Shropshire Council

Children and Young People Needs Assessment

Chapter 3: Early Years (aged 0-4)

2024

Contents

Introduction

The JSNA will provide a detailed understanding of the needs of children, young people and families in Shropshire to inform the direction and development of local services, with a view to reducing health inequalities through identification, prevention and early intervention.

Due to the vast scope of this product, Shropshire's Children and Young people JSNA will be structured as a 'JSNA pack', comprising of individual chapters for each stage of the life course:

Core JSNA chapters

1. Population and context for children and young people
2. Maternity (pregnancy & birth)
3. Early Years (0-4 years)
4. School aged children (5-11 and 11-16 years)
5. Young people (16-19 years)

This chapter presents an overview of the health and wellbeing of babies, infants and children aged 0-4 across Shropshire.

The period between conception and the age of 5 is recognized as having a significant influence on a person's life. The environment a baby experiences whilst in the womb and the first 2 years of life are particularly critical for cognitive, emotional and physical development, likewise, the health and mental health of parents at this time is also critical to family health and wellbeing.

Objectives

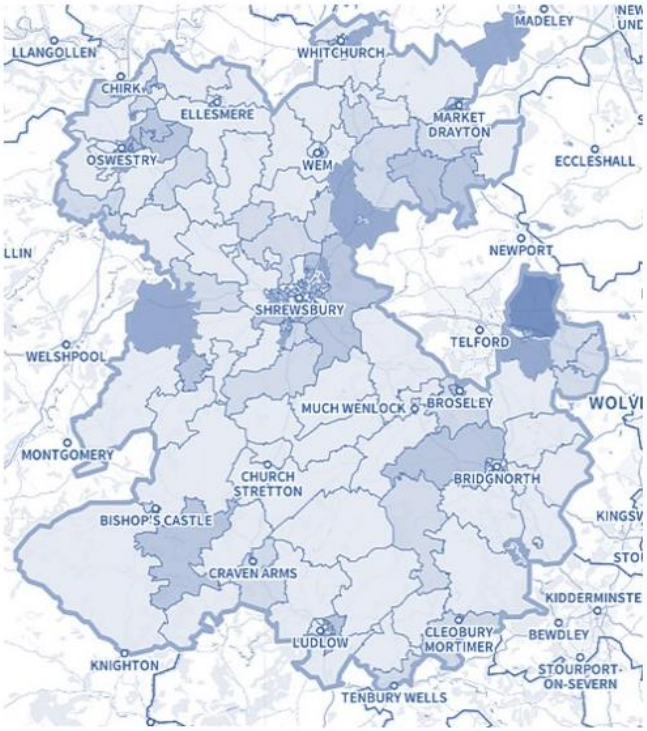
Given the broad range of needs and services for children under 5 years, this report is not an in depth review of any one specific service, but instead aims to provide an overview.

The objectives of this chapter of the Children and Young People's needs assessment therefore are to include the following:

- To describe the population profile of children under 5 and their families in Shropshire- please also see the Population and Context chapter
- To identify risk factors that impact on maternal, infant and child health outcomes - please also see the Population and Context chapter
- To provide an overview of the wider determinants of health and their impact on the under 5s and their families- please also see the Population and Context chapter
- To identify relevant national guidance and local policy in relation to early years
- To provide an overview of the health and wellbeing of under 5s
- To provide an overview of current service provision and assessment of outcomes including gaps in relation to domains impacting on early childhood outcomes; physical, psychosocial and emotional, cognitive and language development
- To identify vulnerable children, and/or at risk groups
- To identify gaps, barriers, and unmet needs in current service provision
- To provide evidence-based recommendations to ensure that the needs of 0-5 year olds are met in Shropshire

Executive summary

Early Years 0-4s Shropshire



Where do 0-4s live?

The colours represent the quintiles:
- 7% to 28%: 10 areas
- 6% to 7%: 22 areas
- 5% to 6%: 39 areas
- 4% to 5%: 40 areas
- 0% to 4%: 82 areas

14,423 aged 0-4 in 2021, **an 8% fall** from 2011 (England 7% fall)

4.5% aged 0-4 **of Shropshire's population** (England 5.4%)

2,639 live births in Shropshire during 2021

37 infant deaths during 2020-22, rate of 4.8 per 1,000 births

43 babies had **low birth weight** in 2021, 1.8% of all births

Overall deprivation is low in Shropshire. 513 or 3.6% of babies, infants and children aged 0-4 live in the top 5 most deprived areas (LSOAs) of Shropshire: Harlescott, Ludlow East, central Oswestry, Monkmoor and Meole Brace.

51% Male **49%** Female

3.6% **0-4s from ethnic minority groups in** 2011, 567 children

290 **0-4s with SEN support** in 2022/23 (5.7% of all children <19 with SEN support in Shropshire)

2,033 new birth visits by 14 days during 2022/23, 80.8% vs England 79.9%

30.1% infants breastfed at 6-8 weeks during Q3 2022/23 vs 41.9% England

2,186 6-8 week reviews, 73.3% compared to 79.6% in England during 2022/23

2,085 12 month reviews or 75.9% compared to 82.6% in England during 2022/23

1,519 2-2½ year reviews, 52.9% compared to 73.6% England during 2022/23

900 children achieving good level of development at 2-2½, 64.8% in Shropshire, 79.2% England during 2022/23

22.1% reception aged children (4–5-year-olds) **overweight or obese,** England 21.3%

89.8% MMR vaccine coverage in 2022/23, target =>95%

Doing well

- **Low birth weight of term babies is falling**
- The level of School readiness: **percentage of children achieving at least the expected level in communication and language skills at the end of Reception** is steady and above to the national average
- **Uptake of Healthy Start Voucher Scheme** is rising in Shropshire, with the gap closing between those eligible and those taking up the offer
- Local data (not yet validated) indicates an **improvement in 3 out of 4 health visiting mandated contacts,** with a rising trend in the following and a rate higher than the national average:
    - **New birth visits**
    - **6-8 week reviews**
    - **2-2 ½ year reviews**
- Rising rate of **breastfeeding prevalence at 6-8 weeks**, however this is still below the national average
- Qualitative information tells us that stakeholders feel our multi-agency working and digital offer are particular strengths in Shropshire

Areas for improvement (below the national average)

- **Smoking status at time of delivery** is above the national average but the rate is falling over time.
- The **infant mortality** rate in Shropshire is similar to the national average however has been rising since 2014-16. The same trend is seen for **neonatal mortality** with a steeper rise in infant mortality compared to neonatal.
- **Emergency admissions (0-4s)** are rising over time and above the national and regional average
- **Hospital admissions for dental caries (0-5 years)**is above the national average but is falling over time
- Population **Vaccination coverage: MMR two doses** (5 years old) is below the national target of 95% but has remained steady over time
- The **proportion of children receiving a 12 month review by 12 months** is below the national average and requires improvement at 50% compared to 83% nationally. However, this rate has been improving over time. The reason for this low rate is due to reviews taking place before 15 months, with a rate of 82%. This is due to mainly due to the timing that the invites are generated and parental choice. The service have made changes to the system to generate earlier appointments to ensure that these are more frequently prior to the child's first birthday.
- **Breastfeeding prevalence at 6-8 weeks** (data not yet validated) is below the national average
- The **rate of child development: percentage of children achieving a good level of development at 2 to 2½ years** is below the national average but has seen an improvement compared to the previous year
- **Child development: percentage of children achieving the expected level in communication skills, gross motor skills, fine motor skills, problem solving skills and personal social skills at 2 to 2½ years** are all steady but below the national average

Data caveat: the data period covered in this report coincides with the COVID-19 pandemic and national lockdowns (March 2020 onwards), therefore data may not be a true representation of the service's performance due to the substantial impact on service delivery. For mandated service delivery, virtual contacts were counted as valid for all data for 2020 to 2021 during the period of the pandemic response.

Policy and Guidance

Best Start for Life

The Best Start for life policy is a vision for brilliance in the 1,001 critical days from conception to age 2. Commissioned by the Prime Minister, and chaired by Rt Hon Andrea Leadsom MP, this vision was developed with input from families, professionals and academics.

The vision

The 1,001 critical days from conception to the age of two set the foundations for an individual's cognitive, emotional and physical development. Investing in this critical period presents a real opportunity to improve outcomes and tackle health disparities by ensuring that thousands of babies and families have improved access to quality support and services.

Developed as part of the early years healthy development review, this policy outlines 6 areas for action to improve the health outcomes of all babies in England.[1]:

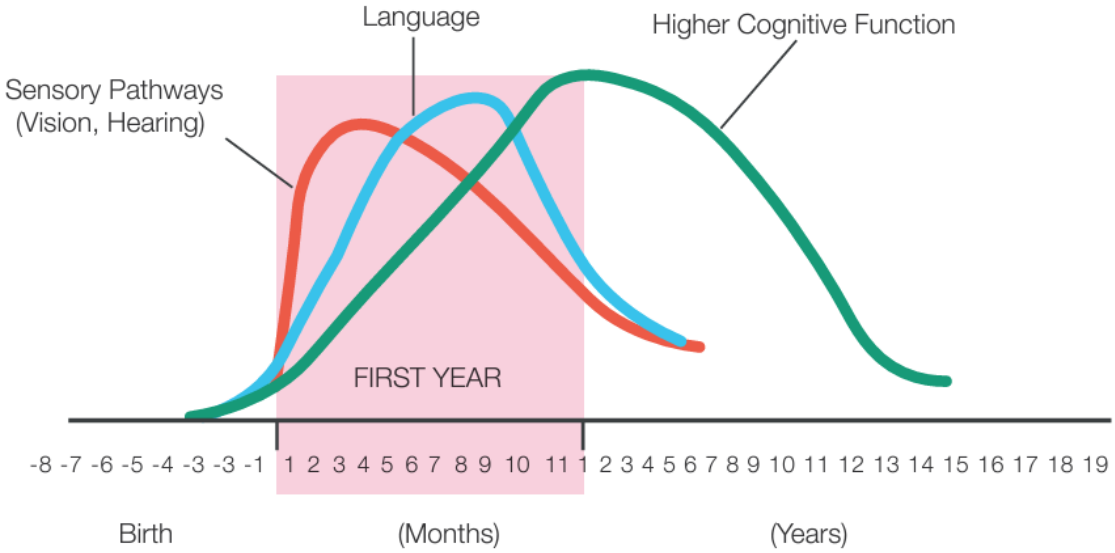
Action Areas

Ensuring families have access to the services they need
1. **Seamless support for families:** a coherent joined up Start for Life offer available to all families.
2. **A welcoming hub for families:** Family Hubs as a place for families to access Start for Life services.
3. **The information families need when they need it:** designing digital, virtual and telephone offers around the needs of the family.
Ensuring the Start for Life system is working together to give families the support they need
4. **An empowered Start for Life workforce:** developing a modern skilled workforce to meet the changing needs of families.
5. **Continually improving the Start for Life offer:** improving data, evaluation, outcomes and proportionate inspection.
6. **Leadership for change:** ensuring local and national accountability and building the economic case.

The policy highlighted the international, evidence-based agreement on the importance of the 1,001 critical days. During this time, our brains lay the foundations for the emotional health, physical wellbeing and social skills needed to live a healthy, happy life.

Figure 1: Human Brain Development from the Center on the Developing Child at Harvard University, available at https://developingchild.harvard.edu/

[1] https://www.gov.uk/government/publications/phe-strategy-2020-to-2025



Research shows that supporting babies' development can lead to lifelong benefits, including increased economic chances, longer life expectancy and reduction in crime.

Providing high quality services and support for babies is not only good for their lifelong potential, it can also reduce demand for public services by responding to risks early. Conversely, not dealing with issues at the earliest opportunity leaves individuals requiring more support later in life. This can be expensive. To give just one example, the Early Intervention Foundation estimated the cost of late intervention to be £17 billion a year in England and Wales.

To help minimise these costs and bring lifelong benefits to babies, Start for Life support must be focused on the right things and be well delivered. There are many services that all families rely on during the 1,001 critical days. These include midwifery, health visiting, infant-feeding support and perinatal mental health and parent-infant relationship support. Some families also require additional help across a range of areas such as smoking cessation, drugs and alcohol support, domestic violence reduction and debt and housing advice. Evidence points to several important areas that particularly impact a baby's health and development and where improvements in services are needed. This includes, but is not limited to, services that support breastfeeding, parent-infant relationships and perinatal mental health [2].

The services that families currently receive.

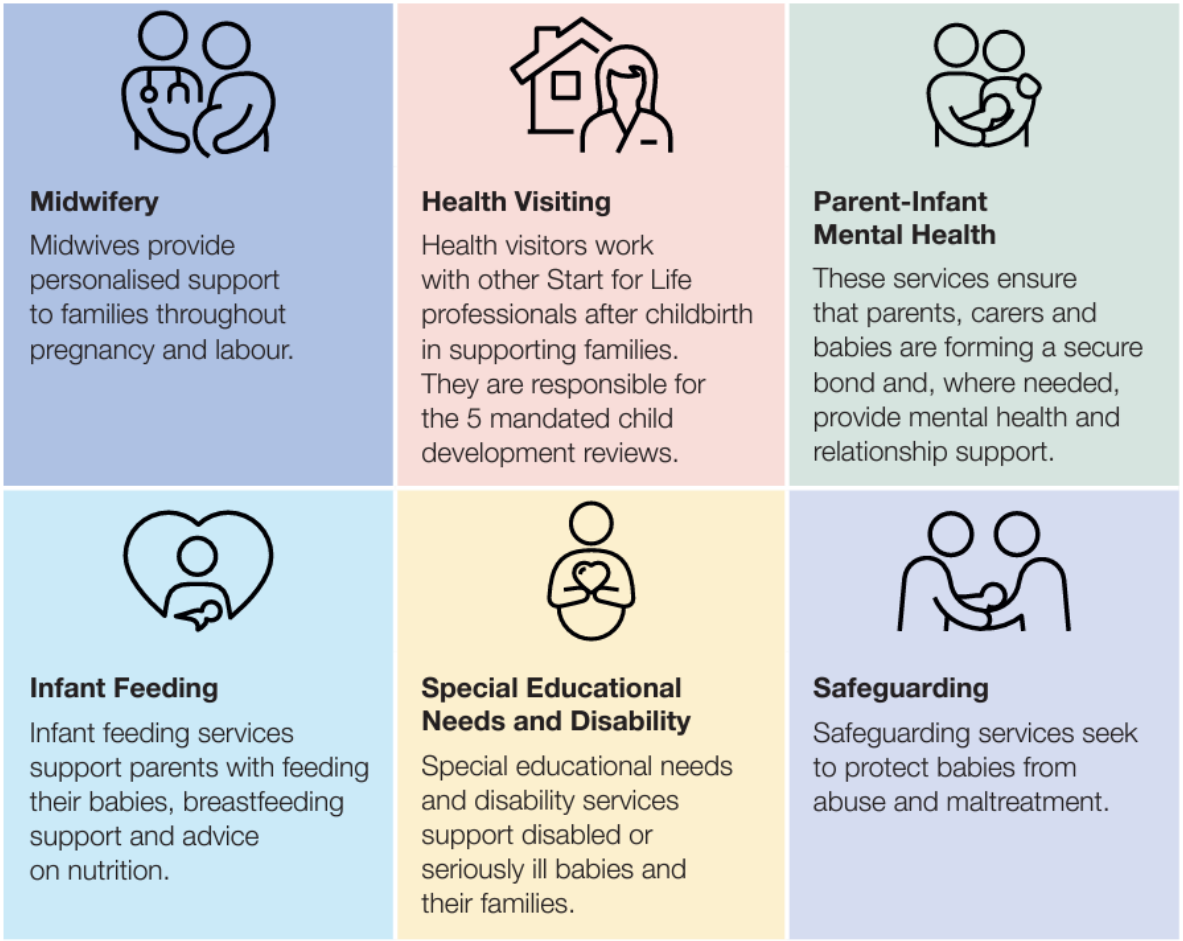
There are many different services available to support families throughout pregnancy, as their baby is born and in the months that follow. Currently, a small number of services are offered to every new parent or carer – these include midwifery and health visiting services, which sit alongside those services available to everyone, like General Practitioners (GPs) and NHS 111.

Many local partners offer a broader range of services to all their families, but a significant number only offer additional services on a 'targeted' basis in response to need. These additional services include breastfeeding support, mental health support, smoking cessation and intensive parenting support. Local authorities, working with partner organisations and agencies, have a statutory duty to safeguard and promote the welfare of all children,

[2] Best Start for Life: A Vision for the 1,001 critical days'
https://www.gov.uk/government/publications/phe-strategy-2020-to-2025

including babies, in their area. All of these services are vital for ensuring every baby gets the best start.

The 6 Universal Start for Life services



Aims

The ambition of Best Start for Life is to help reduce inequalities and improve health outcomes for children and families across England to ensure all mothers experience good health before, during and after pregnancy and all children to have a happy healthy childhood[3].

- reduced rates of infant mortality and low birthweight
- improvements in rates of key protective factors linked to better child health outcomes, such as maternal mental health and breastfeeding
- higher rates of childhood immunisation
- more children ready to learn by the age of two and ready to start school by the age of five
- lower rates of tooth decay and hospital attendances due to preventable accidents and illnesses

[3] Public Health England's 5-year strategy

Health and Social Care Act 2012

The Health and Social Care Act 2012 sets out local authorities' statutory responsibility for commissioning public health services for children and young people aged 0 to 19 years.

Public health services commissioned by local authorities form part of the 'whole system' of support for children and young peoples' health and wellbeing. Local authorities are well placed to ensure integrated commissioning and delivery with a wide range of stakeholders who provide support for physical and mental health and wellbeing, including the NHS and the voluntary and community sector, schools and colleges[4].

The core public health offer

All families with babies are to be offered 5 mandated health visitor reviews before their child reaches 2 and a half years old. The early years reviews are offered to all families. However, this is not the extent of the health visiting service offer for families who may also require additional support from the health visiting team, for example feeding, child development, physical or mental health support.

The only mandated elements of provision for 5-19 services is the national child measurement programme at reception and year 6. However, there are opportunities to develop a framework of reviews based on evidence, intelligence, professional judgement and service user voice which provides opportunities to review health and wellbeing needs, support behaviour change and influence outcomes. This presents opportunities for bringing together a robust approach for improving outcomes for children and young people across both health and local authority led services for children and young people aged 0 to 19.

The core public health offer for all children includes:[5].

- child health surveillance (including infant physical examination) and development reviews
- child health protection and screening
- information, advice and support for children, young people and families or carers
- early intervention and targeted support for families with additional needs
- health promotion and prevention by the multi-disciplinary team
- defined support in early years and education settings for children with additional and
- complex health needs
- additional or targeted public health nursing support, for example, support for children in care, young carers, or children of military families

Healthy Child Programme

Good health, wellbeing and resilience are vital for all our children now and for the future of society. There is good evidence about what is important to achieve this through improving children and young people's public health. This is brought together in the national healthy child programme 0 to 19.

The 0 to 5 element of the healthy child programme is led by health visiting services and the 5 to 19 element is led by school nursing services. Together they provide place-based services and work in partnership with education and other providers where needed. The universal reach of the healthy child programme provides an invaluable opportunity from early in a

[4] Health and Social Care Act 2012
[5] Best Start in life and beyond: healthy child programme 0 to 19

child's life to identify families that may need additional support and children who are at risk of poor outcomes.
The healthy child programme provides a framework to support collaborative work and more integrated delivery. It aims to:

- help parents, carers or guardians develop and sustain a strong bond with children
- support parents, carers or guardians in keeping children healthy and safe and reaching their full potential
- protect children from serious disease, through screening and immunisation
- reduce childhood obesity by promoting healthy eating and physical activity
- promote oral health
- support resilience and positive maternal and family mental health
- support the development of healthy relationships and good sexual and reproductive health
- identify health and wellbeing issues early, so support and early interventions can be provided in a timely manner
- make sure children are prepared for and supported in all childcare, early years and education settings and are especially supported to be 'ready to learn at 2 and ready for school by 5

Being ready for school is assessed as every child reaching a level of development which enables them to:

- communicate their needs and have good vocabulary
- become independent in eating, getting dressed and going to the toilet
- take turns, sit still and listen and play
- socialise with peers, form friendships and separate from parents
- have good physical health, including dental health
- be well nourished and within the healthy weight for height range
- have protection against vaccine-preventable infectious diseases, having received all childhood immunisations

It also involves:

- continued support through school age years to help every child to thrive and gain maximum benefit from education, driving high educational achievement
- identifying and helping children, young people and families with problems that might affect their chances later in life, including building resilience to cope with the pressures of life

The Healthy Child Programme aims to bring together health, education and other key partners to deliver an effective programme for prevention and support. Whilst recognising the contribution of other partners, there will be some elements which require clinical expertise and knowledge that can only be provided through services led and provided by the public health nursing workforce, for example, health visiting and school nursing teams [6].

Shropshire Council recognises that giving every child the Best Start in Life is imperative to reducing inequalities across the life course.

Healthy Child Programme: Pregnancy and first 5 years of life

Pregnancy and the first years of life are one of the most important stages in the life cycle. This is when the foundations of future health and wellbeing are laid down, and is a time

[6] Best Start in life and beyond: healthy child programme 0 to 19

when parents are particularly receptive to learning and making changes. There is good evidence that the outcomes for both children and adults are strongly influenced by the factors that operate during pregnancy and the first years of life. We have always known this, but new information about neurological development and the impact of stress in pregnancy, and further recognition of the importance of attachment, all make early intervention and prevention an imperative (Centre on the Developing Child, 2007). This is particularly true for children who are born into disadvantaged circumstances[7].

The Healthy Child Programme offers every family a programme of screening tests, immunisations, developmental reviews, information and guidance to support parenting and healthy choices – all services that children and families need to receive if they are to achieve their optimum health and wellbeing.

The Healthy Child Programme is universal in reach. It sets out a range of public health support in local places to build healthy communities and to reduce inequalities. It also includes a schedule of interventions, which range from services for all through extra help to intensive support. The Healthy Child Programme is also personalised in response. All services and interventions need to be personalised to respond to families' needs across time. For most families most of this will be met by the universal offer.

The service model is based on 4 levels of service – community, universal, targeted and specialist, depending on individual and family need. The use of community-based assets is central to the universal offer, where health visitors and school nurses are well placed to identify and signpost to local community support. Contact points or universal health and wellbeing reviews can be utilised to identify needs and to develop a support offer or signpost to specialist services if required.

Effective implementation of the HCP should lead to:

- strong parent–child attachment and positive parenting, resulting in better social and emotional wellbeing among children;
- care that helps to keep children healthy and safe;
- healthy eating and increased activity, leading to a reduction in obesity;
- prevention of some serious and communicable diseases;
- increased rates of initiation and continuation of breastfeeding;
- readiness for school and improved learning;
- early recognition of growth disorders and risk factors for obesity;
- early detection of – and action to address – developmental delay, abnormalities and ill health, and concerns about safety;
- identification of factors that could influence health and wellbeing in families; and
- better short- and long-term outcomes for children who are at risk of social exclusion.

The full schedule of the HCP can be found here.

High impact areas

The high impact areas have been developed to improve outcomes for children, young people and families. They are based on evidence of where these services can have significant impact for all children, young people and families and especially those needing more support and impact of health inequalities[8].
Early years (health visiting and school nursing) high impact areas are:

[8] Best Start in life and beyond: healthy child programme 0 to 19

- supporting transition to parenthood and the early weeks
- supporting maternal and infant mental health
- supporting breastfeeding (initiation and duration)
- supporting healthy weight and healthy nutrition
- improving health literacy; reducing accidents and minor illnesses
- supporting health, wellbeing and development. Ready to learn, narrowing the 'word gap

A bundle of indicators is available to measure performance and outcomes, for example through the Community Services Data Set (CSDS). Public Health Profiles are also available from the Child and Maternal Fingertips.

Health visitors

Health visitors, as public health nurses, use strength-based approaches, building non-dependent relationships to enable efficient and effective working with parents and families to support behaviour change, promote health protection and to keep children safe.

Health visitors also undertake a holistic assessment in partnership with the family, which builds on their strengths as well as identifying any difficulties. It includes the parents' capacity to meet their infant's needs, the impact and influence of wider family, community and environmental circumstances.

This period is an important opportunity for health promotion, prevention and early intervention approaches to be delivered. Working with parents and families, health visitors identify the most appropriate level of support and intervention for their individual needs.

Family Nurse Partnership

The Family Nurse Partnership (FNP) is an intensive, home visiting programme for vulnerable young women and their families that provides an evidence based and targeted service for vulnerable families. Commissioning and providing FNP will improve the life chances of first-time young parents and their children, helping to break the cycle of disadvantage by:

Local authorities commission the Family Nurse Partnership (FNP) programme, an evidence based, intensive parenting support intervention, as part of delivering the 0 to 5 public health offers for children as detailed in the Healthy Child Programme[9].

- supporting young mothers to build self-efficacy and engage with education, training and employment
- improving child health and development and early education outcomes particularly for boys, children of very young mothers and mothers who are not in education, training or employment
- delivering the Healthy Child Programme to first time young mothers
- helping young parents' access and engage with local services
- identifying safeguarding issues and working alongside statutory services to support interventions

FNP contributes to the Public Health Outcomes Framework (PHOF) for England which focuses on:

- increased healthy life expectancy
- reduced differences in life expectancy

[9] Best start in life and beyond- Family Nursing Partnership

- healthy life expectancy between communities

Specifically, FNP contributes to achieving the 6 early years high impact areas set out in the Healthy Child Programme (HCP) 0 to 19:

- supporting transition to parenthood and the early weeks
- supporting maternal and infant mental health
- supporting breastfeeding (initiation and duration)
- supporting healthy weight and healthy nutrition
- improving health literacy; reducing accidents and minor illnesses
- supporting health, wellbeing and development – ready to learn, narrowing the 'word gap'

Population profile

In Shropshire, there are 14,422 infants, babies and children aged 0-4 year olds, 7,403 (51%) of which are male and 7,020 (49%) are female[10]. This equates to 4.5 % of Shropshire's total population[21].

Between 2011 and 2021, there was an 8% reduction in the number of infants, babies and children aged 0-4 in Shropshire[11].

Chart showing number of usual resident population by sex and five-year age bands in Shropshire. Source: LG Inform

[10] Nomis - Official Census and Labour Market Statistics (nomisweb.co.uk)

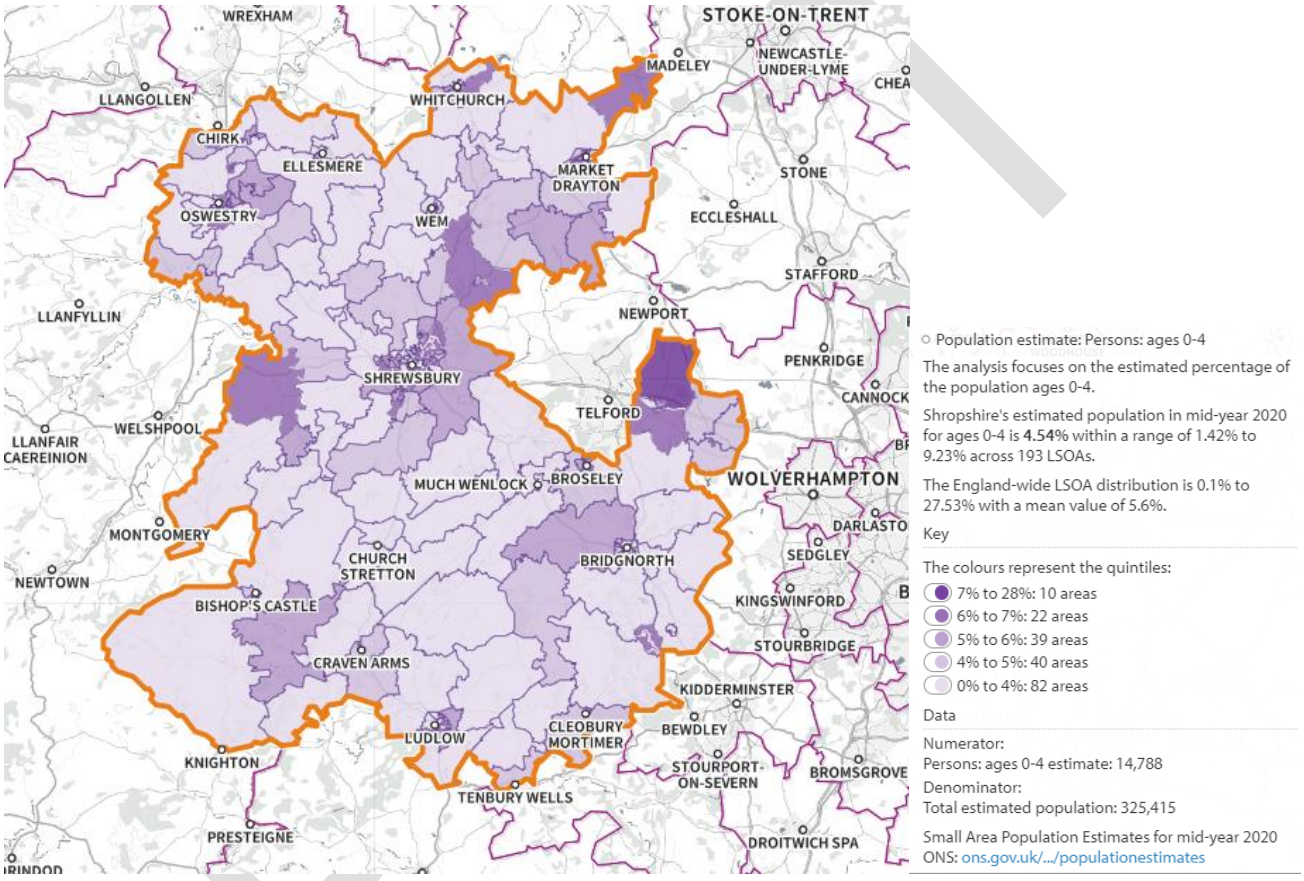
For more information on population change, see this report.

To view more population data and wider determinants of health for children and young people in Shropshire, please view the Population and Context Chapter of this JSNA pack.

Where do 0-4 year olds live?

The highest number of 0-4 year olds live in Bayston Hill, Column and Sutton ward, Oswestry East and Market Drayton West.

Map showing population aged 0-4 years old (%) by Ward, Shropshire (ONS mid 2020), Source: SHAPE tool

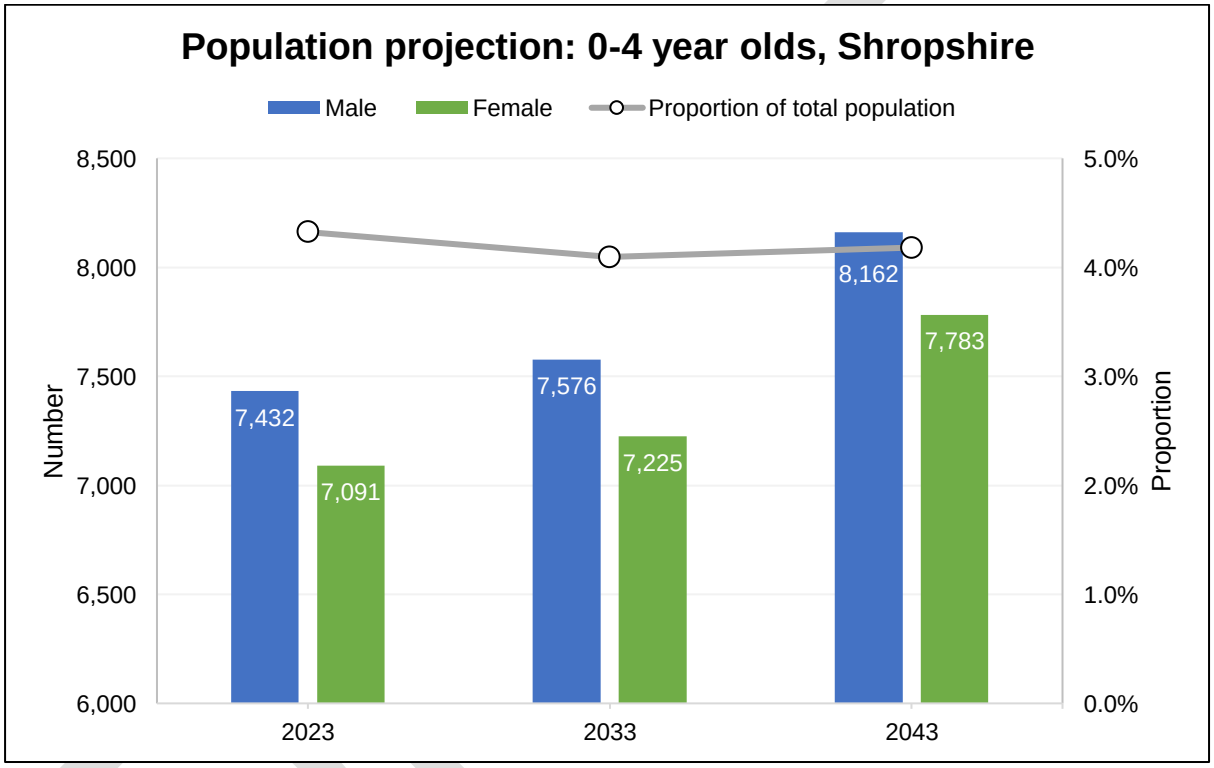


Future trends

The Office for National Statistics (ONS) population projections predict that the 0 to 4 years population in Shropshire would increase by 1.9% (281) between 2023 and 2033 and by 9.8% between 2023 and 2043 (1,423).

Nationally, the population in this age group is predicted to fall between 2023 and 2033 by 0.1%. Shropshire can therefore expect a greater demand for early years services in the future relative to other areas in England.

Chart showing ONS population projections for 0-4 year olds in Shropshire, 2023-2043.



Key statistics

High level summary

The data below presents a range of performance and outcome monitoring measures relating to babies and children aged 0-4 years old and are in line with assessing outcomes and the success of the Healthy Child Programme[11]:

Indicator	Period	Shropshire			Region England	England	England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Under 18s conception rate / 1,000	2021	–	65	12.5	15.2	13.1	31.5		2.7
Smoking status at time of delivery New data	2022/23	→	283	11.4%	9.1%	8.8%	19.4%		3.4%
Low birth weight of term babies	2021	→	43	1.8%	3.0%	2.8%	5.0%		1.5%
Infant mortality rate New data	2020 - 22	–	37	4.8	5.6	3.9	7.6		1.4
Breastfeeding prevalence at 6 to 8 weeks - current method New data	2022/23	–	917	*	*	49.2%*	-	*Insufficient number of values for a spine chart*	
Reception prevalence of overweight (including obesity) (4-5 yrs) New data	2022/23	→	565	22.1%	22.2%	21.3%	29.6%		1%
A&E attendances (0 to 4 years) New data	2022/23	–	8,765	617.3	837.7	797.3	1,928.9		414.7
Emergency admissions (0 to 4 years)	2021/22	–	2,595	180.8	171.7	161.5	328.3		63.0
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 4 years) New data	2021/22	–	125	87.2	100.0	103.6	204.4		42.0
Children with one or more decayed, missing or filled teeth	2016/17	–	-	18.8%	25.7%	23.3%	47.1%		12.9%
Population vaccination coverage: MMR for two doses (5 years old) New data <90% 90% to 95% ≥95%	2022/23	→	2,763	89.8%	83.7%	84.5%	56.3%		94.4%
Proportion of New Birth Visits (NBVs) completed within 14 days New data	2022/23	↓	2,033	80.8%	80.7%	79.9%*	13.3%		99.0%
Proportion of infants receiving a 6 to 8 week review New data	2022/23	↓	2,186	73.3%	79.2%	79.6%*	4.9%		98.5%
Proportion of children receiving a 12-month review New data	2022/23	→	2,085	75.9%	85.8%	82.6%*	22.9%		99.0%
Proportion of children who received a 2 to 2½ year review New data	2022/23	→	1,519	52.9%	77.0%	73.6%*	5.3%		98.0%
Proportion of children aged 2 to 2½yrs receiving ASQ-3 as part of the Healthy Child Programme or integrated review New data	2022/23	↑	1,389	91.4%	94.4%	92.5%*	43.7%		100%
Child development: percentage of children achieving a good level of development at 2 to 2 and a half years New data	2022/23	↓	900	64.8%	76.3%	79.2%*	4.1%		94.4%
Child development: percentage of children achieving the expected level in communication skills at 2 to 2 and a half years New data	2022/23	↓	1,058	76.2%	83.0%	85.3%*	12.0%		95.9%
Child development: percentage of children achieving the expected level in gross motor skills at 2 to 2½ years New data	2022/23	↓	1,188	85.5%	92.0%	92.8%*	13.3%		98.8%
Child development: percentage of children achieving the expected level in fine motor skills at 2 to 2½ years New data	2022/23	→	1,234	88.8%	91.9%	92.6%*	13.8%		99.1%
Child development: percentage of children achieving the expected level in problem solving skills at 2 to 2½ years New data	2022/23	→	1,207	86.9%	90.3%	91.8%*	11.3%		98.3%
Child development: percentage of children achieving the expected level in personal social skills at 2 to 2 and a half years New data	2022/23	→	1,168	84.1%	89.0%	90.3%*	13.7%		97.2%
School readiness: percentage of children achieving a good level of development at the end of Reception New data	2022/23	–	1,973	67.6%	66.0%	67.2%	58.5%		
School readiness: percentage of children achieving at least the expected level in communication and language skills at the end of Reception New data	2022/23	–	2,432	83.3%	78.1%	79.7%	69.7%		%
School readiness: percentage of children achieving at least the expected level of development in communication, language and literacy skills at the end of Reception New data	2022/23	–	2,031	69.6%	67.4%	68.8%	59.4%		%

How these measures relate to the six high impact areas can be found here.

