



Start here:

An early years compendium for Suffolk

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Natacha Bines

Ian Diley

Emma Hall

Mashbileg Maidrag

Stephen Patterson

Carol Carruthers

Dina East

Michael Hattrell

Alison Manning

Janine Pettit

Fran Catchpole

David Edwards

Sally Hogg

Wendy Marsh

Chris Pyburn

Andrea Clement

Emma Flint

Stuart Hudson

Judith Moore

Allison Rippon

Nick Collinson

Elsbeth Gibson

Sharon Jarrett

Krisztina Nemeth

Tony Sale

Kit Day

Marie Goulding

Amanda Jones

Sharon Palmer

Bronwen Whittaker

Tanya Kimber

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Introduction

When I first moved to Suffolk I was struck by the pride with which people told me they were “Suffolk born and bred.” I can see why, even if you aren’t born in Suffolk, this is a wonderful county to grow up in, full of opportunities to thrive. But, despite our wonderful environment and the huge range of services available for families, stark differences in life chances and achievement persist between our communities. Only half of our babies are being breastfed, in some areas 1 in 5 mothers smoke while they are pregnant, and fewer of our children are ready for school than our neighbouring counties of Essex and Cambridgeshire. We are in danger of being pretty average despite our potential to be pretty amazing.

The early years present a once in a lifetime opportunity. Our first hours, weeks and months are the building blocks for the rest of our lives. Where we live, how we are cared for, the experiences we have, what we eat, see, hear and feel all affect our health and wellbeing, not only as babies and toddlers but on into adulthood.



We have a new opportunity in 2015, when Health Visiting services return to local control. Commissioners wanted a central resource to help this transition and that is where the idea for this compendium was born.

This report brings together information from conception, through pregnancy and on into infancy and the preschool years. It is focussed on families but also considers the environment Suffolk children grow up in and being in early years, from conception to starting school, shines a spotlight on areas of continuing inequality.

In Suffolk we recognise the importance of early years. ‘Every Child in Suffolk has the Best Start in Life’ is priority one in our **Health and Wellbeing strategy**. As a community, we are working hard through programmes like **Raising the Bar, Making Every Intervention Count** and **Signs of Safety** to do the best we can with the resources we have available to us.

But there is more to do and this report describes areas where we are doing well, as well as areas where we can do better. The aim is to promote debate and more importantly, action.

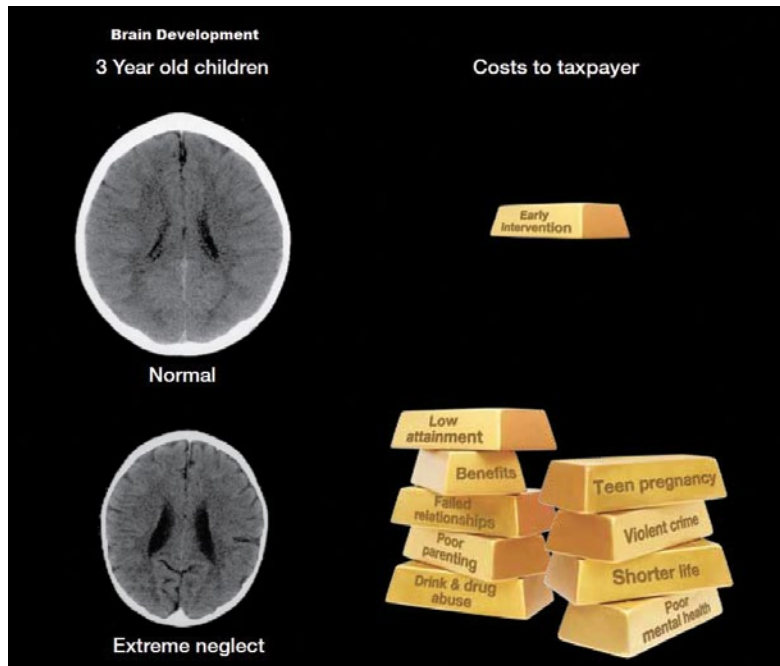
Tessa Lindfield
Director of Public Health, Suffolk County Council

The early years, not a trivial pursuit



Our first hours, weeks and months form fundamental building blocks for the rest of our lives.

Figure 1: Brain Development and Neglect



Source: HM Government (2011)

Where we live, how we are cared for, the experiences we have, what we eat, see hear and feel, all affect our health and wellbeing not only as babies and toddlers but on into adulthood. We have known for many years that child development and school success are influenced by early experience, but more recent evidence has shown us that breastfeeding protects us into adulthood, for example reducing the risk of type 2 diabetes^{1,2}.

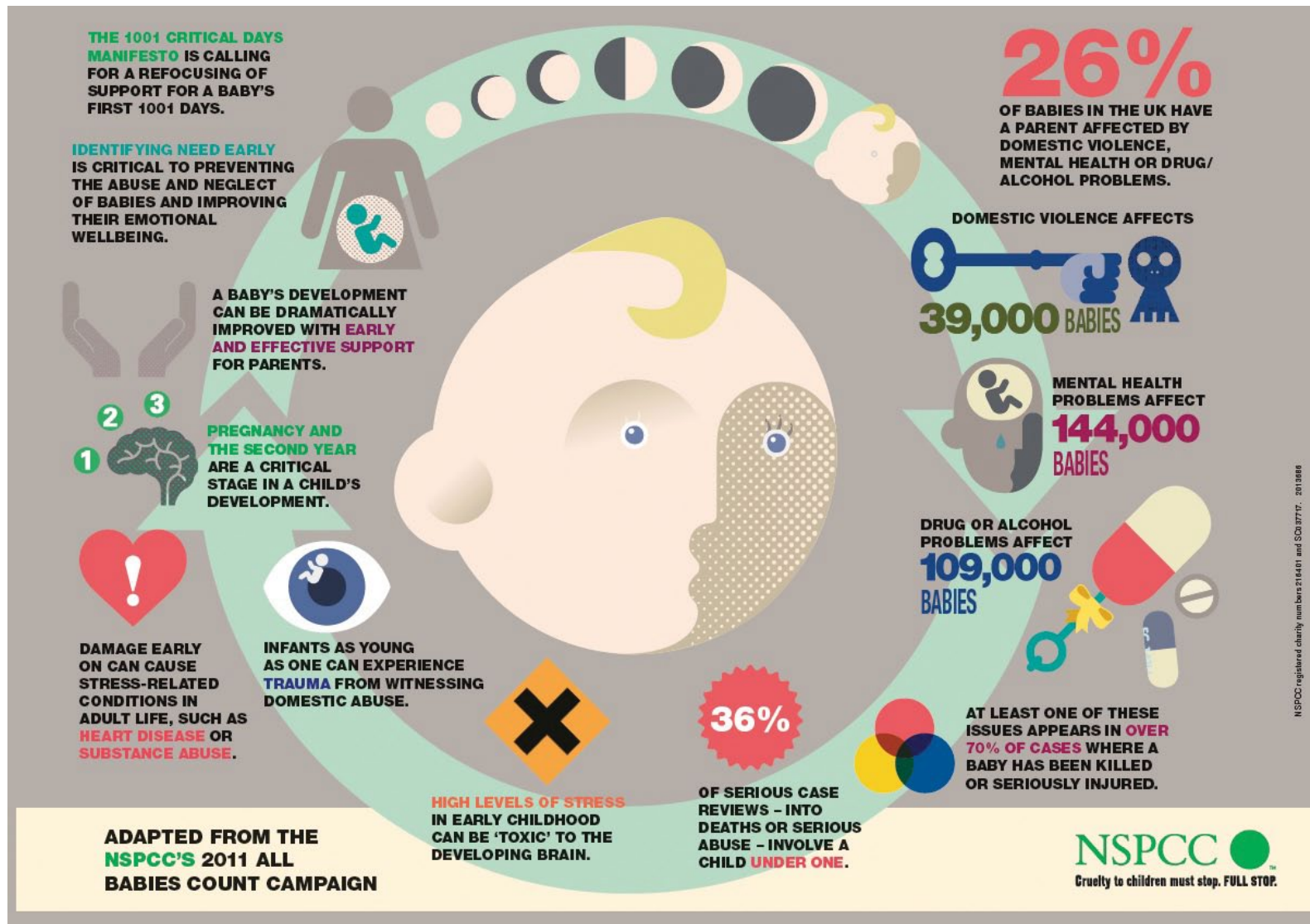
Harmful experiences also take their toll, this figure illustrates normal brain development in a 3 year old, compared to a child of the same age that has experienced extreme neglect.

There is an emerging evidence base on the value of **early help**. The Department of Health states that: "There is clear evidence that pregnancy and the earliest years are critical to the future health and wellbeing of children and adults and evidence-based early interventions can have significant shorter and longer term positive impacts. Smoking, alcohol, poor nutrition, and stress or the absence of a warm loving relationship can have significant shorter and longer term negative impacts".³

The 1001 critical days, from conception to 2 years, is a cross party manifesto supported by the Chief Medical Officer for England. It describes compelling evidence for action to support this critical period in a child's life and stresses that having "at least one loving, sensitive and responsive relationship with an adult caregiver teaches the baby to believe that the world is a good place and reduces the risk of them facing disruptive issues in later life." The manifesto is summarised in figure 2 overleaf.

The manifesto suggests a tiered approach to support targeted at families of very young children, to promote strong emotional, physical and cognitive development. Universal services such as health visiting and general practice are available to all, with extra clinical or universal help for families who need it, specialist services where problems become apparent and very specialist family services for parents with mental illness.

Figure 2: The 1001 critical days manifesto



Source: National Society for the Prevention of Cruelty to Children (NSPCC) and the Children and maternal health observatory (Chimat)

Story time: are we sitting comfortably?

'Are we sitting comfortably?' was the title of the 2012 Annual Public Health Report which concentrated on the new indicator set for public health. It featured the Whittaker family to illustrate the key health challenges for Suffolk. Regular readers will remember that Jessica Whittaker had a baby girl and was grappling with the joys and challenges of new parenthood.

A key message in that report and those of my predecessor, Dr Peter Bradley, was of the persistent and unacceptable inequalities that we see in opportunities and outcomes across our county. These are commonly associated with differences in **deprivation**, and this is explored in more detail in the Healthy home and community section of this year's report.

Table 1: Are we sitting comfortably....

Yes:	No:
Average life expectancy for males and females has improved	Under half of babies in Suffolk are breastfed at 6-8 weeks of age
The number of 16-18 year olds not in education, employment or training has declined	Smoking at time of delivery is higher than the England rate
The percentage of low birth weight (of term babies) is consistently lower than the England percentage	The percentage of children achieving a good level of development at the end of reception year is worse than England as a whole
The number of under 18 conceptions is falling	The percentage of children with free school meal status achieving a good level of development at the end of reception year is worse than England as a whole
The percentage of overweight and obese 4-5 year olds is below the England average	

Table Source: Suffolk County Council

Consequences: inequalities through life

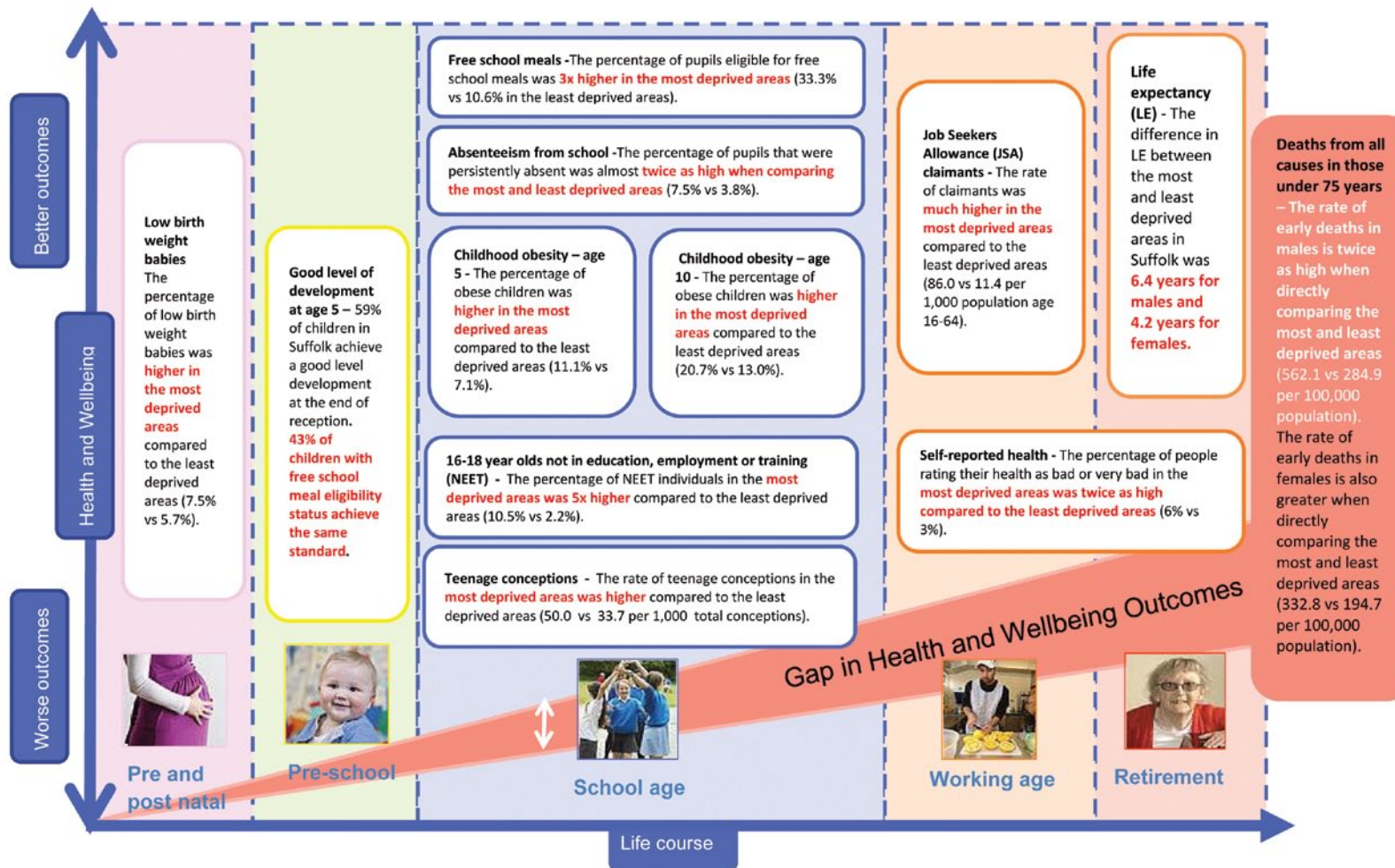


Figure 3: Inequalities through life

Source: Public Health Suffolk. Confidence intervals have been calculated – all differences are statistically significant, for clarification on calculations and source data please contact the Public Health team directly

Quiz time: growing up in Suffolk

1. How many babies are born in Suffolk?

In 2012 there were 8,316 live births in Suffolk and 7,055 people died. Deaths in infancy and childhood are rare, rates are similar to the average for England. As well as the number of births exceeding the number of deaths, the population of Suffolk is growing because people move into the county and tend to stay. Table 2 (overleaf) outlines key data for Suffolk.

2. How many are multiple births, (i.e. twins, triplets etc.)?

There were 133 multiple maternities, with the highest numbers in those aged 30-34. This matters because twins have more pregnancy and health complications compared to single babies.

3. How many babies are planned?

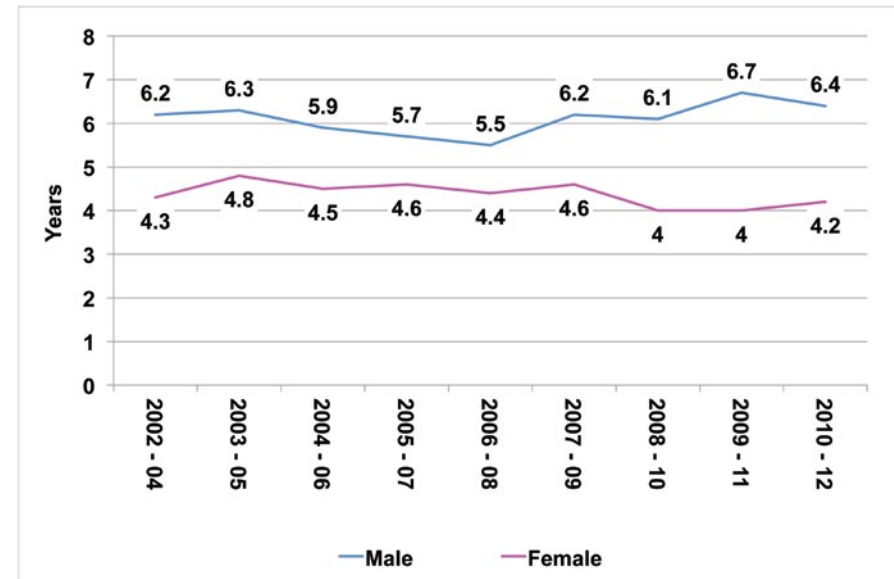
It is thought that about half of all pregnancies are unplanned. This is not the same as an unwanted pregnancy, but can add additional housing, financial and relationship pressures on families^{4,5}.

4. How long can babies expect to live on average?

How long you can expect to live is a good indicator of health. Life expectancy and living in an area of relative deprivation are closely associated. The most recent data for Suffolk indicates that a boy born in the most deprived areas of Suffolk has a life expectancy 6.4 years lower than a boy born in the least deprived areas. A girl born in the most deprived areas of Suffolk will have a life expectancy 4.2 years lower than a girl born in one of the most affluent areas. Over the past decade males in Suffolk

have shown a consistently larger gap in life expectancy when compared to females. The graph below also indicates that the gap in life expectancy does not appear to be decreasing and may even be increasing.

Figure 4: Slope index of inequality (SII) in life expectancy at birth within Suffolk, based on local deprivation deciles within each area:



Source: 2014 Health Profile for Suffolk

What is the slope index of inequality?

This measures inequalities in life expectancy within Suffolk. The SII is a measure of the social gradient in life expectancy, i.e. how much life expectancy varies with deprivation. It takes account of health inequalities across the whole range of deprivation within Suffolk and summarises this in a single number.

5. What about pre-schoolers?

The 2011 **Census** revealed that over 735,000 people live in Suffolk, just over 51,000 of those are under 5 years of age.

6. Are young families spread evenly across the county?

No, Forest Heath, Ipswich and St Edmundsbury have proportionally more 0-5 year olds than other districts. In Forest Health 1 in 11 people are under 5, in Suffolk Coastal this is 1 in 17.

Table 2: Key population information for children and young people in Suffolk

Indicator:	Suffolk number	% of total Local Authority population	% of England population
Total Suffolk population	735,898		
Total Suffolk population of 0-18 year olds	159,900	21.7%	22.6%
Total Suffolk population of 0-5 year olds	51,152	7.0%	7.6%
District/borough population of 0-5 years:			
Forest Heath	5,576	8.8%	-
Ipswich	11,333	8.4%	-
St Edmundsbury	7,888	7.1%	-
Waveney	7,641	6.6%	-
Mid Suffolk	6,158	6.3%	-
Babergh	5,298	6.0%	-
Suffolk Coastal	7,258	5.8%	-
Forecasted population change 2012-2037 (rounded to the nearest 100)		% change	
0-5 years	-2,800	-5%	2%
All ages	94,800	13%	16%

ONS 2013 Mid-Year Population Estimates and 2012 Sub National Population Projections

7. How old are mothers in Suffolk?

78% of all births in 2012 were to women age 20-34, with the peak age group being those aged 25-29. In England and Wales in 2012 76% of all births were to women age 20-34, the peak age group were those aged 30-34.

