

Directorate for People  
Commissioning Centre of Excellence  
**Early Years Health and Wellbeing Services**  
Needs Analysis

**Purpose:** To contribute to the evidence base for the commissioning of Early Years Health and Wellbeing services.

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## 1. Executive Summary

An Early Years offer for Birmingham is being developed to focus on the health and wellbeing of children and their parents. The vision for the Early Years offer is:

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

Birth to five are considered key developmental years during which the family and Early Years settings influence children’s foundations and habits relating to health and wellbeing. What happens during the Early Years has lifelong effects on many aspects of a child’s development including their emotional health, learning and behaviour. For society, the economic returns over the life of a person are likely to more than repay investment into their health and development when they were infants and young children. Therefore, there is a clear need to invest in this stage of a child’s life.

In order to improve health and wellbeing in the Early Years, we need an understanding of the needs of the population in the City. Data from this needs analysis will be used to inform commissioning and service design.

### **Key Early Years Health and Wellbeing Priorities for Birmingham**

- The proportion of children known to have a first language other than English is more than double the national and regional average.
- The assessment of children and families should include adverse childhood experiences as a means of being more alert to the likelihood of health harming behaviours or other family dynamics potentially having an adverse impact upon their health & wellbeing.
- There is clear evidence of the positive health benefits of breastfeeding. Almost two thirds of local mothers initiate breastfeeding with just over half of mothers continuing to breastfeed at 6-8 weeks.
- By the time children reach Reception class, nearly one in four are overweight or obese. High sugar food and drinks are the primary driver of tooth decay which affects nearly 30% of under 5’s in the City.
- The impacts on children of parents who suffer from post natal depression are considerable across both cognitive and emotional development. Cognitive development impacts have been shown around poor mental and motor development for 12 month olds.
- Half of all homeless decisions involved families who were pregnant or have children under 5. Of these, almost two thirds received a priority decision to be accommodated.
- Across all districts the need to improve EYFS outcomes for the most deprived is clearly evidenced and must be addressed to tackle the effects of disadvantage they experience and ensure that their life chances are not curtailed.

## 2. Children Living in Birmingham

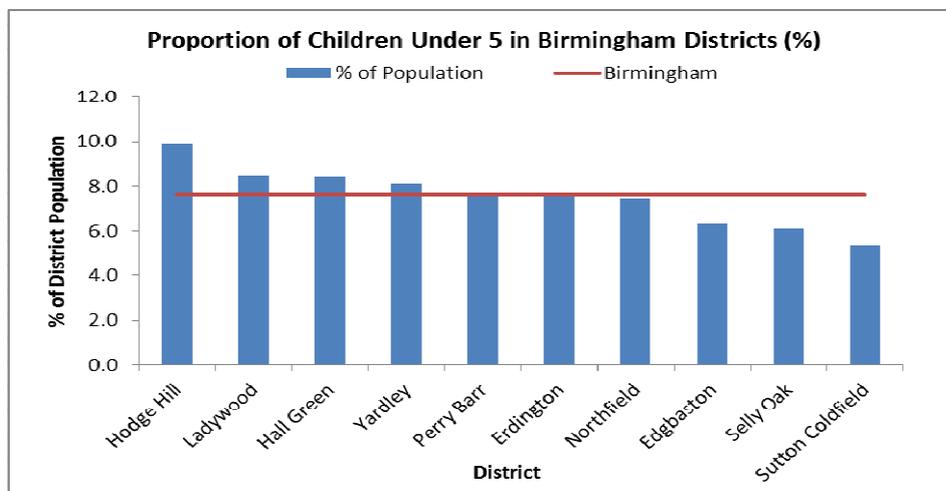
### Key Messages:

- The under 5 population in Birmingham is large and super diverse, with three out of five children classified within an ethnic group other than White British.
- Child poverty affects almost one third of local children overall, with four out of five children aged under 5 living in some of the most deprived areas of the City.
- The proportion of children known to have a first language other than English is more than double the national and regional average.

### 2.1 General

- Birmingham is the largest local authority in Europe, and the UK's second City, with an estimated resident population of 1,101,360.
- Birmingham is growing faster than the UK average. This is due to both natural population growth and the net effect of migration, including international moves.
- There is a young population with 25.6% under 18 compared to 21.3% nationally. There are currently 84,935 children under 5 years of age living in Birmingham, accounting for 7.7% of the total population.
- Between 2001 and 2011, the 0-4 year old population grew by 17.0%. This growth has now slowed with a projected increase of 1.1% by 2021.
- There is significant variation in the numbers of under 5's across the City (Fig. 2.1). Almost 10% of the population of Hodge Hill are aged 0-4 years compared to just half that in Sutton Coldfield (5.4%).

Figure 2.1 Children Aged Under 5 years by Birmingham District



Source: BCC 2016

## 2.2 Diversity

- Birmingham is an ethnically and culturally super diverse City. Around 42% of residents classify themselves within an ethnic group other than White British, compared to just 14% nationally.
- This diversity is even more pronounced in the under 5 population, with 60% of children identified within a BME group. This has far-reaching policy and service implications; both of which will need to continue to adapt to the diversity and size of the population.
- Ladywood has the most ethnically diverse under 5 population of all local districts (89%), followed by Hall Green (82%) and Ladywood (79%). In comparison, the under 5 population in Sutton Coldfield is the smallest (6%) and least diverse (22%) (Table 2.1).

**Table 2.1 Ethnicity of Children Under 5 in Birmingham**

District	% of District Population Under 5	Ethnicity of Under 5 Population (%)				
		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
<b>Birmingham</b>	<b>8</b>	<b>40</b>	<b>11</b>	<b>35</b>	<b>11</b>	<b>3</b>
England	6	76	7	11	5	1

Source: 2011 census

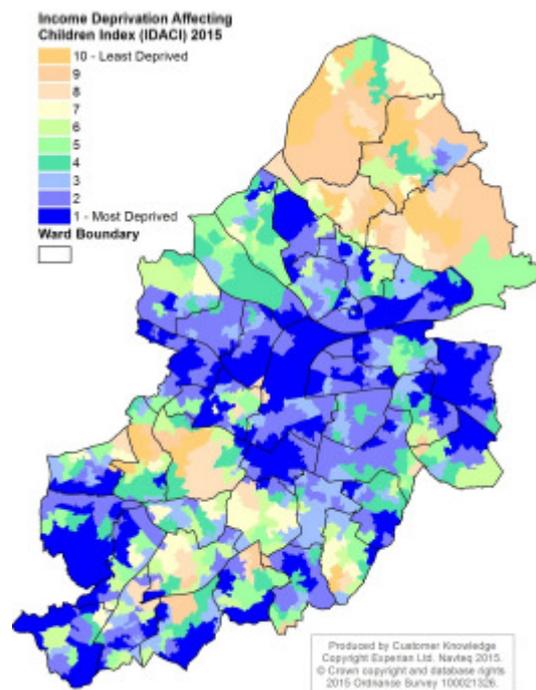
- The proportion of primary aged children known or believed to have a first language other than English is 42.9%; more than double the national (19.4%) and regional (21.0%) averages. This has particular implications for Education Services to understand potential language and cultural barriers and ensure there is equal access to learning.
- Part of this demographic pattern may be driven by Birmingham's position as a central hub for new arrivals. Again, there is clear variation across the City, with 40.3% of Ladywood's population classifying themselves as having been born outside of the UK compared to 7.4% in Sutton Coldfield.

## 2.3 Deprivation

- Birmingham is ranked:
  - 6th most deprived local authority district in relative rankings (an increase on 8th in 2010);
  - 3rd most deprived English Core City behind Manchester and Liverpool;

- most deprived of all the greater Birmingham and Solihull LEP local authorities;
- most deprived of West Midlands region's local authorities.
- Birmingham is ranked the most deprived city for numbers of people who are income or employment deprived – this is largely influenced by the size of the authority compared to other major cities.
- It is the third most deprived core city (behind Liverpool and Manchester) with just under 40% of the population living in areas described as in the most deprived 10% in the country.
- Deprivation in Birmingham is concentrated in the Ladywood, Erdington, Hodge Hill and Yardley districts. There is also high deprivation found along the southern borders of the City.
- Almost a third of all children in Birmingham experience child poverty. Of the 48 LSOAs in England where more than two thirds of children live in income deprived families, 3 are located in Birmingham. These can be found in Brandwood, Longbridge and across the border of Nechells and Ladywood wards (Fig 2.2).

**Figure 2.2 Income Deprivation Affecting Children in Birmingham**



- There is less than 9% difference between Birmingham (30.5%) and the highest ranked local authority, Tower Hamlets (39.3%). In addition, almost 4 out of 5 children under 5 (79%) of under-5's live in 40% of the most deprived areas.

