A profile of children and young people in Suffolk:

Data and insights that can support our understanding in relation to the Healthy Child Programme

August 2024

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Executive summary

The Children and Young People (0-19) profile for Suffolk aims to identify the health and wellbeing needs of this population. With a total population of 768,555 as of mid-2022, Suffolk has a lower proportion of children and young people aged 0-19 (21.2%) compared to the national average of 23.1%. Projections indicate a 3.3% decrease in this age group by 2043, despite an overall population growth of 6.5%. The county's demographic profile shows less ethnic diversity among children and young people compared to England, with less than 1 in 5 (17.0%) from non-White British backgrounds compared to 1 in 3 (33.1%) nationally. This diversity varies significantly across the county, with Ipswich having the highest proportion (33.6%) of young people from ethnic minority groups.

Socioeconomic factors play a crucial role in shaping outcomes for Suffolk's children. In 2022/23, 15.4% of children aged 0-15 were living in relative low-income families, with significant variation across the county. Ipswich had over 20% of children in this category. The Income Deprivation Affecting Children Index (IDACI) further highlights disparities, with Ipswich having 11.8% of its Lower-layer Super Output Areas (LSOAs) in the 10% most deprived nationally. Other areas of the county also experience significant childhood poverty, such as Harbour & Normanston ward in Lowestoft where over 1 in 3 (37.7%) children are living in poverty (compared to less than 1 in 5/17.1% across England).

Education presents both strengths and challenges. Suffolk has a lower proportion of pupils eligible for free school meals (21.0%) compared to the national average (23.8%), but with significant local variations, however the proportion of children eligible for free school meals in Suffolk has almost doubled (10.8%) since 2017/18. Persistent absenteeism is a concern, with 18.5% of primary and 30.7% of secondary pupils identified as persistent absentees in 2021/22, higher than national rates. Educational achievement varies across the county, with some areas performing below national averages in key indicators.

Health and wellbeing indicators reveal mixed outcomes. Suffolk has statistically significantly lower rates of obesity among 10-11 year olds (34.2%) compared to England (36.6%), but with significant local variations and a concerning upward trend since 2007/08. Mental health is a growing concern, with 20.3% of 8-25 year olds estimated to have a probable mental disorder in 2023. Hospital admissions for self-harm, while decreasing, remain a concern.

Suffolk faces challenges in delivering key health services. While the county performs well in some areas of the Healthy Child Programme, such as 6-8 week reviews and 2-2½ year reviews, it lags in others. Notably, only 72.3% of infants received a New Birth Visit (NBV) within 14 days in 2022/23, significantly below the national average and showing a declining trend. However, internal data shows that between April 2023 to March 2024, 96.6% of NBVs were complete by 21 days, with an average time of 13.1 days. These late NBVs could lead to delayed interventions where health issues or support needs can be more difficult to address.

The needs assessment highlights particular vulnerabilities among specific groups. Children in care, those with special educational needs and disabilities (SEND), and care leavers face heightened risks of poor outcomes across various domains. In 2023, there were 983 looked after children in Suffolk, with 70% in care due to abuse or neglect. The proportion of school age pupils identified as SEN Support has increased from 9.9% in 2015/16 to 13.0% in 2022/23, with autism spectrum disorders being the most common primary need for those with Education, Health and Care (EHC) plans. The proportion of Suffolk children with EHC plans has increased from 2.5% in 2015/16 to 4.1% in 2022/23. 17.1% of all Suffolk pupils (19,230) in 2022/23 either required SEN Support or an EHC plan.

Despite having the lowest public health grant per head of population in the East of England and being in the lowest 15% across England, Suffolk has increased its allocation for children and young people's services from 33.3% of total public health spending in 2022/23 to 35.7% in 2024/25, surpassing the statistical neighbour average of 34.6%. This increased investment comes amid similar performance on key child health indicators compared to statistical neighbours, highlighting Suffolk's commitment to improving outcomes for children and young people despite receiving lower public health grant per head of population.

Suffolk's children generally demonstrate good development in early years, with higher proportions meeting expected levels in gross motor skills, fine motor skills, and problem-solving compared to national averages. However, there are concerns regarding personal social skills development among 2 to 2.5-year-olds. The Family Nurse Partnership (FNP) programme plays a crucial role in supporting vulnerable young parents and their children, showing promising outcomes such as higher rates of breastfeeding and immunisations compared to national averages. However, the complexity of clients' needs presents challenges in attributing outcomes to specific interventions.

School Nursing services in Suffolk offer comprehensive health support for children aged 5-19 (up to 25 for those with special educational needs and disabilities who have an active/current EHC Plan), addressing both physical and emotional health needs. The implementation of Family Hubs aims to enhance and integrate services for families, providing support from pregnancy through early childhood, with a focus on areas with higher levels of deprivation, contributing to tackling inequalities.

Mental health remains a significant concern, with 83% of active FNP clients reporting low to moderate or moderate to severe mental ill-health. There are notable disparities in teenage pregnancy rates across Suffolk, with Ipswich having significantly higher rates compared to the national average. However, Suffolk overall has a lower rate of under-18 conceptions leading to abortion compared to England.

The COVID-19 pandemic has exacerbated existing challenges, with evidence showing multiple service professionals reporting significant impacts on school readiness, particularly in areas such as personal development and communication skills, highlighting the need for targeted interventions to address these pandemic-related setbacks.

This profile sought professional stakeholder views from a small cohort of professionals that work directly interacts with the Healthy Child Programme. Discussions focused on key issues impacting children, young people aged 0-19 and their families during June 2024. Information was gathered through informal interviews with various professionals working directly with the 0-19 service and Healthy Child Programme. The following findings were summarised by theme rather than by individual or organisation and revealed several critical issues in children and young people's health services. The Healthy Child Programme is valued but faces resource constraints, impacting early intervention efforts. Mental health demands are increasing, with school nurses often providing support beyond their intended role. Some parents report feeling lost after midwifery discharge, highlighting the need for improved handovers to health visitors. While the Family Nurse Partnership (FNP) is beneficial for vulnerable families, the high cost compared to the small caseload is questioned. Concerns about school readiness and underlying inequalities related to deprivation, ethnicity, and age persist. Access barriers, including language, poverty, and physical constraints, hinder service utilisation, particularly for vulnerable populations. Suffolk's unique geographical challenges further complicate service delivery. Stakeholders emphasise the need for more integrated, targeted commissioning to address these complex issues effectively.

Key recommendations from the needs assessment include improving data collection and evaluation to better understand the impact of interventions, enhancing integration between different services, and focusing on early intervention strategies. Recommendations include considering the IDACI (Income Deprivation Affecting Children Index) and IMD (Index of Multiple Deprivation) data into service planning to better address children's needs and tackling high rates of persistent absenteeism in schools. Recently, the relative IDACI scores for English local authorities was used to better compare performance regionally and with the council's statistical neighbours. For each local authority, the percentage of LSOAs in the national lowest 20% of IDACI scores was plotted against measures including the number per 10,000 of children in need, children in care, and subject to child protection. The resulting graphs gave both a visual indication of how the council compared to other local authorities with similar levels of deprivation, as well as allowing each council's deprivation to be accounted for when comparing numbers across different local authorities such as our regional or statistical neighbours.

The assessment emphasises enhancing support for children in care and care leavers, focusing on suitable accommodation and engagement in education or employment. Early intervention for mental ill-health is prioritised, especially for girls. In early years, increasing timely New Birth Visits and ensuring 12-month reviews are completed within 15 months are crucial. Improving early childhood development scores, particularly in personal social skills, is highlighted. These recommendations underscore the importance of early intervention, targeted provision for groups needing additional support, and enhancing key health and education indicators to boost outcomes for Suffolk's young population.

In conclusion, while Suffolk demonstrates strengths in certain areas of children's health and wellbeing, several key challenges remain. Addressing inequalities, improving educational outcomes and enhancing mental health support are key priorities, alongside ensuring vulnerable groups and those experiencing complex challenges receive adequate support. A holistic, integrated approach to service delivery, coupled with targeted interventions and a focus on early prevention, will be crucial in improving outcomes for Suffolk's children and young people. The needs assessment underscores the importance of evidence-based interventions, integrated services, and a focus on reducing health inequalities to create a more equitable and supportive environment for all children and young people in Suffolk.

1. Introduction and aims

This profile aims to understand the health and wellbeing needs of children and young people in Suffolk. By taking a holistic approach that considers social, economic, cultural, and behavioural factors influencing health, this profile will enable Suffolk's health visitors and school nurses to effectively plan, prioritise and deliver services to improve outcomes and reduce inequalities for Suffolk's children and young people.

The focus of this profile is on identifying the collective needs of Suffolk's children and young people rather than assessing individual cases. This could encompass the entire 0-19 population (and those with SEND requiring an EHCP up to the age of 25) in a geographic area, school communities, or specific groups such as looked after children, young carers, or refugee children and families.

This report provides an evidence-based foundation for developing targeted interventions, service improvements, and collaborative strategies with partners across sectors such as education, social services, and community organisations.

The following sections outline the data sources, participatory methods, and prioritisation process used to define the key issues and assets related to the health of children and young people in Suffolk. The data presented within this needs assessment will inform recommendations and next steps for promoting health and wellbeing for Suffolk's children and young people.

What type of report is this?

This is a profile document. A profile is a one-off analysis of specific data on a given subject, usually in response to a specific request for information. It should be used as an overview of the subject, rather than a comprehensive examination of the health needs of a population.

2. What do we know about the children and young people in Suffolk?

This section provides an overview of the demographics of children and young people in Suffolk. This provides a high-level overview of Suffolk's young people and presents their health needs and inequalities.

How many children and young people are there?

The population of Suffolk was estimated to be 768,555 in mid-2022. Children and young people aged 0-19 made up 21.2% of the Suffolk population, compared to 23.1% in England. Suffolk's population profile had a lower proportion of children and young people for each age group compared to the England average.

Figure 1. Population of Suffolk compared with England (mid-2022)

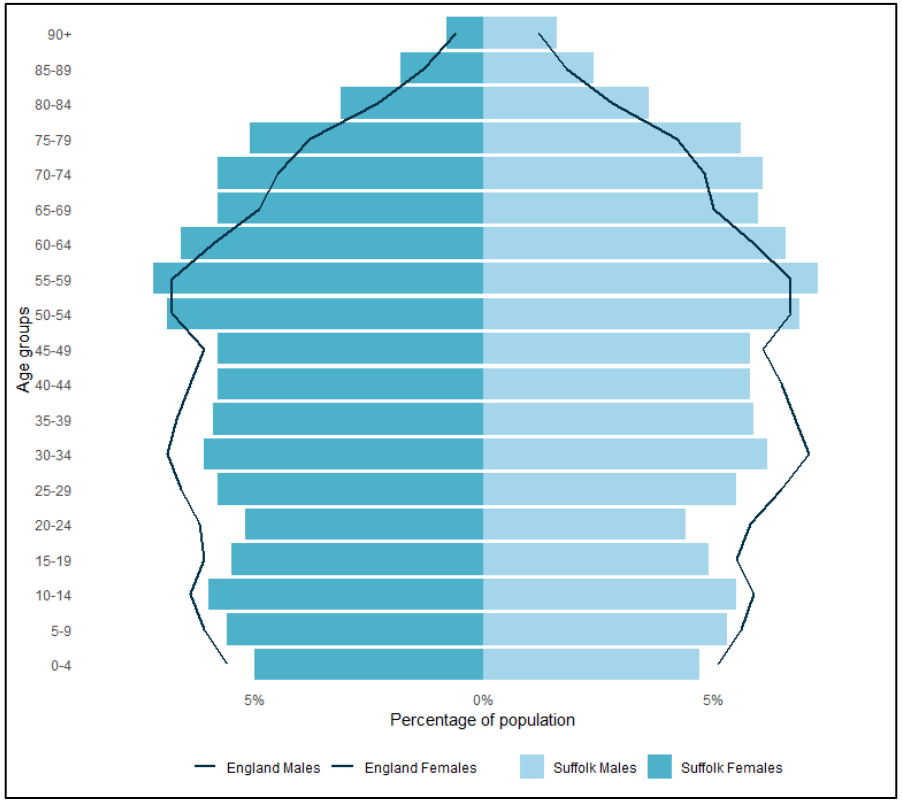


Table 1. Population of Suffolk compared with England (mid-2022)

Age group	Suffolk		England
	Number	% of total population	% of total population
0 to 4	37,273	4.8%	5.4%
5 to 9	41,687	5.4%	5.8%
10 to 14	44,004	5.7%	6.1%
15 to 19	39,921	5.2%	5.8%
20 to 25	45,497	5.9%	7.3%
Total (Aged 25 and under)	**208,382**	**27.1%**	**30.4%**

The breakdown of Suffolk's 0-19 population for districts and boroughs is as follows:

- Babergh: 19,037 0-19 year olds, 20.2% of the total Babergh population
- East Suffolk: 48,853 0-19 year olds, 19.8% of the total East Suffolk population
- Ipswich: 34,476 0-19 year olds, 24.8% of the total Ipswich population
- Mid Suffolk 21,108 0-19 year olds, 20.0% of the total Mid Suffolk population
- West Suffolk: 39,411 0-19 year olds, 21.6% of the total West Suffolk population

Source: Office for National Statistics (2023); Estimates of the population for England and Wales: Mid-2022

Population projections

While Suffolk's population is expected to grow over the next 20 years, population projections for Suffolk show that there will be a decrease in the number and proportion of 0-19s year olds between 2023 to 2043. The proportion of 0-19 year olds in Suffolk are expected to decrease by 3.3% from 2023 (169,482) to 163,842 in 2043. This is despite an estimated 6.5% increase in the total Suffolk population between 2023 (776,148) to 2043 (826,480).

The below figure shows how numbers are projected to change for children and young people in 5-year age bands between 2023 to 2043. The data shows the number of 10-14 year olds is expected to decline over the next 20 years, while the number of 15 to 19 year olds is forecast to increase between 2023 to 2028, before declining until 2043.

Suffolk is expected to continue to have a lower proportion of children compared to the England average throughout the period between 2023 to 2043.

