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Poor Beginnings

Health inequalities among
young children across
England

#PoorBeginnings





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- What we were trying to do
- Report findings
- Methodological considerations
- Next steps for research
- Questions and discussion



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Our aims

Policy context



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- Local authorities' public health role
- Financial challenge - £200m 'non NHS' health cut
- City-region health devolution
- Shifting debate on poverty and inequality



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What is(n't) “poor beginnings”

- A snapshot of geographical inequalities in children under-5 in England
- A strong message aimed national and local decision-makers to tackle
 - unwarranted geographic variation
 - socioeconomic inequalities
- A tool to support others to call for the same



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What is(n't) “poor beginnings”

- Not primary research
- Not a comprehensive review
- Not aimed at public health experts
- Not an attempt to answer a particular question



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Report Findings

Four key outcomes



Obesity in 4-5 year olds

National Child Measurement Programme 2013/14



Tooth decay in 5 year olds

Oral Health Survey of Five-year-old children 2012



Hospital admissions due to injury

(Intentional and unintentional 0-4yrs) Hospital Episode Statistics 2013/14



Good level of development

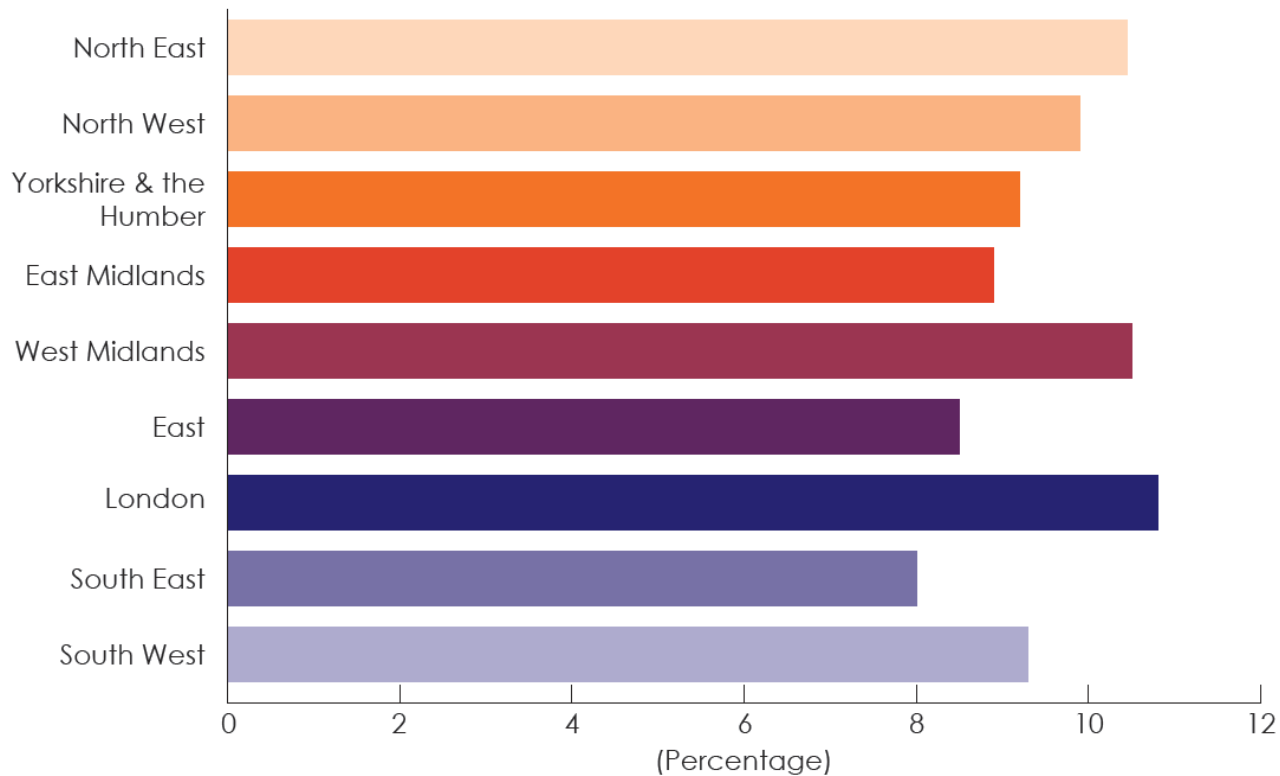
By the end of Reception - Early Years Foundation Stage Profiles 2013/14