## **2.4 Housing**

- Birmingham sees 23.8% of households with dependent children; 10.1% occupied by lone parents with dependent children.
- Overall, 12.4% of households are overcrowded and 15.4% rent a property from the Local Authority compared to 9.4% nationally. In addition, Birmingham has a lower than average amount of households who are owner-occupiers (56.2%)

## **2.5 Unemployment and Skills**

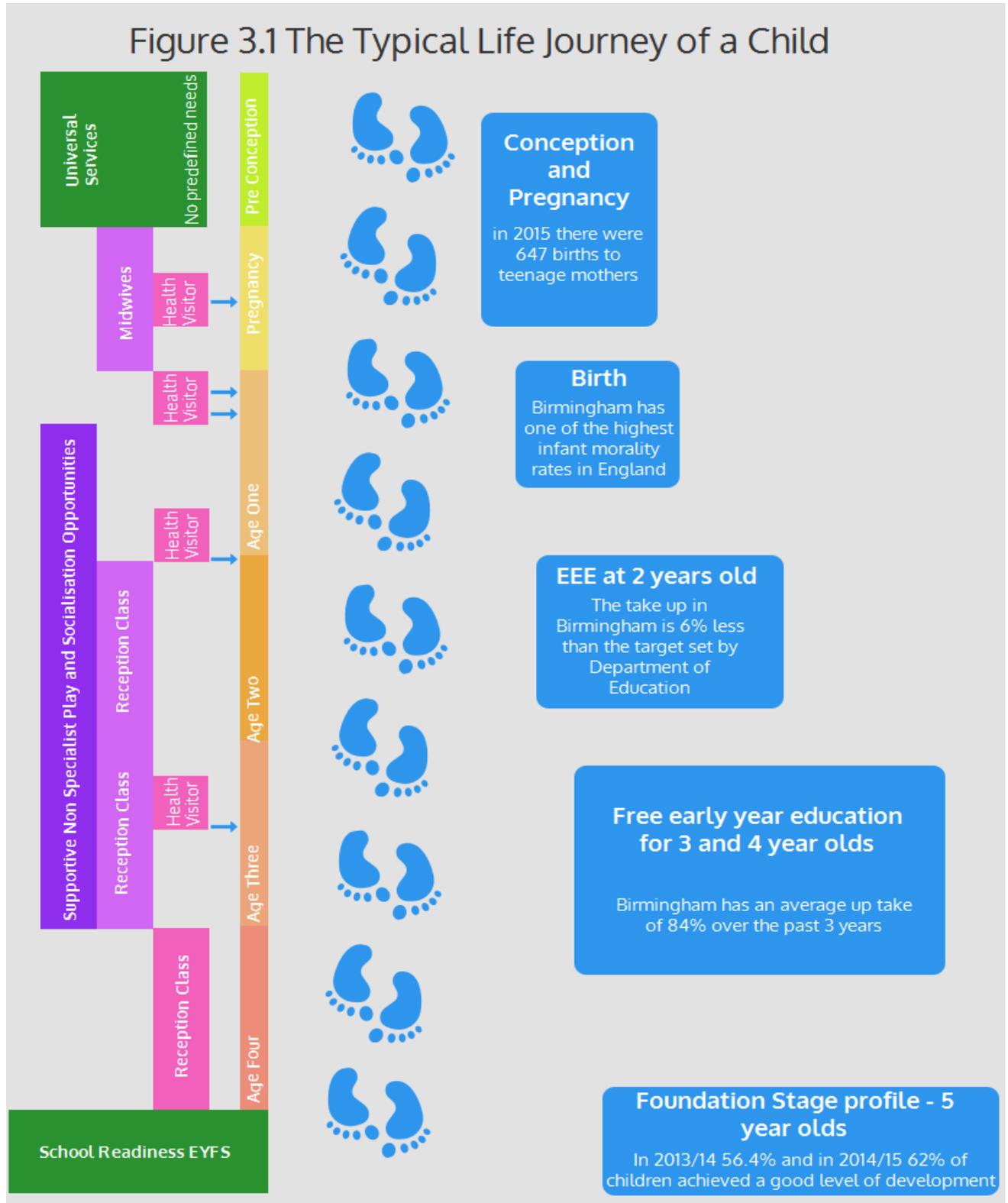
- The local economy has emerged from recession, but comparatively high levels of unemployment; worklessness and low level of skills remain a challenge.
- Birmingham has a comparatively high claimant unemployment rate. At 6.2%, Birmingham's claimant unemployment rate is the highest of the core cities - significantly above the core city average of 4.1%<sup>1</sup>.
- The inner-city Ladywood has the highest claimant unemployment rate (11.4%) whilst Sutton Coldfield has the lowest unemployment rate (1.4%).
- Comparatively high unemployment and low paid employment rates in the city are linked to the skills gap that exists locally with residents having lower skill and qualification levels than the national average. Around 28% of residents have no qualifications at all compared to the England average of 22.5%.

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<sup>1</sup> BCC Unemployment Briefing May 2016

### 3. Typical Life Journey

This analysis is based on a typical life journey from conception to starting school and identifies issues that can have an adverse effect on this journey (Figure 3.1).



## 4. Issues Affecting the Life Journey

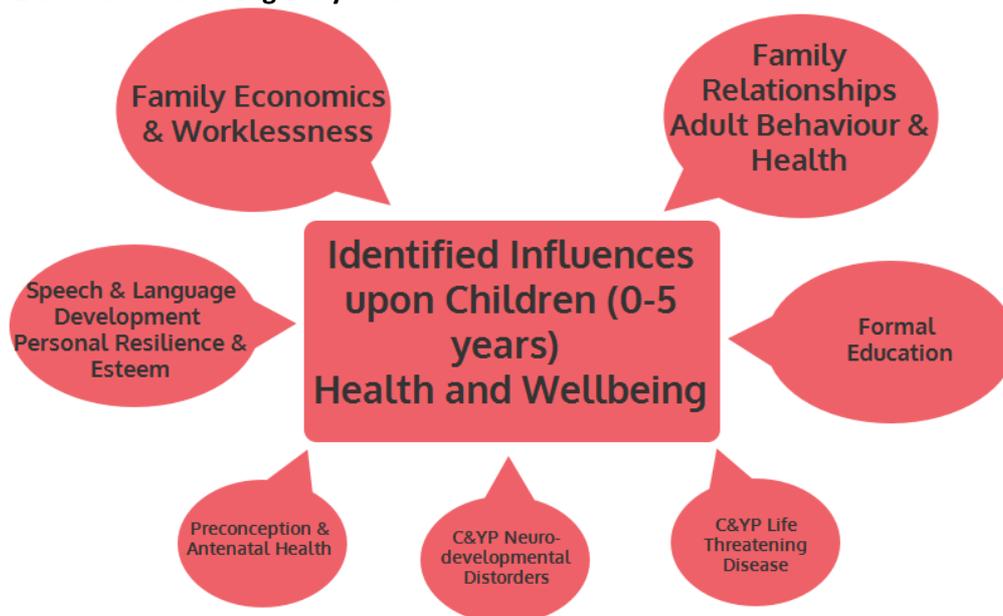
### Key Messages:

- Issues of poverty and parental relationships, both adult-child and adult-adult, child development and learning capability are key influences on the health and wellbeing of Birmingham's youngest children;
- Exploratory or potentially health harming behaviours can, individually and cumulatively, result in short term or longer term impacts upon health & wellbeing in the early years and throughout the life course.
- The assessment of children and families should include adverse childhood experiences as a means of being more alert to the likelihood of health harming behaviours or other family dynamics potentially having an adverse impact upon their health & wellbeing.

### 4.1 Major Influences

- 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 start the development of cognitive functions in preparation for lifelong learning and work. This forms the basis of the proposal for the development of 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 Influences affecting Early Years**



- 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).

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

	<b>Birmingham</b>	<b>England</b>
% 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	42.9%	19.4%
% primary age children from BME groups	65.6%	29.5%

## **4.2 Adverse Childhood Experiences (ACEs)**

- Adverse Childhood Experiences (ACEs) such as abuse, neglect and dysfunctional home environments have been shown to be associated with the development of a wide range of harmful behaviours including smoking, harmful alcohol use, drug use, risky sexual behaviour, violence and crime. They are also linked to diseases such as diabetes, mental illness, cancer and cardiovascular disease, and ultimately to premature mortality.
- There is now an increasing national and local focus on ACEs as a fundamental cause of poorer health/social/economic outcomes throughout the life-course. These adverse experiences, when

experienced in early life, have been shown to link strongly with poorer outcomes in later life, *regardless* of social-economic background<sup>2</sup>.

- Data on ACEs is limited at a local level therefore where possible, national data has been used to inform these indicators, as reported by respondents for experiences relating to the first 18 years of their life<sup>3</sup> (Table 4.2).

**Table 4.2 Adverse Childhood Experiences in England**

ACE Indicator	England Prevalence during first 18 years of life (2013)
Physical Abuse	15%
Sexual Abuse	6%
Emotional Abuse	8%
Emotional Neglect	12%
Depressed/Suicidal Household Member	12%
Alcohol Misuse in Household Member	10%
Street Drug use in Household member	4%
Parental Separation	24%
Incarceration of Household Member	4%
Domestic violence	13%

- The more ACEs a child or parent has encountered the more likely they are to engage in health harming behaviours, although some behaviour was more predictable than others. These adverse experiences are not all routinely measured but doing so could become an important way of prioritising action to improve children’s health and wellbeing.
- In the meantime staff assessing children and families should include ACEs as a means of being more alert to the likelihood of health harming behaviours or other family dynamics potentially having an adverse impact upon their health & wellbeing. This should be done whether children are referred for assessment because of concerns or self-referring in open session.
- Further consideration to these indicators can be found later in this analysis.

<sup>2</sup> Bellis MA, Hughes K, Leckenby N, et al. National household survey of adverse childhood experiences and their relationship with resilience to health harming behaviours in England. *BMC Medicine* 2014a; 12: 72.

<sup>3</sup> Bellis et al, 2014. *Bull World Health Organ* 2014;92:641–655B; Paunovic, Markovic et al. 2015. Bellis et al, 2014

## 5. Factors Affecting Children

### Key Messages:

- There is clear evidence of the positive health benefits of breastfeeding. Almost two thirds of local mothers initiate breastfeeding with just over half of mothers continuing to breastfeed at 6-8 weeks.
- By the time children reach Reception class, nearly one in four are overweight or obese. High sugar food and drinks are the primary driver of tooth decay which affects nearly 30% of under 5's in the City.
- A&E attendances in children under 5 are often preventable yet locally, almost 50,000 under 5's attend A&E each year.

