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## Summary

National Children's Bureau (NCB) welcomes the joint inquiry into Foundation Years and the UK Government's Life Chances Strategy. In the context of the repeal of most of the Child Poverty Act, the Life Chances Strategy and proposed Life Chances Report will be vital in holding government to account on the actions it is taking to promote social mobility, fight child poverty and narrow the gap in outcomes between children born into disadvantage and their peers.

NCB believes that, to be effective, the strategy will need to have a clear focus on children's development in the early years. We therefore recommend that:

- the Life Chances Strategy addresses the impact of early childhood development on social mobility, and consider the contribution that local authority public health and early intervention services can make
- two early childhood development measures - the Early Years Foundation Stage Profile and healthy weight at age 5 – are included in the annual Life Chances Report.

## 1. Introduction

1.1 National Children's Bureau is a leading charity that for over 50 years has been working to improve the lives of children and young people, reducing the impact of inequalities. We work with children and for children to influence government policy, be a strong voice for young people and practitioners, and provide inspiring creative solutions on a range of social issues. We undertake a range of work in partnership with statutory services and decision makers to improve children and young people's health and wellbeing. NCB is one of 21 voluntary sector strategic partners to Public Health England, the Department of Health and NHS England, and together with 4Children, lead the Children's Partnership – the Department for Education's voluntary sector strategic partnership.

## 2. The importance of early health and development for life chances

2.1 The early years are central to improving life chances. NCB believes that indicators of children's early health and development should be a required part of the proposed annual report to Parliament on life chances and should be a key part of the government's life chances strategy.

2.2 What happens in the first years of a child's life can have a profound impact on their future development, opportunities and outcomes right through to adulthood. A child's physical, social, and cognitive development strongly influences how ready they are to start school and their educational attainment, as well as their health and

employment prospects as an adult.<sup>1</sup> This development begins before birth when the health of a baby is affected by the health of their mother and is influenced by the socio economic-status of their parents.<sup>2</sup> Cognitive development in the early years is also linked to the socio-economic status of a child's parents, with implications for a child's readiness to thrive at school. In 2014/15 only 51 per cent of Reception class pupils eligible for free school meals (a proxy indicator of poverty and deprivation) reached a good level of development, compared to 69 per cent of those not entitled to free school meals.<sup>3</sup>

- 2.3 Early health outcomes can impact on later attainment and life chances. **Early childhood obesity** increases the risk of a number of health complications that can have a significant negative impact on a child's development and wider outcomes. Not only are obese children more likely to suffer from cardiovascular disease and diabetes in later life, but they are also more likely to face a number of issues during childhood, including asthma, emotional and behavioural problems (particularly in boys), sleeping problems, musculoskeletal problems and type 2 diabetes.<sup>4</sup> **Tooth decay** often leads to pain and infection, such as gum disease or dental abscesses, which in turn can lead to difficulties with eating, speaking and sleeping in the early years.<sup>5</sup> **Injuries** are associated with a range of health and psychosocial problems in both the short term and long term. These problems include post-traumatic stress, physical disability, cognitive or social impairment, and lower educational attainment and employment prospects.<sup>7</sup>
- 2.4 Disadvantaged children are at greater risk of poor health. All three of the poor outcomes cited above are more common in children in low income families.<sup>8 9</sup> Obesity in four and five year-olds as they arrive at school, for example, is approximately twice as prevalent in the most deprived 10 per cent of the

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<sup>1</sup> The Marmot Review (2010) *Fair Society, Healthy Lives* London: The Marmot Review <http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>

<sup>2</sup> Ibid.

<sup>3</sup> Department for Education (2015) *Early Years Foundation Stage Profile attainment by pupil characteristics: 2014 to 2015* London: DfE <https://www.gov.uk/government/statistics/early-years-foundation-stage-profile-results-2014-to-2015>

<sup>4</sup> National Obesity Observatory, Health risks of childhood obesity [http://www.noo.org.uk/NOO\\_about\\_obesity/obesity\\_and\\_health/health\\_risk\\_child](http://www.noo.org.uk/NOO_about_obesity/obesity_and_health/health_risk_child) [last accessed 31 July 2015]

<sup>5</sup> Royal College of Surgeons (2015) – see footnote 16; NICE (2015) *Oral health: approaches for local authorities and their partners to improve the oral health of their communities* London: NICE <https://www.nice.org.uk/guidance/ph55>

