Module 5 - Start Well: Early Years
2022 Intelligence Update

Content Overview

Key Issues for North East Lincolnshire

- Breastfeeding continuation (6-8 weeks)
- Speech, language and communication (particularly boys & those eligible for FSM)
- Children with SEN achieving a good level of development at age 5
- Child obesity

5.0 Introduction

- This Module focuses on optimal child development in the early years, such that children are ready to learn at 2-2.5 years and ready for school at 5. A good level of development (GLD) at this early stage gives children the potential to achieve good educational and employment outcomes, which positively impacts on health outcomes in the longer term. Children who do not achieve a GLD by 5 will often struggle with reading, maths, social and physical skills leading to long term impacts on their educational attainment and health.
- It includes an analysis of the school readiness indicator as a composite measure of GLD at 5 years of age. School readiness is assessed using the Early Years Foundation Stage (EYFS) Profile which defines School Readiness as 'the broad range of knowledge and skills that provide the right foundation for good future progress through school and life' (Statutory Framework for the EYFS 2021). Children are deemed to have a GLD if they achieve at least the expected level in the following Early Learning Goals:
  - in the prime areas of learning (personal, social and emotional development; physical development; and communication and language)
  - in the specific areas of mathematics and literacy
- In addition, this Module also explores vulnerabilities associated with four key areas of child development which are all critical for children to thrive:

Cognitive Development	Communication & Language Development
Physical Development	Social and Emotional Development

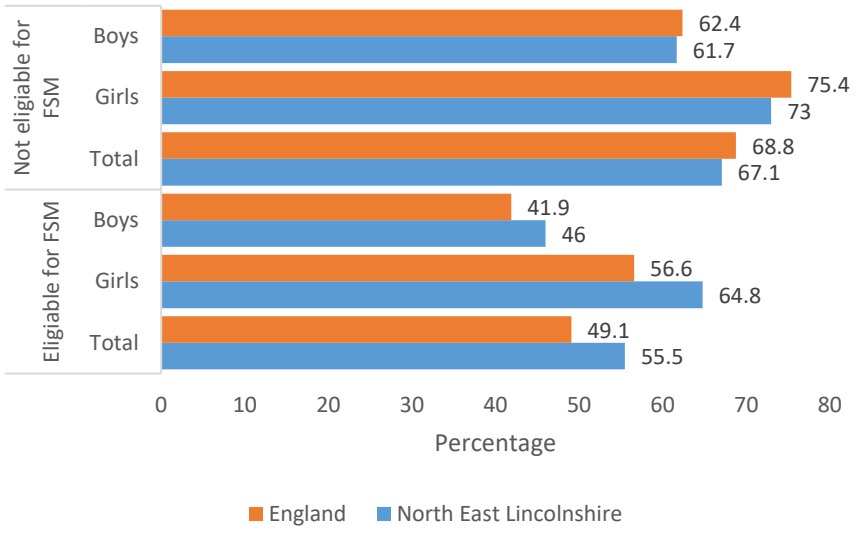
- These key areas are intertwined, operate in co-ordination throughout the lifecourse and are underpinned by parental/carer capacity for positive responsive relationships and by being in an environment that supports development. Social circumstances also play a significant role.

5.1 What did we discover about school readiness?

- The Early Years Foundation Stage Profile was significantly revised in September 2021 and therefore results published for the academic year 2021/22 are not comparable to previous years. The 2021/22 data is the first publication since 2018/19 as data collections were cancelled due to the pandemic.
- Prior to the reform and the pandemic, the national, regional and local trends were showing a steady increase in the percentage of children meeting the expected good level of development by the end of reception year.
- In 2021/22, 64.3% of children in NEL achieved a GLD at the end of reception, similar to the Yorkshire and Humber average of 64.4% and slightly lower than the England average of 65.2%.
- Only 55.5% of those eligible for Free School Meals (FSM) achieved a GLD, compared to 67.1% not eligible for FSM. Boys eligible for FSM were the least likely to achieve a GLD at the end of reception year with fewer than half (46%) achieving a GLD, with a gap of 15.7% compared to boys not eligible for FSM.
- There are geographical inequalities across NEL, with East Marsh having the lowest proportion achieving a GLD at 53.4%, compared to Haverstoe with 88.4% achieving a GLD at the end of reception year.
- There are also gender inequalities in school readiness, with only 58% of boys achieving a GLD compared to 70.9% of girls, a gap of 12.9%.
- 10.7% of children in NEL with an identified Special Educational Need (SEN) achieved a GLD at the end of reception year, far lower than the England average of 18.8%, ranking second lowest (worst) in the whole of England.

Find out more NELC_VCHNA_SEND_Data_Summary_March_2020_v7_public.pdf (nelincsdata.net)

GLD at the end of reception year, 2021/22 by FSM status, North East Lincolnshire and England



For a child to achieve a Good Level of Development (GLD) they must meet the expected level of development in all 3 prime areas of learning plus maths and literacy by the end of June in reception year.

For more information, see Early years foundation stage profile results, Academic Year 2021/22 – Explore education statistics – GOV.UK (explore-education-statistics.service.gov.uk)

School Readiness by learning area

- Of all prime learning areas, the lowest achievement is in communication and language. This is the case both locally and nationally. This area covers listening, attention and understanding and speaking.
- The percentage of children achieving at least the expected level of development in the prime areas is lower across all areas of learning in NEL compared to England.
- New areas of learning have been added to the specific areas of learning; 'Understanding the World' and 'Expressive arts and design'. The specific area of learning with the lowest achievement is in Literacy with only 67% of NEL children achieving this.
- Fewer children achieved the expected level of development in all specific areas compared to all prime areas.
- The greatest gap between NEL and England is in the prime area of physical development at 2%.

% children achieving at least the expected level of development by EYFS learning area, NEL and England, 2021/22

Area of Learning		NEL	Eng
Prime areas of learning	Communication and Language	78.6%	79.5%
	Personal, social and emotional	82.0%	83.0%
	Physical	82.9%	84.9%
	All prime areas	*72.7%*	*74.2%*
Specific areas of learning	Literacy	67.0%	68.0%
	Mathematics	74.8%	75.9%
	Understanding the World	78.1%	79.6%
	Expressive arts and design	84.4%	84.5%
	All specific areas	*64.3%*	*64.9%*

Early years foundation stage profile results, Academic Year 2021/22 – Explore education statistics – GOV.UK (explore-education-statistics.service.gov.uk)

5.2 What did we discover about children's readiness to learn at 2-2.5 years?

- Healthy 2 year olds and getting ready for school is one of the six high impact areas of the universal, evidence-based Healthy Child Programme. Delivery of the Programme is led by the Health Visiting Service, and includes the offer of a Ages and Stages Questionnaire (ASQ-3 ™) which measures developmental progress, as part of the 2-2.5 years review. Achieving expected levels of development in all 5 domains is referred to as being 'ready to learn'.
- The ASQ-3 can help identify issues with child development much earlier than the EYFS. Some differences in child development are identifiable at age 2 and, if not addressed, can already impact on a child's potential before they enter school. The ASQ-3 can be repeated up to 5.5 years of age.
- Until recently this was a targeted review locally, but ASQ-3 is now part of the Service's universal offer. 90.7% of children received a 2-2½ year review in NEL in 2021/22.
- 84.4% of children for whom the ASQ-3 was completed, achieved the expected level of development in all 5 domains. In 2021/22, between 94.8% and 96.0% achieved the expected level of development in gross motor skills, fine motor skills, problem solving skills, and personal-social skills – a significant decrease on 2019/20 values. A far lower proportion of children achieved the expected level of development in communication skills. This is the case nationally too, though it is not as pronounced at that footprint.
- There is geographical variation in the achievement of expected levels of development overall and within each of the 5 domains, with those living in the most deprived areas of North East Lincolnshire less likely to achieve the expected level of development.