### 5.1 Neonatal and Infant Mortality

- Most new born babies grow and thrive. However, the neonatal period and early infancy are the most critical periods where a child is at an increased risk of dying (Table 5.1). Various factors such as safe and healthy pregnancy, healthy delivery, breastfeeding, appropriate nutrition, appropriate sleeping conditions and immunisation help reduce the risk of death.

**Table 5.1 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%

- Birmingham has a high rate of infant mortality compared to England, 7.3 per 1,000 live births compared to 4.6.
- This is also the case in comparison with Core Cities. 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.
- The most common causes of death for babies and young children are:
  - Birth defects;
  - Preterm birth;
  - Maternal complications of pregnancy;
  - Sudden infant death syndrome (SIDS);
  - Injuries (e.g. suffocation).

## 5.2 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, these babies 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 5.2). Across the city's districts, only Sutton Coldfield has consistently lower than national rates of low birth weight.

**Table 5.2 Babies Born with Low Birth Weight by District (2011 to 2015)**

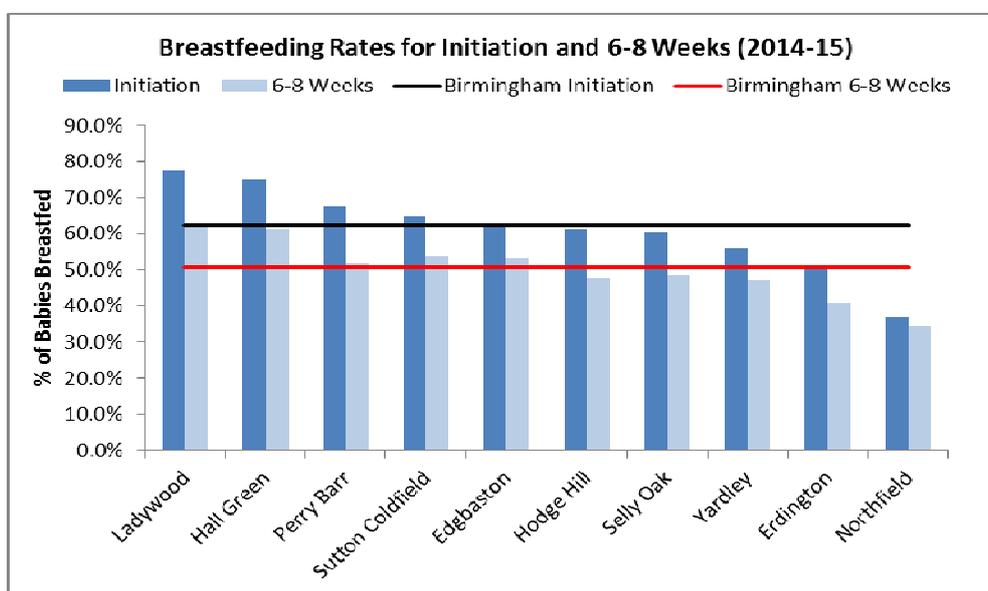
	% of Babies Born with Low Birth Weight (Calendar year of birth)					
	2011	2012	2013	2014	2015	% Point Change 2011-15
Hall Green	7.6	8.2	8.5	9.2	9.5	1.9
Hodge Hill	8.5	8.4	7.7	9.3	9.3	0.7
Northfield	8.5	8.8	7.8	8.6	9.2	0.7
Edgbaston	7.0	7.9	7.5	8.5	8.9	2.0
Yardley	6.9	9.2	8.4	8.4	8.9	2.0
Erdington	7.6	8.1	8.9	8.0	8.8	1.2
Selly Oak	6.4	7.8	7.2	7.6	8.2	1.8
Perry Barr	8.5	8.0	8.9	11.1	7.8	-0.7
Ladywood	6.5	8.2	7.7	9.9	7.7	1.2
Sutton Coldfield	6.4	6.1	5.5	5.8	5.9	-0.5
<b>Birmingham</b>	<b>7.5</b>	<b>8.2</b>	<b>7.9</b>	<b>8.9</b>	<b>8.5</b>	1.1
England and Wales	7.0	7.0	7.0	7.0	n/a	

Source: BCC 2016 and ONS 2016

### 5.3 Breastfeeding at Initiation and 6 - 8 Weeks

- Breastfeeding and maternal nutrition in the early years of life has a major impact on infant growth and development, being linked to the incidence of many childhood conditions such as gastroenteritis, tooth decay (see section 5.6) and iron and vitamin D deficiencies, in addition to affecting childhood weight (see section 5.5).
- Evidence regarding the key contribution that breastfeeding makes to health and development continues to increase. The substantiated effects are well-documented suggesting positive health benefits for both mother and baby. Breast milk is uniquely suited to the baby’s nutritional needs and has unparalleled immunological and anti-inflammatory properties that protect against a host of illnesses and diseases for both mother and child. For example, mothers who breastfeed have been shown to have reduced risk of ovarian and breast cancer later in life.
- UNICEF UK describes breastfeeding as an ‘*intervention to help tackle health inequality*’ that provides a unique opportunity for attachment between mother and baby which may protect the child from maternal neglect<sup>4</sup>.
- Birmingham has a lower rate of breastfeeding initiation than the national (74.3%) and regional (66.8%) averages. Locally, almost two thirds of babies are breastfed at birth (62.5%). Initiation is greatest in Ladywood (77.3%), more than double that of Northfield (37.0%) which has the lowest initiation rate in the City (Fig. 5.1).

**Figure 5.1 Breastfeeding Rates at Initiation and 6-8 Weeks (2014-15)**



Source: BCC 2015

<sup>4</sup> UNICEF UK (2013) Evidence and Rationale for UNICEF Baby Friendly Initiative Standards

- The proportion of local mothers who have continued to breastfeed (either partially or exclusively) at 6-8 weeks is higher (52.2%) than the national rate (43.8%). Birmingham is the highest performing authority compared to its core city and statistical neighbours at 6-8 weeks. Due to data quality, the overall regional average at 6-8 weeks is unavailable.
- Continuation of breastfeeding is variable across the city. A number of districts with the highest levels of initiation are also those with the greatest attrition by 6-8 weeks. During this period, Perry Barr sees the largest attrition with a reduction of 23.4%. This is followed by Hodge Hill (21.7%), Selly Oak (19.8%) and Hall Green (18.8%).
- Of particular note is Northfield district. Whilst mothers in this area are least likely to breastfeed overall, levels of attrition are also the lowest across the city (6.5%) suggesting that women who do initiate breastfeeding are more likely to continue.

#### **5.4 Vaccinations**

- The NHS Childhood Vaccination Schedule<sup>5</sup> outlines the various vaccines that children should receive as part of their life journey. In order to provide protection from infectious diseases at the earliest opportunity, most of the vaccination schedule is delivered during early years.
- Vaccination uptake is essential for the protection of the entire population, and not just children, as vaccination also helps reduce the carriage of harmful microorganisms from child to family. Uptake rates for vaccination are available at the local level, and demonstrate that Birmingham generally performs below the national and regional averages for vaccination uptake in the early years population.
- Data from the Public Health England (PHE) Child Health Profiles shows that Birmingham's vaccination uptake rates (2014) are below neighbouring regions, with uptake rates below 90% for several vaccine uptake indicators, including MMR completion and completion of MenC immunisation schedules<sup>7</sup>.
- Whilst deliver of vaccinations is out of scope for the new Early Years offer, support to families to access Primary Care and ensure their child's vaccination schedule is complete should be considered as an important element in improving health and wellbeing

#### **5.5 Healthy Weight**

- Being underweight can be a sign of malnutrition, and can result from poverty and/or the inability to access nutritious food. Children who are malnourished are deprived of essential vitamins, minerals and nutrients that are required for proper early childhood and adolescent cognitive and psychosocial-behavioral development.

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<sup>5</sup> <http://www.nhs.uk/conditions/vaccinations/pages/childhood-vaccination-schedule.aspx>

- On the other hand, overweight and obese children are at an increased risk of a number of health complications that have potential to have a significant 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 a number of issues that are more likely to affect them *during childhood*. These include asthma, emotional and behavioural problems (particularly in boys), sleep problems, musculoskeletal problems and type 2 diabetes.
- 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<sup>6</sup>, including infectious illnesses such as diarrhoea and poorer immune systems<sup>7</sup>.
- Factors that can increase a child’s risk of becoming obese include low birth weight, 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.
- 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%).
- It is recognised that there is strong relationship between low income and childhood obesity. Birmingham’s rate for overweight and obese children places it in the top 20% of local authorities with the highest prevalence of child obesity in the country (Table 5.4).

**Table 5.4 A Comparison of NCMP data for Birmingham and England (2013/14)**

Weight Category	Year 0		Year 6	
	Birmingham (%)	England (%)	Birmingham (%)	England (%)
Under Weight	1.5	1.0	1.9	1.4
Health 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
Overweight and Obese	23.3	22.5	38.8	33.5

Source: NCMP 2015

- Rates of obese, over weight and underweight children vary between districts (Table 5.5). Northfield (25.4%), Hodge Hill (24.5%), and Perry Barr (24.2%) have above city levels of obese and overweight children. Ladywood (2.2%) and Hall Green (2.1%) see the largest proportions of underweight children.

<sup>6</sup> 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.

<sup>7</sup> <http://www.who.int/ceh/risks/otherisks/en/index1.html>

**Table 5.5 Weight of Children in Reception Class by District (2013/14)**

District	National Child Measurement Programme 2013-14 Academic Year				
	Under Weight (%)	Healthy Weight (%)	Over Weight (%)	Obese (%)	Overweight 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
<b>Birmingham</b>	<b>1.5</b>	<b>75.2</b>	<b>11.9</b>	<b>11.3</b>	<b>23.3</b>

Source: BCC 2016

## 5.6 Tooth Decay

- In the UK, 25% of 5 year olds are affected by tooth decay. Tooth decay is a predominantly preventable disease that often leads to time off school with 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<sup>8</sup>.
- 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.
- Nationally, children who come from an Asian family where 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.
- Almost 30% of 5 year olds in Birmingham have tooth decay (29.3%), higher than the national average of 25.0% (Table 5.6).