Figure 2. Population projections for people aged 0 to 19 in Suffolk (2023 to 2043)

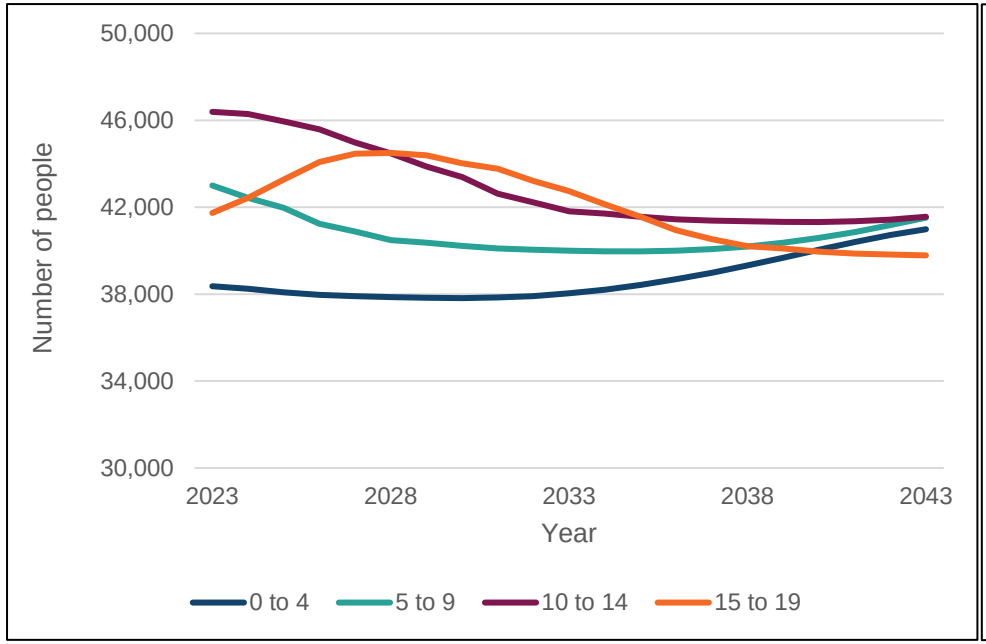
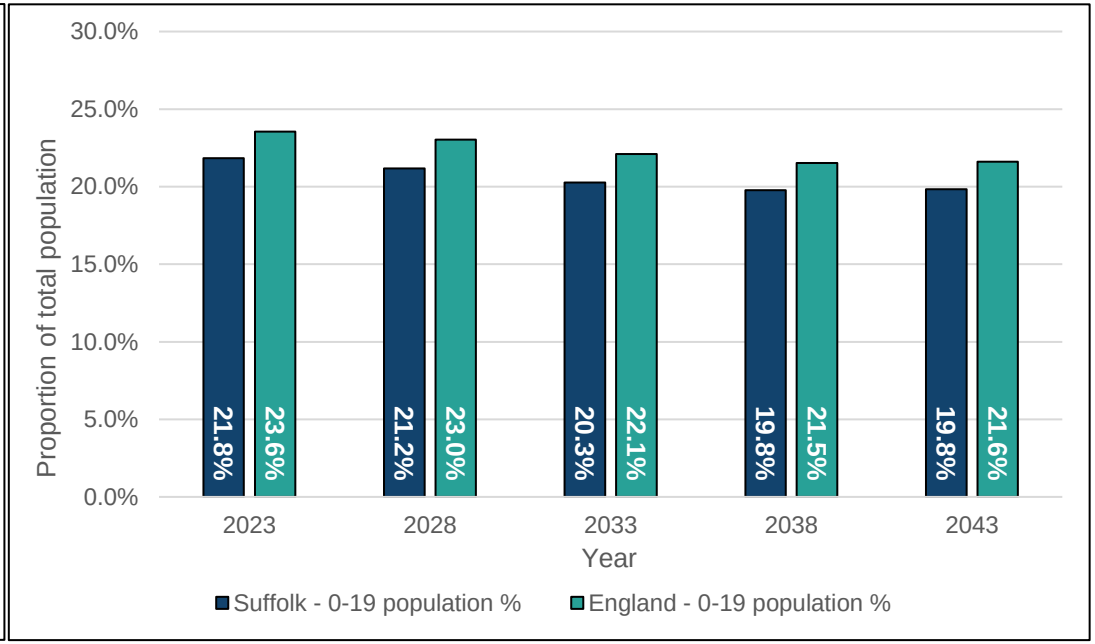


Figure 3. Proportion of population aged 0 to 19 in Suffolk and England (2023 to 2043)



Source: Office for National Statistics (2020); Population projections for local authorities

For Suffolk's districts and boroughs:

- **Babergh**: The proportion of 0-19 year olds is projected to decline from 20.5% of the total population (19,260) in 2023 to 18.5% (18,897) by 2043 (an estimated decrease of 363 0-19 year olds)
- **Ipswich**: The proportion of 0-19 year olds is expected to decrease from 24.6% of the total population (33,530) in 2023 to 22.5% (30,516) by 2043 (an expected decrease of 3,014 0-19 year olds)
- **Mid Suffolk**: The proportion of 0-19 year olds is anticipated to drop from 20.1% of the total population (21,356) in 2023 to 17.6% (20,379) by 2043 (an expected decrease of 977 0-19 year olds)
- **East Suffolk**: The proportion of 0-19 year olds is forecasted to fall from 20.5% of the total population (52,645) in 2023 to 18.2% (51,042) by 2043 (an expected decrease of 1,603 0-19 year olds)
- **West Suffolk**: The proportion of 0-19 year olds is predicted to reduce from 23.4% of the total population (42,691) in 2023 to 22.4% (43,009) by 2043 (despite an expected increase of 318 0-19 year olds)

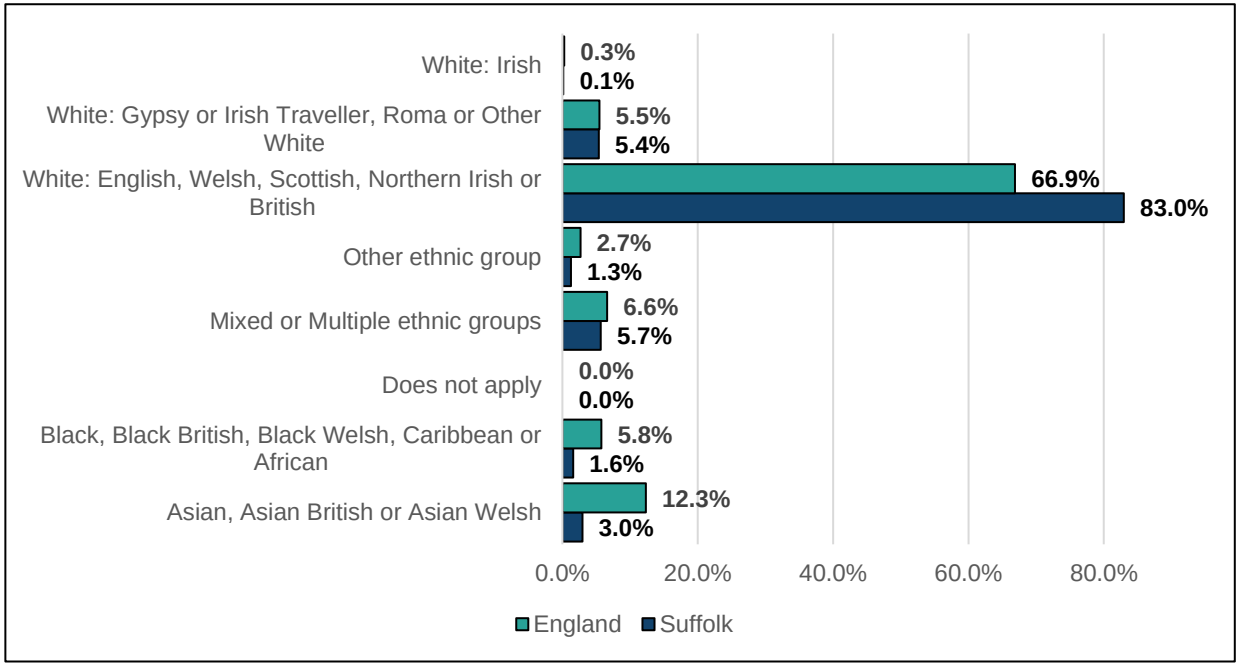
Who are they?

Ethnicity and language

Less than 1 in 5 (17.0%) of Suffolk's 0-19 population were from a non-White British background in the 2021 census, compared to almost 1 in 3 (33.1%) in England. The largest minority ethnic group within Suffolk were children from Mixed or Multiple ethnic groups backgrounds (5.7%). The adjacent figure shows that Suffolk's 0-19 population is less ethnically diverse compared to the diversity of 0-19 year olds across England.

The ethnic minority population varies significantly across Suffolk, with Ipswich having a more ethnically diverse population (33.6% of 0-19 year olds in Ipswich are classified as an ethnicity other than White British (Office for National Statistics 2023).

Figure 4. Proportion of the 0-19 population by ethnic group for Suffolk compared to England (2021)



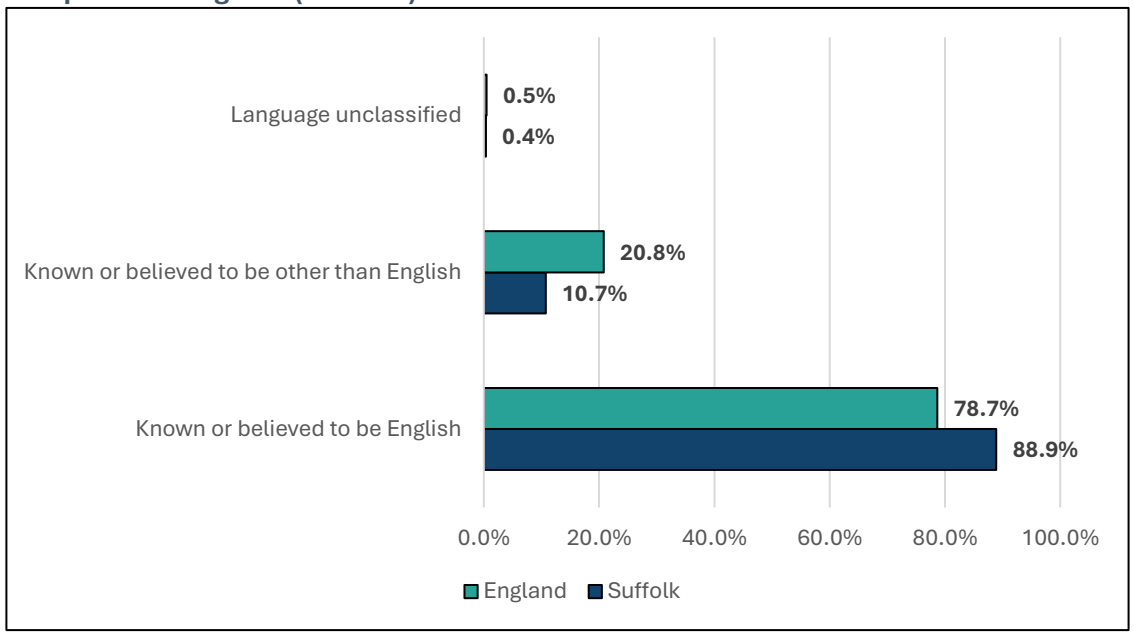
Source: Office for National Statistics (2023); Age, ethnic group and sex

In 2023/24, almost 9 out of 10 (88.9%) Suffolk pupils were known or believed to have English as their first language, compared to less than 8 out of 10 (78.7%) across England. Conversely, over 1 in 5 (20.8%) school-age children in England had a first language other than English, while in Suffolk, the rate was half the national figure (10.7%, or 1 in 10).

In Suffolk, there were 11,192 school-age children with a first language other than English and 365 children with an unclassified first language (Department for Education 2024).

The below table presents the language distribution among school-age children for those in Reception to Year 11 in Suffolk and districts and boroughs from the January 2024 school census.

Figure 5. Proportion of the school-age children by first language for Suffolk compared to England (2023/24)



Source: Department for Education (2024)

English is the primary language/mother tongue across all areas, with the highest proportion in Mid Suffolk (96.8%) and the lowest in Ipswich (73.9%). The county-wide English-speaking percentage is 88.6%. After English, the most common languages are Polish (1.5%), Romanian (1.4%), and Portuguese (0.8%). Ipswich shows the most linguistic diversity, with larger populations speaking Romanian (4.7%), Polish (2.7%), and Portuguese (2.2%). As of July 2024, there were 89 school-aged children in Suffolk on the Homes for Ukraine Scheme (Suffolk County Council 2024).

Table 2. Most common languages/mother tongue spoken for school age-children (Reception to Year 11) for Suffolk and districts and boroughs, January 2024

Suffolk			Babergh			East Suffolk			Ipswich			Mid Suffolk			West Suffolk		
Language	**No.**	**%**	**Language**	**No.**	**%**	**Language**	**No.**	**%**	**Language**	**No.**	**%**	**Language**	**No.**	**%**	**Language**	**No.**	**%**
English	81,830	88.6%	English	9,949	95.1%	English	26,893	94.6%	English	15,480	73.9%	English	11,875	96.8%	English	17,633	86.8%
Polish	1371	1.5%	Polish	89	0.9%	Other than English	136	0.5%	Romanian	941	4.5%	Other than English	61	0.5%	Polish	542	2.7%
Romanian	1295	1.4%	Turkish	55	0.5%	Polish	134	0.5%	Polish	556	2.7%	Polish	50	0.4%	Believed to be other than English	224	1.1%
Portuguese	712	0.8%	Romanian	45	0.4%	Romanian	132	0.5%	Portuguese	461	2.2%	Ukrainian	25	0.2%	Malayalam	198	1.0%
Lithuanian	575	0.6%	Other than English	28	0.3%	Information not obtained	97	0.3%	Kurdish	386	1.8%	Romanian	21	0.2%	Romanian	156	0.8%
Malayalam[1]	535	0.6%	Ukrainian	26	0.2%	Portuguese	86	0.3%	Lithuanian	379	1.8%	Turkish	15	0.1%	Other than English	140	0.7%
Total languages	163		**Total languages**	67		**Total languages**	92		**Total languages**	131		**Total languages**	54		**Total languages**	95	

Source: Suffolk County Council – Children and Young People's Services School Census data (2024)

[1] Note: Malayalam is the official language of Kerala, and is one of the 22 scheduled languages of India.

Births

In 2022, there were 6,858 live births in Suffolk, over 1 in 4 (26.9%) of which were to either one or both parents born outside of the UK. This figure is lower than the England average of 36.7%. There is large variation across the county, where 40.6% of Ipswich live births have either one or both parents born outside of the UK (Office for National Statistics, Table 7A, 2023).

School pupils

For the 2022/23 academic year, 22.0% of pupils who attended state-funded primary schools in Suffolk were from a minority ethnic group (any group other than White British), compared to 20.7% of state-funded secondary school pupils. The largest minority ethnic groups within Suffolk schools were children from White – Any other White background (7.3% in state funded primary schools and 6.5% in state funded secondary schools).

Table 3. Pupils from minority ethnic groups in Suffolk schools (2022/23 academic year)

Area	State-funded primary school		State-funded secondary school	
	Number of pupils from a minority ethnic group	% of pupils from a minority ethnic group	Number of pupils from a minority ethnic group	% of pupils from a minority ethnic group
England	**1,739,780**	**37.4%**	**1,358,423**	**37.4%**
Suffolk	**12,582**	**22.0%**	**9,431**	**20.7%**

Source: Department for Education (2023); Schools, pupils and their characteristics

The School Census also provides figures on the proportion of pupils in Suffolk schools who have a first language other than English. For the 2022/23 academic year, 11.4% of state-funded primary school pupils in Suffolk did not have English as a first language, in comparison to 8.4% of state-funded secondary school pupils.

Area	State-funded primary school		State-funded secondary school	
	Number of pupils whose first language is not English	% of pupils whose first language is not English	Number of pupils whose first language is not English	% of pupils whose first language is not English
England	**1,022,969**	**22.0%**	**658,504**	**18.1%**
Suffolk	**6,532**	**11.4%**	**3,832**	**8.4%**

Source: Department for Education (2023); Schools, pupils and their characteristics

Where do children live?