8. What is the ethnic make up of Suffolk families?

Suffolk has a predominantly white population but certain areas are more ethnically diverse. In Ipswich nearly one in five children aged 0-5 are estimated to be from an ethnic group other than white, and in Forest Heath 14.4% of children age 0-5 are estimated to belong to an ethnic group other than white.

Table 3: Ethnicity estimates for 0-5 year olds:

District/ Borough	White	Mixed/ multiple ethnic group	Asian/Asian British	Black/African/ Caribbean/Black British	Other ethnic group
Suffolk	90.4%	5.4%	2.7%	1.0%	0.5%
Babergh	95.8%	2.7%	0.6%	0.6%	0.3%
Forest Heath	85.6%	8.8%	2.4%	2.2%	1.0%
Ipswich	81.0%	9.7%	6.5%	1.6%	1.1%
Mid Suffolk	94.8%	3.5%	0.6%	0.9%	0.3%
St Edmundsbury	93.4%	3.5%	2.4%	0.6%	0.3%
Suffolk Coastal	91.8%	4.4%	3.0%	0.5%	0.2%
Waveney	95.2%	3.5%	0.7%	0.5%	0.1%

Source: ethnicity estimates adapted from ONS Census 2011, VS3 Extract ONS, Public Health Outcomes Framework (PHOF)

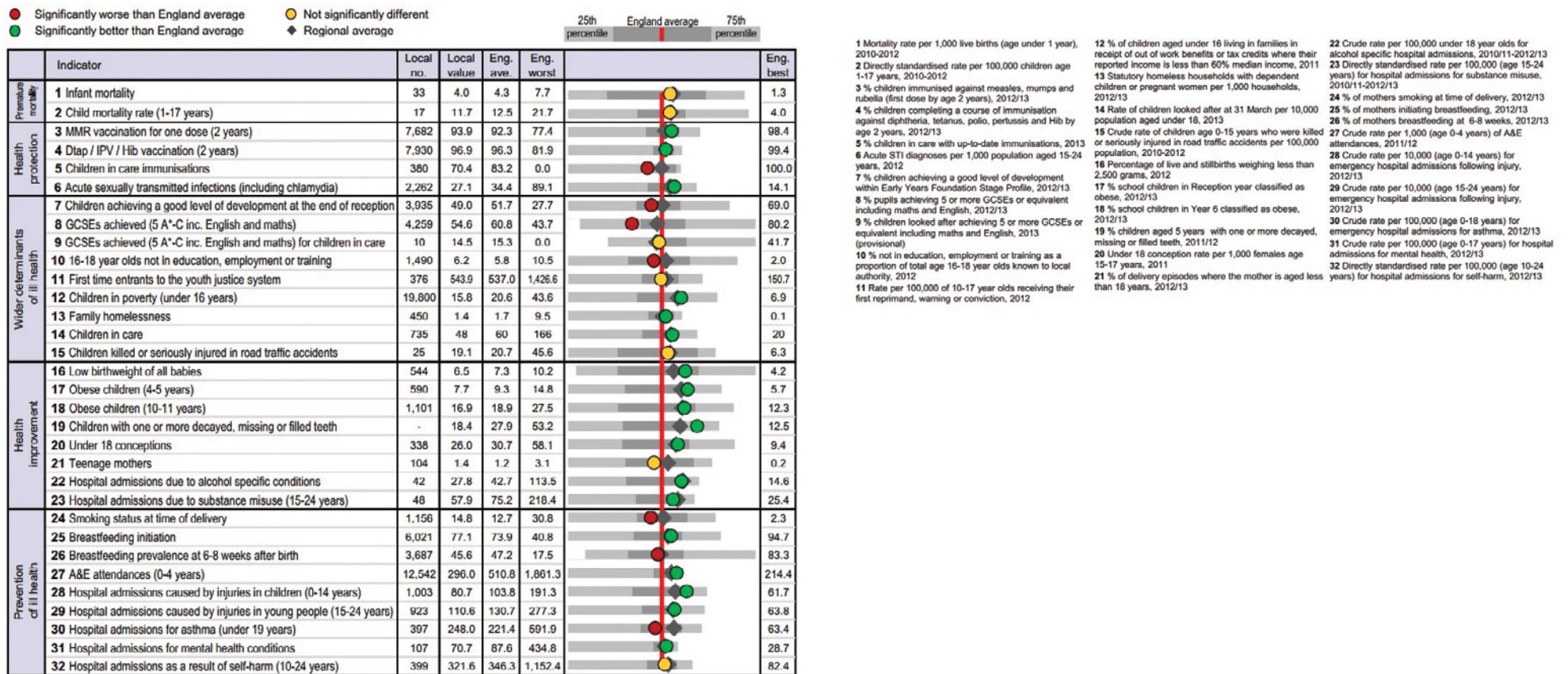
9. What about the balance of young and old people in Suffolk?

Suffolk is frequently referred to as an ageing community when compared to England as a whole. This is true, Suffolk has a lower proportion of both 0-18 year olds and 0-5 year olds than England and this is projected to decrease.

10. How do we compare with other places?

On the whole, Suffolk figures mirror the regional and national picture, except that we are becoming even older as a county.

Figure 5: Child Health Profile Extract 2014



Notes and definitions - Where data is not available or figures have been suppressed, this is indicated by a dash in the appropriate box.

Source: www.chimat.org.uk

Happy families: healthy homes and communities



<p>What are the issues in Suffolk and why is it important?</p>	<ul style="list-style-type: none"> • The rising cost of food, fuel and daily living have an impact on Suffolk families • Family structures are changing with more lone parents • The population and ethnic makeup of Suffolk is becoming more diverse
<p>What are the inequalities?</p>	<ul style="list-style-type: none"> • Both boys and girls born in the most deprived areas of Suffolk have a shorter life expectancy than those born in more affluent areas • There are a number of families in Suffolk that will be living in 'asset rich cash poor' scenarios, where all the money coming in is used to pay for housing and utility bills, leaving little for other essentials such as food • Some communities have poorer education and health outcomes than others, for example Gypsy and Traveller children
<p>What are we doing well?</p>	<ul style="list-style-type: none"> • Supporting families to develop knowledge and skills for parenting, practical childcare, budgeting and behaviour management
<p>What needs improving?</p>	<ul style="list-style-type: none"> • Raising awareness of what is available for families to access affordable, good quality childcare to support parents to work and take up training opportunities • Improving the quality of housing for young families living in deprived circumstances
<p>We can...</p>	<ul style="list-style-type: none"> • Raise awareness amongst frontline professionals on how to help families experiencing distress • Make sure we have responsive community services to support working parents, especially lone parents • Recognise the important contribution of grandparents

Households and families in Suffolk

The 2011 Census tells us that there are around 311,000 households in Suffolk. In Suffolk households with dependent children, 39% include a 0-4 year old. The highest proportions of households with young children are found in Forest Heath and Ipswich.

Table 5 overleaf shows the different types of “household” that make up families in Suffolk. The structure of families in England has changed dramatically in the last 50 years. Figures from the **Office for National Statistics** (ONS) show a decline in marriages and an increase in cohabiting couples, with households containing two or more families representing the fastest growing household type. Numbers of lone parents have increased, 90% of whom are women. There is also an increasing trend of adult children continuing to live with parents for longer.

Table 4: Households with dependent children *(out of all households with dependent children)

Dependent children	All categories: all households	Households with no dependent children	Households with dependent children: total	Youngest dependent child: age 0 to 4	% of households with dependent children where youngest is age 0-4*
Babergh	37,522	27,567	9,955	3,525	35.4%
Forest Heath	25,376	18,190	7,186	3,290	45.8%
Ipswich	57,298	40,484	16,814	7,400	44.0%
Mid Suffolk	40,306	28,977	11,329	4,098	36.2%
St Edmundsbury	45,802	32,646	13,156	5,242	39.8%
Suffolk Coastal	53,558	39,679	13,879	4,882	35.2%
Waveney	50,883	38,010	12,873	4,931	38.3%
Suffolk	310,745	225,553	85,192	33,368	39.2%

Source: ONS Census 2011

Table 5: Types of household in Suffolk

Household type	All categories: all households	Households with no dependent children	Households with dependent children: total	Youngest dependent child: age 0 to 4
Married or same-sex civil partnership couple household	148,245	97,825	50,420	18,833
Cohabiting couple household	36,260	21,599	14,661	8,390
Lone parent household	29,782	9,901	19,881	6,063
Multi-person household	6,445	6,230	215	74

Source: ONS Census 2011

There are some families who live in a multi-family household where there is a primary family (such as a young couple living with parents). These are known as concealed families. The ONS states that the national increase in concealed families is likely to be related to housing availability, housing cost in relation to employment and earnings, as well as cultural differences in living arrangements and familial ties⁶.

Therefore this group may have different needs to other family groups – especially in relation to housing. The 2011 Census shows that just over 1% of families in Suffolk (2,300) are concealed, with the highest numbers in Ipswich⁶.

Figure 6: Lone Parent Households in Suffolk, 2011

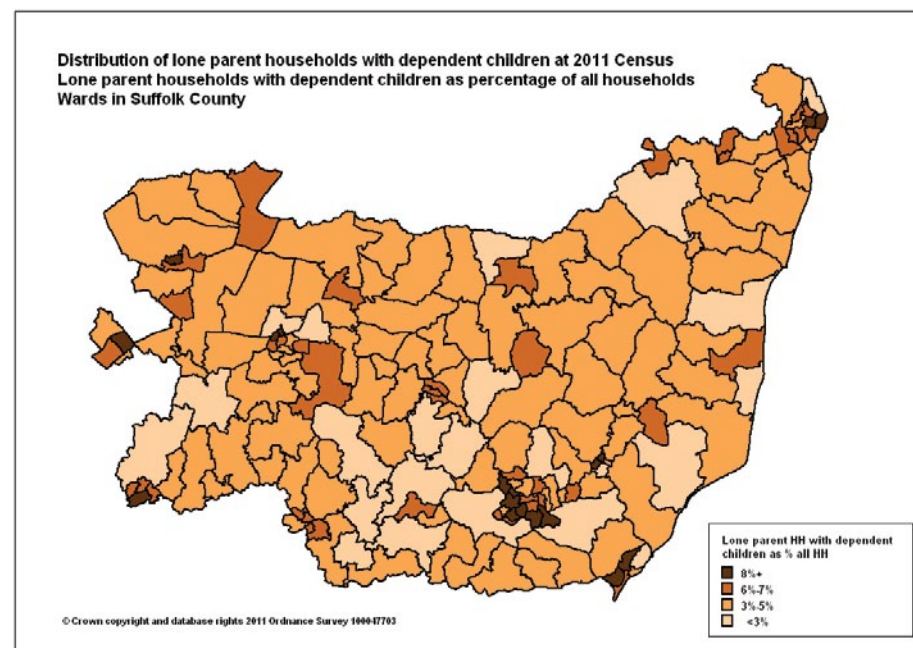


Image Source: Census 2011

More family structures...

Armed forces families

Being part of a family where a key carer is in the military can be exciting, but it can also result in challenging situations that promote stress and anxiety. Serving mothers and fathers can find it difficult to balance work and family commitments, and children of all ages may have limited contact with their parents - especially during deployment. Military families can move often, and may miss out on valuable supportive networks and continuity of care for young families. In Suffolk, there are military bases at Wattisham, Lakenheath, Mildenhall, Honington and Woodbridge. In October 2012 the Suffolk Armed Forces Community Covenant was established. This agreement is a voluntary pledge of mutual support between a civilian community and its local armed forces community, including specific elements dedicated to supporting service members' families.

Lesbian, gay, bisexual & transgender parents (LGB&T)

LGB&T parents may have children from previous relationships, but changes to the law in recent years have recognised that everyone should have the opportunity to have their own family. The Human Fertilisation and Embryology Act 2008, means that same-sex couples are equal legal parents of children they conceive together or through a surrogate. In 2010 same sex parents who have children through surrogacy gained the right to equal legal treatment to other groups in relation to fast-track court processes to grant them legal parenthood. In February 2014, the first Suffolk LGB&T conference; 'A Level Playing Field? The Future of LGB&T Equality in Suffolk' was held. The event provided an opportunity to reflect on what has helped support people from the LGB&T community and what needs more work. Suffolk County Council has committed to recognise the potential challenges that LGB&T families may encounter, and assist in providing effective, timely and useful support where possible.

For further information: www.stonewall.org.uk and www.suffolklgbtnetwork.org.uk

Looked After Children

Children subject to care by residential placement or foster care are referred to as Looked After Children (LAC). At March 2014, approximately 25% (182) of the 726 looked after children in Suffolk were aged 0-5. There is strong evidence to suggest that Looked After Children have poorer health, welfare and social outcomes⁷.

The National Institute for Clinical Health and Excellence (NICE) suggest that 45% of LAC have a diagnosable mental health condition compared with 8-11% of the general child population. There is also evidence to suggest that LAC experience reduced rates of access to health protection activities such as immunisation programmes⁸ and dental health checks⁹. In Suffolk in 2012, 9% of LAC were not up to date with vaccination programmes and 42% had not received regular dental health checks.

Fathers

Understandably the focus around pregnancy and birth is often on the mother and baby. For fathers that need more support, Suffolk Family Focus (SFF) (the Suffolk response to the Troubled Families Initiative) is supporting the Caring Dads programme in both Babergh and Suffolk Coastal areas. This is an intensive¹⁰ referral based programme for men who have been involved in violent or abusive behaviour, aiming to raise awareness of effects of this behaviour on children and to enhance their safety and wellbeing. It is specifically aimed at men with children aged 0-12 years.

Grandparents

Grandparents can play a vital role in a child's development and wellbeing, and they can be an important source of support and guidance to both parent and child. Closeness to maternal grandparents in particular is associated with better grandchild adjustment¹¹. However, the quality of the relationship between the grandparent and the parent with care responsibilities will have an impact upon the continuation of the contact with grandparents and their grandchild¹¹. A 2013 survey indicated 7 million grandparents in Great Britain provide regular childcare for their grandchildren aged under 16¹². In cash terms Grandparents Plus and Age UK have estimated the value of grandparental childcare at £7.3 billion in the UK, with grandmothers more likely to be providing childcare than grandfathers. It is noted that working families with school-aged children are more heavily reliant on grandparents during the school holidays¹³.

More recent data published by the Department for Education¹⁴ indicates that:

- Grandparents were the most commonly used informal provider across all age groups and were most likely to be used among the younger age groups (28% of 0-2 year olds, 24% for 3-4 year olds)
- 4% of families using grandparents as informal care givers paid them, (the median payment was £20 per week – compared to the payment of £46 per week made to nursery schools, and £153 per week for a nanny/au pair)
- Most payments made to grandparents were for childcare fees (46%) and travel costs (29%).

Family health and wellbeing issues

Some families face more challenges than others. Some issues have particular impact on the provision of a safe, nurturing family environment and are more likely to adversely affect a child's wellbeing, development and safety.

Hidden Harm

In 2003 the Advisory Committee on the Misuse of Drugs coined the phrase "Hidden Harm." Since then many other research and policy reports have evidenced the links between parental drug and alcohol misuse, domestic abuse and poor parental mental health. This grouping has been termed the "Toxic Three" as circumstances where all three are present are associated with children experiencing a higher level of harm, requiring child protection or needing to be taken into care.

An audit of children coming into care in Suffolk between 1st December 2009 and 31st March 2010 showed that:

- 20% had parental drug misuse
- 18% had parental alcohol misuse
- 30% had parental domestic violence
- 34% had poor parental mental health
- Over 70% had two or more of the above factors present

In Suffolk we recognise the importance of uncovering and tackling Hidden Harm. The need to intervene early to prevent harm to children and young people experiencing such parental difficulties has been a priority for the

Suffolk Safeguarding Children Board and the Children's Trust since 2010 and is now a key action in the Joint Health and Wellbeing Board Strategy.

By its very nature, quantifying Hidden Harm is challenging. This hinders our ability to accurately monitor the effectiveness of interventions that are put in place. Identification of families where Hidden Harm is present is a critical first step to designing and delivering support services. Development work is underway to improve systems for the collection, collation and analysis of data across services. This will enhance our understanding and inform how services are designed to coherently tackle Hidden Harm to children in Suffolk.

A range of services to address Hidden Harm are in place and are being further developed as a collaboration between Suffolk County Council, the voluntary sector and mental health services. Examples are the Positive Choices service for women who have more than one baby taken into care, specialist perinatal mental health services, parenting programmes specific to the Hidden Harm factors and support for young carers.

Underpinning all our services in Suffolk is the ACCORD protocol, an approach to collaboration for adults and children's services. This aims to ensure that parents with additional needs, such as those described above, are given the right support to parent effectively, reducing the risk of negative consequences for their children. ACCORD is supplemented by a joint working protocol between substance misuse services and those for children, young people and adults, including the voluntary community services.

Substance misuse

Living in a household where adults misuse drugs or alcohol is harmful for children. Local safeguarding services report that in family breakdowns where children are identified as 'in need', requiring child protection or to be taken into care, parental drug and alcohol use is an important factor.

There are no robust measures available to describe drinking behaviour in Suffolk. However there are recognised methods to estimate alcohol use and misuse in the county. The Suffolk Alcohol Needs Assessment 2013 estimated that:

- On average 85% of adults drink in Suffolk (15% abstain) with 7% estimated as drinking at higher risk levels¹⁵
- Almost 22,000 people are estimated to have some sort of alcohol dependency¹⁵

Parents who are intoxicated respond less well to their children's needs^{16,17}. UK estimates suggest 22% of children live with a parent whose hazardous drinking puts them at risk in relation to issues such as neglect¹⁸, and 78% of young offenders who misuse alcohol were found to have grown up in homes with parental alcohol abuse and domestic abuse¹⁹.

Substance misuse treatment services in Suffolk report that:

- 15% of individuals starting drug treatment in 2013/14 were living with children
- Half of all people starting alcohol treatment in 2013/14 were living in a household with children
- In 2012/13, 557 new individuals started drug treatment and a total of 1,472 adults received drug treatment
- In Suffolk in 2013/14, 445 individuals started alcohol treatment



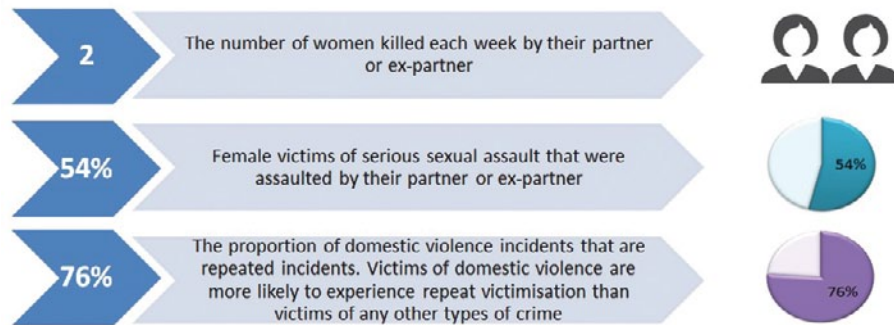
When I'm drinking I get snappy with her [daughter] and edgy. I don't give help or do things when she asks for help. I give her a word, when I should be giving her a sentence. I don't answer her properly; I just say 'yes', 'no', 'maybe' – she gives up asking and gives up trying.²⁰

(Parent, Barnardo's PHAROS service)

Domestic abuse

Domestic abuse is often between partners and tends to repeat itself, which has particular significance for children in the household.