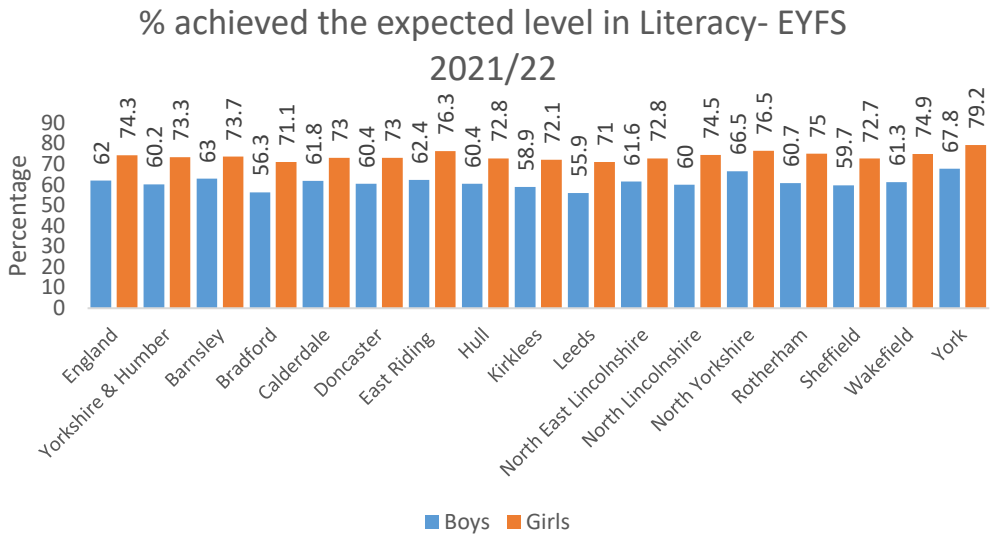
Percentage of children in NEL achieving or exceeding the expected levels of development in ASQ-3, by area of development, 2021/22

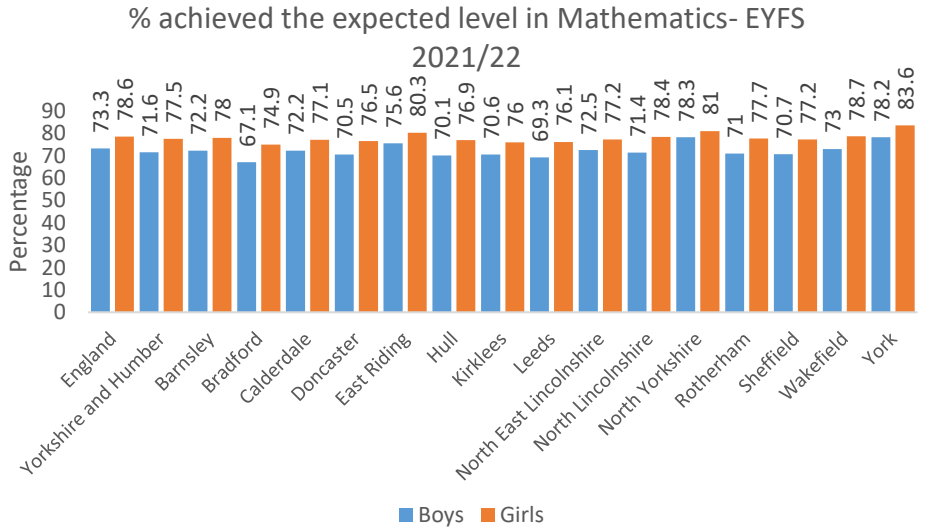
Achieved expected level of development	%
Communication skills	88.5%
Gross motor skills	96.0%
Fine motor skills	96.5%
Problem solving skills	96.3%
Personal-social skills	94.8%
All five domains	82.2%

Public health profiles - OHID (phe.org.uk)

5.3 What did we discover above cognitive development?

- Cognitive development encompasses children's knowledge of things, people, numbers and words. This is principally assessed via the specific learning areas of literacy and maths, understanding the world, and expressive arts and design.
- 64.3% of children locally achieved at least expected levels across all specific learning areas, slightly below the national figure of 64.9%
- The proportion of NEL children achieving at least the expected levels in the EYFS areas of literacy and maths is slightly lower than the national average.
- Girls perform better than boys in maths and literacy at local, regional and national levels.
- 72.8% of girls in NEL achieved at least expected levels in all areas of literacy, much higher than the 61.6% of boys who did.
- 77.2% of girls in NEL achieved at least expected levels in all areas of maths compared to 72.5% of boys.
- For Understanding the World, 78.1% achieved at least expected levels in NEL, girls were more likely to achieve this than boys.
- 84.4% of NEL children achieved the expected level in expressive art and design with girls being far more likely to achieve this than boys.

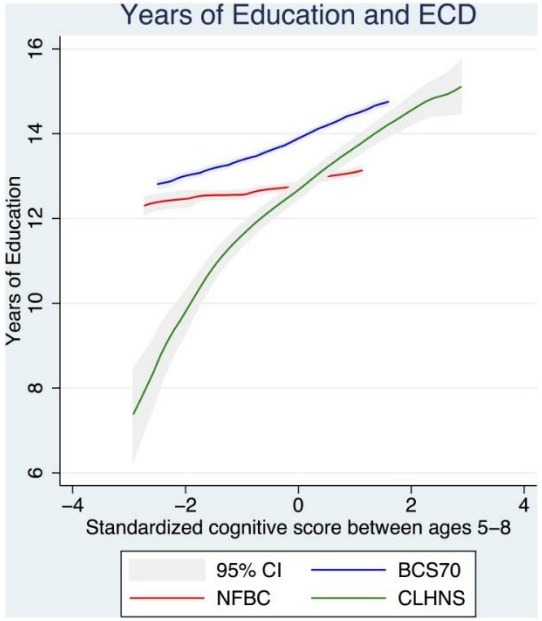




[Early years foundation stage profile results, Academic Year 2021/22 – Explore education statistics – GOV.UK (explore-education-statistics.service.gov.uk](explore-education-statistics.service.gov.uk)

So what?

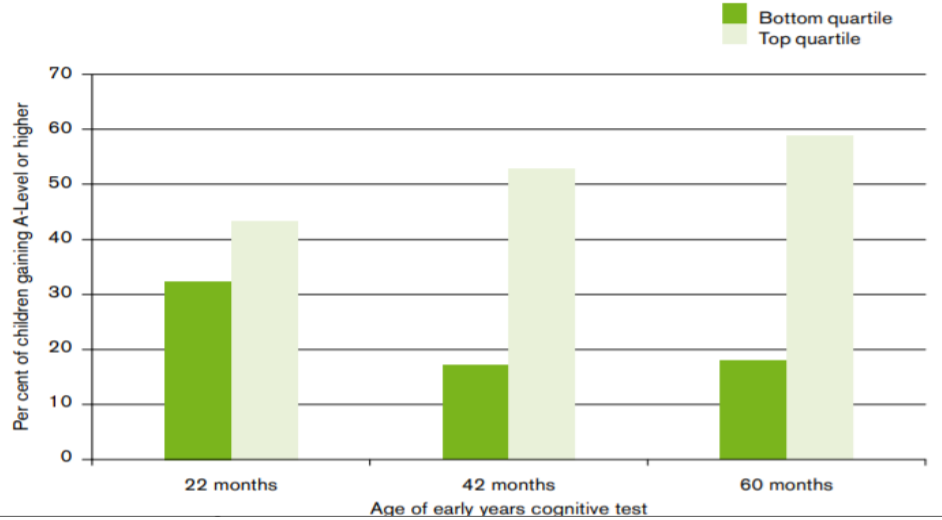
- Cognitive development provides the foundation stone for future learning. Early childhood is a peak time for cognitive development and the underpinning skills are more fixed in the early years than in other domains. The skills closely aligned with cognitive development are copying and the ability to pay attention. Improving a child's ability to pay attention and co-operate seems to be set by age 3.
- Lower levels of attention in the early years are linked to conduct and behavioural disorders later in life, transition into school which in turn is linked to educational outcomes, poor reading scores at age 10 and poor employment outcomes (quality of work and wages).
- Children with poor cognitive development struggle to negotiate with others and interact positively with peers.
- Evidence from British Birth Cohort Study 1970 shows that cognitive development is correlated with future academic achievement and employment outcomes. These correlations are identifiable at 22 months of age and become stronger over time, as shown in the chart opposite. In particular, cognitive ability at age 4 is a predictor of children's academic success from reception onwards; If children fall behind, they are unlikely to catch up without an intervention.