[11] OHID Fingertips: Early Years

Under 18 conceptions (teenage pregnancy)

Most teenage pregnancies are unplanned and around half end in an abortion. As well as it being an avoidable experience for the young woman, abortions represent an avoidable cost to the NHS[12]. And while for some young women having a child when young can represent a positive turning point in their lives, for many more teenagers bringing up a child is extremely difficult and often results in poor outcomes for both the teenage parent and the child, in terms of the baby's health, the mother's emotional health and well-being and the likelihood of both the parent and child living in long-term poverty[22].

Research evidence, particularly from longitudinal studies, shows that teenage pregnancy is associated with poorer outcomes for both young parents and their children[22]. Teenage mothers are less likely to finish their education, are more likely to bring up their child alone and in poverty and have a higher risk of poor mental health than older mothers. Infant mortality rates for babies born to teenage mothers are around 60% higher than for babies born to older mothers[22]. The children of teenage mothers have an increased risk of living in poverty and poor quality housing and are more likely to have accidents and behavioural problems[22].

In 2021, there were 65 pregnancies among girls and women aged under 18, equating to rate of 12.5 per 1,000 population, similar to the national rate of 13.1 and below the regional rate. This ranks Shropshire third lowest in the West Midlands[13]. There is no trend data for this measure.

Under 18s conception rate per 1,000 in Shropshire including regional neighbours, with West Midlands and England comparisons, 2021. Source: Child and Maternal Health Profile, Fingertips, OHID

Better 95% | Similar | Worse 95% | Not compared

Recent trends: – Could not be calculated | → No significant change | ↑ Increasing & getting worse | ↑ Increasing & getting better | ↓ Decreasing & getting worse | ↓ Decreasing & getting better

Under 18s conception rate / 1,000 2021 — Crude rate - per 1,000

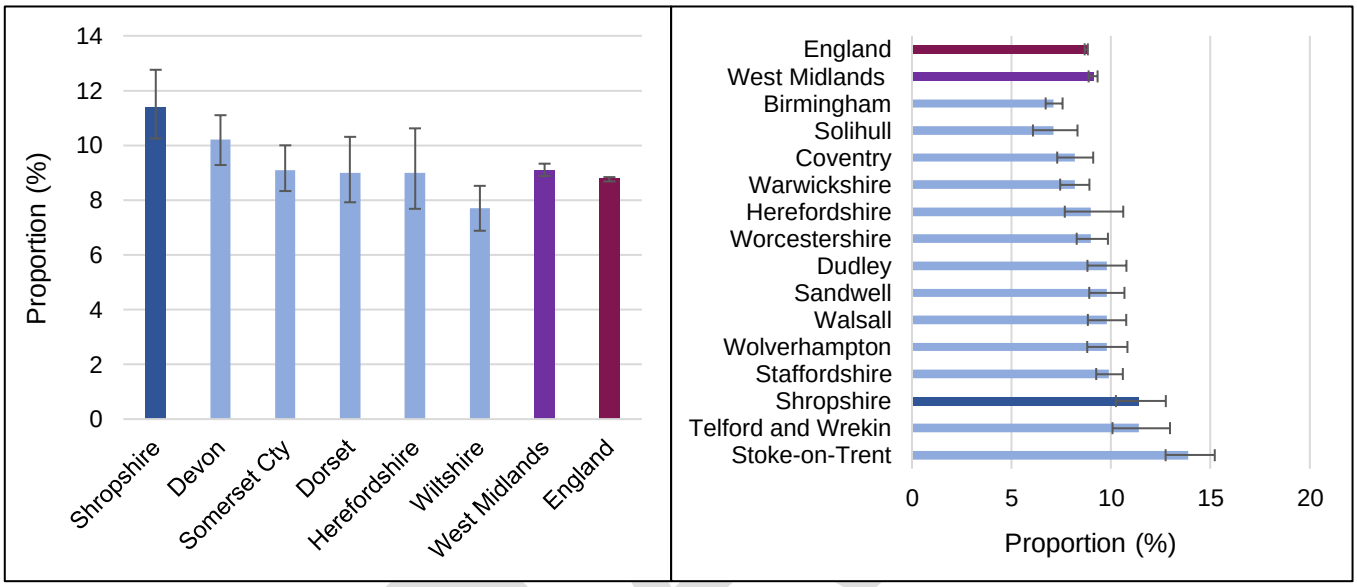
Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	12,361	13.1	12.9	13.3
West Midlands region	–	1,587	15.2	14.5	16.0
Stoke-on-Trent	–	107	24.4	20.0	29.5
Telford and Wrekin	–	65	19.5	15.0	24.8
Walsall	–	101	18.9	15.4	23.0
Coventry	–	109	18.6	15.2	22.4
Wolverhampton	–	87	18.5	14.8	22.8
Dudley	–	95	17.3	14.0	21.1
Staffordshire	–	224	16.2	14.1	18.5
Herefordshire	–	41	14.7	10.6	20.0
Sandwell	–	93	14.1	11.4	17.2
Birmingham	–	316	13.5	12.0	15.0
Warwickshire	–	125	13.0	10.8	15.5
Shropshire	–	65	12.5	9.7	16.0
Worcestershire	–	116	11.7	9.6	14.0
Solihull	–	43	11.4	8.2	15.3

[12] Public health profiles - OHID (phe.org.uk)
[13] Child and Maternal Health - Data - OHID (phe.org.uk)

Smoking status at time of delivery

In the period 2022-23, 11.4% of women in Shropshire were known to be smokers at the time of delivery, a proportion significantly worse than the West Midlands average of 9.1% and England average of 8.8%. Shropshire currently ranks third highest in the West Midlands region and highest among its statistical neighbours[14].

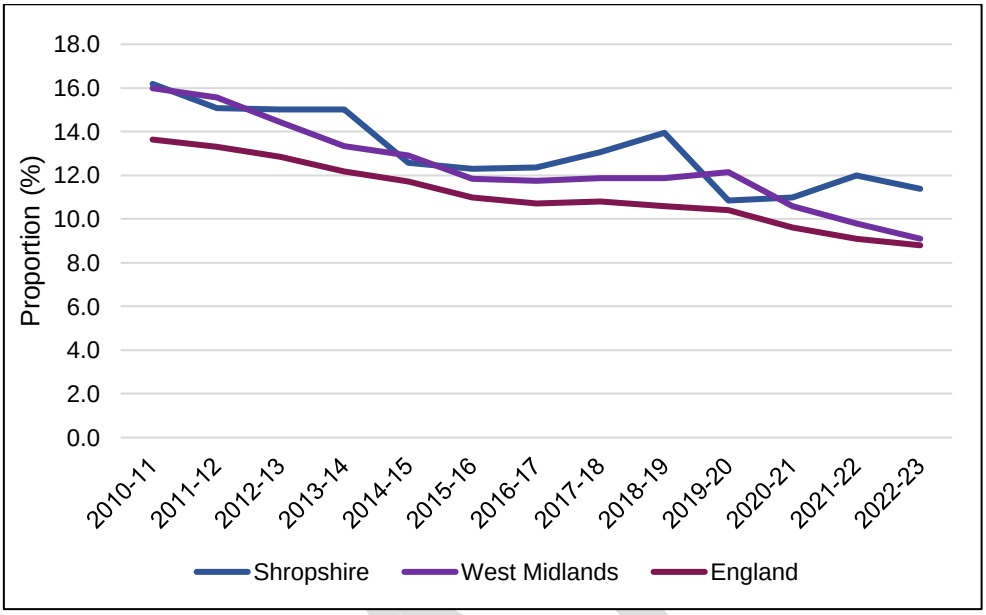
Percentage of women known to be smokers at the time of delivery in Shropshire including statistical and regional neighbours, with West Midlands and England comparisons, 2022-23. Source: Child and Maternal Health Profile, Fingertips, OHID



In recent years, this proportion increased between 2019-20 and 2021-22, after which a decline was observed in 2022-23.

[14] Child and Maternal Health - Data - OHID (phe.org.uk)

Percentage of women known to be smokers at the time of delivery in Shropshire, including West Midlands and England comparisons, 2010-11 to 2022-23. Source: Child and Maternal Health Profile, Fingertips, OHID



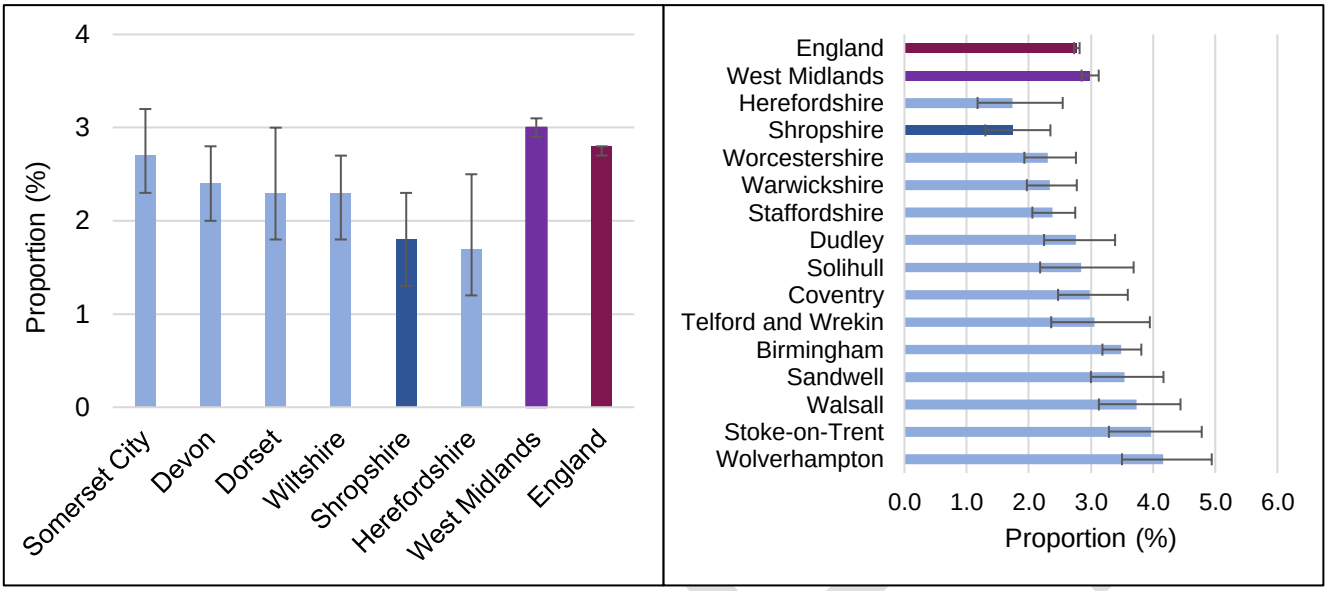
Low birth weight

Low birth weight increases the risk of childhood mortality and of developmental problems for the child and is associated with poorer health in later life[15].

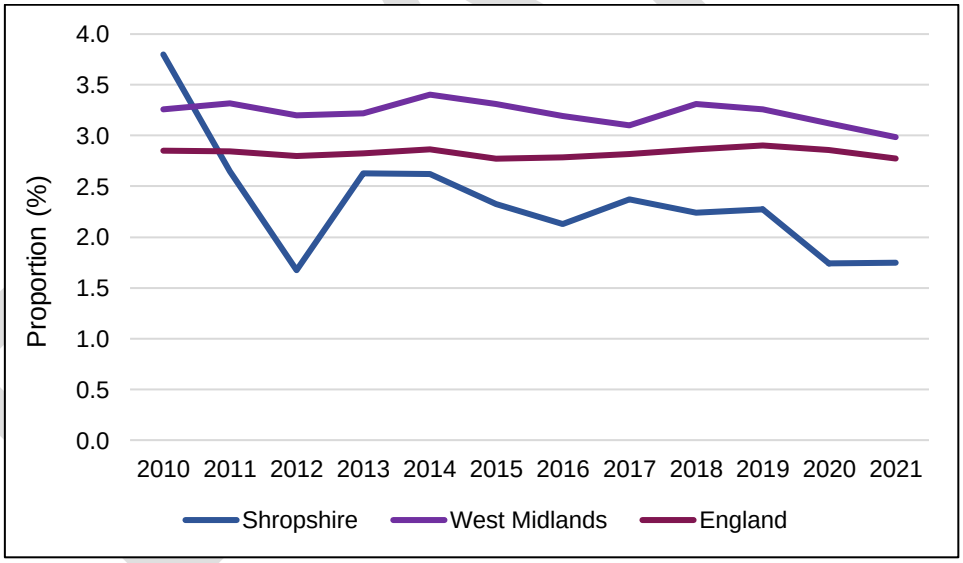
In 2021, 1.8% of infants (gestational age of at least 37 complete weeks) were born with a low birthweight, a proportion better than the West Midlands average of 3.0% and England average of 2.8%[16]. This proportion has been falling in Shropshire compared to the previous two years and currently ranks Shropshire second lowest in the West Midlands region and second lowest compared to its statistical neighbours.

[15] Child and Maternal Health - Data - OHID (phe.org.uk)
[16] Child and Maternal Health - Data - OHID (phe.org.uk)

Percentage of low of birth weight of infants in Shropshire, including statistical and regional neighbours, with West Midlands and England comparisons, 2021. Source: Child and Maternal Health Profile, Fingertips, OHID



Percentage of low of birth weight of infants in Shropshire, including West Midlands and England comparisons, 2010 – 2021. Source: Child and Maternal Health Profile, Fingertips, OHID

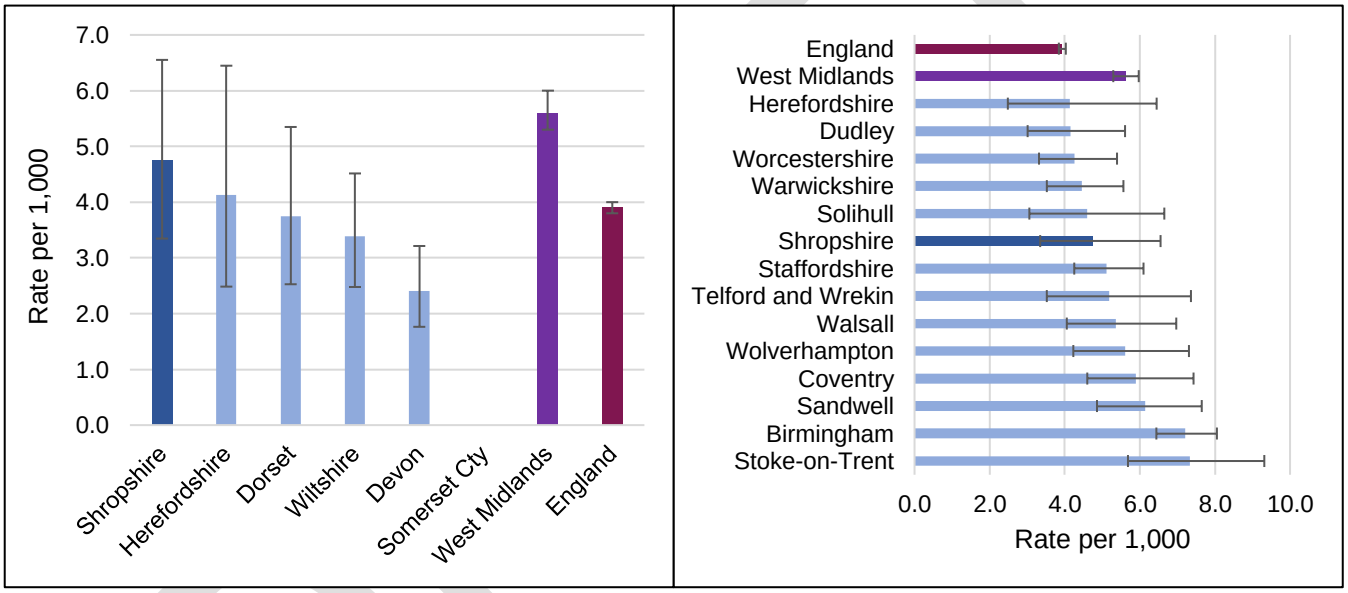


Infant mortality

Infant mortality is an indicator of the general health of an entire population. It reflects the relationship between causes of infant mortality and upstream determinants of population health such as economic, social and environmental conditions. Deaths occurring during the first 28 days of life in particular, are considered to reflect the health and care of both mother and new-born [17].

In the period 2020-22, there were 37 deaths under one year of age in Shropshire. This equates to an infant mortality rate of 4.8 per 1,000 live births[18]. This is the sixth lowest regionally, similar to the regional rate of 5.6 per 1,000 and the national rate of 3.9 per 1,000 live births. Shropshire's rate was the highest compared to its statistical neighbours.

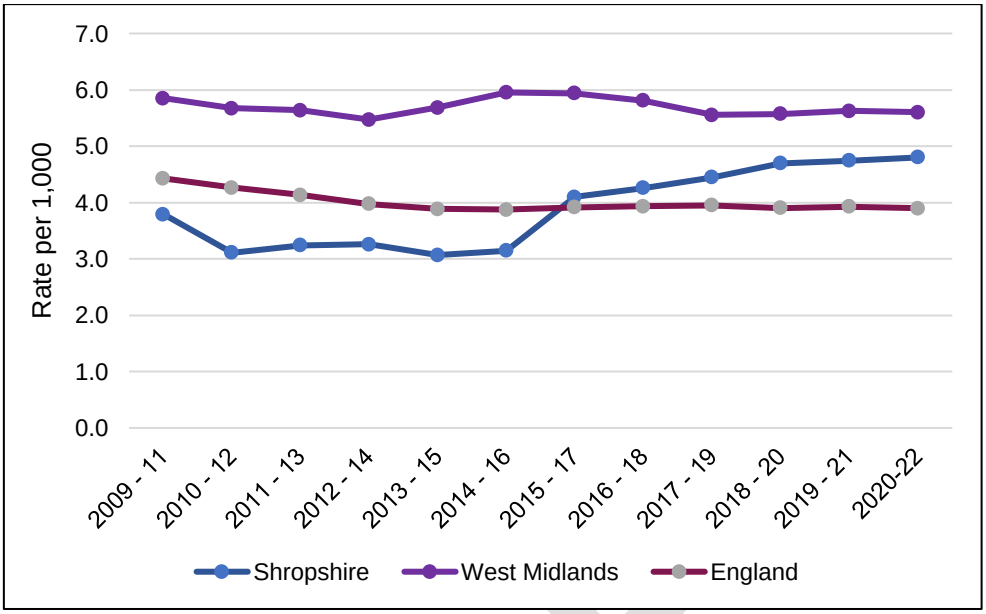
Infant mortality rate in Shropshire including statistical and regional neighbours, with West Midlands and England comparisons, 2020-22. Source: Child and Maternal Health Profile, Fingertips, OHID



Shropshire's rate increased between 2014-16 and 2018-20 but recently has started to level off. Overall, the national rate has been declining over time however now remains steady compared to the previous period.

[17] Child and Maternal Health - Data - OHID (phe.org.uk)
[18] Child and Maternal Health - Data - OHID (phe.org.uk)

Infant mortality rate in Shropshire, including West Midlands and England comparisons, 2009-11 to 2020-22. Source: Child and Maternal Health Profile, Fingertips, OHID



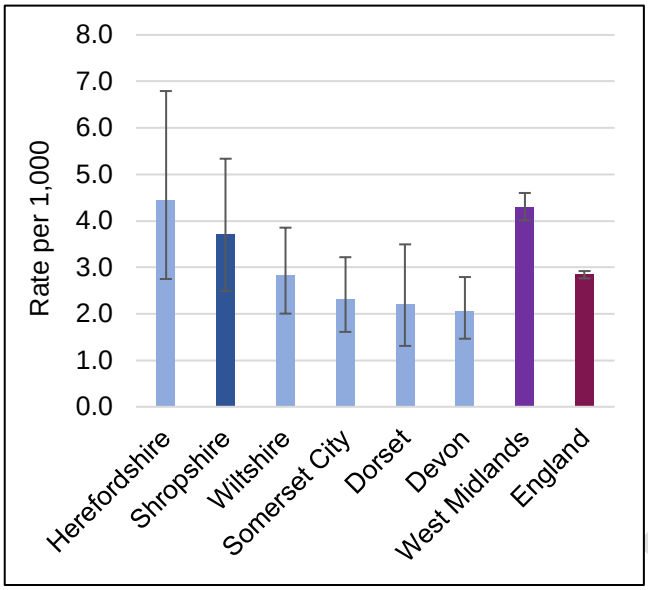
Neonatal mortality

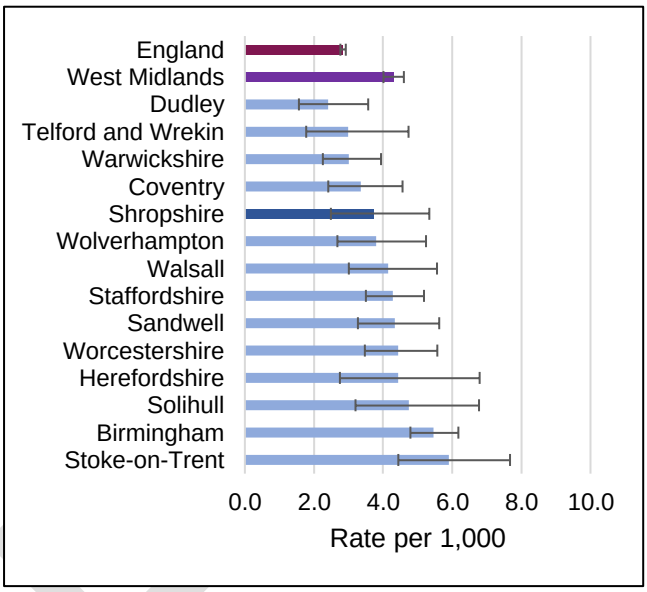
In 2015, the Government announced an ambition to reduce the rate of stillbirths, neonatal and maternal deaths by 50% by 2030[19]. The Maternity Transformation Programme brings together a range of organisations and stakeholders to deliver on this ambition, among others[28]. Deaths occurring during the first 28 days of life (the neonatal period) in particular, are considered to reflect the health and care of both mother and newborn[28]. The first 28 days of life – the neonatal period – represent the most vulnerable time for a child's survival[28].

In the period 2019-21, there were 29 neonatal deaths (deaths under 28 days) in Shropshire. This equates to a neonatal mortality rate of 3.7 per 1,000 live births[20]. This rate was the 5th lowest rate regionally, significantly lower to the regional rate of 4.3 per 1,000 and similar to the national rate of 2.8 per 1,000 live births. Shropshire's rate was the second highest compared to its statistical neighbours.

[19] Child and Maternal Health - Data - OHID (phe.org.uk)
[20] Child and Maternal Health - Data - OHID (phe.org.uk)

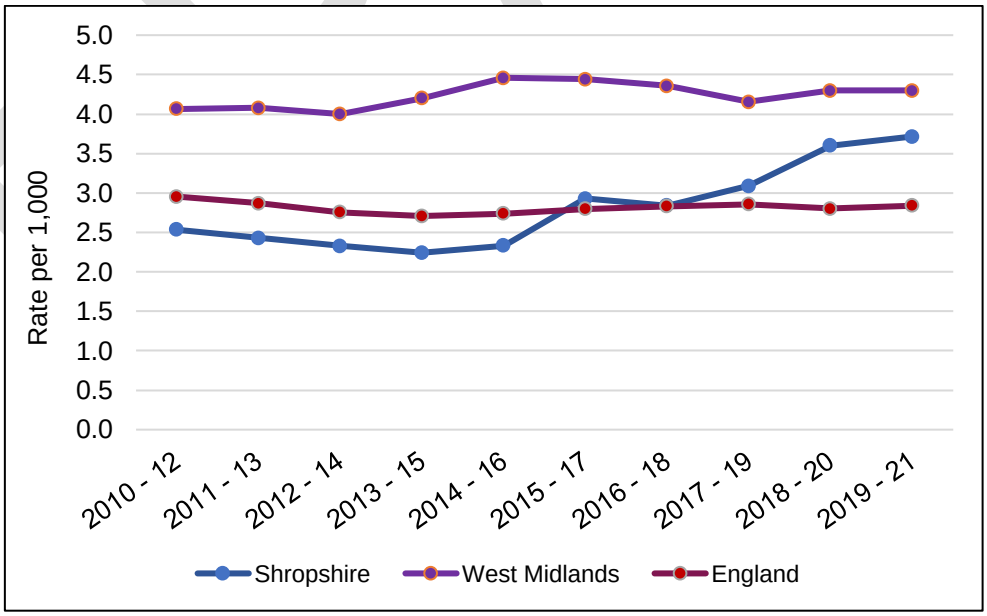
Neonatal mortality rate in Shropshire, including statistical and regional neighbours, with West Midlands and England comparisons, 2019-21. Source: Child and Maternal Health Profile, Fingertips, OHID





Neonatal mortality rate in the period 2019-21 was highest in males – 4.0 per 1,000 live births compared to females – 3.4 per 1,000 live births. As shown in the figure below, neonatal mortality in Shropshire has been increasing since 2014-16. This is opposite to the trend observed regionally and nationally where rates are levelling off.

Neonatal mortality rate in Shropshire, including West Midlands and England comparisons, 2010-12 to 2019-21. Source: Child and Maternal Health Profile, Fingertips, OHID

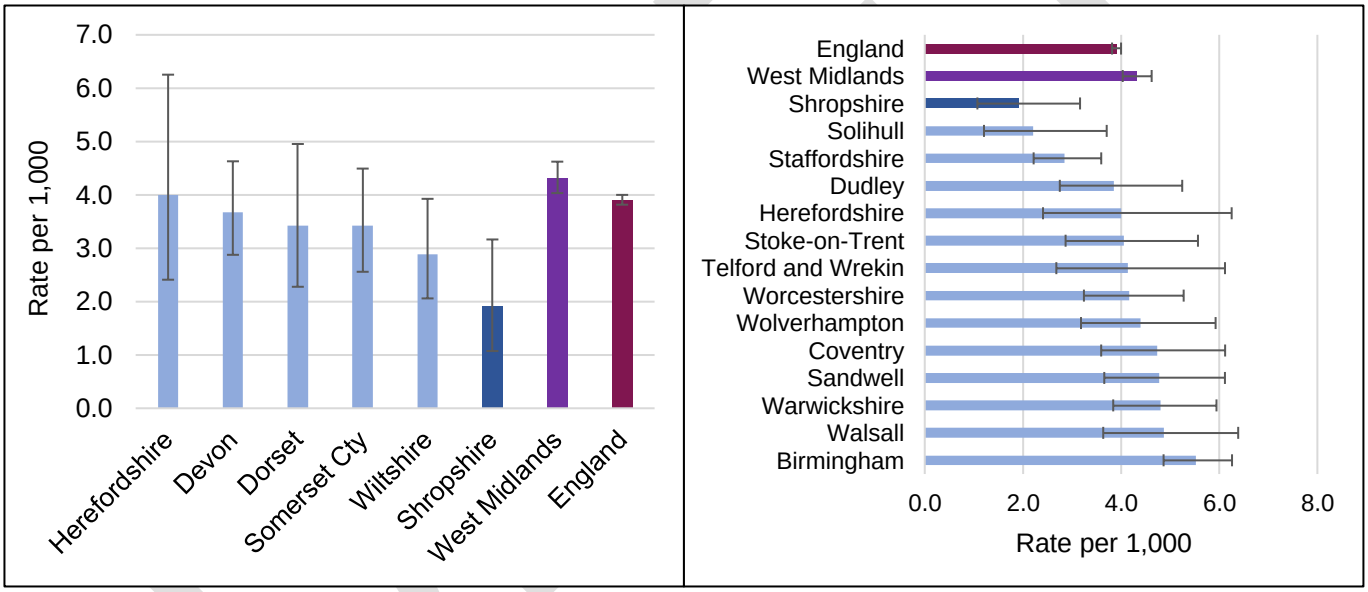


Stillbirth rate

Stillbirth rates in the United Kingdom have shown little change over the last 20 years, and the rate remains among the highest in high income countries[21]. Risk factors associated with stillbirth include maternal obesity, ethnicity, smoking, pre-existing diabetes, and history of mental health problems, antepartum haemorrhage and fetal growth restriction (birth weight below the 10th customised weight percentile)[30]. In 2015 the government announced an ambition to halve the rate of stillbirths by 2030[30].

In the period 2019-21, there were 15 stillbirths (fetal deaths occurring after 24 weeks of gestation) in Shropshire[22]. This equates to a rate of 1.9 per 1,000 births. This rate was the lowest regionally, significantly lower than the regional rate of 4.3 per 1,000 and the national rate of 3.9 per 1,000[31]. Shropshire's rate was the lowest among its statistical neighbours as shown in the figure below.

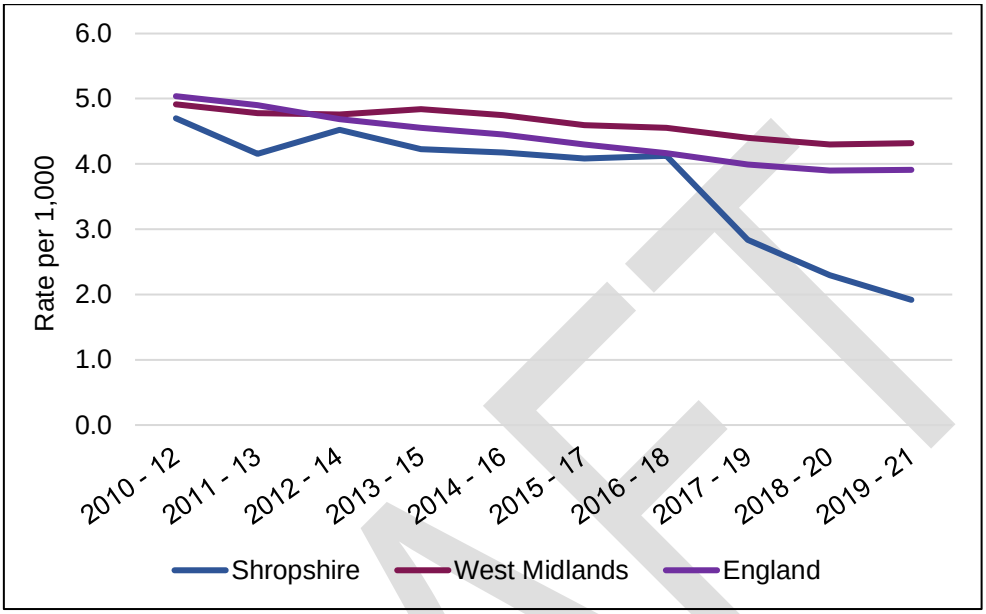
Neonatal mortality rate in Shropshire including statistical and regional neighbours, with West Midlands and England comparisons, 2019-21. Source: Child and Maternal Health Profile, Fingertips, OHID



[21] Child and Maternal Health - Data - OHID (phe.org.uk)
[22] Child and Maternal Health - Data - OHID (phe.org.uk)

As shown in the figure below, Shropshire's stillbirth rate has decreased since 2010-12, with a 54% decrease seen between 2016-18 and 2019-21. Overall, the national and regional rate has been declining over time (since 2010-12).

Stillbirth rate in Shropshire, including West Midlands and England comparisons, 2010-12 to 2019-21. Source: Child and Maternal Health Profile, Fingertips, OHID

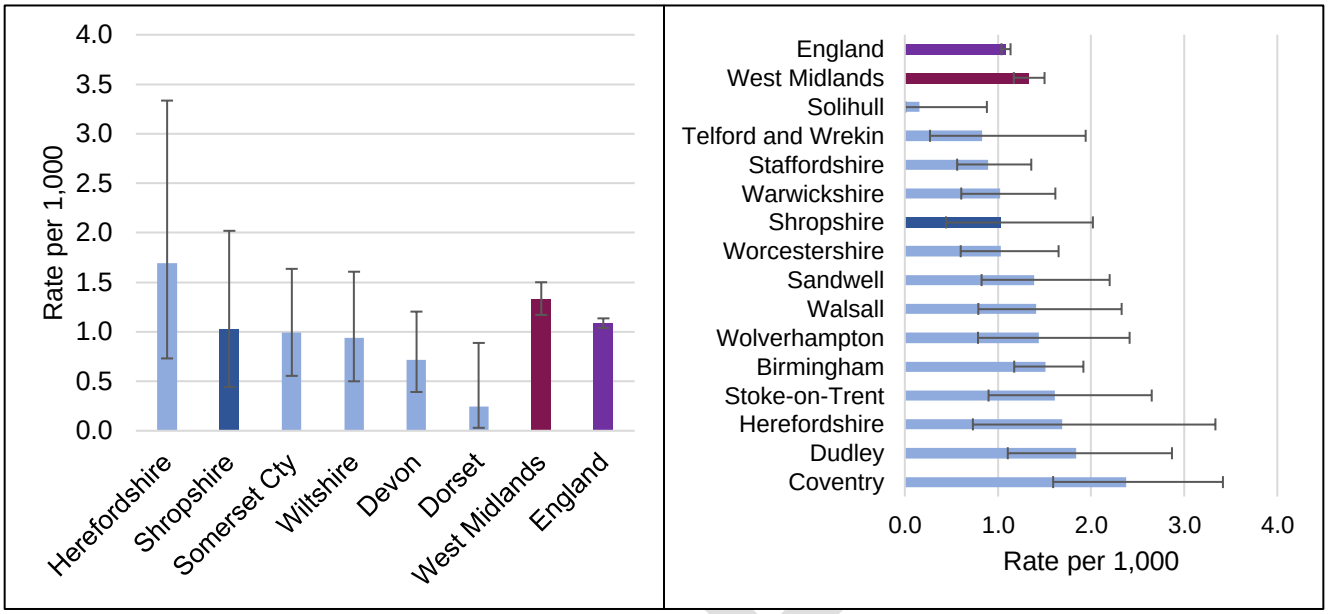


Post-neonatal mortality

In the period 2019-21, there were 8 post-neonatal deaths (deaths occurring between 28 days and 1 year) in Shropshire[23]. This equates to a rate of 1.0 per 1,000 births. This rate was the 5th lowest regionally, similar to the regional rate of 1.3 per 1,000 and the national rate of 1.1 per 1,000. Shropshire's rate was the 2nd highest among its statistical neighbours as shown in the figure below.

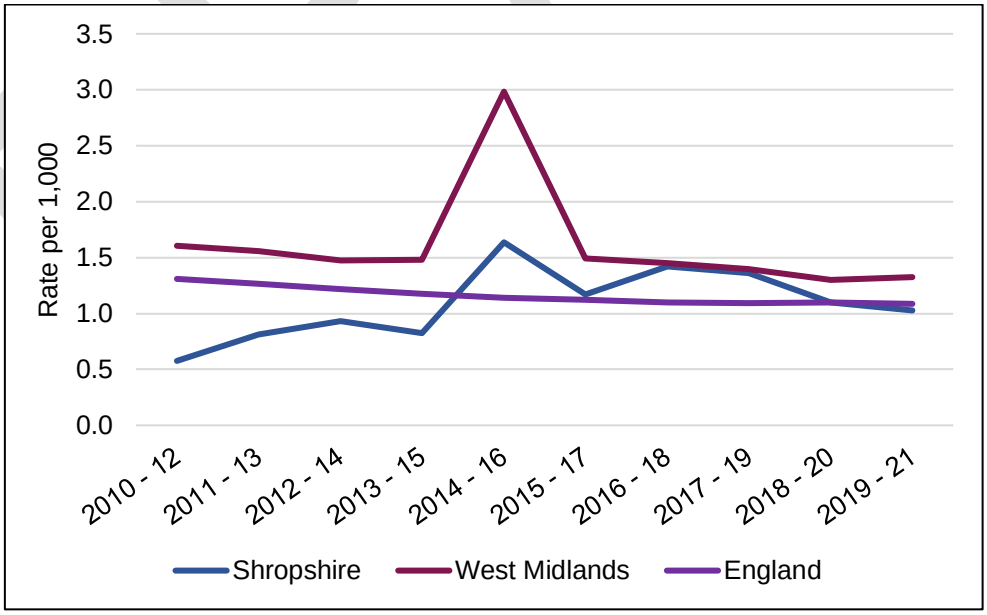
[23] Child and Maternal Health - Data - OHID (phe.org.uk)

Post-neonatal mortality rate in Shropshire, including statistical and regional neighbours, with West Midlands and England comparisons, 2019-21. Source: Child and Maternal Health Profile, Fingertips, OHID



Shropshire's rate saw an increase between 2010-12 and 2014-16, after which a steady decrease in rate was observed. This trend is in line with what was observed regionally. Overall, the national rate has been stable and declining over time (since 2010-12).

Post-neonatal mortality rate in Shropshire, including West Midlands and England comparisons, 2010-12 to 2019-21. Source: Child and Maternal Health Profile, Fingertips, OHID



Breastfeeding

Increases in breastfeeding are expected to reduce illness in young children, have health benefits for the infant and the mother and result in cost savings to the NHS through reduced hospital admission for the treatment of infection in infants (Quigley et al 2007.) Breast milk provides the ideal nutrition for infants in the first stages of life.