Figure 7: National information on domestic abuse



Sources: *Womens Aid (2011), Smith, Coleman, Eder et al (2011), Chaplin, Flatley and Smith (2010)*

In Suffolk:

- 7,361 domestic abuse incidents were reported to the police in 2011/12
- 71% of reported incidents are from 17–44 year olds
- 29% of these are from 17-24 year olds
- West Suffolk Youth Offending Service report that 44% of young people who offend are from households where there is domestic abuse

- From police statistics for January 1st 2012 to March 31st 2012, around a third of domestic abuse incidents in Suffolk involved alcohol
- From police statistics in 2010, the most recent data available, between April and June there were 803 domestic abuse incidents where at least one child was present

Mental health

- Mental ill health in parents can affect children’s wellbeing and nationally around 10% of women and 6% of men who have a diagnosed mental health disorder are thought to be parents of dependent children
- Mental ill health around the time of birth is a particular issue and is discussed in more detail in the section ‘A healthy infancy’
- Around 30% of lone mothers experience depression, equating to 5,500 women in Suffolk²¹

Safeguarding

The safeguarding of children is the responsibility of everyone who comes into contact with children and families. Issues of safety can be both a causative factor in making a child vulnerable and also a consequence of belonging to a vulnerable population. In March 2014, 608 children in Suffolk were subject to **child protection plans** with half of these aged 0-5. Additionally, 2,378 children were classed as '**children in need**', with 36% aged 0-5.

A well regarded definition of neglect is when parents/carers are unable or unwilling to meet a child's needs²². It is estimated that almost one in 10 children in the UK have been neglected by their parents²².

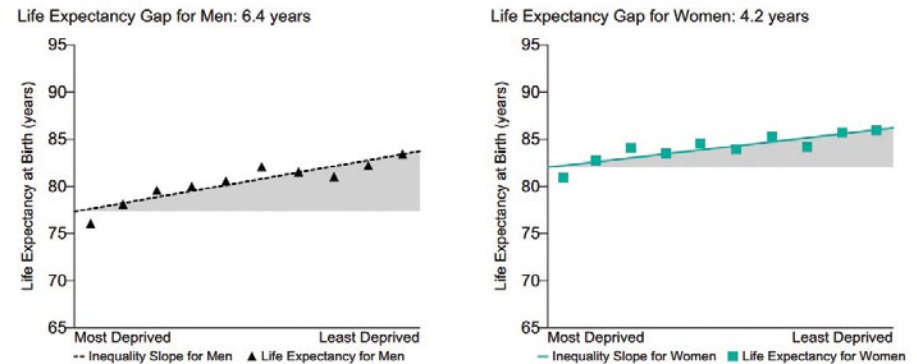
Deprivation

Addressing deprivation and poverty, including 'hidden pockets'¹⁷ is an important part of improving health and wellbeing. If you divide society into groups according to deprivation (see figure below and the information in Figure 4) you can see the life expectancy gap widens between those in the least and most deprived circumstances.

There are several points to bear in mind when considering deprivation. Not every person in a highly deprived area will themselves be deprived, equally, there will be some deprived people living in the more affluent areas. There is a link between low income and deprivation but income is only part of

the picture. Of the 5,055,000 people who live in the most deprived areas in England, 1,919,000 (38%) people are income deprived²³. In line with the concept of relative poverty, deprivation refers to unmet needs caused by a lack of resources of all kinds, not just financial²³. Most importantly – there is a strong association between health and wellbeing at all ages and deprivation. If an area is divided into deprivation groups, each group that is more deprived tends to have poorer health outcomes than its neighbouring less deprived group.

Figure 8: Life expectancy variance by deprivation for men and women in Suffolk for 2010-2012



Source: Public Health England (2014)

What does poverty look like in Suffolk?

Observers sometimes question if poverty really exists in a place like Suffolk. Certainly, the UK does not have the widespread, absolute poverty seen in other parts of the world, where people cannot afford basics like clean water or shelter. But **poverty** of a different nature persists which is strongly associated with poorer life chances and poorer health. Professor Peter Townsend, a leading authority defines this as 'relative poverty', when **"resources are so seriously below those commanded by the average individual or family that they are, in effect, excluded from ordinary living pattern"**.

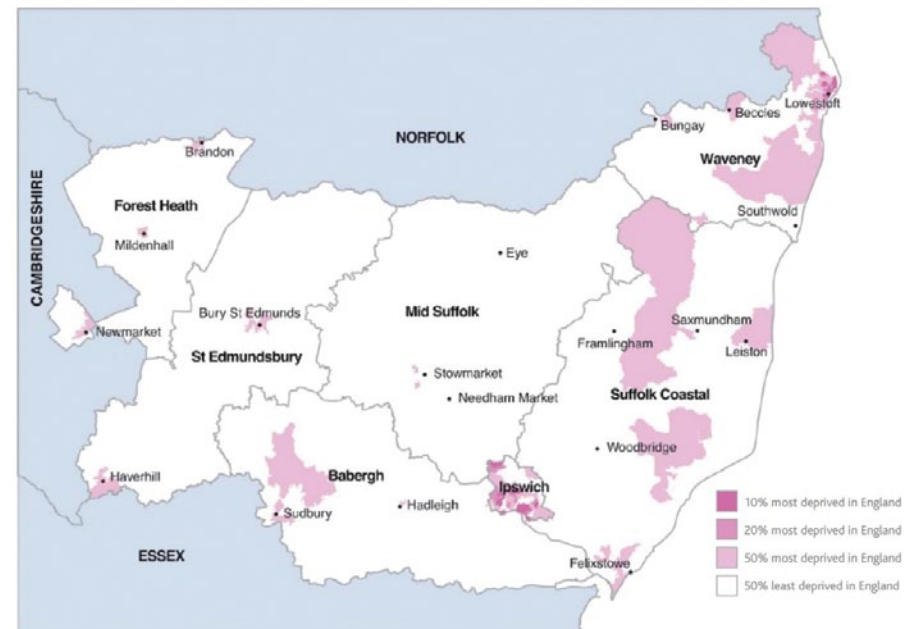
Relative poverty is measured using the Index of Multiple Deprivation (IMD). Local measures of deprivation in England have been calculated since the 1970s. The index includes Income Deprivation, Employment Deprivation, Health Deprivation and Disability, Education Skills and Training Deprivation, Barriers to Housing and Services, Living Environment Deprivation, and Crime.

In 2011, The Suffolk Foundation commissioned a report 'Hidden needs: hidden deprivation and community need in Suffolk' 24 which showed Ipswich and Lowestoft contain neighbourhoods with areas of multiple deprivation that are amongst the 10% worst off in England. The report also identified ten pockets of rural deprivation which were amongst the 10% most deprived in the East of England. These pockets of deprivation are bordered by areas of relative affluence, a situation which may serve to exclude people more.

We also have data on family income. Across Suffolk, around 16% of children are living in families receiving means-tested benefits and low income. The proportions are higher in Ipswich and Waveney at 22-23%. Ward data indicates that Harbour and Normanston in Waveney and Priory

Heath in Ipswich have the highest proportions of under 16 year olds in low income families and receiving means-tested benefits; 37.6%, 36.4% and 33.5% respectively.

Figure 9: Index of Multiple Deprivation, ranking of local concentration of deprivation relative to all England, 2010



Source: Fenton, Markkanen and Monk (2011), Department for Communities and Local Government

Figure 3 indicates that, compared with their affluent peers, children from the most deprived areas:

- Perform 16% lower at Early Years Foundation Stage (at age 5 – based on free school meal eligibility status)
- Are likely to have higher **obesity** levels at age 5 and 10
- Have twice as high levels of persistent absenteeism from school
- Have a 5x higher percentage of 16-18 year olds not in employment, education or training

Most notably the gap in outcomes between these groups of children increases with age.

Children in lone parent families are twice as likely compared to those in couple families to live in relative poverty²⁵. Recent reports have indicated that 40% of single parents were behind on bills, and of single parents in arrears, 64% were at least three months behind on at least one bill²⁶. Applying these percentages to Suffolk single parent households would mean that approximately 8,000 lone parent households with dependent children are behind on bills.

People living in poverty are more likely to live in poor quality housing, which can have detrimental effects on children. Factors such as damp and cold accommodation, overcrowding and living in a house of multiple occupation can all adversely affect physical, social, and psychological development. The impact of poor housing in childhood can affect an individual for a lifetime²⁷.

Recent changes to benefits have been made. From autumn 2015 the Tax-Free Childcare costs cap will increase to £10,000 per year for each child. This extra support could be worth up to £2,000 per child (eligible children under 12). An extra £50 million 'early years pupil premium' is to be made available to improve outcomes for the most disadvantaged three- and four-year-olds in government-funded early education. Additionally, from September 2014, free early education is being extended to cover approximately 40% of two year olds (an increase of 20%). Although no

separate item will end poverty or deprivation, longer term initiatives have a greater chance of change than individual isolated initiatives.

The Government has released its child poverty strategy for 2014-2017. They aim to tackle poverty through:

- Supporting families into work and increasing their earnings
- Improving living standards
- Preventing poor children becoming poor adults through raising their educational attainment

The Suffolk Health and Wellbeing Board is sponsoring the development of an anti-poverty strategy for Suffolk that covers all ages. The aim is to ensure that anti-poverty practice is embedded in the delivery of public facing services in Suffolk.

The benefit cap

The benefit cap was introduced in April 2013 with the intention of restricting the income from state benefits of some households with children to £500 per week. Figures from December 2013 show that there were 613 children living in households in Suffolk which were affected by the benefit cap²⁸. Save the Children²⁹ (2014) estimate that nationally, an additional 345,000 children could be pushed into poverty over the next 4 years as a result of the benefit cap.

Food banks

Food banks have received a great deal of publicity in the last year, both nationally and at a more local level. When circumstances change unexpectedly, unemployment or changes in benefit payments for example, a family can quickly experience a crisis situation.

Food banks offer immediate relief for those unable to purchase basic necessities, usually offering a three day emergency supply. There are around seven formal food banks operating in Suffolk in the following areas:

Newmarket, Haverhill, Bury St Edmunds, Sudbury, Ipswich, Lowestoft and Leiston/Saxmundham. There are also likely to be many informal food parcel distributions being made through churches and local charities. One Suffolk based charity notes that they alone handed out over 3,000 parcels in 2013/14. Regional figures for the East of England from the country's largest and fastest growing food bank network (The Trussell Trust) highlight that there were 91,420 people in 2013/14, who were in crisis and received emergency food and support. This figure included 31,593 children (35% of the total)³¹.

The Debt Trap

Problem debt has a significant impact upon family health and wellbeing. A 2014 report³² on the impact of debt upon children and families noted there are many ways that debt affects children's lives including: bullying; worry; family arguments; going without as well as an early exposure to debt itself.

Of children in families with problem debt: **58%** said they worry about their family's financial situation; **47%** said it causes arguments in the family. They were more than twice as likely to be unhappy at school and bullied, as they didn't have the same things as their peers. Additionally: **9/10** of families said they had to cut back on essentials like food, clothing or heating for their children in order to keep up repayments.

More than half of children aged 10-17 said they saw advertising for loans 'often' or 'all of the time'. 1/5th of children said that their school had taught them about money management and debt³².

The Debt Trap...



As families begin to struggle financially, many feel that taking on credit is the only way to make ends meet – a third of all families have had to borrow money to pay for essentials for their children in the last year³².

The natural environment

Suffolk is a predominantly rural county with many opportunities for outdoor play and physical activity. Pretty et al³³ suggest that being outdoors and engaging with nature has the potential to unlock many of the health challenges we face in our society today. They suggest that this is a lifelong issue, as demonstrated in figure 10.

Having easy access to the outdoors is a great opportunity for Suffolk families. Playing outdoors is good for health and wellbeing for both adults and children^{34, 35} and there is evidence that if children play outside they are more likely to enjoy the outdoors as adults³⁶ which is important for a healthy and active lifestyle.

Across the UK, less than 10% of children ever play in natural areas, compared to the childhood experience of 40% of today's adults³⁶. Surprisingly, for a rural county with so many outdoor opportunities, only 17% of people in Suffolk utilise outdoor space for health or exercise, only slightly higher than the England figure of 15.3%³⁷.



Jessica at Rendlesham

Figure 10: Lifetime impacts of activity and the natural environment

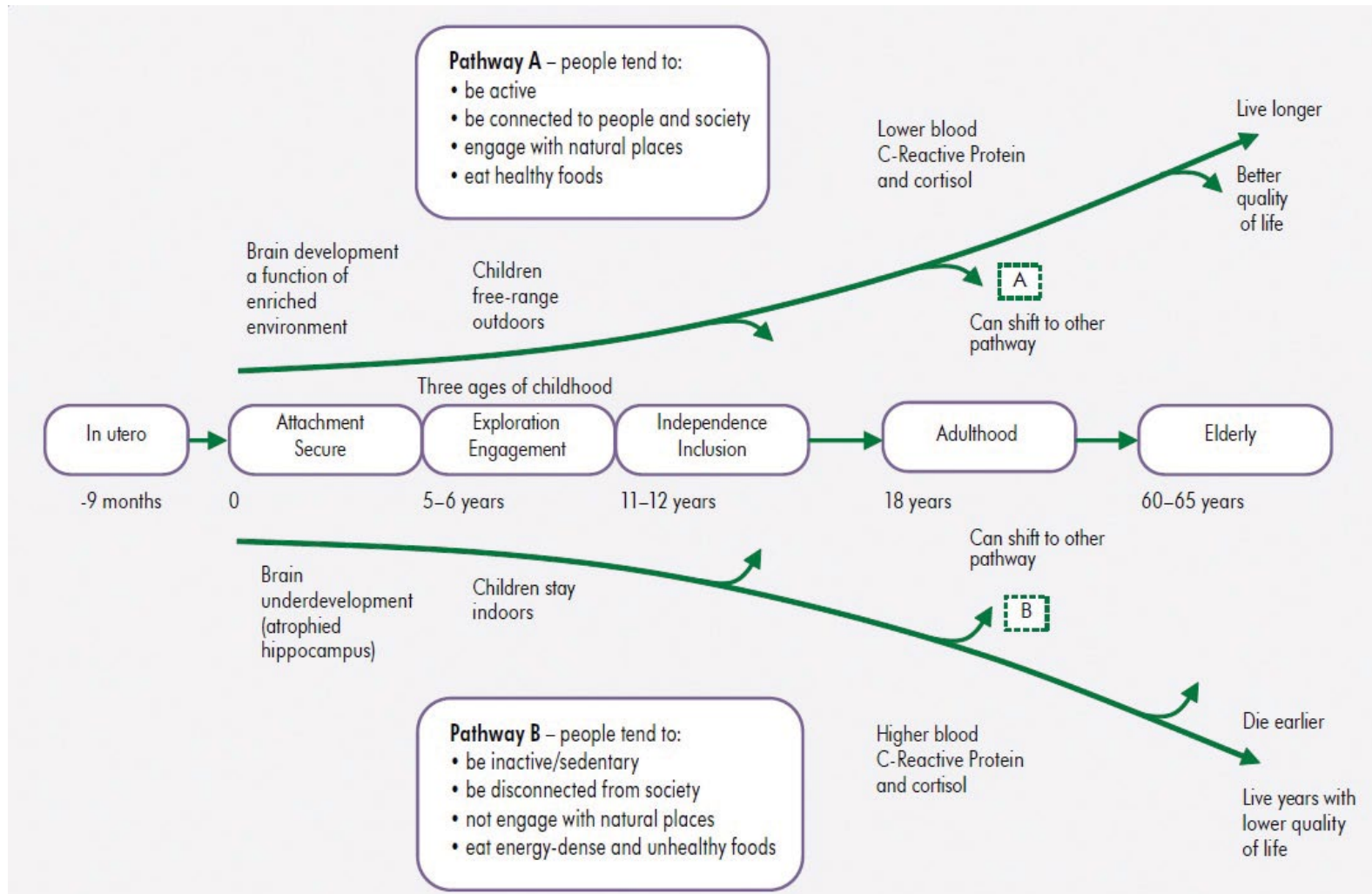


Image Source: UK National Ecosystem Assessment (2011), reproduced from Pretty et al (2009)

The relationship between Suffolk's natural environment (including its landscapes and wildlife) and its importance to health and wellbeing is reflected in the 2014 Suffolk Nature Strategy: http://issuu.com/suffolkwildlifetrust/docs/suffolk_nature_strategy_brochure

Case study: Suffolk Pramblings - A walking guide for parents within the Suffolk Coast and Heaths Areas of Outstanding Natural Beauty (AONB)

A local mother (Karen) set up Suffolk Pramblings as a result of the difficulties she faced accessing buggy friendly walking routes.

"Many children and young parents today are aware of the global threats to the environment, but their physical contact, their intimacy with nature on a day-to-day basis, is fading. Our society is often not teaching young people the value of experiencing nature – and much of the kind of play that we enjoyed as children is no longer an option for the children of today who are becoming disconnected from the joy and solitude of the outdoors. It is so important that we encourage children to get out into the woods and fields and if they see us enjoying our environment they will want to enjoy it and care for it too."

I believe passionately about helping other parents get out and about in the Suffolk Coast and Heaths Area which I personally love. I know first-hand the challenges of having a new baby and getting out and about with a pram and I believe this project will really help and support people to get out and enjoy the AONB, and promote walking as a great exercise for the whole family. I have benefited from the local Surestart Children's Centres and am keen to give something back to these fantastic local facilities (by making a number of free guides available or donating a percentage of the proceeds from the guide sales) as the centres also promote walking".

www.prambling.co.uk

Illness and accidental injury

Some bumps and bruises during childhood are inevitable, but there is scope to prevent serious childhood injuries that have long lasting effects on health and wellbeing. The burden of accidents and injury in children is not equally shared, with rates significantly higher in areas of high deprivation. Risks are highest for 0-5 year olds who require a great deal of care and supervision, and 14 -18 year olds experiencing the transition to adulthood and the personal freedoms that it brings.

Nationally the highest numbers of accidents occur in the living/dining room but the most serious accidents happen in the kitchen and on the stairs. Every year more than 67,000 children in the UK experience an accident in the kitchen - 43,000 of these are aged between 0-4 years and 58,000 children have accidents on the stairs³⁸.

In 2010-11 in Suffolk, falls were the most frequent cause of paediatric admission to hospital following accident. For younger children (0-4 years) accidental poisoning was a common cause.

Building blocks: a healthy pregnancy



<p>What are the issues in Suffolk and why is it important?</p>	<ul style="list-style-type: none"> • The numbers of pregnant women with unhealthy weight is going up, which increases risks for mother and baby
<p>What are the inequalities?</p>	<ul style="list-style-type: none"> • The numbers of women smoking during pregnancy is too high in Suffolk. In some parts of the county 1 in 5 of pregnant women smoke
<p>What are we doing well?</p>	<ul style="list-style-type: none"> • We are becoming better integrated, joining up our children and young people's services • We are reducing teenage pregnancy; between 1998 and 2012 the under 18 conception rate in Suffolk decreased by 34%
<p>What needs improving?</p>	<ul style="list-style-type: none"> • Reduction in the number of unwanted pregnancies • Identification and support for pregnant women, so they quit smoking as early as possible in pregnancy, and remain smoke free
<p>We can...</p>	<ul style="list-style-type: none"> • Ensure we are using the evidence base to further develop contraceptive services with a focus on young people • Further develop integrated 0-19 services • Work more intensively with smokers to help them quit before pregnancy

A healthy pregnancy

We want every mother to experience as healthy a pregnancy as possible. This means identifying and minimising the modifiable and avoidable risks for both mother and baby. There are many public health programmes in place to support healthy pregnancy including screening and immunisation, Start 4 Life and Healthy Start.

What is happening in Suffolk?