(Left) The shape of the relationship between early life cognitive development and educational attainment in 3 cohorts, including the British Birth Cohort Study (BCS70) and including 95% confidence intervals.

*Source: Peet et al, 2015 (*Early Childhood Development and Schooling Attainment: Longitudinal Evidence from British, Finnish and Philippine Birth Cohorts - PMC (nih.gov)*)*

(Bottom) Percentage of children attaining A-levels or higher by age 26 by quartile position in early cognitive development scores

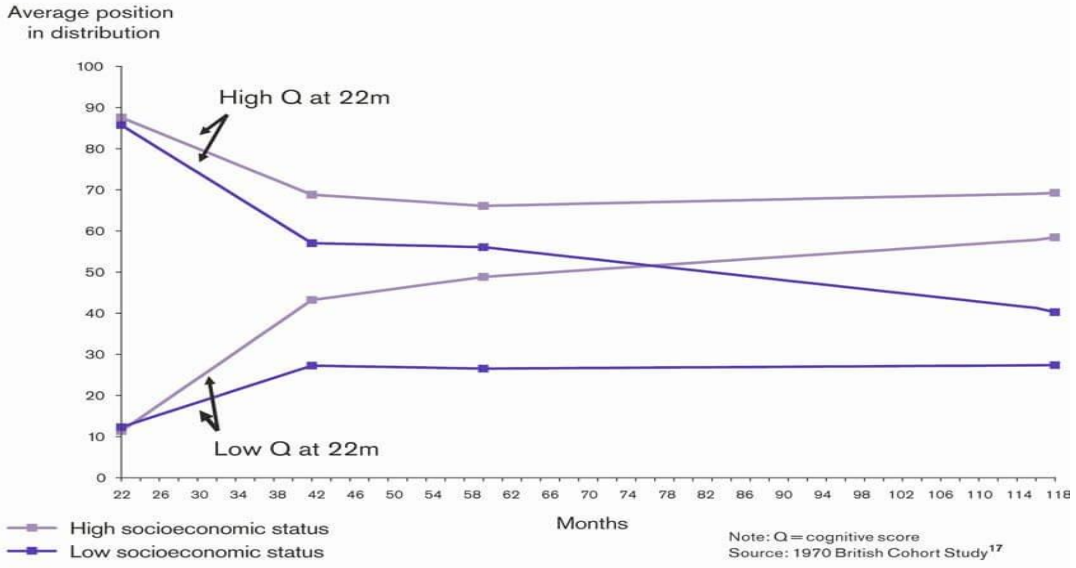


*Source: Feinstein, L., 2003 (*an-equal-start-evidence-review.pdf (instituteofhealthequity.org)*)*

So what?

- There are significant income-related inequalities in children's cognitive development, with the gaps between those from low and high income backgrounds evident in the early years and widening over time (see graph opposite below). Even when children from lower socio-economic backgrounds start off well, progress is not typically sustained and drops to a level close to their peers who started off at the lowest levels. Conversely, those from higher socio-economic backgrounds who start off from a lower point typically surpass those from poorer backgrounds who started off with the highest levels of development. This crossover results in a widening income gap and reverses gains made in early childhood.
- A child growing up in a family with a strong home learning environment and positive parenting – even if the family is poor – can attain strong academic and employment outcomes. Conversely, where children experience various adverse parenting styles, it can lead to irreparable harm.
- The Effective Preschool and Primary Education study shows that there is an association between parents' income and their children's cognitive ability. As income increases, so do cognitive ability scores. In addition, even after intervention, those who remained with relative low cognitive scores were seen as at risk for Special Educational Needs (SEN).

Inequality in cognitive development by socio-economic status



Source: http://www.instituteofhealthequity.org/resources-reports/an-equal-start-improving-outcomes-in-childrens-centres/an-equal-start-evidence-review.pdf

Developing solutions - what works?

- Improving the home learning environment has the biggest impact on a child's cognitive development and ability. This includes a focus on attuned and responsive parent-child interaction, age-appropriate learning materials (books, toys etc.), and learning experiences outside the home. This may include high quality childcare and early years education. A child growing up in a family with a strong home learning environment *and* positive parenting has a good chance of succeeding in life, even if the family is poor.
- Home visiting programmes which tend to focus on developing a home learning environment that is conducive to children's early learning.
- Preschool can improve the cognitive outcomes for children who are at risk (defined through a range of socioeconomic background factors such as parent's educational attainment, occupation, income, wealth, and social background).
- Copying skills and levels of attention children pay to other children and adults when involved in activities and tasks are strong markers of children's cognitive development. Copying skill tests are regularly used to measure cognitive development and are highly predicative of later outcomes. Children whose copying ability improved between 42 months and five years old showed gains in reading and mathematics at 10 years old. These improvements were strongly associated with higher qualifications and incomes at 30 years old.

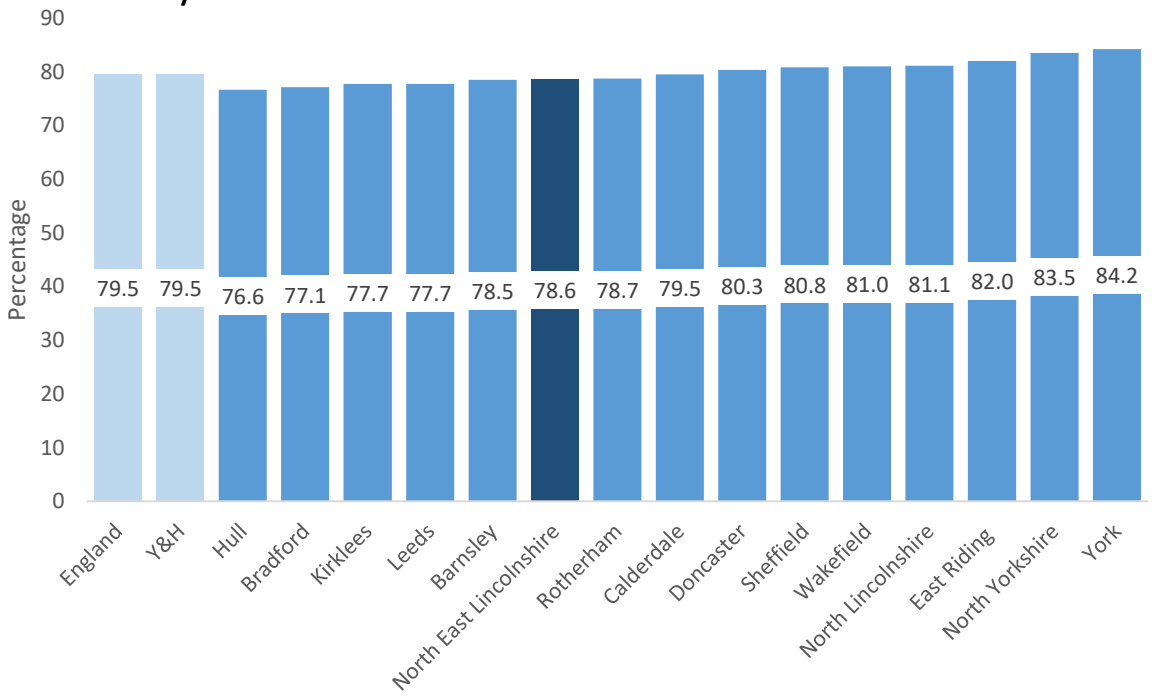
Developing solutions - what works?