There is evidence that babies who are breast fed experience lower levels of gastro-intestinal and respiratory infection. Observational studies have shown that breastfeeding is associated with lower levels of child obesity. Mothers who do not breastfeed have an increased risk of breast and ovarian cancers and may find it more difficult to return to their pre-pregnancy weight (World Cancer Research Fund; DH, cited in NICE Public health guidance PH11 [24]).

Current national and international guidance recommends exclusive breastfeeding for new-borns and for the first six months of infancy [25].

Increasing rates of breastfeeding initiation and continuation is also recommended within the DH Healthy Child Programme Breastfeeding initiation and uptake at 6-8 weeks are included in the NICE proposals for the Commissioning Outcomes Framework.

The longer-term strategic solution for data collection and reporting for this indicator is NHS Digital's Community Services Dataset (formerly the Children and Young Peoples (CYPHS) data set). It is mandatory for the providers of public funded services to submit the dataset to NHS Digital. Whilst the data set is operational and reporting has begun, providers are at different stages of maturity with their submissions or readiness to flow the data therefore it is expected to take some additional time for this data set to reach sufficient coverage for reporting purposes.

In addition to the statutory checks, breastfeeding and healthy start vouchers/vitamins are two other key service indicators for health and wellbeing

Breastfeeding prevalence at 6-8 weeks after birth

Shropshire's published breastfeeding data on OHID's Fingertips platform has data quality issues, which means comparisons to the regional and national average are not possible.

Note: the denominator for this national measure is the number of infants due a 6-8 week review.

To view rates of breastfeeding where the denominator is the number of infants receiving a 6-8 week review- see here.

During 2022-23, in Shropshire, 917 infants were reported to be totally or partially breastfed at age 6-8 weeks [26]. A rise compared to the previous year's figure of 858 infants.

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[24] https://www.nice.org.uk/guidance/ph11/chapter/2-public-health-need-and-practice

[25] http://www.who.int/nutrition/topics/infantfeeding_recommendation/en/index.html http://www.nice.org.uk/nicemedia/live/11943/40097/40097.pdf

[26] **Definition:**
This is the percentage of infants that are totally or partially breastfed at age 6-8 weeks. Totally breastfed is defined as infants who are exclusively receiving breast milk at 6-8 weeks of age - that is, they are not receiving formula milk, any other liquids or food. Partially breastfed is defined as infants who are currently receiving breast milk at 6-8 weeks of age and who are also receiving formula milk or any other liquids or food. Not at all breastfed is defined as infants who are not currently receiving any breast milk at 6-8 weeks of age. The numerator is the count of the number of infants recorded as being totally breastfed at 6-8 weeks and the number of infants recorded as being partially breastfed. The denominator is the total number of infants due a 6-8 weeks check.

Breastfeeding prevalence at 6-8 weeks after birth in Shropshire, with West Midlands and England comparisons, 2022-23. Source: Child and Maternal Health Profile, Fingertips, OHID

Recent trend: Could not be calculated

Period		Shropshire Count	Value	95% Lower CI	95% Upper CI	West Midlands	England
2015/16		1,272	45.9%	44.0%	47.8%	*	43.2%*
2016/17		1,533	*	-	-	*	44.4%*
2017/18		1,360	*	-	-	*	43.1%*
2018/19		1,188	*	-	-	*	46.2%*
2019/20		1,030	*	-	-	*	48.0%*
2020/21		738	*	-	-	*	47.6%*
2021/22		858	*	-	-	*	49.2%*
2022/23		917	*	-	-	*	49.2%*

Source: OHID's (formerly PHE) interim reporting of health visiting metrics

To give an indication of the breastfeeding prevalence trends in Shropshire, the local rate has been calculated using data from the provider, which has not yet been validated. Please treat with caution.

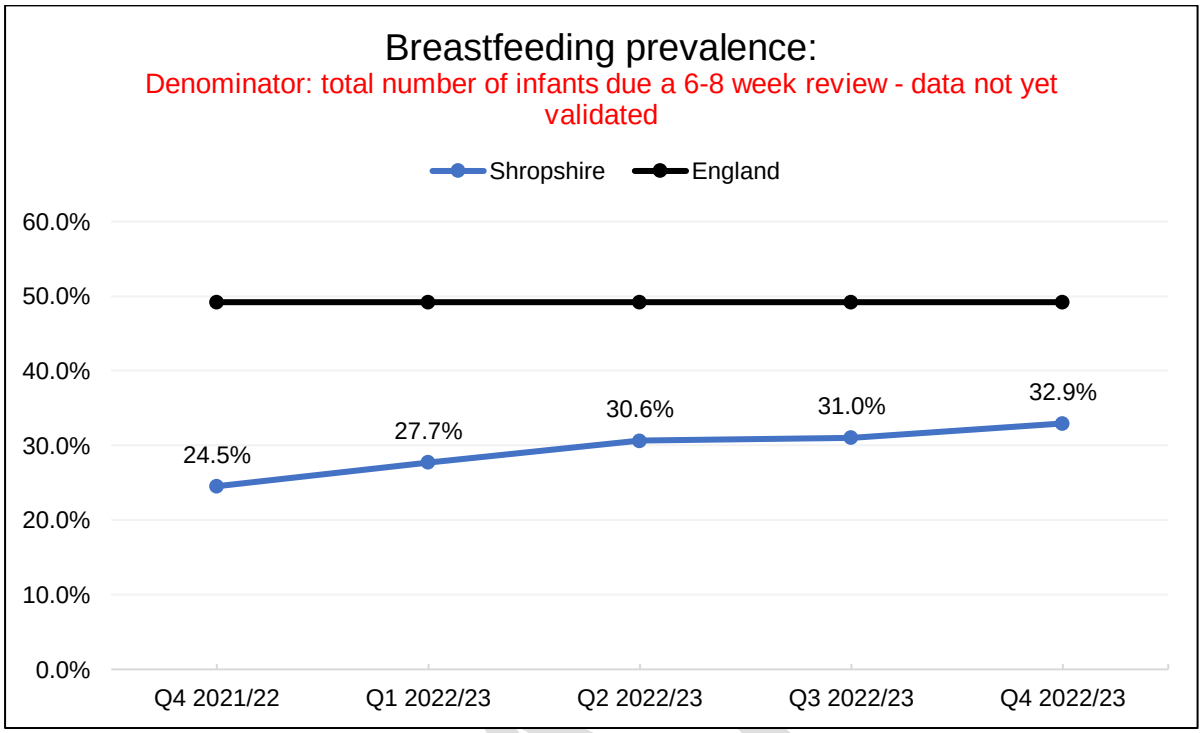
Provider data

The below data has not yet been validated but gives an indication of progress and direction of travel.

Prevalence of breastfeeding in Shropshire including number of infants partially/totally breastfed at 6-8 weeks and number of infants due a 6-8 week review, 2021-22 to 2022-23. Source: SHROPCOM Provider data

Period	**Numerator:** Number of infants partially/totally breastfed at 6-8 weeks	**Denominator** number of infants due a 6-8 week review	**% Prevalence of breastfeeding**
Q4 2021/22	186	758	24.5%
Q1 2022/23	203	732	27.7%
Q2 2022/23	236	770	30.6%
Q3 2022/23	243	783	31.0%
Q4 2022/23	229	695	32.9%

Chart showing the prevalence of breastfeeding in Shropshire Q4 2021-22 to Q4 2022-23. Source: SHROPCOM Provider data



There is a rising trend in breastfeeding prevalence over time in Shropshire. At the end of Q4 2022/23, one third (33%) of infants due a 6-8 week check were partially or totally breastfed.

This is the highest quarterly prevalence of breastfeeding since Q4 of 2021/22.

The annual breastfeeding prevalence for 2022/23 for Shropshire was 30.6%, below the national average of 49.2%. Whilst Shropshire's rate of babies breastfed at 6-8-weeks is below the national average, there has been a steady improvement quarter on quarter.

The chart below demonstrates the status of those eligible for a 6-8 week check by quarter over the last 12 months.

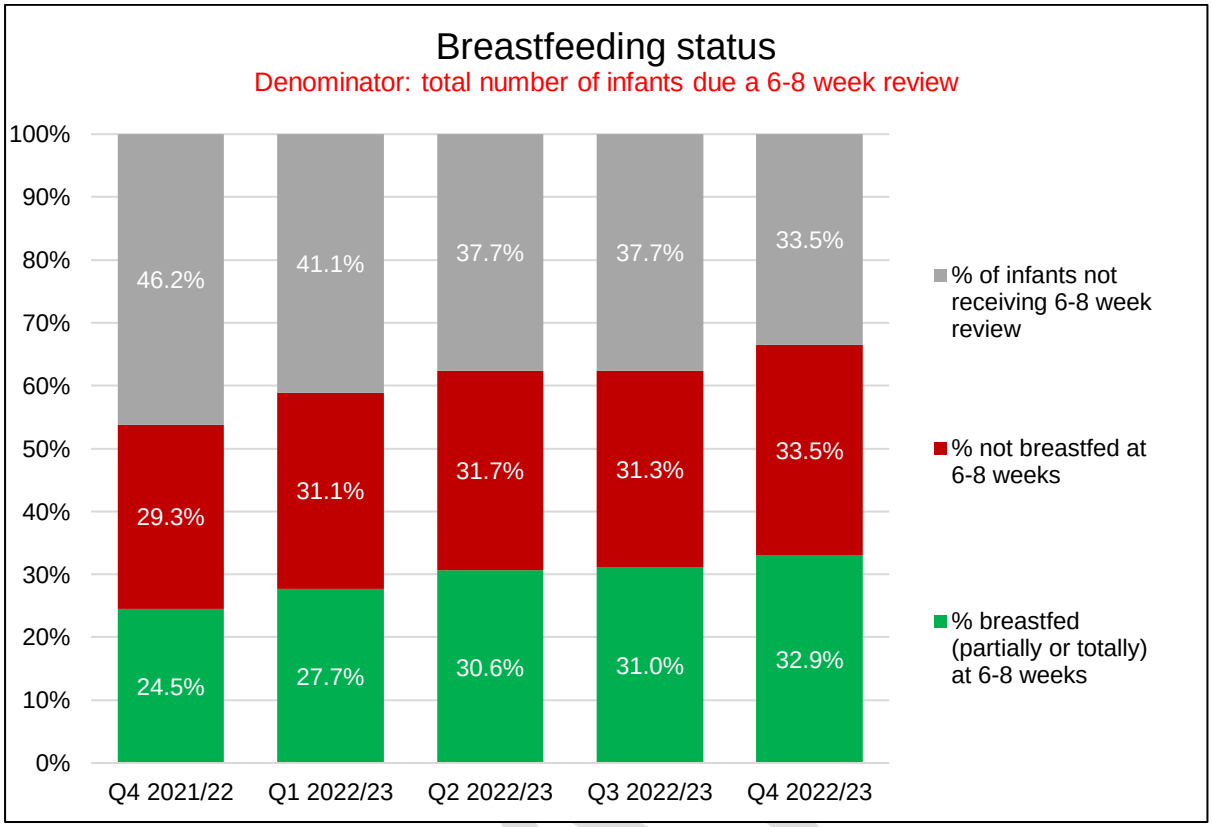
Almost one third (32.9 %) of infants were reported to be partially or totally breastfed at 6-8 weeks during Q4 2022/23. A similar figure of almost a third (33.5%) were not being breastfed and the remaining 33.5% did not receive their check.

- Over time, there has been an improvement in the proportion of infants **totally or partially breasted at their 6–8-week review**, rising from 24.5% in Q1 of 2021/22 to 31.0% in 2022/23, with biggest improvements seen among those being totally breastfed.

- The proportion **not being breastfed** has risen over time up from 29.3% in Q1 2021/22 to 33.5% in Q4 of 2022/23.

- The proportion **not receiving their checks** has improved over time down from 46.2% during Q1 2021/22 to 33.5% in Q4 2022/23.

Chart showing breastfeeding status in Shropshire Q4 2021-22 to Q4 2022-23. Source: SHROPCOM Provider data, HCP Contract Report for Shropshire

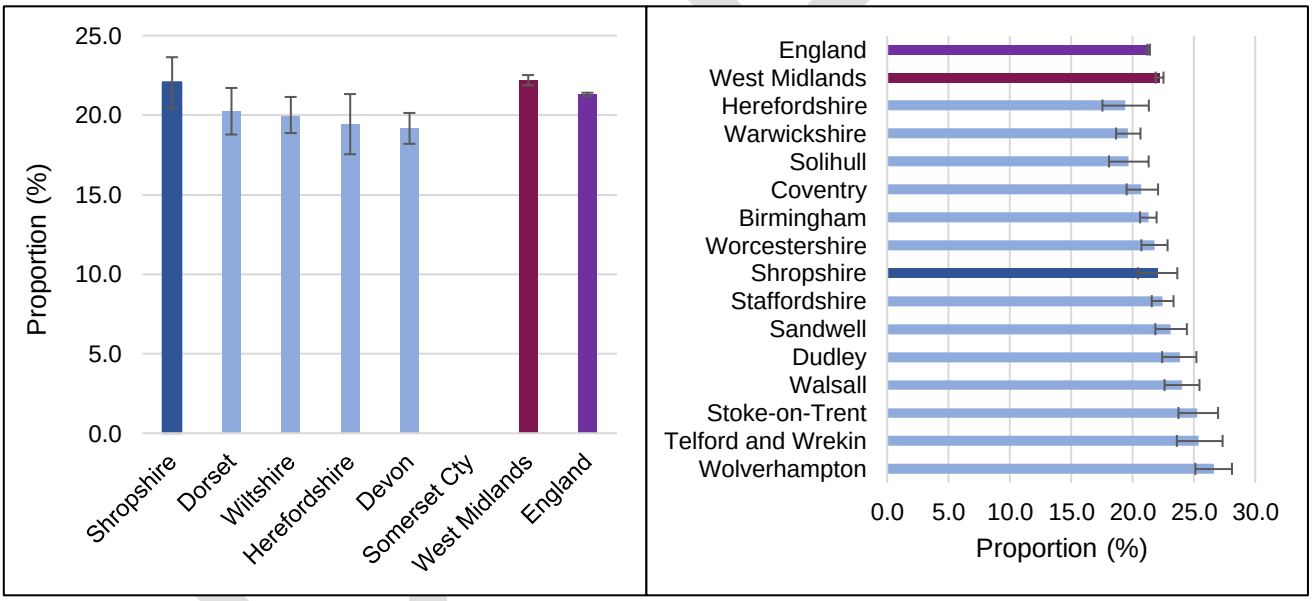

Breastfeeding status
Denominator: total number of infants due a 6-8 week review
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
46.2%
41.1%
37.7%
37.7%
33.5%
29.3%
31.1%
31.7%
31.3%
33.5%
24.5%
27.7%
30.6%
31.0%
32.9%
Q4 2021/22
Q1 2022/23
Q2 2022/23
Q3 2022/23
Q4 2022/23
% of infants not receiving 6-8 week review
% not breastfed at 6-8 weeks
% breastfed (partially or totally) at 6-8 weeks

Overweight (including obesity) – Reception

Studies tracking child obesity into adulthood have found that the probability of children who are overweight or living with obesity becoming overweight or obese adults increases with age[27]. The health consequences of childhood obesity include increased blood lipids, glucose intolerance, Type 2 diabetes, hypertension, increases in liver enzymes associated with fatty liver, exacerbation of conditions such as asthma and psychological problems such as social isolation, low self-esteem, teasing and bullying[29].

In the period 2022-23, 22.1% reception aged children (4–5-year-olds) were overweight or obese in Shropshire, a rate similar to the national average of 21.3% and to the regional average of 22.2%[28]. This proportion was the 7th lowest regionally and Shropshire's proportion was the highest among its statistical neighbours as shown in the figure below.

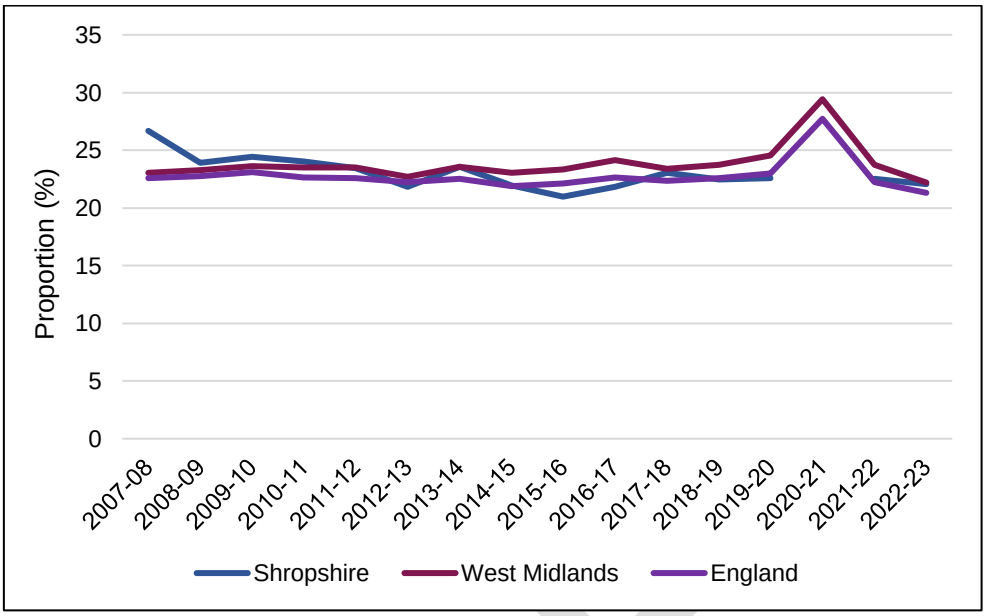
Proportion of children aged 4 to 5 years classified as overweight or living with obesity in Shropshire including statistical and regional neighbours, with West Midlands and England comparisons, 2022-23. Source: Child and Maternal Health Profile, Fingertips, OHID



This proportion has decreased steadily over the last three years, however data from 2020-21 is missing. (2019/20 NCMP year was stopped due to the lockdown, and in 2020/21 areas were asked to only sample 10% of children, again due to COVID).

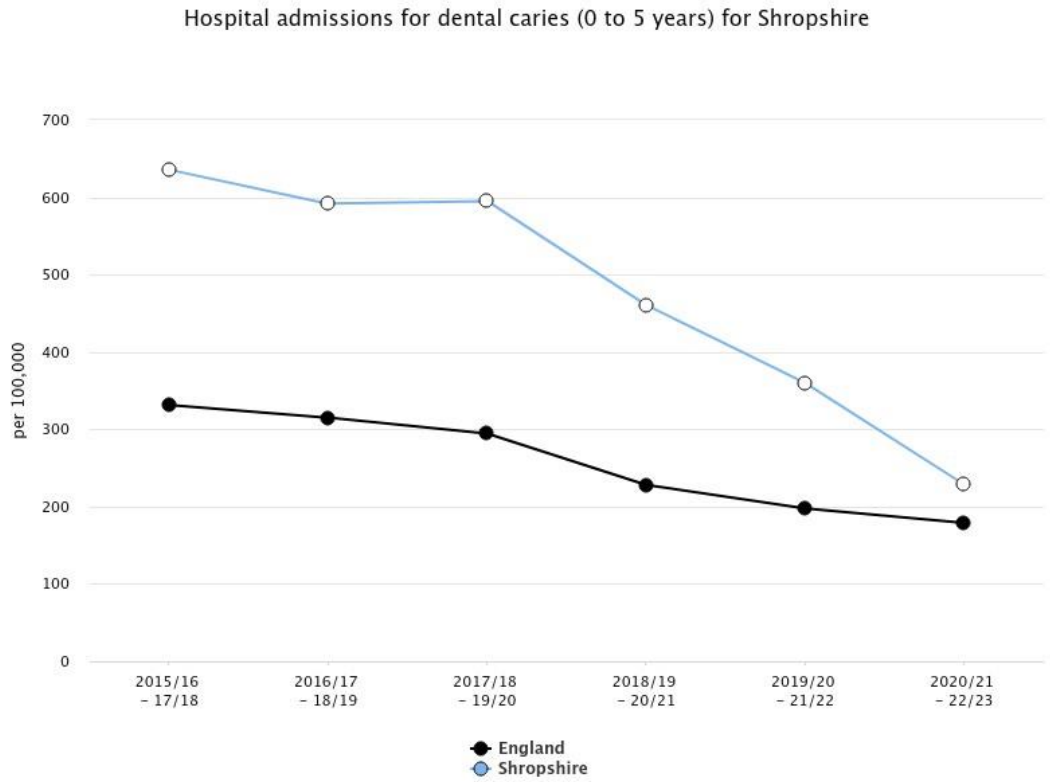
[27] Child and Maternal Health - Data - OHID (phe.org.uk)
[28] Child and Maternal Health - Data - OHID (phe.org.uk)

Proportion of children aged 4 to 5 years classified as overweight or living with obesity in Shropshire, including West Midlands and England comparisons, 2007-08 to 2022-23. Source: Child and Maternal Health Profile, Fingertips, OHID



Hospital admissions for dental caries (0-5 years)

In Shropshire between 2020/21-22/23, there were 120 hospital admissions for dental caries among those aged 5 and below, equating to a rate of 228.4 per 100,000 which is above the national average of 178.8. However, this rate has been increasing over time at a faster pace than seen nationally.



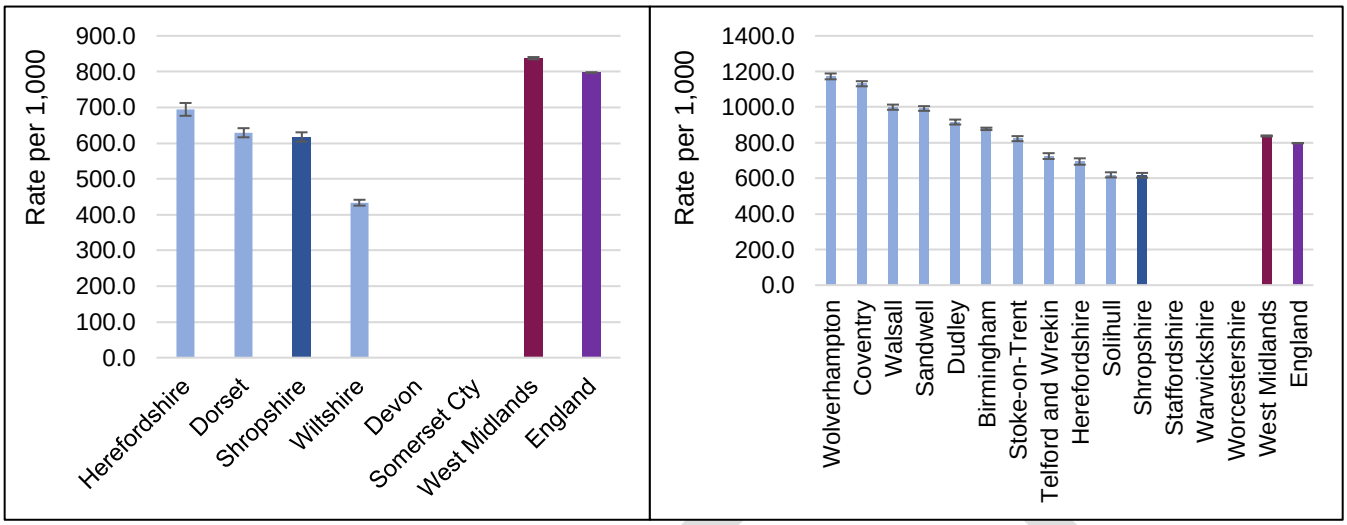
A&E Attendances (0-4s)

A&E attendances in children aged under five years are often preventable, and commonly caused by accidental injury or by minor illnesses which could have been treated in primary care[29].

In the period 2022-23, Shropshire's A&E attendance rate was 617.3 per 1,000 population. This equates to 8,765 attendances among children under five years old[30]. This was significantly better than the regional average of 837.7 per 1,000 and the national average of 797.3 per 1,000[32]. Shropshire had the fourth lowest A&E attendance in the region and among its statistical neighbours.

[29] Child and Maternal Health - Data - OHID (phe.org.uk)
[30] Child and Maternal Health - Data - OHID (phe.org.uk)

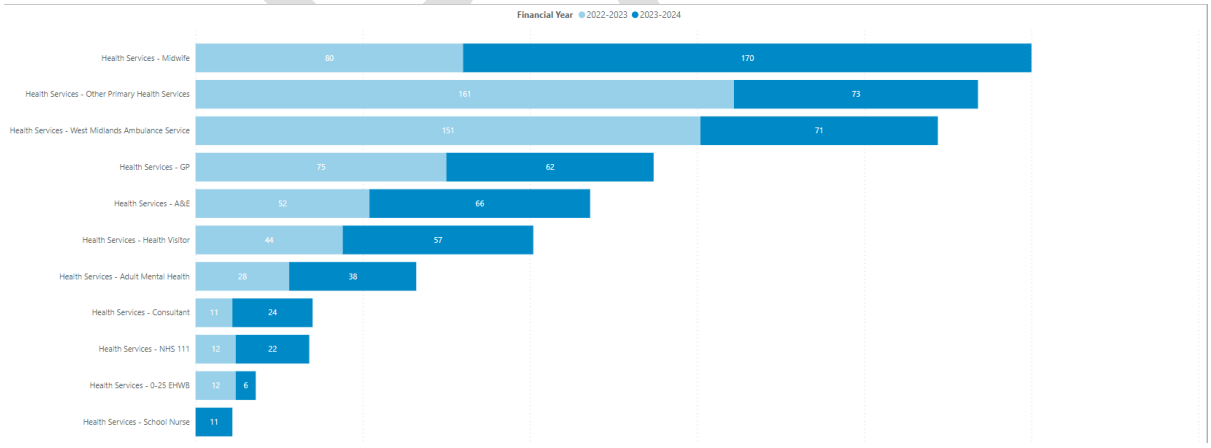
A&E attendance rate per 1,000 population aged 0-4 years in Shropshire and its statistical and regional neighbours, 2022-23. Source: Child and Maternal Health Profile, Fingertips, OHID



Whilst Shropshire's rate of A&E attendances is lower than the national average, the number of 0-4 year old Children's Social Care contacts from A&E has risen among compared to the previous year, with 66 contacts in 2023-24 compared to 52 in 2022-23, a 27% rise year on year.

Other contact sources which have risen are Midwives (doubling compared to the previous year), health visitors (rise of 30%) and adult mental health services (rise of 36%).

Chart showing the contact source for contacts with Children's social care aged 0-4, 2022-23 and 2023-24 across Shropshire. Source: Children's Services, Shropshire Council.



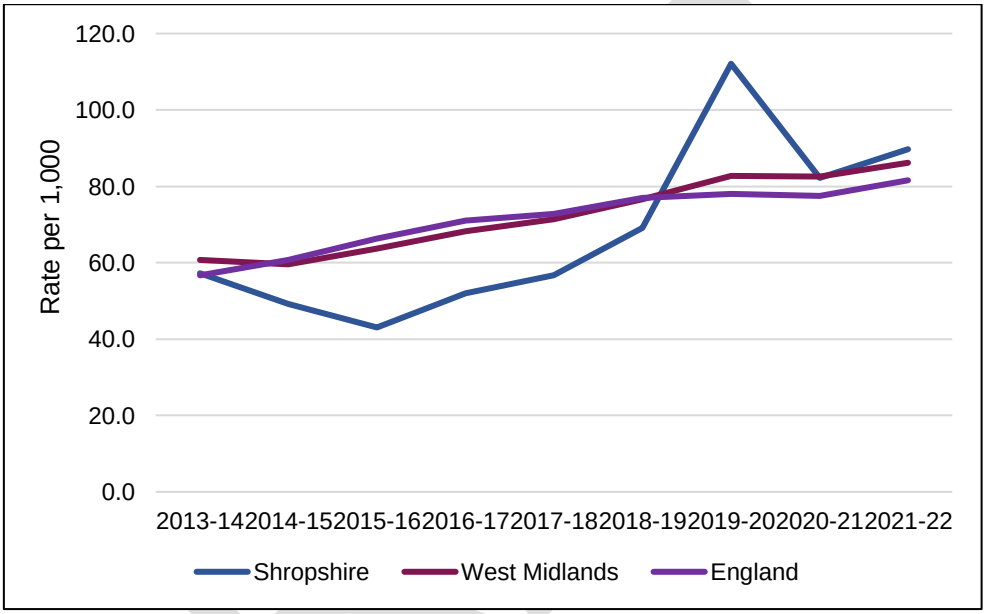
Admission of babies under 14 days

High levels of admissions of either mother or babies soon after birth can suggest problems with either the timing or quality of health assessments before the initial transfer or with the

postnatal care once the mother is home[31]. Dehydration and jaundice are two common reasons for re-admission of babies and are often linked to problems with feeding[33].

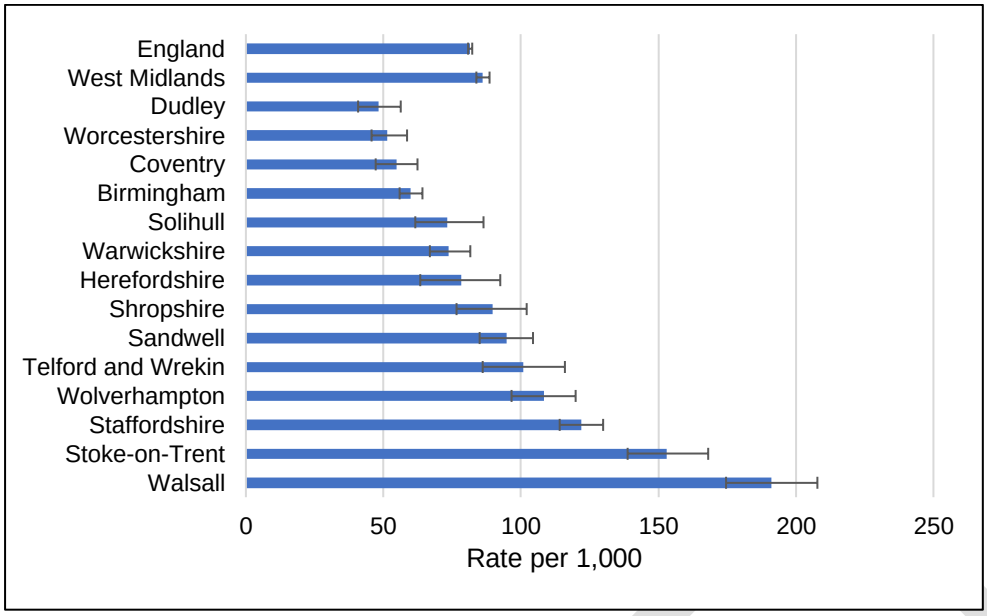
In the period 2021-22, there were 195 emergency admissions of babies under 14 days in Shropshire[32]. This equates to a rate of 89.7 per 1,000 deliveries. This rate was the 7th highest regionally, similar to the regional rate of 86.2 per 1,000 and the national rate of 81.6 per 1,000[34].

Emergency admissions from babies aged 0-13 days (inclusive) expressed as a crude rate per 1,000 deliveries in Shropshire, including West Midlands and England comparisons, 2013-14 to 2021-22. Source: Child and Maternal Health Profile, Fingertips, OHID



Emergency admissions from babies aged 0-13 days (inclusive) expressed as a crude rate per 1,000 deliveries in Shropshire including statistical and regional neighbours, with West Midlands and England comparisons, 2022-23. Source: Child and Maternal Health Profile, Fingertips, OHID

[31] Child and Maternal Health - Data - OHID (phe.org.uk)
[32] Child and Maternal Health - Data - OHID (phe.org.uk)


England
West Midlands
Dudley
Worcestershire
Coventry
Birmingham
Solihull
Warwickshire
Herefordshire
Shropshire
Sandwell
Telford and Wrekin
Wolverhampton
Staffordshire
Stoke-on-Trent
Walsall
0
50
100
150
200
250
Rate per 1,000

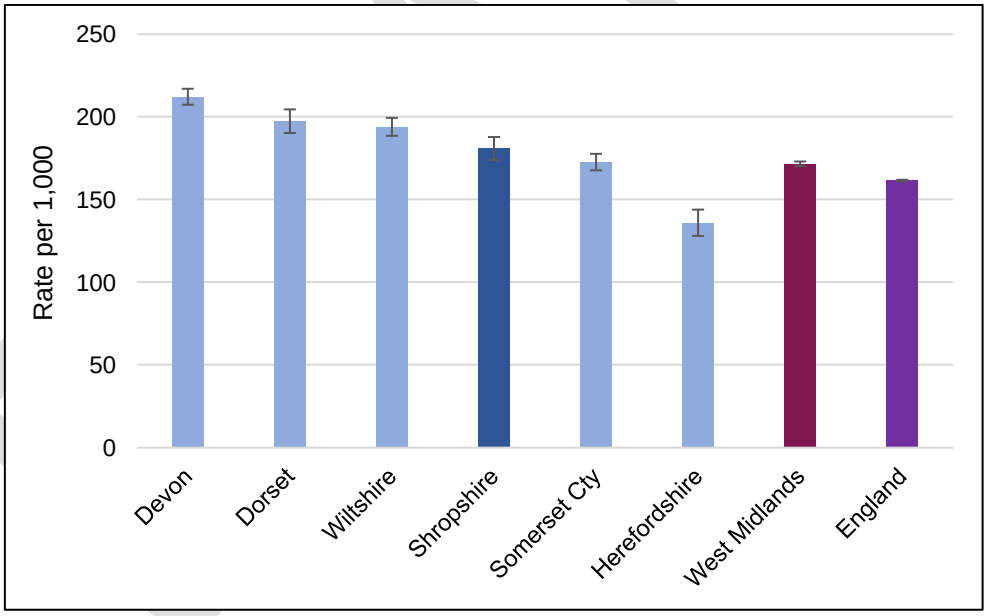
Emergency admissions (aged 0 to 4 years)

Approximately 35% of all admissions in the NHS in England are classified as emergency admissions, costing approximately £11 billion a year[33]. Admitting a patient to hospital as an emergency case is costly and frequently preventable, yet the number of emergency admissions to hospital has been rising for some time. From a public health point of view, emergency admissions data gives an indication of wider determinants of poor health, linked to areas such as housing and transport.

Over one quarter of emergency hospital admissions in children aged under 5 years in 2014-15 was for respiratory infections[33]. Factors such as smoking in the home and damp housing are known to increase the risk and severity of respiratory infections in young children.

In the period 2021-22, the rate of emergency admissions among 0 to 4 years old was 180.8 per 1,000 population[34]. This equates to 2,595 admissions and was significantly worse than the national average of 161.5 per 1,000 and the regional average of 171.7 per 1,000[34]. Shropshire's rate was the 7th highest regionally and the 3rd lowest among its statistical neighbours.

Rate of emergency admissions (per 1,000) among 0 to 4 years old in Shropshire and its statistical neighbours, including West Midlands and England comparisons, 2021-22. Source: Child and Maternal Health Profile, Fingertips, OHID



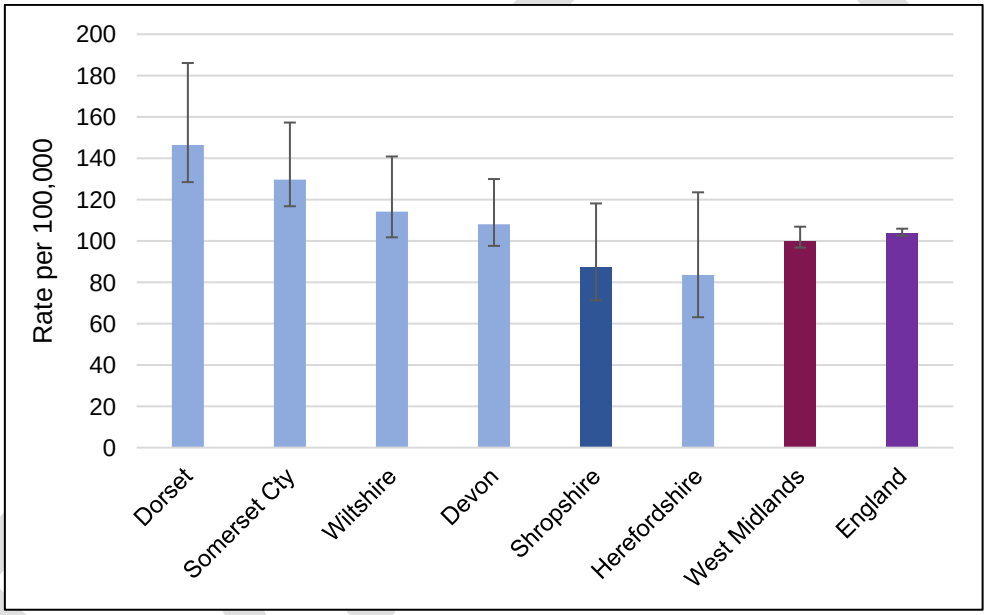
[33] Child and Maternal Health - Data - OHID (phe.org.uk)
[34] Child and Maternal Health - Data - OHID (phe.org.uk)

Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 4 years)

Injuries are a leading cause of hospitalisation and represent a major cause of premature mortality for children and young people[35]. They are also a source of long-term health issues, including mental health related to experience(s).

During 2021-22, Shropshire's rate of hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 4 years) was 87.1 per 10,000 population aged 0-4[36]. This equated to 125 admissions and was significantly below the regional average of 100.1 per 10,000 and national average of 103.6 per 10,000[36]. Shropshire's rate was among the lowest regionally and among its statistical neighbours.