Table 6: Birth and death information for Suffolk, 2012

Indicator:	Suffolk	East of England	England, Wales and elsewhere	Note:	Suffolk vs England
Crude birth rate	11.4	12.6	12.9	Live births per 1000 resident population	Lower
General fertility rate	65.3	66.5	64.8	Live births per 1000 women aged 15-44	Similar
Proportion not in marriage	50	46	47	Live births outside marriage per 100 total live births	Higher
Stillbirth rate	3.7	4.2	4.9	Stillbirths per 1000 total live and stillbirths	Similar
Proportion of babies weighing <2500 grams	6.5	6.9	7.0	Live and stillborn infants with birthweight under 2500 grams per 100 total live and stillbirths with stated birthweight	Lower
Perinatal mortality rate	6.1	6.4	7.1	Stillbirths and deaths under 1 week combined per 1000 total live and stillbirths	Similar

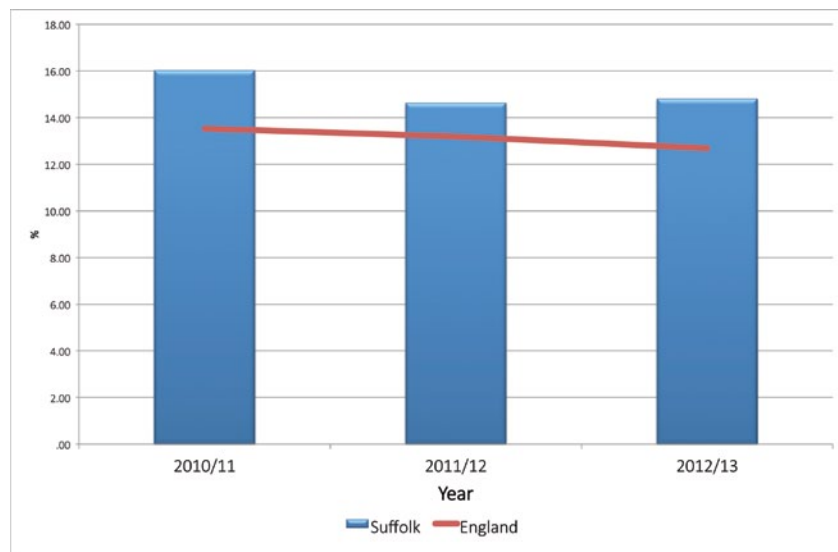
Source: VS1 births and mortality 2012 Summary note: these figures are for 2012 only, and therefore will not directly align with pooled data in figure 5.



“Our genes provide us with some basic biological building blocks or heredity, but genes can be influenced at every stage by our environment and experiences...Our ‘environment’ begins in the womb so even at the very earliest stages our genes can be influenced and this can affect brain development”³⁹.

Smoking in pregnancy is harmful to the foetus. It increases the risk of miscarriage, complications such as premature birth and increases the risk of low birthweight and sudden infant death syndrome. Smoking status in pregnant women is tested using a carbon monoxide test at the first antenatal screening appointment and women are also asked at the time of birth if they smoked during their pregnancy. 2012/13 data tells us that 15% of women reported smoking at the time of delivery in Suffolk, slightly higher than the England figure of 13%. This average disguises variation across the county, with estimated prevalence of 14 % in all District and Borough areas apart from Waveney where the estimated prevalence of smoking at delivery was 21%.

Figure 11: Smoking at time of delivery in Suffolk, 2010-2013



Source: Public Health Outcomes Framework

Unhealthy weight in pregnancy

West Suffolk maternity services report that from April-September 2014, of 1,396 antenatal bookings, approximately 18% of women had a recorded body mass index (BMI) of more than 30. Healthy BMI is 18.5 – 24.9, an adult is considered overweight with a BMI between 25 and 29.9 and obese if BMI is more than 30. Obesity in pregnancy is associated with an increased risk of miscarriage and other serious conditions which affect the mother and baby^{40,41}.

Trend data from the Health Survey for England⁴² (HSE) shows that the prevalence of obesity amongst women aged 16-44 years increased between 1993 and 2012 from 12 % to nearly 20%. There is an association between being more likely to be obese, deprivation or belonging to certain ethnic groups, in particular Black Caribbean, Black African or Pakistani⁴³. The Suffolk Maternity Needs Assessment⁴⁴ highlights the need for a clear strategy in Suffolk to help women prepare for a healthy pregnancy through maintaining healthy weight, being physically active, not smoking and avoiding alcohol.

Alcohol in pregnancy

It has been known for many years that alcohol can harm a developing baby and that high levels of alcohol consumption during pregnancy causes foetal alcohol syndrome which leads to damage to the baby's brain and nervous system. The dose-response relationship between the level of alcohol consumption and harm to the mother and baby is not easily quantifiable. Therefore the Department of Health advises that, ideally, pregnant women should abstain from drinking alcohol, and if they cannot abstain, should avoid drinking more than 1-2 units, equivalent to one 125ml small glass of wine once or twice a week.

Screening in pregnancy

Screening is a programme of testing of apparently healthy people for health problems where early action may be beneficial. The national screening programme in England offers pregnant women testing for HIV, hepatitis B, syphilis and rubella (German Measles). Tests are also offered for Down's Syndrome, foetal anomalies, sickle cell and thalassaemia.

Infectious disease in pregnancy

Whooping Cough or Pertussis can be a serious illness for very young children. Pertussis has increased in recent years and the Department of Health has responded by enhancing the vaccination programme to include pregnant women in 2012. By vaccinating the mother while she is pregnant, better protection is afforded to the child for the first few months of life before he or she is able to benefit from being vaccinated directly. An estimated 60% of pregnant women have been vaccinated for Pertussis in Suffolk. Pertussis cases in Anglia and Essex rose from 72 to 909 from 2011 to 2012 but fell to 456 in 2013.

Flu is more dangerous for pregnant women than other adults. Flu vaccine is recommended for pregnant women, with 47 % of women being vaccinated in Suffolk in 2013.

Healthy Start free fruit, vegetables and vitamins

Healthy Start is a Government scheme for pregnant women or women with children between the ages of 1-4. Women receive vouchers every week to support a healthy diet if they are receiving income support or other related benefits. The value of the vouchers depends on the number and age of the children. The vouchers can be used to purchase, plain cow's milk – whole, semi-skimmed or skimmed. It can be pasteurised, sterilised, long life or UHT and plain fresh or frozen fruit and vegetables (with no added ingredients), whole or chopped, packaged or loose.

Healthy Start vouchers can be used in participating shops including

greengrocers, co-ops, and supermarkets. Women and children getting Healthy Start vouchers also get a free weekly vitamin voucher to exchange for Healthy Start vitamins (these can be obtained from certain Children's Centre's – find out more [here](#)).

Start4Life supports the Healthy Child Programme for 0-5 year olds.

Start4Life has joined up with the NHS Information Service providing health advice for pregnant women and new mums, as well as offering tips and advice by e-mail, free of charge. It is part of the larger Change4Life initiative, which aims to help adults and families to eat well and move more.

what is start4life?

Start4Life is here to help you give your baby a healthier start in life. There are 6 Start4Life building blocks, based on the latest infant health research:

1. mum's milk – why mums are the baby milk experts
2. every day counts – how each day of mum's milk makes a difference to your baby's health
3. no rush to mush – 3 signs that your baby is ready to start on solid foods
4. taste for life – how giving your baby a variety of food now may stop them turning into a fussy eater later
5. sweet as they are – how to avoid giving your baby a sweet tooth
6. baby moves – why it's important for all little ones to be lively and active



Teenage conception

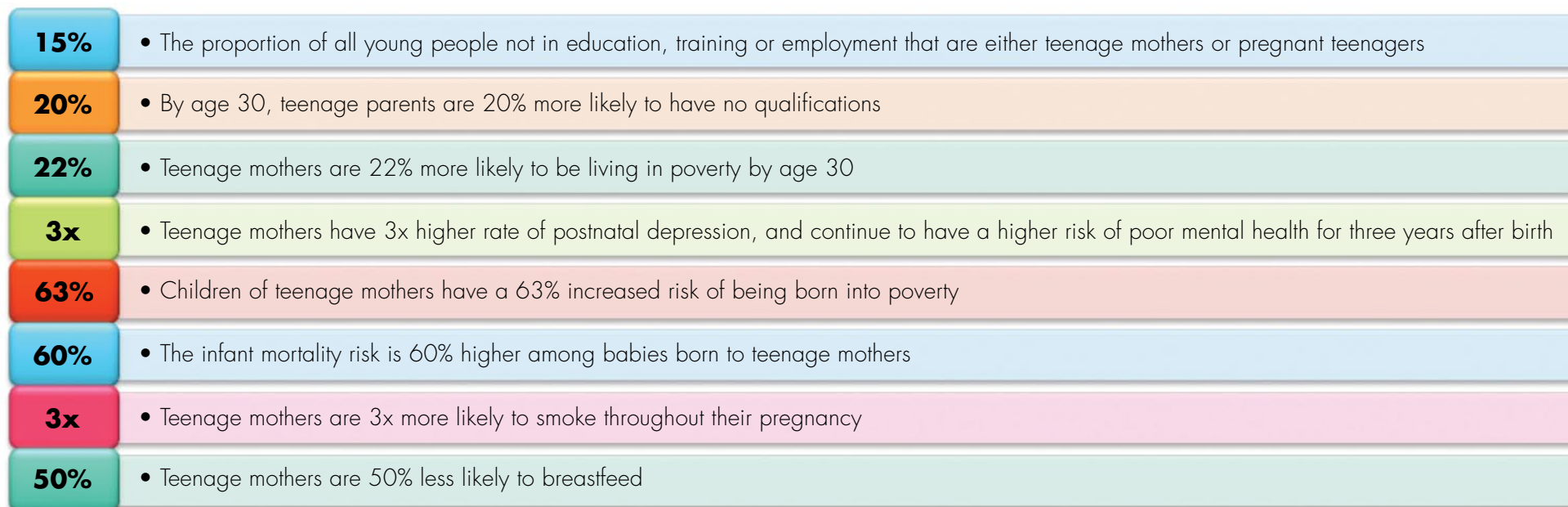
In Suffolk, there were 1,552 births to Suffolk women under the age of 20 between April 2009 and October 2012 which equates to an average of 443 births a year. Teenage pregnancy is associated with poorer health and wellbeing for both mother and baby. Babies born to very young mothers tend to achieve less and have more health problems than babies born to more mature women.

National and local data suggest a significant association between teenage conception rates and deprivation levels at the electoral ward level in Suffolk and nearly 50% of the variation in these conception rates could be explained by deprivation⁷.

Some groups of young people are particularly vulnerable to early sexual activity and unplanned pregnancy⁴⁵.

- Young people in or leaving care
- Homeless young people
- Children who have been excluded from or who are non-engaged with school
- Children of teenage mothers
- Young people of Caribbean, Pakistani or Bangladeshi ethnicity
- Young people who are involved in crime

National data shows:



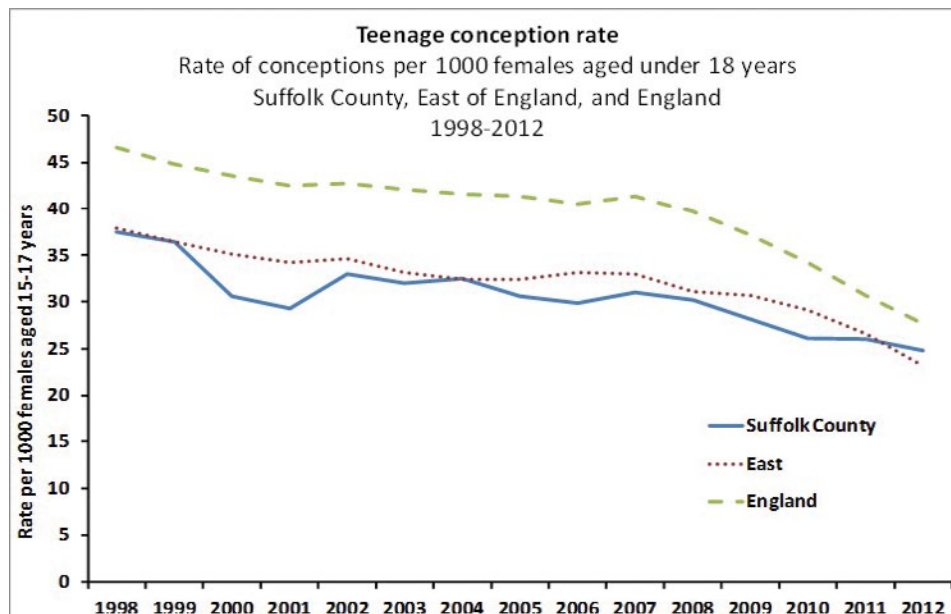
Source: Department for Children, Schools and Families (2010) & DH (2013b)

What is happening in Suffolk?

Because the number of teenagers is quite small and the number of pregnancies even smaller, it is not helpful to analyse or compare numbers. Therefore rates per 1,000 females in the age range are used.

- Both the regional and national rates for under 18 year old conceptions have declined relatively sharply since 2007; the fall in Suffolk has been less dramatic and has levelled off in the last three years, to stand at 24.8 per 1,000 females aged 15-17 years in 2012
- All districts have seen a drop in the under 18 conception rate

Figure 12: Teenage conception rate, Suffolk, 1998-2012



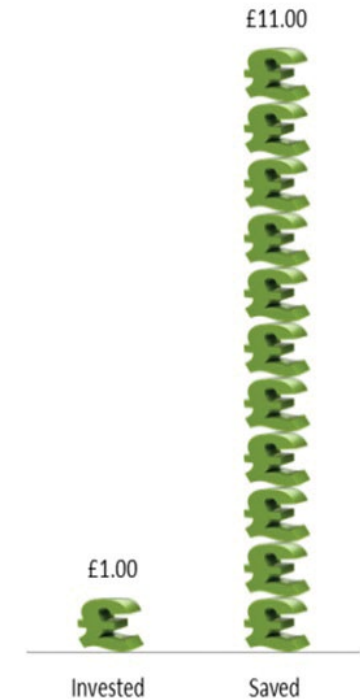
Source: National Statistics' February 2014 release teenage conception data 1998 to 2012

Improving sexual health to reduce teenage pregnancy

In 2013 the Department of Health published a sexual health improvement framework for England⁵ which highlights the national fall in very young conceptions over recent years, but confirms the need to continue to reduce pregnancies in this age group.

Investing in services to prevent teenage pregnancy is important and valuable, for every £1 spent on contraception to prevent teenage pregnancy, £11 is saved through fewer costs from terminations, antenatal and maternity care⁴⁶.

Many young people ask their GP to provide contraception but others prefer to use specialist sexual health services. In Suffolk we are developing integrated sexual health services that combine general and specialist services. Important criteria for commissioning the service will be ensuring that provision is accessible and appropriate for young people. The new service will be in place by May 2015.



Improving access to contraceptive and sexual health services

All young people need easy access to contraceptive and sexual health services

Good quality personal, social and health education

School nurses contribute to sex and relationships education (SRE) lessons and, through school nurse health drop-ins support children and young people to develop healthy relationships and positive sexual health

Designing services collaboratively with young people

We need to continue to engage and work with young people to ensure services are designed in a way that meets their needs

Family Nurse Partnership



The Family Nurse Partnership (FNP) Programme is currently available in Ipswich and the Waveney area. The programme intensively supports first time mothers aged 19 and under, throughout pregnancy until the child reaches the age of 2 when the health visiting service takes over.

The purpose of the Family Nurse Partnership is to:

- Improve the outcomes of pregnancy by helping women improve their antenatal health
- Improve their children's health and development by enabling parents to provide more competent care for their children
- Improve women's lifecourse by helping them with planning subsequent pregnancies, finishing their education and finding employment



It's the relationship between me and the family nurse that makes the difference, we get to know each other in pregnancy and I can ask her anything once my baby is here and she doesn't look down her nose at me or judge me. I like seeing her every two weeks and feel better after the visit, more positive.



The nurse can help expand your imagination and gives me ideas of how to help my baby develop using activities, toys and games.



19-year-old mum



I did not expect to be involved. I thought it would be more for my girlfriend's benefit but when I turned up she said she would help me as well. I've learned about being a parent and that's helped a lot.



21 year old Dad



Before I had a family nurse I didn't know a thing about looking after babies...the first time I met my Family Nurse - well - she knew what she was doing. She was really helpful and I feel safe with her. "It has been an amazing experience because she has always been there for me. Without the support they have given me, I know I couldn't cope as well.



In my opinion, our family nurses are really good because they always support you and you can really trust them. I didn't know that much but I've learned a lot and now we're a good family. We support each other and we're doing really well.

The Healthy Child Programme

The Department of Health Healthy Child Programme sets out the key priorities for both commissioners and providers in the delivery of a universal preventative service for 0-19 year olds, including pregnancy and birth, at the same time as focusing on vulnerable babies, children and families.

The health visiting programme supports a wide range of areas including early intervention and help, maternal mental health, breastfeeding and school readiness, whilst the school nursing programme focuses on those aged 5-19 including the National Child Measurement Programme, emotional health, wellbeing and building resilience. In Suffolk, we will deliver our Healthy Child Programme as an integrated 0-19 programme, which will cover pregnancy through to young people aged 19.

Building community capacity (BCC)

An important aspect of the Healthy Child Programme is building community capacity which encompasses a range of approaches that aim to grow and maintain strong, supportive communities as well as building the value of networks of friends, family and community links, known as social capital.

Hungarian family group

The Suffolk School Census 2012 shows that Felixstowe has the largest number of Hungarian school aged children in Suffolk outside of Ipswich. There was a perception in the community that their specific needs had been overlooked and the group was suggested by a local mother. She had already identified five other Hungarian families who would like to share stories, poetry, singing and rhymes together. With some help from the Children's Centre the group is now self-sustaining, numbers have grown, and families value the support of the group which they feel is improving outcomes for their children.

The group helps to:

- Encourage the involvement of parents in their children's learning
- Help parents and children to improve their English through songs, stories and plays
- Encourage parents to have skills, knowledge and confidence to access universal children's services
- Promote friendships within the Hungarian and wider community

Tiddlywinks: a healthy infancy



<p>What are the issues in Suffolk and why is it important?</p>	<ul style="list-style-type: none"> • In the last few years the proportion of women choosing to breastfeed has fallen in Suffolk. This is now improving but less than half of babies born in Suffolk are breastfed at 6-8 weeks • We need to make sure we are supporting healthy parenting and attachment, preventing future problems for Suffolk children • The number of pregnant women known to have mental ill health is less than half the expected number which may indicate unrecognised need
<p>What are the inequalities?</p>	<ul style="list-style-type: none"> • Fewer babies living in more deprived areas are breastfed compared to more affluent areas. For example the Brandon area of Forest Heath has a 6-8 week breastfeeding rate of 34% compared with Woodbridge / Kesgrave at 56%
<p>What are we doing well?</p>	<ul style="list-style-type: none"> • Immunisation rates are consistently above average
<p>What needs improving?</p>	<ul style="list-style-type: none"> • Increasing the proportion of mothers who continue to breastfeed for the first few months of life • Ensuring we are meeting the mental health needs of new mothers
<p>We can...</p>	<ul style="list-style-type: none"> • Promote and support breastfeeding • Improve joint working between mental health services and children's services in Suffolk to provide early, comprehensive assessment of parental mental health problems and infant attachment problems

Child mortality

Whilst we want every child to have the healthiest infancy possible, there are some instances where a child dies. Although this is uncommon, it is vital we identify where childhood mortality can be avoided. A Child Death Overview panel has been formed in Suffolk to examine every death in under 18 year olds. The aim of the multiagency panel is to identify prevention opportunities and take action to reduce child deaths further.

As shown in Table 7, early childhood mortality rates for Suffolk are similar to the England average. The 2012 under-5 mortality rate in Suffolk was 5.3 per 1,000 live births. This was similar to regional (4.6) and national (4.8) rates.