- Programmes that stimulate parent-toddler verbal interaction which then stimulate positive cognitive development and school competence e.g. Child First, My Baby and Me, Playing and Learning Strategies (PALS), Parents as First Teachers (PAFT), Raising Early Achievement in Literacy (REAL).
- Strategies to reduce modifiable risk factors for poor cognitive developments including reducing preterm births and improving maternal mental health problems in pregnancy and post birth.
- Frequent, high-quality infant-directed speech and behaviours which are responsive to the child's developmental needs are found to make the greatest impact in supporting early cognitive and language outcomes.
- Early years' curriculums which provide children with opportunities to learn about object characteristics, categories and systems.

5.4 What did we discover about speech, language and communication (SLC)?

- When looking across all prime learning goals in the EYFS, achievement in communication and language is lowest with only 78.6% achieving this goal, which covers listening, attention and understanding and speaking. The national and regional averages (both 79.5%) are higher.
- Only 69.4% of those with Free School Meal (FSM) status achieve the expected level in SLC, compared with 81.6% without FSM status.
- Boys perform worse than girls on the percentage of children achieving the expected level in Communication and Language: 73.3% versus 84.1%. Nationally, boys are also more likely to have additional needs – there is a 1.2% increase in the prevalence of a [specific] language impairment in two-year olds, and a 2.4% increase in the prevalence of Late Language Emergence in two-year olds. The 2022 school census in NEL identified 3.1% of girls in primary school as having an SLC need, while that figure is 6.6% for boys. Of the total primary school population, 3.8% are identified as SEN and have SLC as their primary need, and a further 0.6% have it as a secondary need.

% Achieving the expected level of development in all areas of speech, language and communication, EYFS, 2021/22



Source: DfE Early years foundation stage profile (EYFSP) results: 2021/22

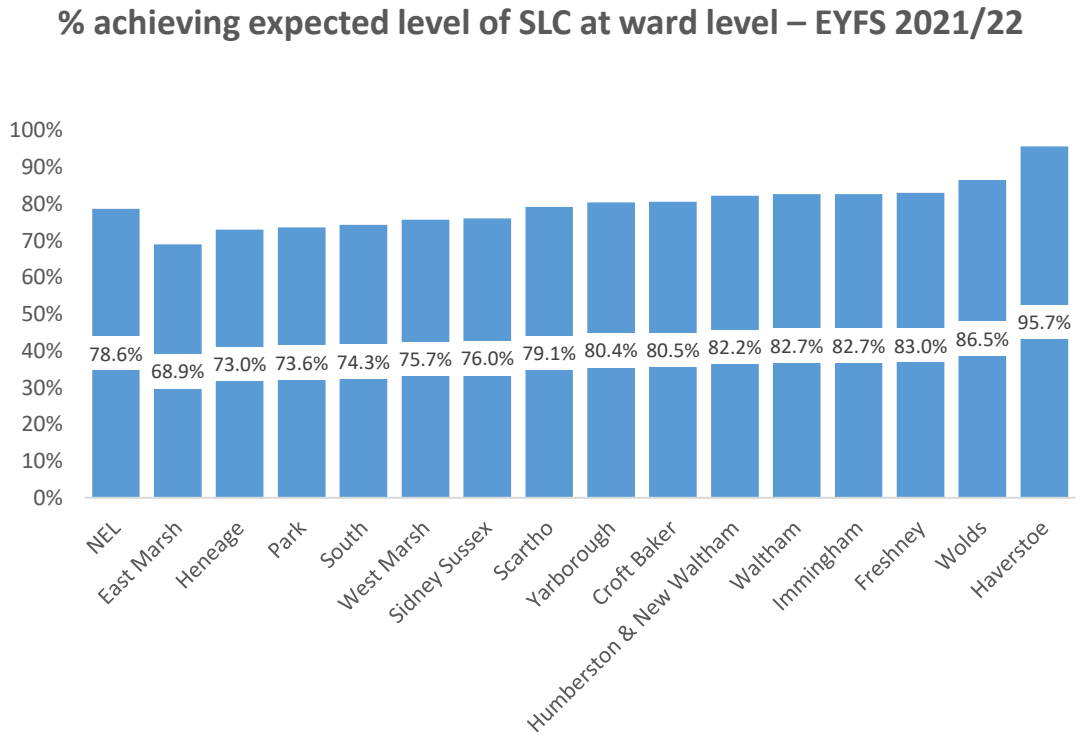
Find out More

Sex differences in early communication development: behavioral and neurobiological indicators of more vulnerable communication system development in boys - PMC (nih.gov)

What did we discover above speech, language and communication (SLC)?

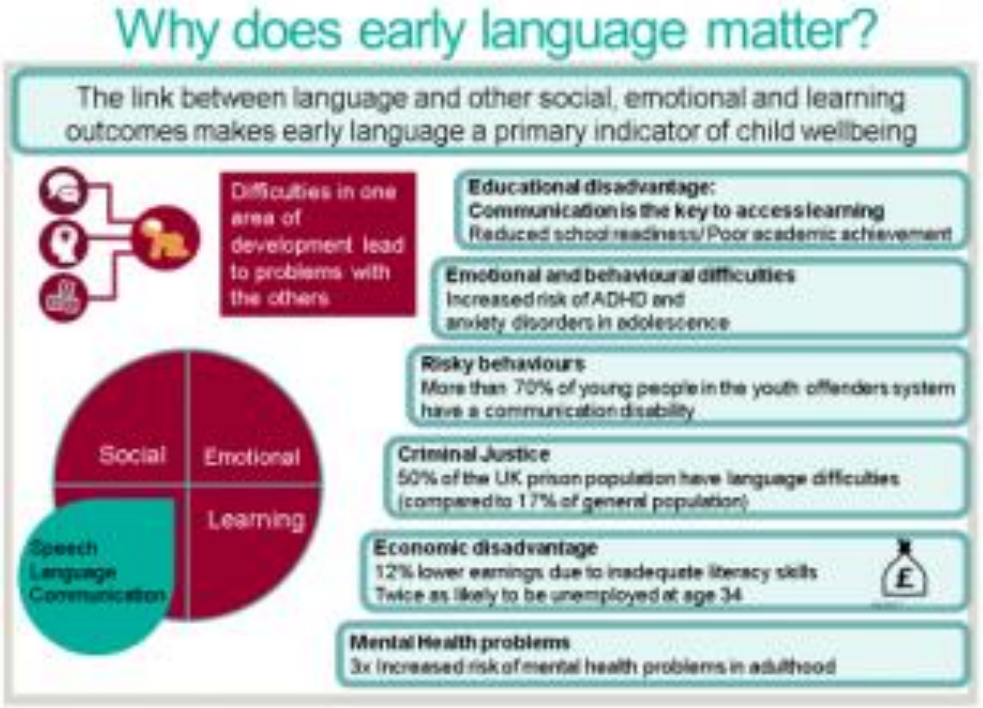
- Children living in the most deprived wards are less likely to achieve the expected level of development at age 5 in speech, language and communication. Only 68.9% of children in the East Marsh achieved the expected level compared to 95.7% in Haverstoe.
- Boys are less likely to achieve the expected level of development in SLC at age 5 than girls. Furthermore, boys who live in the most deprived wards and/ or are eligible for free school meals are by far the least likely to achieve the expected level of development in SLC.
- The communication domain of the ASQ-3 has the lowest levels of achievement of each of the 5 domains. Only 85.5% of 2-2½ year olds in NEL met or exceeded expected levels of communication, with variations by ward from 77.8% in West Marsh to 98.3% in Wolds.
- Public Health England has produced an NEL focused report on speech, language and communication needs. This is available here:

Adobe Acrobat Document



So what?