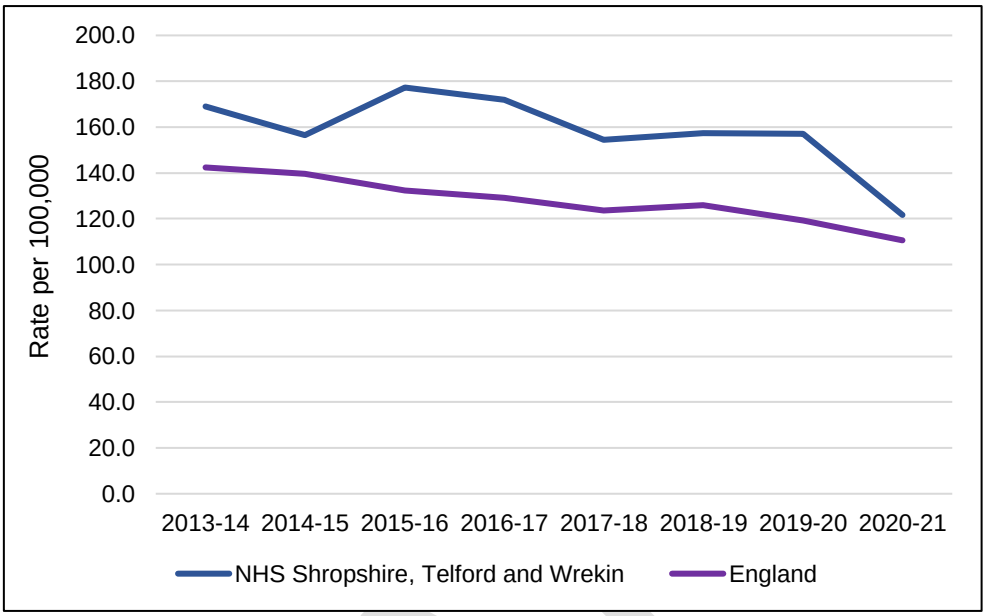
Rate of hospital admissions (per 100,000) among 0 to 4 years old due to unintentional and deliberate injuries in Shropshire and its statistical neighbours, including West Midlands and England comparisons, 2021-22. Source: Child and Maternal Health Profile, Fingertips, OHID



Rate in Shropshire, Telford and Wrekin has seen a steady decrease since 2013-14, from 168.9 per 100,000 in 2013-14 to 121.7 per 100,000 in 2020-21[37]. Overall, the national rate has been stable and declining over time (since 2013-14).

[35] Child and Maternal Health - Data - OHID (phe.org.uk)
[36] Child and Maternal Health - Data - OHID (phe.org.uk)
[37] Public health profiles - OHID (phe.org.uk)

Rate of hospital admissions (per 100,000) among 0 to 4 years old due to unintentional and deliberate injuries in NHS Shropshire, Telford and Wrekin, including England comparison, 2013-14 to 2020-21. Source: Public Health Profile, Fingertips, OHID



Vaccination coverage

The childhood immunisation programme

Immunisations are given to babies at eight, twelve and sixteen weeks of age, with further immunisations given at one year of age [38] [39]:

Routine childhood immunisations — From September 2023

Age due	Diseases protected against	Vaccine given and trade name		Usual site[1]
Eight weeks old	Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib) and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	Meningococcal group B (MenB)	MenB	Bexsero	Left thigh
	Rotavirus gastroenteritis	Rotavirus	Rotarix[2]	By mouth
Twelve weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	Pneumococcal (13 serotypes)	PCV	Prevenar 13	Thigh
	Rotavirus	Rotavirus	Rotarix[2]	By mouth
Sixteen weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	MenB	MenB	Bexsero	Left thigh
One year old (on or after the child's first birthday)	Hib and MenC	Hib/MenC	Menitorix	Upper arm/thigh
	Pneumococcal	PCV booster	Prevenar 13	Upper arm/thigh
	Measles, mumps and rubella (German measles)	MMR	MMRvaxPro[3] or Priorix	Upper arm/thigh
	MenB	MenB booster	Bexsero	Left thigh
Eligible paediatric age group[4]	Influenza (each year from September)	Live attenuated influenza vaccine LAIV	Fluenz Tetra[3,5]	Both nostrils
Three years four months old or soon after	Diphtheria, tetanus, pertussis and polio	dTaP/IPV	Boostrix-IPV	Upper arm
	Measles, mumps and rubella	MMR (check first dose given)	MMRvaxPro[3] or Priorix	Upper arm
Boys and girls aged twelve to thirteen years	Cancers and genital warts caused by specific human papillomavirus (HPV) types	HPV[6]	Gardasil 9	Upper arm
Fourteen years old (school Year 9)	Tetanus, diphtheria and polio	Td/IPV (check MMR status)	Revaxis	Upper arm
	Meningococcal groups A, C, W and Y	MenACWY	Nimenrix	Upper arm

1. Intramuscular injection into deltoid muscle in upper arm or anterolateral aspect of the thigh.
2. Rotavirus vaccine should only be given after checking for SCID screening result.
3. Contains porcine gelatine.
4. See annual flu letter at: www.gov.uk/government/collections/annual-flu-programme
5. If LAIV (live attenuated influenza vaccine) is contraindicated or otherwise unsuitable use inactivated flu vaccine (check Green Book Chapter 19 for details).
6. See Green Book chapter 18a for immunising immunocompromised young people who will need 3 doses.

[38] A guide to immunisations for babies born on or after 1 January 2020
[39] Routine childhood immunisation schedule - GOV.UK (www.gov.uk)

Vaccination measures

Childhood vaccine coverage in Shropshire, including West Midlands and England comparisons, Source: PHOF, Fingertips, OHID

Vaccination coverage	Period	Shropshire	West Midlands	England	Recent trend
Dtap IPV Hib (1 year old)	2022/23	95.7	91.5	91.8	→
Men B (1 year old)	2022/23	95.8	90.6	91.0	→
Rotavirus (1 year old)	2022/23	94.1	88.3	88.7	→
PCV	2022/23	96.9	93.2	93.7	↑
Hepatitis B (2 years old	2022/23	-	-	-	-
Dtap IPV Hib (2 years old)	2022/23	96.5	92.9	92.6	→
Men B booster (2 years old)	2022/23	93.9	87.1	87.6	→
MMR – one dose (2 years old)	2022/23	94.7	88.9	89.3	→
PCV booster	2022/23	94.5	88.3	88.5	→
Flu (2 to 3 years old)	2022/23	50.8	39.1	43.7	→
Hib and MenC booster (2 years old)	2022/23	94.4	88.2	88.7	→
DTaP and IPV booster (5 years)	2022/23	89.5	82.8	83.3	→
MMR – one dose (5 years old)	2022/23	95.6	92.6	92.5	→
MMR – two doses (5 years old)	2022/23	89.8	83.7	84.5	→
Flu (primary school aged children)	2022	70.8	52.1	56.3	-

Recent trend: ↑ Increasing & getting better → No significant change

Benchmarking against goal: <90% | 90% to 95% | >=95%

Benchmarking against goal Flu (2 to 3 years old): <40% | 40% to 65% | >=65%

Benchmarking against goal Flu (primary school aged children): <65% | >=65%

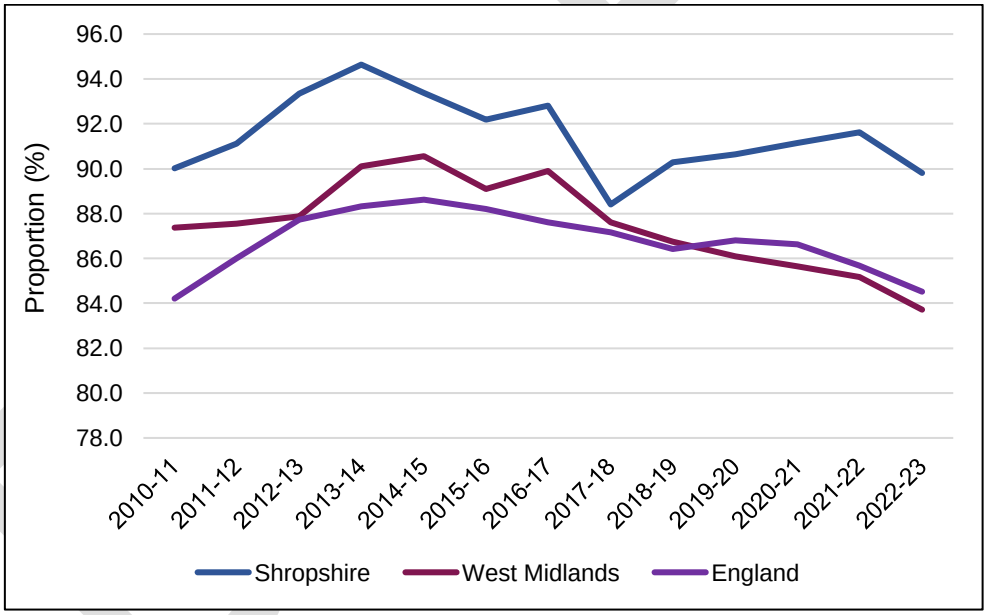
- In the period 2022/23, vaccination coverage for 1 year olds in Shropshire for Dtap IPV Hib and MenB were above the goal of >= 95% [40]. Vaccine coverage for Rotavirus for 1 year olds in 2022/23 was lower than the >=95% goal but fell between 90% and 95%.

- At 2 years, vaccine coverage was high and above the >=95%goal for Dtap IPV Hib at 96.5%, however MenB boosters, MMR first dose, and Hib and MenC coverage were lower than the >=95% goal but fell between 90% and 95%[40].

- Flu vaccination coverage at 2-3 years was lower than the goal of >=65% but fell between 40% and 65%, at 50.8%[40]. At 5 years old, coverage for Dtap and IPC boosters as well as MMR second doses were less than 90%, at 89.5% and 89.8% respectively, similar to the goal along with MMR second doses[40].

- As shown in the figure below, MMR vaccine coverage for two doses in Shropshire saw an increase between 2017-18 and 2021-22 (from 87.6% to 91.6%), after which a decrease was seen between 2021-22 and 2022-23 (from 91.6% to 89.8%).

MMR vaccine coverage for two doses (5 years old) in Shropshire, including West Midlands and England comparisons, Source: PHOF, Fingertips, OHID



[40] PHOF

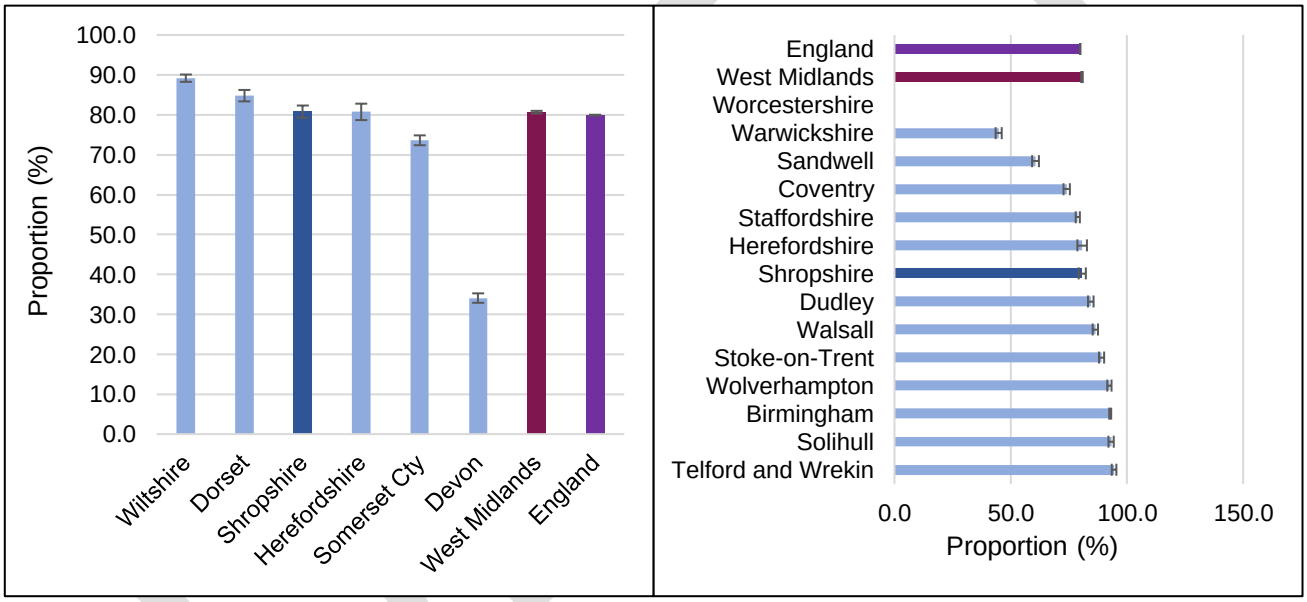
Healthy Child Programme: Health Visiting metrics

New birth visits within 14 days (NBV)

All infants and their families are eligible to receive a visit led by a health visitor within the first two weeks from birth. This means that any problems can be identified early, and interventions may be more successful the earlier they are put in place[41].

During 2022-23, the proportion of infants receiving a new birth visit (NBV) by a Health Visitor within 14 days in Shropshire was 80.8%, a fall compared to the 2020-21's rate of 89.3%. Shropshire's current rate is similar to the regional average of 80.7% and national average of 79.9%[42]. Shropshire's proportion was the 6th lowest regionally and 4th lowest among its statistical neighbours.

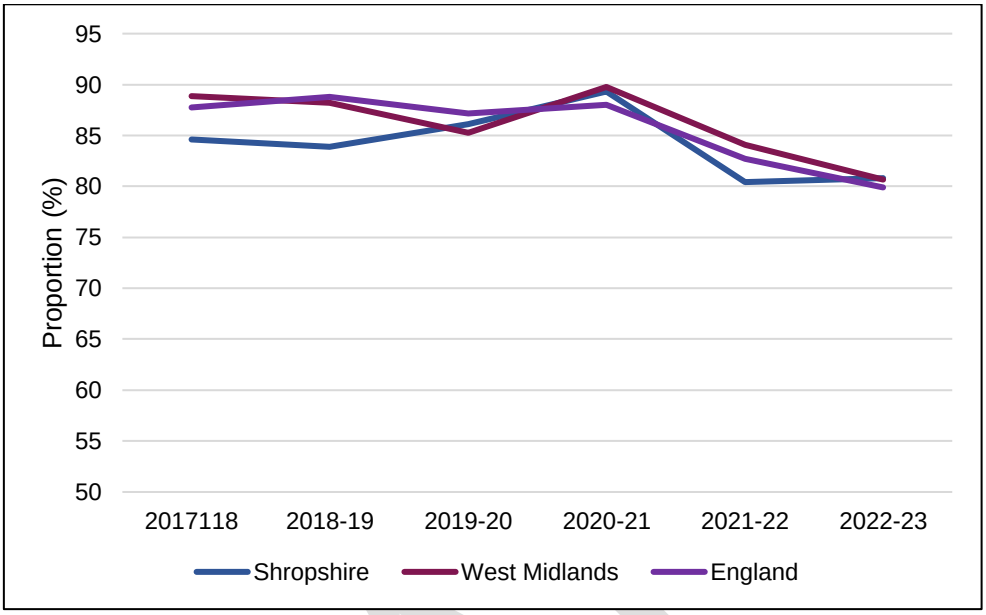
Proportion of new birth visits completed within 14 days in Shropshire and its statistical and regional neighbours, including West Midlands and England comparisons, 2022-23. Source: Child and Maternal Health Profile, Fingertips, OHID



Shropshire's proportion saw an increase between 2017-18 and 2020-21, after which a steady decrease was observed. Overall, regional and national proportions have been declining since 2020-21.

[41] LG inform: Health and Wellbeing in Shropshire: A Focus on Children
[42] Child and Maternal Health - Data - OHID (phe.org.uk)

Proportion of new birth visits completed within 14 days in Shropshire, including West Midlands and England comparisons, 2017-18 to 2022-23. Source: Child and Maternal Health Profile, Fingertips, OHID



6 to 8 week reviews

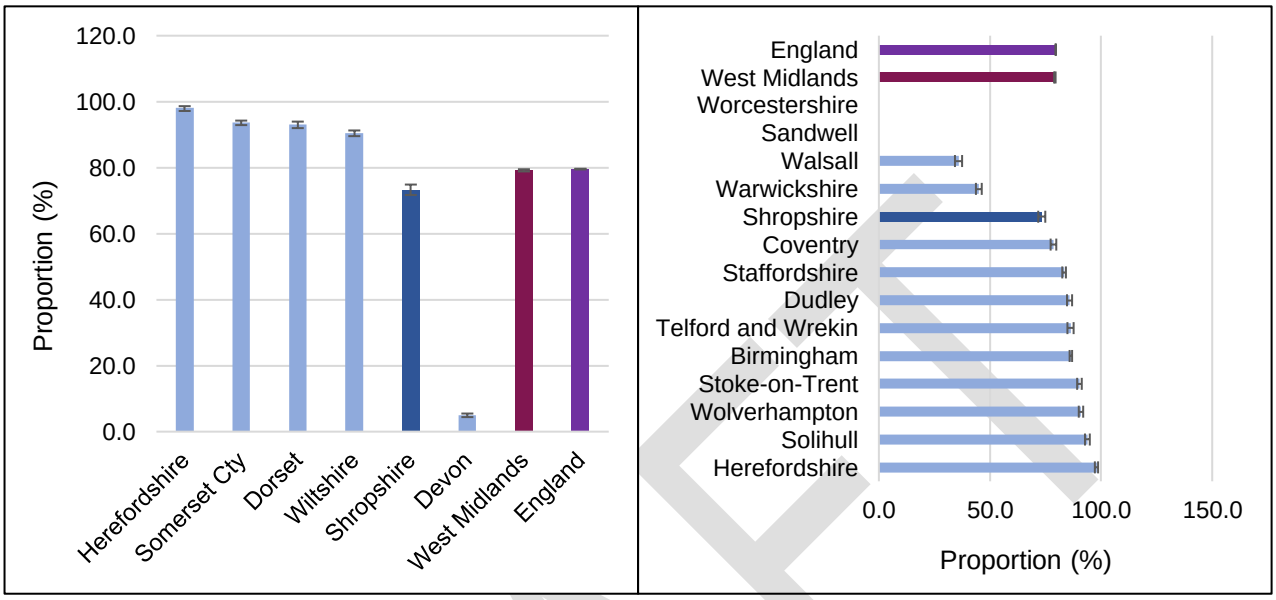
The 6 to 8 week review is an opportunity for support with breastfeeding if required, and allows an assessment of the mother's mental health, as well as reinforcing the discussions and messages from the new birth visit[43]. It is an opportunity to ensure the mother has had a six-week postnatal check, and that the infant has received the infant physical examination, as well as a reminder of the importance of the vaccinations that take place in the first few months. Any difficulties the mother has had in receiving benefits she is entitled to can be discussed and support offered.

During 2022-23, 73.3% of infants aged 6-8 weeks old received a review by the time they were 8 weeks old in Shropshire, a rise compared to 2020-21's figure of 57.6%[44]. However, Shropshire's proportion is still below the regional average of 79.2% and national average of 79.6% and ranks Shropshire third worst regionally and 2nd worst among its statistical neighbours.

This is due to mainly due to the timing that the invites are generated and parental choice. The service have made changes to the system to generate earlier appointments to ensure that these are more frequently prior to the child's first birthday.

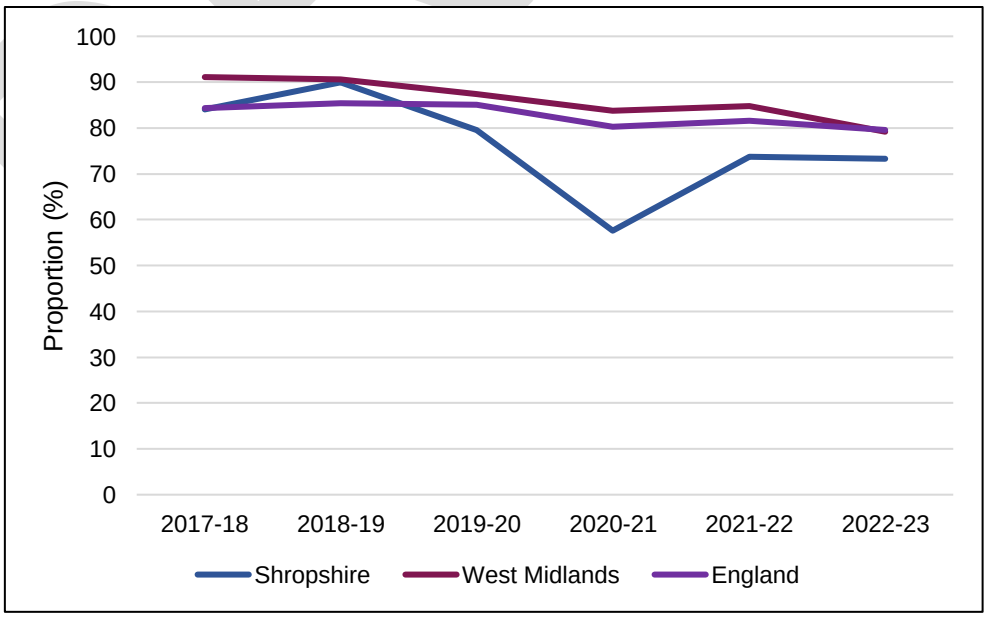
[43] Child and Maternal Health - Data - OHID (phe.org.uk)
[44] Child and Maternal Health - Data - OHID (phe.org.uk)

Proportion of children receiving 6 to 8 weeks review in Shropshire and its statistical and regional neighbours including West Midlands and England comparisons, 2022-23. Source: Child and Maternal Health Profile, Fingertips, OHID



Shropshire's proportion saw a decrease between 2017-18 and 2020-21, after which an increase was observed. Shropshire's proportion has remained stable in the past 2 years. Overall, regional and national proportions have been declining since 2017-18.

Proportion of children receiving 6 to 8 weeks review in Shropshire, including West Midlands and England comparisons, 2017-18 to 2022-23. Source: Child and Maternal Health Profile, Fingertips, OHID

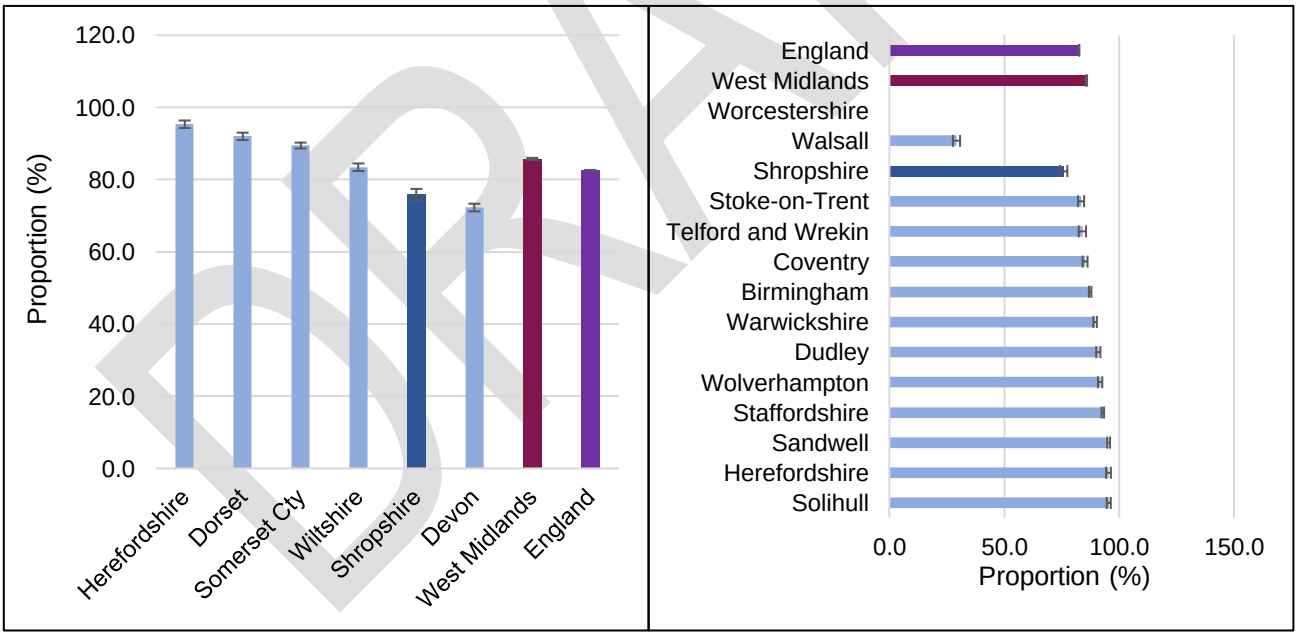


12-month reviews

All children should receive a review by a health visitor led team shortly before they turn one year. This allows for assessment of the baby's physical, emotional and social needs in the context of their family, including predictive risk factors, and provides an opportunity for both parents to talk about any concerns that they may have about their baby's health, as well as a reminder of the importance of the vaccinations at around one year. It also allows monitoring of the baby's growth, and discussions on weaning, oral health and home safety (particularly relevant as babies are now sitting independently, rolling over, and may be starting to walk). In addition, it presents an opportunity to discuss preconception health before any future pregnancy. A review between 9 and 12 months ensures any issues can be identified early and referrals made as appropriate. However, it is accepted that for many reasons these reviews may be a little late and the content is still of value. This metric therefore shows the proportion of children who have a 12-month review on time or slightly late (by 15 months) [45].

During 2022-23, 75.9% of infants aged 12 months old in Shropshire received a review by the time they were 15 months, a significant rise compared to 2020-21's figure of 13.1%[46]. However, Shropshire's proportion is still below the regional average of 85.7% and national average of 82.6% and ranks Shropshire 2nd lowest regionally and among it statistical neighbours.

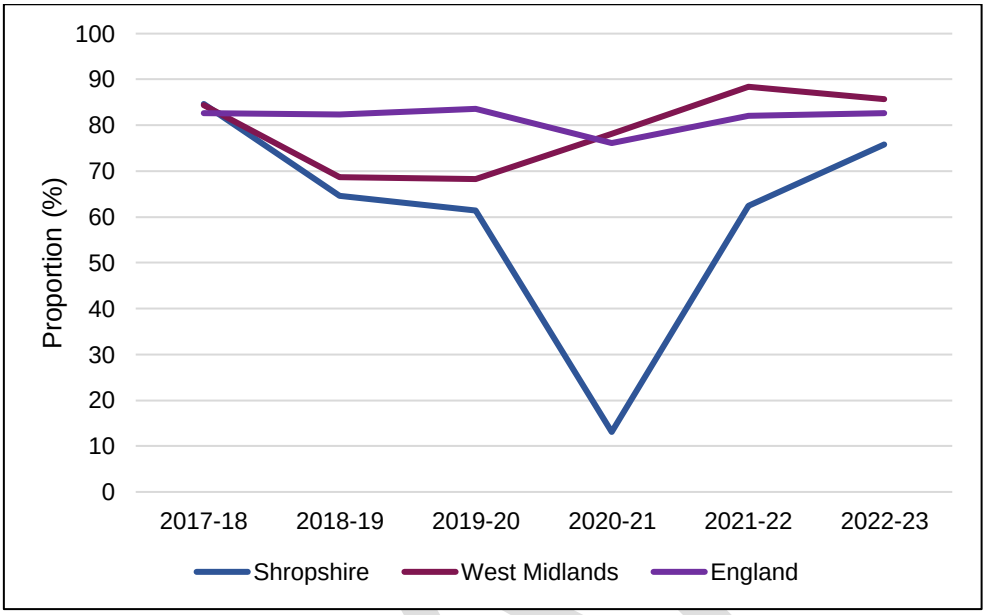
Proportion of children receiving 12-month review in Shropshire and its statistical and regional neighbours, including West Midlands and England comparisons, 2022-23. Source: Child and Maternal Health Profile, Fingertips, OHID



[45] Child and Maternal Health - Data - OHID (phe.org.uk)
[46] Child and Maternal Health - Data - OHID (phe.org.uk)

Shropshire's proportion saw a decrease between 2017-18 and 2020-21, after which a steady increase was observed. Overall, regional and national proportions have increased since 2021-22.

Proportion of children receiving 12-month review in Shropshire, including West Midlands and England comparisons, Source: Child and Maternal Health Profile, Fingertips, OHID



Child development

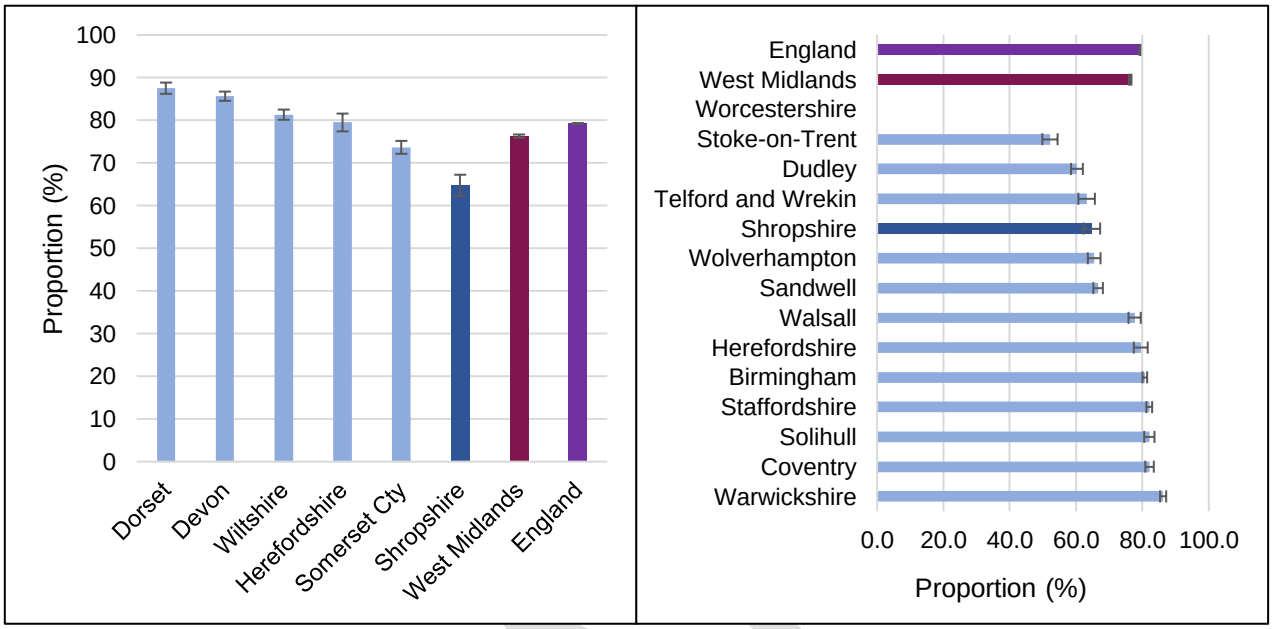
All children in England are eligible for a Healthy Child Programme development review, delivered as part of the universal health visitor service, around their second birthday. The Ages and Stages Questionnaire (ASQ-3) is used to generate data for a population measure of child development outcomes. The purpose is to drive improvements in outcomes at scale with a particular focus on speech, language and communication needs and school readiness[47].

Child development: percentage of children achieving a good level of development at 2 to 2½ years

During 2022-23, 64.8% of children aged 2 to 2 ½ years old achieved a good level of development, ranking Shropshire worst among its statistical neighbours and 4th worst regionally[48]. This proportion is worse than the regional average of 76.3% and national average of 79.3%.

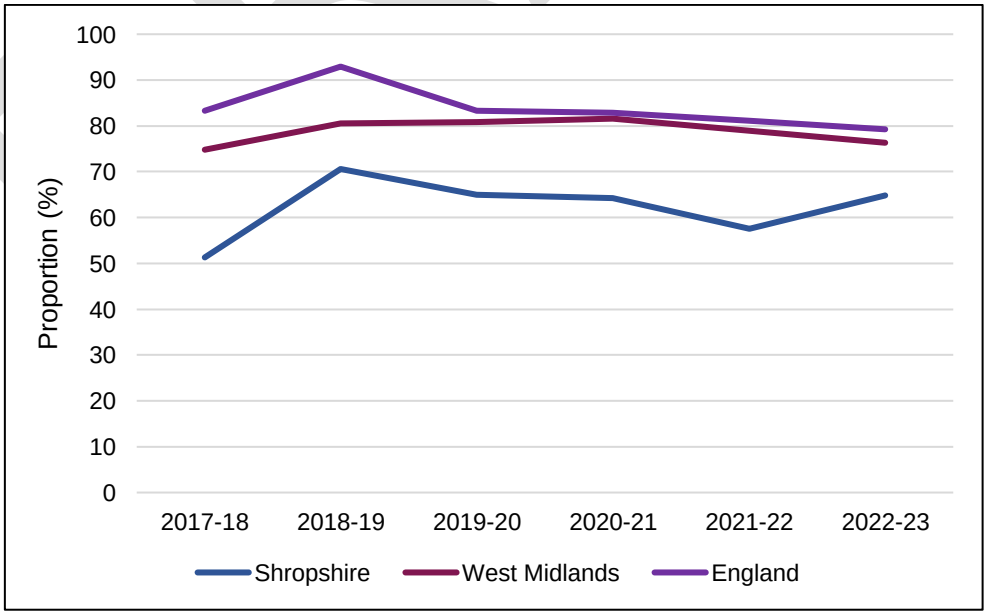
[47] LG inform: Health and Wellbeing in Shropshire: A Focus on Children
[48] Child and Maternal Health - Data - OHID (phe.org.uk)

Proportion of children achieving a good level of development at 2 to 2 ½ years in Shropshire and its statistical and regional neighbours, including West Midlands and England comparisons, 2022-23. Source: Child and Maternal Health Profile, Fingertips, OHID



Shropshire has been below the regional and national average since 2017-18, though a slight increase was observed between 2021-22 and 2022-23. However, there are data quality concerns surrounding this data and figures should be interpreted with caution.

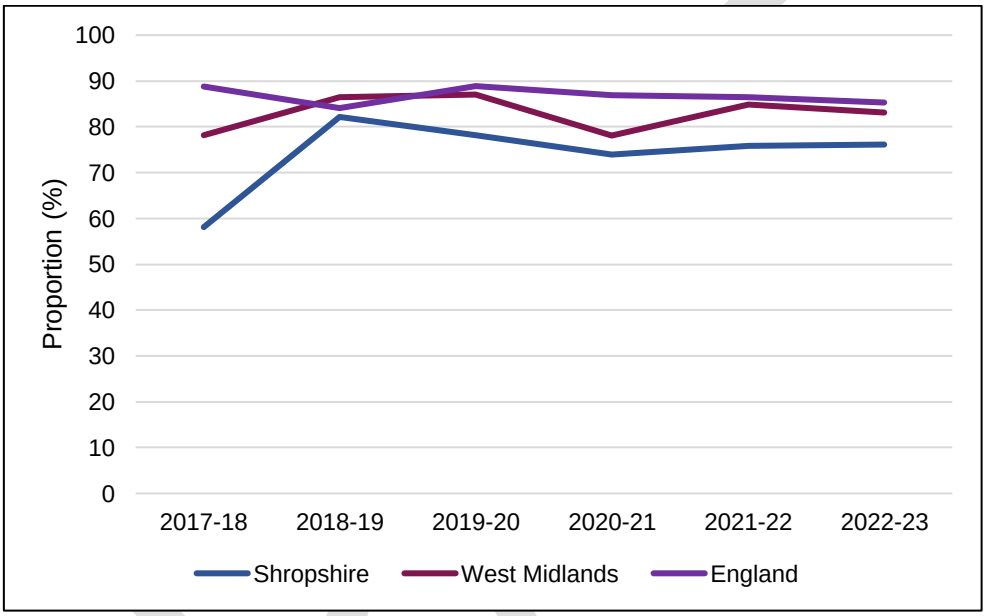
Proportion of children achieving a good level of development at 2 to 2 ½ years in Shropshire, including West Midlands and England comparisons, 2017-18 to 2022-23. Source: Child and Maternal Health Profile, Fingertips, OHID



Achieving the expected level in communication skills at 2 to 2½ years

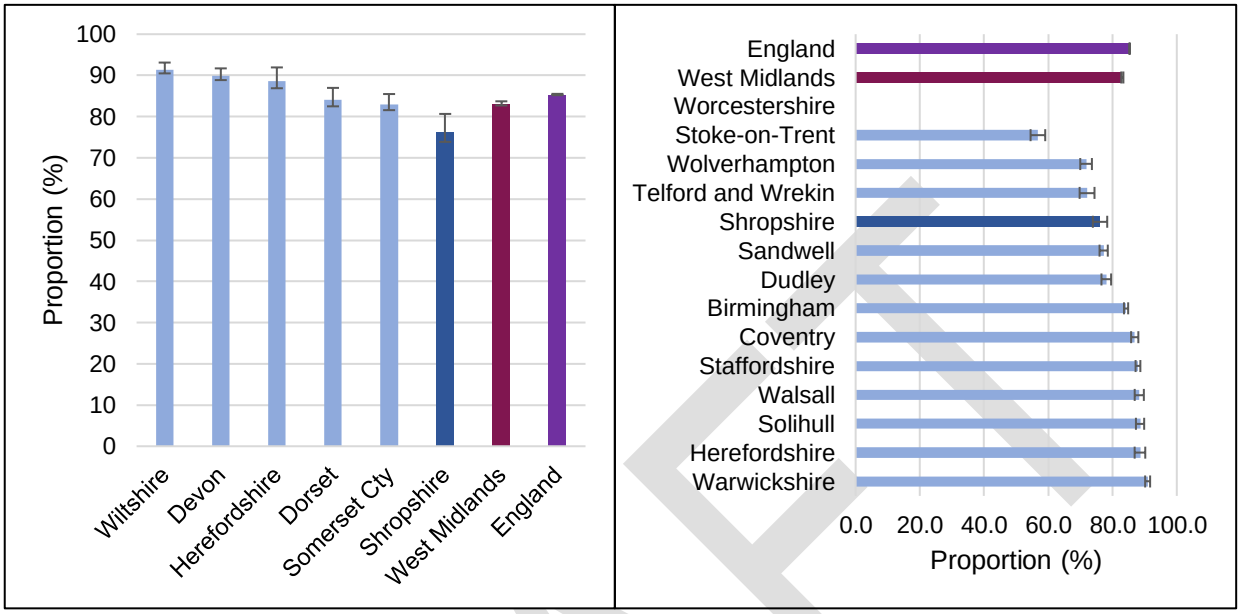
Three quarters of children in Shropshire - 76.2%, achieved the expected level of communication skills at 2 to 2 ½ years in 2022-23[49]. However, this was still lower than the regional average of 83% and national average of 85% and ranks Shropshire fourth lowest in the region and lowest among its statistical neighbours[49]. Whilst the proportion was below the national average, it has remained steady over the last three years. However, there are data quality concerns surrounding this data and figures should be interpreted with caution.