<sup>8</sup> National Childrens Bureau (2015) Poor Beginnings: Health inequalities among young children across England

**Table 5.6 Children with Tooth Decay**

	5 year olds with Tooth Decay	
	Number	%
Birmingham	4,659	29.3
England	159,036	25.0

Source: National Childrens Bureau 2015

- The National Dental Epidemiology Programme for England Oral Health Survey looked at the mean number of teeth per child which were either actively decayed, or had been filled or extracted. Results shows Birmingham to be the second worst authority in the region for tooth decay with children aged 5 having an average of 1.17 decayed teeth compared to 0.82 across the west midlands and 0.90 nationally<sup>9</sup>.

## 5.7 Hospital Attendance and Admission

- 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, they have an increased risk of injury<sup>10</sup>.
- 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 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.
- 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. Injuries are the most common cause of death in children aged one to four years in the UK.
- A&E attendances in children under 5 are often preventable, and commonly caused by accidental injury or by minor illnesses which could have been treated in Primary Care. In Birmingham, 49,766 children aged 0-4 attended A&E in 2014/15 with the local attendance rate significantly worse (585.9) than the regional (503.9) and national (540.5) average.

<sup>9</sup> PHE Fingertips Tool: <http://fingertips.phe.org.uk/>

<sup>10</sup> National Childrens Bureau (2015) Poor Beginnings: Health inequalities among young children across England

- Whilst attendance at A&E is significantly worse in Birmingham, children under 5 who are admitted to hospital due to accidental or deliberate injuries is lower (131.9) than that of the regional (143.3) or national (137.5) average (Table 5.7).
- 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.
- Between 2010 -2015, the number of local children under 5 being admitted to hospital for this reason has reduced by 20.4%; from 1,407 in 2010/11 to 1,120 in 2014/15.

**Table 5.7 Admissions to hospital for accidental and deliberate injuries (2010-15)**

	Rate of Hospital Admissions for Accidental and Deliberate Injuries per 1,000 Children 0-4 Years Old				
	2010/11	2011/12	2012/13	2013/14	2014/15
Birmingham	171.5	164	136.8	140.1	131.9
West Midlands	152.4	157.2	144.3	152.5	143.3
England	143.3	148.2	134.7	140.8	137.5

Source: Hospital Episodes Statistics (HES) and ONS Mid-Year Population Estimates

- Data on hospital admissions for respiratory tract infections and gastroenteritis in under 5s suggests that Birmingham’s admission rates are largely similar to the national rates and generally lower than the regional rates<sup>11</sup>.

## 5.8 Vulnerable Children

- Children are best supported to grow and achieve within their own families. The majority of children and families are strong, resilient and have good networks and resources to meet their needs. However some families will experience difficulties from time to time and need assistance.
- Birmingham Safeguarding Children Board describes this assistance as ‘Early Help’, defined as a:
 

*‘...means taking action to support a child, young person or their family early in the life of a problem, as soon as it emerges. It can be required at any stage in a child’s life from pre-birth to adulthood, and applies to any problem or need that the family cannot deal with or meet on their own. It also applies to all children and young people, with any form of need’.*<sup>12</sup>
- Early Help requires agencies to work together as soon as a problem emerges or a need is identified to ensure the child and family gets the right response, and the right services, from the

<sup>11</sup> PHE Fingertips Tool: <http://fingertips.phe.org.uk/>

<sup>12</sup> Birmingham Childrens Safeguarding Board (2015) Strategy for Early Help in Birmingham

right people at the right time. This should prevent or reduce the need for specialist interventions unless they are absolutely the correct response to meet the need and resolve the problem.

- Sometimes the needs of the child or family escalates to where Childrens services involvement is required. Whilst Childrens Services can provide the protection and support for many vulnerable children, there is still a need for change and ambition for this group of children to ensure they are afforded the same chances as any child in country. The care they receive must be consistent and ensure real improvements and outcomes for their lives.
- There are over 1,000 vulnerable children currently being supported by Childrens Services in Birmingham, with a particularly high rates in Selly Oak (19.2) Erdington (18.0), and Northfield (18.0) compared to the Birmingham average (12.4) (Table 5.8).

**Table 5.8 Vulnerable children aged under 5**

District	Vulnerable Children	
	Count	Rate per 1,000 Children Under 5
Selly Oak	126	19.2
Erdington	141	18.0
Northfield	134	18.0
Edgbaston	95	14.3
Ladywood	148	12.8
Yardley	103	11.5
Perry Barr	81	9.4
Hall Green	89	8.8
Hodge Hill	115	8.8
Sutton Coldfield	34	6.7
<b>Birmingham</b>	<b>1066</b>	<b>12.4</b>

Source: BCC January 2016

- For children coming into care the journey may have been one of neglect, abuse, or trauma. It may also be if their parents are struggling to cope. Research has shown that that journey can effect children’s development, both emotionally and developmentally suffers<sup>13</sup>.
- Once in care, the stability of a placement is important in helping a looked after child achieve in education. If they are able to stay in the same place of education for an extended time this should encourage them to engage with learning and enable them to achieve. Birmingham is achieving well in this respect and consistently remains within the 10-16% target.
- In Birmingham, children aged under 5 make up 21.4% of the overall population of children in care, equating to 425 children.
- At both a national and local level, the main reason for a child coming into care is abuse or neglect. What is striking is that this accounts for more than four out of five cases locally (82.4%), compared to less than half of cases in England .

<sup>13</sup> <https://www.nspcc.org.uk/preventing-abuse/child-protection-system/children-in-care/>

- On the other hand, whilst family dysfunction is an issue for Birmingham, the proportion of children in care cases as a result of family dysfunction in England (18.6%) is more than double that of the local case load (7.6%).
- It is important to ensure that young children in care have their needs assessed and managed to prevent inequality in later life. 100% of developmental assessments were up to date for looked after children (<5) in 2014, which was higher than the national (86.8%) and regional (87.4%) average<sup>14</sup>.

## 5.9 Emotional Neglect and Abuse

- In England, almost half (43%) of child protection plans are made in response to neglect, and it features in 60% of serious case reviews<sup>15</sup>.
- The persistent failure to meet a child's basic physical and/or psychological needs is likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:
  - Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
  - Protect a child from physical and emotional harm or danger;
  - Ensure adequate supervision (including the use of inadequate caregivers); or
  - Ensure access to appropriate medical care or treatment.
  - It may also include neglect of, or unresponsiveness to, a child's basic emotional needs<sup>16</sup>.
- As discussed in section 5.8, under 5s make up 21.4% of the current children in care population. The overwhelming reason for this cohort coming into care is neglect or abuse (82.4%).

## 5.10 Child Disability and Ill Health

### 5.10.1 Disability

- The Family Resources Survey undertaken by the Department for Work and Pensions is one of the leading sources of data on estimating disability in adults and children in the UK. The 2013/14

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<sup>14</sup> PHE Fingertips Tool: <http://fingertips.phe.org.uk>

<sup>15</sup> Department for Education (2013)

<sup>16</sup> HM Government (2013)

survey results estimate that approximately 3% of children aged 0-4 are living with disability in England, although this includes several components of physical and mental functioning<sup>17</sup>.

- The referral of children under 5 to BCC run services for disabled children (Table 5.9) is not distributed across the city in line with local demographics (Section 2). Across both 2012/13 and 2013/14 there have been more children being referred to these services from Hodge Hill, Ladywood, Perry Barr and Yardley than 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<sup>18</sup>.

**Table 5.9 Under 5s Referrals to BCC Disability Services 2012/13 and 2013/14**

District	Referrals to BCC Disability Services (%)	
	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

- A good birth and early years journey can help prepare children to learn, and reduce the incidence and impact of learning disability. In Birmingham (2014), there was a higher prevalence of moderate learning difficulty compared to the national average (53.8 vs. 28.6 per 1,000 pupils). However, for severe learning disability, the rate for Birmingham was lower in 2014 (3.51 vs 3.80 per 1,000 pupils).
- Autism is a leading cause of learning disability. In Birmingham, for the 2014 period, 14.7 out of every 1,000 school pupils was identified as having autism, which was higher than the national average (10.8) and the regional average (11.1).

<sup>17</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/437481/family-resources-survey-2013-14.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/437481/family-resources-survey-2013-14.pdf)

<sup>18</sup> <http://www.gov.scot/Resource/0043/00434087.pdf>

### 5.10.2 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 5.10 provides a baseline for self-identification of health problems and disabilities that limit children's day to day activities. Birmingham has a higher rate (2.8%) than both England (2.1%) and other Core Cities (2.5%).

**Table 5.10 Under 5's whose day to day activities are 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

- 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<sup>1920</sup>.

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<sup>19</sup> Meijer et al (2000) Journal of Child Psychology and Psychiatry; Vol 41, Issue 3, pages 309-317

<sup>20</sup> <http://www.webmd.com/children/news/20000622/chronic-illness-social-development>

## 6. Factors Affecting Parental Resilience

### Key Messages:

- Highlighting the role of young fathers, both as a partner and as a father, welcoming them to engage with services, is key to improving support for young parents and their children.
- The support requirements of disabled parents are insufficiently met by mainstream education, and health and family services. As a result, it may be difficult for disabled parents to access the information and assistance they need in order to prevent problems arising.
- The harm associated with parental substance misuse is cumulative, with long lasting and shattering consequences. There are currently 2,529 clients in treatment living with children, 31% of the total client population.
- The impacts on children of parents who suffer from post natal depression are considerable across both cognitive and emotional development. Cognitive development impacts have been shown around poor mental and motor development for 12 month olds.