<sup>6</sup> Royal College of Surgeons of England Faculty of Dental Surgery (2015) *The State of Children's Oral Health in England* London: Royal College of Surgeons of England <https://www.rcseng.ac.uk/fds/policy/documents/fds-report-on-the-state-of-childrens-oral-health>

<sup>7</sup> Chief Medical Officer (2013) *Our Children Deserve Better: Prevention Pays* Department of Health: London <https://www.gov.uk/government/publications/chief-medical-officers-annual-report-2012-our-children-deserve-better-prevention-pays>

<sup>8</sup> Royal College of Surgeons (2015) – see footnote 16; NICE (2015) *Oral health: approaches for local authorities and their partners to improve the oral health of their communities* London: NICE <https://www.nice.org.uk/guidance/ph55>

<sup>9</sup> National Institute for Health and Care Excellence (2010) *Preventing unintentional injuries among the under-15s in the home* London: NICE <https://www.nice.org.uk/guidance/ph30>; Fauth R and Ellis A (2010) *Reducing unintentional injuries in childhood: a research review* London: National Children's Bureau [http://www.ncb.org.uk/media/432942/childhood\\_unintentional\\_injuries\\_review.pdf](http://www.ncb.org.uk/media/432942/childhood_unintentional_injuries_review.pdf)

population as it is in the least deprived 10 per cent.<sup>10</sup> Poverty is known to be a risk factor in itself but is also associated with other factors and behaviours which compound this. Infants and children from low income families are, for example, less likely to be breastfed, more likely to be born with a low birth weight, and more likely to be fed sugary food and drinks – factors identified as increasing the risk of obesity and tooth decay.<sup>1112</sup>

- 2.5 NCB's report, *Poor Beginnings*<sup>13</sup>, looked at variations in health outcomes in the early years at a local authority level. It found that if all local authority areas in England had the same outcomes as the thirty least deprived local authorities, there would be:
- Nearly 10,000 fewer obese children in reception class
  - Nearly 35,000 fewer five year-olds from tooth decay
  - Over 5,000 fewer children under five admitted to hospital with an injury each year.
- 2.6 The Welfare and Work Bill will not require any measure of outcomes in the early years, proposing that the annual life chances report will focus instead on worklessness and educational attainment at age 16. This flies in the face of Government's stated commitment to give every child the best start in life. Furthermore, the most effective work to tackle inequalities happens in the early years, but a child who is two years of age now, for example, will not be taking their GSCEs until 2028. So, given the impact of the early years on attainment, it will be almost impossible for Government to demonstrate significant progress on its chosen required measure of attainment at aged 16 before the end of this Parliament.
- 2.7 The Prime Minister recently acknowledged, in a speech about life chances, that the early years are 'crucial' and that the life chances strategy will include parenting support<sup>14</sup>. However, there is a need to look at the wider determinants of early health and development and the content of the Bill raises questions about the relative emphasis that is to be placed on the early years in general. **We urge the committee to recommend that tackling inequalities in early health and development forms a core focus of Government's life chances strategy and that a measure of life chances in the early years be included in the annual life chances report.**

### **3. Measuring early health and development in the annual life chances report**

- 3.1 There are two existing early childhood development measures which NCB recommends are incorporated into the Life Chances Strategy and annual Life Chances Report.

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<sup>10</sup> The Fabian society (2015) *A Recipe for Inequality* London: Fabian Society  
<https://www.fabians.org.uk/publications/a-recipe-for-inequality/>

<sup>11</sup> Wolfe I and all (2014) *Why children die: death in infants, children and young people in the UK Part A* London: National Children's Bureau/Royal College of Paediatrics and Child Health  
<http://ncb.org.uk/whychildrendie>

<sup>12</sup> The Fabian Society (2015) *A Recipe for Inequality*

<sup>13</sup> National Children's Bureau (2015) *Poor Beginnings: health inequalities among young children across England* London: NCB [www.ncb.org.uk/poorbeginnings](http://www.ncb.org.uk/poorbeginnings)

<sup>14</sup> Prime Minister's speech on life chances, 11 January 2016 <https://www.gov.uk/government/speeches/prime-ministers-speech-on-life-chances>