Proportion of children achieving the expected level in communication skills at 2 to 2 ½ years in Shropshire, including West Midlands and England comparisons, 2017-18 to 2022-23. Source: Child and Maternal Health Profile, Fingertips, OHID



[49] Child and Maternal Health - Data - OHID (phe.org.uk)

Proportion of children achieving the expected level in communication skills at 2 to 2 ½ in Shropshire and its statistical and regional neighbours, including West Midlands and England comparisons, 2022-23. Source: Child and Maternal Health Profile, Fingertips, OHID

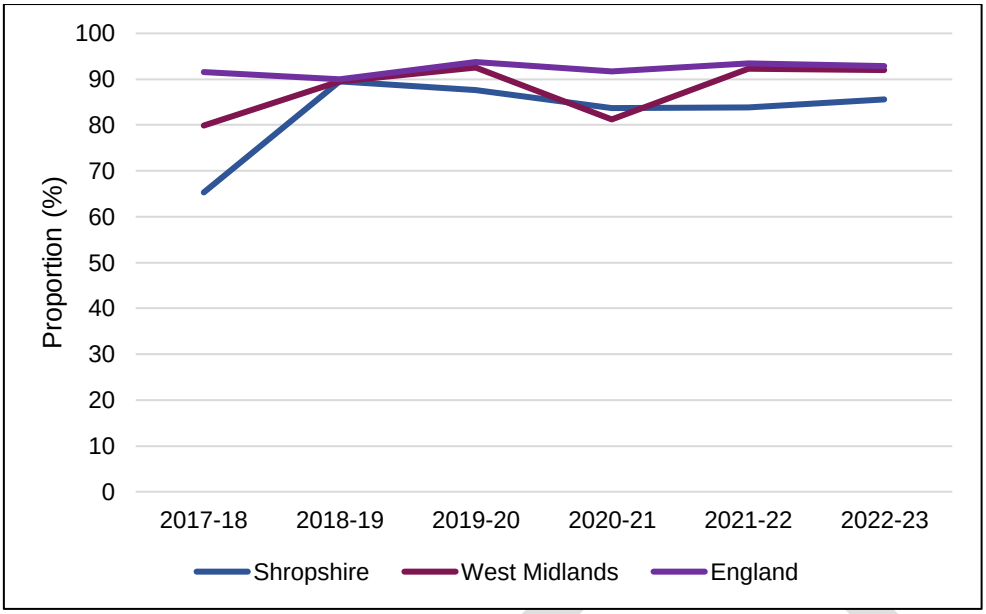


Achieving the expected level in gross motor skills at 2-2½ years

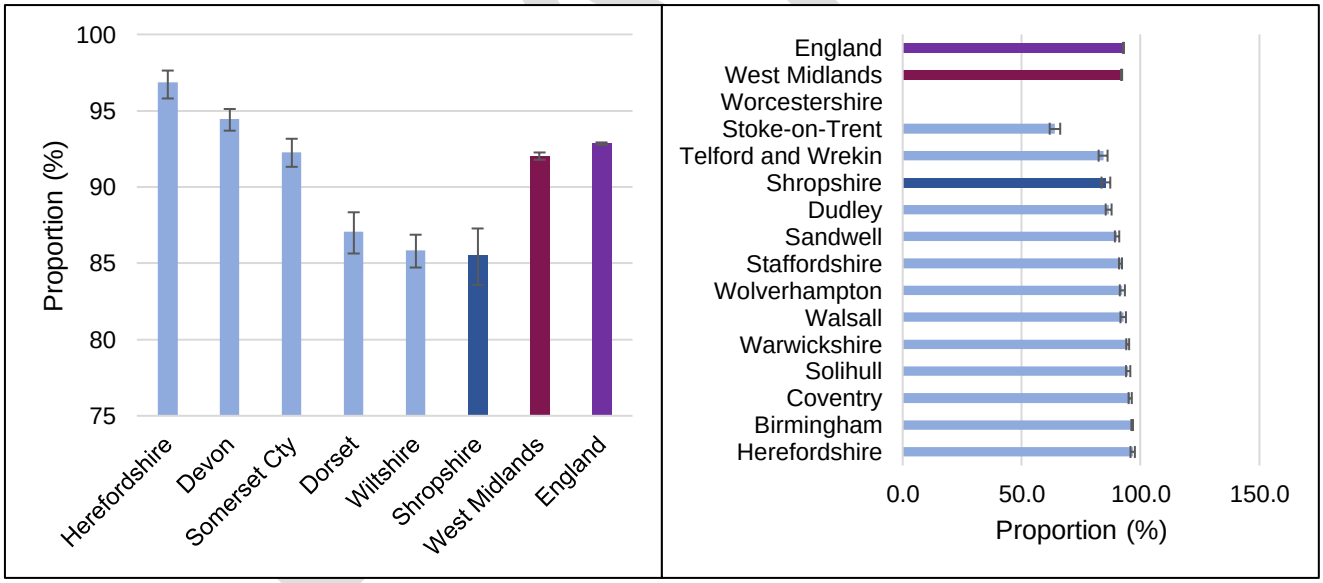
During 2022-23, 85.5% of children in Shropshire achieved the expected level of gross motor skills at 2 to 2 ½ years[50]. However, this was lower than the regional average of 92% and the national average of 92.8%[50]. This ranks Shropshire 3rd lowest in the region and lowest among its statistical neighbours. Whilst the rate is below the national average, it has remained steady over the last three years. However, there are data quality concerns surrounding this data and figures should be interpreted with caution.

Proportion of children achieving the expected level in gross motor skills at 2 to 2 ½ years in Shropshire, including West Midlands and England comparisons, 2017-18 to 2022-23. Source: Child and Maternal Health Profile, Fingertips, OHID

[50] Child and Maternal Health - Data - OHID (phe.org.uk)



Proportion of children achieving the expected level in gross motor skills at 2 to 2 ½ years in Shropshire and its statistical and regional neighbours, including West Midlands and England comparisons, 2022-23. Source: Child and Maternal Health Profile, Fingertips, OHID



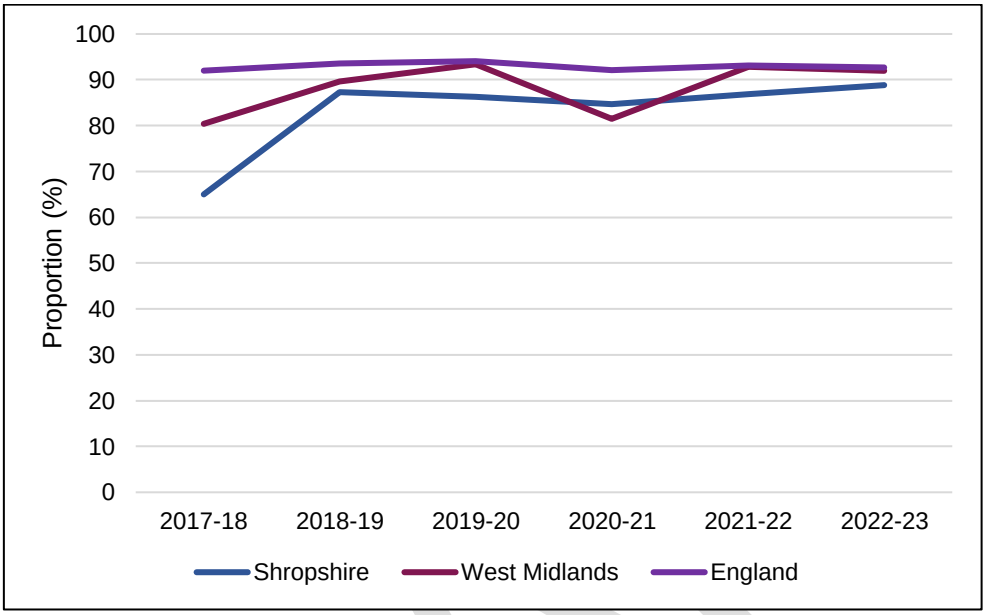
Achieving the expected level in fine motor skills at 2-2½ years

During 2022-23, 88.8% of children in Shropshire achieved the expected level of fine motor skills at 2 to 2 ½ years[51]. This was lower than the regional average of 91.9% and the national average of 92.6%. This ranks Shropshire eight lowest in the region and second lowest

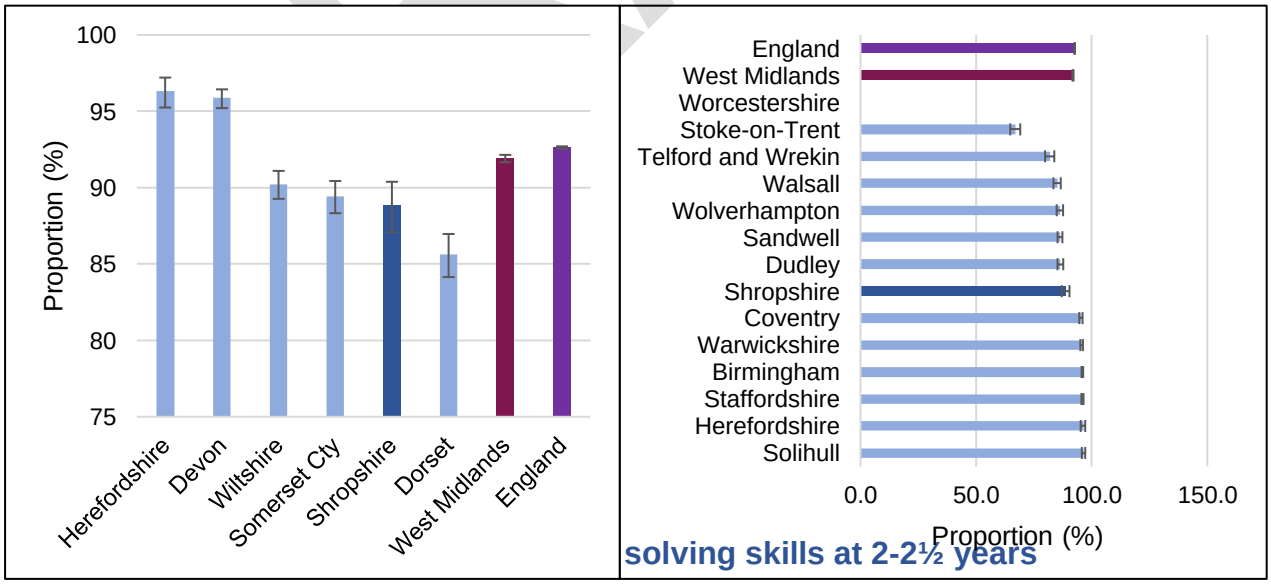
[51] Child and Maternal Health - Data - OHID (phe.org.uk)

among its statistical neighbours. Whilst the rate is below the national average, it has remained steady since 2018/19. However, there are data quality concerns surrounding this data and figures should be interpreted with caution.

Proportion of children achieving the expected level in fine motor skills at 2 to 2 ½ years in Shropshire, including West Midlands and England comparisons, 2017-18 to 2022-23. Source: Child and Maternal Health Profile, Fingertips, OHID



Proportion of children achieving the expected level in fine motor skills at 2 to 2 ½ years in Shropshire and its statistical and regional neighbours, including West Midlands and England comparisons, 2022-23. Source: Child and Maternal Health Profile, Fingertips, OHID



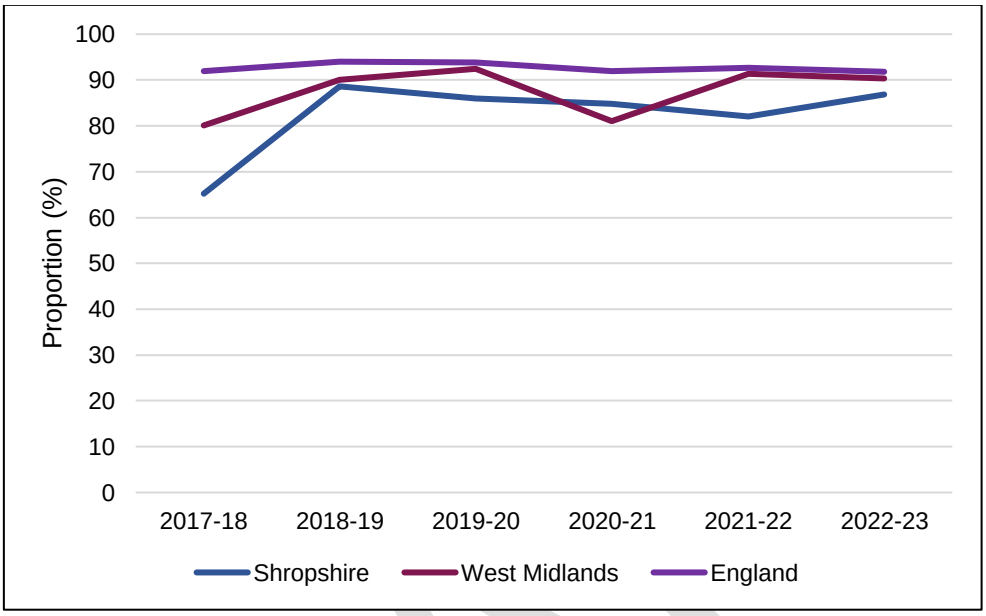
solving skills at 2-2½ years

During 2022-23, 86.9% of children in Shropshire achieved the expected level in problem solving skills at 2 to 2 ½ years[52]. This is lower than the regional average of 90.2% and national average of 91.8%. This ranks Shropshire fifth lowest in the region and lowest among its statistical neighbours. Though Shropshire's proportion is lower than the national

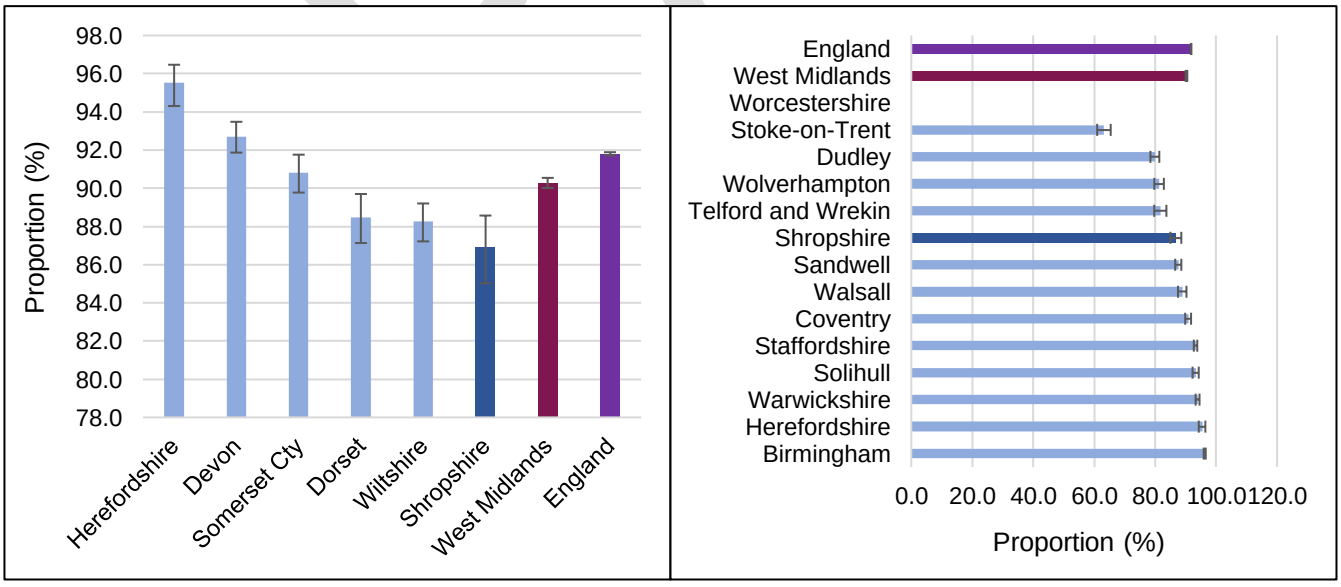
[52] Child and Maternal Health - Data - OHID (phe.org.uk)

average, a slight increase was observed between 2021-22 and 2022-23. There are data quality concerns surrounding this data and figures should be interpreted with caution.

Proportion of children achieving the expected level in problem solving skills at 2 to 2 ½ years in Shropshire, including West Midlands and England comparisons, 2017-18 to 2022-23. Source: Child and Maternal Health Profile, Fingertips, OHID



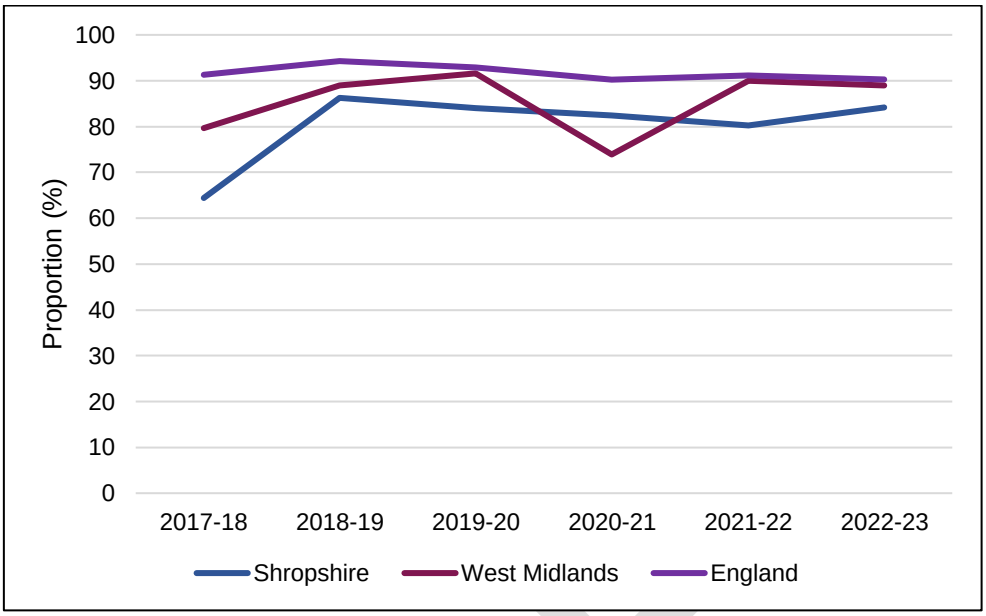
Proportion of children achieving the expected level in problem solving skills at 2 to 2 ½ years in Shropshire and its statistical and regional neighbours, including West Midlands and England comparisons, 2022-23. Source: Child and Maternal Health Profile, Fingertips, OHID



During 2022-23, 84% of children in Shropshire achieved the expected level in problem solving skills at 2 to 2 ½ years[53]. This was lower than the regional average of 89% and the national average of 90.3%. This ranks Shropshire 6th lowest regionally and lowest among its statistical neighbours.

[53] Child and Maternal Health - Data - OHID (phe.org.uk)

Proportion of children achieving the expected level in personal social skills at 2 to 2 ½ years in Shropshire, including West Midlands and England comparisons, 2017-18 to 2022-23. Source: Child and Maternal Health Profile, Fingertips, OHID

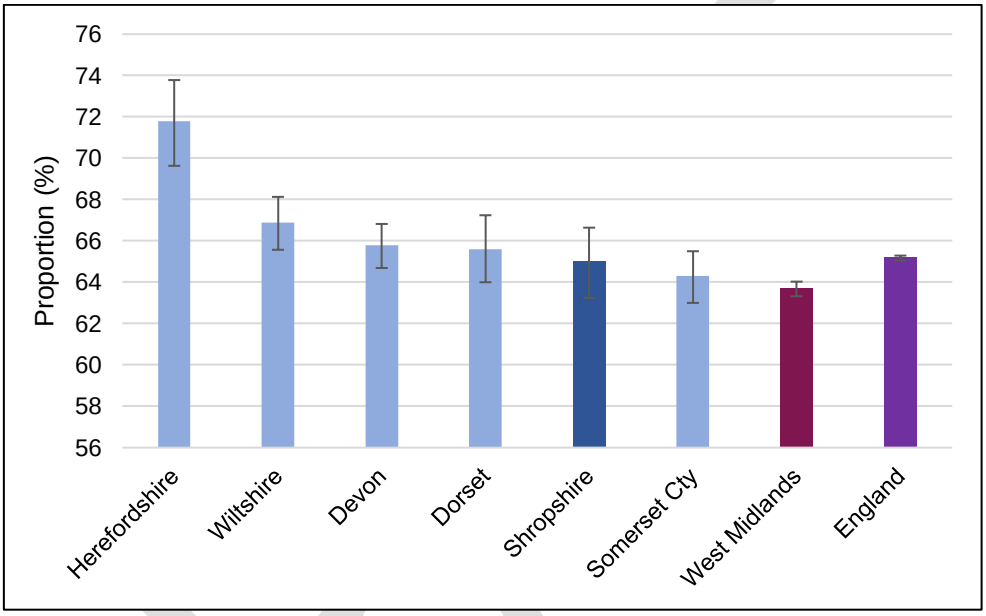


Proportion of children achieving the expected level in personal social skills at 2 to 2 ½ years in Shropshire and its statistical and regional neighbours, including West Midlands and England comparisons, 2022-23. Source: Child and Maternal Health Profile, Fingertips, OHID

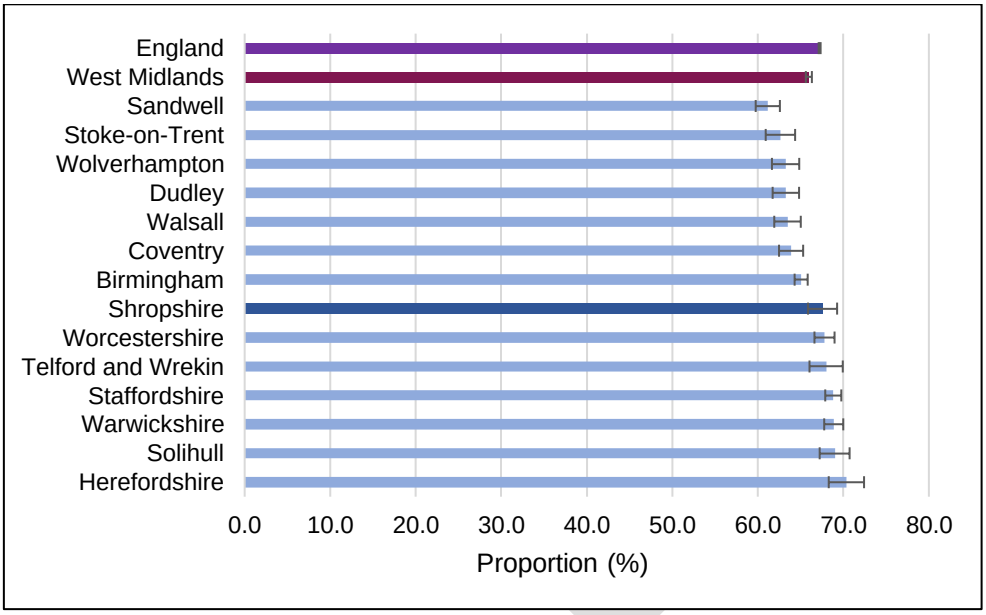
School readiness: children achieving a good level of development at the end of Reception

School readiness is improving and getting better in Shropshire. During 2021-22, 65% of children achieved a good level of development at the end of reception. Shropshire's current rate for school readiness is similar to the national average of 65.2% and regional average of 63.7%. Shropshire ranks 2nd lowest among its statistical neighbours and 6th highest in the region.

Proportion of children achieving a good level of development at the end of Reception in Shropshire and its statistical neighbours, including West Midlands and England comparisons, 2022-23. Source: Child and Maternal Health Profile, Fingertips, OHID



Proportion of children achieving a good level of development at the end of Reception in Shropshire and its regional neighbours, including West Midlands and England comparisons, 2022-23. Source: Child and Maternal Health Profile, Fingertips, OHID



Service provision

The Healthy Child Programme (HCP) aims to bring together health, education and other main partners to deliver an effective programme of prevention and support.

In Shropshire the public health elements of this programme are commissioned by Shropshire Council to cover children aged 0-19 years (up to age 25 for those with Special Education Needs and Disabilities (SEND)). Shropshire Community Health Trust are the commissioned providers of the Public Health Nursing Service which includes the Health Visiting Service, school nursing service and the Family Nurse Partnership.

Health Visitors provide support for families and their children aged 0-5 and are uniquely placed to reach every child in their own home and be connected to their whole family and community. They build trusting relationships with children, carers and families, to positively influence their future health outcomes. Health Visitors identify the child's health needs and strengths and deliver timely, effective, evidence-based interventions in partnership with them. Shropshire's Health Visiting service provides a universal offer that ensures support for children and families is personalised, effective, timely and proportionate.

Shropshire Council also commission the Family Nurse Partnership which is a structured, evidence based, personalised, intensive visiting programme of support for vulnerable young parents. Young mothers-to-be and their partners are supported by a specially trained Family Nurse who visits them regularly, from early pregnancy until their child is aged between one and two.

Service Performance data

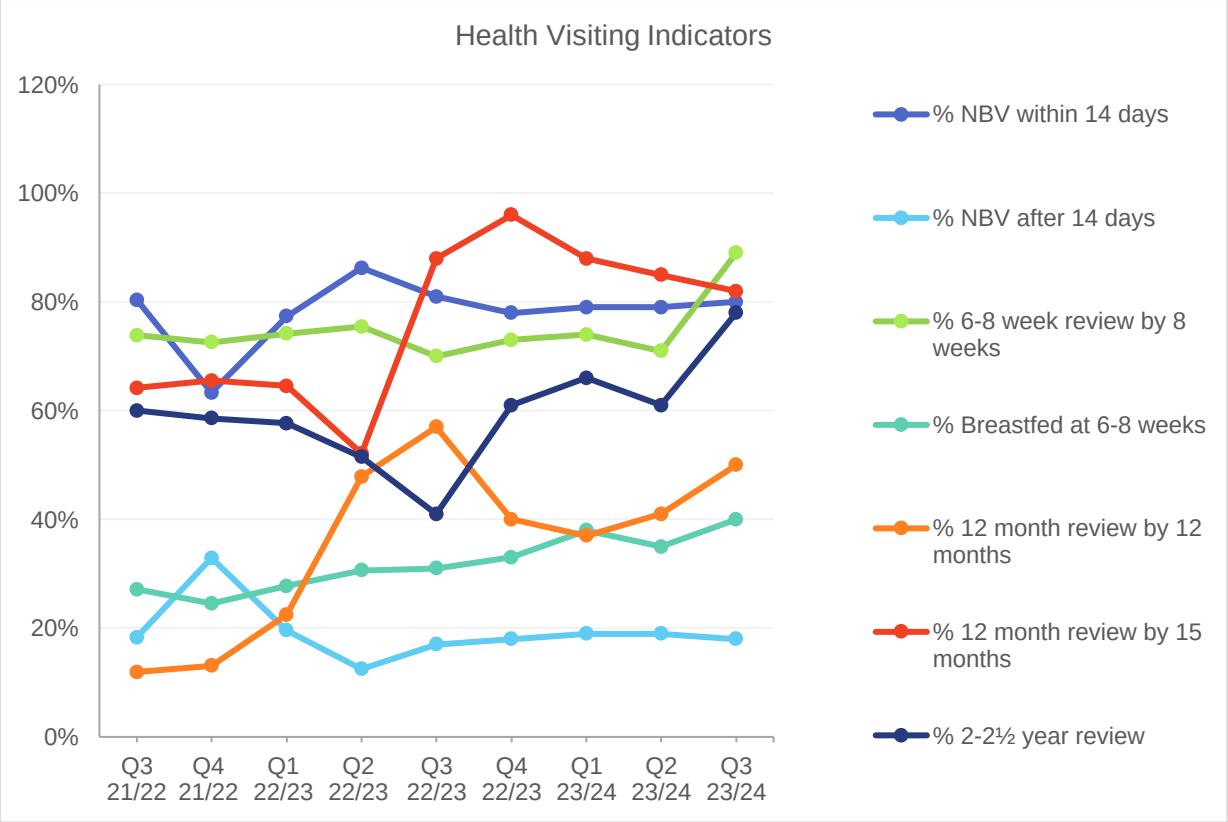
The national Child Health Programme sets out five mandatory checks which provide good proxies for how well the service is meeting the needs of children and families. Locally sourced performance data up to Q3 2023-24 is shown below. This compares Shropshire's Q3 2022/23 data to the national average for 2022/23 as an indicator of performance. **Caveat: this data has not yet been validated by the provider but is included to give an indication of progress and trends.**

Health Visitors summary

Health Visiting Indicators Summary - Shropshire

Indicator	Q3 21/22	Q4 21/22	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	Q1 23/24	Q2 23/24	Q3 23/24	Trend over time chart	Trend compared to previous quarter	Change compared to previous quarter	National average 2022/23	Compared to national average
Number of First face to face antenatal contact	36	43	17	19	19	21	24	20	**32**		▲	12	-	-
% NBV within 14 days	80.4%	63.4%	77.4%	86.3%	81.0%	78.0%	79.0%	79.0%	**80.0%**		▲	1.0%	80%	
% NBV after 14 days	18.3%	32.9%	19.6%	12.5%	17.0%	18.0%	19.0%	19.0%	**18.0%**		▼	-1.0%	-	
% 6-8 week review by 8 weeks	73.8%	72.6%	74.2%	75.5%	70.0%	73.0%	74.0%	71.0%	**89.0%**		▲	18.0%	80%	
% Breastfed at 6-8 weeks	27.1%	24.5%	27.7%	30.6%	31.0%	33.0%	38.0%	35.0%	**40.0%**		▲	5.0%	49%	
% 12 month review by 12 months	12.0%	13.1%	22.5%	47.8%	57.0%	40.0%	37.0%	41.0%	**50.0%**		▲	9.0%	83%	
% 12 month review by 15 months	64.2%	65.5%	64.6%	52.1%	88.0%	96.0%	88.0%	85.0%	**82.0%**		▼	-3.0%	-	
% 2-2½ year review	60.0%	58.6%	57.7%	51.5%	41.0%	61.0%	66.0%	61.0%	**78.0%**		▲	17.0%	74%	
% 2-2½ year review using ASQ 3	99.3%	98.9%	89.6%	91.7%	90.0%	89.0%	81.0%	85.0%	**86.0%**		▲	1.0%	93%	
% at or above expected level in communication skills	73.9%	77.8%	78.2%	67.2%	72.0%	74.0%	78.0%	75.0%	**79.0%**		▲	4.0%	85%	
% at or above expected level in gross motor skills	85.3%	85.7%	86.1%	78.2%	75.0%	86.0%	87.0%	84.0%	**89.0%**		▲	5.0%	93%	
% at or above expected level in fine motor skills	85.3%	86.4%	87.9%	80.7%	85.0%	88.0%	92.0%	86.0%	**91.0%**		▲	5.0%	93%	
% at or above expected level in problem solving skills	81.8%	80.5%	85.8%	78.5%	84.0%	85.0%	86.0%	85.0%	**90.0%**		▲	5.0%	92%	
% at or above expected level in personal-social skills	80.0%	82.1%	83.4%	74.9%	79.0%	84.0%	87.0%	64.0%	**89.0%**		▲	25.0%	90%	
% at or above expected level in all five areas of development	57.3%	59.7%	64.5%	59.2%	63.0%	61.0%	65.0%	68.0%	**67.0%**		▼	-1.0%	79%	

Source: PHNS 0-19 HCP Contract report, SHROPCOM



New Birth visits within 14 days

Shropshire's performance for the New Birth Visits within 14 days and has been improving over time and is similar to the national average. In the latest quarter, 80.0% of mothers received a new birth visit within 14 days of giving birth.

6-8 week review

Shropshire's rate of 6-8 week reviews is higher than the national average in the latest quarter, with 89% of mothers receiving a check by 8 weeks compared to 89% nationally.

12 month review

The percentage of mothers receiving a 12 month review by 12 months is below the national average and requires improvement at 50% compared to 83% nationally. However this rate has been improving over time. The reason for this low rate is due to reviews taking place before 15 months, with a rate of 82%. This is due to mainly due to the timing that the invites are generated and parental choice. The service have made changes to the system to generate earlier appointments to ensure that these are more frequently prior to the child's first birthday.

2-2 ½ year review

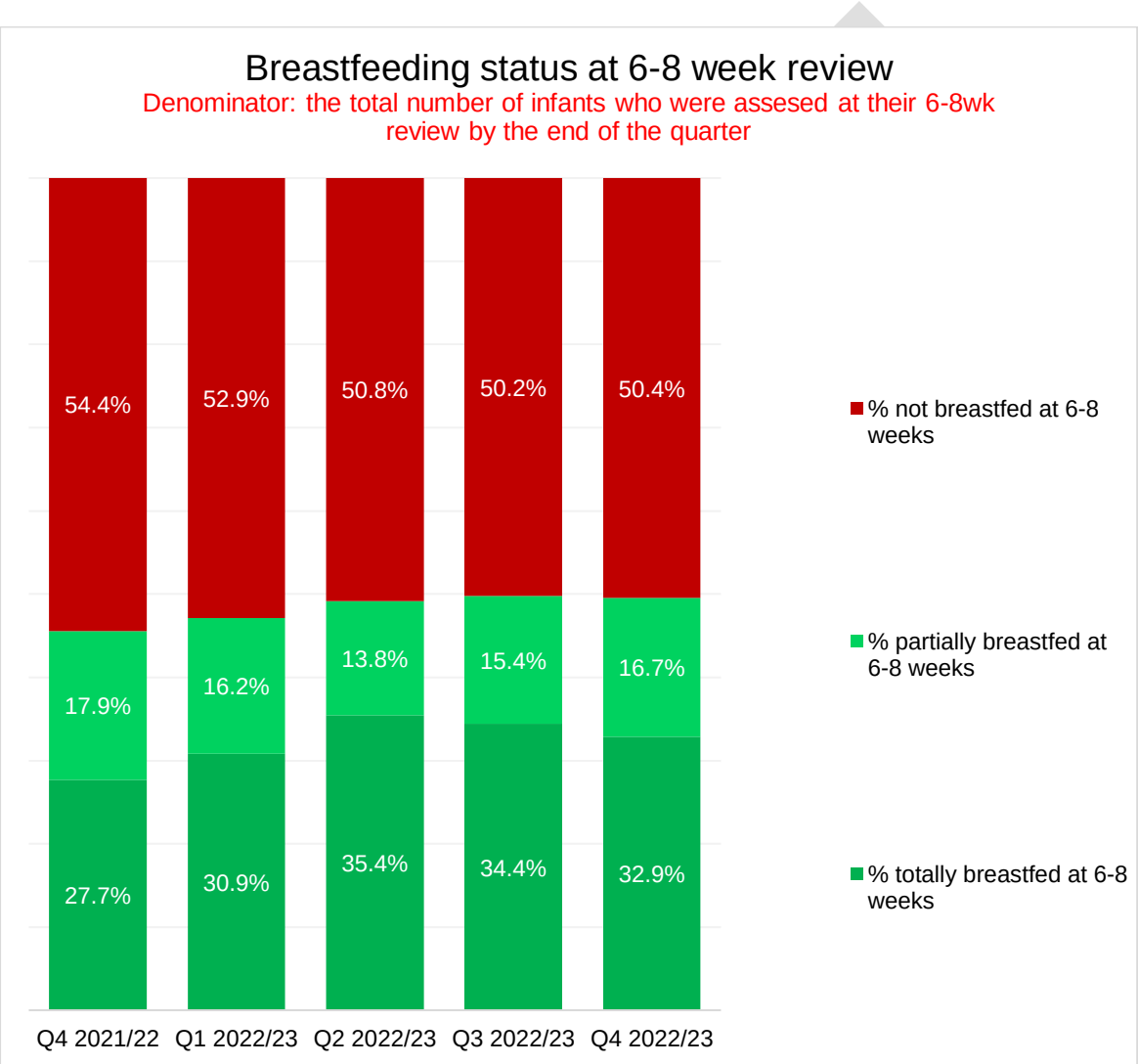
In Shropshire, 78% of mothers received a 2- 2 ½ year review, higher than the national rate of 74% and improving over time.

