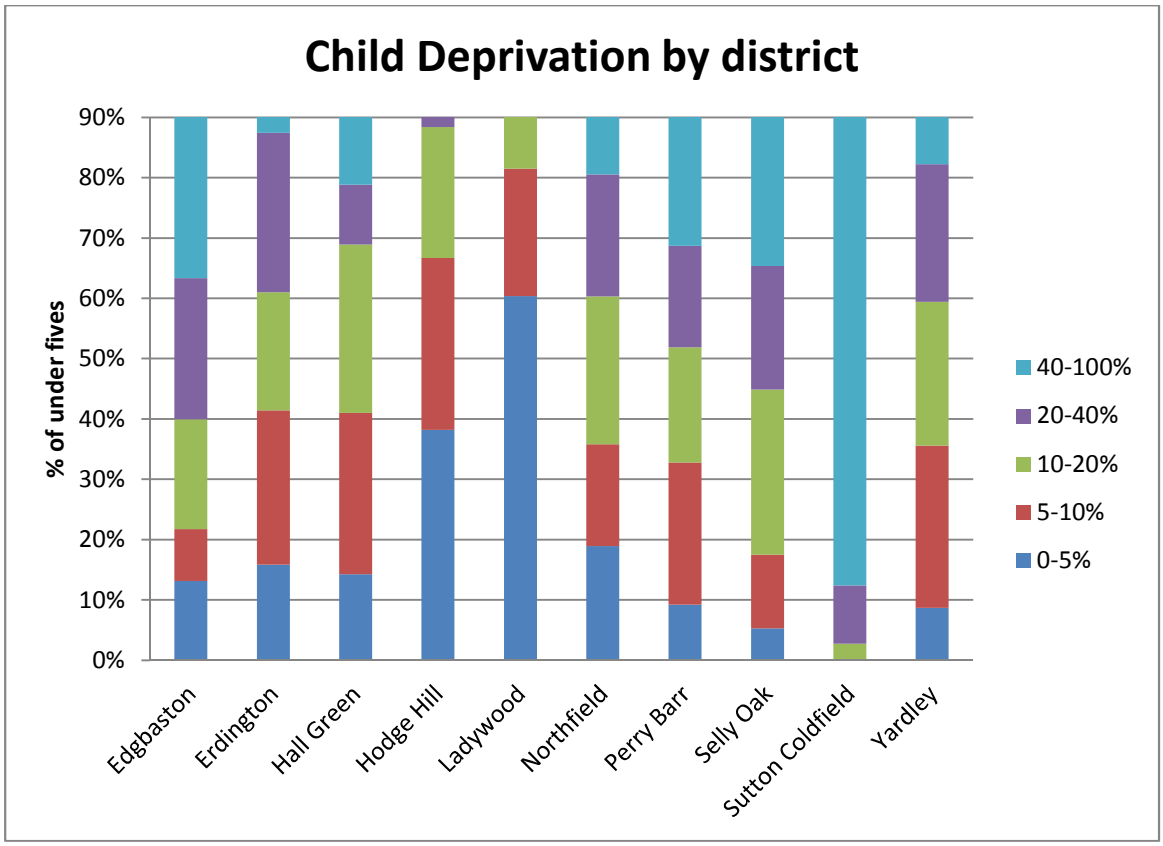
Table 4.2 – Deprived areas

Outcome	%
IMD 2015 – areas in City within 10% most deprived areas of England	40%
Child Wellbeing Index – areas in City within 10% most deprived areas of England	42%
Child poverty – % of children in the city who are in poverty	31%

For the cohort of reception children assessed in 2012 for the 30% most deprived super output areas Birmingham's percentages are better than national figures for equivalent areas for the past four years. However, chart 4 shows that the distribution is uneven across Birmingham. Ladywood has an absolute majority of children in the most deprived 5% of areas England, while Hodge Hill district has nearly over 1 in 3 children in this deprivation band. Only Sutton Coldfield district has a majority of children in the 40% or greater most deprived areas (i.e. the 60% least deprived areas in England).

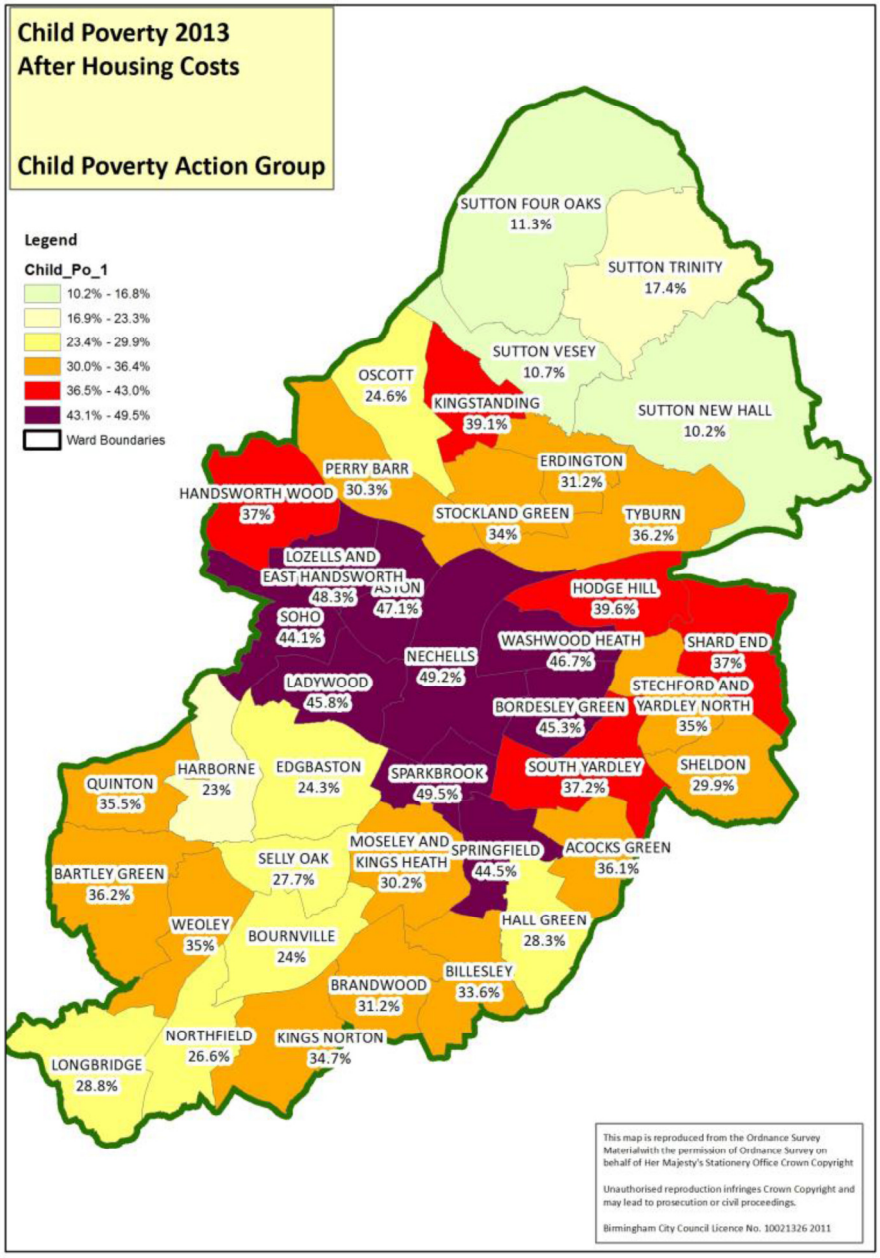
While this is not an indicator itself of poor outcomes and specific needs, it is an indicator of general need that correlates with other need categories looked at below.