Children aged 0 to 4

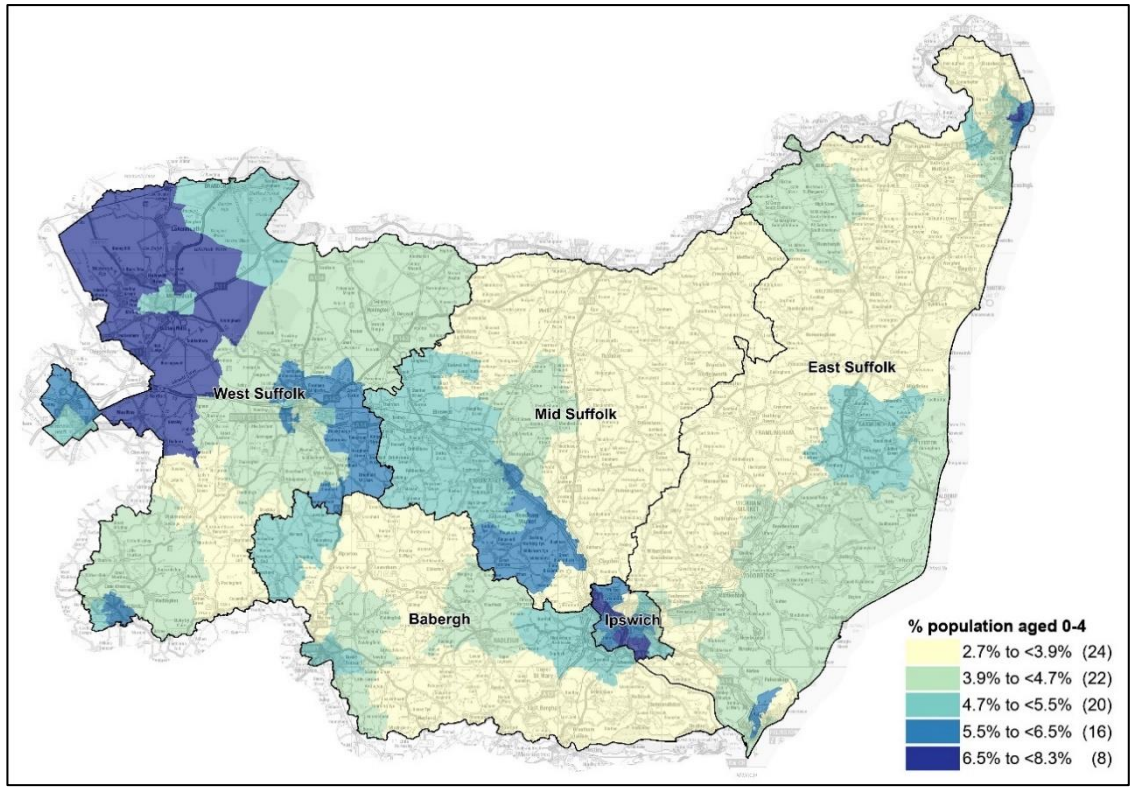
The mid-2022 population estimates indicated that there were 37,273 children aged 0 to 4 living in Suffolk, which was approximately 4.8% of the total population (Office for National Statistics 2024). The adjacent figure provides a detailed picture of where higher proportions of children aged 0 to 4 live in Suffolk. Middle Super Output Areas (MSOAs) with higher proportions of 0-4 year old children are highlighted in darker shades.

The MSOA for Beck Row, Eriswell & Barton Mills (West Suffolk 003 in West Suffolk) has the highest proportion of 0 to 4 year olds in Suffolk at 8.3% of the total MSOA population. An additional 5 MSOA areas within Suffolk have 7.0% or higher of their total MSOA population aged between 0 to 4 years old, including Red Lodge, Icklingham and Moulton (7.8%) and Lakenheath (7.1%) in West Suffolk, Lowestoft Central (7.1%) in East Suffolk, and Gainsborough, Greenwich & Orwell (7.0%) and Westgate (7.0%) in Ipswich. These population estimates use the census definition of people who are "usually resident" in the UK for 12 months, excluding short-term migrants – meaning U.S Visiting Forces (USVF) families in West Suffolk (based at RAF Mildenhall and Lakenheath) living in the UK for 12 months or longer would be included within the population estimates (Office for National Statistics 2021).

The 0-4 population of Suffolk's districts and boroughs is as follows:

- Ipswich: 5.9%
- East Suffolk: 5.2%
- West Suffolk: 4.8%
- Mid Suffolk: 4.5%
- Babergh: 4.3%

Figure 6. Estimated percentage of Suffolk's population aged 0 to 4 years old by Middle Super Output Area (mid-2022)



Source: Office for National Statistics (2024); Middle layer Super Output Area population estimates

Children aged 5 to 19

The mid-2022 population estimates indicated that there were 125,612 children and young people aged 5 to 19 living in Suffolk, which was approximately 16.3% of the total population (Office for National Statistics 2024).

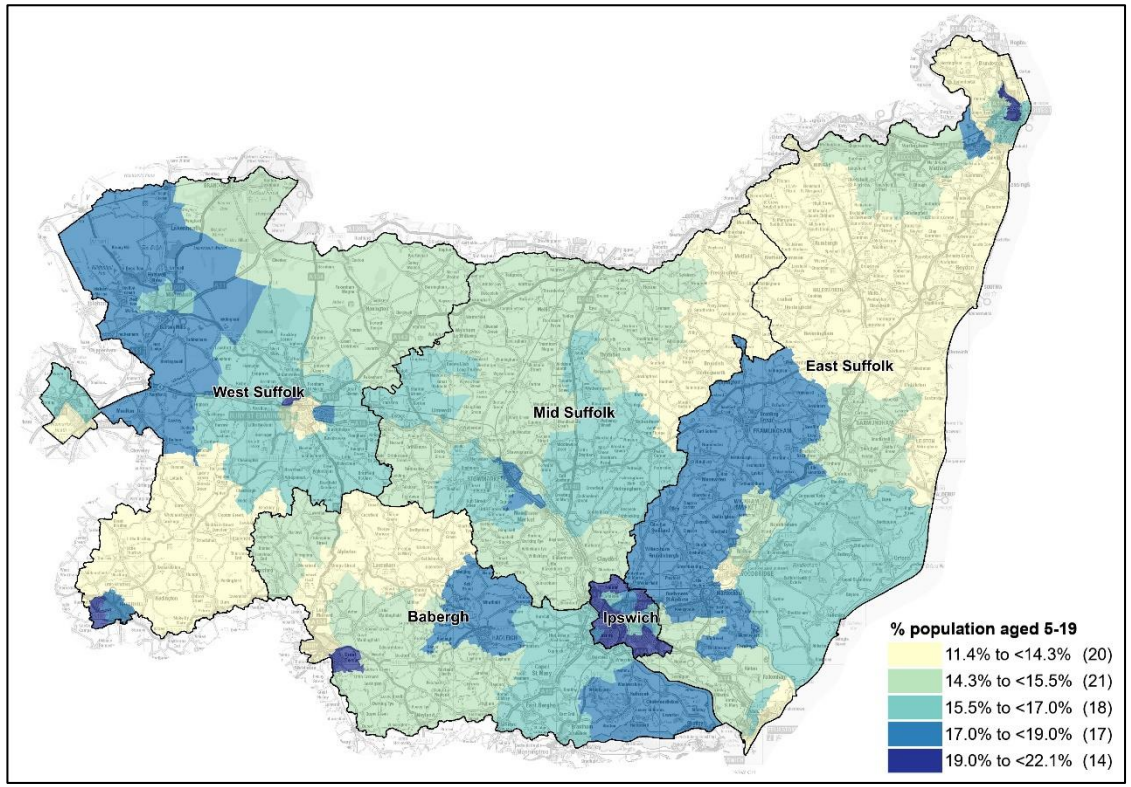
The adjacent figure provides a detailed picture of where higher proportions of young people aged 5 to 19 live in Suffolk. Middle Super Output Areas (MSOAs) with higher proportions of 5-19 year old young people are highlighted in darker shades.

Three MSOAs within Ipswich have over 20.0% of their total MSOA population aged between 5 to 19: Priory Heath (22.0%), Rushmere (21.8%) and Gainsborough, Greenwich & Orwell (21.7%). East Suffolk also has two MSOAs with over 20% of their total MSOA population aged between 5 to 19: Gunton West (21.3%) and Lowestoft Central (20.3%). West Suffolk also has two MSOAs with over 20% of their total population aged between 5 to 19: Howard Estate & Northgate (20.2%) and Haverhill West (20.0%).

The 5-19 population of Suffolk's districts and boroughs is as follows:

- Ipswich: 18.9%
- East Suffolk: 17.5%
- Babergh: 15.9%
- Mid Suffolk: 15.5%
- West Suffolk: 15.5%

Figure 7. Estimated percentage of Suffolk's population aged 5 to 19 years old by Middle Super Output Area (mid-2022)



Source: Office for National Statistics (2024); Middle layer Super Output Area population estimates

Young people aged 20 to 25

The mid-2022 population estimates indicated that there were 45,497 young adults aged 20 to 25 living in Suffolk, which was approximately 5.9% of the total population (Office for National Statistics 2024).

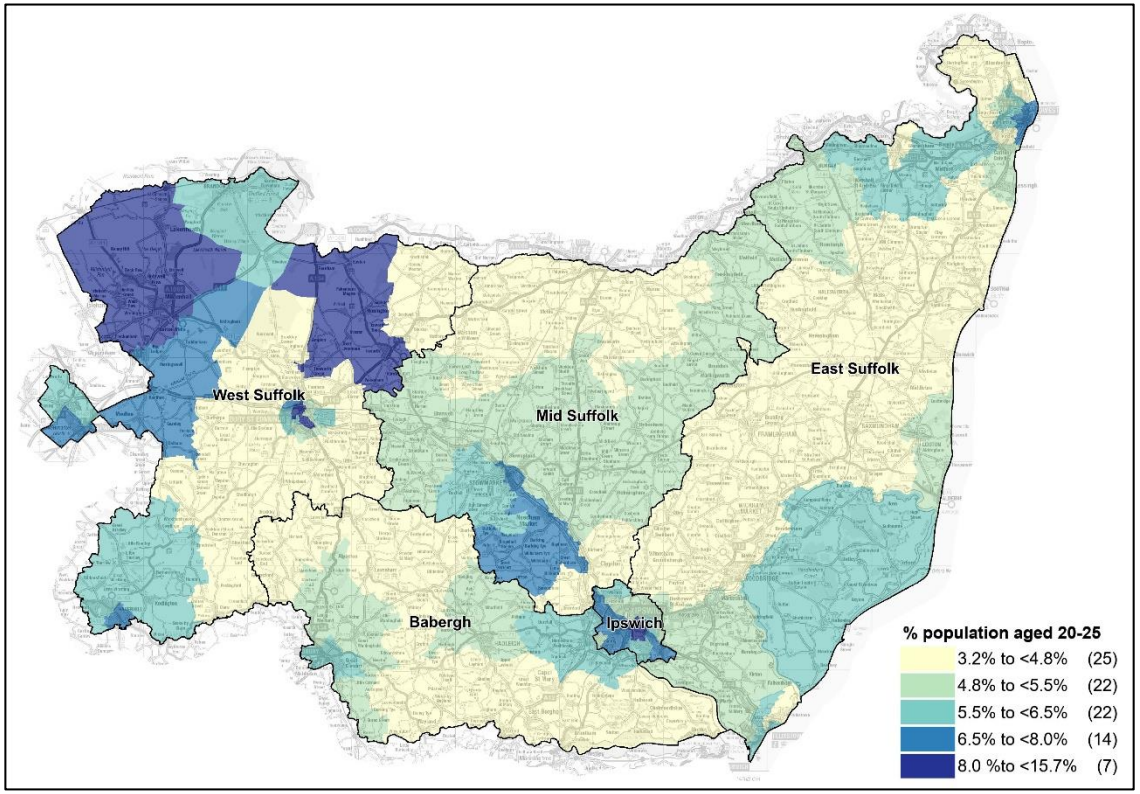
The adjacent figure provides a detailed picture of where higher proportions of young adults aged 20 to 25 live in Suffolk. Middle Super Output Areas (MSOAs) with higher proportions of 20 to 25 year olds are highlighted in darker shades.

Three MSOA areas in Suffolk have greater than 10.0% of their total MSOA population aged between 20 to 25 years of age. These MSOA areas are Lakenheath (15.6%) and Beck Row, Eriswell & Barton Mills (11.0%) in West Suffolk, and Ipswich Central (10.2%) in Ipswich. The higher proportion of 20 to 25 year olds in Lakenheath/Mildenhall and surrounding areas of West Suffolk can be partly explained by the US Visiting Forces (USVF) population and their families.

The 20-25 population of Suffolk's districts and boroughs is as follows:

- Ipswich: 6.7%
- West Suffolk: 6.2%
- East Suffolk: 6.0%
- Mid Suffolk: 5.6%
- Babergh: 5.2%

Figure 8. Estimated percentage of Suffolk's population aged 20 to 25 years old by Middle Super Output Area (mid-2022)



Source: Office for National Statistics (2024); Middle layer Super Output Area population estimates

What else do we know about their neighbourhoods?

Deprivation and poverty

The Tackling Poverty Strategy for Suffolk (2022), notes that living in poverty negatively affects children's life chances and social, emotional, and cognitive development (particularly language function, attention, and decision-making), and academic achievement.

The latest data available for Suffolk as a county is using the Office for Health Improvement and Disparities indicator: Children in relative low income families (under 16s). Relative low income is defined as a family in low income before Housing Costs (BHC) in the reference year. Relative low income sets a threshold as 60 percent of the UK average (median) income and moves each year as average income changes. A family must have claimed one or more of Universal Credit, Tax Credits or Housing Benefit at any point in the year to be classed as low income in these statistics.

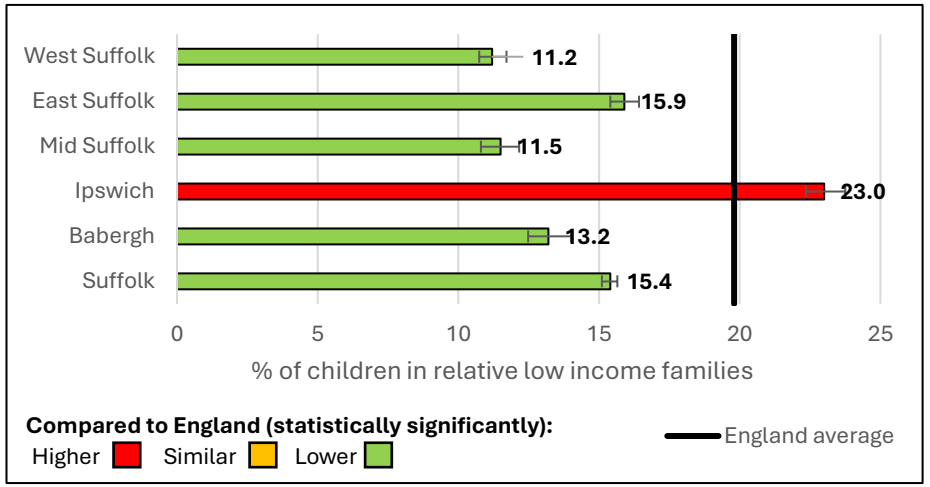
In 2022/23, 15.4% of children aged 0 to 15 in Suffolk were classified as living in relative low income families, which was approximately 20,218 children. Over 1 in 5 children in Ipswich were living in relative low income families in 2022/23.

The Income Deprivation Affecting Children Index (IDACI) measures the proportion of all children aged 0 to 15 living in income deprived families and is available at lower geographies. This is a separate measure, which defines low income including both those people that are out-of-work, and those that are in work but who have low earnings. This is a more absolute low income definition based on means-testing.