Table 7: Child mortality indicator data for Suffolk, 2012

Indicator:	Suffolk	East of England	England, Wales and elsewhere	Note:	Suffolk vs England
Infant mortality rate-under 1 year	4.6	3.9	4.2	Deaths under 1 year per 1,000 live births	Similar
Infant mortality rate-under 4 weeks	3.2	2.8	2.9	Deaths under 4 weeks per 1,000 live births	Similar
Infant mortality rate-under 1 week	2.4	2.2	2.2	Deaths under 1 week per 1,000 live births	Similar
Perinatal mortality rate	6.1	6.4	7.1	Stillbirths and deaths under 1 week combined per 1,000 total live and stillbirths	Similar
Under 5 mortality rate	5.3	4.6	4.8	Childhood mortality under 5 years per 1,000 live births	Similar

Source: VS1 births and mortality 2012 Summary Note: These figures are for 2012 only, and therefore will not directly align with pooled data in figure 3.

However, the UK has some of the highest rates of neonatal deaths, post-neonatal deaths, and childhood deaths in Western Europe⁴⁷. The 2013 under-5 mortality rate for the UK was 4.9 deaths per 1,000 live births compared to 2.4 in Iceland, which had the lowest rate. Deaths in this group have consistently reduced over the years, in 1960 the rate in the UK was 26.6 per 1,000 live births. The report, 'Why Children Die'⁴⁸, finds that many of the causes of child death – including perinatal deaths and suicides, disproportionately affect the most disadvantaged in society, and proposes that many child deaths could be prevented through a combination of societal changes, political engagement and improved training for children's healthcare professionals.

Sudden Infant Death Syndrome (SIDS) is the sudden and unexplained death of a baby. Thankfully, SIDS is rare, but there are steps parents can take to reduce the risk.

- Always place your baby on their back to sleep
- Keep your baby in a smoke free environment during pregnancy and after birth
- Place your baby to sleep in a separate cot or Moses basket in the same room as you for the first 6 months
- Breastfeed your baby, if you can
- Use a firm, flat, waterproof mattress in good condition

Smoking

There is an increased risk of SIDS where parents smoke during and after pregnancy, or where smoking occurs within the infant's environment⁴⁹. It is suggested that 30% of 'cot deaths' could be prevented if babies lived in a smoke free environment⁵⁰.

Overheating

Infants may become overheated if the room they are sleeping in becomes too hot or if they have too much bedding or clothing. Advice is that a temperature between 16-20°C is best for rooms where infants play and/or sleep⁵¹. It is therefore important to consider the environmental temperature, clothing and bedding, the position of the cot in relation to sources of heat and ventilation and the baby's positioning within the cot to avoid risk of the head becoming covered.

Bed sharing

This poses a risk to infants, and the risk is increased if one or both parents smoke or are under the influence of alcohol or substances which make them drowsy. Bed sharing with a baby of low birthweight (2.5kg or 5½ lbs or less) or a premature baby (37 weeks or less) is strongly linked to an increased risk of SIDS⁵².

Breastfeeding

Breastfeeding is good for mothers and babies. It helps bonding and attachment, provides babies with the essential nutrients to thrive and contains antibodies to fight off illness. There are also benefits for the mother. Breastfeeding reduces rates of obesity, and lowers the risk of ovarian and breast cancer later in the mother's life. **The World Health Organisation (WHO)** recommends that babies are breastfed exclusively for the first 6 months of their life and are fed on demand.

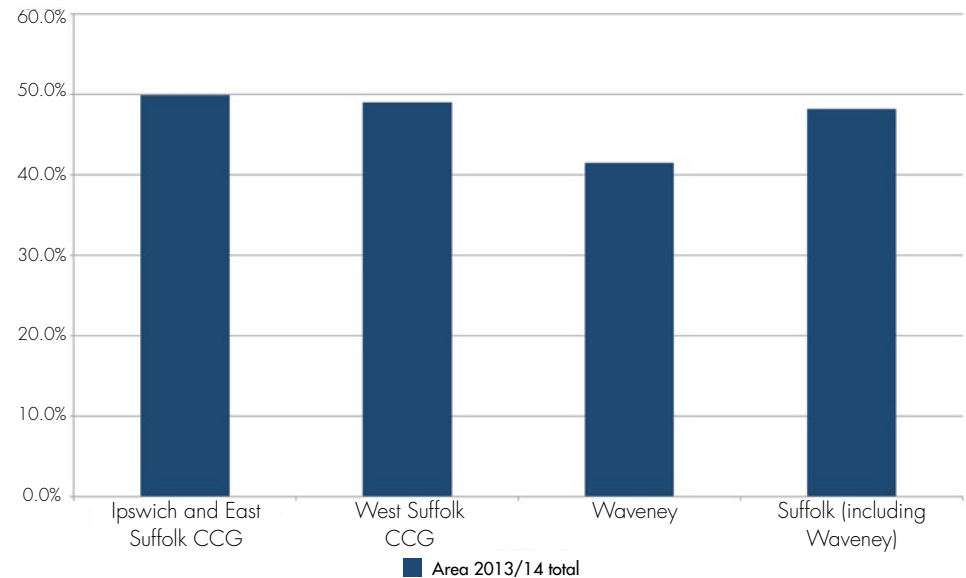
Support for breastfeeding mothers is crucial, as women may be unsure what to expect or what to do if they encounter problems. Alongside knowledge and support, a breastfeeding friendly environment is important with safe, clean and comfortable places available for feeding. Cultural and social factors must also be considered. Aside from the mother's views, there are several key groups that influence in terms of feeding choice, including the baby's father, maternal grandparents, and wider social networks.

What is happening in Suffolk?

Suffolk data for the 2013/14 financial year shows that rates of breastfeeding at birth are just below the England average but by 6-8 weeks are higher than the England average. In recognition of the importance of breastfeeding, Ipswich and East Suffolk Clinical Commissioning Group (CCG) and West Suffolk CCG set reward targets for health service providers in 2013/14 to increase rates in return for increased investment. The combined efforts of hospitals, health visiting services and breastfeeding home support volunteers all contributed to supporting more Suffolk mothers to breastfeed.

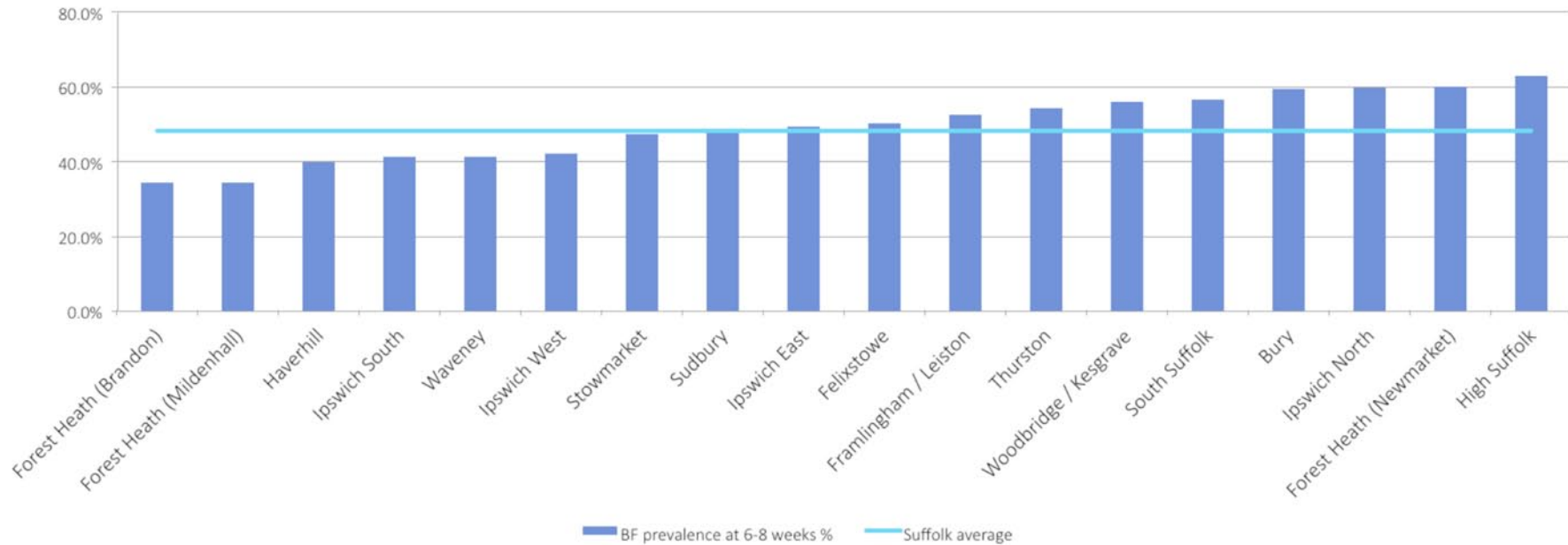
2013/14 data for Suffolk shows an increase in breastfeeding rates with 48.2% still breastfeeding at 6-8 weeks. There are inequalities in breastfeeding across the county with higher rates in some areas compared to others. As shown in Figure 14, areas of high deprivation have the lowest prevalence of mother's breastfeeding at 6-8 weeks showing the need for further support outside of current health visits.

Figure 13: Breastfeeding at 6-8 weeks CCG Data 2013/14



Source: Suffolk County Council

Figure 14: Breastfeeding at 6-8 weeks 2013/14 by CYPs* cluster area



Source: Suffolk County Council. *Children and young people’s services

UNICEF Baby Friendly Award

Unicef Baby Friendly awards are standards for a facility, which are implemented in 3 stages over several years. UNICEF UK assesses the facility at each stage. When all the stages have been successfully passed the facility is accredited as ‘Baby Friendly’. For more information go to: <http://www.unicef.org.uk/BabyFriendly/>

Services in Waveney are provided by East Coast Community Healthcare (ECCH) which has been awarded UNICEF Baby Friendly Stage 3 (full) accreditation. ECCH is the only provider of breastfeeding services in Norfolk and Suffolk to have this accreditation. ECCH also received an award from the Department of Health in recognition of this work and its contribution to improving public health.

The services provided by ECCH include:

- A local, dedicated 24/7 service for breastfeeding mothers. Experts can respond to requests for assistance within 24 hours and visit mothers in their own homes
- Baby Café group help. There are nine Baby Cafés where breastfeeding mothers can meet up, support each other and speak to knowledgeable and friendly specialists
- Contact with parents as they are discharged from hospital to offer support, advice and/or a home visit when their babies are learning to breastfeed
- A breastfeeding App – find it at www.breastfeedapp.co.uk

Although breastfeeding is important, some mothers are unable to breastfeed, or do not want to. It is important that whilst we encourage and support all mothers to breastfeed we also offer support to those not breastfeeding, to enable them to make informed choices about other methods of feeding for their babies.



The East Coast Community Healthcare team at a House of Lords event celebrating their UNICEF Baby Friendly Stage 3 accreditation

Case study: Danielle's story:

Throughout my pregnancy my breasts grew and I hated it...there was absolutely no way that I was going to breastfeed. To satisfy my boyfriend Chris (who wanted me to breastfeed because it was going to give our baby the best possible start in life) I went along to the breastfeeding workshop at the Phoenix Centre. Although I was (half-heartedly) listening to everything that was said, I still said to myself there is no way that I am going to do this.

After giving birth to a beautiful baby boy I knew there was nothing that I wouldn't do to protect him, care for him and give him the best possible start in life. I decided to give breastfeeding a go.

After a couple of very nervous feeds in hospital it was time to go it alone and go home. That night was horrendous, both George and I were very new to this breastfeeding malarkey and we were both managing to make a complete hash of it. I was crying and George was screaming. I asked my partner Chris to get the steriliser and bottles out. By this time I was bordering on being hysterical. With George screaming in his arms, Chris rang all the breastfeeding helplines out there but at 10.10pm everywhere was closed, he left several messages for help.

George had his first bottle and I was left feeling distraught.

At 9.00am the next morning the Phoenix Centre rang and I had a complete melt down on the phone. Clare-Louise assured me that I could get some help and that Rachel would come out and see me. Within half an hour the wonderful Rachel was sitting on my sofa reassuring me and demonstrating how to get George to latch on properly. 3 weeks on and both George and I are a lot happier with the whole 'breastfeeding' thing. Without the invaluable help of the breastfeeding support service, I most certainly would have given up that night. He is putting on weight and thriving!

As a family we cannot thank Rachel enough, just knowing that she will visit whenever we want her to, or is always at the end of the telephone is priceless, and I truly believe that if it wasn't for her George would be bottle fed. Both George and I thank her from the bottom of our hearts.



Case study: From the Families and Babies (FAB) peer supporter's view (Rachel):

My first contact with Danielle was 2 days after baby George was born, I received a message from the hospital team saying Danielle hadn't been able to get George to feed at all. Danielle and her partner Chris, who was very supportive, had tried to call every number that they could think of during the night to get some help, and Danielle was very distressed... I went out for a visit that day.

Danielle was very emotional when I met her and very anxious about George's feeding. As we spoke it came to light that Danielle had never planned to breastfeed. She realised though that breast milk would be the best food - so she bought a breast pump so that she could feed her baby. However, when George was born, he had other ideas and latched on himself, and from that point Danielle decided to give breastfeeding a try.

After a very stressful first night at home...both Danielle and Chris had lots of questions and concerns. I observed George feed ..., and helped her with positioning and attachment... When I left, I felt that Danielle was much more relaxed and happier. I was confident that she would persevere with breastfeeding,

and that she had my details to hand for support if needed.

When I telephoned Danielle, she asked me to go and see her and Chris again as they had a few more questions. I went out straight away and

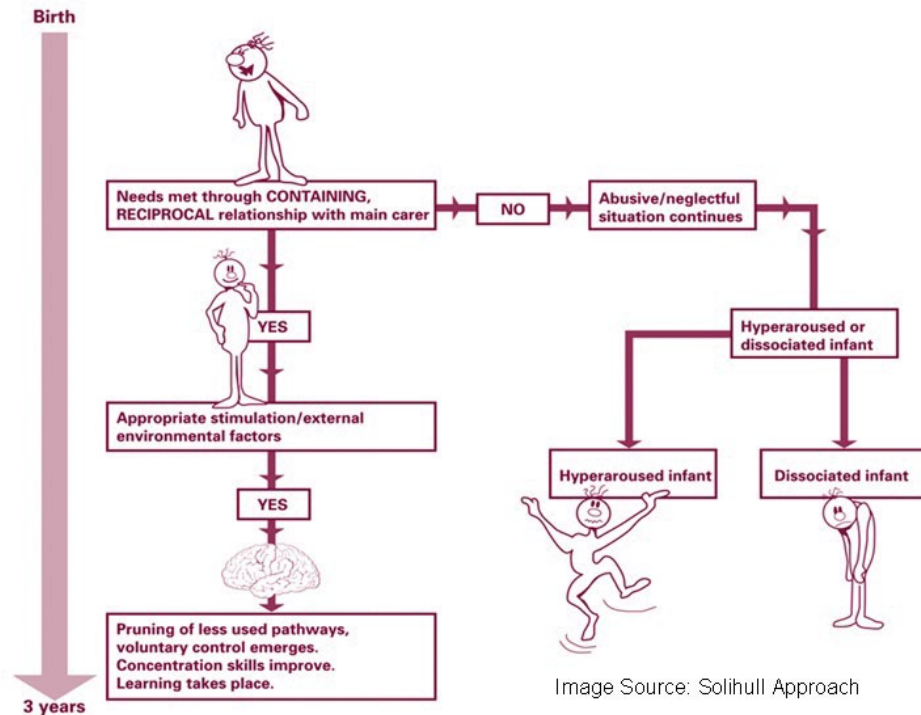
George had just started to feed as I arrived. Danielle had him positioned and attached brilliantly and looked very comfortable – this was the lady that had sworn she would never breastfeed!

I think Danielle has done fantastically well. She has come from being adamant that she didn't want to breastfeed, to being so determined to breastfeed that she has even enquired about training to be a FAB volunteer once George is older! I think she's an inspiration to breastfeeding mums!



Attachment and development

Figure 15: Secure vs insecure attachment



The first two years of life is a period of rapid brain growth which is influenced not only by genetics but by a child’s emotional and physical environment. Young children naturally reach out for interaction through babbling, facial expressions and words. Adults interact with responsive vocalising and gesturing. This goes back and forth like a game of tennis, and it is these experiences which have a direct effect on the child’s brain structure and function. The development of these first skills provides the infrastructure for emotional stability to develop and grow through their childhood⁵³.

Primary caregivers who are dependable, available and responsive to their babies needs are able to create a secure base for their child to explore the world and enable them to develop a sense of security and resilience throughout life.

Figure 15 illustrates how attachment and parenting influence infant development. It is estimated that up to 40% of children (equivalent to 20,000 Suffolk children) do not experience secure attachment with a main caregiver. Insecure attachment has a potential impact throughout life, including lower educational attainment, an inability to form adult social relationships, increased risk of anxiety and depression and lower self-worth⁵⁴.

When a caregiver regularly ignores the child’s emotional needs, 25% of these children will learn to avoid their parent when they are distressed⁵⁵. If the caregiver responds in an unpredictable manner to the child’s distress a further 15% of this subgroup will learn to resist them.

Insecure attachment is associated with delayed language development, challenging behaviour, aggression, hyperactivity and defiance. The young person is more likely to; not be in employment, education or training (NEET); have poorer employment opportunities, lifestyle and health outcomes; a higher risk of alcohol and substance misuse and more likely to be in the criminal justice system. They are more likely to suffer mental health problems, particularly those related to controlling emotions, and less likely to be able to form lasting relationships.

Perinatal mental health

It is estimated that in 2012 in Suffolk there was a minimum of 1,590 women with mental illness around the time of birth. Mental health issues around the time of birth can include mild, moderate and severe depression, a range of anxiety disorders, and severe mental illnesses such as puerperal psychosis, bipolar disorder and schizophrenia⁵⁶.

1 in every 10 new mothers experiences postnatal depression. There is also growing recognition and identification of the mental health risks fathers may experience during the antenatal and postnatal periods, and the adverse impact it can have on the mother's wellbeing and indirectly on foetal development⁵⁶.

Some women are more vulnerable to mental ill health around the time of birth than others. Women who are young and unsupported, who have existing mental health problems, abuse alcohol and drugs, are abused, live in relative poverty, have learning difficulties and women from some ethnic minority groups are all at increased risk. Poor management of perinatal mental health is also an identified risk factor for maternal deaths⁵⁷.

What are we doing in Suffolk?

The 'Suffolk Maternity Needs Assessment'⁴⁴ recommended that perinatal mental health service provision was reviewed and a clear pathway for referral and care developed. The number of pregnant women identified in Suffolk with mental illness is surprisingly low, less than half the expected number. This suggests that Suffolk women either have unexpectedly good mental health or that there is unrecognised and therefore unmet mental health need.

Perinatal infant mental health pilot: Lowestoft and Waveney

A perinatal infant mental health (PIMHS) pilot has been funded in the north

of the county. Five families with infants, where there are complex mental health issues will be assessed and treated. The aim is to keep the family together providing safeguarding is assured. The emphasis is on interagency and interdisciplinary work between services. A combination of child, youth or adult mental health assessment, support and treatment will be offered by Child and Adolescent Mental Health Services (CAMHS), Adult Mental Health, Children's Centres and Children's Specialist (Social Care) Services. The partners will work jointly and focus on mental health needs of the parents and their caregiving capacity as well as the parent-infant relationship.