Figure 4.2 – Child Deprivation by District



Source: IDACI 2015

Figure 4.3: The Child Poverty Map of Birmingham



Source: BCC 2013

Economic deprivation and poverty are a major adverse influence on a child's and family's life journey (Figure 4.1). The pattern of this influence has been described earlier (Figure 4.3) but more detailed analysis of free school meals entitlement and worklessness/low income adds to this. In 2015, 27% of all pupils at early years foundation stage were eligible for free school meals (4,265 children).

Currently, 29.2% of children in Birmingham live in low income families in receipt of out of work benefits or tax credits and where the household the reported income is less than 60% of the average income. This is higher than both the national (18.6%) and regional (21.5%) average. There is no direct data available on unemployed households with children under 5, but the IDACI (Income deprivation affecting children index) includes this as part of the index calculation.

4b Factors for the Child

4bi Infant Health

Low birth weight

Low birth weight is linked to increased infant mortality; in 2011 36.5 deaths per 1,000 births occurred in babies with a low birth weight compare to 1.4 amongst babies with a normal birth weight (over 2,500g). In addition low birth weight is also linked to higher instances of motor and social developmental problems, with longer term impacts. For example, they are more likely to face learning disabilities, have lower achievement test scores, display problems with memory and language and be held back in school relative to their normal weight peers.

The 2013 Public Health document, understanding service needs of under five year olds, notes that the rates of low birth weight are greater in more deprived areas and that "women from disadvantaged groups have a poorer diet and are less likely to take folic acid or other supplements than those who are better off. They are more likely to be overweight or show low weight gain during pregnancy and their babies are more likely to have a low birth weight".

Over 10% of children born to teenage mums were born with a low birth weight compared to 8.8% of children overall. In addition the more deprived area a child is born in the there is more likelihood of a low birth weight.

The proportion of children in England and Wales born with low birth weight has remained steady at 7% over recent years. In Birmingham the rate has fluctuated in recent years with an overall upwards trend (Table 4.3). Across the city's districts, only Sutton Coldfield has consistently lower than national rates of low birth weight, with many districts rising to peaks above 4% the national rate in some years.

Table 4.3 – Low Birth Weight by District 2011 to 2015

% low birth weight babies	Calendar Year of Birth				
	2015	2014	2013	2012	2011
Hall Green	9.49%	9.15%	8.47%	8.18%	7.64%
Hodge Hill	9.26%	9.34%	7.71%	8.44%	8.54%
Northfield	9.18%	8.55%	7.80%	8.83%	8.53%
Edgbaston	8.94%	8.53%	7.47%	7.85%	6.96%
Yardley	8.89%	8.35%	8.35%	9.23%	6.90%
Erdington	8.75%	8.03%	8.87%	8.10%	7.59%
Selly Oak	8.22%	7.59%	7.24%	7.77%	6.43%
Perry Barr	7.79%	11.12%	8.87%	8.00%	8.54%
Ladywood	7.68%	9.90%	7.65%	8.16%	6.45%
Sutton Coldfield	5.89%	5.77%	5.47%	6.12%	6.38%
Birmingham	8.53%	8.87%	7.90%	8.17%	7.48%
England & Wales	n/a	7.00%	7.00%	7.00%	7.00%

Source: BCC 2016 and ONS 2016 ; Districts ordered worst to best

Breast feeding – birth and 6 to 8 weeks

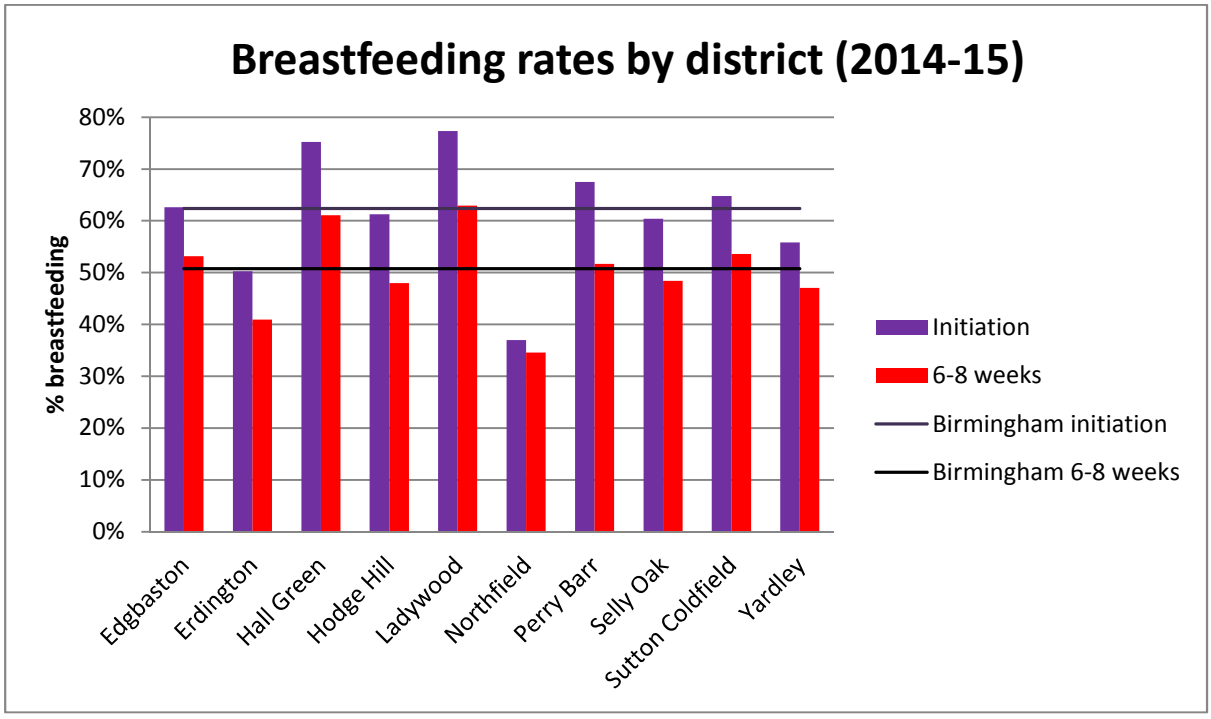
Children in Birmingham are less likely to be breastfed at birth, 10% below the national average, whilst breastfeeding at 6 to 8 weeks is 5% above the national average Compared to the national average 43.8%, Birmingham is performing well with 52.2% of babies due a 6-8 week check being partially or exclusively breastfed. Due to data quality, the overall regional average is unavailable. Of the 10 authorities comprising Birmingham's statistical neighbours, Birmingham is the highest performing authority as shown in Table 4.4. This suggests that there are some difficulties in commencing breastfeeding but our mothers are more likely to persist once established.

Within the city there is a wide variation of performance across both initial rates and 6-8 week rates of breastfeeding. Figure 4.4 shows breastfeeding rates by district. Most districts have about 10% or larger drop off rate in breastfeeding rates between the 2 measures. Of particular note is Northfield district, which has the lowest rate of breastfeeding for both measures across the city, while also have the smallest difference between the 2 measures, indicating that those in the district who do start breastfeeding continue.

Table 4.4 – Breastfeeding 6-8 weeks

Prevalence of breastfeeding at 6-8 weeks				
	2013	2014	2015	Change 2014-2015
Birmingham	50.90	52.30	52.20	-0.10
Statistical Neighbours	41.13	46.40	46.53	0.13
Rest of Core Cities	44.64	47.48	47.04	-0.03
England	46.60	45.80	43.80	-2.00
Source: LAIT Tool January 2016				

Figure 4.4 – Breastfeeding rates by ward



Source: BCC 2015

Healthy weight and Tooth Decay

Excess weight (overweight and obesity) in children often leads to excess weight in adults, and this is recognised as a major determinant of premature mortality and avoidable ill health.