6–8-week review: breastfeeding status

*Note: this data differs from data presented in the Breastfeeding Prevalence section. The denominator is the total number of infants who **received** a 6–8-week review and does not include those who did not receive a visit.*

In Q4 of 2022/23, half (50%) of infants who were assessed at their 6–8-week review were partially or totally breastfed, 33% of which were totally breastfed.

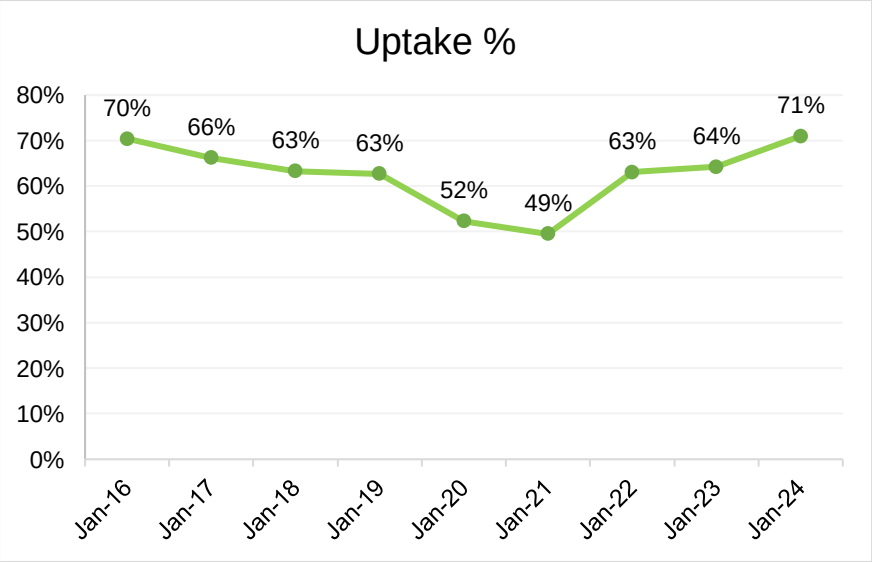
This is an improvement compared to the previous year, up from 46% partially or totally breastfed in Q4 2021/22 to 50% in Q4 2022/23.

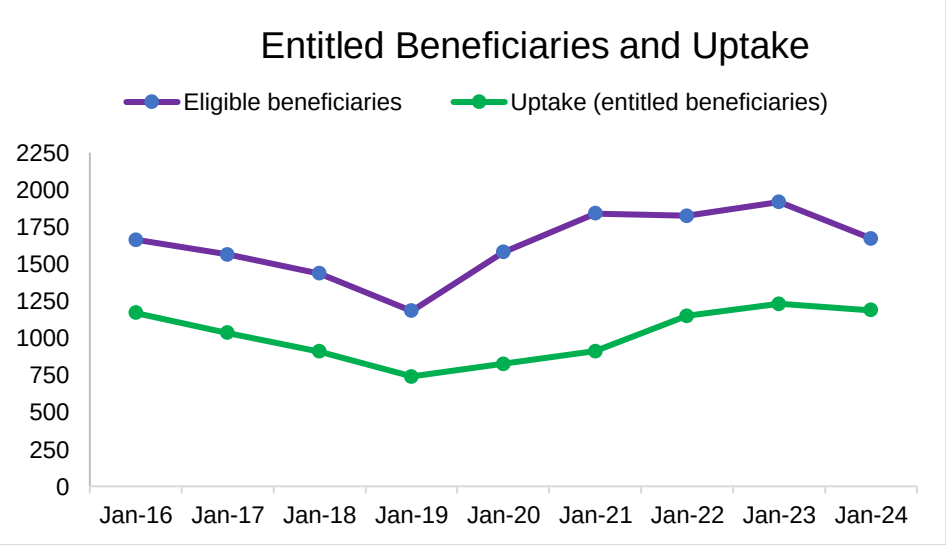


Uptake of the Healthy Start Voucher Scheme

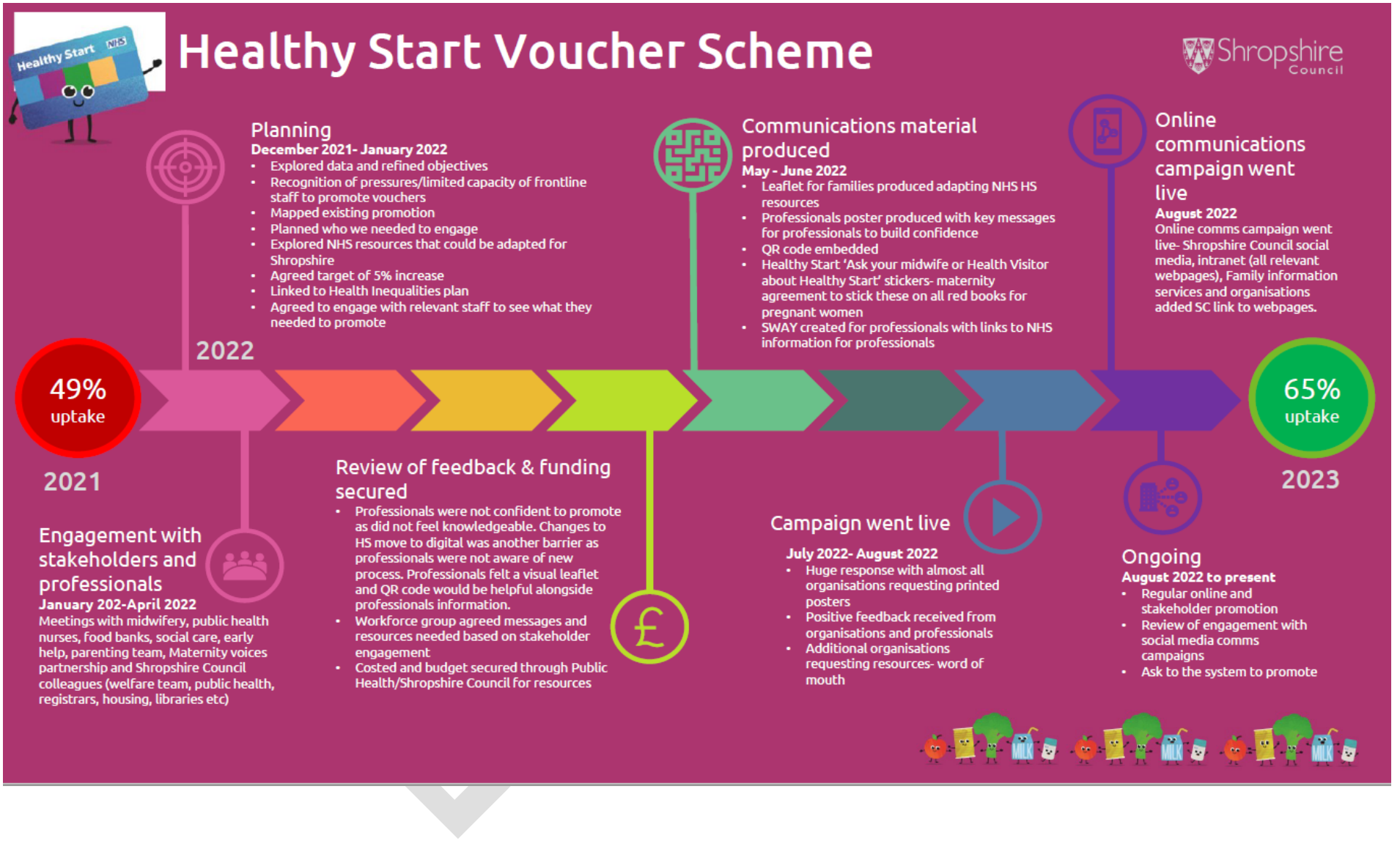
The Healthy Start scheme provides vouchers for pregnant women and parents with children under 4 years of age in receipt of certain benefits to help buy some basic foods. This important means-tested scheme provides vouchers to spend with local retailers. The scheme provides financial support to families to buy health food, milk and vitamins for pregnant women and parents of young children.

Take up in the most recent reporting period (January 2024) in Shropshire was 71% of eligible families, which was slightly below the national average of 74% [54].This is a rise over the last three years, up from 49% in January 2021. However, this still means that over a third (39%) of eligible families aren't taking up this free support for their children. The chart below right shows the number of eligible families and the number of people taking up healthy start vouchers. Both have been rising since January 2019, with a steeper rise in eligible families compared to the number of those taking up the scheme. This is also seen nationally[55].





[54] https://media.nhsbsa.nhs.uk/news/nhs-healthy-start-uptake-data-released
[55] https://media.nhsbsa.nhs.uk/news/nhs-healthy-start-uptake-data-released#:~:text=National%20uptake%20is%20currently%2062.7,the%20previous%20paper%20voucher%20scheme.&text=More%20families%20are%20now%20eligible,than%2020%2C000%20since%20August%202021.


Healthy Start
Healthy Start Voucher Scheme
Shropshire Council
Planning
December 2021- January 2022
Explored data and refined objectives
Recognition of pressures/limited capacity of frontline staff to promote vouchers
Mapped existing promotion
Planned who we needed to engage
Explored NHS resources that could be adapted for Shropshire
Agreed target of 5% increase
Linked to Health Inequalities plan
Agreed to engage with relevant staff to see what they needed to promote
Communications material produced
May - June 2022
Leaflet for families produced adapting NHS HS resources
Professionals poster produced with key messages for professionals to build confidence
QR code embedded
Healthy Start 'Ask your midwife or Health Visitor about Healthy Start' stickers- maternity agreement to stick these on all red books for pregnant women
SWAY created for professionals with links to NHS information for professionals
Online communications campaign went live
August 2022
Online comms campaign went live- Shropshire Council social media, intranet (all relevant webpages), Family information services and organisations added SC link to webpages.
49% uptake
2021
2022
65% uptake
2023
Engagement with stakeholders and professionals
January 202-April 2022
Meetings with midwifery, public health nurses, food banks, social care, early help, parenting team, Maternity voices partnership and Shropshire Council colleagues (welfare team, public health, registrars, housing, libraries etc)
Review of feedback & funding secured
Professionals were not confident to promote as did not feel knowledgeable. Changes to HS move to digital was another barrier as professionals were not aware of new process. Professionals felt a visual leaflet and QR code would be helpful alongside professionals information.
Workforce group agreed messages and resources needed based on stakeholder engagement
Costed and budget secured through Public Health/Shropshire Council for resources
Campaign went live
July 2022- August 2022
Huge response with almost all organisations requesting printed posters
Positive feedback received from organisations and professionals
Additional organisations requesting resources- word of mouth
Ongoing
August 2022 to present
Regular online and stakeholder promotion
Review of engagement with social media comms campaigns
Ask to the system to promote

Children aged 0-4 with SEND

Please see the Special Educational Needs and Disability (SEND) for 0-25 year olds JSNA here for data and intelligence relating to this group.

Vulnerable children

Children in need

Every local authority must protect and promote the welfare of children in need in its area. To do this, it must work with the family to provide support services that will enable children to be brought up within their own families.

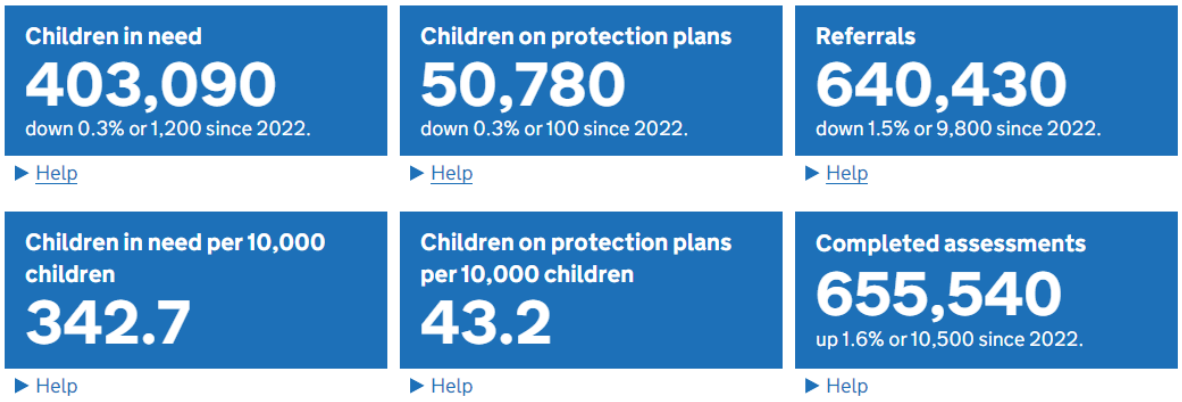
Who are 'children in need'
Children in need are defined in law as children who are aged under 18 and:

- need local authority services to achieve or maintain a reasonable standard of health or development
- need local authority services to prevent significant or further harm to health or development
- are disabled

Children in Need are a legally defined group of children (under the Children Act 1989), assessed as needing help and protection as a result of risks to their development or health.

This group includes children on child in need plans, children on child protection plans, children looked after by local authorities, care leavers and disabled children[56].

National picture



Source: Department for Education (DfE)

In 2023, over 403,000 children were classed as in need and just under 51,000 children were on protection plans.

All the headline measures (apart from completed assessments) have decreased at least slightly compared with 2022. The number of children in need is higher than in 2020, which

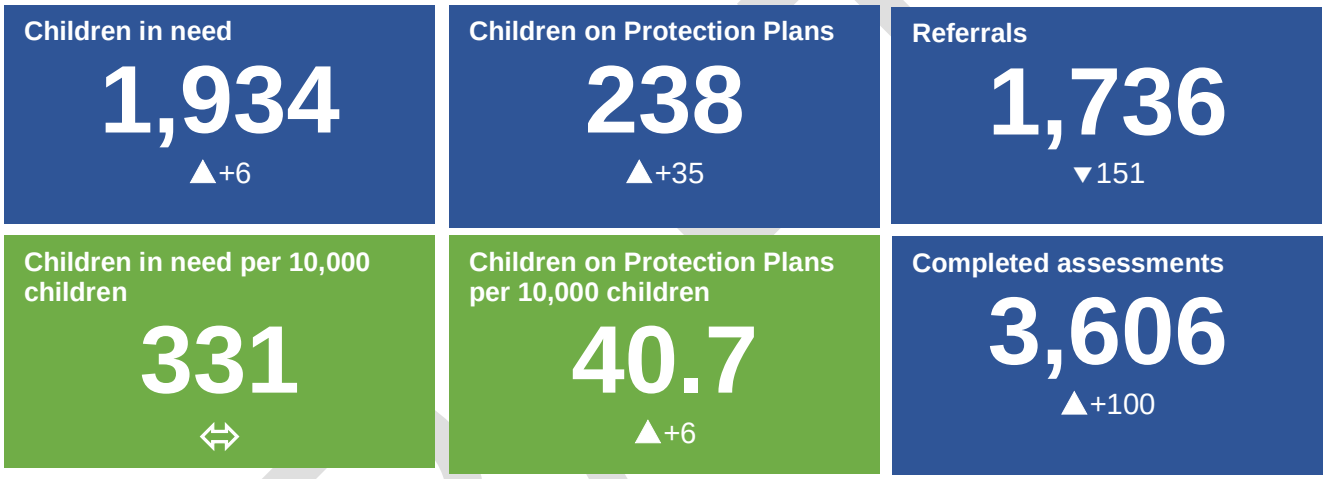
[56] Citizens Advice

(mostly) pre-dates the COVID-19 pandemic in England. However, the number of children on protection plans, referrals and completed assessments is lower.

The latest annual decreases follow the increase in 2022, in which there was a rise in all the headline measures, likely linked to school attendance restrictions due to COVID-19 no longer being in place.

In 2021, there was a fall in referrals, mainly driven by a drop in school referrals, attributable to restrictions on school attendance being in place for parts of the year. This in turn likely contributed to the falls seen in the other headline measures in that year[57].

Shropshire picture



Data at 31 March 2023: (arrows indicate change compared to 2022)
Source: Explore Education Statistics

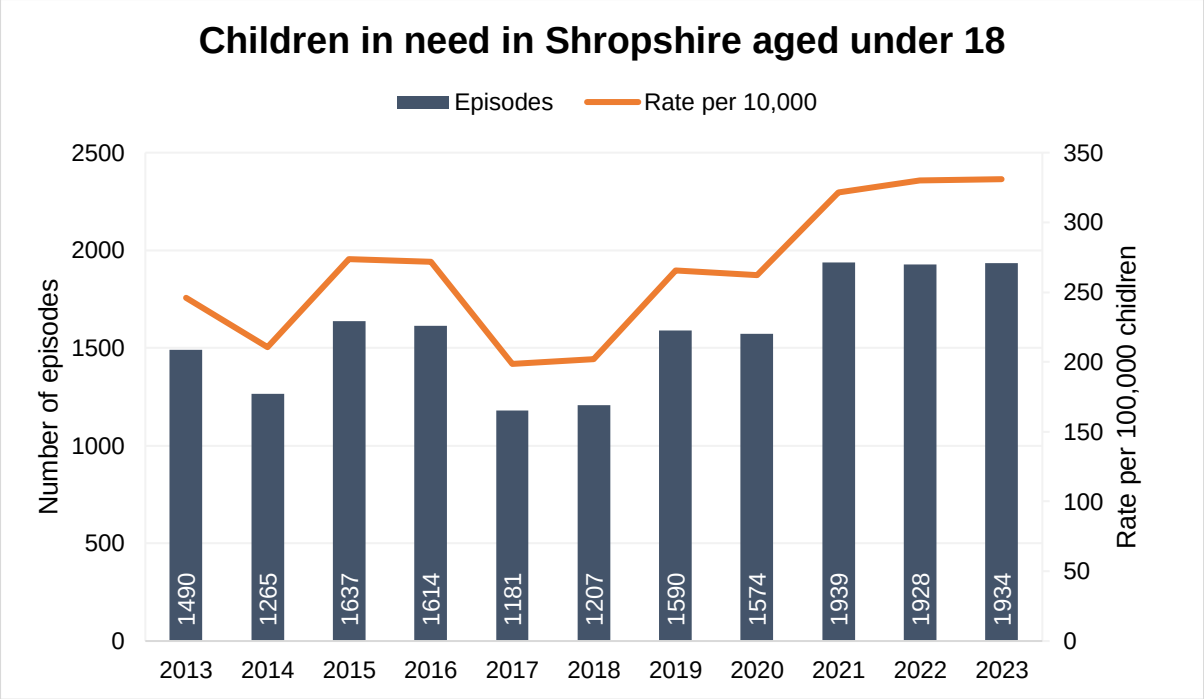
In Shropshire, at 31 March 2023, there were 1,934 children in need (aged under 18). This equates to a rate of 331 children in need per 10,000 children which is below regional and national average but similar to our statistical neighbours. There were 238 on protection plans, equating to a rate of 40.7 per 10,000, below the national average.

The rate of children in need in Shropshire has been rising over time since 2017, rising from a rate of 199 in 2017 to 331 per 10,000 children.

The most common primary need for these children was abuse or neglect between 2013 and 2023, with 58% of children in need having this as their primary need. This rate has been steady over the last 3 years

The rate of children on child protection plans in Shropshire has been falling since 2019, however there has been a rise in the latest year, up from 34.7 per 10,000 in 2022 to 40.7 per 10,000 in 2023.

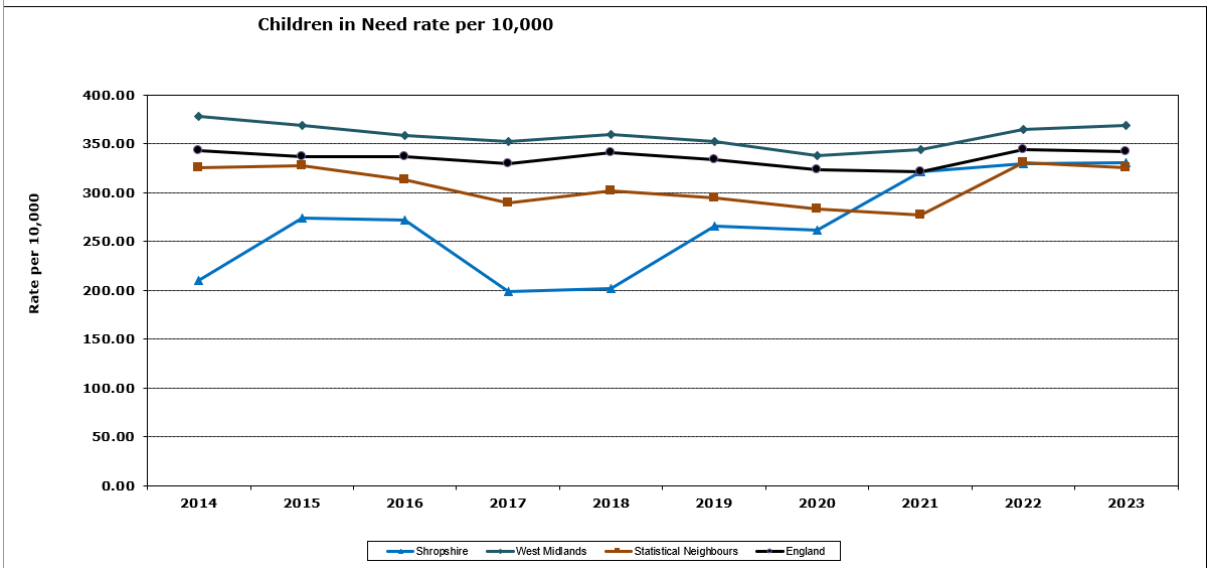
[57] Children in Need- Gov.uk https://explore-education-statistics.service.gov.uk/find-statistics/characteristics-of-children-in-need



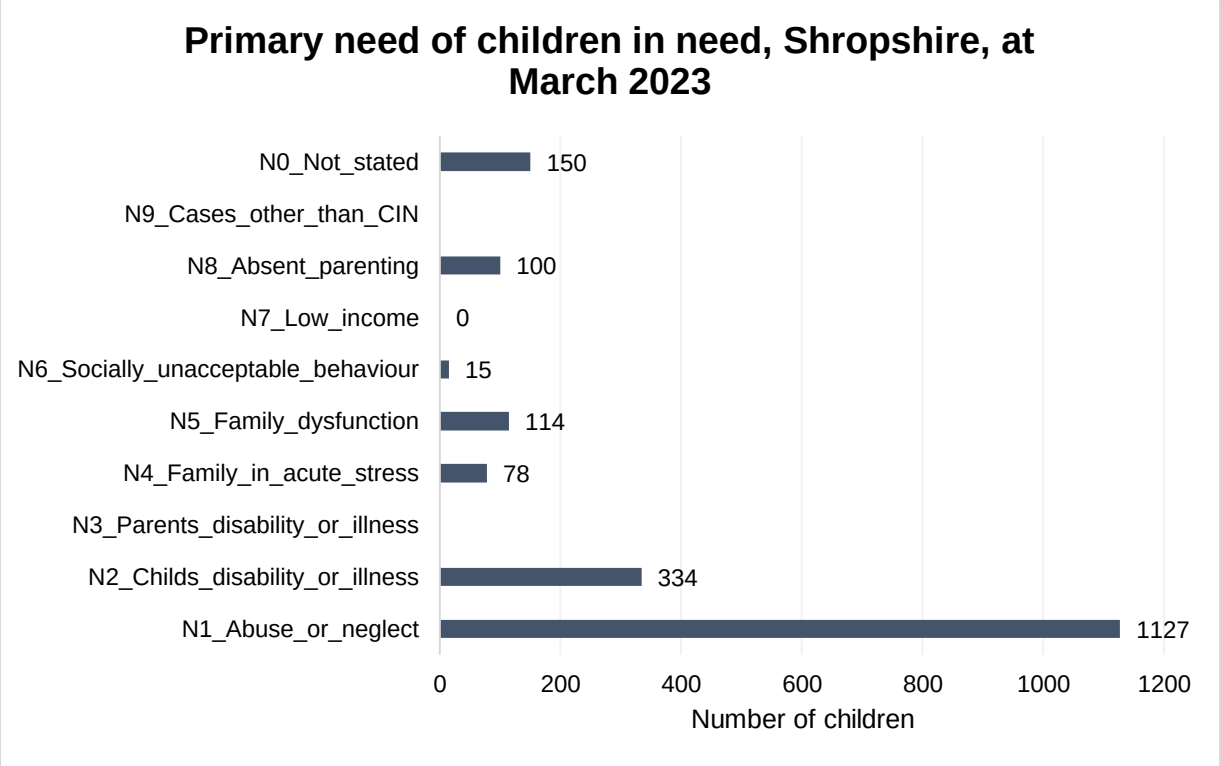
Children in Need rate per 10,000

Local Authority, Region and England		2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Change from previous year
893	Shropshire	210.70	273.80	271.90	198.60	202.20	265.70	262.30	321.60	330.00	331.00	1.00
984	West Midlands	378.20	368.60	358.90	352.20	360.20	352.30	338.10	343.80	365.10	369.00	3.90
	Statistical Neighbours	325.26	328.29	312.84	289.42	302.30	295.24	283.35	277.45	330.85	325.69	-5.16
970	England	343.70	336.60	337.30	330.10	341.00	334.20	323.70	321.20	343.80	342.70	-1.10

		Trend	Change from previous year	Latest National Rank	Quartile Banding	Quartile bands: Up to and including	Up to and including	Up to and including	Up to and including
893	Shropshire	↑	1.00	-	-	-	-	-	-



Source: LAIT tool



Outcomes for Children in Need (including Looked after Children)

Data is only published up to 31st March 2022. At this time in Shropshire, there were1,928 children in need (CIN) aged under 18.

Social Care group	Definition
CIN	Children in need
CINO	children in need, excluding children on a child protection plan and children looked after. This includes children on child in need plans as well as other types of plan or arrangements.
CPPO	children on a child protection plan, excluding children looked after.
CLA	children looked after (excludes children who are in respite care in their most recent episode during the reporting year).

Special education needs (SEN)

Special educational need and primary type of special education need for children in need (excluding children on a child protection plan and children looked after), children on a child protection plan (excluding children looked after) and children looked after.

In Shropshire, at 31st March 2022, there were 1,097 children in need who were pupils, 52% (572) of which were pupils with SEN. This compares with 49% nationally.

Of the 1,097 children in need who were pupils, 62% were children in need, excluding children on a child protection plan and children looked after, 26% were children looked after the remaining were on child protection plans. This is a similar profile to what we see nationally.

Of those CINO pupils in Shropshire, 58% were pupils with SEN, compared to 48% of children looked after and a third of children on protection plans were pupils with SEN. In England, 48% were pupils with SEN, compared to 57% of children looked after and 39% of children on protection plans were pupils with SEN.

At 31st March 2022	Social care group	Total pupils in each social care group	%	Number of pupils with no identified SEN	%	Number of pupils with SEN	%
England	**CINO**	**139,320**	66%	**72,140**	52%	**67,180**	48%
	CLA	**41,940**	20%	**17,890**	43%	**24,060**	57%
	CPPO	**29,710**	14%	**18,050**	61%	**11,650**	39%
	Total	**210,970**	100%	**108,080**	51%	**102,890**	49%
Shropshire	**CINO**	**682**	62%	**289**	42%	**393**	58%
	CLA	**284**	26%	**149**	52%	**135**	48%
	CPPO	**131**	12%	**87**	66%	**44**	34%
	Total	**1,097**	100%	**525**	48%	**572**	52%

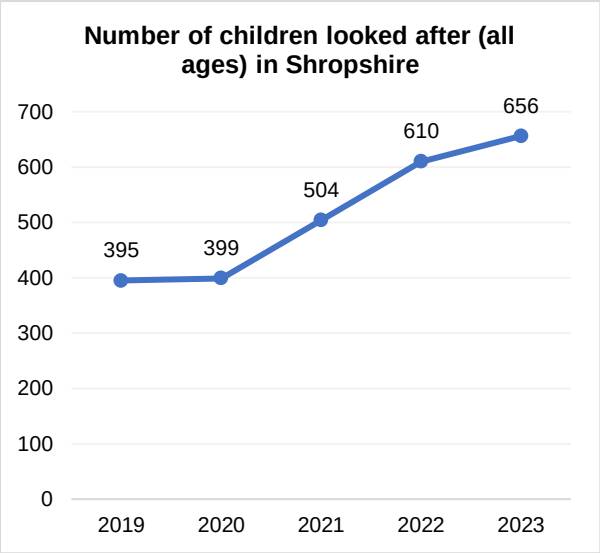
Children looked after (children in care)

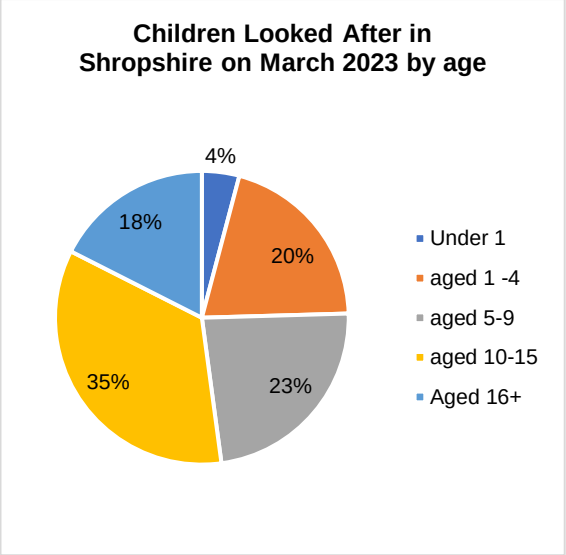
Children in care are a vulnerable group at greater risk of poor physical and emotional health outcomes than their peers. This can lead to poorer health throughout their life, and shorter life expectancy. Each local authority has a responsibility to understand a children in care's health needs and ensure that they receive the care they need.

On March 2023 in Shropshire, there were 656 children looked after, a rise of 7.5% compared the previous year[58]. Local data indicates that there will be a rise in 2024, with 719 looked after children reported as at 25 March 2024.

In 2023, there were 161 children looked after aged 0-4 years old, making up 24% of all children looked after in the county. Local data indicates that there are currently 154 looked after children aged 0-4 in Shropshire as at 25 March 2024, making up 21% of all looked after children.

[58] Education Statistics





Published data showing the number of children looked after in each age group over time. Soruce: Education Statistics.

Children looked after on 31 March in each year						
Year	**Under 1**	**aged 1 -4**	**aged 5-9**	**aged 10-15**	**Aged 16+**	**Total**
2019	21	63	84	144	83	395
2020	17	71	86	149	76	399
2021	33	104	111	166	90	504
2022	41	127	133	199	110	610
2023	27	134	153	227	115	656

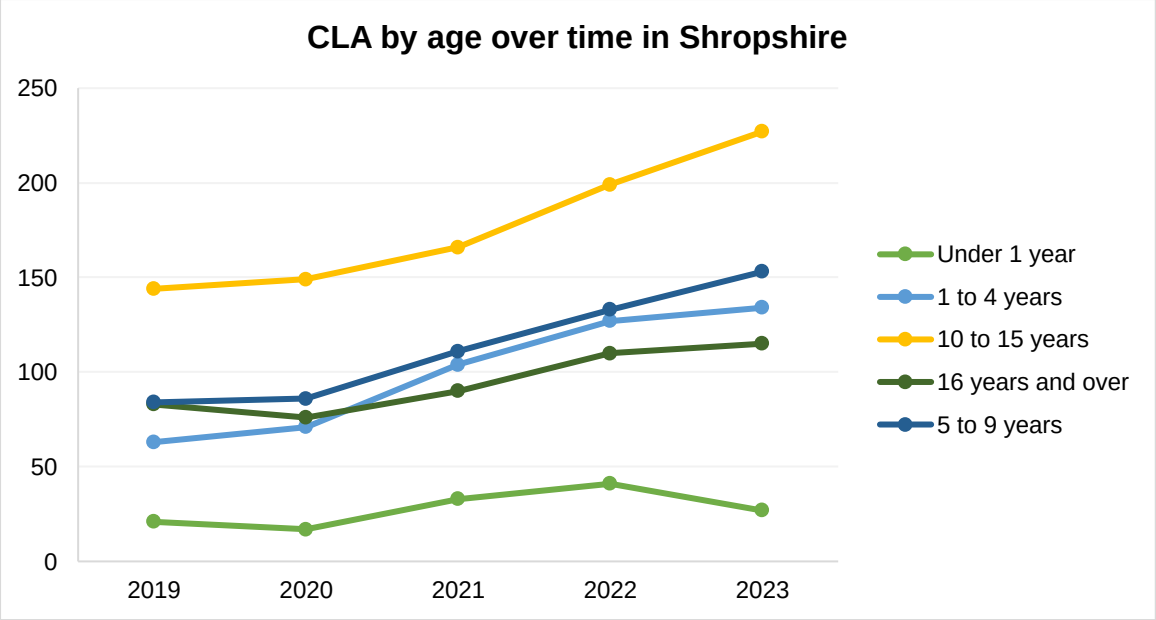
Table showing local data from Shropshire Children's Services at 25 March 2024

As at 25/3/24	0-4 years	Total
Full care order	67	**433**
Interim care order	57	**150**
Single period (s20)	27	**126**
Placement order	*	**9**
LA on remand		*
Total	**154**	**719**

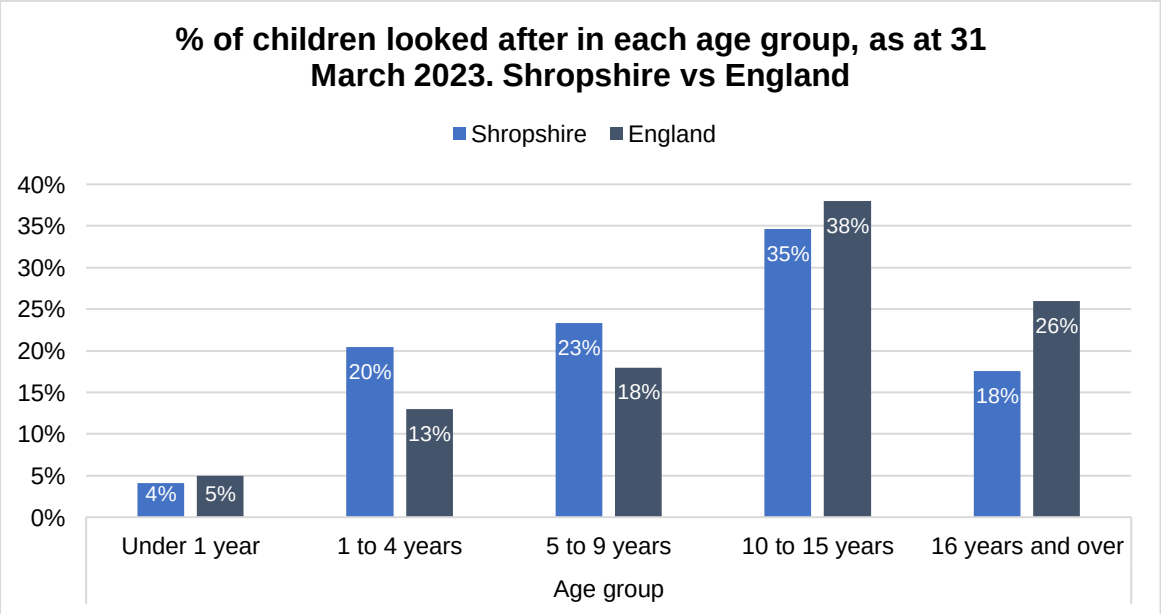
*** Numbers under 5 have been suppressed.**

Trends

There has been a steady rise among all age groups compared to 2022, particularly in those aged 5-15. However there has been a fall among children looked after aged under 1.



Compared to England, in 2023, Shropshire had a higher proportion of looked after children in the 1-4 year old and 5-9 year old age groups, and a lower proportion in those aged 10 and over.