- Nearly all children learn to communicate through language. Early language impacts on many areas of children's non-physical development and a child's ability to manage emotions and communicate feelings, establish and maintain relationships, think symbolically and learn to read and write.
- Poor communication and language skills in the early years are linked with youth and adult offending, social mobility, and a 3-fold increased risk of mental health problems in adulthood. Vocabulary at age 5 is a very strong predictor of the qualifications achieved at school leaving age and after (Feinstein and Duckworth, 2006).
- Being born before 37 weeks is a risk factor for Speech, Language and Communication (SLC) difficulties. In the three years from 2018-20, 114.8 births in every 1,000 was premature (born with a gestational age of >37 weeks), a 45.1% higher rate than that of England.
- Poor language skills in particular can emerge at age 2 and will affect children before they start school. Studies suggest that 5–8% of all children in England and Wales are likely to have language difficulties, rising to 20% or higher for those in low-income households, although prevalence estimates can be problematic.



So what?

- Language difficulties are principally attributable to factors of communication in the home environment, such as the quantity of words and breadth of vocabulary used in parent-infant interaction. Many children from low-socioeconomic status (SES) families lag behind their high-SES counterparts in their language and reading test scores due to this factor, with the children of those in the 'professional' socio-economic group being exposed to almost four times the average number of words their counterparts in the 'Welfare' socio-economic group.
- Speech, Language and Communication (SLC) difficulties are common, with 10% of children and young people having long-term SLC needs, which cause significant difficulties with communication and learning. Children from low-income households are more than twice as likely to have an SLC need; due to social clustering, more than 50% of children living in low-income areas may start school with SLC needs.
- Speech Language and Communication (SLC) difficulties are commonly associated with other problems in early childhood and beyond including social, emotional and behavioural difficulties. 21% of those struggling with SLC in England's primary schools are identified as SEN, compared with 51% of children who study at home. The acuity of these difficulties is unknown. In line with coding guidance, SLC difficulties may be designated as either a primary or secondary condition, so a reliance on data of primary reason to determine need may lead to an under-reporting of prevalence within the SEND cohort.

Find out More

http://www.instituteofhealthequity.org/resources-reports/an-equal-start-improving-outcomes-in-childrens-centres/an-equal-start-evidence-review.pdf
https://www.eif.org.uk/report/language-as-a-child-wellbeing-indicator
Best start in speech, language and communication: Guidance to support local commissioners and service leads (publishing.service.gov.uk)

Developing solutions - what works?

- Improving the home learning environment as parents, can have the biggest impact on children's language development. This can include:
  - Home visiting programmes.
  - Access to enriching resources such as books, toys and early educational experiences that promote early language is more influential on language development than the broader socio-economic context of the family. Book gifting on its own and other light-touch interventions have been found to have no effect in improving children's language or changing parental behaviours.
  - Engaging families in learning, where children have early reading or behaviour difficulties and are from disadvantaged backgrounds. More intensive and sustained approaches should be adopted to support parental engagement in learning.
  - Language and pre-literacy programmes:
    - Universal and targeted family literacy programmes, that aim to increase parents' awareness about the benefits of shared book activities.
    - dialogical reading where parents share and prompt discussion with their child.
  - Group-based programmes with parallel work with the child for children with language delay.
  - Group-based support for parents e.g. Parents Early Education Partnership (PEEP) and Kids in Transition to School (KITS) Programme.
  - An evidence-based behaviour change model (chat, play and read) is set out here: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/756020/Improving_the_home_learning_environment.pdf

Developing solutions - what works?

- Preschool can have a significant impact on children's language development, with the effect size growing as children spend more time in these settings (The Effective Preschool and Primary Education [EPPE] Study). It can also positively impact on literacy and numeracy, social development and school readiness. Investing in quality early care and education is one of the most cost effective measures that can be taken with a ROI of 13:1. Investment early on is more effective: for every £1 spent on early years education, £7 would have to be spent in adolescence to have the same impact.
- Two studies have highlighted the potential of two interventions: a) parent–child interaction interventions as a means of promoting children's language abilities and being ready to learn; and b) training early years practitioners to deliver interventions within early years settings, such that they merit further evaluation.
- The Nuffield Early Language Intervention is a randomised control trial across 200 schools and due to report in Spring 2020. This follows earlier trials that showed good promise. It is targeted at those with lower than expected spoken language skills and aims to improve spoken language in Reception year. Delivery is by Teaching Assistants over 20 weeks.
- Where language development is more vulnerable, some children will need speech and language therapy or highly specialised treatment which is likely to be commissioned by NHS England.
- Strategies to reduce modifiable risk factors associated with prematurity should form part of a wider prevention strategy.