Obese children are more likely to be ill, be absent from school due to illness, experience health-related limitations and require more medical care than normal weight children[1], including infectious illnesses such as diarrhoea and poorer immune systems[2].

Overweight and obese children are also more likely to become obese adults, and have a higher risk of morbidity, disability and premature mortality in adulthood. Health conditions which carry a higher risk from being overweight are Type 2 diabetes, Asthma, Obstructive Sleep apnoea (OSA), Cardiovascular disease, body image related mental health conditions and musculoskeletal problems[3].

National Child Measurement Programme (NCMP) data for 2013/14 shows that in Birmingham almost one in four children in Reception is overweight or obese (boys 23.7% and girls 22.8%). By Year 6, more than one in three children is overweight or obese (boys 40.7% and girls 36.8%). Birmingham's obesity rate places it in a group of 20% of local authorities with the highest prevalence of obesity in children (Table 4.5). A comparison of the trends over time with Core Cities can not show any trends due to significant year on year variations (Figure 4.5)

Table 4.5 – A Comparison of National Child Measurement Programme (NCMP) data for Birmingham and England (2013/14)

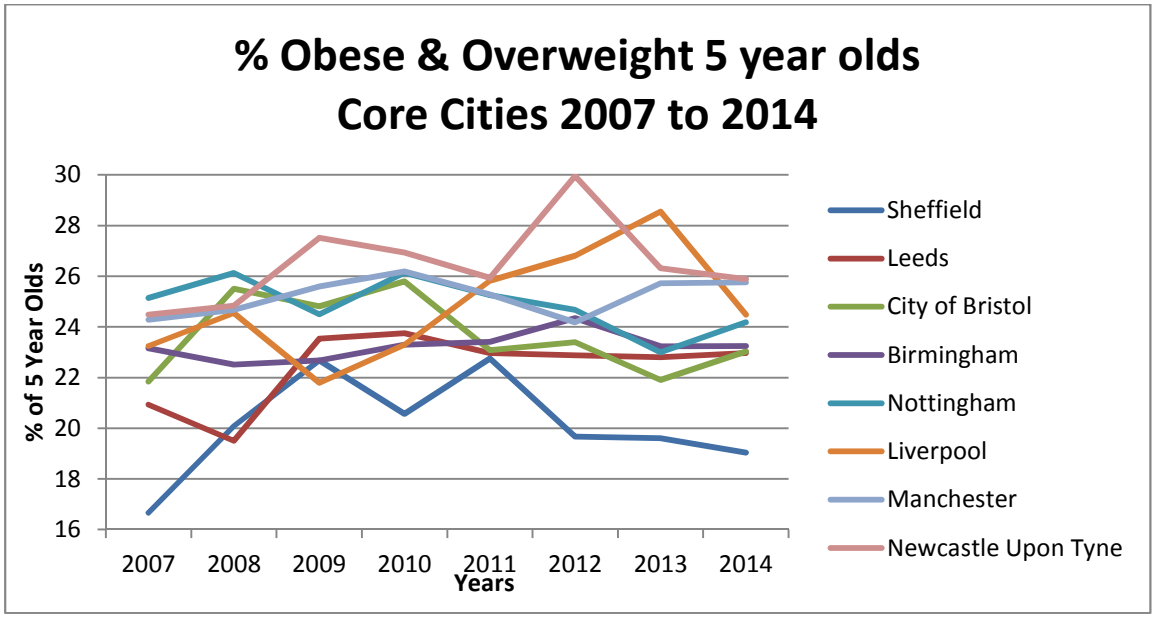
	Year 0		Year 6	
	B'ham	England	B'ham	England
Under weight	1.5%	1.0%	1.9%	1.4%
Healthy weight	75.2%	76.5%	59.3%	65.1%
Overweight	11.9%	9.5%	14.9%	14.4%
Obese	11.3%	23.3%	23.9%	19.1%
Over & obese	23.3%	22.5%	38.8%	33.5%

Source: NCMP 2015

Within Birmingham there is some variation in obese, over weight and underweight children between districts (table 4.6). Northfield, Hodge Hill, Erdington, Perry Barr and Ladywood districts all have above city levels of obese and overweight children. Ladywood, Hall Green, Hodge Hill and to a lesser extend Yardley districts have above average levels of underweight children.

[1] Wijga A, Scholtens S, Bemelmans W, de Jongste J, Kerkhof M, Schipper M, et al. Comorbidities of obesity in school children: a cross-sectional study in the PIAMA birth cohort. *BMC Public Health* 2010;10(1):184.
[2] http://www.who.int/ceh/risks/otherisks/en/index1.html
[3] https://www.noo.org.uk/NOO_about_obesity/obesity_and_health/health_risk_child

Figure 4.5 – Comparison of Reception National Child Measurement Programme (NCMP) data for the Core Cities (2013/14)



Source: NCMP 2015

Table 4.6 – Weight of Children in Reception Class by District (2013/14)

2013-14	Under weight	Healthy Weight	Over weight	Obese	Over weight and Obese
Northfield	0.6%	73.9%	14.2%	11.3%	25.4%
Hodge Hill	1.8%	73.8%	11.3%	13.2%	24.5%
Perry Barr	1.5%	74.3%	11.6%	12.5%	24.2%
Erdington	0.8%	75.2%	12.7%	11.3%	24.0%
Yardley	1.6%	74.4%	13.4%	10.6%	24.0%
Ladywood	2.2%	74.3%	10.5%	13.0%	23.5%
Edgbaston	1.0%	76.1%	11.4%	11.5%	22.9%
Selly Oak	0.9%	76.8%	12.2%	10.1%	22.4%
Hall Green	2.1%	77.0%	11.4%	9.5%	20.9%
Sutton Coldfield	0.6%	79.9%	12.9%	6.6%	19.4%
City	**1.5%**	**75.2%**	**11.9%**	**11.3%**	**23.3%**

Source: BCC 2016; Districts ordered worst to best

Poor beginnings data for Birmingham shows that the city has higher levels of obese 4 to 5 year olds and over 4% more five year olds with tooth decay compared to England (Table 4.7). The principle drivers of tooth decay remains high sugar food and drinks with low levels of teeth brushing. Sugary drinks are often introduced instead of water or non sugar/fruit drinks.