Case study: Fun with mum

Fun with mum is an intervention group for mums with postnatal depression and their infants, the group is held at Beccles Children Centre and is a joint venture between the Community Educational Psychology Service and Children's Centre staff, with support from health visitors who initially identify participants. Between 4 to 6 mothers and their infants come along to 7 weeks of 1 and 1/2 hour sessions, where they have a chance to talk and to do fun activities that support their child's development. Each mother and infant is filmed during the group; then clips of successful interactions are shared by the video interaction guider with the mother. Together they explore what they can see, how the baby may be thinking and feeling and how the mother is thinking and feeling. In this way, the mother gains confidence in herself as a parent, by seeing the impact of what she does on her child. http://www.youtube.com/watch?v=YRVaL_ZlxHs

The aim is to empower and give confidence to the mother. The **Edinburgh Postnatal Depression Scale** and qualitative questionnaires are used to demonstrate the effectiveness of the group in improving her mental health.

Immunisation

Immunisation has transformed maternal and child health, almost eliminating deaths from diseases like measles and serious disability from polio and rubella. Immunisation not only protects children from illness but prevents them from spreading infection to other children, too sick or too young to be immunised themselves.

This year we have seen, in addition to the routine immunisations, new targeted Measles, Mumps and Rubella and Meningitis C programmes for children and a new flu immunisation programme for 2 year olds. There are further developments planned to the influenza and rotavirus immunisation programme in the near future, offering improved protection for Suffolk children.

Immunisation data for Suffolk suggests that immunisation rates are better than the England average overall. 2012/13 data shows:

Table 8: Immunisation data for Suffolk, 2012/13

Immunisation type	Suffolk %	England %
Dtap / IPV / Hib vaccination coverage (1 year old)	96.6%	94.7%
Dtap / IPV / Hib vaccination coverage (2 years old)	96.9%	96.3%
Meningitis C vaccination coverage rate	96.0%	93.9%
Meningitis C 2yr booster	95.5%	92.7%
Meningitis C 5yr booster	93.3%	91.5%
PCV vaccination rate	96.1%	92.7%
PCV vaccination rate 2yr booster	95.0%	91.5%
MMR (measles, mumps and rubella) vaccination rate (1 dose 2yrs)	93.9%	92.3%
MMR (measles, mumps and rubella) vaccination rate (1 dose 5yrs)	93.4%	93.9%
MMR (measles, mumps and rubella) vaccination rate (2 doses 5yrs)	89.4%	87.7%

Source: Public Health England Fingertips Tool (2014)

Childhood flu immunisation programme 2013/14

In 2013/14 the universal childhood influenza vaccine programme commenced across the UK. All 2-3 year olds in Suffolk were offered immunisation through general practice. In England 42.6% of 2 year olds and 39.5% of 3 year olds were immunised and in Suffolk the rates were 43.6% and 40.9%. Pilots in seven areas in England offered vaccination to children of primary school age. First year results are encouraging, with 52.5% of children aged 4-11 immunised. There was a reduction in GP attendances for influenza-like illness and reduced attendances at emergency department for respiratory ailments in pilot areas, compared to non-pilot areas.

The programme in Suffolk for 2014/15 has been extended:

- All those aged two to four years old on 1 September 2014 will be offered flu immunisation
- Suffolk will be part of a pilot in 12 geographical areas which will offer immunisation (by nasal spray) to secondary school children in Years 7 and 8 (aged 11-13). Children needing immunisation are being identified and school nurses will deliver the programme

Supporting parents in their parenting

Evaluations from both within the UK and from other countries show a positive effect of parenting interventions on outcomes and behaviours that we know are linked to positive health and development outcomes for children. The quality of parenting affects children's long-term physical, emotional, social and educational outcomes and therefore differences in parenting between social groups have implications for health inequalities.

Parenting interventions could reduce inequalities in health across the social gradient if they result in better living conditions for families, higher maternal wellbeing, good parenting actions, or improved outcomes for children⁵⁸.

Home to school transition programmes can be more effective in improving the outcomes for children from more disadvantaged socio-economic groups than for children from more advantaged socio-economic groups although longer term impact is not yet known. Given the potential of these programmes to address inequalities issues, it is important to monitor the use of parenting programmes closely to ensure they are used by those most likely to benefit.

Parenting programmes are training programmes shown to improve the quality of parent-child relationships, and improving the skills of parents in managing child behaviour⁵⁹. They can also improve the mental health and wellbeing of the parents involved, sibling behaviour⁵⁹, and improve family relationships. Economic modelling studies suggest that for every £1 invested in evidence based parenting programmes, the measurable benefit to society exceeds £3⁵⁹.

There are many services across Suffolk, delivered by several organisations. The Parenting Coordinators Team works in partnership to make the most effective use of resources and provide choice for parents.

Across Suffolk 98 programmes were run in 2013 and the Parenting Coordinators team received approximately 1200 referrals across all programmes. Full details of the programmes are available at (www.suffolk.gov.uk/theparenthub).

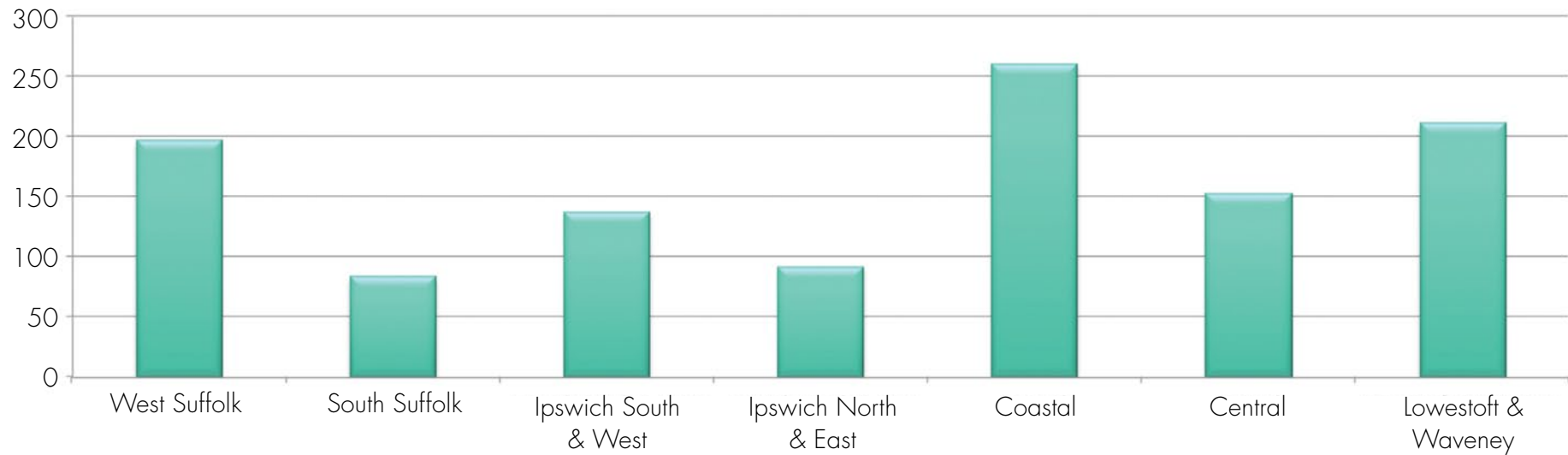
Table 9: Programmes provided by Suffolk County Council

Programme	Target group	Structure/duration
Triple P Group	Parents of 2-11 year olds	Group and telephone sessions over 8 weeks
Triple P Seminars	Universal; parents of 2-11 year olds	Series of 3 lectures
Webster Stratton Incredible Years	Parents of under 10s (Baby and Toddler versions available in Ipswich)	Baby: 8-9 sessions; toddler: 12 sessions; pre-school: 18-20 sessions; early school age: 12-16 sessions; advance programme: 9-12 sessions
Solihull (Understanding Your Child's Behaviour)	Parents of under 11s	8 weeks
Solihull for Foster Carers	Parents of under 11s	12 weeks
Mellow Parenting	Parents of under 3s	17 weeks plus 3 home visits pre-group. Whole day sessions, some sessions with children
Caring Dads	Fathers who have been perpetrators of domestic abuse	17-19 weeks

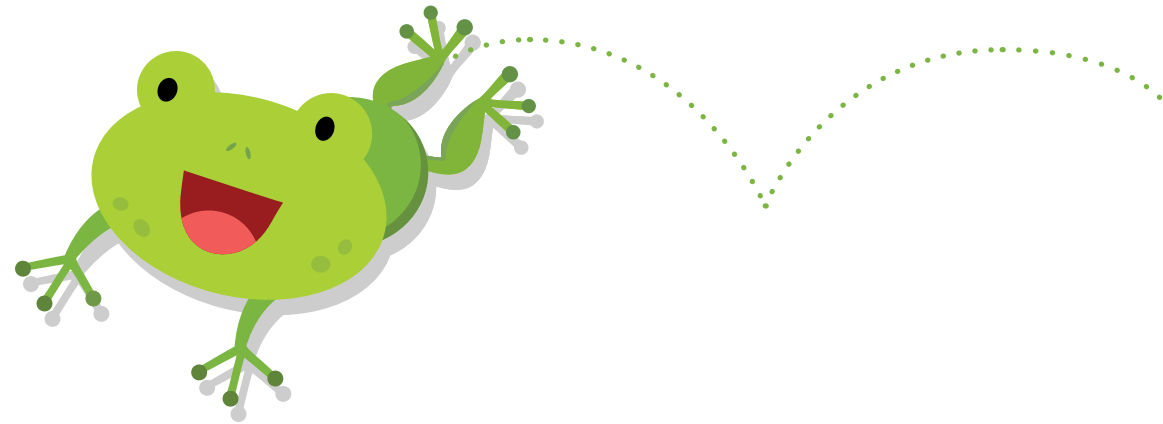
Source: Suffolk County Council

Figure 16: Number of referrals by CYP locality between September 2012 and August 2013:

Source: Suffolk County Council



Leap frog forward: healthy pre-school



<p>What are the issues in Suffolk and why is it important?</p>	<ul style="list-style-type: none"> • By age 5, 1 in every 5 children in Suffolk is overweight or obese (21%) • The number of under 5s subject to child protection plans is reducing but at March 2014 stood at over 300
<p>What are the inequalities?</p>	<ul style="list-style-type: none"> • 2014 Early Years and Foundation Stage Profile (EYFSP) results show that 43% of children eligible for free school meals achieved a good level of development, compared to 59% of all Suffolk children. Both increased by 10% compared to 2013 results
<p>What are we doing well?</p>	<ul style="list-style-type: none"> • School readiness is improving
<p>What needs improving?</p>	<ul style="list-style-type: none"> • We need to continue to improve educational attainment to provide the best possible futures for children and future generations • We need to improve nutrition and activity in pre-schoolers so more have healthy weight
<p>We can...</p>	<ul style="list-style-type: none"> • Fully engage with Raising the Bar, the Suffolk movement to improve educational attainment and aspiration • Improve children's activity levels and nutrition

Children's Centres

Sure Start
Children's Centres
Suffolk

The early home learning environment makes a substantial contribution to a child's development and readiness to start school. It has been shown to be more influential than parental occupation, education or income^{60,61}. Having a home learning environment which is associated with positive outcomes is one⁶¹, in which parents talk and listen to their children, read to them every day, and engage actively with them.

Children's Centre services in Suffolk are delivered across the county to respond to the needs of children aged under 5 and support them and their families. The proportion of children registered with Children's Centres in Suffolk has increased in recent years from approximately a quarter in 2009/10, to over half in 2011/12. There remains a large variation in this proportion across different centres with current registrations ranging from 44% to 96%. There is ongoing debate nationally over whether the families that need the most help are the ones accessing Children's Centres⁶² and it will be important to continue to monitor use to ensure inequalities are being addressed.

Data from Ofsted for March 2014 indicates that overall, 52% of Suffolk Children's Centre providers were rated as 'Good' or 'Outstanding' (compared to 67% for England). However, when looking at those located in the most deprived areas only 5% were rated as 'outstanding', 30% were rated as 'good' and 65% were 'Satisfactory'. Suffolk's Children and Young People's Service is planning to refocus services currently provided from Children's Centres during 2014/15 in accordance with their Children's Centre Strategy.

Childcare and early education

Access to affordable childcare helps parents work and helps children learn. Part-time childcare costs outstrip the average mortgage. For a family of two children, the cost for one child in part-time nursery care and one in an after school club is £7,549 a year compared to the average UK mortgage of £7,207⁶³.

Ofsted inspects and rates childcare settings including childminders. The table overleaf shows the results for Suffolk.

Table 10: Childcare and childminder Ofsted inspection rating (as at October 2013):

	Outstanding				Good				Satisfactory				Inadequate				
	Suffolk	Region	England	RAG*	Suffolk	Region	England	RAG*	Suffolk	Region	England	RAG*	Suffolk	Region	England	RAG*	
As at 31/10/2013	Childcare in group settings (non domestic)	13%	16%	15%	!	74%	69%	67%	✓	11%	13%	16%	✓	1%	2%	2%	✓
	Childminders	9%	11%	10%	!	73%	69%	65%	✓	17%	19%	24%	✓	1%	1%	1%	✓

Data Source: Annual Data from Ofsted published Mar 2014 (* RAG = Red Amber Green rating)

Access to free early education

Early education enables children to play and learn together, supported by qualified professionals to help them develop the skills they need to do well in school. It has been shown that children with some pre-school learning have better cognitive attainment, sociability and concentration when they start primary school than those who have not had the opportunity⁶⁰. The more time in pre-school the greater the advantage.

All children, regardless of family circumstances, are eligible to receive free early education from the term after their 3rd birthday. This continues until they start school full time. Each child is entitled to 15 hours of free early learning each week for up to 38 weeks a school year. Some childcare providers can offer a 'stretched offer' for example 11 hours for 50 weeks.

In addition, some younger children are eligible for free childcare and early education from the term after their 2nd birthday. To qualify the family must

be in receipt of certain benefits, have a statement of special educational needs (SEN), an education, health and care plan or receive Disability Living Allowance (DLA). Looked After Children also qualify.

Table 11: Percentage of 3 and 4 year old children benefiting from funded early education places (as at January 2014):

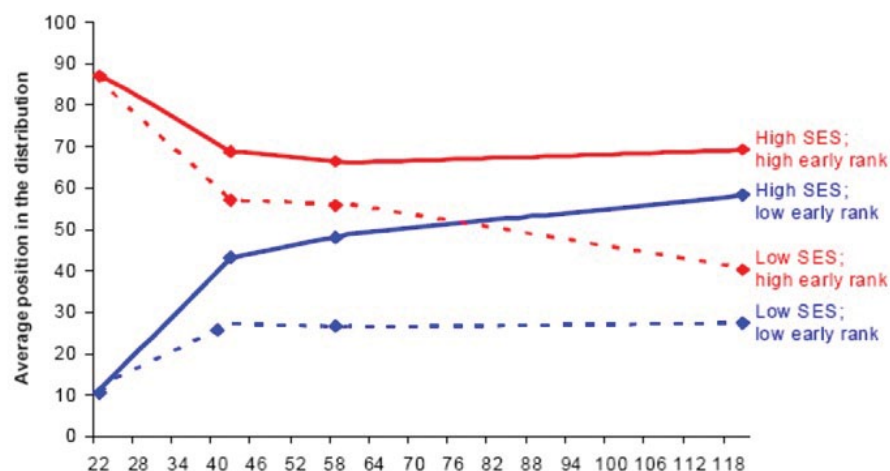
Area	Percentage
England	97%
East of England	97%
Suffolk	93%

Source: DFE <https://www.gov.uk/government/statistics/provision-for-children-under-5-years-of-age-january-2014>

School readiness

By age 5, at a national level, there are already clear differences in achievement between the poorest children and their better-off counterparts, with strong associations between a child's social background and their readiness for school, as measured by their scores on entry into Year 1. As Figure 17 below illustrates; children from lower **socioeconomic status** groups that performed well initially on tasks (cube stacking and language use at 22 months) were, on average, overtaken by others from higher socio economic groups by the time they commenced their primary school education.

Figure 17: Differential trajectory of children by socio-economic group from 22 to 118 months



Source: Department for Children, Schools and Families (2009) Feinstein (2003)

The Early Years Foundation Stage (EYFS) profile is compiled at the end of a child's first year of school. In 2014 the development of Suffolk children was similar to the England average at 59%.

Table 12: percentage of children achieving a good level of development at the end of reception, 2014

	Suffolk	England
	%	%
The percentage of children achieving a good level of development at the end of reception	59	60 (Provisional)
The percentage of children with free school meal status achieving a good level of development at the end of reception	43	Not yet published

Source: <https://www.ncer.org> and CYP services (August 2014) – please note these are interim figures and may be subject to change

What could we do?

Children's Centres, library services and pre-schools can all help improve the development of our children. Ofsted⁶⁵ reported on a survey they carried out about school readiness that:



“The best settings were acting to break any possibility of an inter-generational cycle of low achievement. We have reported previously that the most effective providers go out of their way to engage with parents who may themselves have had a bad experience of education. Evidence of good practice in engaging parents and carers was seen mainly but not exclusively through good and outstanding Children’s Centres, which were particularly effective in working with other agencies to engage vulnerable parents and target support where it was most needed.”

Library services

The local library can help children develop a love of reading and benefit their education. National statistics show that regular visits to libraries make a notable difference to children’s literacy skills and educational prospects.

There are 44 Suffolk libraries offering a wide range of activities for young children and families with nearly 800 children attending library activities every week. These include:

- **Babybounce:** soothing songs and gentle nursery rhymes for babies
- **Tot Rock:** songs and action rhymes for toddlers
- **Storytime:** stories and rhymes for pre-school children

These sessions help to familiarise children with their library and provide lots of practice in phonic discrimination, rhythm and the pleasure of sharing books. For parents and grandparents, libraries provide a safe place to share books with their children, make new friendships and avoid social isolation. www.suffolklibraries.co.uk

Ready Steady School

Ready Steady School is a joint programme run by the Children’s Centres and primary schools within Stowmarket to introduce both parents and children into the school system, so that parents have a better understanding of what is expected and how they can support their children when starting school.

Six primary school head teachers have signed up to a programme and meet regularly to review and plan the programme. 25 families and children have now completed the programme. A system is in place to track the progress of all the participating children from September 2014, and feedback from families and schools will be used to measure the long term impact of the programme and outcomes achieved.

Case study – Horringer Pre-School

Stephie, a Manager at Horringer Pre-School, discusses her passion for giving every child the best start.

"We are thrilled to have our Copse which provides an environment where children can go and undertake sensory and seasonal activities. Walking through a carpet of rustling leaves in Autumn, smelling springtime flowers as they appear and taking shade as they play and listen to stories under the cool umbrella of the trees in the summer. It allows opportunities for the children to view different habitats, with resident bat boxes, hedgehog homes and bird tables. We've even seen the Gruffalo in there! The children take part in creating bark rubbings and mini beast hunts looking under logs.

It brings families together, we have an annual tidy up where parents, grandparents and children bring their wheelbarrows and gardening tools and keep the area in a useable state. Refreshments and activities are available too. We all created a mini-beast hotel too!

This summer we are growing sunflowers, carrots and potatoes in our garden. We are hoping to harvest, cook and eat our crops. We are

going to have sunflower races, measuring and recording their height.

We are steadily working our way to our Every Child's a Talker award. We have

created 'Chatterboxes' which the children take home and open up with their family at a quiet time. The aim is to encourage interaction, communication and discussion about the items in the boxes with their families. They have been a fantastic success with Dads and children baking gingerbread men together as a follow on activity from their Chatterbox Experience (The Gingerbread Man story and props).

A huge refurbishment over the Easter holidays (using money fundraised) has meant our indoor environment now has a sensory and relaxation area for children to use. This will enhance the provision for our pre-school and new breakfast and afterschool clubs for families".



Physical activity, food and obesity

Why is physical activity important?

We know physical activity is important throughout life for good health. Inactivity contributes to obesity, long term health conditions and premature death⁶⁶.