Regional variations: Obesity



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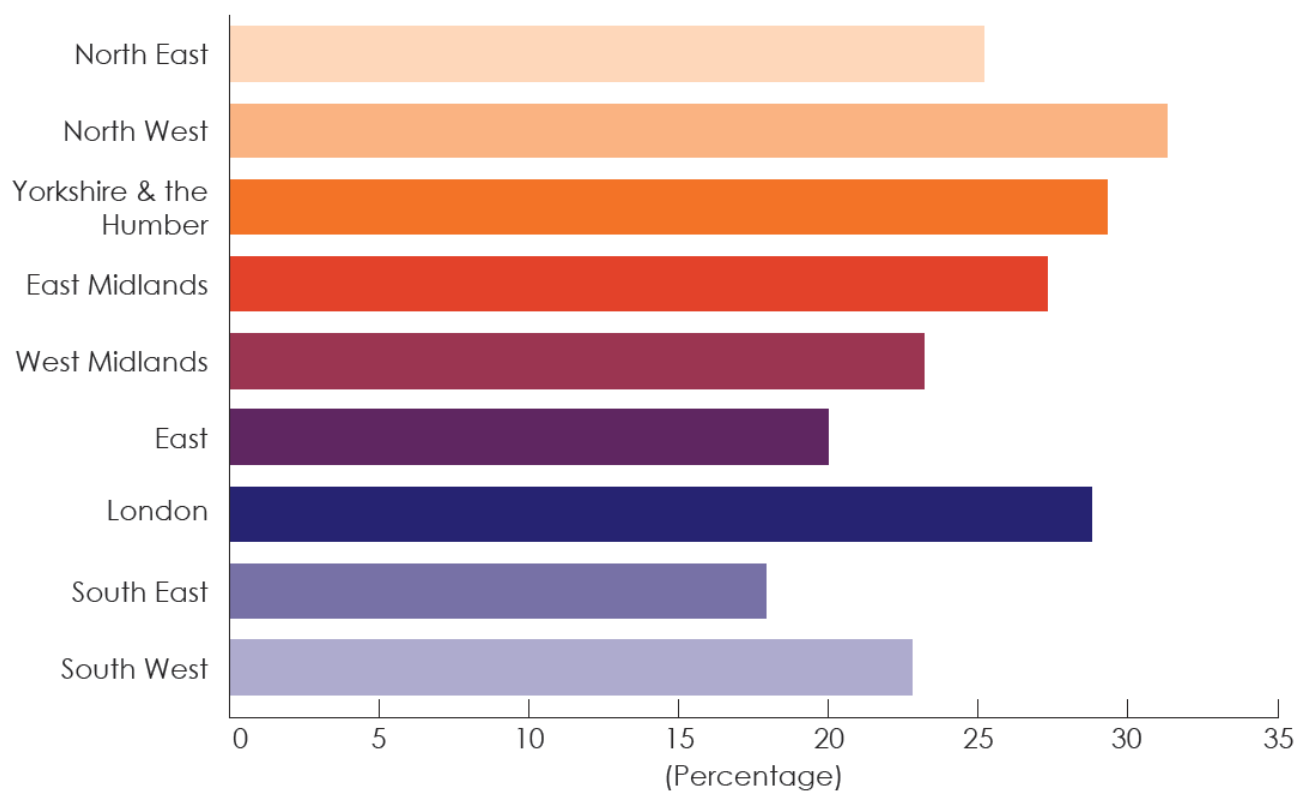
Figure 1: Proportion of children in Reception (4–5-year-olds) who are obese, by region