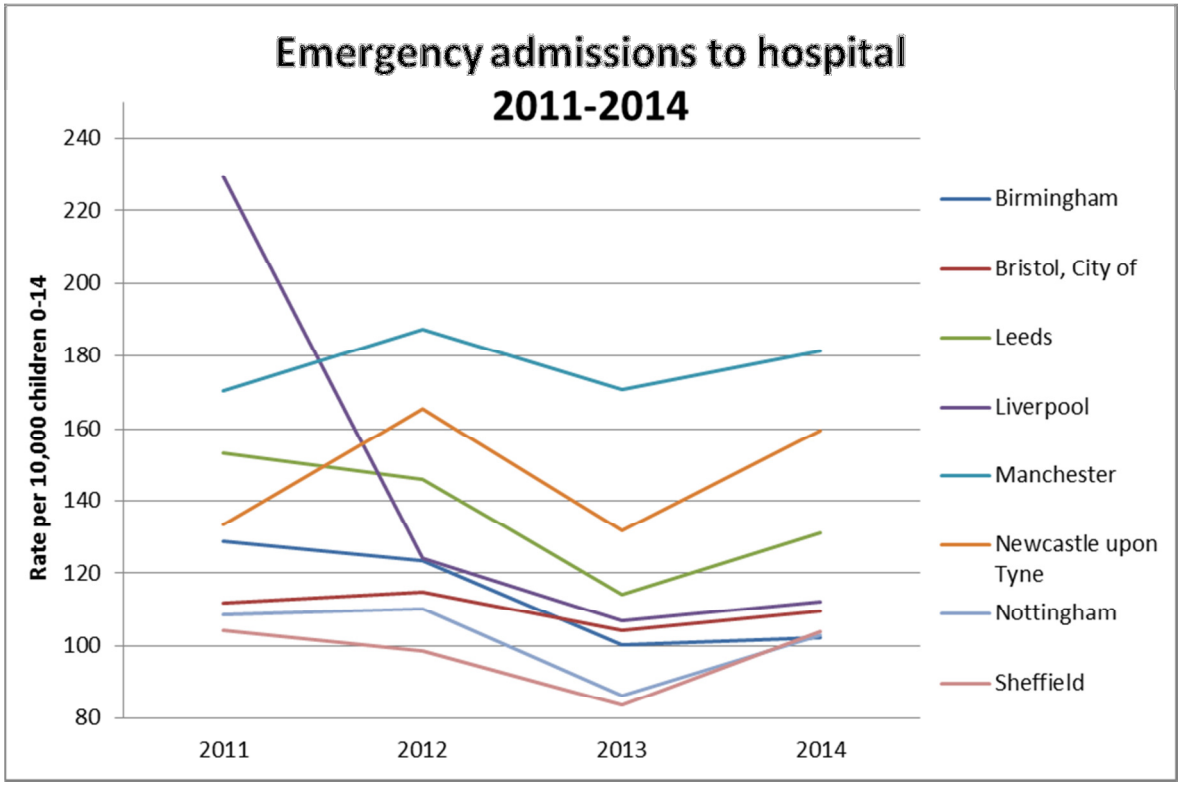
Table 4.7 – Comparison of data on obesity, tooth decay, and hospital trauma admissions.

Poor beginnings data	4-5 year olds who are obese		Five year olds with tooth decay		0-4 year olds admitted to hospital - injury	
	%	Number	%	Number	Per 1,000	Number
Birmingham	11.2%	1,866	29.3%	4,659	140.1	1,186
England	9.5%	63,596	25.0%	159,036	140.7	48,033

Hospital Attendance or Admission by Under 5 year olds

Despite the similar admission rates for trauma in under 5 year olds in Birmingham compared to England (Table 4.7), the crude statistics for A&E attendances for 0 to 4 year olds is higher (561.8 per 1,000 for Birmingham compared to 510.8 nationally). This difference has been sustained over time when compared with other Core Cities (Figure 4.6). Liverpool has had much more dramatic changes over time but is the only Core City to do so.

Figure 4.6 – Comparison of Core Cities Emergency Admissions to Hospital for 0-14 year old Children (2011-2014)



Source: Public Health England 2015

4bii *Vulnerable Children* *(Children in Care, Child Protection Plans and Children in Need)*

There are over 1,000 vulnerable children currently being supported by the council's social services, with a particularly high rate in Erdington, Northfield and Selly Oak districts (Table 4.8). Effective Early Years services can help address problems before they require social services, the Early Help approach. When cases become so serious that social services involvement is requires, research has shown that children's development, both emotionally and developmentally suffers[4].

[4] https://www.nspcc.org.uk/preventing-abuse/child-protection-system/children-in-care/

Table 4.8 – Vulnerable Children under 5 by Current Address
rate per '000 children under 5

District	Rate/'000	Count
Selly Oak	19.2	126
Erdington	18.0	141
Northfield	18.0	134
Edgbaston	14.3	95
Ladywood	12.8	148
Yardley	11.5	103
Perry Barr	9.4	81
Hall Green	8.8	89
Hodge Hill	8.8	115
Sutton Coldfield	6.7	34
Total	12.4	1066

Source: BCC January 2016; Districts ordered worst to best

Think Family programme is one example of the types of services beyond the universal Early Years' service, which help address this. Table 4.9 highlights the scale of referral to Think Family for under 5 by district. Again Ladywood has the highest absolute number of cases, while Erdington and Selly Oak are joined by Hodge hill district in having the highest proportion of cases.

Table 4.9 – Think Family Interventions with Under 5s (Apr 15 to Mar 16)

Area	Under 5s (Count)	Under 5s as proportion of all
Erdington	159	9%
Ladywood	139	7%
Northfield	136	8%
Hodge Hill	106	9%
Yardley	90	6%
Perry Barr	72	7%
Selly Oak	69	10%
Edgbaston	67	6%
Hall Green	48	7%
Sutton Coldfield	15	6%
City	903	7%

source: BCC Think Family programme 2016; District order worst to best

4biii Disability and ill health

Disability

The referral of children under 5 to BCC run services for disabled children (Table 4.10) is not distributed across the city in line with demographics (Table 2.3). Across both 2012/13 and 2013/14 there have been more children access these services in Hodge Hill, Ladywood, Perry Barr and Yardley then would be expected. However, as there is no definitive count of disabled children under 5, it is difficult to know if this is due to lack of engagement of some

children in some districts or higher rates of disabled children living in others. Research by the Scottish government has shown that children with a disability have a higher likelihood of early social, emotional or behavioural difficulties[5].

Table 4.10 – Under 5s Referrals to BCC Disability Services 2012/13 and 2013/14

District	2012/13	2013/14
Hodge Hill	19.5%	19.8%
Ladywood	16.3%	15.2%
Hall Green	12.4%	12.5%
Perry Barr	11.5%	12.2%
Yardley	12.7%	10.0%
Erdington	8.0%	7.0%
Northfield	5.4%	6.8%
Edgbaston	4.6%	6.2%
Selly Oak	5.4%	6.0%
Sutton Coldfield	4.1%	4.3%

Source: BCC April 2016; District order highest to lowest

Ill health

There is limited information on children with long term and chronic health conditions such as cancer, sickle cell anaemia, HIV, haemophilia, and metabolic disorders. Table 4.11 provides a baseline for self-identification of health problems and disabilities that limit children's day to day activities. Birmingham has a higher rate than both England and Core Cities.

Children with long term and chronic health conditions are on the increase, due to both medical advances and better diagnose. This can have impacts on children's social development, as well as cognitive development. There is also a greater risk of children with these conditions experiencing depression[67].

Table 4.11 – Children with day to day activities limited by long term health problems or disability

Area	% of 0-4 year olds with day-to-day activities limited
Birmingham	2.8%
Other Core Cities	2.5%
England	2.1%

Source: Census 2011

[5] http://www.gov.scot/Resource/0043/00434087.pdf
[6] Meijer et al (2000) Journal of Child Psychology and Psychiatry; Vol 41, Issue 3, pages 309-317
[7] http://www.webmd.com/children/news/20000622/chronic-illness-social-development