Levels of deprivation varied significantly across Suffolk's local authorities and at smaller neighbourhood levels. The adjacent table details the percentage of children affected by income deprivation across Suffolk's Lower-layer Super Output (LSOA) areas, ranging from 9.8% in Mid Suffolk, to 19.0% in Ipswich.

The table also includes the proportion of LSOAs in the most deprived 10% across England. None of West Suffolk's LSOAs fall into this category, but 11.8% of Ipswich's LSOAs are in the 10% highest nationally for income deprivation affecting children in 2019.

Figure 9. Children in relative low income families (under 16s), Suffolk compared to England, 2022/23



Source: Office for Health Improvement and Disparities – Children in relative low income families

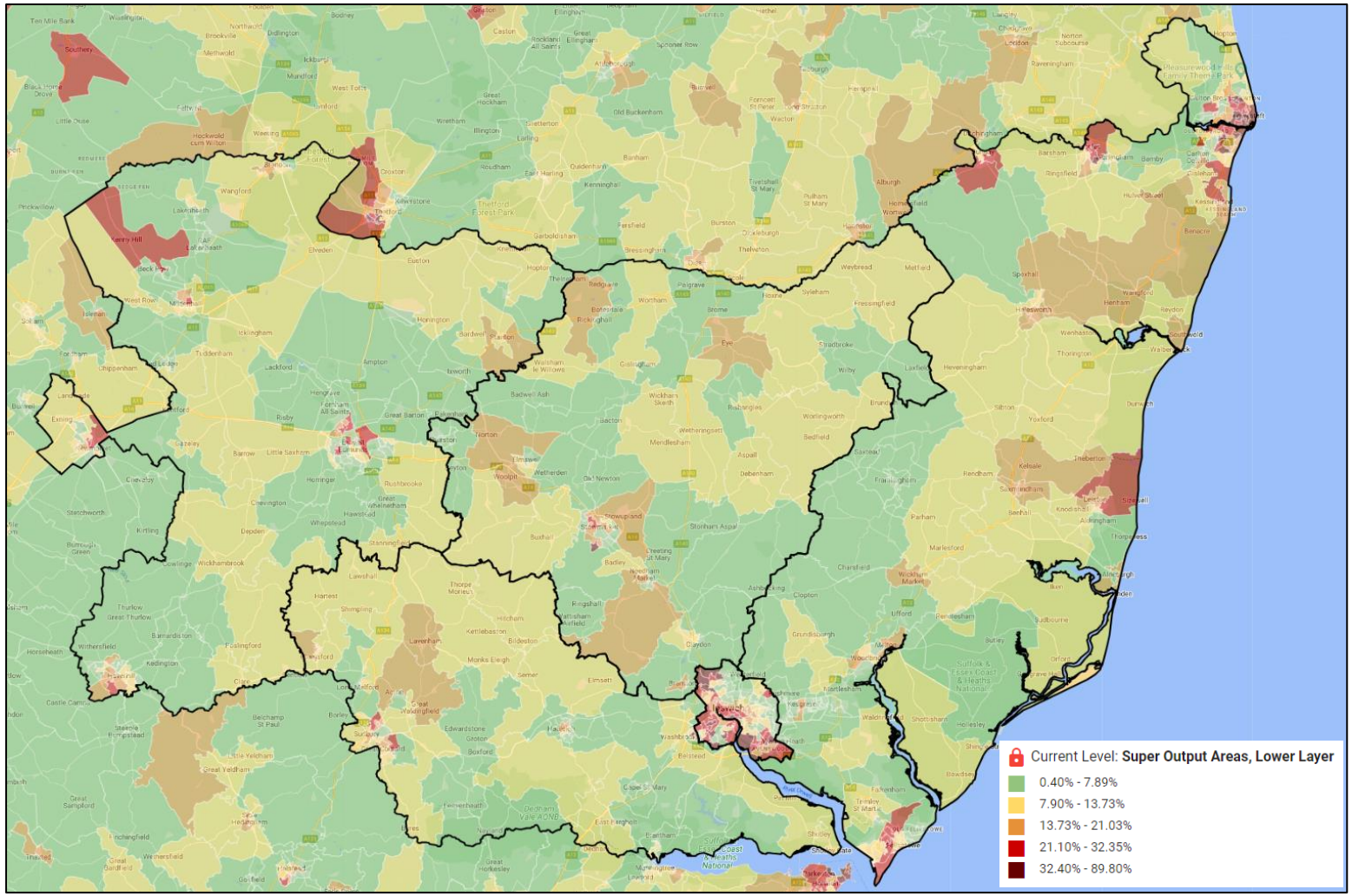
Table 4. Percentage of children affected by income deprivation and the proportion of LSOAs in the most deprived nationally by Suffolk district/borough, 2019

Area	% of children affected by income deprivation	Proportion of Lower-layer Super Output Areas (LSOAs) in most deprived 10% nationally
Babergh	10.9%	1.9%
East Suffolk	15.0%	6.9%
Ipswich	19.0%	11.8%
Mid Suffolk	9.8%	1.8%
West Suffolk	10.2%	0.0%

Source: English Indices of Deprivation 2019: Summaries at Local Authority Level

The figure below displays Income Deprivation Affecting Children Index data across Suffolk at Lower Super Output Area. LSOAs which have higher levels of child poverty include East Ipswich, Felixstowe, Lowestoft, and single MSOA areas of Bury St Edmunds and Stowmarket.

Figure 10. Child poverty, Income deprivation affecting children index (IDACI) Suffolk LSOA areas, 2019



Source: [Local Insight – IoD 2019 Income Deprivation Affecting Children Index (IDACI) Score (rate)]

Education

There are 323 state-funded schools in Suffolk, with an additional 34 independent schools. A summary of the school profile across Suffolk is shown in table 5. The 46 secondary schools figure include two sixth form schools (Abbeygate and One sixth forms) which account for 3,325 pupils. Pupil numbers only include full time pupils; in Suffolk's primary schools in 2023/24, there were an additional 1,400 part time pupils, mostly in nursery classes. There is also one nursery school in the county which had 103 pupils.

The proportion of pupils who are known to be eligible for free school meals in Suffolk is significantly lower than the England average (23.8%). In 2022/23, 21.0% (21,898) of pupils in Suffolk's state-funded nursery, primary, secondary or special schools claimed free school meals (Office for Health Improvement and Disparities 2023). The proportion of Suffolk children eligible for free school meals has almost doubled in the five years between 2017/18 (10.8%/11,054 children) to 2022/23. Latest internal data for Suffolk (which has not been statistically tested and compared to the England average) indicates in April 2024 there were 27,631 children currently eligible (does not mean that they access) for free school meals (Suffolk County Council 2024).

While the Suffolk proportion of children eligible for free school meals is statistically significantly lower than the England average, there is significant variation across the county. Free school meal eligibility at Middle Super Output Area (MSOA) for Suffolk in October 2023 reveals 5 MSOAs where over 40% of the pupils were eligible for free school meals: Gunton West, Lowestoft Central, Lowestoft Harbour & Kirkley, Pakefield North (all East Suffolk), and Stoke Park (Ipswich) (Suffolk Cost of Living Dashboard 2024). As of autumn term 2023/24, there were 1,410 children in Suffolk in elective home education (1.4% of the entire school-age population), higher than the England rate of 1.1% for the same period (Department for Education 2024).

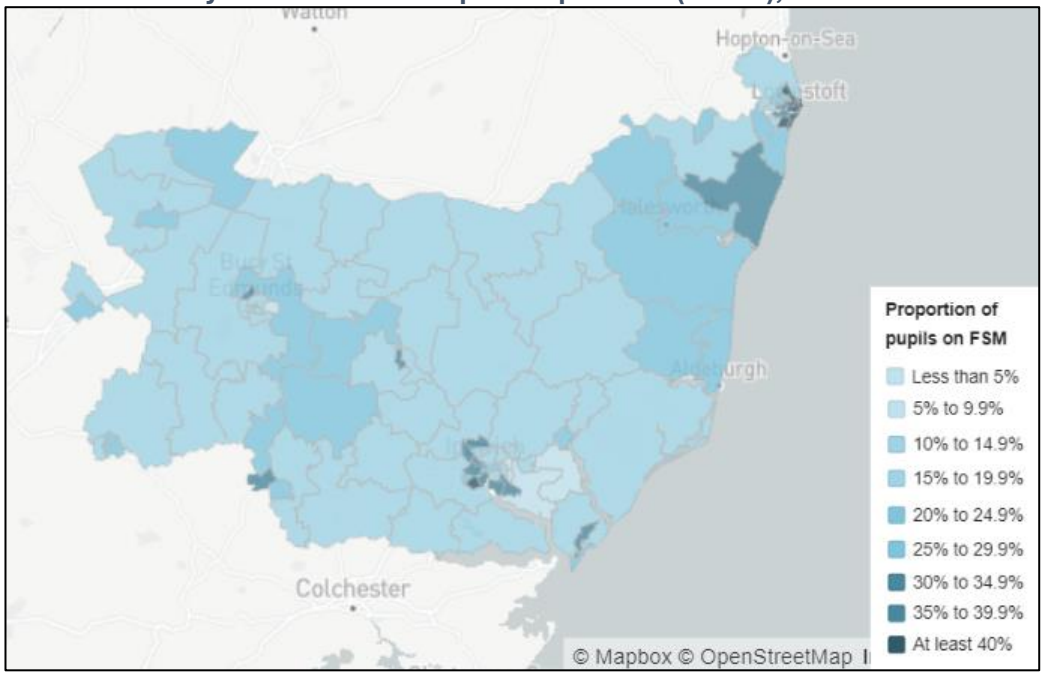
Parents are responsible for making sure that their children of compulsory school age receive a suitable full-time education. This can be by regular

Table 5. Number of schools and pupils in Suffolk (2023/24)

Type of school	Number of schools	Number of full-time pupils
State-funded primary	253	55,249
State-funded secondary	46	45,849
State-funded special school	14	1,614
Pupil referral unit	10	21
Total	**323**	**102,733**
Independent school	*34*	*7,759*

Source: Department for Education (2024)

Figure 11. Percentage of pupils eligible for Free School Meal (FSM) entitlement by Suffolk Middle Super Output Area (MSOA), October 2023



Source: Suffolk Cost of Living Dashboard

attendance at school, at alternative provision, or otherwise (e.g. the parent can choose to educate their child at home). Improving attendance in schools is crucial to the Government's commitment to increase social mobility and ensure every child meets their potential. In 2021/22, 18.5% of primary school pupils (9,100) and 30.7% of secondary school pupils (12,284) were identified as persistent absentees in Suffolk schools. This means these pupils missed 10% or more of the possible sessions in the academic year. Illness is a major component of persistent absence with 7.8% of all pupils missing 10% of more sessions due to illness alone across England. These rates of persistent absenteeism are statistically significantly higher than the average figures across England (Office for Health Improvement and Disparities 2023, Department for Education 2024).

National data indicates that persistent absenteeism is higher for those eligible for free school meals and those on Education, Health and Care (EHC) plans or requiring Special Educational Needs (SEN) support, which could also be contributory factors to Suffolk's overall rate of persistent absence. This suggests that socioeconomic factors and additional educational needs may play a significant role in attendance patterns, highlighting the need for targeted support and interventions for these vulnerable groups (Department for Education 2024).

Analysis of absence reasons over the last three autumn terms (2021/22, 2022/23, and 2023/24) shows that illness consistently accounts for the largest proportion of absences in both Suffolk and England. In the most recent autumn term (2023/24), Suffolk's illness absence rate was 3.8% compared to England's 3.5%. Unauthorised absences due to reasons other than holidays or lateness were also notable, with Suffolk at 1.4% and England at 1.5%. It's important to note that while these figures provide insight into absence patterns, the data has not been statistically tested for significance between Suffolk and England values. Therefore, caution should be exercised when drawing direct comparisons or conclusions about the relative performance of Suffolk compared to the national average, and further analysis is required (Department for Education 2024).

Individuals from White backgrounds are more likely to miss school sessions and receive suspensions (previously known as fixed-term exclusions). They are also over-represented amongst those who have Special Educational Needs and those with an Education, Health & Care Plan (Suffolk Office of Data and Analytics 2023). Educational achievement varies across Suffolk.

Progress 8 tells you about the progress that pupils in a school make from the end of primary school to the end of year 11. It is a type of value-added measure, which means that pupils' results are compared to other pupils nationally with similar starting points. In 2022/23, the Progress 8 score for all pupils in Suffolk (-0.10) was statistically significantly lower than the England average of -0.03. Progress 8 scores for boys (-0.22) was statistically similar to the England average for boys (-0.17), while the average Progress 8 score for girls in Suffolk (0.01) was statistically significantly lower than the England average (0.012) (Department for Education 2024).

Suffolk's Average Attainment 8 score (43.6) falls in the worst quintile compared to the England average (46.2). The percentage of pupils achieving grades 4 or above in English and Mathematics GCSEs is lower in Suffolk (62.2%) compared to the England average (65.4%), though this difference is not statistically compared. Suffolk performs significantly worse than the England average across all Key Stage 2 indicators. This includes reading, writing, and mathematics for both boys and girls. For example, 71% of Suffolk pupils meet the expected standard in reading compared to 73% nationally (Department for Education 2024). The below table uses a RAG (Red, Amber, Green) rating and colour gradient (to compare quintiles) for key educational achievement indicators across primary and secondary school and compares the results for Suffolk to the England average.