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

Regional variations: Tooth Decay

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



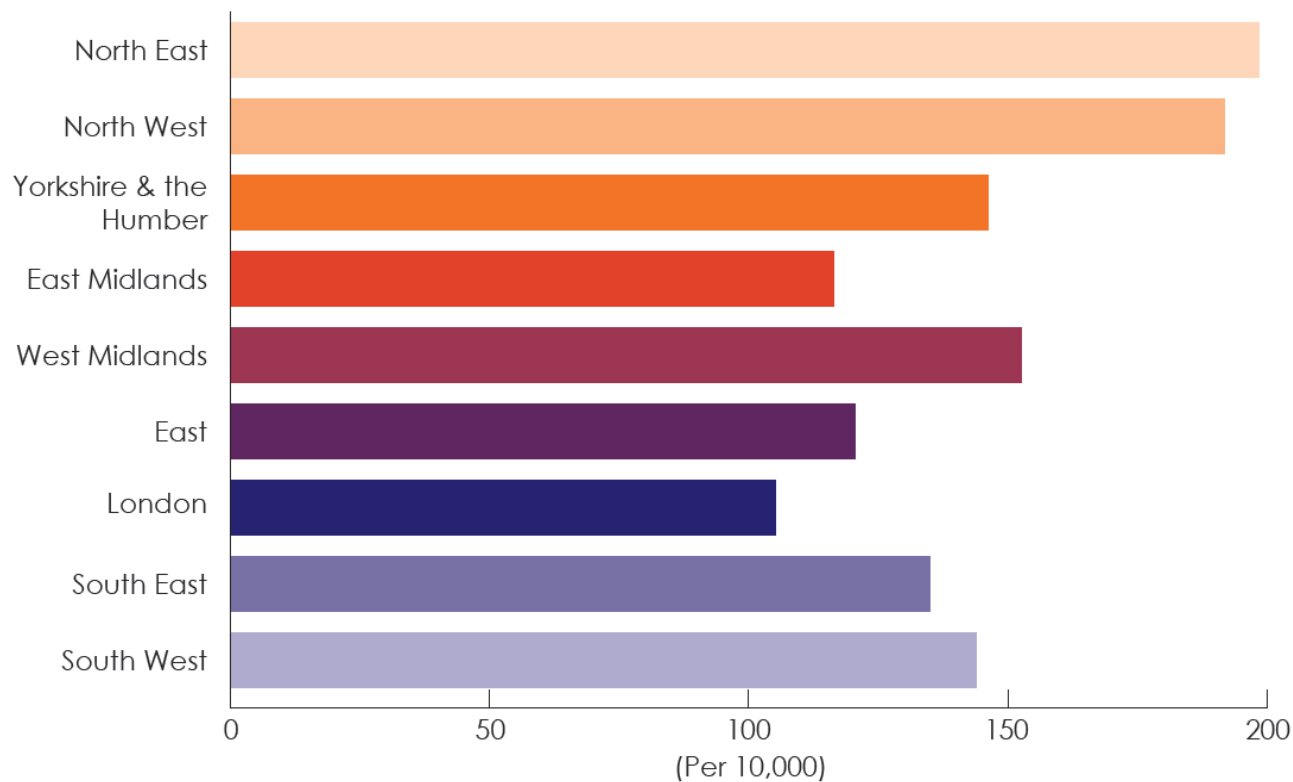
Source: National Dental Epidemiology Programme for England (2012). Oral health survey of five-year-old children 2012.