## **Early Years Foundation Stage Profile**

- 3.2 The Early Years Foundation Stage Profile (EYFSP) provides a national measure of children reaching a good level of development by the end of reception, comparing the most deprived children with the rest of their peers. The EYFSP enables teachers to observe a child's progress to gain a full picture of his or her development across all seven EYFS areas of learning: personal, social and emotional development; communication & language; physical development; literacy; mathematics; understanding the world; expressive arts and design.
- 3.3 In March 2014, the government announced that the EYFSP would be made non-statutory in September 2016, following the introduction of a baseline assessment at the start of reception class<sup>15</sup>. The aim of this change was to strengthen accountability mechanisms for primary schools, by developing a more precise 'value added' measure of pupils' progress. However, NCB and many in the early years sector are concerned that removing the requirement for the EYFSP to be undertaken will have serious implications for the effective monitoring and improvement of children's learning and development in the early years.
- 3.4 In his speech on 11 January, the Prime Minister said "It's tragic that some children turn up to school unable to feed themselves or use the toilet". The breadth of the
- 3.5 The EYFSP is an ideal measure for inclusion in the annual life chances report because:
- **The EYFSP provides a consistent indicator of the development of young children across the country.** The latest data shows that overall the development of young children in England is improving<sup>16</sup>. However, NCB's report, *Poor Beginnings*, showed the startling levels of variation across the country, with a five-year-old in Lewisham twice as likely to reach a good level of development as a child of the same age growing up in Leicester. Without continuing to collect the reliable data provided by the EYFSP, it will be impossible to assess whether efforts at the national and local level to improve children's development overall, and to reduce geographical inequalities, are making a difference.
  - **The EYFSP provides a rounded measure of a child's development,** taking into account communication and language; social and emotional development; physical development; and cognitive development (e.g. literacy and mathematics). In his speech on 11 January, the Prime Minister said "It's tragic that some children turn up to school unable to feed themselves or use the

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<sup>15</sup> Department for Education (2014) Reforming assessment and accountability for primary schools: government response to consultation on primary school assessment and accountability <https://www.education.gov.uk/consultations/index.cfm?action=conResults&consultationId=1920&external=no&menu=3>

<sup>16</sup> In England, 66.3 per cent of children achieved a good level of development in 2015, an increase of 5.9 percentage points on 2014. Department for Education (2015) *Early years foundation stage profile results in England, 2015*

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/467070/SFR\\_36-2015\\_Main\\_Text.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/467070/SFR_36-2015_Main_Text.pdf)

toilet."<sup>17</sup> Measuring physical and social development will allow Government to track the number of children that this applies to.

- **It is unclear how government will be able to assess the development and learning gap between disadvantaged children and children from more affluent backgrounds using the baseline assessment.** The EYFSP tracks the progress of individual children, and its data can be disaggregated in order to present comparisons between children growing up in poverty and disadvantage<sup>18</sup> and their peers. The Department for Education has not committed to analysing and publishing baseline assessment data in order to compare the progress of different groups of children. What is more, the current approach to introducing the baseline assessment allows schools to choose from a number of different assessment models, preventing effective comparisons between children and across the country.
- **The EYFSP is used to measure 'school readiness', a key 0-5 national indicator in the Public Health Outcomes Framework<sup>19</sup>, and is used to support the commissioning of health and early intervention services which will be key to the effectiveness of a life chances strategy.** It is the only indicator available for all local authorities that measures the health and development of young children (including personal, social, emotional and physical development), and is therefore indispensable in helping areas to plan for, and assess the effectiveness of, local health, early years and early intervention services. The data provided by the EYFSP will become increasingly important, since local authorities took on responsibility for public health services for 0-5 year-olds from the beginning of October.

**3.6 We urge the committee to recommend that the statutory status of the Early Years Foundation Stage is retained and that the data it produces is included in the annual life chances report**

### **Obesity and Early Child Health**

- 3.7 The National Child Measurement Programme requires all local authorities to measure the weight and height of children in reception class (age 4/5) and year six (age 10/11). This is used to calculate the number of children who have a healthy weight, who are underweight, who are overweight and who are obese. Data is collected and published every year including disaggregation by the level of deprivation in a child's neighbourhood. A measure of the gap in obesity rates between the most and least deprived five year olds is therefore readily available.
- 3.8 **We urge the committee to recommend that Government include a measure of healthy weight in the annual life chance report.** Government should also explore how other measures of child health in the early years might be further developed to support monitoring this important factor in children's live chances.

**4. Joining up efforts to improve children's early health and development**

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<sup>17</sup> Prime Minister's speech on life chances, 11 January 2016 <https://www.gov.uk/government/speeches/prime-ministers-speech-on-life-chances>

<sup>18</sup> The indicator uses eligibility for free school meals as a proxy for growing up in poverty.