There is a proven link between active mothers and active children. A recent Southampton based study found a direct and significant association between physical activity levels and sedentary time in British children (at 4 years) and their mothers⁶⁷. Although the study was primarily looking at mother and child activity it notes that health promotion efforts should consider inclusion by the whole family i.e. dads and siblings. The study found that only 53% of mothers engaged in 30 minutes of moderate-to-vigorous activity (at least once a week).



Food and nutrition

It is important that a child has a healthy balanced diet. This includes consuming a variety of different fruit and vegetables, the recommendation is 5 portions of fruit and vegetables a day. Although data indicates that children aged 1.5 - 3 years were the highest consumers of 'fruit' compared to other age groups⁶⁸, other research suggests that only 1 in 5 children in the uk eat their recommended 5 a day⁶⁹.

Figure 18: Percentage of children overweight or obese at age 4-5 years in Suffolk (2012/13)



Source: PHOF

Obesity among children is associated with socioeconomic deprivation. The long term effects of obesity are profound with increased risk of; cardiovascular diseases, high blood pressure and stroke, certain types of cancers (e.g. breast and bowel), and type 2 diabetes. Additionally, although rare, child-specific health problems can develop including; early puberty, type 2 diabetes, anorexia and bulimia, hip pain, and bowing of the lower legs. Every year Suffolk takes part in the National Child Measurement Programme which measures children aged 5 and 11 years. Findings from 2012/13 indicate:

- By age 4-5, 1 in every 5 children in Suffolk is overweight or obese (20.9%)
- By age 10-11 this figure is 30.5%
- Although both these figures are under the England average, this is still a cause for concern

When looking at the prevalence of excess weight and obesity by ethnicity of reception year children, children of both sexes in Black African/Caribbean groups and boys of Bangladeshi ethnicity, appear to experience higher rates compared to other ethnic groups⁷⁰.

Although individual physical and mental capabilities must be taken into account, the Chief Medical Officer suggests the following levels of physical activity for children under 5:

- Physical activity should be encouraged from birth, particularly through floor-based play and water-based activities in safe environments
- Children of pre-school age who are capable of walking unaided should be physically active daily for at least 180 minutes (3 hours), spread throughout the day
- All under 5s should minimise the amount of time spent being sedentary (being restrained or sitting) for extended periods (except time spent sleeping)

Support in Suffolk

Across Suffolk a number of child weight management services operate. For those aged 0-5 **LiveWell Suffolk** offers a child weight management service (2-18 years) except in Waveney where the Healthy Eating and Nutrition for the Really Young (HENRY) service operates for children aged 0-5. However, barriers exist for families that prevent them from being referred to these services, last year LiveWell Suffolk only received 45 referrals for under 5's. A review is underway to investigate this further so as to improve access to assistance and support.

Other opportunities exist for children to increase their physical activity levels. The Most Active County programmes support the ambition that every child in Suffolk should have the best start in life and a growing programme of activities is available, making a positive contribution to helping Suffolk children keep active and stay active.

For more information go to: <http://www.mostactivecounty.com/>

Technology and children under 5

Modern technology, including electronic devices, provides a number of benefits to parents looking after young children and infants. Music and toys with flashing lights and buttons, help to provide stimulating environments which can help children to develop motor skills. However sedentary behaviour is associated with screen time⁷¹. 2011 guidance from the Chief Medical Officer is that all under 5 year olds should minimise the amount of time they are sedentary and should avoid spending a long time in front of a TV or other screens⁷¹.

Suffolk Family Focus



Suffolk Family Focus is Suffolk's response to the Government's **Troubled Families** Initiative. It focuses on transforming how we work with families who are struggling with poor school attendance or exclusion, crime or anti-social behaviour and unemployment.

This approach means practitioners can take a more coordinated approach to support families who face challenges in their lives and in their communities. The aim is that services will enable families to make real and sustainable changes and improve their quality of life. In the longer term, we also hope this will significantly reduce the cost of supporting these families and free up staff to work on early intervention and prevention.

Table 13 Number of Suffolk Family Focus Families

Source: Suffolk County Council

Year	Families worked with
2012/13	428
2013/14	577

Looking forward

The Troubled Families programme has had an added boost in that the government has announced that there will be a phase two of the programme starting in April 2015, on top of the current three years. The programme is to run for another 5 years and the goal is to work with 400,000 families nationally. This will be about 4,000 families for Suffolk. Funding of £200 million has been agreed nationally for 2015/16.

Children's mental health

The emotional health of children and young people has become a priority among policy makers and practitioners. Information from the Child and Maternal Health Intelligence Network⁷² highlights the lack of data on mental health disorders in pre-school age children. However, it has been suggested that 20% of children aged 2 to 5 years, have some sort of mental health disorder⁷³. This would equate to approximately 6,690 children aged 2 to 5 years living in Suffolk.

- Annually, mental illness during childhood and adolescence results in UK costs of £11,030 to £59,130 per child⁷⁴.
- Early intervention is vital - every £1 spent on the prevention of conduct disorders through social and emotional based interventions in schools gives a total return of nearly £84⁷⁴.

The primary recommendation of the 2013 'Child and Adolescent Mental Health Services Needs Assessment for Suffolk', was the development of integrated care pathways across all aspects of mental health and wellbeing for children and young people⁷⁵. There is an established children's emotional wellbeing strategy for Suffolk, agreed between health and local authority commissioners and providers to address identified needs.

Children with disabilities

The proportion of children diagnosed with a disability in the county has risen in recent years through advances in neonatal care and better diagnosis of autistic spectrum and other disorders⁷. There are around 30,000 children in Suffolk who are reported to have a long-term illness or mild disability that limits their day to day activity⁷.

In Suffolk in May 2014 there were 3,106 children and young people with statements of special educational need⁷⁶. Of this total 4.4% (136) were age between 0-5 years⁷⁶. The most common needs in the 0-5 age group were learning disabilities and Autistic Spectrum Disorder.

In September 2014, the new special educational needs legislative duties came into effect. Special Educational Needs and Disabilities (SEND) reforms take a new approach, aiming to join up help across education, health and care from birth to 25 years. Education, Health and Care [EHC] Plans will replace Statements of Special Educational Needs (SEN) and these will gradually be phased in from 1 September 2014. The implementation of these changes may cause challenges for both families and local authorities in relation to personal budgets (and the availability of funding for these) and at the time of the change from Statement of SEN to EHC plan.

The local offer for Suffolk will include:

- Information about education, social care and health services, including services provided by voluntary and community groups
- Information about services for children and young people with Education, Health and Care [EHC] Plans, as well as those without
- The criteria for getting support
- All information published on the internet, as well as being available in other formats

Up, up and away! 5 public health early years ambitions for Suffolk

- **A smoke free environment for children from conception onwards**
- **Adults and children are physically active as part of their daily routine**
- **Suffolk children eat healthy and nutritious food**
- **Hidden Harm is no longer hidden but addressed**
- **Breastfeeding becomes the norm for all communities in Suffolk**



**It is easier to build strong children than to
repair broken men.**

Frederick Douglass

References

1. Owen CG, Whincup PH, Kaye CG, Martin RM, Smith GD, Cook DG. Does initial breastfeeding lead to lower blood cholesterol in adult life? A quantitative review of the evidence. *Am J Clin Nutr*. [internet]. 2008 [cited September 2014]; 88:305–14. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/16332664>
2. Liu B, Jorm L, Banks E. Parity, Breastfeeding and the Subsequent Risk of maternal Type 2 diabetes. *Diabetes Care* [internet]. 2010 [cited September 2014]; 33(6):1239-41. doi: 10.2337/dc10-0347.
3. Department of Health (DH). Improving Children and Young People's Health Outcomes: a system wide response. London: DH; 2013 [cited February 2014]. Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/214928/9328-TSO-2900598-DH-SystemWideResponse.pdf
4. Carson C, Kelly Y, Kurinczuk JJ, Sacker A, Redshaw M, Quigley MA. Effect of pregnancy planning and fertility treatment on cognitive outcomes in children at ages 3 and 5: longitudinal cohort study. *British Medical Journal*. 2011 [cited March 2014]; 343:d4473. doi: <http://dx.doi.org/10.1136/bmj.d4473>
5. Department of Health (DH). A Framework for Sexual Health Improvement in England. London: DH; 2013 [cited March 2014]. Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/142592/9287-2900714-TSO-SexualHealthPolicyNW_ACCESSIBLE.pdf
6. Office for National Statistics [Internet]. What does the 2011 Census tell us about concealed families living in multi-family households in England and Wales? 2014 [Released 6 February 2014; cited September 2014]. Available from: <http://www.ons.gov.uk/ons/rel/census/2011-census-analysis/what-does-the-2011-census-tell-us-about-concealed-families-living-in-multi-family-households-in-england-and-wales/sty-what-does-the-2011-census-tell-us-about-concealed-families.html>
7. Maidrag M. State of Children in Suffolk. Suffolk: Public Health Suffolk; 2014 [cited September 2014]. Available from: <http://www.suffolkobservatory.info/JSNASection.aspx?Section=128&AreaBased=False>
8. Hill CM, Mather M, Goddard J. Cross sectional survey of meningococcal C immunisation in children looked after by local authorities and those living at home. *British Medical Journal*. 2003; (326): 364–65.
9. Poynor M, Welbury J. The dental health of looked after children. *Adoption & Fostering*. 2004; 28(1): 86-88.
10. Scott, K. Caring Dads Theory Manual. Caring Dads Theory. 2010 [cited September 2014]. Available from: <http://caringdads.org/images/stories/caring-dads-theory-manual.pdf>
11. Statham, J. Grandparents Providing Childcare. UK: Child Wellbeing Research Centre; 2011 [cited April 2014]. Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/181364/CWRC-00083-2011.pdf
12. Trade Union Congress. Nearly seven million grandparents provide regular childcare. [Internet] 2014 [Issued: December 2013; Cited April 2014]. Available from: <http://www.tuc.org.uk/workplace-issues/employment-rights/working-time-holidays/work-life-balance/nearly-seven-million>
13. Grandparents Plus. Grandparents and Childcare. [Internet] 2013 [Issued: May 2013; cited April 2014]. Available from: <http://www.grandparentsplus.org.uk/wp-content/uploads/2013/05/Briefing-paper-on-grandparental-childcare.pdf>

- 14.** Huskinson T, Kostadintcheva K, Greevy H, Salmon C, Dobie S, Medien K et al. Childcare and early years survey of parents: 2012 to 2013. London: Department for Education; 2014 [cited April 2014]. Available from: <https://www.gov.uk/government/publications/childcare-and-early-years-survey-of-parents-2012-to-2013>
- 15.** Suffolk Observatory. Alcohol Treatment Services Needs Assessment. Ipswich: Public Health Suffolk; 2014 [cited September 2014]. Available from: <http://www.suffolkobservatory.info/JSNASection.aspx?Section=126&AreaBased=False>
- 16.** Delargy A, Shenker D, Manning J, Rickard AJ. Swept under the carpet: children affected by parental alcohol misuse. London: Alcohol Concern; 2010 [cited September 2014]. Available from: <http://www.alcoholconcern.org.uk/publications/policy-reports/under-the-carpet>
- 17.** Advisory Council on the Misuse of Drugs (AMCD). Hidden Harm Scottish Executive Response to the Report of the Inquiry by the Advisory Council on the Misuse of Drugs Edinburgh: Blackwells Bookshop; 2011 [cited September 2014]. Available from: <https://www.gov.uk/government/publications/amcd-inquiry-hidden-harm-report-on-children-of-drug-users>
- 18.** Manning V, Best DW, Faulkner N, Titherington E. New estimates of the number of children living with substance misusing parents: results from UK national household surveys. *Journal of Public Health*. 2009 9(1): 377-389. doi:10.1186/1471-2458-9-377
- 19.** Care Quality Commission. Message in a bottle: A joint inspection of youth alcohol misuse and offending. London: Care Quality Commission; 2010 [cited September 2014]. Available from: http://www.cqc.org.uk/sites/default/files/documents/inspecting_youth_offending_thematic_-_alcohol_misuse_-_message_in_a_bottle.pdf
- 20.** Webb MA, Nellis B. Hidden Harm: Addictions in the Family Belfast: Barnardo's; 2010 [cited September 2014]. 3 p. Available from: http://www.barnardos.org.uk/p_p_no_13_hidden_harm.pdf
- 21.** Harkness S, Skipp A. Lone mothers, work and depression. London: Nuffield Foundation; 2013 [cited February 2014]. Available from: <http://gingerbread.org.uk/uploads/media/17/8683.pdf>
- 22.** National Society for the Prevention of Cruelty to Children (NSPCC). Home. [Internet] 2014 [cited February 2014]. Available from: <http://www.nspcc.org.uk/>
- 23.** Communities and Local Government. The English Indices of Deprivation 2010. London: Department for Communities and Local Government. 2010 [cited October 2014]. Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/6871/1871208.pdf
- 24.** Fenton A, Markkanen S, Monk S. Hidden Needs: hidden deprivation and community needs in Suffolk. Woodbridge: The Suffolk Foundation; 2011 [cited September 2014]. Available from: <http://www.suffolkcf.org.uk/>
- 25.** Department for Work and Pensions. Households below average income (HBAI): 1994/95 to 2011/12. London: Department for Work and Pensions; 2013 [cited April 2014]. Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/206778/full_hbai13.pdf
- 26.** Rabindrakumar S. Paying the Price Single Parents in the Age of Austerity. London: Gingerbread; 2013 [cited September 2014]. Available from: <http://www.gingerbread.org.uk/uploads/media/17/8737.pdf>
- 27.** Harker L. Chance of a lifetime. The impact of bad housing on children's lives. London: Shelter; 2006 [cited September 2014]. Available from: https://england.shelter.org.uk/__data/assets/pdf_file/0016/39202/Chance_of_a_Lifetime.pdf
- 28.** Tolliday C. Annual Public Health Report - Early Years. [Online Email] 2014 [cited May 2014]. Figures from Suffolk Welfare Reform Group as of December 2013

- 29.** Save the Children. Welfare Cap risks pushing 345,000 more children into poverty [Internet] 2014 March [cited March 2014]. Available from: <http://www.savethechildren.org.uk/2014-03/welfare-cap-risks-pushing-345000-more-children-poverty>
- 30.** FIND. Home. [Internet] 2014 [cited April 2014]. Available from: <http://www.findipswich.org.uk/>
- 31.** The Trussell Trust. Foodbank Stats. [Internet] 2014 [cited April 2014]. Available from: <http://www.trusselltrust.org/stats>
- 32.** The Children's Society. The Debt Trap: Exposing the impact of problem debt on children London: The Children's Society; 2014 [cited May 2014]. Available From: <http://www.childrensociety.org.uk/news-views/press-release/report-reveals-debts-true-damage-children-families>
- 33.** Pretty J, Angus C, Bain M, Barton J, Gladwell V, Hine R et al Nature, childhood, health and life pathways. Interdisciplinary Centre for Environment and Society Occasional Paper. University of Essex, Colchester, UK. 2009; 1–30.
- 34.** Muñoz SA. Children in the Outdoors A literature review. Forres: Sustainable Development Research Centre; 2009 [cited September 2014]. Available from: http://www.educationscotland.gov.uk/images/Children%20in%20the%20outdoors%20literature%20review_tcm4-597028.pdf
- 35.** Moss S. Natural Childhood. UK: The National Trust; 2012 [cited September 2014]. Available from: <http://www.nationaltrust.org.uk/document-1355766991839/>
- 36.** Pretty JN, Barton J, Colbeck I, Hine R, Mourato S, Mackerron G et al. UK National Ecosystem Assessment. Health Values from Ecosystems. UK: UK National Ecosystem Assessment; 2011 [cited April 2014]. Available from: <http://uknea.unep-wcmc.org/LinkClick.aspx?fileticket=S901pJcQm%2fQ%3d&tabid=82>
- 37.** Allen J and Balfour R. Natural Solutions to Tackling Health Inequalities. London: UCL Institute of Health Equity; 2014 [cited October 2014]. Available from: <http://www.instituteofhealthequity.org/projects/natural-solutions-to-tackling-health-inequalities>
- 38.** The Royal Society for the Prevention of Accidents. Accidents to Children. [Internet] 2014 [cited September 2014]. Available from: <http://www.rospa.com/homesafety/adviceandinformation/childsafety/accidents-to-children.aspx>
- 39.** Minded. Introducing Childhood Development [Internet] 2014 [cited February 2014]. Available from: <https://www.minded.org.uk>
- 40.** Centre for Maternal and Child Enquiries (CMACE) Royal College of Obstetricians and Gynaecologists (RCOG). Joint Guideline. Management of Women with Obesity in Pregnancy. 2010 [cited September 2014]. Available from: <http://www.hqip.org.uk/assets/NCAPOP-Library/CMACE-Reports/15.-March-2010-Management-of-Women-with-Obesity-in-Pregnancy-Guidance.pdf>
- 41.** National Institute for Health and Care Excellence. Guidance on weight management before, during and after pregnancy Public Health Guidance 27 (NICE PH27). 2010 [cited September 2014]. Available from: <http://www.nice.org.uk/guidance/ph27/resources/guidance-weight-management-before-during-and-after-pregnancy-pdf>
- 42.** Health and Social Care Information Centre. Health Survey for England - 2012, Trend tables. 2013 [cited September 2014]. Available from: <http://www.hscic.gov.uk/article/2021/Website-Search?productid=13888&q=health+survey+for+england&sort=Relevance&size=10&page=1&area=both#top>
- 43.** National Obesity Observatory. Obesity and Ethnicity. 2010 [cited September 2014]. Available from: http://www.noo.org.uk/uploads/doc/vid_9444_Obesity_and_ethnicity_270111.pdf

- 44.** Maidrag M, Edwards D. Suffolk Maternity Health Needs Assessment. Ipswich: Public Health Suffolk; 2014 [cited September 2014]. Available from: <http://www.suffolkobservatory.info/JSNASection.aspx?Section=136&AreaBased=False>
- 45.** Swann C, Bowe K, McCormick G, Kosmin M. Teenage Pregnancy and Parenthood: A review of reviews. Evidence briefing London: Health Development Agency; 2003 [cited September 2014]. Available from: http://www.nice.nhs.uk/niceMedia/documents/teenpreg_evidence_briefing.pdf
- 46.** Teenage Pregnancy Associates (2011). Teenage pregnancy: the evidence. London: Teenage Pregnancy Associates; 2011 [cited February 2014]. Available from: <http://teenagepregnancyassociates.co.uk/tpa-evidence.pdf>
- 47.** Wang H, Liddell CA, Coates MM, Mooney MD, Levitz CE, Murray CJL et al. Global, regional, and national levels of neonatal, infant, and under-5 mortality during 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013. *The Lancet*. 2014 [cited October 2014]; 384(9947): 957-979. DOI: 10.1016/S0140-6736(14)60497-9.
- 48.** Wolfe I, Macfarlane A, Donkin A, Marmot M, Viner R. RCPCH and NCB launches report: Why Children Die. London: Royal College of Paediatrics and Child Health and National Children's Bureau; 2014 [cited October 2014]. Available from: <http://www.rcpch.ac.uk/news/rcpch-and-ncb-launches-report-why-children-die>
- 49.** Mitchell EA, Milerad J. Smoking and Sudden Infant Death Syndrome. *Rev Environ Health*. 2006 Apr-Jun [cited September 2014]; 21(2):81-103. Available from: <http://www.who.int/tobacco/media/en/mitchell.pdf>
- 50.** The Lullaby Trust. Keep your baby smoke free during pregnancy and after birth. 2014 [cited September 2014]. Available from: <http://www.lullabytrust.org.uk/smoking>
- 51.** The Lullaby Trust. Avoid letting your baby get too hot. 2014 [cited September 2014]. Available from: <http://www.lullabytrust.org.uk/roomtemperature>
- 52.** The Lullaby Trust. Bed sharing. 2014 [cited September 2014]. Available from: <http://www.lullabytrust.org.uk/bedsharing>
- 53.** Centre on the Developing Child at Harvard University. A science based framework for early childhood policy: using evidence to improve outcomes in learning, behaviour and health for vulnerable children. Cambridge, MA: Centre on the Developing Child; 2007 [cited September 2014]. Available from: <http://developingchild.harvard.edu/>
- 54.** Malekpour M. Effects of Attachment On Early And Later Development. *The British Journal of Developmental Disabilities* [Internet]. 2007 [cited October 2014]; 53(2):81-95. Available from: <http://www.bjdd.org/new/105/81to95.pdf>
- 55.** Moullin S, Waldfogel J, Washbrook E. *Baby Bonds Parenting, attachment and a secure base for children*. London: The Sutton Trust; 2014.
- 56.** Tameside and Glossop. Parent Infant Mental Health Care Pathways. 2011 [cited September 2014]. Available from: <http://archive.c4eo.org.uk/themes/earlyyears/vlpdetails.aspx?lpeid=436>
- 57.** Centre for Maternal and Child Enquiries (CMACE). Saving mothers' lives: reviewing maternal deaths to make motherhood safer: 2006–08. The eighth report on confidential enquiries into maternal deaths in the United Kingdom. *British Journal of Gynaecology* 2011 [cited September 2014]; 118 (Suppl. 1):1–203.
- 58.** University College London Institute of Health Equity. Good quality parenting programmes and the home to school transition; 2014 [cited September 2014]. Available from: <http://www.instituteoftheequity.org/projects/good-quality-parenting-programmes-and-the-home-to-school-transition>