Table 6. Summary of educational achievement for school pupils in Suffolk, 2023/23

Indicator	Period	Suffolk value	Compared to England	England value
School readiness: percentage of children achieving a good level of development at the end of Reception (5 yrs)	2022/23	66.2%	Similar	67.2%
School Readiness: percentage of children with free school meal status achieving a good level of development at the end of Reception (5 yrs)	2022/23	50.7%	Similar	51.6%
School readiness: percentage of children achieving the expected level in the phonics screening check in Year 1 (6 yrs)	2022/23	77.5%	Significantly worse	78.9%
School readiness: percentage of children with free school meal status achieving the expected level in the phonics screening check in Year 1 (6 yrs)	2022/23	65.4%	Similar	66.5%
Average Attainment 8 score (15-16 yrs)	2022/23	43.6	Worst quintile	46.2
Average Attainment 8 score (Boys, 15-16 yrs)	2022/23	41.4	Not compared	44.2
Average Attainment 8 score (Girls, 15-16 yrs)	2022/23	45.6	Not compared	48.7
Average Progress 8 score of all pupils (15-16 yrs)	2022/23	-0.10	Significantly worse	-0.03
Average Progress 8 score of all pupils (Boys, 15-16 yrs)	2022/23	-0.22	Similar	-0.17
Average Progress 8 score of all pupils (Girls, 15-16 yrs)	2022/23	0.01	Significantly worse	0.12
Average Progress 8 score of all pupils for English element (15-16 yrs)	2022/23	-0.12	Significantly worse	-0.04
Average Progress 8 score of all pupils for mathematics element (15-16 yrs)	2022/23	-0.01	Similar	-0.02
Average Progress 8 score of all pupils for open element (16-15 yrs)	2022/23	-0.19	Significantly worse	-0.04
Percentage of pupils achieving grades 5 or above in English and Mathematics GCSEs (15-16 yrs)	2022/23	39.8%	Not compared	45.5%
Percentage of pupils achieving grades 4 or above in English and Mathematics GCSEs (15-16 yrs)	2022/23	62.2%	Not compared	65.4%
Percentage of pupils achieving grades 4 or above in English and Mathematics GCSEs (Boys, 15-16 yrs)	2022/23	59.7%	Not compared	63.0%
Percentage of pupils achieving grades 4 or above in English and Mathematics GCSEs (Girls, 15-16 yrs)	2022/23	64.8%	Not compared	67.8%
Percentage of pupils meeting the expected standard in reading (10-11 yrs)	2022/23	71.0%	Significantly worse	73.0%
Percentage of pupils meeting the expected standard in reading (Boys, 10-11 yrs)	2022/23	68.0%	Significantly worse	71.0%
Percentage of pupils meeting the expected standard in reading (Girls, 10-11 yrs)	2022/23	74.0%	Significantly worse	76.0%
Percentage of pupils meeting the expected standard in writing TA (10-11 yrs)	2022/23	69.0%	Significantly worse	72.0%
Percentage of pupils meeting the expected standard in writing TA (Boys, 10-11 yrs)	2022/23	63.0%	Significantly worse	65.0%
Percentage of pupils meeting the expected standard in writing TA (Girls, 10-11 yrs)	2022/23	76.0%	Significantly worse	78.0%
Percentage of pupils meeting the expected standard in maths (10-11 yrs)	2022/23	70.0%	Significantly worse	73.0%
Percentage of pupils meeting the expected standard in maths (Boys, 10-11 yrs)	2022/23	71.0%	Significantly worse	74.0%

Percentage of pupils meeting the expected standard in maths (Girls, 10-11 yrs)	2022/23	69.0%	Significantly worse	73.0%

Compared to England (Statistically significantly): Better 95% | Similar | Worse 95%

Quintiles: Best ○ ○ ○ ○ ○ Worst

Source: Office for Health Improvement and Disparities (2023), Department for Education (2024), Department for Education (2024)

Housing and homelessness

As of census day 2021, there were 333,543 households in Suffolk, with variation of housing tenure across districts and boroughs. 71.0% of households in Babergh were owned by the occupant either outright or with a mortgage/loan, compared with 55.4% in Ipswich (the average figure across Suffolk was 65.4%). The proportion of households either privately or socially rented was highest in Ipswich (43.8%), followed by West Suffolk (38.6%), East Suffolk (30.7%), Babergh (28.1%) and Mid Suffolk (25.0%). In 2021, Suffolk had just over 1 in 3 households (33.8%) either private or socially rented (Office for National Statistics 2021).

The proportion of households that were overcrowded (had one fewer bedroom or less than required) in 2021 was significantly higher in Ipswich (4.1%) compared to other districts and boroughs in Suffolk (the county average was 2.1%) (Office for National Statistics 2021).

The affordability of home ownership index shows that housing affordability in Suffolk has almost doubled in the last 20 years. Median house prices in Suffolk in 2023 were 8.3 times median earnings, having been 5.0 times higher in 2002. The median property in Suffolk in 2023 is similar in affordability compared to the England average (8.2), however affordability varies significantly across districts and boroughs. In Ipswich, the median property is 7.3 times median earnings, whereas in Babergh, the median property is 10.6 times median earnings (Office for National Statistics 2023). This means it will be particularly difficult for young people and first-time buyers to purchase a property in Suffolk. The median house price in Suffolk was £280,000 in 2023, with the lowest median price in Ipswich (£243,750) and the highest median price in Babergh (£328,000).

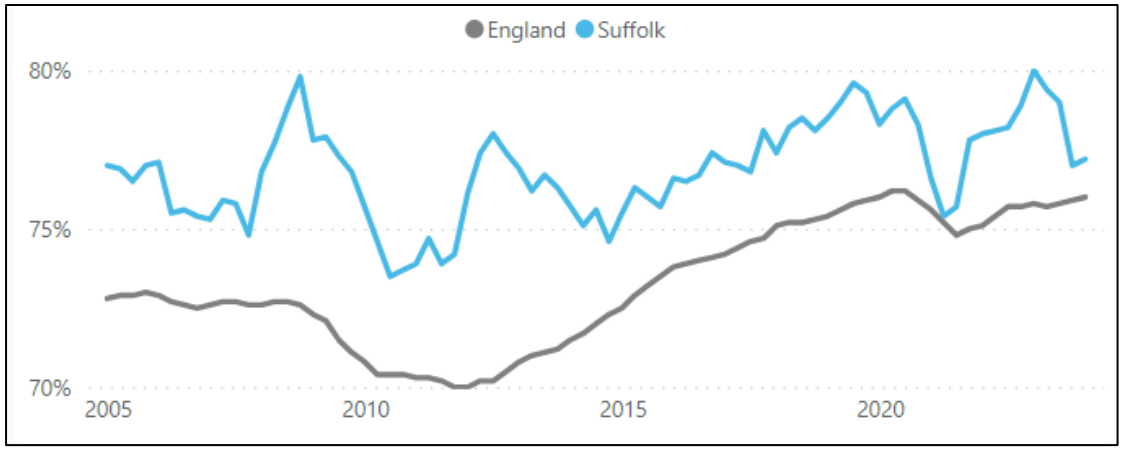
The Homelessness Reduction Act (HRS) introduced new homelessness duties in April 2018, leading to more households receiving statutory services by local housing authorities through either the prevention or relief duty, owed to households that are either homeless or threatened with becoming homeless. In 2022/23, 1,302 households with dependent children or pregnant women in Suffolk were owed a duty under the Homelessness Reduction Act. The Suffolk rate (15.6 per 1,000) was statistically similar to the England average (Office for Health Improvement and Disparities 2023).

Employment

Employment, unemployment, and economic inactivity rates vary across Suffolk due to the nature of available work and skills across the county. In December 2023, 77.2% of Suffolk residents aged 16 to 64 were employed, higher than the England average of 76.0%. Ipswich had the highest employment rate in Suffolk for 16-64 year olds in December 2023, at 85.9%. This was followed by East Suffolk (79.1%), and West Suffolk (77.3%). The age 16 to 64 employment rates for Babergh (69.7%) and Mid Suffolk (66.1%) in December 2023 were both lower than the England average (Office for National Statistics (2024).

Approximately 24,400 households across Suffolk were defined as workless in 2022, meaning that no occupant aged 16 to 64 was in employment. This was 10.7% of all households, compared to 13.4% across England (Office for National Statistics 2023).

Figure 12. Suffolk and England employment rate (ages 16-64 yrs), December 2005 –December 2023



Source: Office for National Statistics – Annual Population (2024)

Young people not in education, employment, or training (NEET)

Young individuals who are not engaged in education, employment, or training (NEET) face a higher risk of various negative outcomes, such as poor health, depression, and early parenthood. The Government acknowledges that increasing young people's participation in learning and employment not only significantly impacts their lives but also plays a crucial role in enhancing social mobility and driving economic growth.

To help more young people pursue education and acquire the skills and qualifications needed for stable employment, and to reduce the likelihood of them becoming NEET, legislation was introduced in 2013 to raise the participation age as outlined in the Education and Skills Act 2008. This law mandates that from 2013, all young people must stay in some form of education or training until the end of the academic year when they turn 17.

In 2022/23, there were 805 16 and 17 year olds who were classified as NEET in Suffolk. This was 5.1% of the age group, which was statistically similar to the England average of 5.2%. There was no statistically significant difference between the NEET rate for males (5.5%) and females (4.7%) in Suffolk in 2022/23 (Office for Health Improvement and Disparities 2023).

Amongst 16–17-year-olds, those from any other ethnic background (other than White) are under-represented amongst those that are not in education, employment or training, but also amongst those that are in education, worked-based training or work with study (Suffolk Office of Data and Analytics 2023).

What do we know about their health and wellbeing?

This section examines the health and wellbeing of children and young people in Suffolk to understand the specific needs within the local area.

Areas that may require further investigation have been highlighted. These include:

- where Suffolk's figures are significantly worse than England
- where Suffolk's figures have declined significantly
- where there is significant variation and possible health inequalities across Suffolk

Early years and primary school children

Dental health

Oral health is an integral part of overall health; when children are not healthy this affects their ability to learn, thrive and develop. Poor oral health is a priority under Best Start in Life, it was also a topic of a Health Select Committee inquiry, and the most common cause of hospital admission for 5 to 9 year olds. Data on child dental health and tooth decay is collected through the Dental Public Health Epidemiology Programme for England. In Suffolk in 2021/22, 13.4% of 5 year olds in Suffolk had visually obvious dental decay (with at least one tooth decayed, missing or filled), statistically significantly lower than the England average of 23.7%. The rate of visually obvious dental decay for 5 year olds in Suffolk varied by district and borough, from 6.5% in Mid Suffolk, to 21.2% in Ipswich (Office for Health Improvement and Disparities 2023).

Healthy weight

There is concern about the rise of childhood obesity and the implications of obesity persisting into adulthood. The risk of obesity in adulthood and risk of future obesity-related ill health are greater as children get older. 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.

It is important to look at the prevalence of weight status across all weight/BMI categories to understand the whole picture and the movement of the population between categories over time. The National Child Measurement Programme (NCMP) collects height and weight measurements of children primarily in mainstream state-maintained schools in England. Table 7 summarises 2022/23 NCMP results for Suffolk, compared to England.

Excess weight includes children classified as overweight or obese. Suffolk has a statistically similar percentage of children with excess weight for 4-5 year olds (21.6%) compared to the England average (21.3%). Excess weight for 10-11 year olds in Suffolk (34.2%) is statistically significantly lower than the England average (36.6%) in 2022/23. There is significant variation across Suffolk's districts and boroughs and at ward level (see Table 8 and figures 13 and 14).

Obesity levels among 10-11 year olds in Suffolk have increased from 15.2% in 2007/08, now affecting over 1 in 5 children (20.9%) in 2022/23. Figure 15 highlights the relationship between excess weight and deprivation, which is more prominent for year 6 excess weight.

Table 7. Number and proportion of children in each weight group for Suffolk and England (2022/23)

Weight group	Reception (aged 4-5)			Year 6 (aged 10-11)		
	Suffolk		England	Suffolk		England
	Number of children	Percentage of children	Percentage of children	Number of children	Percentage of children	Percentage of children
Healthy weight	5,460	77.8%	77.5%	4,960	64.5%	61.9%
Under weight	45	0.6%	1.2%	100	1.3%	1.6%
Overweight	960	13.7%	12.2%	1,020	13.3%	13.9%
Obese	550	7.8%	9.2%	1,610	20.9%	22.7%
Excess weight (overweight and obese)	1,515	21.6%	21.3%	2,630	34.2%	36.6%

Source: Office for Health Improvement and Disparities (2023)

Table 8. Proportions of children in each weight group for England, Suffolk and Suffolk district and boroughs for reception (4-5 year olds) and year 6 (10-11 year olds), 2022/23

Indicator	(Reception, persons, 4-5 years)							Indicator	(Year 6, persons, 10-11 years)						
	England	Suffolk	Babergh	East Suffolk	Ipswich	Mid Suffolk	West Suffolk		England	Suffolk	Babergh	East Suffolk	Ipswich	Mid Suffolk	West Suffolk
Healthy weight	77.5%	77.8%	79.2%	77.0%	77.6%	76.9%	78.7%	Healthy weight	61.9%	64.5%	68.4%	63.8%	60.5%	68.2%	65.1%
Underweight	1.2%	0.6%	1.3%	*	1.0%	*	0.9%	Underweight	1.6%	1.3%	1.2%	1.0%	1.8%	1.0%	1.7%
Overweight	12.2%	13.7%	13.0%	13.4%	13.7%	15.9%	13.0%	Overweight	13.9%	13.3%	14.0%	13.6%	12.5%	13.9%	12.8%
Obese	9.2%	7.8%	6.5%	9.1%	7.7%	7.1%	7.4%	Obese	22.7%	20.9%	15.8%	21.6%	25.2%	17.4%	20.3%
Excess weight (overweight and obese)	21.3%	21.6%	19.5%	22.5%	21.4%	23.1%	20.4%	Excess weight (overweight and obese)	36.6%	34.2%	30.4%	35.2%	37.4%	30.8%	33.1%

Compared to England (Statistically significantly): Worse 95% | Similar | Better 95%

Source: Office for Health Improvement and Disparities, Reception (4-5 year olds), Year 6 (10-11 year olds)

Figure 13. Children in reception year (4-5 yr olds) with excess weight (overweight or obese) by Suffolk ward (2020/21 - 2022/23)

Below data is compared to the England average

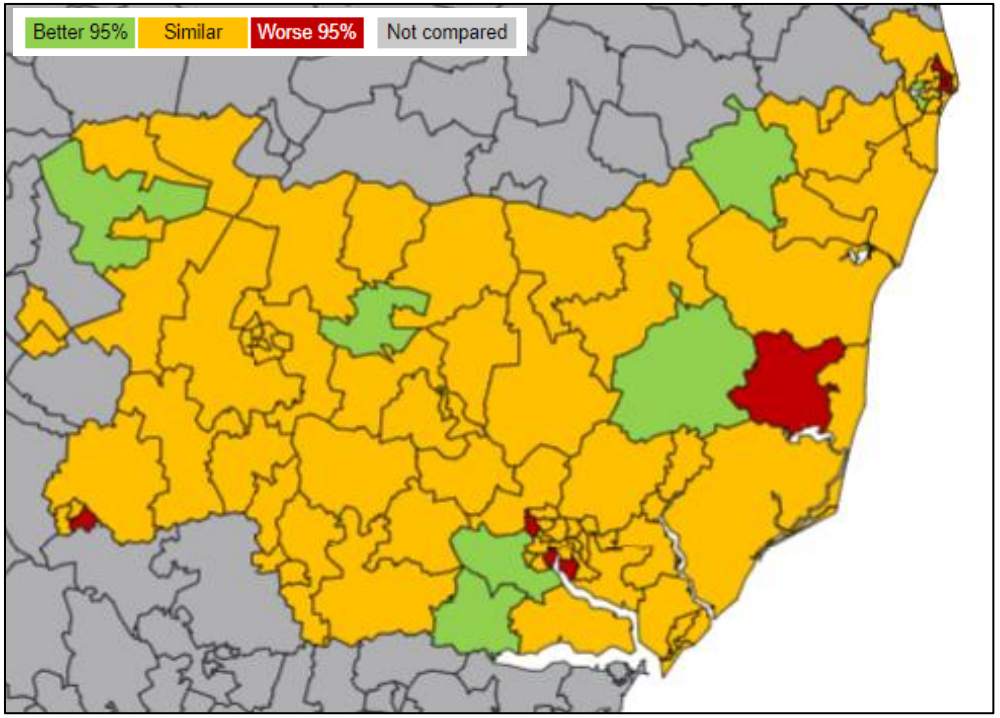
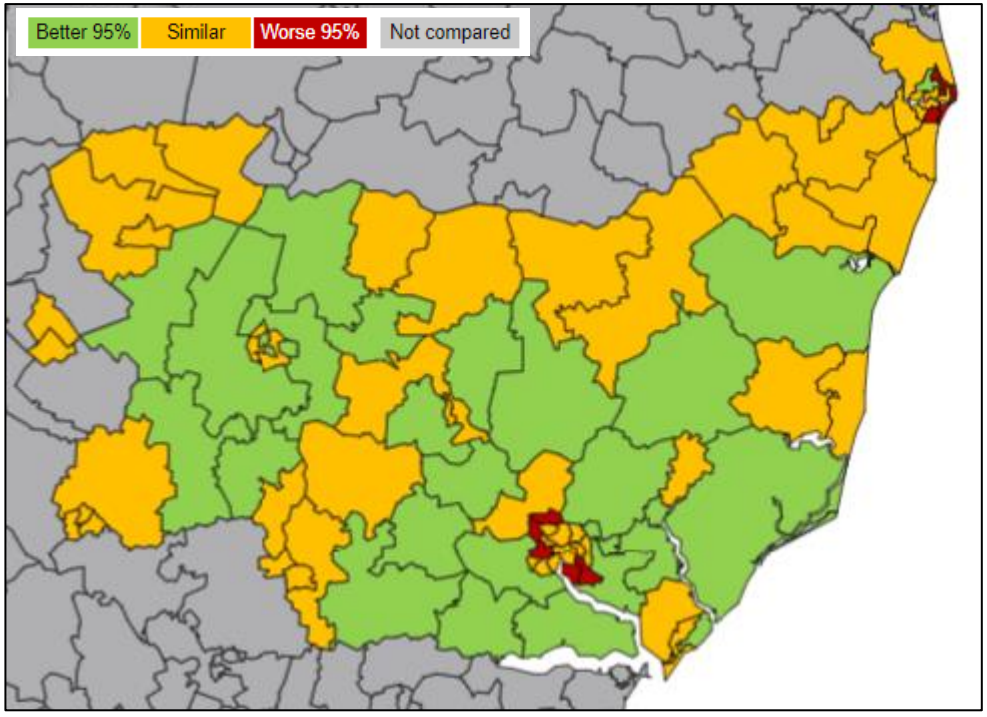