### 6.1 Teenage pregnancy and early parenthood

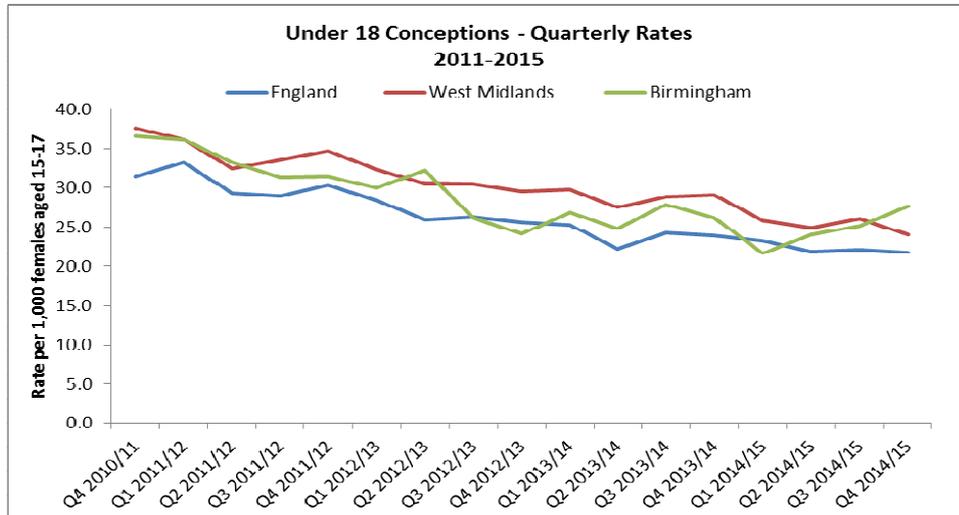
- Pregnancy in young people is often a cause and a consequence of social exclusion and should not be seen narrowly as a health challenge. Reducing levels of pregnancy in young people helps to reduce the likelihood of poverty and a recurring cycle from one generation to the next.
- Most teenage pregnancies are unplanned and around half end in abortion. While for some young women, having a child can represent a positive turning point in their lives, for many more young people bringing up a child is incredibly difficult.
- Often, early age conception results in poor outcomes for the teenage parent and their child. Babies are at greater risk of low birth weight, infant mortality and developmental delays. The emotional health and wellbeing, education and career of the young mother may be adversely impacted. In turn, the likelihood of both the parent and child living in long term poverty is increased.
- The latest available annual figures<sup>21</sup> for under 18 conceptions (2014) show Birmingham at a 17 year low (24.4 per 1,000 females aged 15-17) and having reduced at a faster rate than the regional (28.6). The national rate remains lower at 22.8.

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<sup>21</sup> ONS Conception Statistics, England and Wales - 2014 released March 2016

- More recent quarterly data<sup>22</sup> poses a challenge to this ongoing annual trend. Following a further reduction to 21.7 in Q1 2014/15, there has been a subsequent quarter on quarter rise with the latest quarterly rate reaching 27.6 and representing a 27.2% increase (Fig. 6.1).

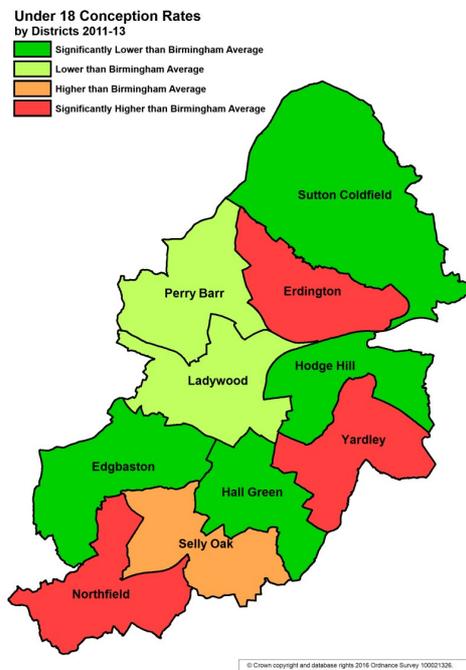
**Figure 6.1 Under 18 Conceptions 2011-2015**



Source ONS Quarterly Conceptions to Women Under 18 2016

- There are significant variations in teenage conception rates across Birmingham and work still needs to be done in these areas, particularly Erdington, Northfield and Yardley (Fig. 6.2).

**Figure 6.2 Comparison of Teenage pregnancy Rates by Birmingham Districts (2011-2013)**



Source: BCC 2014

<sup>22</sup> ONS Quarterly Conceptions to Women Under 18, England and Wales - Q4 2014/15 released May 2016

- Young parents tend to have poorer perinatal health outcomes (later engagement with services, lower birth weights, less likely to breastfeed, higher infant mortality and higher rates of postnatal depression).
- Young mothers experience poorer mental health and are at a higher risk of mental health issues, such as postpartum depression in the first three years after giving birth than older mothers. Young mothers also have higher than average feelings of isolation and low self-esteem. Failure to support those with mental health difficulties can have negative effects on parenting practices and can affect the mother's ability to bond with her child. Also, little or no support networks can impede adjustment and development of good coping abilities.
- Young mothers have poorer health behaviours during pregnancy such as higher smoking rates and drug misuse and lower breastfeeding rates. They often experience problems in their relationship with the father of their child; these problems sometimes lead to the involvement of police, legal advisors and Children's services. They face significant socio-economic disadvantage in terms of lower educational qualifications, lower employment levels and lower income.
- Young fathers have double the risk of being unemployed aged 30, even after taking account of deprivation. They tend not to engage with health and social services as well as young mothers. Highlighting the role of fathers, both as a partner and as a father, helping them to feel welcome to engage with services, is key to improving support for young parents.
- Young parents who may need additional support include those who are:
  - Living in social/economic deprivation;
  - Homeless or at risk of homelessness;
  - Care experienced young people;
  - In contact with the justice system;
  - Not engaged with education/employment/training.

## **6.2 Parental Disability**

- The Government encourages all parents are encouraged to be involved in their child's education and emphasises that children's developmental progress is related to their parents' involvement. However, disabled parents can face significant barriers to such involvement. This is a form of social exclusion that has an impact on both parents and children.
- 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 their parent's disability and/or 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<sup>23</sup>.

- There is growing evidence that the support requirements of disabled parents are insufficiently met by mainstream education, and health and family services. While trying to access more specialised services, disabled parents can fall through the gap between child and adult provision. As a result it may be difficult, and sometimes impossible, for disabled parents to access the information, equipment, resources and assistance they need in order to prevent problems arising.
- The needs of disabled parents, their children and families should be met alongside those of other parents and families. Where parents have additional specialist needs these should be addressed in good time to prevent more serious problems from arising.

### 6.3 Parental Substance Misuse

- The harm associated with parental substance misuse is cumulative, with long lasting and shattering consequences. Around 4 million people in the UK aged 16-65 are dependent on drugs and / or alcohol<sup>24</sup>. Many of those affected are the children of substance misusing parents, either through its effect on the family as a whole or on the child directly. It is estimated that there are 250,000-300,000 children of problematic drug users in the UK<sup>25</sup>.
- A number of risks associated with parental substance misuse are thought to cause direct harm to children including:
  - Neglect of parental responsibilities, leading to physical, emotional or psychological harm;
  - Experiencing or witnessing neglect or abuse – physical, verbal or sexual;
  - Experiencing or witnessing domestic abuse and exposure to unsuitable care givers or visitors;
  - Adopting responsible or parenting roles from an early age;
  - Blood borne virus infections and incomplete immunisation;
  - Lack of household stability and use of family resources to finance substance use, resulting in lack of basic necessities e.g. food, heat;
  - Unsafe storage of substances e.g. methadone, giving children ease of access.

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<sup>23</sup> [http://www.barnardos.org.uk/parent\\_disability\\_summary.pdf](http://www.barnardos.org.uk/parent_disability_summary.pdf)

<sup>24</sup> Velleman, R. And Templeton, L. (2007) Understanding and Modifying the Impact of Parents' Substance Misuse on Children. *Advances in Psychiatric Treatment* 2007; 13: 79-89

<sup>25</sup> Velleman, R. (2001) Working With Substance Misusing Parents as Part of Court Proceedings. *Representing Children* 2001; 14: 36-48

- These risk factors may impact child development in 4 main areas; behavioural disturbance & antisocial behaviour; emotional difficulties; school underachievement; and social isolation<sup>26</sup>.
- The foundation of any child’s healthy psychological and emotional development is a positive and nurturing relationship with a parent or primary care giver who becomes the child’s ‘attachment figure’. There are clear links between attachment, parenting problems and consequences for quality outcomes throughout the child’s life. Much of the impact of substance misuse on parenting relates to the way in which such drug use obstructs a positive parent – child attachment relationship<sup>27</sup>.
- Problematic substance misuse reflects or exacerbates the presence of additional parental risk factors. Many of these parents have suffered abuse or neglect and may have mental health issues. The accumulation of these adds an additional layer of complexity, further compromising the ability to parent effectively.
- Patterns of substance misuse are of particular importance when assessing harm or potential harm. It is recognised that there are substance misusing parents who are capable of caring successfully for their children. The level of parental addiction, and in turn its level of impact on parenting capacity reflects the potential to negatively impact the child.
- Serious and chaotic substance use is incompatible with effective parenting as the ability to address emotional, physical and developmental needs of their children is critically affected in both the short and longer term.
- Nationally, 47% of women and 29% of men in treatment report to be parents living with their own or other children<sup>28</sup>, equating to 34% of the total adult population in drug and alcohol treatment services.
- Locally, there are 2,529 clients in treatment and living with children, making up 31% of the client population (Table 6.1).