4c Parental Resilience

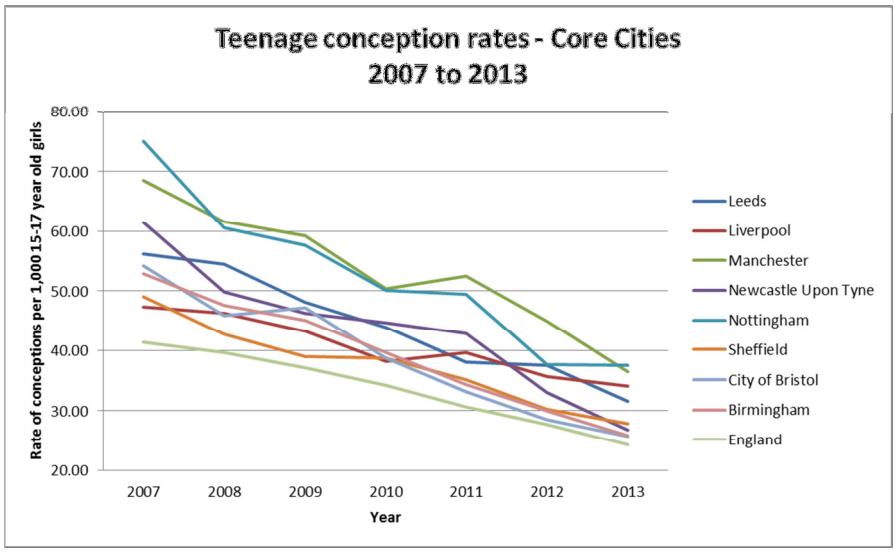
4ci Young Families

Teenage conception and pregnancy

The impacts of teenage conception and children born to teenage parents can be great. Children have greater risks of low birth weight, infant mortality and developmental delays, as well as being more likely to experience child poverty. For mothers, having a child at a young age can damage their health and wellbeing, in addition to adversely impacting their education and career[89].

Teenage pregnancy in Birmingham is at a 17 year low and is declining at a faster rate than the national average and other Core Cities (Figure 4.7). However, there are significant variations in teenage conception rates across Birmingham (Figure 4.8) and work still needs to be done in these areas, particularly Erdington, Northfield and Yardley.

Figure 4.7 – Comparison of teenage Pregnancy Rates in the Core Cities and England

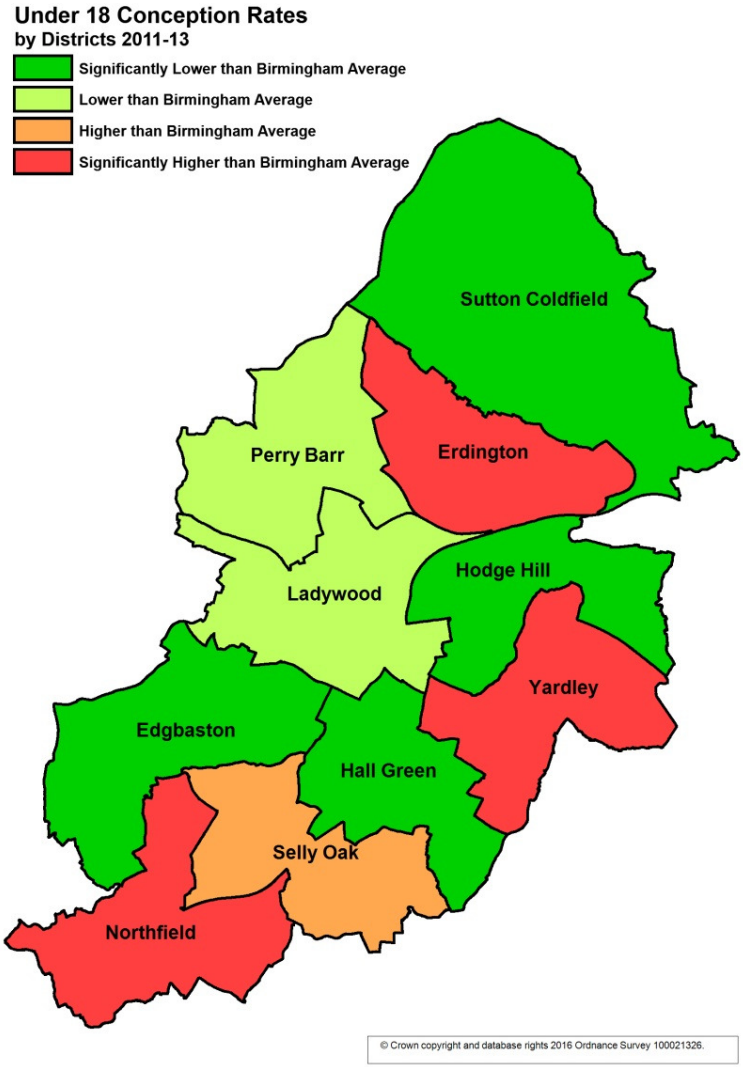


Source LAIT Tool Jan 16

[8] http://www.local.gov.uk/documents/10180/7632544/L16-19++Good+progress+but+more+to+do+-+teenage+pregnancy+and+young+parents/101cee1d-d99f-48fd-8f1c-70f9cf496ebe

[9] https://www.nepho.org.uk/topics/Teenage%20Pregnancy

Figure 4.8 – Comparison of Teenage pregnancy Rates by Birmingham Districts (2011-2013)



Source: BCC 2014

Involvement of Fathers

The involvement of both a children's father as well as mother in their development is important to help them reach their full potential. Research has shown there are many positive benefits associated with a father's positive engagement with their child throughout the child's life, including better educational, social and emotional outcomes. These associations are independent of and additional to those related to the involvement of mothers. Both mother and father involvement are important for children and one is not a substitute for the other.[10]

4cii Parental Disability

There is a paucity of data on disabled parents. UK wide research suggests that about 15% of all parents experience temporary or permanent disability while their children are still dependents. Children with disabled parents can experience social exclusion as a result of

[10] http://webarchive.nationalarchives.gov.uk/20130401151715/http://www.education.gov.uk/publications/eOrderingDownload/DfES-0314-2004.pdf

their parent's disability as a result of their disabled parent's restricted access to employment, housing, transport, hospitals, primary health care and their children's schools or nursery[11].

4ciii Parental Substance Misuse

Information on substance misuse by parents is not recorded, with only prevalence estimates for all adults regardless of dependent children being calculated. This is shown in table 4.12, while table 4.13 shows hospital admission due to alcohol. Birmingham has higher rate of use for all drug types except injecting then England or other core cities. It has lower rates of alcohol admissions than other core cities, but higher rate than England. Figures for parents with children in drug treatment programmes are available and shown in table 4.14. Birmingham has higher rates of treatment for parental substance misuse of opiate and Alcohol & non-opiates than England, but lower rates for non-opiate or alcohol misuse.

Parental substance misuse causes multiple effects on the rest of the family, including the children. Research has shown that parental substance misuse has the following key issues;

- unpredictable behaviour affecting child care;
- need for children to undertake roles for filled by the parent;
- loss of financial income; social isolation of the family;
- breakdown of communication within the family.

This impacts child development by increasing the risk of 4 main areas. These are behavioural disturbance & antisocial behaviour; emotional difficulties; school underachievement; and social isolation.[12]

Table 4.12 – Parents in Drug Treatment Programmes

Substance Treatment Programme	All Clients in Treatment	Clients in treatment living with children		% of clients in treatment living with children England
		Count	%	
Opiate	4850	1792	36.9	29.4
Non-opiate	1765	367	20.8	25.0
Alcohol	789	155	19.6	23.3
Alcohol and non-opiate	741	215	29	24.0

Source: BCC 2016

Table 4.13 – Hospital Admission due to Alcohol

Area	England	Birmingham	Other Core Cities
Number of admissions per 100,000 population	620	650	735

Source: ONS 2015

[11] http://www.barnardos.org.uk/parent_disability_summary.pdf
[12] http://apt.rcpsych.org/content/13/2/79

Table 4.14 – Estimated Prevalence of drug use

Drug Type	Birmingham	England	Other Core Cities
OCU	14.97	8.67	12.43
Opiate users	13.32	7.59	11.26
Crack users	10.10	4.95	9.07
Injecting	2.53	2.71	3.57

Source: Public Health England 2010/11; rate per '000 population 15-64
'OCU' refers to use of opiates and/or crack cocaine, including injection

4d Environmental Factors

4di Home

Poor Home environment

The effects of a poor home environment on children varies depending on the element or elements of the home that are of poor quality or non-decent. Dampness and mould have been shown to have an increases association with respiratory conditions, including asthma. Poor quality housing has also been shown to have a negative effect on children's psychological well-being[13].