Vulnerable families (0-4 year olds)

Between June 2022 and May 2023 in Shropshire, there were 10,435 episodes of contact with the following services among families with 0–4-year-olds:

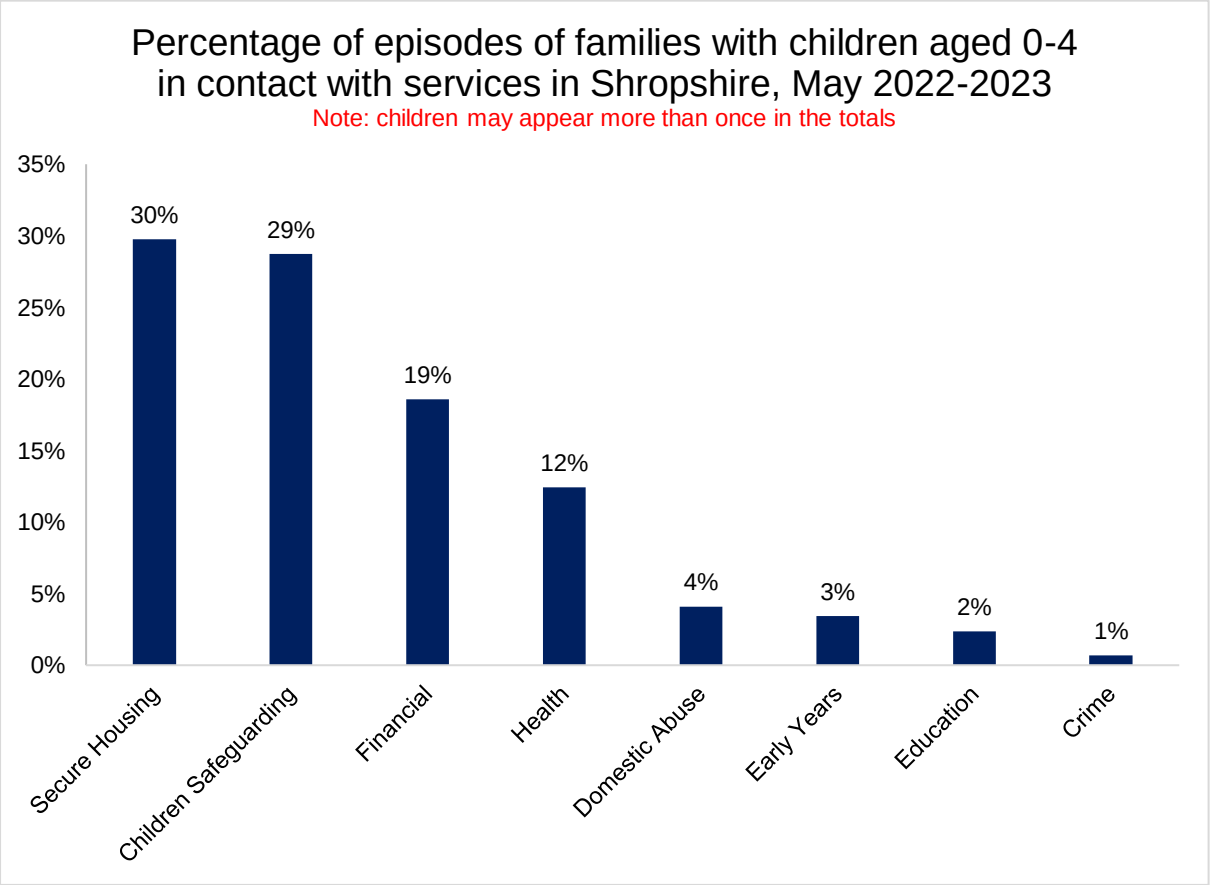
- Secure housing
- Early Help
- Children safeguarding
- Financial
- Health
- Domestic abuse
- Early years

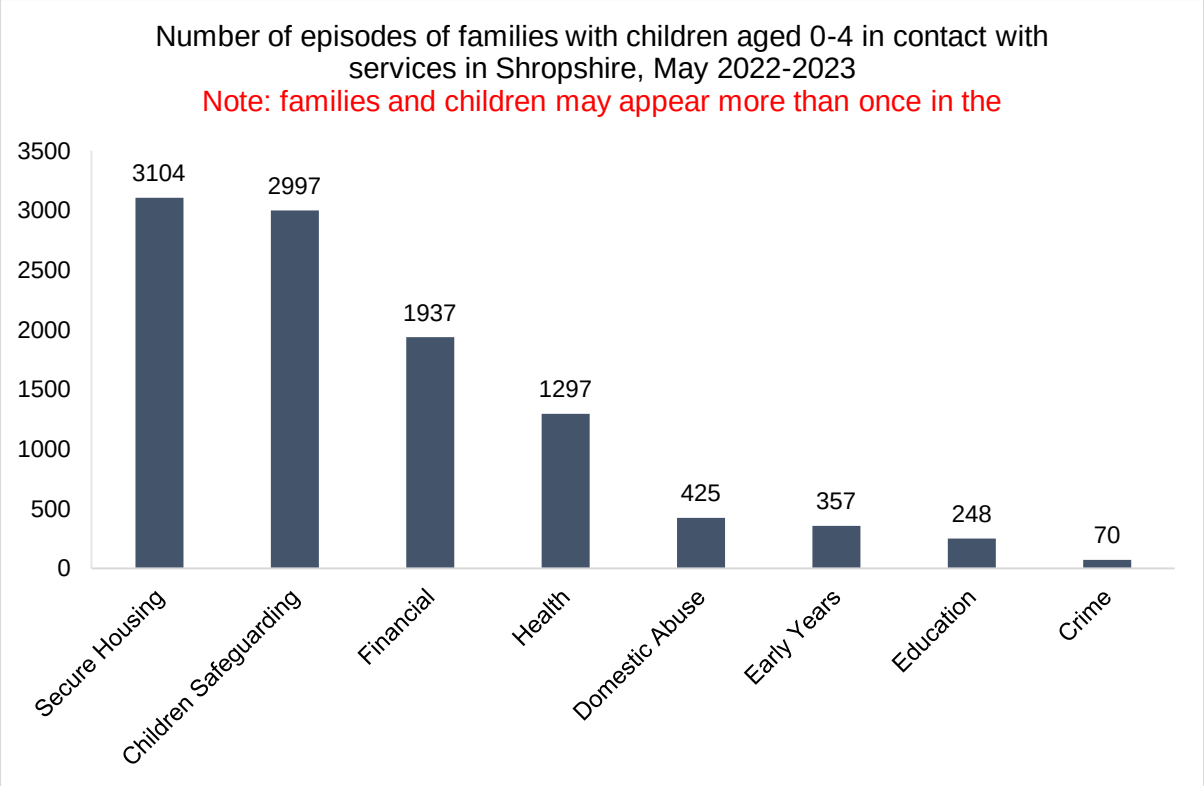
- Education
- Crime

Families may have had multiple episodes of contact during the year with different services.

The chart below shows that the secure housing was service with the highest proportion of episodes of contact with babies, infants and children aged 0-4s and their families, with 30% of all episodes for secure housing. Over half of these episodes of contact were on the housing register (17%), 11% were homeless and the remainder were in emergency accommodation.

A further 29% of episodes of contact were for child safeguarding and 19% were financial.





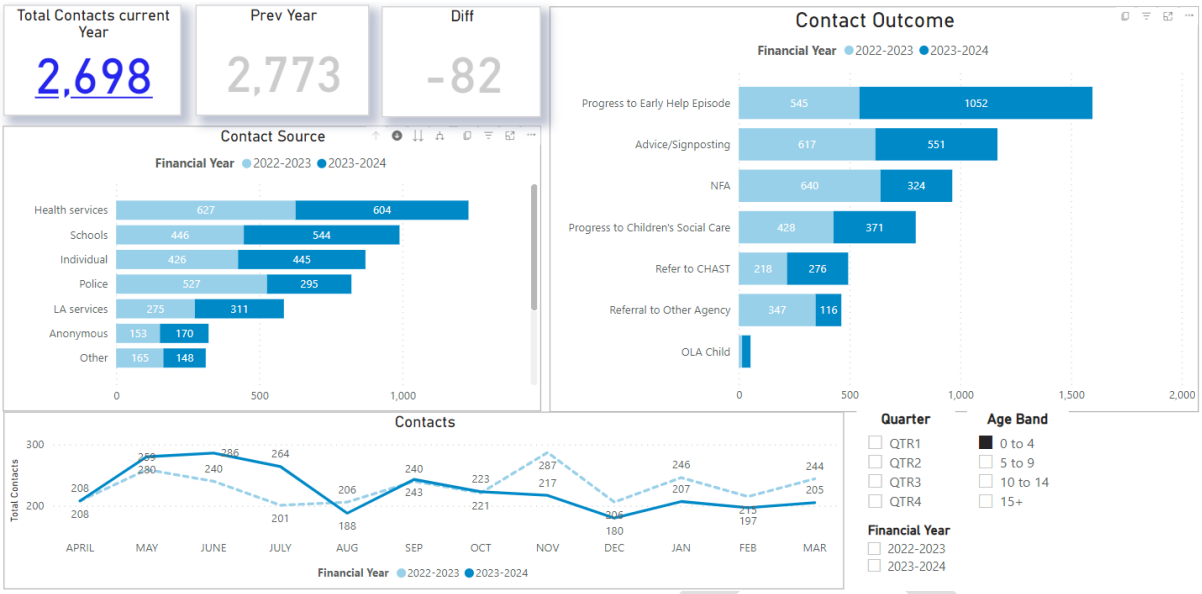
Children's Social Care Contacts and referrals

Contacts

In Shropshire in 2023-24, there were 2,698 Children's Social Care contacts with babies, infants and children aged 0-4, a fall of 82 contacts compared to the previous year. There was a higher number of contacts for this age group between May and July 2023 compared to the same period in 2022 however for the remainder of the financial year, numbers of contacts were similar, with some months of 2023-24 being slightly lower than the same period in 2022-23.

The highest number of contacts were from a health services and school source over the last two years. Compared to 2022-23, there has been a rise in contacts with babies, infants and children aged 0-4 in Shropshire where the source of contact was schools, individuals, and LA services. The number of contacts where the source was health services remains steady, however there has been a rise in contacts from A&E.

Dashboard showing Children's social care contacts for 0-4 year olds. Source: Shropshire Children's services



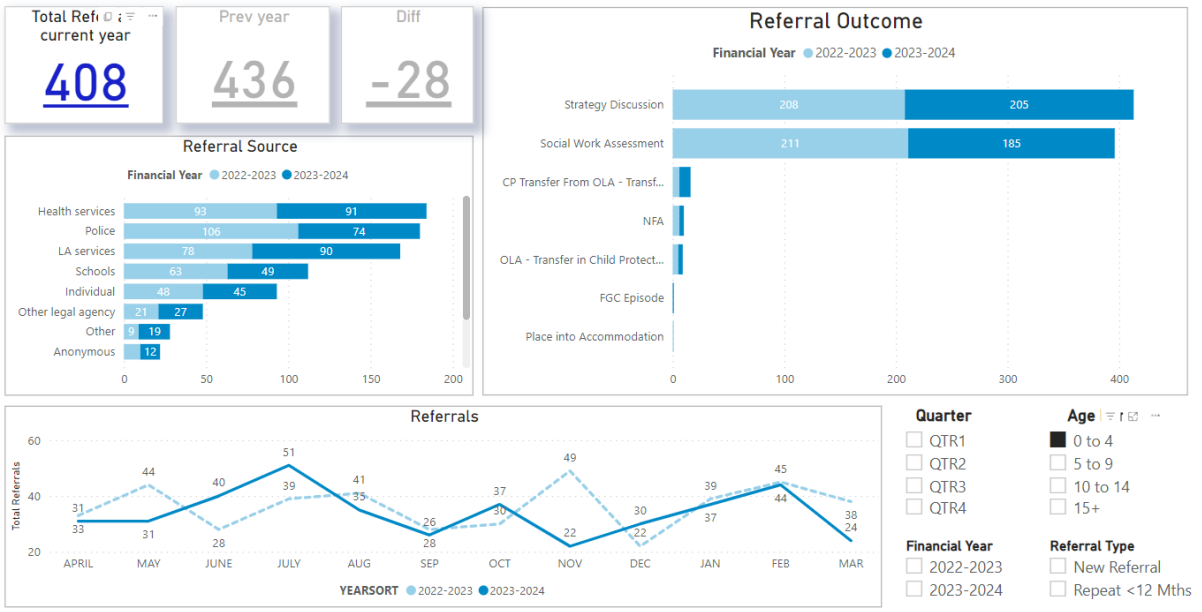
Referrals

In Shropshire during 2023-24, there were 408 Children's Social Care referrals of babies, infants and children aged 0-4, a fall of 28 referrals compared to the previous year.

The highest number of referrals were from Health Services and LA services in 2023-24, with Police making most referrals in 2022-23 for 0-4 year olds.

Within health services referrals, midwives and ambulances made the most referrals in 2023-24. The number of referrals from midwives, ambulances, consultants and A&E doubled compared to 2022-23, with a large fall seen in referrals made by primary health services.

Dashboard showing Children's social care referrals for 0-4 year olds. Source: Shropshire Children's services



Case study: COMPASS Help and Support Team (CHAST)

The CHAST offer aims to address demand and capacity issues into Children's Social Care in Shropshire and to ensure parents and families access support and help to meet their needs at the earliest opportunity. CHAST support is important as Early help can offer children the support needed to reach their full potential (EIF, 2021). It can improve the quality of a child's home and family life, enable them to perform better at school and support their mental health (EIF, 2021). Research suggests that early help can:

- protect children from harm
- reduce the need for a referral to child protection services
- improve children's long-term outcomes
- (Haynes et al, 2015).

The COMPASS Help and Support Team data shows that between September 2022 and March 2023, 74 babies, infants and children were supported by the team, 65% of which were aged 2-4. This data includes unborn babies. These were children largely from household compositions of 1-2 children (76%). Half (53%) of those supported were males, 43% were females with the remainder were unknown. Majority of babies, infants and children supported were White British (68%). Referrals came from a wide number of sources, for example ambulances, schools, and the police. The most common presenting issues were domestic abuse (16%), parenting difficulties (13%) and neglect (12%). The most common barriers to access were not needing support previously (38%), declining support (23%) or being known to children's services previously (18%).

Table showing presenting issue to CHAST, September 2022 to March 2023, Source: COMPASS Help and Support Team

Presenting issue	Count	Proportion
Domestic abuse	18	16%
Parenting Difficulties	15	13%
Neglect	14	12%
Adult mental health	11	10%
Parental acrimony	10	9%
Adult substance misuse	9	8%
Other	8	7%
Access to education	6	*
Adult alcohol misuse	*	*
Emotional harm	*	*
Gypsy and Traveller	*	*
Death of Primary Carer	*	*
Financial Poverty	*	*
Physical harm	*	*
Housing	*	*
Adult exploitation	*	*
Young Carers	*	*
Homelessness	*	*
Missing	*	*
Social Isolation	*	*

* Figures under 5 have been suppressed for confidentiality reasons.

Table showing Early Help outcomes, September 2022 to March 2023, Source: COMPASS Help and Support Team

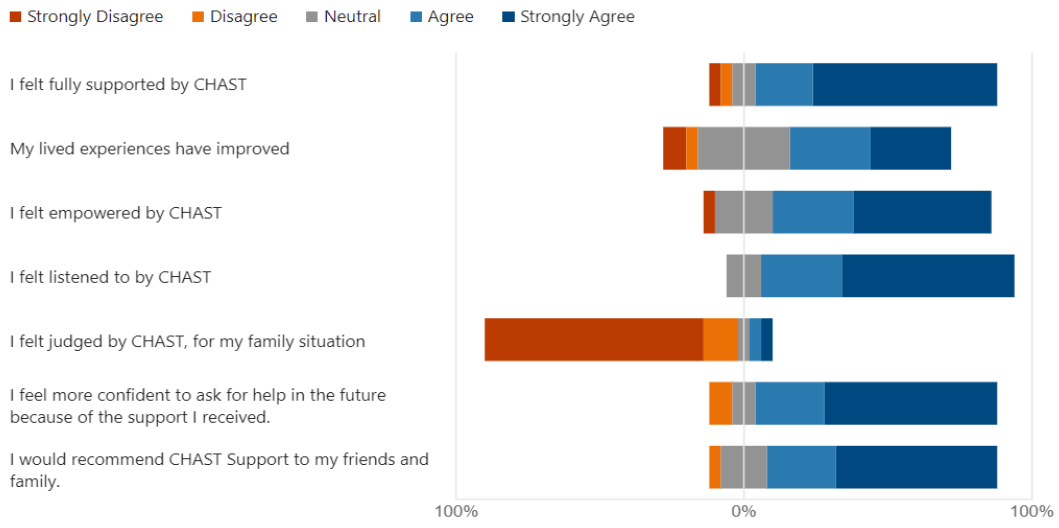
Early Help Outcome	Count	Proportion

None as no support given	24	19%
Due to decline	23	18%
Keeping children safe from abuse and exploitation	16	13%
Improved mental and physical health	15	12%
Safe from domestic abuse	8	6%
Improved family relationships	8	6%
Secure housing	8	6%
No data	8	6%
Early years development	7	6%
Getting a good education	*	*
Promoting recovery and reducing substance misuse	*	*
Financial stability	*	*

* Figures under 5 have been suppressed for confidentiality reasons.

Impact of CHAST on Children and Families from their perspective

Feedback was collected from all families with children aged 0-18 engaged with the team during the first three months of operation. Families rated CHAST 8.80 out of 10 for the support they received, with majority feeling their lived experiences had improved, they were empowered, listened to and approached in a non-judgemental way. This included 49 babies, infants and children aged 0-4 years (out of a total of 179). The feedback received stated our children and families felt more confident to ask for help in the future and would recommend CHAST to their friends and family.



Only those families who need social work intervention are being identified at front door, this ensures help to families at the right time, at the right level.

Shropshire Council

Impact of CHAST on Children and Families from their perspective.

It was a very quick turnaround, and with our experience of dealing with BEEU, the difference, was amazing. It felt like before, we were a forgotten family. However, with the support from Jill and CHAST, we felt as though we existed, for the first time in a long time. It was the first time, that we were dealt with as a family and not just me.

Knowing that there are agencies out there, and there are things that I can access to support me and my family. CHAST put me in touch with lots of support, that I can access myself, and gave reassurance that there was help. It helped me to identify problems that the situation could be, and things I had not considered before

you have amazed me Jill, you have been here for half an hour, and I feel better than I have felt for twenty years.

we have spent years of people not listening to us, and I feel now, that we are going to get some support, and you have been really kind, it's a life line

It has increased my confidence in my ability to move past the issues, that I felt I was facing. I did not feel so alone, in the problems that I was experiencing. I felt the safety of my family was very much the point of concern, without any fault of blame being proportioned to myself.

Shropshire Council

CHAST Service-Improvements and the way forward to 6-month Review.

Service improvements from the feedback received from CHAST have already started to be undertaken. Examples are:

- Feedback was given around children and families being sign-posted, to services, but not having hands on support to make referrals. CHAST responded to this, by disseminating new guidance to family support workers around a hand-holding approach and more hands on help and support.
- Feedback was also given, around a lack of knowledge in support service arena's for different presenting issues. CHAST responded to this, and now have weekly catch-up meetings where partners are invited to discuss their service, and referral pathway to support the knowledge of front-line family support workers in CHAST.
- Waiting times when CHAST became busy, were also raised. CHAST is in the process of responding to this, with an advert for two further family support workers to meet the current demand on the COMPASS Help and Support Team.

Early Years Settings

Early years settings provide a caring, supportive environment where children can learn and develop. Early years settings such as nurseries, pre-schools and childminders support parents and deliver crucial care and education for our youngest children.

Starting from April 2024, existing childcare support will be expanded in phases. By September 2025, most working families with children under the age of 5 will be entitled to 30 hours of childcare support.

The changes are being introduced gradually to make sure that providers can meet the needs of more families. This means that:

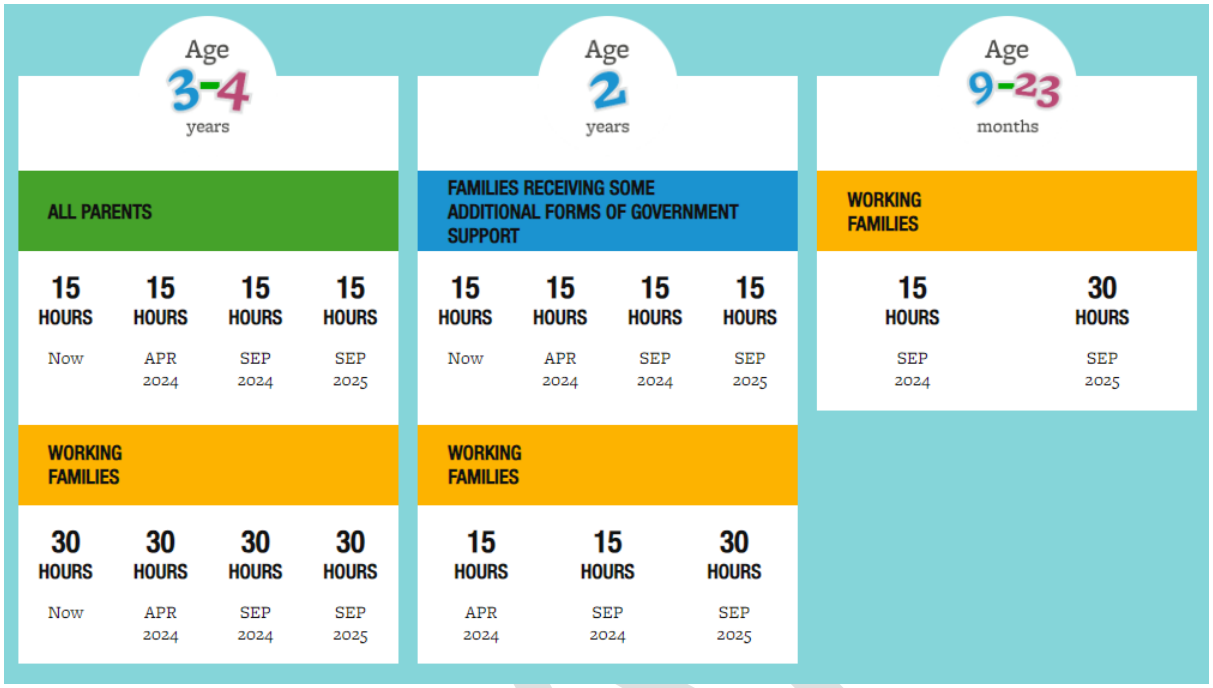
From April 2024, eligible working parents of 2-year-olds will be able to access 15 hours childcare support.

From September 2024, 15 hours childcare support will be extended to eligible working parents of children from the age of 9 months to 3-year-olds.

From September 2025, eligible working parents with a child from 9 months old up to school age will be entitled to 30 hours of childcare a week.

Like the existing offer, depending on your provider, these hours can be used over 38 weeks of the year or up to 52 weeks if you use fewer than your total hours per week.

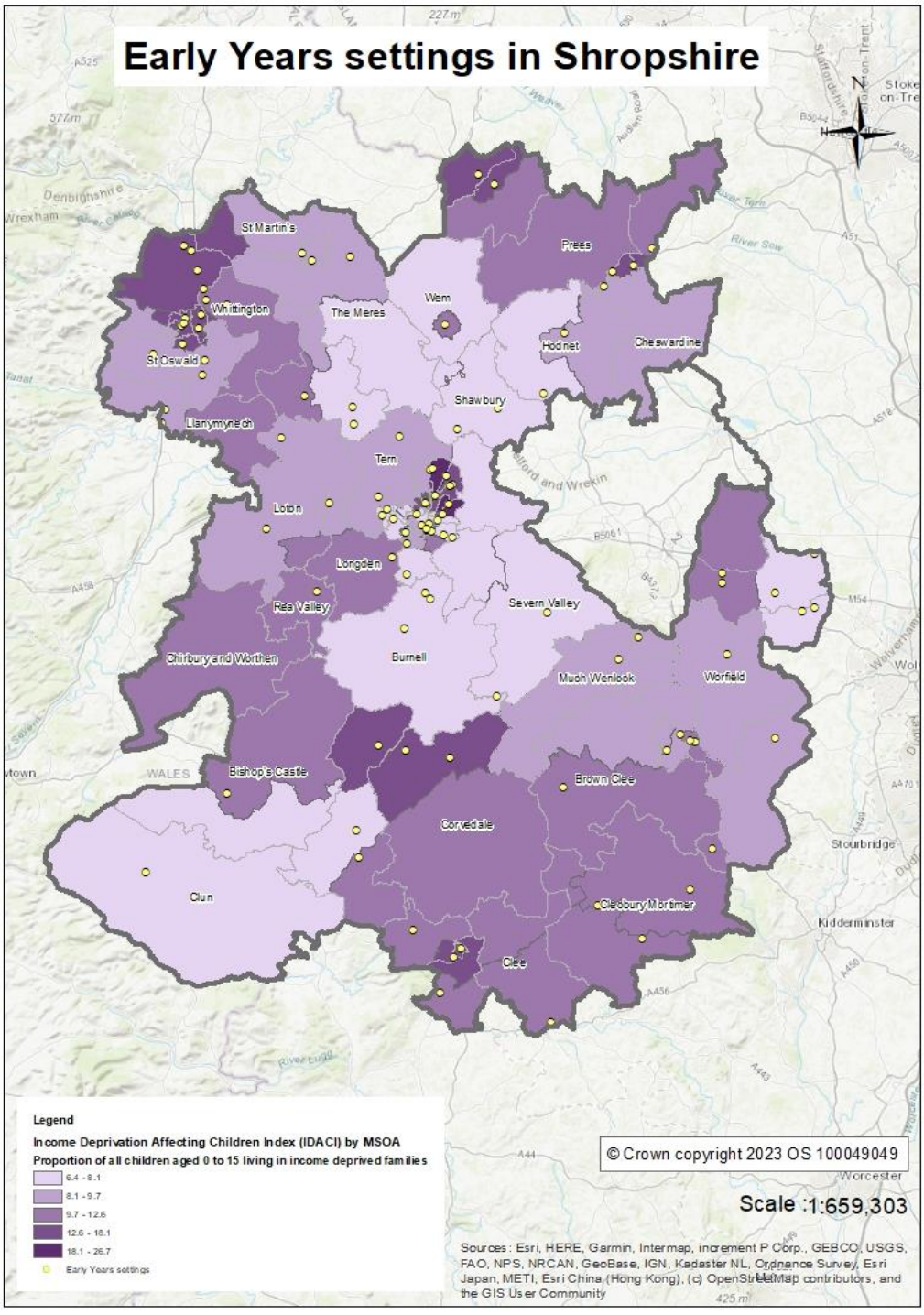
Sign up for more details about the upcoming expansion from April 2024, as well as how and when to register for support with childcare costs.



Source: Child Care Choices - https://www.childcarechoices.gov.uk/upcoming-changes-to-childcare-support/

Where are the Early Years settings in Shropshire in relation to areas of deprivation?

In 2023 in Shropshire, there were 103 Early Years settings located across the county (see map below). Many settings are concentrated in the Shrewsbury area and Oswestry. Reassuringly, settings are well-placed in relation to areas with high levels of income deprivation affecting children (purple heat map below).


Early Years settings in Shropshire
St Martin's
Whittington
St Oswald
Llanymynech
The Meres
Wem
Prees
Hodnet
Cheswardine
Shawbury
Tern
Loton
Longden
Rea Valley
Severn Valley
Chirbury and Worthen
Burnell
Much Wenlock
Worfield
Bishop's Castle
Brown Clee
Corvedale
Clun
Cleobury Mortimer
Clee
WALES
Stourbridge
Kidderminster
Worcester
Legend
Income Deprivation Affecting Children Index (IDACI) by MSOA
Proportion of all children aged 0 to 15 living in income deprived families
6.4 - 8.1
8.1 - 9.7
9.7 - 12.6
12.6 - 18.1
18.1 - 26.7
Early Years settings
© Crown copyright 2023 OS 100049049
Scale :1:659,303
Sources: Esri, HERE, Garmin, Intermap, increment P Corp., GEBCO, USGS, FAO, NPS, NRCAN, GeoBase, IGN, Kadaster NL, Ordnance Survey, Esri Japan, METI, Esri China (Hong Kong), (c) OpenStreetMap contributors, and the GIS User Community

Two thirds (64%) of Early Years settings received a ‘good’ Ofsted outcome, with 1 in 4 (24%) receiving an ‘outstanding’ outcome.

Ofsted outcome	Number of Early Years settings	Proportion of Early Years settings
Outstanding	24	24%
Good	65	64%
Met	2	2%
Inadequate	2	2%
Registration	7	7%
RI	1	1%
Waiting to be assessed	1	1%
Total	**102**	**100**%

Stakeholder engagement

We asked stakeholders to work with us to identify and provide us with the relevant data, intelligence, and evidence to inform the JSNA:

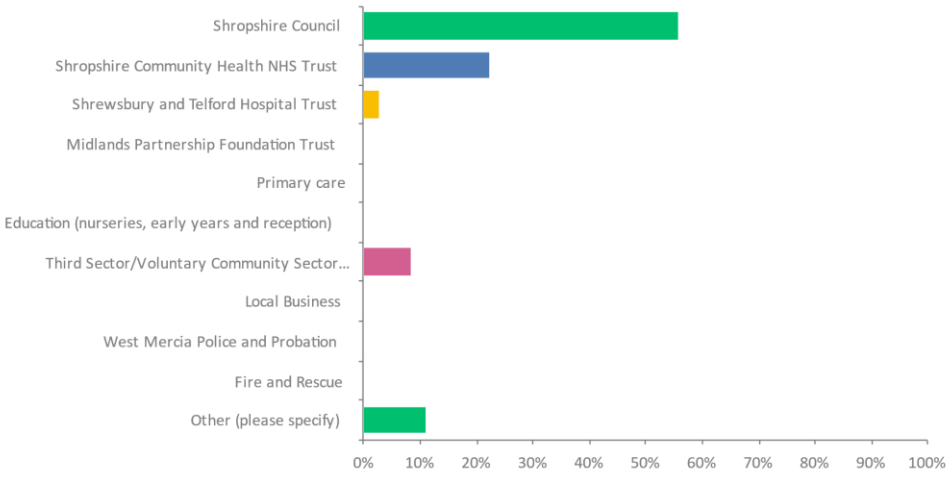
- To identify subjects which should be spotlighted and explored in more depth (Spotlight JSNAs)
- To inform us of your outreach and engagement work with children, young people and families in Shropshire
- To provide their views on key opportunities, challenges, and assets to be included in the JSNA
- Once developed, to use the Children and Young Peoples JSNA to inform service development and delivery

We engaged stakeholders and professionals using an online questionnaire through the SurveyMonkey platform. The questionnaire was developed to capture the views of all services and organisations that support babies, infants and children and their families (age 0-4).

Responses were collected between 31 March 2023 and 1 May 2023. In total, 36 responses were received. Over half (56%) of respondents were Shropshire Council employees, 22% were Shropshire Community Health NHS Trust employees, 11% were from Other organisations (e.g. NHS Shropshire Telford & Wrekin ICB and Town Councils) and 8% from Third Sector/Voluntary Community Sector Enterprises/Charities:

Q1: Which organisation do you work for?

Answered: 36 Skipped: 0



Which service area do you work in?

Organisation and Service area	Number of respondents
Shropshire Council	**20**
Children's Social Care	3
Culture Leisure and Tourism	1
Early Help	8
Emergency planning biodiversity and public health	1
Housing Services	1
Learning and skills	2
Libraries	1
Public Health	2
Shropshire Museums and Archives	1
Shropshire Community Health NHS Trust	**8**
Community children's nursing	1
Community Paediatrics	1
Family Nurse Partnership	1
Health Visiting	2
PHNS	1
School Nursing	2
Other (please specify)	**4**
Designated Safeguarding Team	1
Education	1
Maternity & Neonatal	1
Town Councillor	1
Third Sector/Voluntary Community Sector Enterprises/Charities	**3**
Autism specific support for families	1

Breastfeeding Support	1
Children's Social Care	1
Shrewsbury and Telford Hospital Trust	**1**
Midwifery	1
Total	**36**

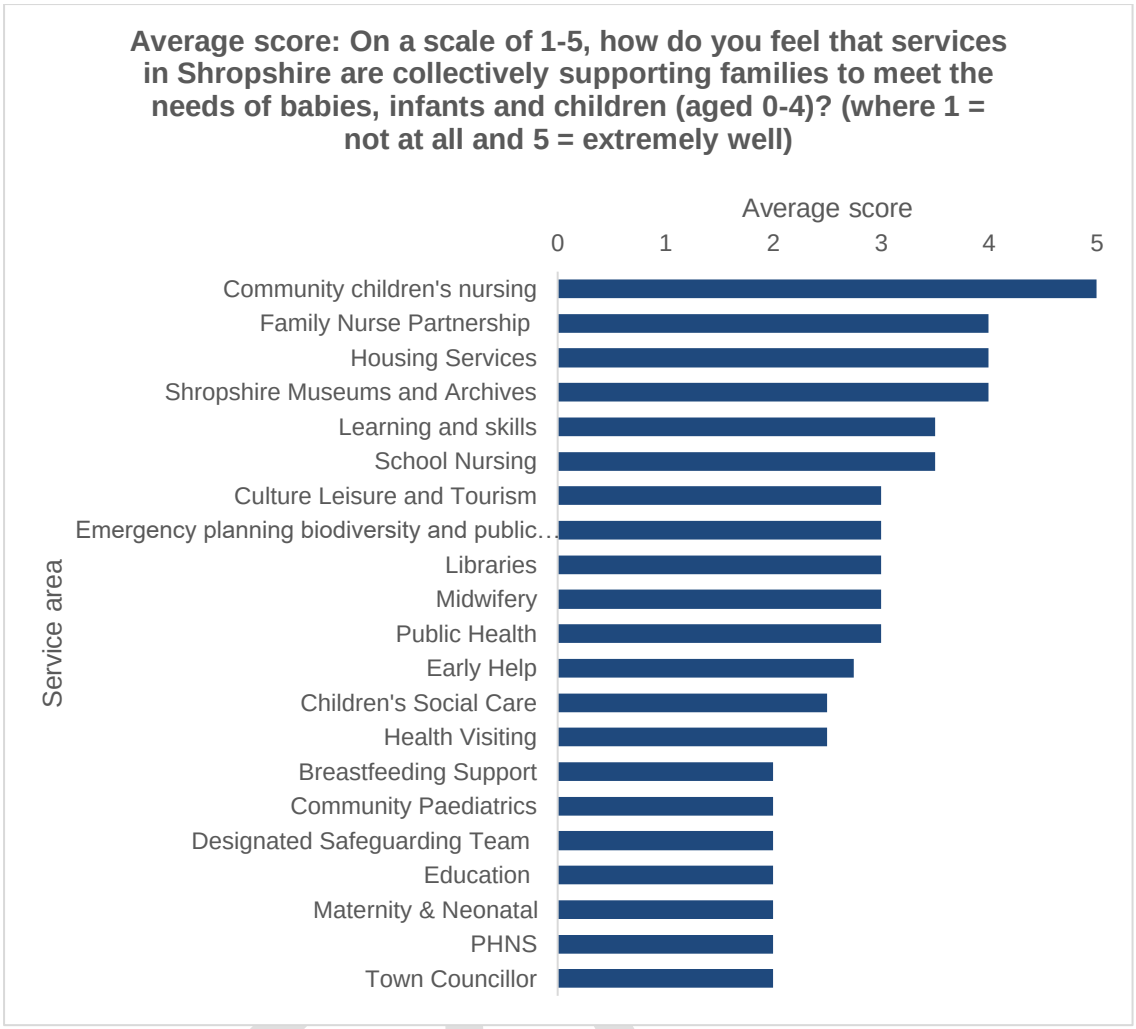
Of the 20 responses from Shropshire Council, majority were from the Early Help service. 16 stakeholders from outside Shropshire Council also responded, half of which were from the Shropshire Community Health NHS Trust.

Collectively supporting families to meet the needs of babies, infants and children (aged 0-4)

Across the system, respondents rated Shropshire collectively supporting families to meet the needs of babies, infants and children (aged 0-4) at 2.9, where 1 was not at all and 5 was extremely well.

Some service areas felt that the system is collectively supporting families to meet the needs of babies, infants and children (aged 0-4) very and extremely well (average rating of 4-5), for example: Community children's nursing, the Family Nurse Partnership, Housing and the Museum.

Other respondents such as those working in service areas of Breastfeeding Support, Education, Community Paediatrics, Maternity & Neonatal, Town Councillor, Designated Safeguarding Team and the PHNS, reported room for improvement with an average rating of 2.

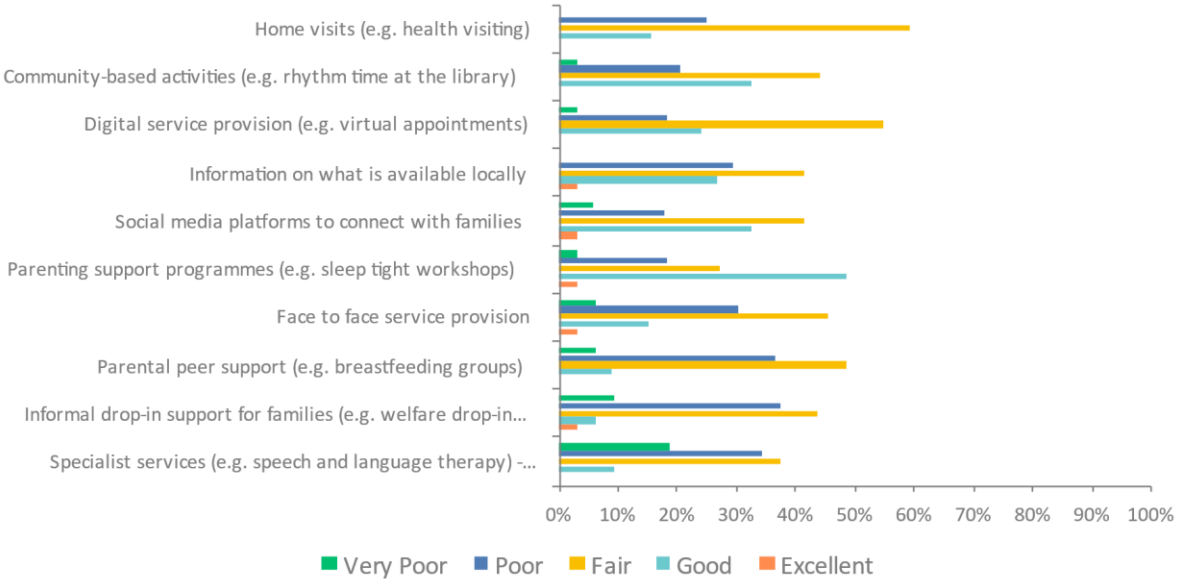

Average score: On a scale of 1-5, how do you feel that services in Shropshire are collectively supporting families to meet the needs of babies, infants and children (aged 0-4)? (where 1 = not at all and 5 = extremely well)
Average score
0
1
2
3
4
5
Service area
Community children's nursing
Family Nurse Partnership
Housing Services
Shropshire Museums and Archives
Learning and skills
School Nursing
Culture Leisure and Tourism
Emergency planning biodiversity and public…
Libraries
Midwifery
Public Health
Early Help
Children's Social Care
Health Visiting
Breastfeeding Support
Community Paediatrics
Designated Safeguarding Team
Education
Maternity & Neonatal
PHNS
Town Councillor

Areas doing well or areas for improvement in Shropshire:

The below charts indicate how respondents feel we are doing around the availability and accessibility of services and information; engagement and co-production and organisational development and partnership working.