Regional variations: Hospital admissions due to injury



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



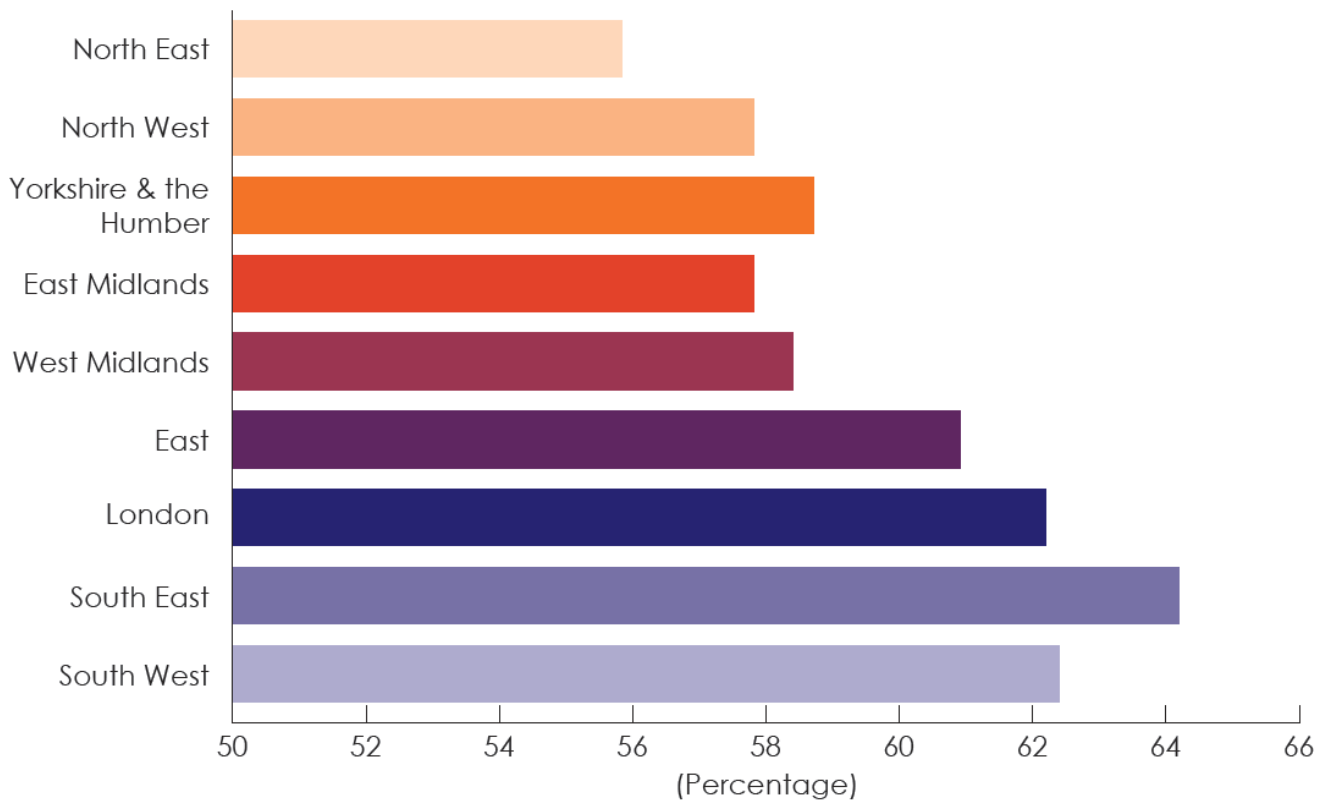
Source: Health and Social Care Information Centre (2014), Hospital Episode Statistics 2014

Regional variations: Children achieving a good level of development



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



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

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



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Obesity



19% fewer obese
4-5-year-olds

Equivalent to over 1,600 fewer children

Tooth decay

43%

fewer five-
year-olds with
tooth decay



Equivalent to over 11,000 fewer children

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

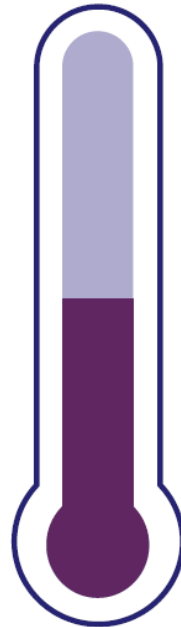


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Injuries

31%

fewer children under five admitted to hospital with an injury

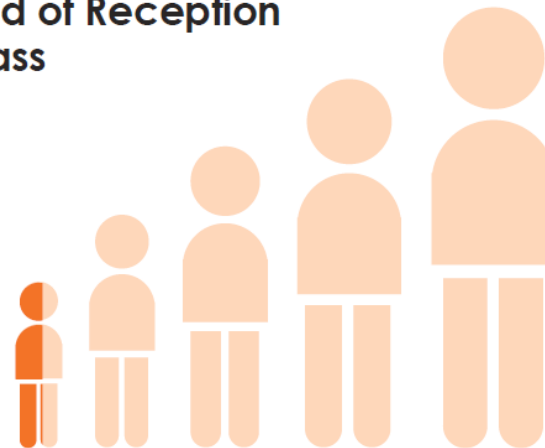


Equivalent to over 2,500 fewer cases a year

Development & 'school readiness'