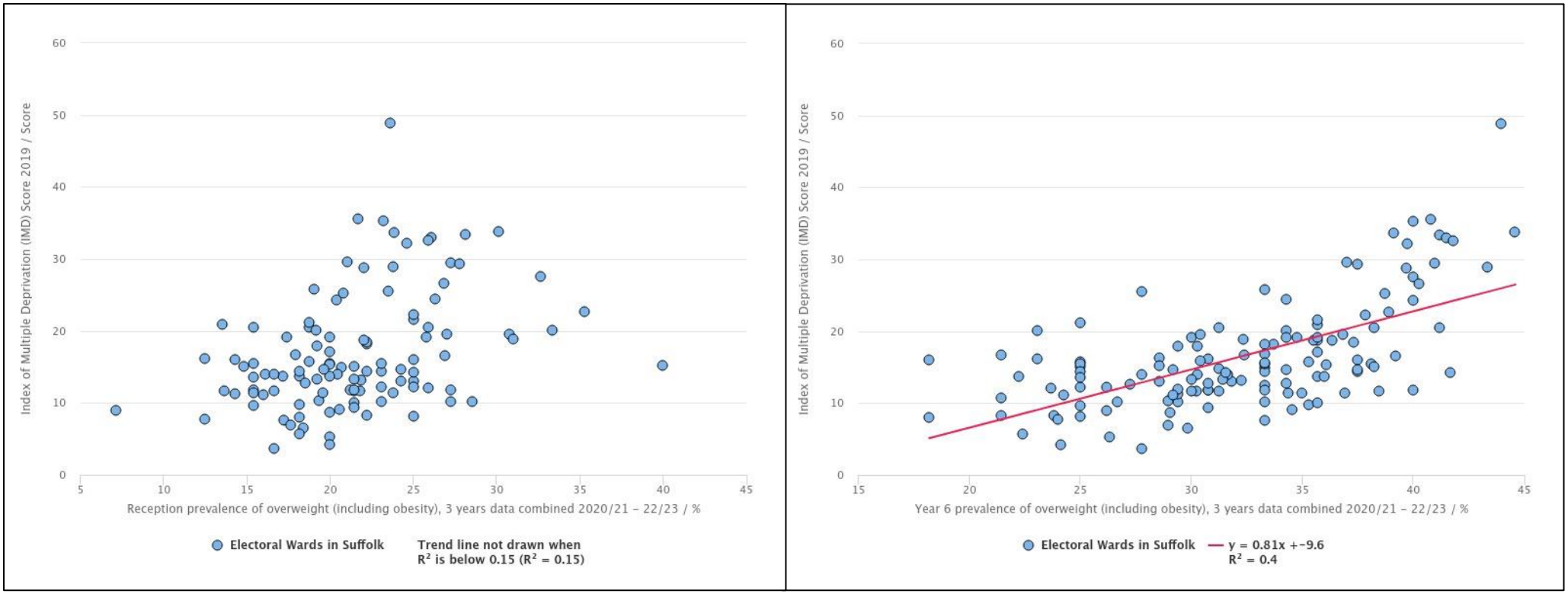
Figure 14. Children in year 6 (10-11 yr olds) with excess weight (overweight or obese) by Suffolk ward (2020/21 - 2022/23)

Below data is compared to the England average



Source: Office for Health Improvement and Disparities (2023)

Figure 15. Proportion of children with excess weight (overweight or obese by Suffolk ward (2020/21 – 2022/23), Reception and Year 6) and deprivation score (Index of Multiple Deprivation (IMD) 2019.



Source: Office for Health Improvement and Disparities (2023)

Reception aged children in Suffolk from Any other Black background (26.7%), Black African (15.2%) Bangladeshi (12.9%) or White and Black Caribbean (12.2%) have a statistically significantly higher prevalence of obesity (including severe obesity) compared to the Suffolk average between 2018/19 to 2022/23 (Office for Health Improvement and Disparities 2023).

Year 6 children in Suffolk from Bangladeshi (29.0%), White and Black African (28.6%), Black African (27.8%), Any other Asian background (26.0%), Any other ethnic group (25.0%) or Any other mixed background (24.4%) all have statistically significantly higher prevalence of obesity (including severe obesity) compared to the Suffolk average between 2018/19 to 2022/23 (Office for Health Improvement and Disparities 2023). Year 6 boys (21.1%) also had a statistically significantly higher prevalence of obesity (including severe obesity) compared to girls (17.1%) over the 5 year period between 2018/19 to 2022/23 (Office for Health Improvement and Disparities 2023).

Maternal and infant health

Fertility rates and still births

In 2022 there were 6,858 live births in Suffolk. Total Fertility Rate (TFR) is defined as the average number of live children that a group of women would bear if they experienced the age-specific fertility rates of the calendar year throughout their childbearing lifespan. The TFR across Suffolk's districts and boroughs ranged from 1.52 in Babergh to 1.63 in West Suffolk (Office for National Statistics 2024). There were 77 stillbirths in Suffolk between 2020-22. The rate of stillbirths in Suffolk (3.7 per 1,000) is statistically similar to the England average and has not statistically significantly improved from the stillbirth rate in 2010-12.

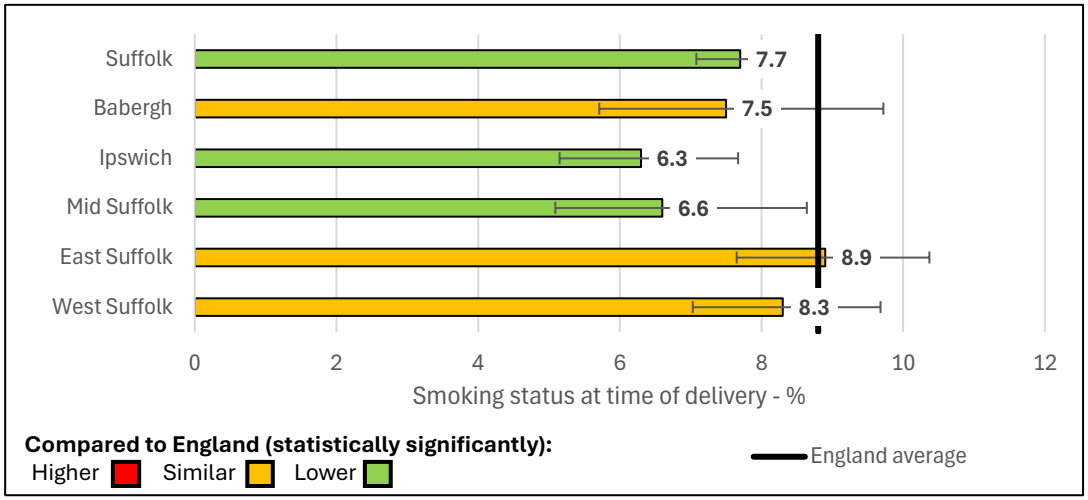
Risk factors associated with stillbirth include maternal obesity, ethnicity, smoking, pre-existing diabetes, and history of mental health problems, antepartum haemorrhage, and foetal growth. In 2015 the government announced an ambition to halve the rate of stillbirths by 2030 (*Office for Health Improvement and Disparities* 2024).

Smoking in pregnancy

Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother. Smoking during pregnancy can cause serious pregnancy-related health problems. These include complications during labour and an increased risk of miscarriage, premature birth, stillbirth, low birth-weight and sudden unexpected death in infancy. The Tobacco Control Plan contains a national ambition to reduce the rate of smoking throughout pregnancy to 6% or less by the end of 2022 (Office for Health Improvement and Disparities 2023).

In 2022/23, 7.7% of women who gave birth in Suffolk were smokers at the time of delivery, a total of 480 mothers. This rate is statistically significantly lower than the England average of 8.8%. The Suffolk figure has also statistically significantly decreased from 16.1% in 2010/11, to the rate of 7.7% in 2020/23 (Office for Health Improvement and Disparities 2023).

Figure 16. Smoking status at time of delivery, Suffolk districts and boroughs compared to England, 2022/23



Source: Office for Health Improvement and Disparities (2023)

Perinatal mental health

Perinatal mental health illness affect between 10 to 20% of all women during pregnancy and the first year after having a baby (Office for Health Inequalities and Disparities 2019). Historically there has been a lack of integrated physical and mental health care for women during pregnancy and in the weeks and months following birth, and a lack of specialist perinatal mental health services to support women who become unwell.

While the indicator is dated (2017/18), these estimates for Suffolk suggest that between 1,851 and 3,029 Suffolk mothers may have experienced perinatal mental illness in 2017/18. Many will have not identified or received support for these conditions.

Table 9. Estimated number of women in Suffolk with perinatal mental health conditions, 2017/18

Mental health condition	Estimated number of women (Suffolk)
Postpartum psychosis	12
Chronic serious mental illness	12
Severe depressive illness	177
Mild-moderate depressive illness and anxiety	589 - 884
Post-traumatic stress disorder	177
Adjustment disorders and distress	884-1,767

Source: Office for Health Improvement and Disparities (2019)

Low birth weight

Low birth weight is defined as a live birth with a recorded birth weight under 2.5kg and a gestational age of at least 37 complete weeks. This is recorded as a percentage of all live births with recorded birth weight, and a gestational age of at least 37 complete weeks. 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. At a population level there are inequalities in low birth weight and a high proportion of low birth weight births could indicate lifestyle issues of the mothers and/or issues with the maternity services.

For Suffolk in 2021, 2.8% of births were classified as a low birth weight – accounting for 169 births. This rate was statistically similar to the England average (2.8%) over the same period. The rate of low birth weight of term babies in Suffolk has not statistically significantly improved or changed between 2006 (2.5%) to 2021 (2.8%) (Office for Health Inequalities and Disparities 2023).

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 (the neonatal period) in particular, are considered to reflect the health and care of both mother and newborn. Reducing infant mortality overall and the gap between the richest and poorest groups are part of the Government's strategy for public health (Office for Health Improvement and Disparities 2024).

For 2020-22, 66 infants aged under 1 year of age who lived in Suffolk died. This was a rate of 3.2 infant deaths per 1,000 live births, which was statistically similar to the national rate of 3.9 per 1,000 live births (Office for Health Improvement and Disparities 2023).

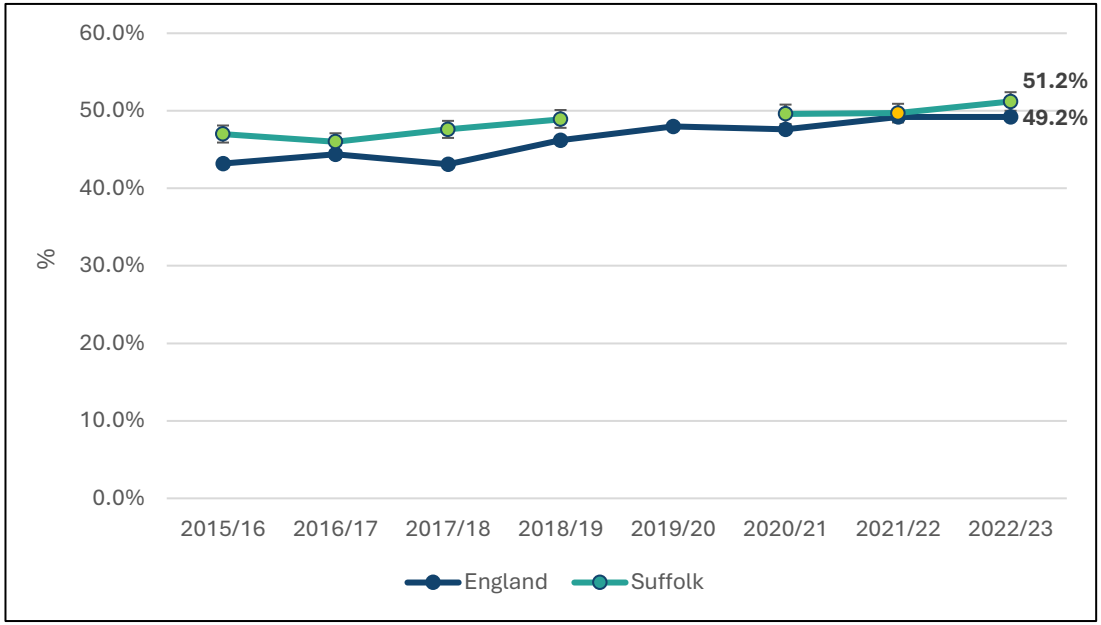
Breastfeeding

Breastfeeding has health benefits for both the mother and baby. Breast milk provides the ideal nutrition for infants in the first stages of life. There is evidence that not breastfeeding is linked to an increased risk of gastrointestinal and respiratory tract infections. There is growing evidence that not breastfeeding might increase the risk of obesity later in life. Breastfeeding is associated with improved maternal health: lower risk of breast cancer and endometriosis, and greater postpartum weight loss and lower body mass index (BMI) in the longer term. Current national and international guidance recommends exclusive breastfeeding for around the first six months of life (NICE 2014).

76.1% of Suffolk babies were fed breastmilk for their first feed in 2020/21, statistically significantly higher than the England average of 71.7% (Office for Health Improvement and Disparities 2023). There is also data on the percentage of infants that are totally or partially breastfed at age 6 to 8 weeks. Totally breastfed is defined as infants who are exclusively receiving breast milk at 6 to 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 to 8 weeks of age and who are also receiving formula milk or any other liquids or food.

Figure 17. Breastfeeding prevalence (totally or partially breastfed) at 6 to 8 weeks, Suffolk and England, 2015/16 to 2022/23

Suffolk 2019/20 figure not published for data quality reasons



Source: Office for Health Improvement and Disparities (2023)

In Suffolk in 2022/23, over half (51.2%) of infants were being either totally or partially breastfed at 6-8 weeks, statistically significantly higher than the England average of 49.2%. This equates to 3,403 infants in Suffolk being breastfed in 2022/23. This rate has also statistically significantly improved in Suffolk from 47.0% in 2015/16 to 51.2% in 2022/23 (Office for Health Improvement and Disparities 2023).