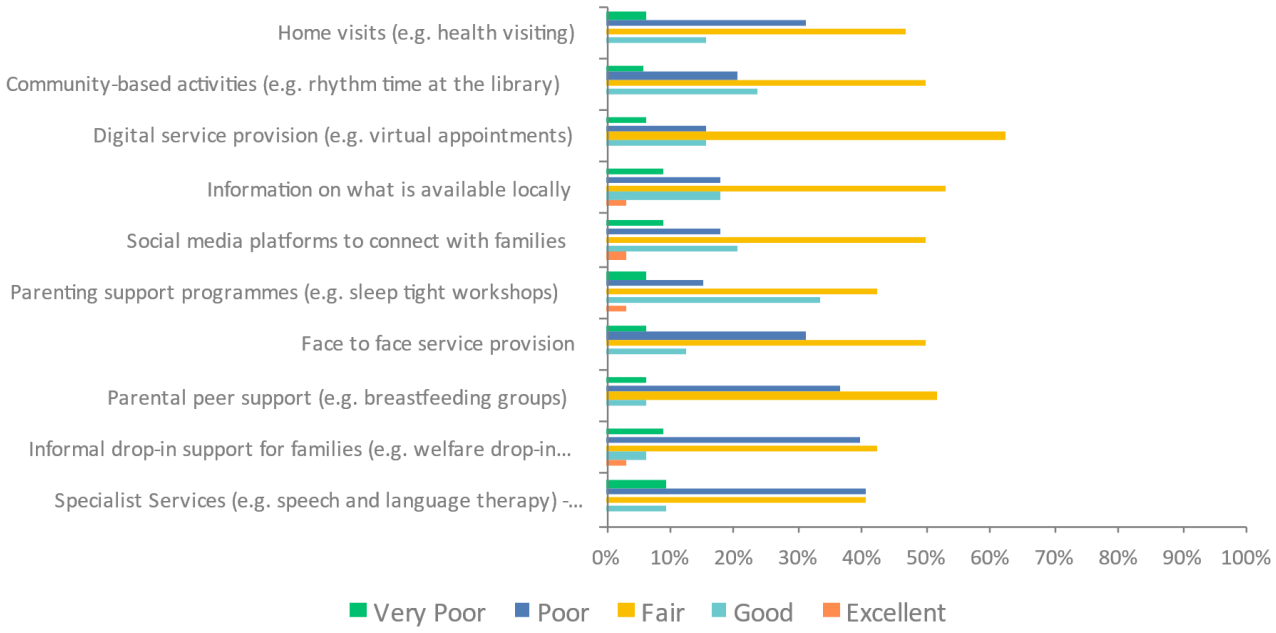
Q4: Availability of services and information

Answered: 34 Skipped: 2



Q5: Accessibility of services and information

Answered: 35 Skipped: 1



Q6: Engagement and co -production

Answered: 34 Skipped: 2

Q7: Organisational development and partnership working:

Answered: 33 Skipped: 3

Availability of services and information	Very Poor	Poor	Fair	Good	Excellent

Home visits (e.g. health visiting)	0%	26%	58%	16%	0%
Community-based activities (e.g. rhythm time at the library)	3%	18%	45%	33%	0%
Digital service provision (e.g. virtual appointments)	3%	19%	53%	25%	0%
Information on what is available locally	0%	27%	42%	27%	3%
Social media platforms to connect with families	6%	15%	42%	33%	3%
Parenting support programmes (e.g. sleep tight workshops)	3%	16%	28%	50%	3%
Face to face service provision	6%	31%	44%	16%	3%
Parental peer support (e.g. breastfeeding groups)	6%	38%	47%	9%	0%
Informal drop-in support for families (e.g. welfare drop-in clinics)	10%	39%	42%	6%	3%
Specialist services (e.g. speech and language therapy) - Please state	19%	35%	35%	10%	0%

Accessibility of services and information	**Very Poor**	**Poor**	**Fair**	**Good**	**Excellent**
Home visits (e.g. health visiting)	6%	32%	45%	16%	0%
Community-based activities (e.g. rhythm time at the library)	6%	21%	48%	24%	0%
Digital service provision (e.g. virtual appointments)	6%	13%	65%	16%	0%
Information on what is available locally	9%	15%	55%	18%	3%
Social media platforms to connect with families	9%	15%	52%	21%	3%
Parenting support programmes (e.g. sleep tight workshops)	6%	13%	45%	32%	3%
Face to face service provision	6%	32%	48%	13%	0%
Parental peer support (e.g. breastfeeding groups)	6%	38%	50%	6%	0%
Informal drop-in support for families (e.g. welfare drop-in clinics)	9%	41%	41%	6%	3%
Specialist services (e.g. speech and language therapy) - Please state	10%	42%	39%	10%	0%

Engagement and Co-production	**Very Poor**	**Poor**	**Fair**	**Good**	**Excellent**
Actively involving parents in service development	16%	38%	38%	9%	0%
Voice of the child – gaining wishes, thoughts and feelings of children	9%	41%	38%	13%	0%
Collating service user feedback (e.g. feedback forms)	9%	33%	42%	15%	0%
Access data on children and young people (i.e. Do you have access to the data you need?)	12%	27%	39%	21%	0%
Using data to inform service planning and delivery	13%	16%	47%	22%	3%
Sharing of information between agencies (e.g. multiagency meetings)	13%	34%	22%	31%	0%

Organisational development and partnership working	**Very Poor**	**Poor**	**Fair**	**Good**	**Excellent**
Partnership working	0%	22%	44%	34%	0%
Integrated services	3%	29%	52%	16%	0%
Continued professional development	7%	13%	57%	23%	0%
Supervision for workforce	0%	19%	45%	26%	10%

Communication across services	6%	41%	31%	22%	0%
Co-location of services/professionals to provide multiagency support	6%	48%	29%	16%	0%

Availability of services and information

50% of respondents felt that there is good availability of parenting support programmes in Shropshire. Areas of need are also highlighted, for example: 39% of respondents felt that there is poor availability of informal drop-in support for families and a further 42% felt availability was "fair". One in five respondents also reported that there is very poor availability of specialist services in the county, particularly for speech and language and pre and post-natal care. Waiting times around specialise services was also highlighted as poor.

Accessibility of services and information

32% of respondents felt that there is good availability of parenting support programmes. However, 32% of respondents feel that there is poor accessibility of face-to-ace service provision and another 32% feel that there is poor accessibility to home visits". One in ten respondents feel that there is very poor availability of specialist services, especially for rural communities.

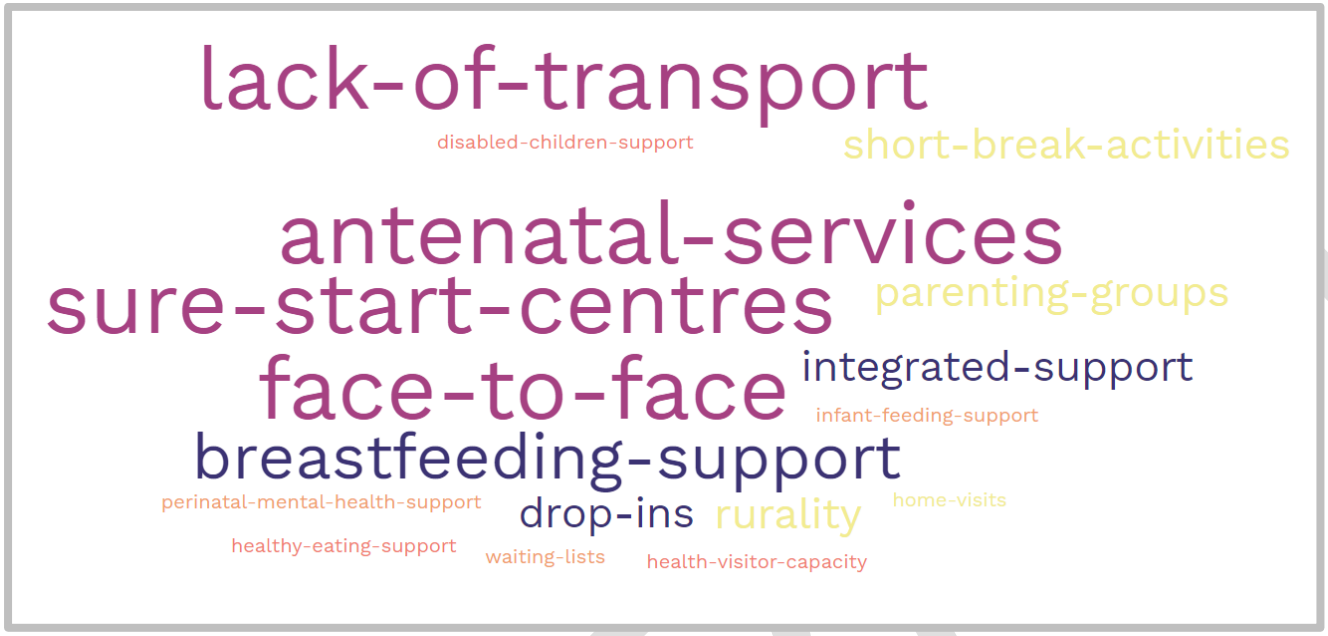
Engagement and co-production

38% of respondents reported poor co-production with parents in service development with a further 38% reporting "fair". 41% reported poor co-production with the voice of the child, highlighting a need for improvement. 34% feel that there is poor sharing of information between agencies, however a further third feel that there is good information sharing between agencies.

Organisational development and partnership working

Almost half of respondents (48%) felt that co-location of services is "poor" and 41% reported communication across services as "poor". On the other hand, 34% reported good partnership working.

Gaps in the service provision for families, babies, infants and children aged 0-4



Detailed responses:

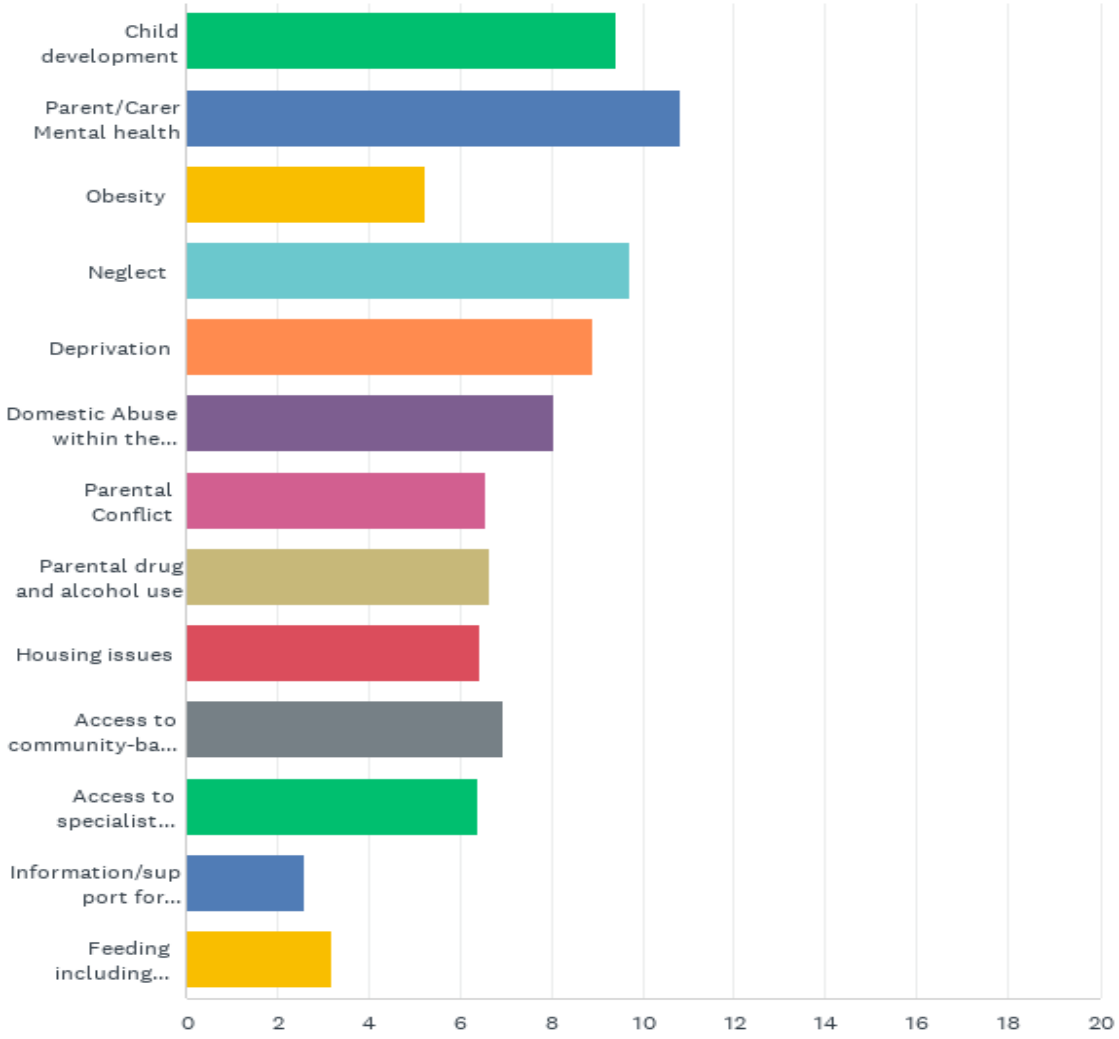
- “There is a lack of drop-in, face-to-face support for families, like they used to get with the Sure Start Children's Centres. The Short Break activities are very limited in certain parts of the county.”
- “No face to face health visiting service for Bishops Castle. Parents can have phone calls or travel to Ludlow. Public Transport links are poor. Sure Start filled all the gaps and now we are seeing the legacy .”
- “Gaps in provision of All In short breaks for this age group, also geographical gaps in wider provision around the county. Information sharing between partners needs to improve about the service provision available, most is unknown and not promoted enough. Better use of the Family Information Service central online database of services should be encouraged.”

Areas doing well in the service provision for families, babies, infants and children aged 0-4

- “Family Information Service is a great source and accessible on many different levels”
- “The work that is being completed in Oswestry is a good example of integrated working “
- “Early Help team do an excellent job.”
- “Use of libraries to deliver and support provision Delivery of speech and language intervention programmes -EY Talkboost Speech and Language website, ST&W, is very informative and supportive”

What you think are the key challenges for children (0-4) in Shropshire:

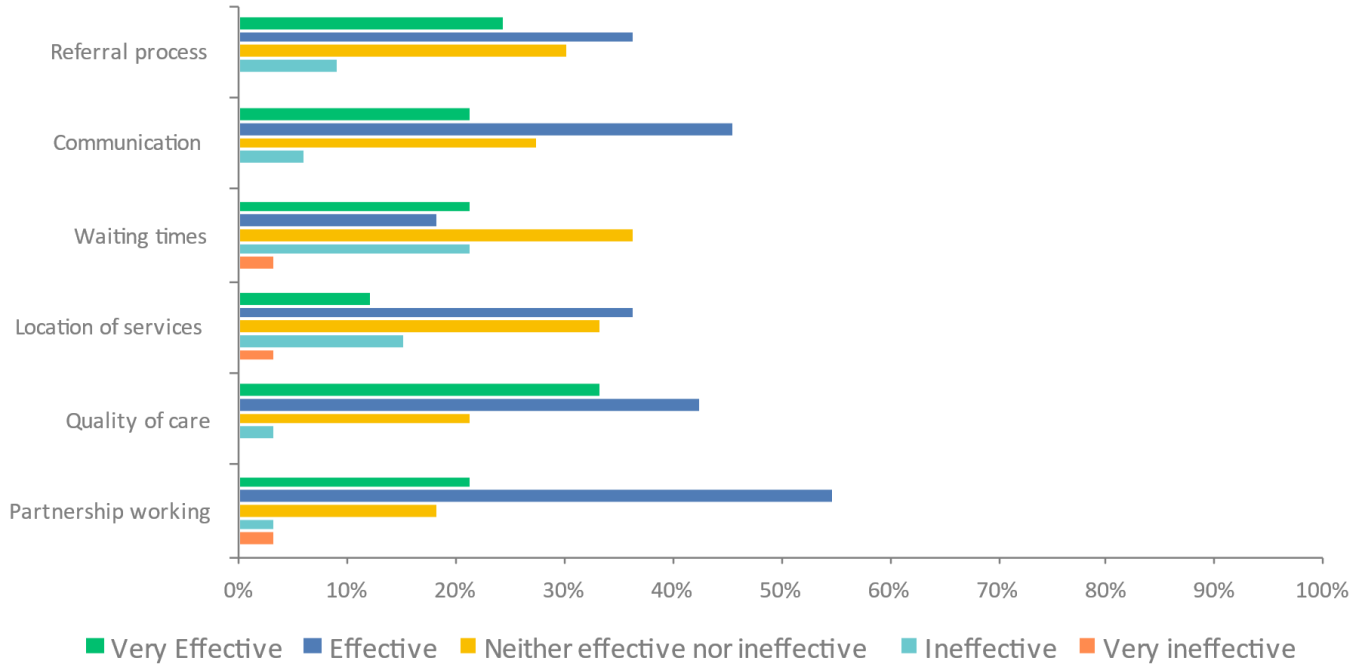
Respondents highlighted parental mental health as the key challenges for children aged 0-4, with 11 out of 34 respondents highlighting this as the key challenge. Child development and neglect were the other two areas reported to be areas of need for 0-4s in Shropshire.


Child development
Parent/Carer Mental health
Obesity
Neglect
Deprivation
Domestic Abuse within the...
Parental Conflict
Parental drug and alcohol use
Housing issues
Access to community-ba...
Access to specialist...
Information/support for...
Feeding including...
0
2
4
6
8
10
12
14
16
18
20

How your service operating?

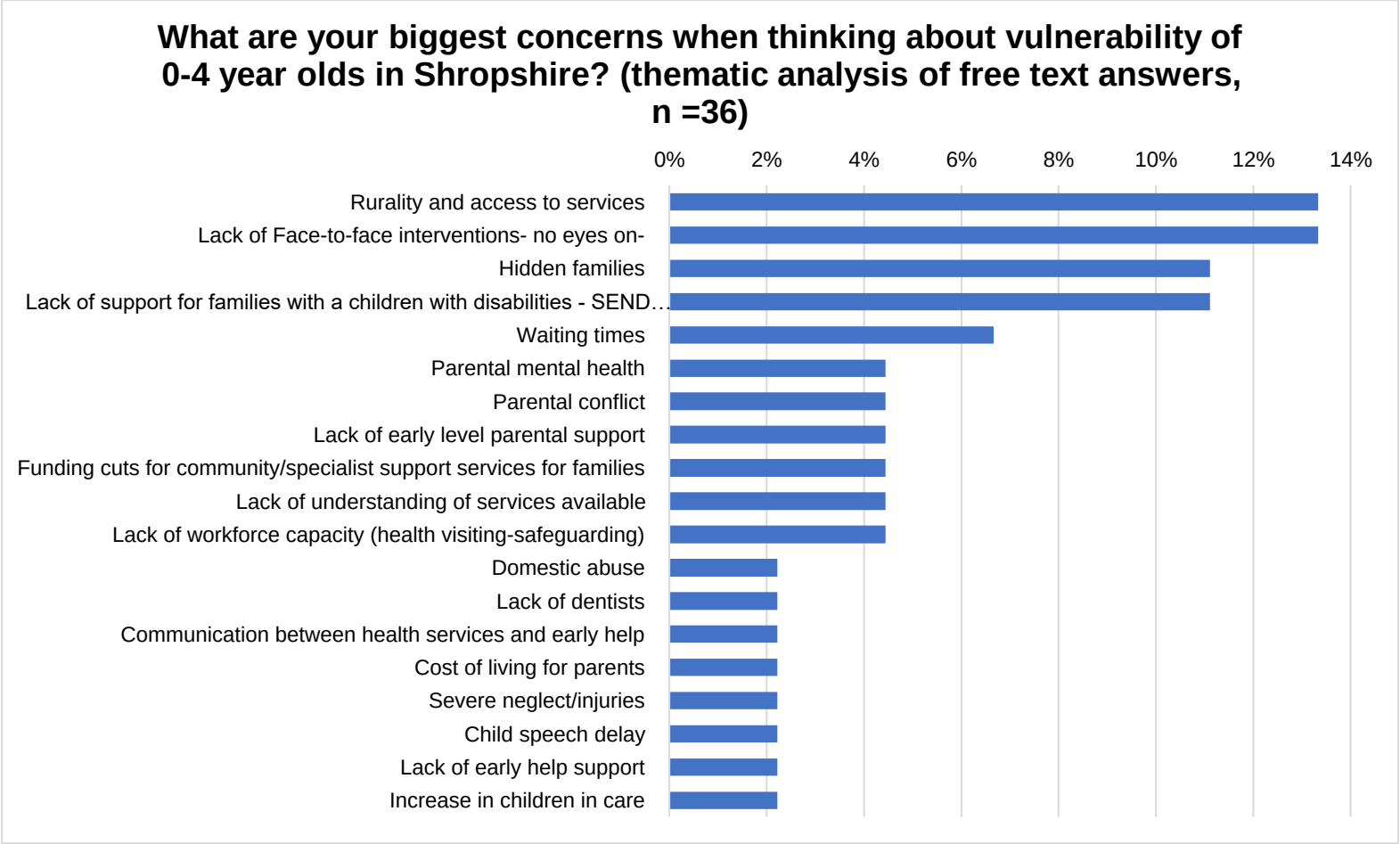
Q11: Please rate the following aspects of how effective you feel your service area is operating:

Answered: 33 Skipped: 3



What are your biggest concerns when thinking about vulnerability of 0-4 year olds in Shropshire?

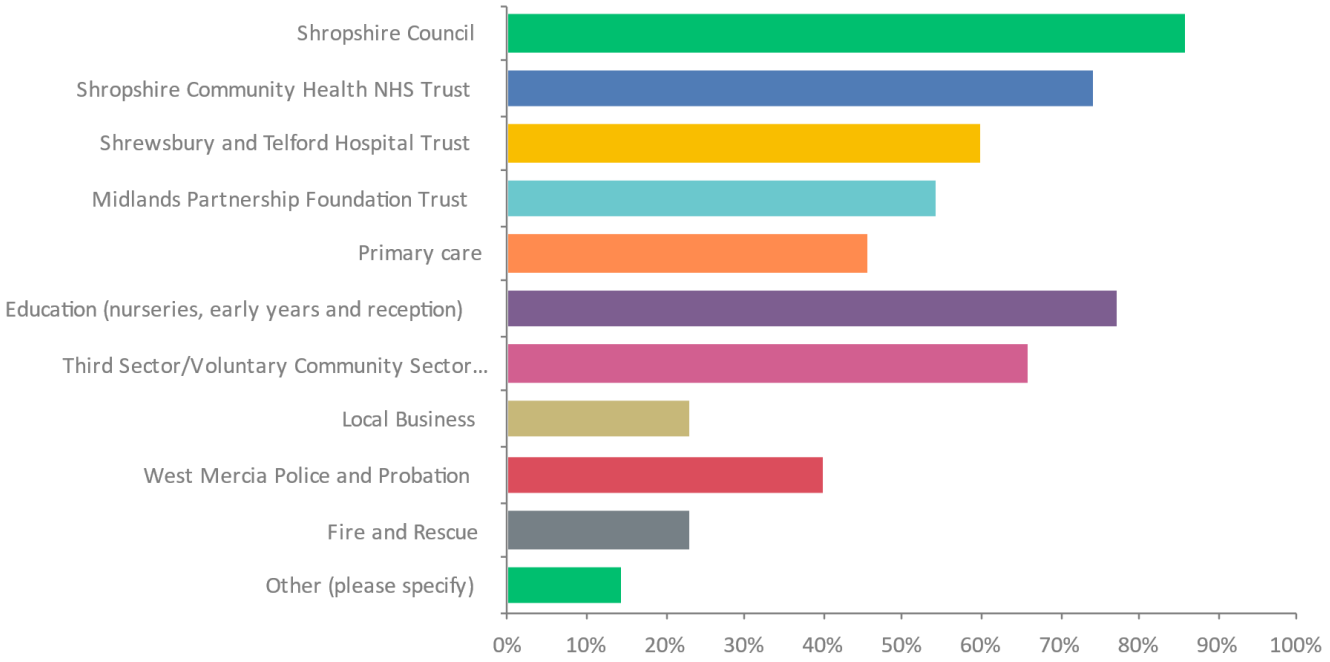
This was an open text question. The below chart presents the frequency of key themes emerging from responses.


What are your biggest concerns when thinking about vulnerability of 0-4 year olds in Shropshire? (thematic analysis of free text answers, n =36)
0%
2%
4%
6%
8%
10%
12%
14%
Rurality and access to services
Lack of Face-to-face interventions- no eyes on-
Hidden families
Lack of support for families with a children with disabilities - SEND…
Waiting times
Parental mental health
Parental conflict
Lack of early level parental support
Funding cuts for community/specialist support services for families
Lack of understanding of services available
Lack of workforce capacity (health visiting-safeguarding)
Domestic abuse
Lack of dentists
Communication between health services and early help
Cost of living for parents
Severe neglect/injuries
Child speech delay
Lack of early help support
Increase in children in care

Partnership working opportunities.

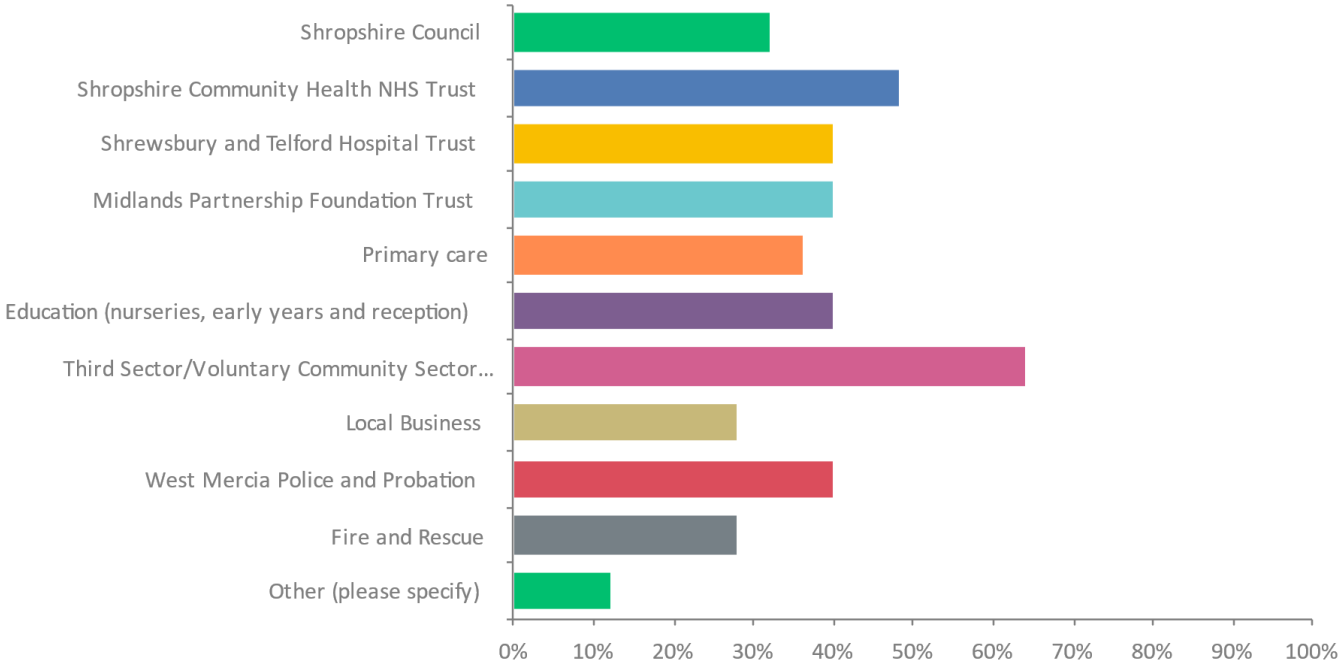
Q15: Which services do you regularly work in partnership with? (select all that apply)

Answered: 35 Skipped: 1



Q16: Which service areas would you like to work more closely with? (select all that apply)

Answered: 25 Skipped: 11



Parents and carers engagement

As part of the CYP JSNA, a best start of life early years parents and cares survey was conducted. Parents and carers of children aged 0-5 were targeted to assess their experiences of accessing services and support in Shropshire (including parent and carers of children with Special Education Needs and Disability).

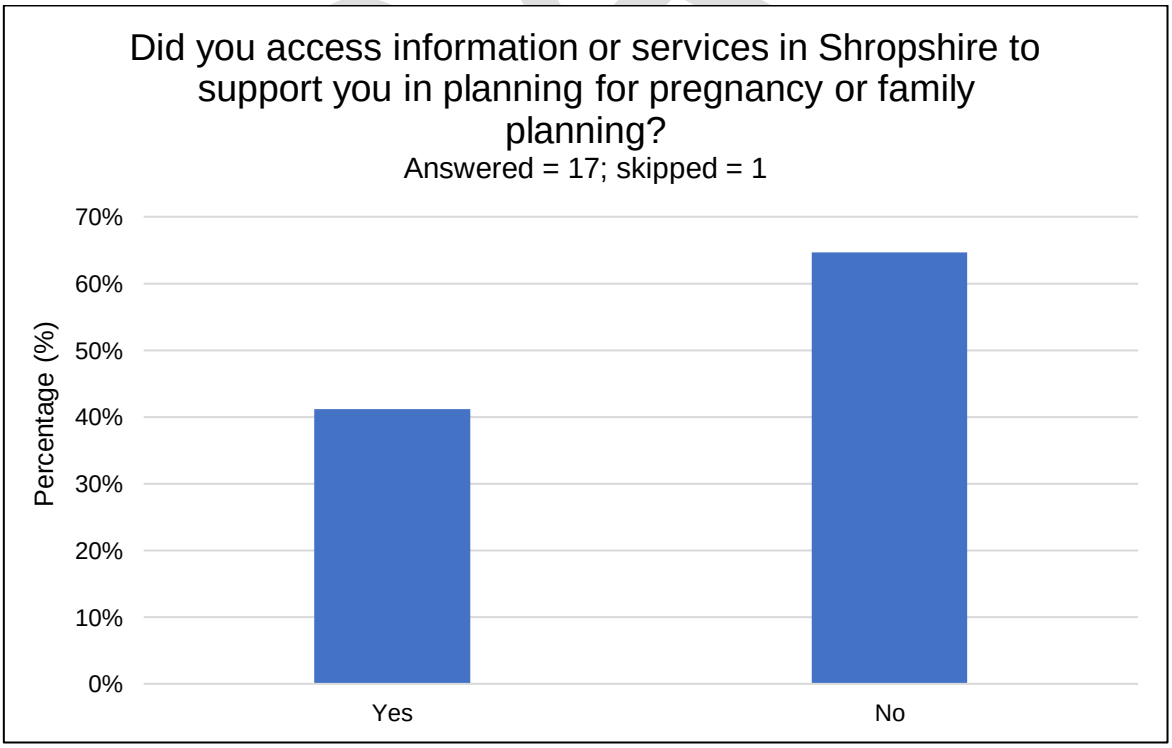
We engaged parent using an online questionnaire through the Survey Monkey platform. The survey was distributed at a parents and carers event via the use of a QR code. Survey responses were collected between 26 October 2023 and 29 November 2023. Unfortunately, we received a very low response rate with 18 responses were received.

Of the respondents, 71% had parent or caregiving responsibilities for more than 2 children and 36% indicated that they had a child or children with an additional need or disability.

Access to information

When asked if they had accessed information or services to support in pregnancy or family planning, 65% of respondents indicated that they did not. Parents and carers were asked which information or services they accessed in a free text question. Respondents who accessed information or services on pregnancy or family planning indicated that they accessed the following:

- 15 free hours childcare
- Midwife support post miscarriage
- Maternity services

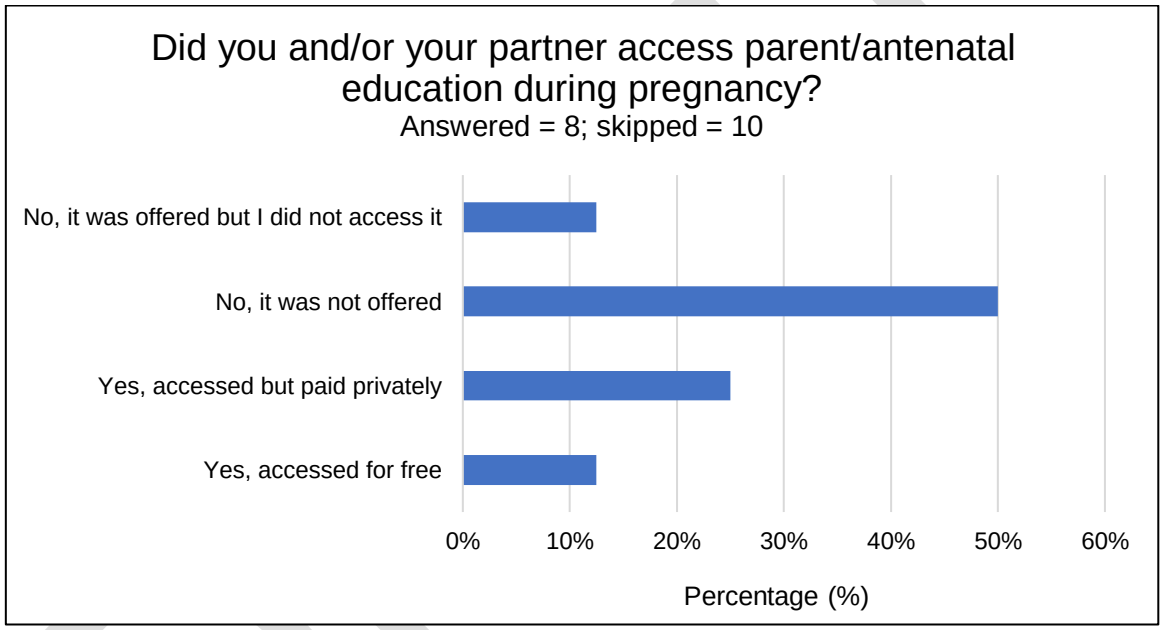


Of those who accessed information or services on pregnancy or family planning, 57% had a very good or excellent experience with the information or services accessed. However, there was a very low response rate of 5 respondents. Service users indicated that:

‘’There should be more help for women/families who go through pregnancy loss’’
‘’Maternity services were not great and there was little support with regards to antenatal care and postnatal care, particularly with breastfeeding’’

Antenatal education

Parents and carers were asked if either them or their partner accessed parent or antenatal education during pregnancy. 38% of respondents accessed parent or antenatal education (13% accessed it for free and 25% accessed it privately). 50% of respondents indicated that this service was not offered to them. However, there was a very low response rate of 8 respondents



Health visiting benefits

Respondents were asked where they felt they would have most and least benefitted from the support of a health visitor. For each category, 7 respondents answered the question.

- 57% felt they most benefitted from a health visitor during pregnancy,
- 57% indicated in the first 14 days after childbirth,
- 43% indicated when the child is aged between 12 months to 2 years,
- 43% indicated when the child is aged between 3 to 5 years.

Experiences	0 = Least benefitted	1	2	3	4	5 = Most benefitted
During pregnancy	29%	0%	0%	0%	14%	57%
In the first 14 days following childbirth	0%	14%	14%	0%	14%	57%
Between 14 and 30 days following childbirth	0%	0%	29%	29%	14%	29%
Baby aged 6-8 weeks	0%	0%	43%	29%	14%	14%
Baby aged 3-6 months	0%	14%	43%	14%	14%	14%
aged 12 months-2 years	14%	14%	14%	14%	0%	43%
child 2 to 3 years	14%	0%	29%	29%	0%	29%
child 3 to 5 years	14%	14%	0%	14%	14%	43%

As a parent/carer of child (ren) aged 0-5, what are the most important considerations to you, to help you look after your child's health and wellbeing?

Respondents indicated the following when asked what the most important considerations were when looking after their child's health and wellbeing:

''Access to healthcare without a long wait''

''Being able to access services for information and support without delays''

''Physical health and nutrition, followed by mental wellbeing of child and how to support''
''Regular check ins with health professionals for reassurance''

Is there anything else you would like to tell us about your family's experiences of health services you used in Shropshire?

''Increased focus should be placed on maternal postnatal health. Wasn't offered 6 week postnatal check or further support about physical healing after birth''

''Long wait times in a&e and for appointments''

''My middle child has Autism. The follow on care since we moved to Shropshire in April has been difficult to obtain. Services and information are not linked and shared. It's had to know what's available if someone doesn't advise you. Doctors don't always know the correct paths and paediatrician will end you back to doctor and it takes a long time to get issues resolved''

''My first pregnancy ended in miscarriage, there is absolutely no help or support out there for ladies and families who have been through loss. The mental impact is horrific, but as soon as you've passed the foetus/baby you are forgotten about, and no contact is made with support or follow up doctor appointment to check health/mental health''

Recommendations

In development.