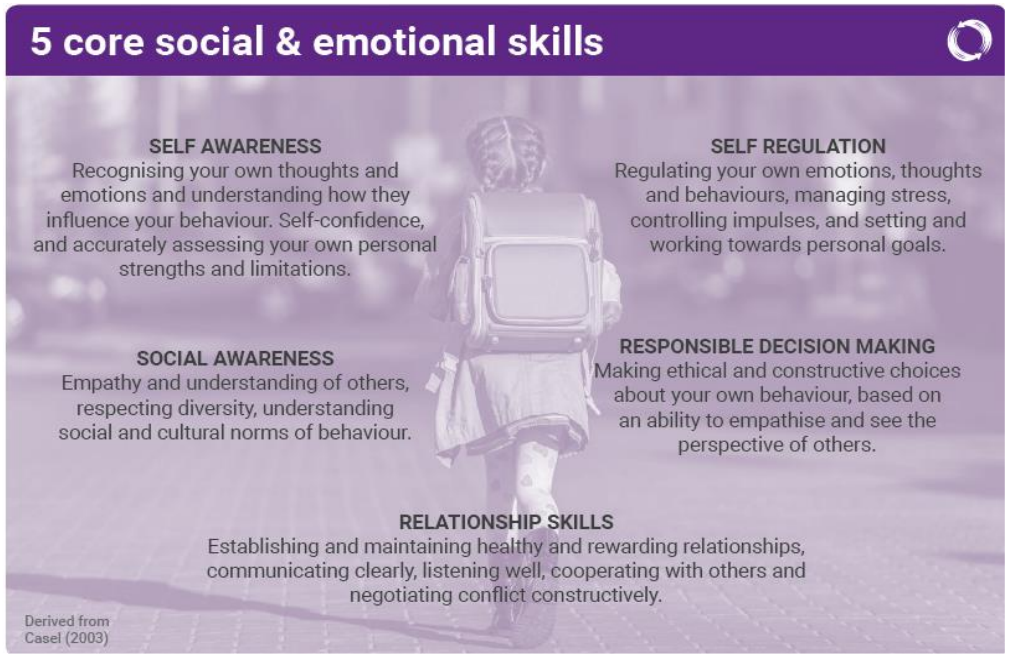
Find out More

https://www.eif.org.uk/report/the-best-start-at-home

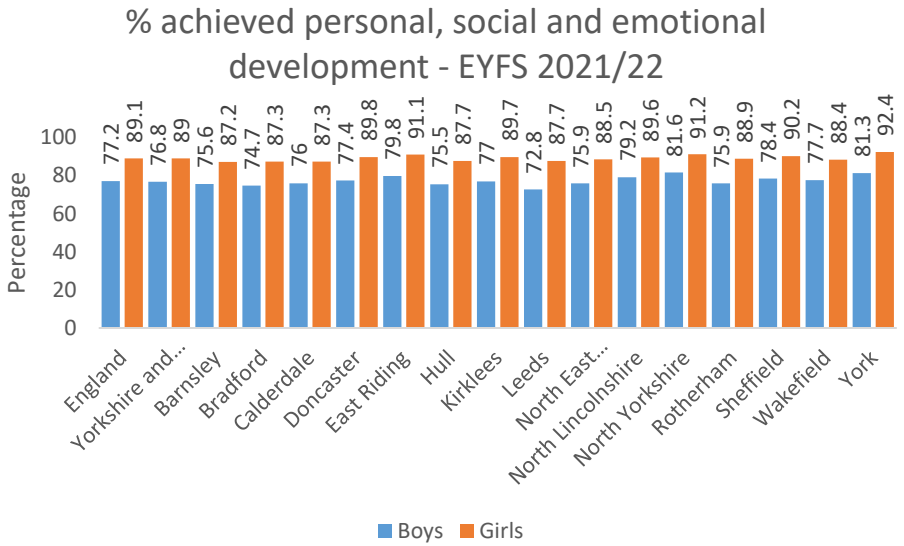
https://educationendowmentfoundation.org.uk/public/files/Law_et_al_Early_Language_Development_final.pdf for specific interventions

Nuffield Early Language Intervention (NELI) | Project - Nuffield Foundation

5.5 What did we discover about social and emotional development?



Source: Early Intervention Foundation https://www.eif.org.uk/report/introduction-to-social-and-emotional-learning-in-schools



Source: DfE Early years foundation stage profile (EYFSP) results: 2021/22

- The related EYFS learning area covers self-regulation, managing self, and building relationships.
- The proportion of children achieving at least the expected level of development in personal, social and emotional development is 82%, slightly lower than the national average of 83%. As is the case nationally, locally there is a gap between the development of boys and girls at the end of reception. In 2021/22, 75.9% of boys in NEL achieved at least the expected level of development compared to 88.5% of girls, equating to a gender gap of 12.6%.

So what?

- Social and emotional skills provide a strong foundation for emerging cognitive abilities, and together they are the bricks and mortar of brain architecture and are central to children's early learning outcomes.
- Social and emotional skills can be nurtured and developed throughout childhood, adolescence and beyond. They are important for children's health and development and future economic and work outcomes.
- Children from disadvantaged backgrounds are more likely to start primary school with lower social and emotional skills than those from less disadvantaged groups. One study found that at 3 years, 16% of children from families in the lowest income group had social and emotional difficulties compared with 2% of those in the highest income group.
- Poor social and emotional skills can lead to a lack of confidence in a child's own ability, poor social awareness, problem solving and coping skills, and lower levels of self-control. In turn, these can adversely impact on all aspects of health, learning outcomes, aspirations and employment later on in life.
- Those with lower levels of social-emotional development are much more likely to develop conduct disorders that lead to difficulties in education, relationships, longer-term mental health issues and the ability to contribute to society.

Find out More

https://www.eif.org.uk/report/social-and-emotional-learning-skills-for-life-and-work

https://www.savethechildren.org.uk/content/dam/gb/reports/evidence-review.pdf

So what?

Evidence on whether social and emotional skills measured in childhood are associated with adult outcomes shows that of all of the five social and emotional skills groups considered:

- **Self-control** and **self-regulation** matters most consistently for adult outcomes. For example, better self-regulation is strongly associated with mental well-being, good physical health and health behaviours, and socio-economic and labour market outcomes.
- **Self-perceptions** and **self-awareness**, such as self-esteem and the belief that one's own actions can make a difference are also found to be important for many adult outcomes. For example, self-esteem and the belief that one's own actions can make a difference matter for mental well-being; good physical health and health behaviours; and socio-economic and labour market outcomes.
- **Social** skills, related to peer relationships, sociability and social functioning in childhood, also matter. For example, social skills are important for mental well-being and having a family.
- The evidence also suggests the importance of **emotional well-being** in childhood. Emotional health in childhood matters for mental well-being as an adult.

Developing solutions - what works?

- The Healthy Child Programme is a universal and mandated public health service for children aged 0-19 and families. Delivery is led by Health Visitors, school nurses, midwifery staff, Sure Start Children's Centres, GPs, and the Primary Health Care Team, who help parents develop a strong bond with children; encourage care that keeps children healthy; protect children from serious disease by promoting immunisations and screening; reduce childhood obesity by promoting healthy eating and physical activity; encourage breastfeeding; identify at-risk families and problems in development and safety; and support *both* parents. It is evidence-based to secure good health, wellbeing, and resilience.
- Access to, and take up of entitlement, to high quality childcare and early years education, regardless of background.
- Better communication between early years settings/school and parents.
- Social and emotional skills programmes implemented in the school setting compared to out-of-school programmes. Promoting social and emotional development involves teaching and modelling social and emotional skills, providing opportunities for students to practice these skills and giving them the opportunity to apply these skills in various situations.
- Antenatal and postnatal home visiting for vulnerable children and families (in line with NICE PH40).
- Improving the home learning environment (as per 5.3) where benefits have been shown to continue until age 16 (SEED7 Programming Language and EPPSE8 Improving the Home Learning Environment).

Developing solutions - what works?

- Play and learning strategies (PALS).
- Where there are indications of developmental difficulties, the strongest evidence is from group-based parenting programmes for families which improve parent and child behaviour. Self-administered programmes and media-based programmes cam be effective and are relatively cheap to implement.
- Individually delivered interventions for families with complex problems can lead to improved parenting, reduced child abuse potential and reduced child behaviour problems.
- Evidence on group-based parenting programmes provided universally or targeted at those at risk, and group-based interventions with additional components is limited and mixed.

- **Find out More**

https://www.eif.org.uk/report/introduction-to-social-and-emotional-learning-in-schools

https://www.eif.org.uk/report/what-works-in-enhancing-social-and-emotional-skills-development-during-childhood-and-adolescence

https://www.nice.org.uk/guidance/ph40/chapter/Introduction-scope-and-purpose-of-this-guidance

https://guidebook.eif.org.uk/search?sets%5B%5D=%25%22school-based-social-emotional-learning%22%25 for specific interventions in preschool and early in primary school

5.6 What did we discover above physical development?

- Assessment of physical development in the EYFS covers both fine and gross motor skills. The proportion of children in NEL achieving at least the expected level of physical development was 82.9, below the England average of 84.9%.

- Boys lag behind girls in physical development nationally and locally. 77% of boys achieved expected levels, while 89 % of girls did so, highlighting a gap of 12%.

- Breastfeeding provides the best possible nutritional start in life for a baby, protecting the baby from infection and offering important health benefits for mum. Optimal breastfeeding is for a period of 6 months. In NEL in 2018/19, 52% of babies first feed was breastmilk – much lower than the England value (67.4%). Also, only 29.3% of infants in NEL were totally or partially breastfed at 6-8 weeks after birth in 2021/22. Again, this is much lower than England's value (49.3%), and its upward trend is lower than England's.