Table 4.15 shows the rate of children under 5 living in homes that failed the decent homes standard in the private sector, including the different elements that failed. Perry Barr and Northfield districts have the highest proportion of children under 5 living in non-decent homes. However it is worth noting that all Districts, with the exception of Sutton Coldfield, have between a third and two thirds of their children under 5 years living in non-decent accommodation in the private sector. It is also worth noting the high rate of category 1 hazards (dangerous health or safety hazards) in Edgbaston district and the higher rates of thermal comfort failures for Ladywood, Perry Barr and Selly Oak districts.

This poses a serious challenge to these children and their families and will have an adverse impact upon their Health & Wellbeing.

[13] www.scie.org.uk/publications/briefings/files/briefing19.pdf

Table 4.15 – Children Under 5 in Non-Decent homes by element failures in the Private Sector

District	Proportion of population under 5	Non Decent Homes	Decent Homes Elements			
			Category 1 Hazard	Disrepair	Inadequate facilities	Thermal comfort
Hodge Hill	15%	39%	25%	7%	3%	16%
Ladywood	13%	45%	24%	22%	0%	25%
Hall Green	12%	38%	26%	18%	0%	8%
Yardley	11%	48%	26%	18%	12%	16%
Perry Barr	10%	62%	32%	19%	0%	26%
Northfield	9%	56%	37%	26%	0%	7%
Erdington	9%	42%	14%	17%	3%	19%
Edgbaston	8%	45%	40%	5%	8%	18%
Selly Oak	8%	32%	26%	6%	0%	23%
Sutton Coldfield	6%	25%	13%	8%	3%	18%
City	8%	43%	26%	14%	3%	18%

source: BCC PRS Decent Homes Survey 2010 and ONS 2016

Homelessness

Homelessness has long lasting impacts on children, effecting children's health, wellbeing, emotional development and educational achievement[14]. However the data available for the incidence or prevalence of homelessness is limited to those circumstances that impose a statutory duty on the City Council to accommodate these families.

Table 4.16 shows the homeless decisions made in respect of households where there is a pregnancy or a child under-five years of age. Nearly 60% of households who either have a child on the way or under-five were accepted as a homeless priority. Overall 50% of all decisions made were for these types of household.

Table 4.17 shows the priority homeless rates made in respect of households where there is a pregnancy or a child under-five years of age for each District, against all other priority homeless. It can be seen that the homelessness rate is higher in 7 Districts for households containing a pregnancy or child under 5 than the remainder of Core Cities or England total homeless rate. Ladywood and Hodge Hill Districts have particularly high rates, followed by Erdington, Perry Barr, Yardley and Hall Green.

[14] http://england.shelter.org.uk/campaigns_/why_we_campaign/tackling_homelessness/what_is_homelessness_like#_ref8

Table 4.16 – Homeless Decisions Made In Respect Of Households Where There Is A Pregnancy Or A Child Under-Five Years Of Age (2014/15)

Decision	Pregnant		Under 5s		Total all households
	No'	%	No'	%	
Homeless priority	236	8.7%	1,374	50.7%	2,710
Homeless non-priority	5	1.2%	6	1.5%	415
Intentionally homeless	17	5.4%	134	4.1%	318
Not eligible	6	3.1%	67	34.7%	193
Not homeless	56	5.4%	472	45.3%	1,042
Referred other LA	4	12.5%	15	4.7%	32
Closure	5	2.7%	49	26.3%	186
Total	**329**	**6.7%**	**2,117**	**43.2%**	**4,896**

Table 4.17 – Homeless Decisions Made In Respect Of Households Where There Is A Pregnancy Or A Child Under-Five Years Of Age By District (2014/15)

Rate per '000 households

District	Households with Pregnant Mothers & Children Under 5	Other Households	Total
Hodge Hill	5.66	3.44	9.10
Ladywood	5.25	3.10	8.35
Erdington	3.89	3.04	6.94
Perry Barr	3.81	2.15	5.96
Yardley	3.71	1.96	5.68
Hall Green	3.58	2.84	6.42
Northfield	2.52	1.80	4.32
Edgbaston	2.18	2.26	4.44
Selly Oak	2.13	1.66	3.79
Sutton Coldfield	0.85	0.60	1.46

Area	Rate
Birmingham (including out of area applications)	7.43
Remainder of Core Cities	2.31
England	2.40

Sources: BCC statistics and CLG live table 784; District order worst to best

4dii Poverty

Unemployment

There is no direct data available on unemployed households with children under 5, but inference between unemployment rates and demographic data of under 5s, identifying area with the greatest overlap. Table 4.18 show the unemployment rate, against the proportion of children under 5. Ladywood, Hodge Hill and Hall Green districts have both high rates of unemployment and children under 5, all greater than Core cities and UK rates. Government research shows that children in workless households had lower cognitive abilities and more

behavioural problems by key stage 1. These outcomes are linked to the poverty, illness and low level of qualifications common across workless households[15].

Table 4.18 – Unadjusted Unemployment Claimants (February 2016) and Proportion of population under 5

District	Claimant Proportion^	Children Under 5 as proportion of Population
Ladywood	13.4%	8.5%
Hodge Hill	8.4%	9.9%
Hall Green	7.1%	8.4%
Perry Barr	6.8%	7.6%
Erdington	5.4%	7.6%
Selly Oak	5.0%	6.1%
Yardley	4.6%	5.4%
Northfield	4.2%	7.4%
Edgbaston	3.9%	6.3%
Sutton Coldfield	1.2%	8.1%
Birmingham	4.1%	7.6%
Core Cities	3.1%	6.7%
UK*	1.9%	6.2%

Source: ONS

* Claimant rate and claimant proprotion UK figures, children under 5 as proportion of population figures for England and Wales only.

^Claimant proportion: claimants divided by working age population

Free School Meals

In 2015, 27% of all pupils at early years foundation stage were eligible for free school meals (4,272 children) in Birmingham, due to low household income. This shows a similar picture to Early Education Entitlement, shown in table 4.19, which is assessed on the same criteria as free school meals for 2 year old children. However, in terms of concentrations of children in poverty, Northfield, Ladywood and Erdington districts have the greatest % of pupils in low income households.

[15] https://www.gov.uk/government/publications/intergenerational-transmission-of-worklessness-evidence-from-the-millennium-cohort-and-the-longitudinal-study-of-young-people-in-england

Table 4.19 – Early Year Foundation Stage Pupils in receipt of Free School Meals

District	Pupils	% of all Pupils
Hodge Hill	701	28.9%
Ladywood	673	33.9%
Northfield	494	35.1%
Yardley	474	29.2%
Erdington	454	31.5%
Hall Green	361	20.1%
Perry Barr	356	24.3%
Edgbaston	307	28.7%
Selly Oak	290	25.3%
Sutton Coldfield	62	6.2%
City	4172	27.1%

Source BCC 2015; Districts ordered largest to lowest

4diii Domestic Violence (DV)

Information about Domestic Violence (DV) involving children under 5 is not recorded separately from all other children (table 4.20). However, the information covering all children provides an indication of the pattern of DV across the city, where children are present. It should be noted this data is only the first incident of DV recorded by the police. When repeat incidents are considered and those not reported to the police are considered, the scale of the problem will be much greater. The show higher rates of child DV involvement in Erdington and Northfield than the distribution of children would predict (table 2.3) and lower rates in Hall Green and Sutton Coldfield districts.

