EARLY YEARS

What’s the issue?

Every child deserves the best possible start in life and the support that enables them to fulfil their potential. Children develop quickly in the early years and a child’s experiences between birth and age five have a major impact on their future life chances. A secure and happy childhood is important in its own right. Good parenting and high quality early learning together provide the foundation children need to make the most of their abilities and talents as they grow up.

Marmot in his strategic review of health inequalities in England post-2010 [150] stated that “Parents are the most important ‘educators’ of their children for both cognitive and non-cognitive skills. Parental involvement in their child’s reading has been found to be the most important determinant of language and emergent literacy [151]. Parenting style also makes a difference. Recent analysis of data from the Millennium Cohort Study suggests that parents who combine high levels of parental warmth with high levels of supervision are more likely to have children at age five who are more confident, autonomous and empathic. On the other hand, a ‘disengaged’ parenting style is associated with poorer outcomes for children [152].”

What’s our situation?

Due to the increased levels of deprivation in Hull, the majority of children are at an increased risk of not fulfilling their potential and having worse health than England as a whole. A higher percentage of children in Hull live in poverty (see the JSNA section on deprivation and poverty www.hullpublichealth.org/jsna2017.html#c7) and many children have an immediate disadvantage in life due to their circumstances. Compared to England, there is a higher rate of emergency admission for accidents, and fewer children in Hull are ready for school and achieve five or more GCSEs at A-C level and there are more children with special educational needs (see the JSNA section on schools and educational attainment, www.hullpublichealth.org/jsna2017.html#c41). Children living in more deprived areas are more likely to grow up thinking that poverty, poor housing, and unemployment are the norm, which could result in cyclic behaviours with these children behaving as their parents do as they reach adulthood. Compared to England, babies are less likely to be breastfed (see JSNA section on breastfeeding, www.hullpublichealth.org/jsna2017.html#c38) and children more likely to have unhealthy lifestyle behaviours (see the JSNA section on behavioural and lifestyle risk factors www.hullpublichealth.org/jsna2017.html#c26) such as poor diets and low levels of physical activity. Children living in the most deprived areas are also more likely to be exposed to second-hand smoke and become smokers themselves. Children and young people living in the most deprived areas are more likely to have learning disabilities (see the JSNA section on learning disabilities, www.hullpublichealth.org/jsna2017.html#c74), poorer physical health (see the JSNA section on general health and physical disabilities, www.hullpublichealth.org/jsna2017.html#c21), poorer emotional health (see the JSNA section on emotional health and wellbeing, www.hullpublichealth.org/jsna2017.html#c22) and poorer dental health (see the JSNA section on dental health, www.hullpublichealth.org/jsna2017.html#c24). From the local Young People Health and Lifestyle Survey 2016 [86], 9% of pupils had no books and 26% had very few books (1-10 books) in their home, with a further 31% having one shelf of books (11-50 books) in their home. This differed by deprivation with 42% of pupils living in the most deprived fifth of areas of Hull having no or very few books compared to 27% of pupils living in the least deprived fifth of areas of the city.

In 2016, 1,410 of the city’s two year old children benefitted from funded early education. This equated to 72% of the city’s two year old population and represented a higher rate than that seen across the Yorkshire and Humber region overall (71%), and nationally (68%).

Across England, in October 2015, the responsibility for public health services for the under 5s commissioning moved from the NHS to the local authority.

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For more detailed information, see the JSNA Toolkit: Children and Young People report.

What are the strategic needs?

It is important that there should be early help for the children and young people, and their families who need additional support, and that the support is timely, accessible and appropriate for their circumstances. There should be a focus of resources on identifying risks and intervening early to improve maternal health and wellbeing, promoting positive parenting skills, and creating an environment for children and young people that builds self-esteem and resilience.

Everybody should have the opportunity to improve their life choices through increased early learning and education, training and knowledge. Everybody should have access to the information and help they need to support themselves and their families to have a healthy lifestyle; to stop smoking, eat a healthy balanced diet, undertake regular physical activity, and maintain a healthy weight.

Hull has had significant investment as part of the National Health Visitor implementation plan with additional health visitors all of whom will be focusing on the first 1001 days and the six high impact areas of health: (i) transition to parenthood and the early weeks; (ii) maternal (perinatal) mental health; (iii) breastfeeding; (iv) healthy weight (healthy diet and being active); (v) managing minor illness and reducing accidents; and (vi) health, wellbeing and development at two years and support to be ‘ready for school’. The aim of the First 1001 Days The All Party Parliamentary Group [153] is to create children who at the end of their first 1001 days (conception to age 2 years) have the social and emotional resources that form a strong foundation for good citizenship. They state that without intervention, there will be in the future, as in the past, high intergenerational transmission of disadvantage, inequality, dysfunction and child maltreatment. These self-perpetuating cycles create untold and recurring costs for society. The economic value of breaking these cycles will be enormous. The Priority Families programme in Hull aims to change these repeating generational patterns of poor parenting, abuse, violence, drug use, anti-social behaviour and crime in the most troubled families in Hull (see the JSNA section on crime and domestic violence, www.hullpublichealth.org/jsna2017.html#c13). The ‘Hull Early Help and Priority Families Strategy 2015 – 2020” gives further information on the four different ‘levels’ of early help: (i) universal response (no additional needs); (ii) early help response (additional needs); (iii) targeted early help response (complex needs); and (iv) statutory and specialist response (risk of significant harm) [76].

The Two Year Old Early Education Entitlement for eligible children and families is activity promoted and ways to increase uptake is constantly under review. Work with health visitors is being used to pilot best practice in the implementation of the Integrated Two Year review and to support eligible families to access their early education entitlement.

References