% Achieved at least expected level of development in physical development – EYFS 2021/22

All Children	England	84.9%
	Y&H	84.2%
	NEL	82.9%
Girls	England	91.6%
	Y&H	91.3%
	NEL	89%
Boys	England	82.9%
	Y&H	77.6%
	NEL	77%

Source: DfE Early years foundation stage profile (EYFSP) results: 2021/22

- The Healthy Start Scheme supports eligible children's nutrition. However, the available data does not report on the elements specifically for young children separate to pregnant mothers who have benefitted from the scheme.

What did we discover above physical development?

- From 2019/20 to 2021/22, 11.3% of NEL children in Reception year were obese as assessed by the National Childhood Measurement Programme (NCMP), significantly higher than the England rate of 9.9%.NEL also ranks 4th worst in the region. There has been no significant change in trend both locally and nationally.
- Locally, those living in the most deprived wards are significantly more likely to be obese than those living in the least deprived wards. In 2019/20 - 2021/22, 20.9% of reception age children in West Marsh were obese compared to 4.4% in the Wolds.
- Figures from the Dental Public Health Epidemiology Programme for England: oral health survey of five-year-old children 2019, showed that 29.8% of five year olds had visually obvious tooth decay, which was significantly higher than the England figure of 23.4%, but mid-range when benchmarked to other Yorkshire and the Humber local authorities. The mean number of teeth decayed, missing or filled (dmft) was 1.16 which is again significantly higher than the England figure of 0.80.
- Ward level data from previous surveys has shown considerable inequalities in dental decay across North East Lincolnshire, with children from our most deprived ward having over twice as many decayed, missing or filled teeth compared to North East Lincolnshire overall.
- Historically, uptake of routine childhood vaccinations in NEL has been excellent. But uptake of the flu vaccine in 2-3-year-olds is an outlier at just 50% in 2021/22. This has fallen since last year, but is above pre-pandemic levels, the national goal, and regional uptake, and it is only 0.1% lower than the national uptake.

Prevalence of obesity in reception, 3 years combined 2019/20-2021/22, (% by ward)

Area	Value	Lower CI	Upper CI
England	9.9	9.8	9.9
North East Lincolnshire	11.3	10.5	12.1
West Marsh	20.9	16.3	24.9
Croft Baker	14.3	11.3	18.4
East Marsh	13.9	10.8	16.7
South	12.5	10.3	15.9
Yarborough	12.1	9.6	15.6
Heneage	12.1	9.0	15.0
Park	11.5	8.3	14.5
Haverstoe	9.8	5.7	13.6
Sidney Sussex	9.4	7.6	12.7
Immingham	9.4	7.4	13.1
Waltham	8.8	5.4	14.0
Freshney	8.5	5.8	12.3
Humberston and New Waltham	7.7	4.4	10.6
Scartho	7.1	5.1	10.7
Wolds	4.4	3.0	9.0

Source: OHID, using National Child Measurement Programme, NHS Digital

Obesity Profile - Data - OHID (phe.org.uk)

So what?

- Exclusive breastfeeding is recommended for around the first 6 months of life and gives all the food and drink baby needs. Breastfeeding is hard to sustain with drop-off from initiation often occurring around 10 days. As well as optimising nutrition, breastfeeding offers protection against a range of illnesses, sudden infant death syndrome, obesity (particularly in those who are genetically predisposed), and dental problems. Breastfeeding for 3 months in the first year of a baby's life reduces the risk of overweight and obesity by 13% in later life.
- Breastfeeding also helps support responsive parent-infant relationships, attunement, and attachment.
- Poor oral health can cause pain or infection or affect eating. It can also lead to absences from childcare or education. Poor oral health can often run in families due to poor dental hygiene and lack of routines around appropriate and regular tooth brushing. In some cases, it can also be a sign of dental neglect either singularly or as part of a wider picture of child neglect. In NEL, dental extractions are the highest category for hospital admissions for children and young people, with significant costs to the NHS and days lost in education. Nationally, in the under 5s, tooth extractions cost the NHS £7.8m in 2015/16, with the cost of a single hospital case at £836.
- Poor breastfeeding, poor oral health, and obesity usually go hand-in hand when they are underpinned by poor feeding habits and unfavourable social circumstances. The role of public venues in adopting breastfeeding-friendly policies is key in enabling breastfeeding and public acceptability.
- Establishing healthy habits in the early years provides an opportunity for maintenance throughout life.
- Flu is highly contagious and can lead to serious illness. Children are vaccinated to help protect them from getting flu and spreading it to others. Low uptake leaves them and others at risk of catching flu. Having flu would generally mean children having time off of education (as well as parents being absent from work).

Developing solutions - what works?

Breastfeeding

- The Baby Friendly Initiative is a global programme of Unicef and the World Health Organisation (WHO) and recommended by NICE. It is based on a set of inter-related evidence-based standards for maternity, health visiting, neonatal and children's centres services. Effective implementation of BFI can improve both breastfeeding initiation and continuation rates.
- All women should have the opportunity for skin to skin contact at birth and beyond.
- Ensuring access for mums to effective breastfeeding support and advice on practical skills by health staff and peers to support responsive feeding.
- Interventions should be delivered concurrently in a combination of settings i.e. health system, home and community to have a higher impact.
- Evidence indicates that the **biggest improvements** in breastfeeding rates come when
  - a multi-faceted approach is taken that considers the parents' whole journey from pregnancy to new parenthood,
  - sensitive conversations are engaged in during pregnancy,
  - there is skilled support in the immediate post-birth period and
  - there is ongoing guidance and social support to enable mothers to feel confident and breastfeed successfully for as long as they wish.
  - The wider community also needs to welcome and support breastfeeding, including in public spaces, in the workplace and through the media.
- Breastfeeding is one of the six early years high impact areas of the Healthy Child Programme.
- The Family Nurse Partnership showed evidence of impact on breastfeeding.

Find out More

- https://www.unicef.org.uk/babyfriendly/about/breastfeeding-in-the-uk/breastfeeding-in-england/
- https://www.nice.org.uk/guidance/ph11
- https://www.nice.org.uk/guidance/qs37
- Overview | Postnatal care | Guidance | NICE
- https://www.gov.uk/government/publications/infant-feeding-commissioning-services

Developing solutions - what works?

Oral Health

- To prevent tooth decay, the evidence indicates:
  - Increasing exposure to fluoride by:
    - Regular tooth brushing with a fluoride toothpaste containing at least 1,000ppm fluoride, twice per day.
    - Fluoride Varnish Treatment at least twice a year.
    - Water fluoridation schemes.
  - Sugar reduction and healthy eating advice (using for example the Eatwell Guide) with support for behaviour change if required. Other population level measures can also have an impact, e.g., restrictions on marketing, product formulation, etc. Sugary drinks in baby bottles are particularly implicated in incisor caries.
  - Regular visits to the dentist, as often as recommended, and as soon as teeth erupt/need arises.
- Targeted supervised tooth brushing schemes in early years settings for those at greatest risk of poor oral health can help reduce oral health inequalities. PHE estimated that after 5 years, the ROI for targeted supervised tooth brushing is £3.06 for every £1 spent, increasing to £3.66 after 10 years. After 5 years, targeted supervised tooth brushing can result in an extra 2,666 school days gained per 5,000 children.
- Buddy Practice Schemes operate in several areas, whereby primary care dentists link with early years settings with the aims of increasing access to dental care for young children and increasing the numbers receiving fluoride varnish. They also help allay any fears of the dentist which might be held by parent, child or both.

Find out More

- https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/321503/CBOHMaindocumentJUNE2014.pdf P27 onwards in particular sets out evidence for a range of specific interventions.
- https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/574835/PHE_supervised_toothbrushing_toolkit.pdf
- https://www.nice.org.uk/guidance/ph55
- https://www.nice.org.uk/guidance/ng30

Developing solutions - what works?