Secondary school children

Physical activity

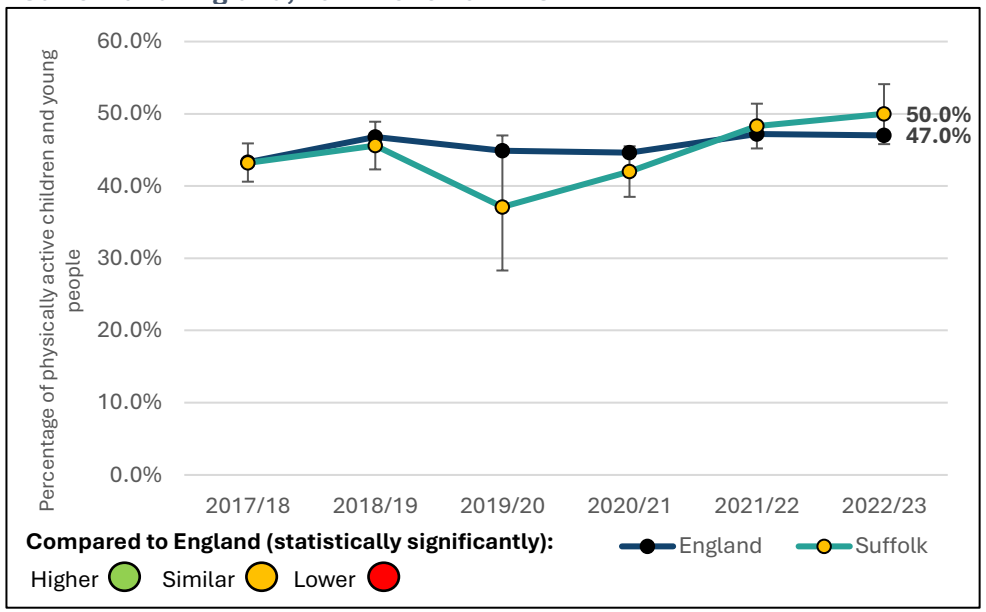
The UK Chief Medical Officers' (CMOs') recommend that children and young people (5 to 18 years) are physically active for an average of at least 60 minutes per day across the week. The evidence suggests, however, that a significant proportion of 5- to 18-year-olds do not meet this minimum standard. Regular moderate to vigorous physical activity (MVPA) improves health and fitness, strengthens muscles and bones, develops coordination, maintains healthy weight, improves sleep, makes individuals feel good, builds confidence and social skills, and improves concentration and learning.

Good physical activity habits established in childhood and adolescence are also likely to be carried through into adulthood. If children and young people can be helped to establish and maintain high volumes of physical activity into adulthood, the risk of morbidity and mortality from chronic non communicable diseases later in their lives will be reduced.

Across England, 47.0% of children and young people aged 5 to 18 years were physically active for an average of at least 60 minutes per day across the week in 2022/23. In Suffolk, the rate of 50.0% of children and young people meeting this criterion was statistically similar to the England average. The rates across Suffolk's districts and boroughs of children and young people meeting recommended physical activity levels were all statistically similar to the England average, ranging from 41.0% in Ipswich, to 55.1% in West Suffolk (Office for Health Improvement and Disparities 2024).

Physical activity levels vary across age groups and when compared between males and females. Across England in 2022/23, 50.8% of boys were physically active, compared to 44.0% of girls. Also, children from a White Other (53.8%) or White British (49.5%) ethnic group had statistically significantly higher rates of physical activity adherence compared to the England average, whereas children and young people from Other (43.7%), Asian (40.2%) or Black (39.8%) ethnic groups were statistically significantly less likely to be classified as physically active. Physical activity levels for Suffolk's children and young people remain statistically similar from 2017/18 (43.2%) to 2022/23 (50.0%) (Office for Health Improvement and Disparities 2024).

Figure 18. Percentage of physically active children and young people, Suffolk and England, 2017/18 to 2022/23



Source: Office for Health Improvement and Disparities (2023)

Lifestyle and risk behaviours

The 2021 Smoking, Drinking and Drug Use among Young People in England survey provides percentages of young people in school years 7-11 (age 11-15) smoking, drinking and drug use. The national prevalence has been applied to the Suffolk population to generate modelled estimates for Suffolk, based on the mid-2022 population estimates. These figures are only intended to be used as a guide, as demographic features of specific areas are not considered.

Table 10. Smoking, drinking and drug use habits of young people in Suffolk (modelled estimates) aged 11 to 15

National Survey findings on smoking, drinking and drug use habits of people aged 11 to 15	National prevalence	Modelled estimates for:					
		Suffolk	Babergh	East Suffolk	Ipswich	Mid Suffolk	West Suffolk
Proportion that have ever tried smoking	11.8%	5,156	628	1,613	1,040	687	1,187
Proportion that are current smokers	3.0%	1,311	160	410	265	175	302
Proportion that smoked in the last week	1.0%	437	53	137	88	58	101
Proportion that have ever used an e-cigarette	22.0%	9,613	1,170	3,008	1,940	1,282	2,214
Proportion that are current e-cigarette users	8.6%	3,758	457	1,176	758	501	865
Proportion that have ever had an alcoholic drink	40.4%	17,653	2,149	5,523	3,562	2,353	4,065
Proportion that have drunk alcohol in the last week	8.5%	3,714	452	1,162	749	495	855
Proportion that have taken drugs	18.4%	8,040	979	2,516	1,622	1,072	1,851
Proportion that have taken drugs in the last month	6.4%	2,796	340	875	564	373	644

Source: Prevalence from NHS Digital (2022) Smoking, Drinking and Drug Use among Young People in England – 2021; Population from Office for National Statistics; Estimates of the population for England and Wales Mid- 2022

Mental health

Prevalence of mental health conditions

The 2017 Mental Health of Children and Young People in England survey found that one in eight (12.8%) of 5 to 19 year olds had at least one mental disorder[2] when assessed in 2017, with one in twenty (5.0%) meeting the criteria for 2 or more disorders. The prevalence of mental disorders increased with age, for instance 5.5% of 2 to 4 year old children experienced a mental disorder, compared to 16.9% of 17 to 19 year olds.

The 2023 follow-up survey collected information from parents, children and young people and indicated an increase in the prevalence of mental health disorders, with 20.3% (one in five) of children aged 8 to 25 years estimated to have a probable mental disorder, split by 20.3% for 8 to 16 year olds, 23.3% for 17 to 19 year olds and 21.7% for 20 to 25 year olds.

More information with national prevalence applied to Suffolk's population is available from the Mental Health – Suffolk prevalence dashboard.

Table 11. Estimated prevalence of likely mental health disorders for children and young people in Suffolk by age group

	7 to 10 year olds		7 to 16 year olds		11 to 16 year olds		17 to 24 year olds	
Mental health of child/young person	**Prevalence**	**Estimated number**	**Prevalence**	**Estimated number**	**Prevalence**	**Estimated number**	**Prevalence**	**Estimated number**
Unlikely to have a disorder	74.2%	25,298	71.2%	61,360	68.8%	30,062	64.4%	38,623
Possible disorder	10.6%	3,614	10.8%	9,307	10.9%	4,763	13.6%	8,156
Probable disorder	15.2%	5,182	18.0%	15,512	20.4%	8,914	22.0%	13,194

Source: Prevalence from NHS Digital (2022) Mental Health of Children and Young People in England 2022 – wave 3 follow up to the 2017 survey; Population from Office for National Statistics; Estimates of the population for England and Wales Mid- 2022

[2] Mental disorders were identified according to International Classification of Diseases (ICD-10) standardised diagnostic criteria, using the Development and Well-Being Assessment (DAWBA). To count as a disorder, symptoms had to cause significant distress to the child or impair their functioning. All cases were reviewed by clinically trained raters.

In 2022/23, there were 95 hospital admissions for children and young people aged under 18 within Suffolk for mental health conditions. The admissions rate for girls (83.0 per 100,000) is statistically significantly higher than the rate for boys (46.1 per 100,000) within Suffolk in 2022/23. The overall admission rate for Suffolk (64.1 per 100,000) is statistically significantly lower than the England average (80.8 per 100,000), however there has been no significant change to the trend in the last 5 years (Office for Health Improvement and Disparities 2024).

Hospital admissions for self-harm in children have increased in recent years, with admissions for young women being much higher than admissions for young men. With links to other mental health conditions such as depression, the emotional causes of self-harm may require psychological assessment and treatment. In Suffolk between 2022/23, there were 420 admissions for self-harm in children and young people aged between 10-24 years of age. The Suffolk hospital admission rate as a result of self-harm (345.6 per 100,000) was statistically similar to the England average (319.0 per 100,000). This rate has statistically significantly decreased in Suffolk over the previous five years, from 526.3 per 100,000 in 2018/19 (Office for Health Improvement and Disparities 2024).

CHRIS

The Co-ordinated Help and Risk Intervention Service (CHRIS) is a local care initiative launched in February 2022 to support children and young people experiencing mental health crisis in Suffolk. CHRIS provides intensive, wraparound support through direct work with young people and their families, as well as consultation with professional networks. Between April 2023 and March 2024, CHRIS received 175 referrals and opened 102 cases to direct and indirect pathways. The service offers 2-4 visits per week to young people, providing immediate risk assessment, safety planning, and development of crisis-focused care plans.

Outcome measures show that young people accessing CHRIS experienced significant positive changes. The Children's Global Assessment Scale (CGAS) showed a mean improvement of 17.6 points in psychological and social functioning scores. The Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA) indicated significant reductions in impairment, particularly in behaviour and social functioning. Qualitative feedback from young people and families was consistently positive, highlighting the service's responsiveness, frequency of contact, and ability to build effective relationships. Key strengths noted include feeling listened to, valued, and involved in safety planning. The service has also developed partnerships with Green Light Trust to offer nature-based support and established parenting groups to further support families affected by mental health crisis (Suffolk County Council Co-ordinated Help and Risk Intervention Service (CHRIS) annual report 2024).

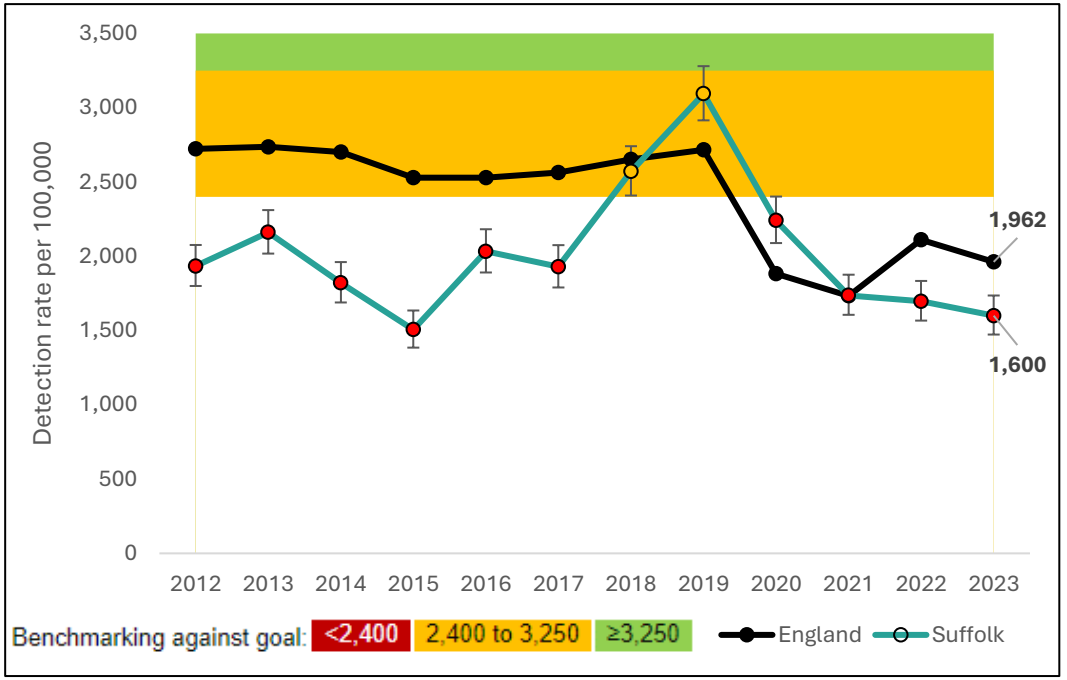
Sexual health

Sexually Transmitted Infections (STIs)

Chlamydia is the most commonly diagnosed bacterial sexually transmitted infection in England, with rates substantially higher in young adults than any other age group. It causes avoidable sexual and reproductive ill-health, including symptomatic acute infections and complications such as pelvic inflammatory disease (PID), ectopic pregnancy and tubal-factor infertility. The UK Health Security Agency (UKHSA) recommends that local authorities should be working towards achieving a detection rate of at least 3,250 per 100,000 female population aged 15 to 24.

In Suffolk in 2023, there were 581 cases of all chlamydia diagnoses in 15 to 24 year old females attending sexual health services (SHSs) and community-based settings. This provided a rate of 1,600 per 100,000 for Suffolk, which was statistically significantly below the detection rate recommended by the UKHSA. All districts and boroughs in Suffolk had statistically significantly lower chlamydia detection rates against the UKHSA target, ranging from 1,075 per 100,000 in Babergh, to 2,120 per 100,000 in Ipswich.

Figure 19. Chlamydia detection rate per 100,000 aged 15 to 24 (Female), England and Suffolk, 2012 to 2022



Source: Office for Health Improvement and Disparities (2023)

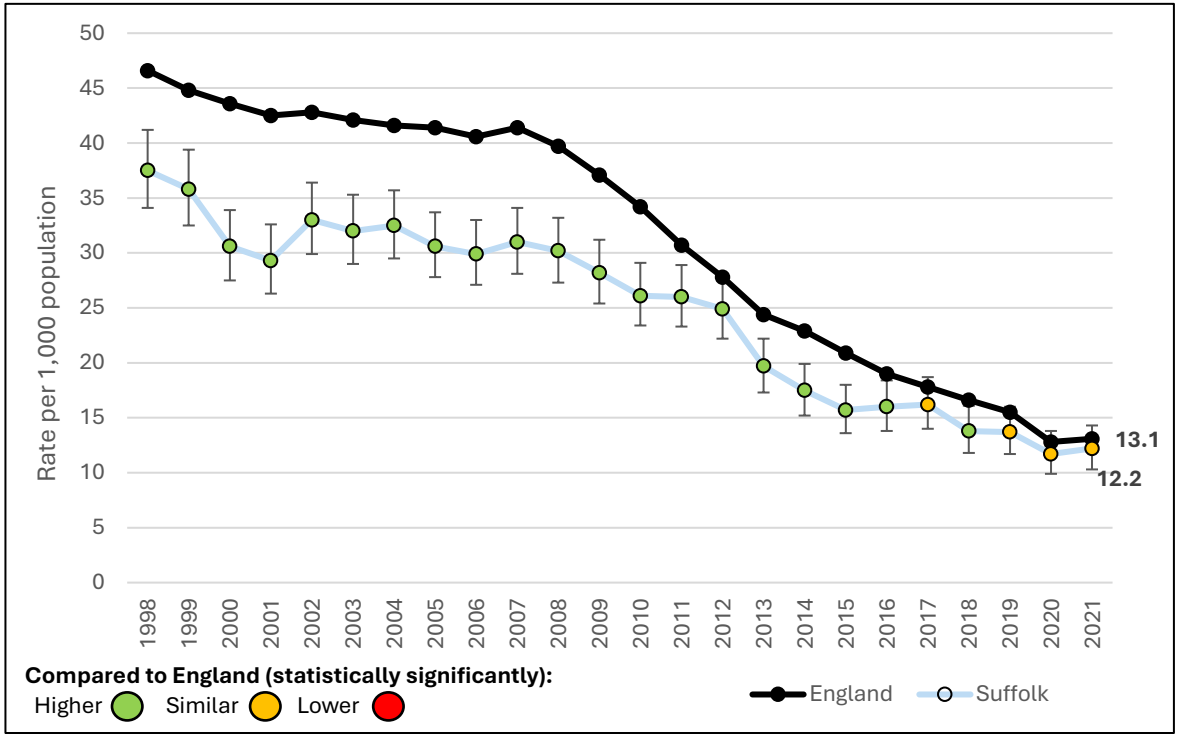
By diagnosing and treating asymptomatic chlamydia infections, chlamydia screening can reduce the duration of infection, which will reduce an individual's chance of developing chlamydia associated complications, and also reduce the amount of time someone is at risk of passing the infection on, which in turn will reduce the spread of chlamydia in the population. For Suffolk in 2023, just under 1 in 5 (18.7%) of females aged between 15 to 24 were screened for chlamydia. This screening rate was statistically significantly lower than the England average of 20.4%. This rate was statistically significantly lower than the England average for West Suffolk (18.6%), Mid Suffolk (16.5%), and Babergh (15.8%), and statistically similar in Ipswich (19.5%) and East Suffolk (20.3%)(Office for Health Improvement and Disparities 2024).