**Table 6.1 Parents in Drug Treatment Programmes**

Treatment Programme Type	All Clients in Treatment	Clients in Treatment & Living with Children		% of Clients in Treatment Living with Children (England)
		Count	%	
Opiate	4,850	1,792	36.9	29.4
Non-Opiate	1,765	367	20.8	25.0
Alcohol	789	155	19.6	23.3
Alcohol and Non-Opiate	741	215	29.0	24.0

Source: BCC 2016

<sup>26</sup> <http://apt.rcpsych.org/content/13/2/79>

<sup>27</sup> Kroll, B. And Taylor, A. (2009) Parental Substance Misuse and Child Welfare.

<sup>28</sup> <http://www.nta.nhs.uk/statistics.aspx>

- The largest proportion of clients with children are opiate users (36.9%), followed by opiate and alcohol users (29.0%) both higher than the national averages for both categories (29.4% and 24.0% respectively) (Table 6.1).

### 6.3 Parental Mental Health

- The impacts on children of parents who suffer from post natal depression are considerable across both cognitive and emotional development. Cognitive development impacts have been shown around poor mental and motor development for 12 month olds.
- Emotional development impacts are around poorer interpersonal development, higher insecure attachment between mother and child and greater rates of behavioural problems by the time children are aged of 12 to 18 months. There is also research showing that when deprivation and adverse situations are present with postnatal depression, developmental impacts are more common<sup>29</sup>.
- Local data on Maternal and Paternal mental ill health and illness is being collated and will be reported in the work of the Mental Health Commission later in 2016.

### 6.5 Parental Separation

- Latest figures show that 114,720 couples divorced nationally each year. There were 83% of couples with children under 16 and 17% with children under 5. However, many more children go through parental separation each year that are not included in figures like this, as their parents were not married.
- In Birmingham (2011), 10.1% of households had a lone parent with dependent children, compared to 7.5% regionally and 7.1% nationally<sup>30</sup>.
- Children of separated families are more likely to grow up in households with lower incomes, poorer housing and greater financial hardship . They tend to perform less well in school and to gain fewer educational qualifications, and are more likely to leave school and home when still young. They are also at increased risk of behavioural problems that may be because of family conflict before, during and after separation, which is stressful for children, who may respond by becoming anxious, aggressive or withdrawn.
- The physical and mental health of these children may be profoundly affected with more children admitted to hospital following accidents, have more reported health problems and to visit their family doctor more frequently. Evidence shows there is also an increased experience of depressive symptoms and higher levels of early risk behaviours including smoking, drinking and other drug use, sexual activity and young parenthood.

<sup>29</sup> <http://adc.bmj.com/content/77/2/99.full>

<sup>30</sup> PHE Fingertips Tool: <http://fingertips.phe.org.uk/>

## 7. Environmental Factors Affecting the Family

### Key Messages:

- Half of all homeless decisions involved families who were pregnant or have children under 5. Of these, almost two thirds received a priority decision to be accommodated.
- Children who live with and are aware of violence in the home face many challenges and risks that can last throughout their lives. Modelled estimates for Birmingham suggest there may be 21,000 children across Birmingham who have witnessed violence or abuse at home.

### 7.1 Poor home environment

- The major influences on a child's life – family income, effective parenting, and a safe and secure environment – are all directly or indirectly influenced by a family's housing conditions. Poor housing leads to up to 25% higher risk of severe ill health and disability during childhood and early adulthood, increased risk of meningitis, asthma, and slow growth which is linked to coronary heart disease. It also increases the chance of children suffering mental health problems and problems with behaviour, as well as lower educational attainment and a greater likelihood of unemployment, and poverty in the long term.
- There are 43% of homes in Birmingham currently failing the decent homes standard in the Private Rented Sector. Perry Barr (62%) and Northfield (56%) districts have the highest proportion of non-decent homes (Table 7.1).

**Table 7.1 Non-Decent homes by element failures in the Private Sector**

District	% of District Population Under 5	% of Homes which are Non Decent	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
<b>Birmingham</b>	<b>8</b>	<b>43</b>	<b>26</b>	<b>14</b>	<b>3</b>	<b>18</b>

Source: BCC PRS Decent Homes Survey 2010 and ONS 2016

- It is worth noting the high rate of category 1 hazards (dangerous health or safety hazards) in Edgbaston district (40% of non-decent homes) and the higher rates of thermal comfort failures for Perry Barr (26%), Ladywood (25%), and Selly Oak (23%) districts. This poses a serious challenge to the children and their families living in these households and will have an adverse impact upon their health & wellbeing.

## 7.2 Homelessness

- Homelessness leaves parents at breaking point and children's lives in chaos. The insecurity and disruption of living in temporary accommodation has long lasting and damaging impacts on children, effecting their health, wellbeing, emotional development and educational achievement<sup>31</sup>.
- Children living in overcrowded conditions miss out on the space and privacy they need to play and sleep properly. Without room to grow, many children become sick or fall behind in their development. Many children living in temporary accommodation face long, exhausting journeys to school, and are so tired they can't concentrate. Moving into and between temporary accommodation can cause severe disruption to schooling and development overall.
- Homeless children never know where they will be moved to next and many develop anxiety, depression and behavioural problems along the way. Children living in cramped accommodation can experience hyperactivity, aggression, bedwetting, soiling and disturbed sleep patterns
- The data presented describes the families whose circumstances require a statutory duty response from the local authority to accommodate families. In Birmingham, overall 50% of all homeless decisions involved families who were pregnant or had children under 5.
- Nearly 60% of households receiving a priority homeless decision were families who were pregnant or who had children under 5.
- In Hodge Hill, there were 5.66 priority homeless households where there is a pregnancy or child under 5 (Table 7.2), the highest rate of all districts in the city. This was followed by Ladywood (5.25) and Erdington (3.89) districts.

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<sup>31</sup> [http://england.shelter.org.uk/campaigns /why\\_we\\_campaign/tackling\\_homelessness/what\\_is\\_homelessness\\_like#\\_ref8](http://england.shelter.org.uk/campaigns /why_we_campaign/tackling_homelessness/what_is_homelessness_like#_ref8)

**Table 7.2 Rate of homeless households where there is a pregnancy or child under 5 by District 2**

District	Priority Homeless Households with Pregnant Mothers & Children Under 5	Other Priority Homeless Households	All Priority Homeless Households
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

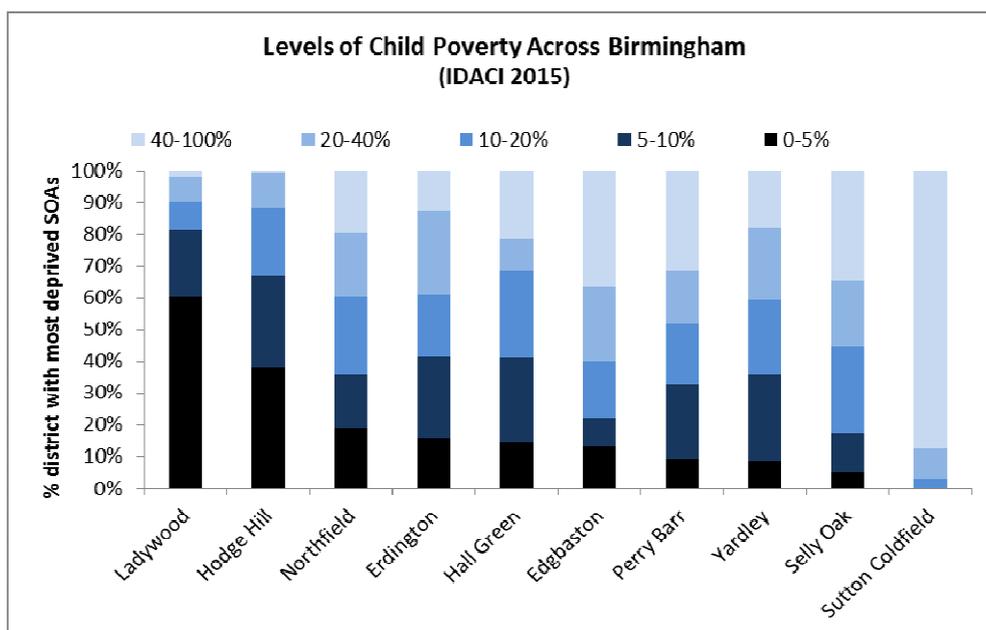
Source: BCC Statistics and CLG Live Table 784, rate per 1,000 households

- Sutton Coldfield saw the lowest rate of homeless households with pregnant families or children under 5 (0.85) followed by Selly Oak (2.13) and Edgbaston (2.18).

### 7.3 Poverty and deprivation

- A major influence and impact upon children's health and wellbeing is child and family poverty. Birmingham has more families and children in poverty (32.2%) than the national average (20.6%) with 77,500 children under 16 in poverty.
- Poverty undermines the health and wellbeing of children and requires action across all sectors to reverse the trend. This of course will take time and in the meantime, service provision for children and families need to take this into account when planning the distribution of resources.
- That said, while deprivation or low income has always been a risk factor for health harming behaviours and health/social outcomes in people of all ages, there has been an increasing focus on identifying the specific circumstances related to early life experiences that lead to poorer outcomes in the future (see Section 4.2) .
- Overall, 23% of SOAs in Birmingham are in the >5% most deprived areas in England, the distribution of which is very uneven. Almost two thirds of Ladywood children (60.4%) fall within this classification, followed by Hodge Hill (38.2%) and Northfield (18.9%) (Fig. 7.1).