DV impacts on children are both varied and significant. Children living in households experiencing DV are at greater risk of experiencing neglect, physical and/or sexual abuse. Furthermore, children exposed to DV experience subsequent emotional, behavioural and social problems. They also suffer poorer developmental outcomes.

DV during pregnancy is also a significant problem with extreme outcomes of miscarriage or disability for the foetus a real possibility[16].

[16] J Devaney, 2015. Research Review: The Impacts of Domestic Violence on Children. Pages 70-94, Irish Probation Journal, Volume 12, October 2015

Table 4.20 – First Incidents of Domestic Violence with Children are Present 2015/16

District	DV with Child present		Child witnes	Child Shield	Child injured	All DV cases	
	Count	*% of City Total*				Count	*% of city total*
Hodge Hill	931	*13.4%*	386	1	3	2589	*12.3%*
Northfield	880	*12.6%*	359	1	4	2453	*11.7%*
Ladywood	862	*12.4%*	364	6	11	3104	*14.8%*
Erdington	835	*12.0%*	335	0	4	2514	*12.0%*
Yardley	806	*11.6%*	348	0	2	2358	*11.2%*
Perry Barr	731	*10.5%*	313	0	2	2028	*9.6%*
Selly Oak	579	*8.3%*	240	1	9	1747	*8.3%*
Edgbaston	564	*8.1%*	234	1	2	1732	*8.2%*
Hall Green	532	*7.6%*	229	1	2	1679	*8.0%*
Sutton Coldfield	238	*3.4%*	104	1	1	829	*3.9%*
City	6958	100.0%	2912	12	40	21033	100.0%

Source: West Midlands Police April 2016; Districts ordered worst to best

5 Measureable Developmental Goals

5a Speech, language and communication

Birmingham's Speech, Language and Communication joint commissioning strategy concluded that this is a major work area for early years. It contains the limited local data and variation of need. Some of the key factors, based on population estimates mid 20/09/12 for 0 to 4 year olds include:

- 843 (1%) of children will have severe and pervasive speech, language and communication need (SLCN);
- 7,160 (7 to 10%) of children will have significant SLCN; and
- 42,112 to 58,958 (50 to 70%) of children would benefit from universal or targeted work to support the development of their SLC.

5b Development Progress aged 2 years

This is a relatively new measure that was introduced into the early years framework in September 2014. Local work has been developing this assessment using the skills and insights of both Health Visitors and Early Education staff. There is, however, no local data detailing the findings of this assessment. The coverage of this is also limited.

5c Early Years Foundation Stage profile aged 5 year

This is an assessment that is performed and recorded on children as they enter Year One of school. The foundation stage results for 2012 and 2013 show what could be worrying differences (Table 5.1). However this marked drop in the scores is related to changes to the framework between the two years. The new framework has more learning goals and has seen far fewer children across the country achieving a 'good level of development'.

Table 5.1 – The Birmingham Early Years Foundation Stage results (2012 and 2013)

Year	Total no' children	% achieving good level development	Average score
2012	15,491	62.8%	87.2
2013	15,995	50.2%	30.79

In 2013/14 poor beginnings data shows that 56.4% of children are achieving a good level of development by the end of Reception. This compares to 60.4% for England.

Data produced for the early years review consultation considers Early Years Foundation Stage results over the past three years. Table 5.2 shows the percentage of children achieving an overall good level of development. Birmingham has improved over the past three years, but remains below national levels and has not improved at the same rate. It is ranked 123 out of the 152 English Councils, but does well compare to other core cities and statistical neighbours (other local councils that have similar communities).

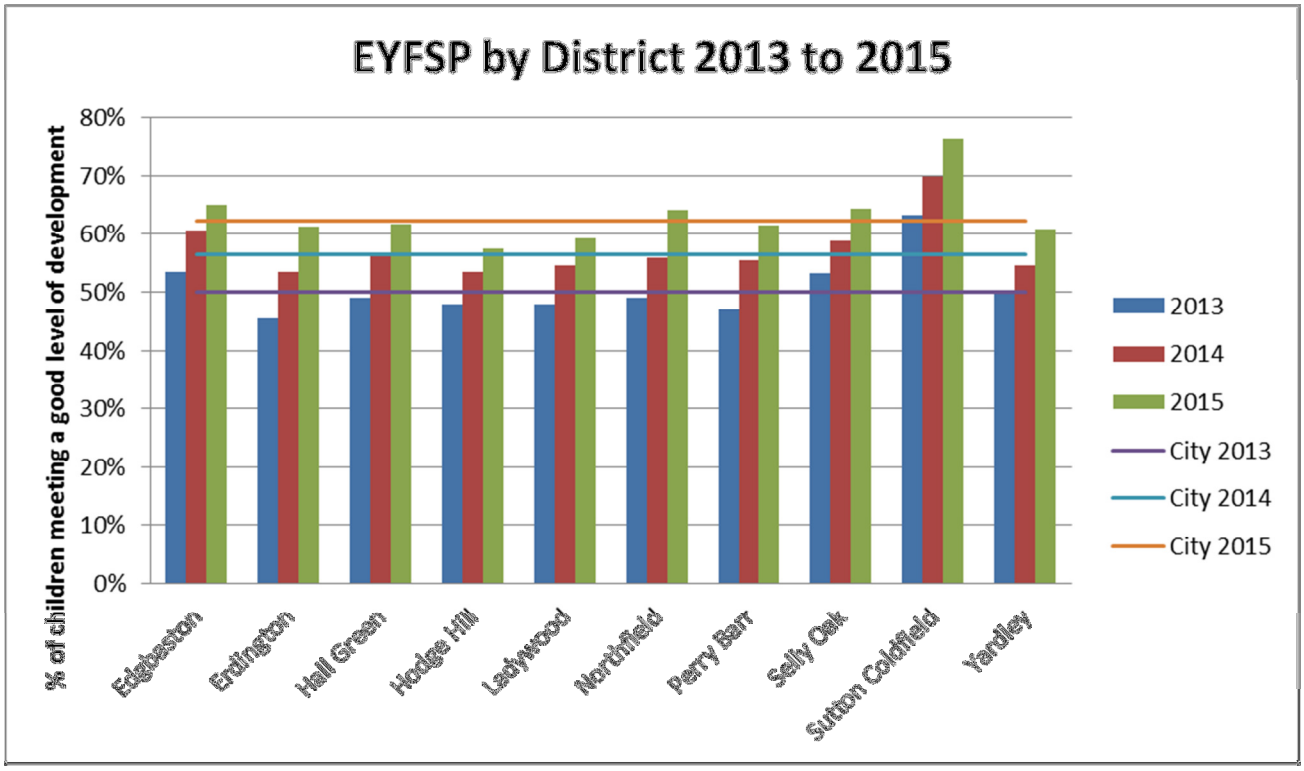
Table 5.2 – Comparison of the Proportion of Children Achieving an Overall Good Level of Development

Area	2013	2014	2015	Total increase
Birmingham	49.6%	56.4%	61.9%	12.3%
England	51.7%	60.4%	66.3%	14.6%
Statistical neighbours	46.5%	54.4%	61.5%	15.0%

Source: LAIT Tool Jan 2016

Within Birmingham, overall performance at Foundation Stage varies but has improved over time and become lees inequitable (Figure 5.1). Sutton Coldfield stands out as the best performing district, while Hodge Hill and Ladywood districts are the lowest performance. Both districts are below the city average for all 3 years.