<sup>19</sup> <https://www.gov.uk/government/collections/public-health-outcomes-framework>

- 4.1 The transfer of responsibility for public health services to local authorities presents an opportunity to align the commissioning of preventative health services with, for example, their existing responsibilities in spatial planning, licensing and early intervention work with children and families. In October 2015, this transfer reached its final stage as local authorities take on responsibility for public health commissioning for children under the age of five, including the Healthy Child Programme 0 to 5 Years led by health visitors. Local authorities are therefore have an increasingly important part to play in tackling unequal life chances.
- 4.2 NCB's report *Poor Beginnings* found that, while there is a strong link between the level of deprivation in local authority and poor outcomes, a number of local authorities appear have better outcomes than might be expected. For example, despite having similar levels of deprivation: Salford has 9.6% obesity in five year olds compared to Halton's 12.8%; Waltham Forest has 24% five year olds with tooth decay compared to Kingston-upon-Hull's 39%; Haringey has less than half the rate of under-fives being admitted to hospital with injuries of Middlesbrough; Birmingham has 56.4% of children achieving a good level of development compared to 46.5% in Nottingham. The reasons for these variations needs to be further explored and serious attention paid to what might be done to ensure children born into difficult circumstances have the best possible chance of a healthy start in life. **We urge the committee to recommend that Government commissions research to support areas with the worst outcomes to develop effective approaches to tackling these.**
- 4.3 The opportunities for local authorities to play their part is also being undermined by reduction in the funding streams allocated by central government for local public health and early intervention work. In 2015/16, an in-year cut of £200m was made to local authorities' public health grant which pays for crucial services for children including health visiting and related preventative health services. The Department of Health stated in the consultation document that it will be open to local authorities to make savings from provision for under-fives, but makes no comment about the risks of doing so.<sup>20</sup> We feel this, combined with the timing of the cut (at the same time as responsibility for under-fives was transferred) sends the wrong message about the importance of early intervention and of protecting vital services such as health visiting. We are also, of course, very concerned about plans announced in the 2015 Spending Review to make further reductions over the course of this Parliament. We estimate that this will mean the grant has shrunk by nearly 20% over this period.
- 4.4 Local authorities receive an early intervention funding allocation (previously called the Early Intervention Grant), which Government expects them to use to pay for a range of universal and targeted services. These include, for example, information and advice for young people, Sure Start children's centres and teenage pregnancy services. *Cuts that Cost*, a report by NCB, The Children's Society and Children and Young People Now<sup>21</sup> found that between 2010 and 2015 government funding for local authority early intervention services had been cut by £1.8 billion, a reduction of 55 per cent.<sup>22</sup> Updated analysis, to be published on Tuesday 1<sup>st</sup> March 2016 by NCB, Action for Children and The Children's Society, will show that central government funding for early intervention services will reduce by a further 29 per cent by 2019/20.

<sup>20</sup> Department of Health (2015), *Local authority public health allocations 2015/16: in-year savings* <https://www.gov.uk/government/consultations/local-authority-public-health-allocations-2015-to-2016>

<sup>21</sup> National Children's Bureau and The Children's Society (2015) *Cuts that cost: Trends in funding for early intervention services* London: NCB <http://ncb.org.uk/cutsthatcost>

<sup>22</sup> National Children's Bureau, The Children's Society and Children and Young People Now (2015), *Cuts that cost: Trends in Funding for Early Intervention Services* <http://www.ncb.org.uk/cutsthatcost>

This means funding for early intervention services will have reduced by 71 per cent over the decade from 2010 to 2020.<sup>23</sup>

- 4.5 Government is due to publish a consultation on the future of children's centres and their purpose going forward, however we understand that this has been delayed numerous times. Children's centres provide an important opportunity to bring services together around the needs of families with young children, including support for the most vulnerable, in a family friendly, non-stigmatising environment. Uncertainty over the Governments vision for these facilities creates a disincentive for local authorities to maintain investment and undertake any further development of them.
- 4.6 The combination of all these cuts in funding and a lack of joined-up policy will make it very hard for local authorities to realise the opportunities presented by their new role in public health and their capacity to carry out local work to improve the life chances of the most disadvantaged. **We urge the committee to use this inquiry to shine a light on the impact of these short sighted decisions made by central government and to recommend greater protection of resources for local work to improve early health and tackle inequalities.**

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<sup>23</sup> Action for Children, NCB, The Children's Society (forthcoming) Losing in the long run