**Figure 7.1 Levels of child poverty across Birmingham (2015)**



Source: IDACI 2015

- 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).

#### 7.4 Parental unemployment

- 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<sup>32</sup>.
- Data from the 2011 census suggests that 7.7% of families with dependent children in Birmingham have no adult in employment, which is higher than the national (4.2%) and regional average (4.8%)<sup>33</sup>.
- There is no direct data available on unemployed households with children under 5, but inference between unemployment rates and demographic data of under 5s, identifies areas with the greatest overlap (Table 7.3).
- Ladywood, Hodge Hill and Hall Green districts have both high rates of unemployment and children under 5, all greater than the Birmingham (4.1%) and 7.6% Core Cities (3.1% and 6.7%) and national (1.9% and 6.2%) rates.

<sup>32</sup> <https://www.gov.uk/government/publications/intergenerational-transmission-of-worklessness-evidence-from-the-millennium-cohort-and-the-longitudinal-study-of-young-people-in-england>

<sup>33</sup> PHE Fingertips Tool: <http://fingertips.phe.org.uk/>

**Table 7.3 Unadjusted unemployment claimants and proportion of population under 5 (2016)**

District	% of Total Unemployment Claimants**	% of Children Under 5 in Total District 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
<b>Birmingham</b>	<b>4.1</b>	<b>7.6</b>
Core Cities	3.1	6.7
UK*	1.9	6.2

Source: ONS \*Claimant rate and claimant proportion UK figures, children under 5 as proportion of population figures for England and Wales only. \*\* Claimant proportion: claimants divided by working age population

- 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.
- In 2015, 27% of all pupils at Early Years Foundation Stage in Birmingham were eligible for Free School Meals (FSM) due to low household income; equivalent to 4,272 children. Early Education Entitlement (EEE) which is assessed on the same criteria as free school meals for 2 year old children is shown as a proxy indicator (Table 7.4).

**Table 7.4 Early Year Foundation Stage pupils eligible for Early Education Entitlement (EEE) (2015)**

District	EYFS Pupils Eligible for EEE	% All Pupils
Northfield	494	35.1
Ladywood	673	33.9
Erdington	454	31.5
Yardley	474	29.2
Hodge Hill	701	28.9
Edgbaston	307	28.7
Selly Oak	290	25.3
Perry Barr	356	24.3
Hall Green	361	20.1
Sutton Coldfield	62	6.2
<b>Birmingham</b>	<b>4172</b>	<b>27.1</b>

Source: BCC 2015

- More than a third EYFS children in Northfield were eligible for EEE/ FSM (35.1%), the highest of all districts across the city. as expected, Sutton Coldfield had the lowest proportion of children eligible at 6.2%.

## **7.5 Domestic abuse**

### **7.5.1 Pregnancy**

- Domestic abuse during pregnancy is a significant problem with extreme outcomes of miscarriage or disability for the foetus a real possibility<sup>34</sup>.
- Between 4 and 9% of women are abused during their pregnancies with 30% of domestic abuse thought to start during pregnancy. Women who are subjected to domestic abuse may be up to four times more likely to miscarry as women who have not been abused during pregnancy.

### **7.5.2 Childhood**

- Children who are exposed to abuse and violence in the home may suffer a range of severe and lasting effects. An estimated third of children have no worse outcomes than the rest of the population but issues of homelessness, parental mental health or substance misuse and deprivation often compound the harm for other children.
- Some children who grow up in a violent home are more likely to be victims of child abuse. Those who are not direct victims have some of the same behavioural and psychological problems as children who are themselves physically abused.
- Children who experience or witness domestic abuse may have difficulty learning and limited social skills, exhibit violent, risky or delinquent behaviour, or suffer from depression or severe anxiety. Children in the earliest years of life are particularly vulnerable as evidence suggests that domestic abuse is more prevalent in homes with younger children than those with older children<sup>35</sup>.
- Although domestic abuse takes place in all sections of society, it is often linked with severe economic deprivation. The existence of domestic abuse in a household further increases the likelihood of a child growing up in poverty. The relationship between domestic abuse and child neglect is strong as the adult victim (parent or caregiver) cannot always protect their child from the abuser.
- Children living in Birmingham continue to witness and experience domestic abuse on a daily basis. Evidence suggests 12% of children under the age of 11 have witnessed domestic abuse

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<sup>34</sup> J Devaney, 2015. Research Review: The Impacts of Domestic Violence on Children. Pages 70-94, Irish Probation Journal, Volume 12, October 2015

<sup>35</sup> UNICEF (2006) Behind Closed Doors: The Impact of Domestic Violence on Children

during childhood<sup>36</sup>. Using this prevalence to model estimates for Birmingham, there may be 21,000 children across Birmingham who have witnessed violence or abuse at home.

- During 2014/15, the Multiagency Safeguarding Hub (MASH) Team looked after 18,800 children as a result of witnessing or experiencing domestic abuse.
- Locally, in the majority of Serious Case Reviews into child deaths, domestic abuse is a significant factor.

### 7.5.3 Adults and Families

- Domestic abuse can happen across society but certain factors seem to increase its likelihood. These include the age of the victim, poverty and unemployment, and alcohol and substance abuse.
- There are an estimated 25,000 female victims in the City each year and between 3 and 6 domestic violence related homicides. There is no evidence to suggest that domestic abuse is more prevalent in particular communities however black and minority ethnic women may face particular barriers in seeking help.
- Approximately 30% of victims report domestic abuse to the police and even the most serious of violence that involves A&E admission is under reported. Available data suggests the incidence of domestic abuse in Birmingham as reported to the police was 13.3 per 1,000 population, lower than that of the regional (15.0) and national (18.8) average<sup>37</sup>.
- Between 1,870 and 3,570 men will experience repeated domestic abuse each year.
- Police data describing the pattern of first domestic abuse incidents with children present does not differentiate those children under 5. However, the available data does begin to provide an indication of the pattern of reported abuse across the city. It is recognised that this is in itself is an underestimation and when coupled with repeat incidents and those not reported to the police, the potential scale of the situation is much greater.
- There were 21,033 first reported incidents of domestic abuse across the City in 2015/16, of which 6,958 had children present; equating to 33% of all first incidents (Table 7.5). Hodge Hill had the greatest number of first incidents with children present (13.4%) followed by Northfield (12.6%) and Ladywood (12.4%). Sutton Coldfield had the fewest reported first incidents overall (3.9%) and of those with children present (3.4%).

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<sup>36</sup> Rashford et al (2011)

<sup>37</sup> PHE Fingertips Tool: <http://fingertips.phe.org.uk/>

**Table 7.5 First Incidents of Domestic Abuse with Children are Present 2015/16**

District	All Reported First DA Incidents		Reported First DA Incidents with Child Present		Child Witness	Child Used as Shield	Child Injured
	Count	% of City Total	Count	% of City Total			
Hodge Hill	2,589	12.3	931	13.4	386	1	3
Northfield	2,453	11.7	880	12.6	359	1	4
Ladywood	3,104	14.8	862	12.4	364	6	11
Erdington	2,514	12.0	835	12.0	335	0	4
Yardley	2,358	11.2	806	11.6	348	0	2
Perry Barr	2,028	9.6	731	10.5	313	0	2
Selly Oak	1,747	8.3	579	8.3	240	1	9
Edgbaston	1,732	8.2	564	8.1	234	1	2
Hall Green	1,679	8.0	532	7.6	229	1	2
Sutton Coldfield	829	3.9	238	3.4	104	1	1
<b>Birmingham</b>	<b>21,033</b>	<b>100.0</b>	<b>6958</b>	<b>100.0</b>	<b>2912</b>	<b>12</b>	<b>40</b>

Source: West Midlands Police – April 2016

- Of those incidents with children present, 42% involved the child as a witness. Hodge Hill had the highest number of children witnessing the domestic abuse (386), followed by Ladywood (364) and Northfield (359).
- Not all victims of DA have access to timely and appropriate support. Particular concern has been expressed for:
  - Adult victims of DA who are parents and carers of children;
  - Victims with no recourse to public funds;
  - Child victims living in temporary accommodation;
  - Child victims who continue to live with the abuse but have been identified as being at low risk;
- Sixteen and seventeen year olds experiencing DA who may be parents themselves but fall between service remits.

## 7.7 Parental imprisonment

- It is estimated that there are 200,000 children affected by parental imprisonment across England and Wales<sup>38</sup>. These children are some of the most vulnerable as their voices often go unheard and their needs frequently unmet.

<sup>38</sup> Barnardos (2014)

- There are no official record exists of children of prisoners as neither the courts, governments, nor local services ask routinely about them.
- That said, the sudden change in family circumstances is known to have an adverse effect on children's life chances. Many children experience the arrest of their parent with grief which they cannot share because of shame or stigma.
- Evidence suggests children with a parent in prison are:
  - Socially isolated and disadvantaged;
  - At risk of unsuitable care arrangements due to not being identified by local authorities when their parents are taken into custody / prison abruptly;
  - Twice as likely to experience conduct and mental health problems, and less likely to do well at school;
  - Three times more likely to be involved in offending. Sixty five per cent of boys with a convicted father will go on to offend themselves.

## 8. Measurable Development Goals

### Key Messages:

- There are 50-70% of children in the City who would benefit from universal or targeted work to support the development of their speech, language and communication needs.
- Four out of five children who take up the Early Education Entitlement at aged 3-4 years achieve a good or excellent Early Years Foundation Stage (EYFS) score.
- Across all districts the need to improve EYFS outcomes for the most deprived is clearly evidenced and must be addressed to tackle the effects of disadvantage they experience and ensure that their life chances are not curtailed.

### 8.1 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 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 SLCN.