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

11%

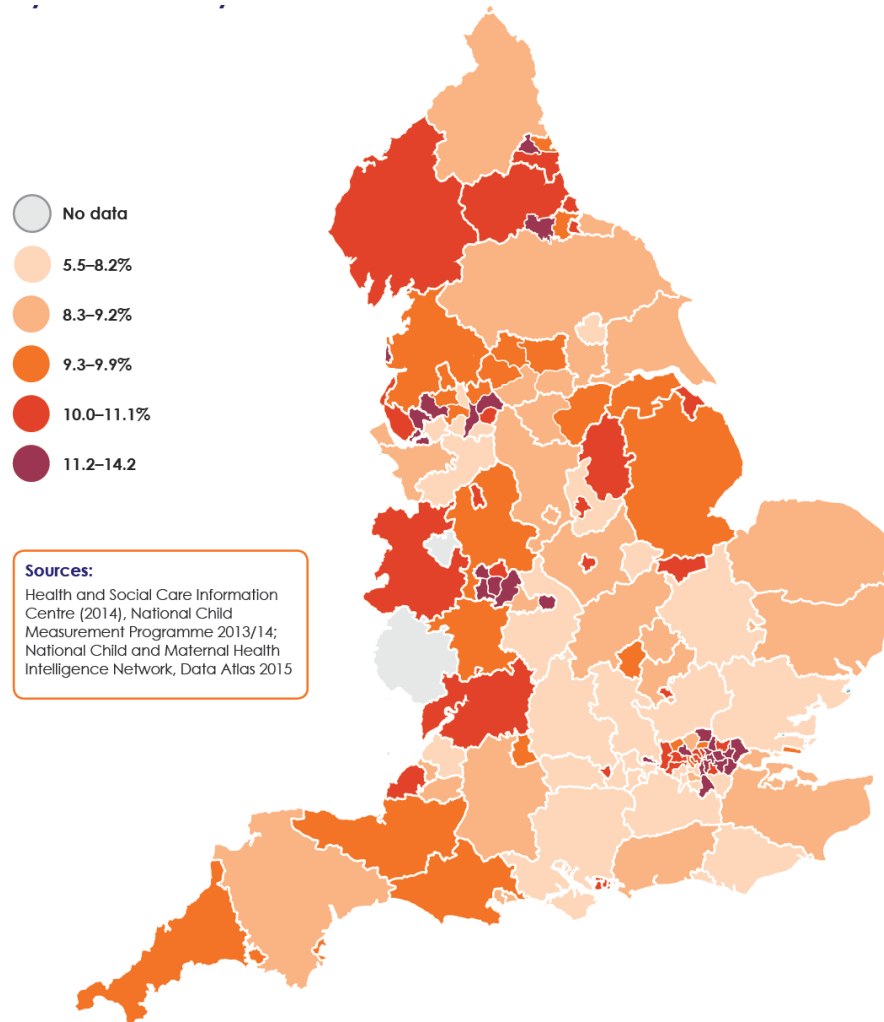


Equivalent to around 5,500 more children

Local authority variations

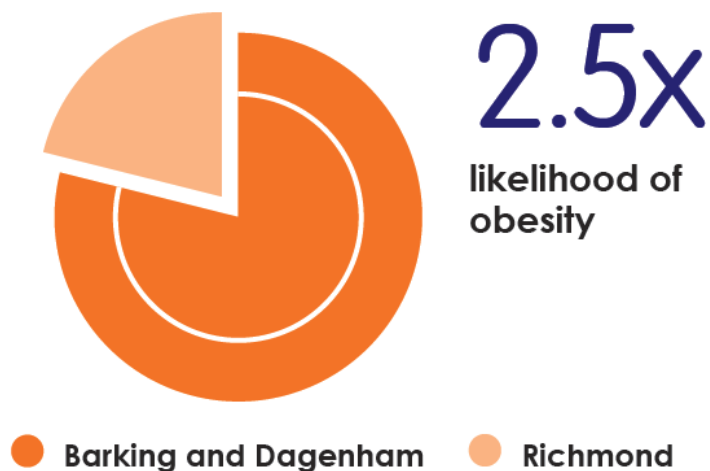


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Local authority variations

Obesity



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

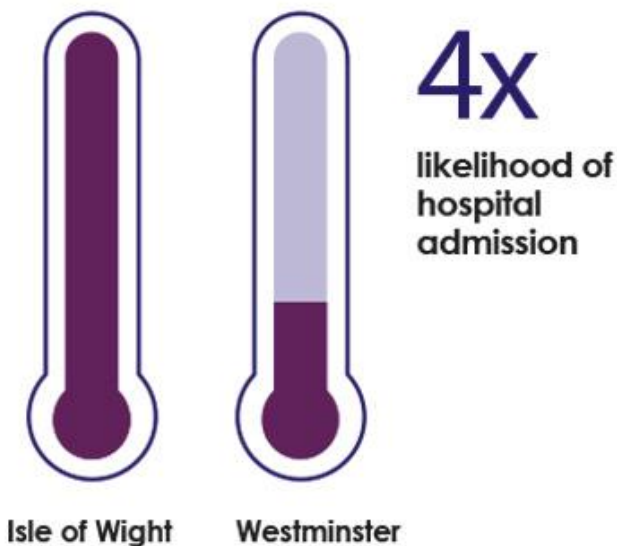
Tooth decay



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

Local authority variations

Injuries



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

Development & 'school readiness'