Figure 5.1 – Early Years Foundation Stage Performance by District 2013 to 2015



Source: Birmingham City Council 2016

Table 5.3 shows these results by deprivation of the children involved, again split by district for 2015. This clearly demonstrates the marked slope of inequity, i.e. more of the affluent children achieve good level of development than the most disadvantaged. Across all districts the need to improve outcomes for the most deprived is clearly evidenced. This helps to tackle the effects of disadvantage they experience and ensure that their life chances are not curtailed[17].

The city wide achievement of two key strands of the EYFS, communication& language (Table 5.4) and personal, social & emotional development (Table 5.5) is 5% below the national

17 https://www.childrenscommissioner.gov.uk/sites/default/files/publications/Changing%20the%20Odds%20discussion%20paper_1.pdf

achievement levels. It has improved over the past three years but it has not improved at the same rate. Statistical neighbours had in the past performed below Birmingham levels, but in 2015 they performed better and had a higher rate of increase over time. Birmingham is ranked 132 out of 152 councils.

The picture for personal, social and emotional development is very similar to communication and language; below national achievement levels and improved over the past three years but not as much as national or statistical neighbour levels. Birmingham is ranked 134 out of 152 councils.

Table 5.3 – 2015 EYFS Children Meeting a Good Level of Development by District and Child Deprivation Bands (IDACI)

District	0% to 5%	5% to 10%	10-20%	20-40%	40-100%	City
Hodge Hill	56.52%	59.14%	54.72%	60.39%	68.33%	57.45%
Ladywood	59.15%	60.15%	59.16%	57.67%	60.00%	59.28%
Yardley	60.35%	53.81%	62.18%	60.63%	65.80%	60.88%
Erdington	58.96%	56.43%	63.45%	61.56%	69.47%	61.31%
Perry Barr	36.36%	54.46%	56.48%	65.49%	67.45%	61.43%
Hall Green	41.30%	58.55%	58.96%	57.46%	74.38%	61.70%
Northfield	60.46%	62.28%	58.21%	66.67%	74.50%	64.06%
Selly Oak	51.08%	62.04%	60.16%	61.09%	74.80%	64.24%
Edgbaston	57.56%	56.41%	59.68%	70.45%	71.71%	65.06%
Sutton Coldfield	n/a	n/a	57.14%	66.27%	78.01%	76.36%
City	58.02%	58.42%	58.47%	61.85%	73.15%	62.29%

Source: Birmingham City Council 2016; Districts ordered worst to best

Table 5.4 – Comparison of Children Achieving a Good Level of Development in Communication and Language Over Time.

Area	2013	2014	2015	Total increase
Birmingham	69.2%	72.2%	75.5%	6.3%
England	72.2%	77.1%	80.3%	8.1%
Statistical neighbours	66.3%	71.4%	76.4%	10.0%

Source: LAIT Tool Jan 2016

Table 5.5 – Comparison of Children Achieving a Good Level of Development in Personal, Social and Emotional Development Over Time

Area	2013	2014	2015	Total increase
Birmingham	73.3%	76.6%	79.4%	6.1%
England	76.3%	81.0%	83.7%	7.4%
Statistical neighbours	72.1%	76.5%	80.1%	8.0%

Source: LAIT Tool Jan 2016

5d Early Education Entitlement at 2 years old

The entitlement to 15 hours free (i.e. paid for by central Government) attendance at an Early Education setting is targeted to those in families receiving benefits in addition to child allowance. The funding for early education for children in deprivation helps to bridge the gap in development and ensure they are able to start school ready to learn[18]. Itis intended to give those from most disadvantaged homes earlier exposure to the benefits of early education in order to improve their readiness for school and their achievement at school.

The up take rate for this varies across Birmingham's districts (Table 5.6), from Selly Oak and Yardley with rates just above 50% through to Northfield with 70% uptake. The vast majority of these children are accessing early education via private settings regulated by OFSTED, but Northfield's high rate is achieved with the greatest use of City Council maintained settings.

Table 5.6 – Early Education Entitlement Take up rates for eligible children by District

Area	No. 2 year olds eligible from DWP	No. accessing a place in a PVI setting	No. accessing a place in a maintained setting	Total accessing NEF	% eligible children accessing
Hodge Hill	1829	1094	79	1173	64.13%
Ladywood	1520	932	94	1026	67.50%
Hall Green	1098	589	32	621	56.56%
Erdington	935	493	116	609	65.13%
Northfield	836	460	129	589	70.45%
Yardley	1088	549	29	578	53.13%
Perry Barr	1006	531	38	569	56.56%
Edgbaston	578	308	34	342	59.17%
Selly Oak	607	283	39	322	53.05%
Sutton Coldfield	190	112	2	114	60.00%
Birmingham	9,687	5,351	592	5,943	61.35%

Source: BCC Autumn 2015

5e Early Education Entitlement for 3 to 4 year olds

This entitlement to 15 hours funded attendance at an Early Years Educational setting is available to all children. 82% of those children who take up this offer achieve a good or excellent Early Years Foundation score at 5 years of age (Table 5.7). This is comparable with the cities statistical neighbours, but is 3% below the nation average and 4.6% below other Core Cities.

Children who come from lower income families are less likely to take up EEE and although 80% did so this dropped to 78.4% for those in the 10 to 20% deprivation band and 77.7% in the 40% band. Take up for children not living in a deprived area of the city is 83%, around the average level. Therefore, there is cause for concern that children living in deprived areas of the city are not taking up the average level of Early Educational Entitlement. In respect of performance of 3 to 4 year olds in funded early education Table 21 shows this.

[18] https://www.early-education.org.uk/sites/default/files/CREC%20Early%20Years%20Lit%20Review%202014%20for%20EE.pdf

Table 5.7 – Comparison of Good or Excellent Early Years Foundation Stage Achievement for those Children taking up their Early Education Entitlement (LAIT tool Jan 2016)

% of 3/4 year olds in Funded Early Education - Good or Excellent (OFSED)				
	2013	2014	2015	Change 2014-2015
Birmingham	-	74.00	82.00	8.00
Statistical Neighbours	-	70.70	82.20	9.50
Rest of Core Cities	-	76.29	86.57	11.43
England	-	76.00	85.00	9.00

Source: LAIT Tool Jan 2016

6 DATA SOURCES

Birmingham Children's Data Profile 2015, BCC, Commissioning Centre of Excellence

Child health profile – December 2015, BCC, Public Health

Data report - BCC, Children, Young People & Families

Produced by Education Intelligence and Analysis Team, 2015, BCC

NHS Child Health, September 2014

Understanding service needs of under-five year olds – April 2013, BCC, Public Health

BCC housing register 2014-15

LAIT Tool 2015

BCC Private Sector Stock Condition Survey 2010

A range of documents about the High Impact Areas has been developed to show where health visitors have a significant impact on health and improving health outcomes. These are:

- Transition to Parenthood and the Early Weeks
- Maternal Mental Health (Perinatal Depression)
- Breastfeeding (Initiation and Duration)
- Healthy Weight, Healthy Nutrition (to include Physical Activity)
- Managing Minor Illness and Reducing Accidents (Reducing Hospital Attendance/Admissions
- Health, Wellbeing and Development of the Child Age 2 – Two year old review (integrated review) and support to be 'ready for school'

The following diagram explains the four principles of health visiting in practice. They are: • Searching for health needs • Stimulating an awareness of health needs • Influencing policies affecting health • Facilitating health enhancing activities Using these principles, the tables overleaf provide examples of how the health visitor role may influence public health issues in practice and help Primary Care