### 8.2 Development progress aged 2 years

- Development progress aged 2 years is a relatively new measure that was introduced into the Early Years framework in September 2014. Local work is ongoing to develop this assessment using the skills and insights of both Health Visitors and Early Education staff.
- This analysis will be updated as local data detailing the coverage and findings of the assessment indicator become available.

### 8.3 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<sup>39</sup>.

- It is 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 8.1), from Selly Oak and Yardley with rates just above 50% through to Northfield with 70% uptake.

**Table 8.1 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
<b>Birmingham</b>	<b>9,687</b>	<b>5,351</b>	<b>592</b>	<b>5,943</b>	<b>61.35</b>

Source: BCC Autumn 2015

- 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 local authority maintained settings.

#### 8.4 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 (Table 8.2). This is comparable with Birmingham’s statistical neighbour (82.2%), but is below the national (85.0%) and Core Cities (86.6%) averages.

<sup>39</sup> <https://www.early-education.org.uk/sites/default/files/CREC%20Early%20Years%20Lit%20Review%202014%20for%20EE.pdf>

**Table 8.2 Comparison of Good or Excellent Early Years Foundation Stage Achievement for those Children taking up their Early Education Entitlement**

	2013	2014	2015	% Change 2014 - 2015
Birmingham	-	74.0	82.0	10.8
Statistical Neighbours	-	70.7	82.2	16.3
Core Cities	-	76.3	86.6	13.5
England	-	76.0	85.0	11.8

Source: LAIT Tool Jan 2016

- Children from lower income families were slightly less likely to take up EEE (80%) than children not living in a deprived area of the city (83%) which is similar to the average level.

### 8.5 Early Years Foundation Stage profile aged 5 years

- This is an assessment that is performed and recorded on children as they enter Year One of primary school. The foundation stage results for 2012 and 2013 show what could be worrying differences in achievement however this marked drop in the scores is likely related to changes to the framework between the two years (Table 8.3).

**Table 8.3 Birmingham Early Years Foundation Stage results (2012 - 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

- The new framework has more learning goals and has seen far fewer children across the country achieving a 'good level of development'.
- Data produced for the early years review consultation considers Early Years Foundation Stage results over the past three years. Birmingham has improved over this period (61.9%) but remains below national levels (66.3%) and has not improved at the same rate (Table 8.4). Birmingham is ranked 123 out of the 152 English Councils and does well compare to other Core Cities and Statistical Neighbours.

**Table 8.4 Proportion of children achieving an overall good level of development (2013-15)**

Area	2013	2014	2015	% Change 2013 - 2015
Birmingham	49.60%	56.40%	61.90%	19.9
England	51.70%	60.40%	66.30%	22.0
Statistical neighbours	46.50%	54.40%	61.50%	24.4

Source: LAIT Tool Jan 2016

- Within Birmingham, overall performance at Foundation Stage varies but has improved over time and become less inequitable. 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.
- When comparing EYFS results and deprivation, there is a clear 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 and must be addressed to tackle the effects of disadvantage they experience and ensure that their life chances are not curtailed<sup>40</sup> (Table 8.5).

**Table 8.5 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%
<b>Birmingham</b>	<b>58.02%</b>	<b>58.42%</b>	<b>58.47%</b>	<b>61.85%</b>	<b>73.15%</b>	<b>62.29%</b>

Source: Birmingham City Council 2016

- Birmingham’s achievement of two key strands of the EYFS, communication & language (Table 8.6) and personal, social & emotional development (Table 8.7) is 5% below the national achievement levels. It has improved over the past three years but it has not improved at the same rate.

**Table 8.6 Comparison of Children Achieving a Good Level of Development in Communication and Language Over Time.**

Area	2013	2014	2015	% Point Increase 2013 - 2015
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

<sup>40</sup>

[https://www.childrenscommissioner.gov.uk/sites/default/files/publications/Changing%20the%20Odds%20discussion%20paper\\_1.pdf](https://www.childrenscommissioner.gov.uk/sites/default/files/publications/Changing%20the%20Odds%20discussion%20paper_1.pdf)

- 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 to the same extent as national or statistical neighbour levels.

**Table 8.7 Comparison of Children Achieving a Good Level of Development in Personal, Social and Emotional Development Over Time**

<b>Area</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>% Point Increase 2013 - 2015</b>
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

## 9. Conclusions

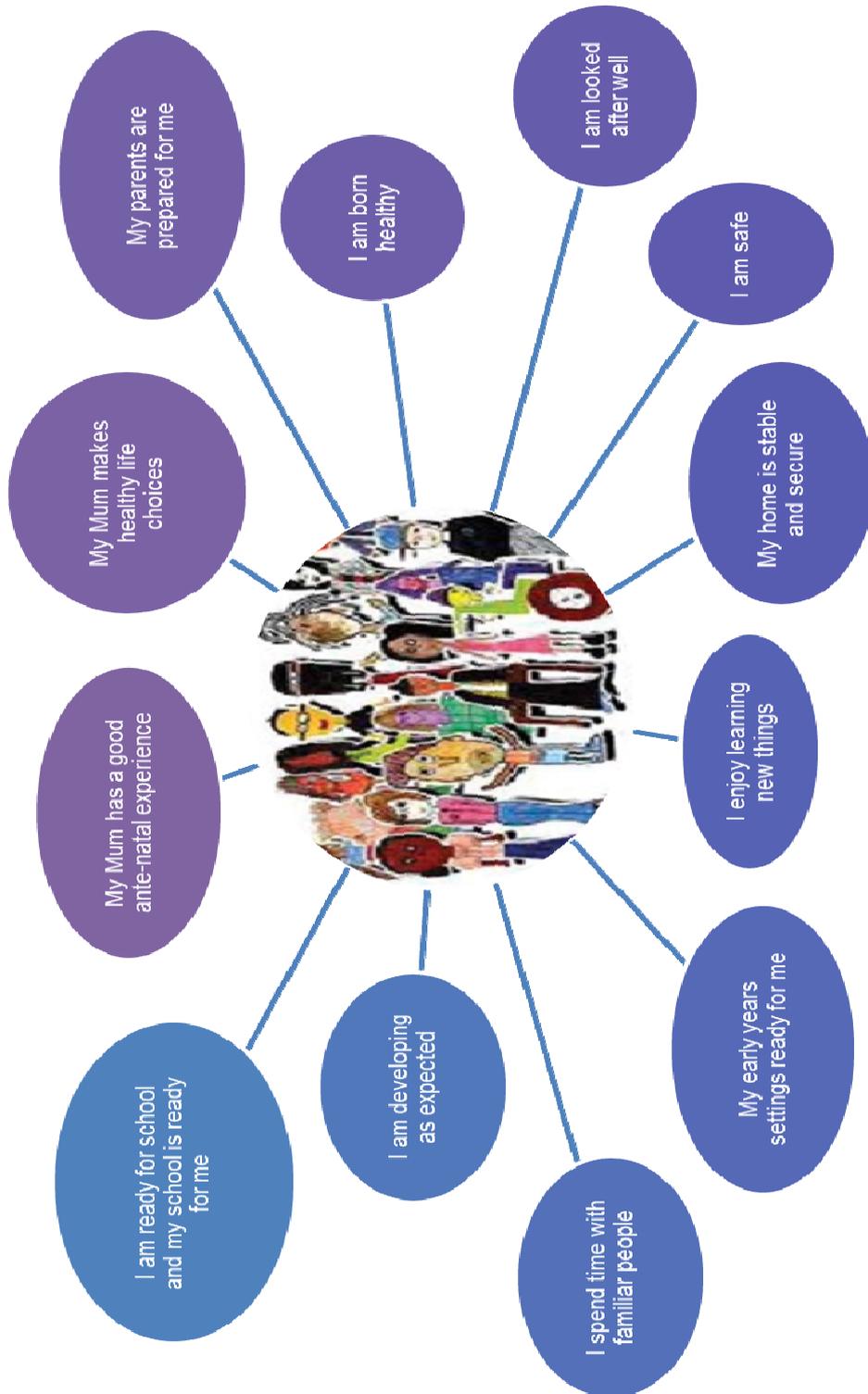
Overall conclusions for improving health and wellbeing in Early Years are listed below:

- There is clear evidence that exposure to factors such as poverty, unbalanced diets, and poor or unstable home environments during the Early Years period all contribute to a child's health and wellbeing and to whether they are able to reach their developmental potential.
- A loving and stimulating home is the most important thing that a parent can give to their young child, and a warm, secure bond to parents is associated with children's wellbeing later in life.
- During Early Years, a healthy lifestyle and access to healthcare are essential in determining a child's future development and health. Parental mental health, drug and alcohol use, deprivation and poor nutrition are all influential for a child's health and wellbeing.
- The accumulating evidence to suggest the important impact of Early Years on a range of long term outcomes should be mirrored in an increasing emphasis on Early Years in local service planning. Locally this means ensuring that early identification and intervention continue to develop as significant components of service provision.
- If parents are to give their child a positive start in life, they need to be sufficiently supported through community settings, including support from family and friends. Neighbourhoods with a poor environment (e.g. high levels of crime and a lack of social cohesion) can negatively affect a child's health and wellbeing.
- While it is encouraging that outcomes for children from disadvantaged backgrounds are improving, there is no sign of the gap narrowing in any substantial way. Early education can make a fundamental difference to life chances, but only if the child receives high quality early education at a young enough age.
- To further reduce inequalities across the Early Years population, consideration should be given to investing in those most in need. Recognising that universal provision is at the core of Early Years services, a targeted offer should be available for the most vulnerable families.
- The importance of partnership working during Early Years should continue to be promoted, and opportunities for appropriate and secure information sharing between professionals should be examined.

## 10. 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'

## Appendix 1: My Safe and Smooth Journey - A Child's Perspective



## Appendix 2: Health Visiting Practice Principles

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