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

Comparing 30 most and 30 least deprived LAs



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Most deprived

11.2%



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

Least deprived

8%



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

Most deprived



31.6%

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

Least deprived



18.4%

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

Comparing 30 most and 30 least deprived LAs



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Most deprived



157 per 10,000

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

Least deprived



125 per 10,000

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

Most deprived

55.5%



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

Least deprived

62.2%



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

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



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Obesity



16% reduction in cases of obesity in Reception class

The equivalent of nearly 10,000 fewer obese children

Tooth decay

26%

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



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

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



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Injuries

11%

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



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

Development & 'school readiness'



3%

increase in children achieving a good level of development

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



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Some areas 'buck the trend'

Despite high levels of deprivation.. for example:

- **Bradford** has average obesity rates
- **Hartlepool** has low rates of tooth decay
- **Liverpool** has low hospital admissions due to injury
- **Waltham Forest** has high rates of children achieving a good level of development



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Recommendations

Nationally:

- Renewed cross-departmental strategy
- Investigate reasons of variation
- Ensure good data and evidence for local authorities
- Monitor and resource the transfer
- Support and incentivise integration

Locally:

- Use data to prioritise long term strategies
- Integrate commissioning



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Methodological considerations

Methodological considerations



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- Simple data and messages
- Clearly explained
- Topical and appealing to media
- Constructive
- Quotable



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Simple data and messages

- Four key outcomes
- Not too many variables
- Not statistical neighbour comparison
- Using consistent units and concepts

Clearly explained



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- Outcomes whose importance is easy to understand
- Digestible explanation of impact of a particular outcome
- Variation described in terms of numbers of extra or fewer children affected

Four key outcomes



Obesity in 4-5 year olds

National Child Measurement Programme 2013/14



Tooth decay in 5 year olds

Oral Health Survey of Five-year-old children 2012



Hospital admissions due to injury

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Good level of development

By the end of Reception - Early Years Foundation Stage Profiles 2013/14



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Topical and appealing to media

- Using latest data for each outcome – not matching years
- Highlighting most striking variations
- Regional and sub regional comparisons
- Launching just before transfer

Quotable



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- Self contained graphs, maps and infographics
- Publishing data via interactive map and simple spreadsheet

Constructive



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- Identify areas that appear to buck the trend in a positive way
- Restrained messaging on funding
- What can be done, not who can be blamed
- Acknowledge areas' challenges



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'Instances avoided'

- Area A has a lower rate of a poor outcome than area B
- $N - \text{Area B rate} * \text{Area B population} = \text{Area B estimated or reported instances}$
- $M - \text{Area A rate} * \text{Area B population} = \text{Area B estimated instances if same rate as A}$
- $N - M = \text{instances avoided in area B if same rate as B}$

Instances avoided



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- If the North West had the same early childhood outcomes as the South East, it would have 1,600 fewer obese five year olds



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Comparing areas by deprivation

- 152 top tier local authorities
- Minus isles of Scilly and City of London = 150
- Ranked by deprivation extent (IMD 2010) 1-150
- Group 1: 1-30.... Group 5 121-150
- Compare groups 1 and 5
- Instances avoided in groups 1 to 4 if same rate as group 5



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Comparing areas by deprivation

- 11.2 per cent of 4-5 year olds in the most deprived local authorities are obese compared to 8 per cent in the least deprived
- If all local authority areas had the same outcomes as the least deprived fifth, across England there would be nearly 10,000 fewer obese five year olds



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Next steps

Next steps for research



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

Considerations



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- How do known risk factors play out at a local level?
- Move on from 'explaining' ...
 - Is it fair on those children affected by poor outcomes?
 - Are these outcomes modifiable?
- What does research mean for real local areas?
- What are national policy barriers that most need addressing?



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Questions and Discussion