Obesity

- The complexity of obesity and its multifaceted nature requires interagency and whole community approaches. Interventions principally centre around diet, nutrition and physical activity at individual, community and whole population levels. Obesity also occurs in families, so whole family approaches can be helpful.
- Provision of universal and targeted support around diet, physical activity and healthy weight is provided in line with High Impact Area 4 of the Healthy Child Programme.
- Provision of consistent evidence-based messages and advice around healthy weight, optimal nutrition and physical activity and support for behaviour change utilising credible tools, e.g. Eatwell Guide.
- Minimising sedentary behaviour and promoting physical activity, even in infants not yet walking. This can include things like 'tummy time', swimming, physical activity through play and everyday interactions. Reducing time spent in infant carriers and seats, walkers, bouncers, etc.
- Once walking, the Chief Medical Officers guidance states pre-school children should be active for at least 3 hours, spread throughout the day, to develop movement and coordination, improve cardiovascular and bone health, and contribute to a healthy weight (Chief Medical Officer (CMO) Physical Activity for Early Years).
- Improving breastfeeding, as a component within a wider strategy to reduce childhood obesity.
- The promoting healthy weight in children, young people and families resource has been developed to support local authorities, NHS commissioners and providers, voluntary and community sector organisations to take action to reduce obesity.
- Effective promotion and uptake of the Healthy Start scheme.

Find out More

- https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/750679/promoting_healthy_weight_in_children_young_people_and_families_resource.pdf
- https://guidebook.eif.org.uk/search?filters_type=search&eif_outcomes%5B%5D=preventing-obesity-and-promoting-healthy-physical-development-&age_groups%5B%5D=%25%22infants%22%25&age_groups%5B%5D=%25%22toddlers%22%25&age_groups%5B%5D=%25%22preschool%22%25&search=
- https://www.nice.org.uk/Guidance/PH11; https://www.nice.org.uk/guidance/cg43; Physical activity guidelines for children (under 5 years) - NHS (www.nhs.uk)

Developing solutions - what works?

Immunisations

- Offering more flexibility in timing, availability and location of appointments, considering those with additional needs, and ensuring parents know how to access them.
- Effective call-recall and chase-up systems are in place.
- Provision of credible and accurate information and resources.
- Ensuring Immunisation status checks are performed by health staff routinely and opportunistically, and outstanding vaccinations are offered (where staff competency allows).
- Ensuring all staff involved in immunisation services are appropriately trained. Training should be regularly updated. It should be tailored to individual needs to ensure staff have the necessary skills and knowledge, for example, communications skills and the ability to answer questions about different vaccinations.
- Targeting groups at risk of not being immunised and consider offering alternative service provision.
- Embed a whole systems approach to improving uptake, e.g., nurseries and schools could check status on entry and promote immunisation.
- Ensuring effective information systems are in place across general practices, the child health information system, and the personal child health record to record up to date information about a child and their immunisation status, including appropriate coding.
- Vaccine hesitancy has increased in recent years; in 2019, 90% of parents said in a UKHSA survey that they trust them, and a study found a similar level of trust (89.1%) prior to the release of the Covid19 vaccine, but an ONS survey in early 2021 found only 84% of parents of children aged 0-4 trusted vaccines. Consistent and accurate messaging is important.

Find out More

https://www.nice.org.uk/guidance/ph21
Childhood vaccines: parental attitudes survey 2019 findings - GOV.UK (www.gov.uk)l; Parents' and guardians' views on the acceptability of a future COVID-19 vaccine: A multi-methods study in England - PMC (nih.gov); Coronavirus and vaccine hesitancy, Great Britain - Office for National Statistics (ons.gov.uk)

5.7 Suggested areas for future focus

- Maximise the reach, effectiveness and equity of the Health Visiting Service and the Healthy Child Programme which is key in supporting child development, early identification of developmental issues, and securing timely support.
- The ASQ-3 at 2-2.5 is an opportunity to assess development before a child reaches school. The Health Visiting Service should maximise completion of this for all children, whilst ensuring it is targeted at those most at risk. To do this, the Service will need to understand and record FSM status and SEN status. Early Years may be able to support this with appropriate data sharing (in line with IG policies).
- ASQ data can be used as a surveillance measure for child development at 2-2.5 and should be subject to routine analysis. EYFS data should also be routinely analysed. Both analyses should be of sufficient granularity (similar to that within this HNA). That intelligence should be used to inform and drive the early years agenda and strategic developments, as well as inform commissioning and service planning.
- Integration of the 2-2.5 year review (ASQ-3) between the Health Visiting Service and the statutory Progress Check for Children Age 2 undertaken by Early Years settings, targeting areas of greatest need and those who have identified development issues.
- Home visiting programmes are indicated in many cases. The Health Visiting Service visits families in their homes and intended to commence a more intensive and proactive offer for those at risk of poor outcomes in 2020 but for the restrictions created to contain Covid19. Due to those restrictions, two-thirds of health visitors were having less than 10% of their contacts face-to-face, and 85% became concerned they were missing issues relating to the child or parent's wellbeing. Home visiting programmes in the 'what works' sections are much more intensive and focused on a particular aspect of development and would require separate arrangements. The potential of building community capacity should be considered.
- The home learning environment is critically important, as is attuned and responsive parent-child interaction. The National Society for the Prevention of Cruelty to Children (NSPCC) led Look Say Sing Play campaign provides an opportunity to drive a large scale approach to highlighting the importance of these issues. Access to enriching resources and specific evidence-based interventions are also needed to improve outcomes.
- Review safeguarding pathways around possible indicators of dental neglect (e.g. extensive dental decay).

Find out more

Health visiting in England: The impact of the COVID-19 pandemic - Morton - 2022 - Public Health Nursing - Wiley Online Library

Suggested areas for future focus

- Whilst our overall child immunisation coverage is broadly above the national average, we don't have a clear picture of variation in children with particular vulnerabilities. We suggest that some audit work is undertaken by UKHSA screening and immunisation and NELCs child immunisation team to obtain a clearer picture.
- Maximise consistency in messaging across health and early years providers to promote breastfeeding, smoke-free environments and immunisation uptake.
- Review current interventions that support school readiness to ensure we have the right scale in terms of expected prevalence, that they are informed by evidence of what works, and assess cost-benefit to maximise cost-effectiveness.
- Since September 2015, children from disadvantaged families have been able to access 15 free hours of childcare from age two, but take up has been lower than the aspiration of 77%. A wider system approach to ensuring children at risk of poor outcomes can benefit from entitlements to early years child care and education services could be taken. In addition, approaches to maximise attendance could be implemented. Development of an early years and childcare plan to secure sufficient, good quality provision and maximise attendance and the reach of free provision (especially for key inequalities groups) could provide a vehicle for co-ordinating action on this.
- Those with identified SEND in the early years seems lower than expected against prevalence of development issues, the majority of which are identifiable by 2 years of age and the role of the universal Health Visiting Service. This may in part reflect previous poor performance in the 2-2.5 year healthy child programme contact. However, time will confound the picture with a lag between query, actual diagnosis and SEN support/EHCP in some cases. It is therefore suggested that an audit take place on a particular cohort (3-4 years back) of those who did not meet a GLD to see how they moved through the system by time from identification, assessment, diagnosis, intervention and relevant support to any improvement opportunities. Relevant improvement activities will likely benefit all children but will have additional relevance or those with SEND.
- Development of an early years SEN data set and routine analysis to reflect prevalence and movement through the system. Currently data is held in a number of services and it is difficult to have a clear picture of children with SEN in the early years.