- 59.** Parsonage M, Khan L, Saunders A. Building a Better Future: The lifetime costs of childhood behavioural problems and the benefits of early intervention. London: Centre for Mental Health; 2014 [cited March 2014]. Available from: http://www.centreformentalhealth.org.uk/pdfs/building_a_better_future.pdf
- 60.** Sylva K, Melhuish EM, Sammons P, Siraj-Blatchford I, Taggart B. The Effective Provision of Pre-School Education (EPPE) Project: Findings from the Early Primary Years. 2004; [cited September 2014]. Available from: [http://www.ioe.ac.uk/RB_Findings_from_early_primary\(1\).pdf](http://www.ioe.ac.uk/RB_Findings_from_early_primary(1).pdf)
- 61.** Department for Education (DfE). Early Years Evidence Pack; 2011 [cited April 2014]. Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/180884/DFE-00274-2011.pdf
- 62.** Abdinasir K, Capron L. The right start: How to support early intervention through initial contact with families. London: The Children's Society; 2014 [cited October 2014]. Available from: http://www.childrenssociety.org.uk/sites/default/files/live_birth_data_report_-_final.pdf
- 63.** Family and Childcare Trust. Annual childcare costs surveys; 2014 [cited April 2014]. Available from: <http://www.familyandchildcaretrust.org/childcare-costs-surveys>
- 64.** Ofsted. Early Years Annual Report 2014. Manchester: Piccadilly Gate; 2014 [cited April 2014]. Available from: <http://www.ofsted.gov.uk/earlyyearsannualreport1213> Accessed: April 2014
- 65.** Ofsted are you Ready? Good Practice in School Readiness Manchester: Piccadilly Gate; 2014 [cited April 2014]. Available from: <http://www.ofsted.gov.uk/resources/are-you-ready-good-practice-school-readiness>
- 66.** Public Health England (PHE). Health risks of childhood obesity [Internet]. 2013 [cited March 2014]. Available from: http://www.noo.org.uk/NOO_about_obesity/obesity_and_health/health_risk_child
- 67.** Hesketh KR, Goodfellow L, Ekelund U, McMinn AM, Godfrey KM, Inskip HM et al. Activity Levels in Mothers and Their Preschool Children. *Paediatrics*. 2014 [cited March 2014]. Available from: doi: 10.1542/peds.2013-3153
- 68.** Public Health England. National Diet and Nutrition Survey: results from Years 1 to 4 (combined) of the rolling programme for 2008 and 2009 to 2011 and 2012. London: Public Health England; 2011 [cited October 2014]. Available from: <https://www.gov.uk/government/statistics/national-diet-and-nutrition-survey-results-from-years-1-to-4-combined-of-the-rolling-programme-for-2008-and-2009-to-2011-and-2012>
- 69.** British Heart Foundation. Children and Young People Statistics 2013. London: British Heart Foundation; 2014 [cited October 2014] Available from: <http://www.bhf.org.uk/plugins/PublicationsSearchResults/DownloadFile.aspx?docid=e49263c0-a7dd-4af3-be34-13045a535f64&version=-1&title=Children+and+young+people+statistics+2013&resource=G694>
- 70.** Dinsdale H, Ridler C, Rutter H, Mathrani S. National Child Measurement Programme Changes in children's body mass index between 2006/07 and 2008/09. Oxford: National Obesity Observatory. 2010 [cited September 2014]. Available from: http://www.noo.org.uk/uploads/doc/vid_6540_NOO_NCMP_v1.pdf
- 71.** Department of Health. Start Active, Stay Active A report on physical activity for health from the four home countries' Chief Medical Officers. London: Department of Health; 2011 [cited September 2014]. Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216370/dh_128210.pdf
- 72.** Public Health England (PHE). Child and Maternal Health Intelligence Network [Internet]. 2014 [cited April 2014]. Available from: <http://atlas.chimat.org.uk/IAS/profiles/profile?profileid=41&geoTypeId>

- 73.** Egger HL, Angold A. Common emotional and behavioural disorders in preschool children: presentation, nosology, and epidemiology. *Journal of Child Psychology and Psychiatry*. 2006; 47(3-4):313–37.
- 74.** Children and Young People’s Mental Health Coalition (CYPMHC). *Children & Young People’s Mental Health* [presentation] 2014 [cited July 2014].
- 75.** Maidrag M, Diley I. *Suffolk Child and Adolescent Mental Health Services Needs Assessment*. Suffolk: Public Health Suffolk; 2013 [cited October 2014]. Available from: <http://www.suffolkobservatory.info/JSNASection.aspx?Section=109&AreaBased=False>
- 76.** Suffolk County Council Data Collection. SEN Data Request. [Online Email] 2014 [Cited May 2014].

Further reading and image/table sources

Action for Children (2014a) *Early Intervention Online* at: <http://www.actionforchildren.org.uk/policy-research/policy-priorities/early-intervention> Accessed: March 2014

The British Heart Foundation National Centre for Physical Activity and Health (BHFNC) (2011) *Physical activity guidelines for the early years* Online at: <http://www.bhfactive.org.uk/earlyyearsguidelines/index.html> Accessed: March 2014

Chaplin R, Flatley J and Smith K. (eds) (2011) *Crime in England and Wales 2010/11 Findings from the British Crime Survey and police recorded crime (2nd Edition)* Online at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/116417/hosb1011.pdf Accessed: September 2014

Chimat (2013) *The 1,001 critical days: the importance of the conception to age two period: a cross party manifesto* Online at: <http://www.chimat.org.uk/resource/item.aspx?RID=171486> Accessed: June 2014

Department for Children, Schools and Families (2009) *Deprivation and Education* Online at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/222172/DCSF-RTP-09-01.pdf Accessed: September 2014

Department for Children, Schools and Families (2010) *Teenage Pregnancy Strategy: Beyond 2010* Online at: <http://webarchive.nationalarchives.gov.uk/20130401151715/http://www.education.gov.uk/publications/standard/publicationDetail/Page1/DCSF-00224-2010> Accessed: February 2014

DfE (2011) *The Early Years: Foundations for Life, Health and Learning - Tickell Review* Online at: <https://www.gov.uk/government/publications/the-early-years-foundations-for-life-health-and-learning-an-independent-report-on-the-early-years-foundation-stage-to-her-majestys-government> Accessed: June 2014

DfE (2013) *Schools, pupils and their characteristics: January 2013* Online at: <https://www.gov.uk/government/publications/schools-pupils-and-their-characteristics-january-2013> Accessed: April 2014

DFE (2014a) *Schools Performance Tables* Online at: http://www.education.gov.uk/schools/performance/geo/la935_all.html Accessed: April 2014

DFE (2014b) *Children’s social work workforce* Online at: <https://www.gov.uk/government/publications/childrens-social-work-workforce> Accessed: April 2014

Early Intervention Foundation (2014) *Early Intervention Foundation* Online at: <http://www.earlyinterventionfoundation.org.uk/> Accessed: February 2014

- Evangelou M, Sylva K, Kyriacou M, Wild M, Glenny G. (2007) *Early Years Learning and Development Literature Review* Online at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/222003/DCSF-RR176.pdf Accessed: August 2014
- Feinstein L. (2003) 'Inequality in the Early Cognitive Development of British Children in the 1970 Cohort', *Economica* 70, pp. 73-97
- HM Government (2011) *Early Intervention: Smart Investment, Massive Savings* Online at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/61012/earlyintervention-smartinvestment.pdf Accessed: February 2014
- Institute of Health Equity (2010) *Fair Society Healthy Lives (The Marmot Review)* <http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review> Accessed: February 2014
- Hobbs (2003) *Understanding socioeconomic group differences in educational achievement: a literature review*
- Kaplan R, & Kaplan S, (1989) *The experience of nature: A psychological perspective* Cambridge University Press, Cambridge.
- Latif Z. (2014) *The Maternal Mental Health of Migrant Women* Online at: http://www.better-health.org.uk/sites/default/files/briefings/downloads/Health_Briefing_31_0.pdf Accessed: February 2014
- ONS (2014) *2011 Census Analysis* Online at: <http://www.ons.gov.uk/ons/rel/census/2011-census-analysis/index.html> Accessed: February 2014
- Public Health England (PHE) (2014) *Welcome to Health Profiles* <http://www.apho.org.uk/resource/view.aspx?RID=110504> Accessed: March 2014
- Public Health England (PHE) (2014a) *Data and Knowledge Gateway Online* at: http://datagateway.phe.org.uk/index_sexual.html Accessed: March 2014
- Public Health England (PHE) (2014b) *Teenage Pregnancy* Online at: <http://www.apho.org.uk/resource/view.aspx?RID=116350> Accessed: March 2014
- Public Health Outcomes Framework (2014) *Overarching Indicators* Online at: <http://www.phoutcomes.info/> Accessed: April 2014
- Sheiham A. (2006) *Dental caries affects body weight, growth and quality of life in preschool children*. *British Dental Journal*: 201 (910):625-626.
- Smith K, (Ed) Coleman K, Eder S, and Hall P. (2011) *Homicides, Firearm Offences and Intimate Violence 2009/10 (Supplementary Volume 2 to Crime in England and Wales 2009/10)* Home Office Statistical Bulletin 01/11.
- Suffolk County Council (2014) *A Joint Health and Wellbeing Strategy for Suffolk* Online at: <http://www.suffolk.gov.uk/your-council/decision-making/committees/suffolk-health-and-wellbeing-board/> Accessed: February 2014
- Taylor AF, Kuo FE & Sullivan WC. (2002) 'Views of nature and self-discipline: Evidence from inner city children' *Journal of Environmental Psychology* 22 (49-64)
- Thomas G, & Thompson G. (2004) *A child's place: Why environment matters to children. Green Alliance / Demos Report*, London. Ward
- Thompson C, Aspinall P & Montarzino A. (2008) The childhood factor: Adult visits to green places and the significance of childhood experience. *Environment and Behaviour* 40 (111-143)
- Womens Aid (2011) *Statistics* Online at: http://www.womensaid.org.uk/domestic_violence_topic.asp?section=0001000100220036§ionTitle=statistics Accessed: September 2014
- World Health Organization (2005) Early intervention and recovery for young people with early psychosis: consensus statement
- The World Health Organisation (2014) *10 Facts on Breastfeeding* Online at; <http://www.who.int/features/factfiles/breastfeeding/en/#> Accessed: March 2014

Public Health Outcomes Framework

The Public Health Outcomes Framework sets out a vision for public health, desired outcomes and the indicators that will help us understand how well public health is being improved and protected. It contains indicators that intend to measure progress in achieving positive health outcomes and reducing health inequalities. The most current data for Suffolk can be accessed at www.phoutcomes.info/. Those relevant to the areas featured in this report are detailed below:

Domain one: improving the wider determinants of health

- Children in Poverty
- Pupil Absence
- School Readiness

Domain two: health improvement

- Low Birth Weight
- Excess Weight in 4-5 year olds
- Breastfeeding
- Emotional Wellbeing of Looked After Children
- Smoking at the time of Delivery
- Smoking Prevalence
- Under 18 Conceptions

Domain three: health protection

- Vaccination Coverage

Domain 4: Healthcare public health and preventing premature mortality

- Infant mortality
- Tooth Decay

Glossary

ACCORD Protocol: An approach to collaboration for adults and children's services to ensure that parents with additional needs are given the right support to parent effectively, reducing the risk of negative consequences for their children.

Body Mass Index (BMI): BMI is a measure of whether you're a healthy weight for your height. For most adults: a BMI of 25 to 29.9 means you are considered overweight, a BMI of 30 to 39.9 means you are considered obese a BMI of 40 or above means you are considered severely obese.

Census: Census statistics help paint a picture of the nation and how we live. They provide a detailed snapshot of the population and its characteristics and provide information that government needs to develop policies, and to plan and run public services such as health and education.

Children in Need: Section 17 of the Children Act 1989 defines a child as being in need in law if: He or she is unlikely to achieve or maintain or to have the opportunity to achieve or maintain a reasonable standard of health or development without provision of services from the LA; His or her health or development is likely to be significantly impaired, or further impaired, without the provision of services from the LA; He or she has a disability.

Child Protection Plan: If a child is the subject of a Child Protection Plan, they have been assessed as being at identified risk of harm and the plan will be the vehicle through which the risk will be reduced.

Clinical Commissioning Groups: groups of GPs, including other health professionals who commission the majority of NHS services for their patients.

Compendium: a book containing a collection of useful hints, a selection of different games or other objects in one container, a concise but comprehensive summary of a larger work.

Deprivation: Since the 1970s the Government has calculated local measures of deprivation in England. Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial. The English Indices of Deprivation attempt to measure a broader concept of multiple deprivation, made up of several distinct dimensions, or domains, of deprivation.

Early Help/ Intervention: Early help/ intervention is about getting additional, timely and effective support to children who need it - enabling them to flourish and preventing costly, harmful long-term consequences.

Edinburgh Postnatal Depression Scale: 10 screening questions that can indicate whether a mother has symptoms common in women with depression and anxiety during pregnancy and one year post birth.

Greenest County: Creating the Greenest County is an aspiration that involves the whole county in enhancing the natural and historic environment and responding to climate change. The partnership provides an overall aspiration for many existing projects, encourages further recognition and resourcing of them and seeks to inspire further actions in communities, businesses and schools.

Health and Wellbeing Board/strategy: set up in every upper-tier local authority to improve health and care services and the health and wellbeing of local people. The Board brings together key commissioners to assess the needs of the local population through the Joint Strategic Needs Assessment, to produce a Health and Wellbeing Strategy to inform the commissioning of health, social care and public health services and to promote greater integration across health and social care.

Immunisation Types: The combined DTaP/IPV/Hib is the first in a course of vaccines offered to babies to protect them against diphtheria, pertussis (whooping cough), tetanus, Haemophilus influenzae type b (an

important cause of childhood meningitis and pneumonia) and polio (IPV is inactivated polio vaccine). The PCV vaccine protects against pneumococcal infections that can cause pneumonia, septicaemia or meningitis.

LiveWell Suffolk: LiveWell Suffolk is the county's free healthy lifestyle service. They provide free information and practical support to help local people become healthier.

Making Every Intervention Count (MEIC): Making Every Intervention Count is the programme of work which will focus on re-shaping Children and Young People's Services so they remain effective into the future and provide the best possible outcomes for children and families within available resources. <http://www.suffolk.gov.uk/your-council/about-suffolk-county-council/children-and-young-peoples-services/making-every-intervention-count/>

Office for National Statistics (ONS): Since 1 April 2008, Office for National Statistics (ONS) is the executive office of the UK Statistics Authority.

Obesity: Children are classified as overweight (including obese) if their BMI is on or above the 85th centile of the British 1990 growth reference (UK90) according to age and sex. For more information please view: http://www.noo.org.uk/uploads/doc/vid_11601_A_simple_guide_to_classifying_BMI_in_children.pdf

Public Health Outcomes Framework: The Public Health Outcomes Framework sets out a vision for public health, desired outcomes and the indicators that will help us understand how well public health is being improved and protected. It contains indicators that intend to measure progress in achieving positive health outcomes and reducing health inequalities.

Problem debt: Problem debt in this instance is defined as families in arrears on specific household bills and having credit commitment. **Categories include:** mortgage / rent, council tax, electricity, gas, fuel bills, water and sewerage bills, telephone bills, income tax or vat payments, hire purchase

instalments or similar (mail order catalogues, car finance, interest free credit etc.), payday loan, loans from banks, building societies or credit unions, credit card payments, loans from friends or family, tv licence, private education or health bills, child support or maintenance, other loans/bills.

Raising the Bar: Raising the Bar (RtB) is Suffolk's response to tackling levels of education attainment in Suffolk. As a relatively affluent county we should be doing better. Solving this problem is not something any one person or organisation can do alone - only by working together will we be successful.

Relative and Absolute Poverty: Absolute poverty and relative poverty are both valid concepts. The concept of absolute poverty is that there are minimum standards below which no one anywhere in the world should ever fall. The concept of relative poverty is that, in a rich country such as the UK, there are higher minimum standards below which no one should fall, and that these standards should rise if and as the country becomes richer (definition from The Poverty Site).

Socioeconomic Status: Socioeconomic status is a term generally used to identify a person's status relative to others based on characteristics such as income, qualifications, type of occupation, and where they live.

Signs of Safety: The Signs of Safety is an innovative strengths-based, safety-organised approach to child protection casework. The model of its approach was created in Western Australia by Andrew Turnell and Steve Edwards, who worked with over 150 front-line statutory practitioners and based it on what those practitioners know works well with difficult cases. <http://www.signsofsafety.net/organisations/suffolk-county-council/>

Slope Index of Inequality (Life Expectancy): This is a key high-level health inequalities outcome and is core to the aims of the Department of Health. It highlights inequalities in life expectancy at birth. Life expectancy at birth is calculated for each national deprivation decile of lower super output areas and then the slope index of inequality (SII) is calculated based on these figures. The SII is a measure of the social gradient in life expectancy,

i.e. how much life expectancy varies with deprivation. It takes account of health inequalities across the whole range of deprivation within England and summarises this in a single number. This represents the range in years of life expectancy across the social gradient from most to least deprived, based on a statistical analysis of the relationship between life expectancy and deprivation across all deprivation deciles.

Troubled Families: Families are characterised by there being no adult in the family working, children not being in school and family members being involved in crime and anti-social behaviour. These families almost always have other often long-standing problems which can lead to their children repeating the cycle of disadvantage. Other problems such as domestic violence, relationship breakdown, mental and physical health problems and isolation make it incredibly hard for families to start unravelling their problems.

World Health Organisation: This organisation provides leadership in relation to health matters on a global scale, and shapes research agendas. It sets standards, provides technical support and monitors patterns of health and illness.



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Note: The information in this report was, as far as it is known, correct at the date of publication. Looked after Children/ CPP/CIN data was correct at the time of extraction, any changes made since in Care First are not reflected in the figures. These figures may vary to those published by the Department for Education due to data-cleansing.

Please note that although the 2013 population data has been used to provide the latest population estimate possible, an error in the ONS calculation of the foreign armed forces data in Forest Heath district for 2013 has resulted in an overestimate of approximately 2,000 residents. Thus interpretation of this figure should be made with caution. For further clarification please contact the Public Health team directly.