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. 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 wellbeing and the likelihood of both the parent and child living in long-term poverty.

Research evidence, particularly from longitudinal studies, shows that teenage pregnancy is associated with poorer outcomes for both young parents and their children. 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. 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 (Office for Health Improvement and Disparities 2024).

Figure 20. Under 18s conception rate per 1,000, Suffolk and England, 1998 to 2021



Source: Office for Health Improvement and Disparities (2023)

There were 150 conceptions in women aged under 18 in Suffolk in 2021, with a rate of 12.2 per 1,000 females aged 15-17. This rate is statistically similar to the England average (13.1 per 1,000) and has statistically significantly decreased since 1998 (Suffolk rate of 37.5 per 1,000) but has remained statistically similar over the previous three years. While historically Suffolk rates were statistically significantly lower than England, they have now plateaued – indicating a need for future focused work to further reduce under 18 conception rates.

While Suffolk's overall rate is statistically similar to the England average, there are local variations across the county. Ipswich has a notably higher under-18 conception rate of 20.1 per 1,000, which is statistically significantly higher than the national average. Additionally, local data suggests that Lowestoft also has elevated rates of teenage births compared to the rest of Suffolk. It is also worth noting that the percentage of under-18 conceptions leading to abortion in Suffolk

(44.0%) is statistically significantly lower than the national average (53.4%), indicating a higher proportion of teenage pregnancies resulting in births in the county (Suffolk Sexual Health and Contraceptive Services for Young People 2024).

My Health, Our Future

Healthwatch Suffolk conducted phase 7 of the My Health, Our Future (MHOF) survey in 2023, analysing the wellbeing of more than 13,000 young people (primarily high school and college students between Years 7-13) in Suffolk. Key findings include:

Mental wellbeing and anxiety:

- young people's wellbeing in Suffolk has improved from record lows in 2021-2022 but remains below the national average
- 29% of students who described their gender other than male or female, and 19% of LGBTQ+ students had low wellbeing scores
- 37% of students reported moderate to severe anxiety levels, higher among females (47%), LGBTQ+ (62%), and those with additional support needs (54%)

Cost of living Impact:

- 24% were worried/very worried about the rising cost of living impacting them and their families
- top concerns were affording social activities (26%), school trips (25%), and having proper technology/uniform

Healthy lifestyles:

- 12% of students vape, higher among females (12% vs 8% males), those with additional needs (16%), and certain ethnic groups
- only 17% of year 9+ students were aware of the local sexual health service provided at the time of survey (called iCaSH)

The My Health, Our Future report highlights several areas where additional support is required, such as increasing mental health awareness, providing counselling, improving relationship/sex education, and ensuring access to nutritious food and extracurricular activities. Findings from MHOF can inform strategies to enhance young people's wellbeing in Suffolk (Healthwatch Suffolk 2023).

What else do we know about children at greater risk of poor health outcomes?

'Vulnerable children' are defined as any children at greater risk of experiencing physical or emotional harm and/or experiencing poor outcomes because of one or more factors in their lives (Office for Health Improvement and Disparities 2020).

There is no single agreed-upon definition of what makes a child vulnerable. A child may be at risk of facing difficulties or negative outcomes due to their own individual traits or circumstances. This vulnerability can also come from the actions or inactions of others around them, such as family or caregivers. The physical environment or social setting a child grows up in can also contribute to their vulnerability.

Additional factors include:

- the child's physical, emotional, health and educational needs
- any harm the child has experienced or may be at risk of experiencing – these can include a specific set of childhood experiences known as 'adverse childhood experiences'
- the capability of the child's carers and wider family environment to meet the child's needs, or indeed to cause harm – these might include homelessness or poor housing conditions, the presence of adults in the home with mental health problems, alcohol and drug dependence, or contact with the criminal justice system, domestic abuse and poverty
- the absence of supportive relationships in a child's life
- the wider community and social conditions beyond the family including crime, the built environment, community cohesion and resilience

The above list is not exhaustive, and children can experience one or several of these factors with different levels of consequences over the course of their lives including into adulthood (Office for Health Improvement and Disparities 2020).

No Child Left Behind: Quantifying Vulnerability (Public Health England 2020) examines childhood vulnerability and its potential impacts. It defines vulnerable children as those at greater risk of experiencing physical or emotional harm and/or poor outcomes due to various individual, family, or community factors. The report highlights several key points:

- there is no commonly used definition of "vulnerable children", but they often experience multiple and overlapping risk factors
- quantifying the exact number of vulnerable children is difficult due to the complex interplay of risk factors, but an estimated 2.3 million children in England are growing up in vulnerable circumstances
- the report discusses various groups of vulnerable children, including those in care, young carers, children affected by parental substance abuse or domestic violence, children in poverty or workless households, and those experiencing adverse childhood experiences (ACEs)
- ACEs, such as abuse, neglect, and household dysfunction, are associated with increased risks of poor physical and mental health, substance abuse, violence, and other negative outcomes later in life

- the COVID-19 pandemic has exacerbated vulnerabilities for some children due to disruptions in support services, family stressors, and wider socioeconomic impacts
- the report emphasizes the importance of early intervention, multi-agency collaboration, and addressing the broader social determinants of health to mitigate childhood vulnerability and improve long-term outcomes

The Children's Commissioner produced the Childhood vulnerability in England report in 2019, which examines the scale of, and trends over time in rates of childhood vulnerability. The report estimates that in England there are currently 723,000 children receiving statutory support or intervention from services, higher than the previous year's estimate of 710,000. An estimated 2.3 million children are living with risk due to a vulnerable family background.

Of these 2.3 million children, over a third (829,000) are 'invisible' and not known to services, therefore receiving no support. Another 761,000 children are known to services but the level of support they receive is unclear. Combined, this means 1.6 million vulnerable children have patchy or non-existent support.

Just over half of these 1.6 million children are completely 'invisible' to services. The remaining 669,000 (around 3 in 10) are being helped through formal national support programmes like the Troubled Families programme or children's social care services. Around 128,000 of these children are receiving the most intensive statutory support such as being in care or on a child protection plan.

The report highlights that 25% of council spending on children now goes towards the 1.1% of children who need acute and specialist services, indicating high costs for supporting the most vulnerable children.

Adverse Childhood Experiences (ACEs)

Within the context of vulnerable children and young people it is important to consider the impact of adverse childhood experiences (ACEs). These are a specific set of childhood experiences that have then been compared with outcomes in later life.

ACEs directly relating to the child:

- psychological abuse
- physical abuse
- sexual abuse

ACEs relating to the child's household:

- parental separation
- domestic violence
- mental illness
- alcohol abuse
- substance misuse
- imprisonment

Compared to experiencing no childhood ACEs, an adult who experienced four or more during childhood was:

- 4 times more likely to be a high-risk drinker
- 6 times more likely to be a current smoker
- 6 times more likely to have had sex under 16 years of age
- 11 times more likely to have smoked cannabis
- 16 times more likely to have used heroin or crack cocaine (Office for Health Improvement and Disparities 2019)

Public Health Wales conducted research examining the relationship between adverse childhood experiences (ACEs) and engagement with healthcare services among adults in Wales and England. An online survey of 1,696 participants measured their exposure to 9 types of ACEs before age 18 and various outcomes related to medication use, preventative healthcare, relationships with healthcare professionals, and comfort in using healthcare settings.

Key findings include:

- higher ACE exposure was associated with greater use of prescription medications, including for mental ill-health, as well as poorer medication adherence
- those with ACEs were more likely to report not receiving all childhood vaccinations and sometimes/never having travel health insurance

- individuals with multiple ACEs were substantially more likely to perceive that healthcare professionals do not care about or understand their problems. They were also more likely to report poor childhood experiences with health and social services
- higher ACE counts were linked to lower comfort levels in using various healthcare settings like GP surgeries, hospitals, A&Es, and dental surgeries

Modelled estimates from 2021 indicate that 25,700 children and young people in Suffolk aged between 0 to 17 are living in households where either domestic violence and abuse, parental substance misuse or parental mental health issues are affecting an adult in the household. Modelled estimates also suggest 1,400 children and young people (aged 0-17) were living in households where all three issues were present: domestic violence and abuse, parental substance misuse, and parental mental health issues affecting an adult. These three factors are termed the 'toxic trio' (Children's Commissioner 2021).

Table 12. Modelled number and rate of children and young people (aged 0-17) living in a household with any or all of the toxic trio factors

	Any of the toxic trio factors present in household		All of the toxic trio factors present in household	
	Number of children in households affected	Rate per 1,000 population (aged 0 to 17)	Number of children in households affected	Rate per 1,000 population (aged 0 to 17)
Suffolk	25,700	167.5	1,400	9.3

Source: Children's Commissioner (2021): CHLDRN

Table 13. Modelled number and rate of children and young people (aged 0-17) living in a household with toxic trio factors

	Parent suffering domestic abuse		Parent suffering alcohol/drug dependency		Parent suffering severe mental health problem	
	Number of children in households affected	Rate per 1,000 population (aged 0 to 17)	Number of children in households affected	Rate per 1,000 population (aged 0 to 17)	Number of children in households affected	Rate per 1,000 population (aged 0 to 17)
Suffolk	9,500	61.7	6,000	39.0	18,600	121.3

Source: Children's Commissioner (2021): CHLDRN

Children in need

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.

Children in need include young people aged 18 or over who continue to receive care, accommodation or support from children's services, and unborn children.

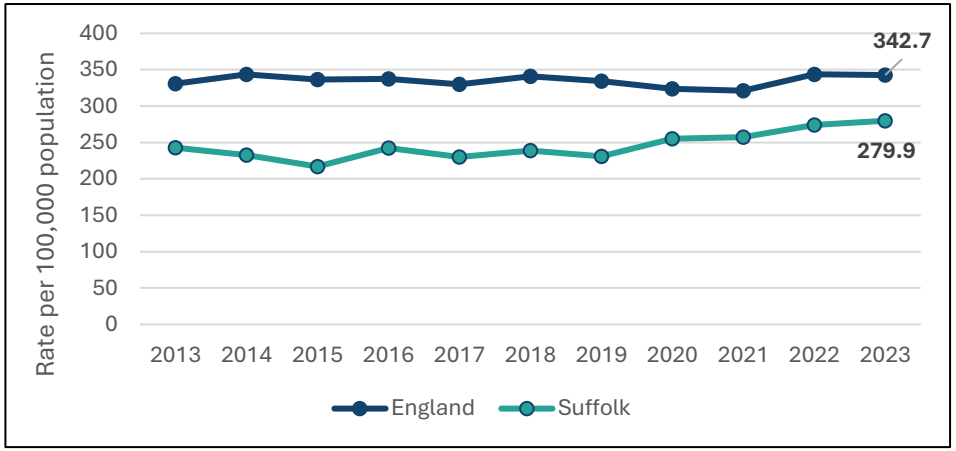
In 2023, a significant number of children in England were classified as vulnerable, with over 403,000 considered "children in need" and just under 51,000 subject to child protection plans. While these figures represent a slight decrease compared to 2022, the number of children in need remained higher than pre-pandemic levels in 2020. The latest annual declines followed an increase in 2022, which was likely influenced by the lifting of school attendance restrictions related to COVID-19.

The year 2021 saw a drop in referrals to children's services, primarily driven by a reduction in referrals from schools due to periods of restricted attendance during that year. This decrease in referrals likely contributed to the subsequent decreases observed in other key measures, such as the number of children classified as in need or on protection plans (Department for Education 2023).

As of the 31st of March 2023, there were 4,118 children in need in Suffolk, with a rate of 475.9 children with an episode of need at any point during the year, per 10,000 children aged under 18 years (Department for Education 2023).

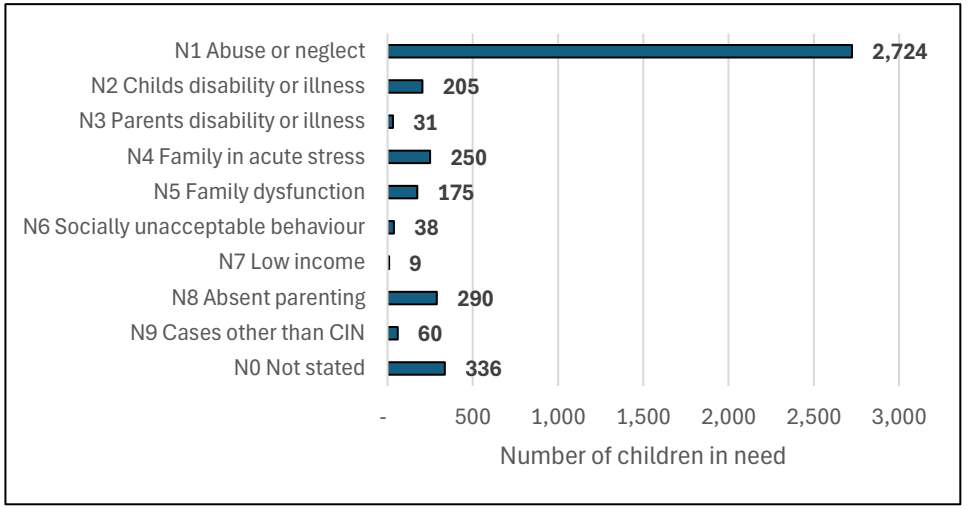
The adjacent figure provides a breakdown of children in need on the 31st of March 2023 by their primary need group in Suffolk. Abuse or neglect was the main primary need, accounting for 2 in 3 (66.1%) of all children in need locally (Department for Education 2023).

Figure 21. Rate of children in need on 31st March (2013 to 2023), Suffolk and England



Source: Department for Education (2023)

Figure 22. Number of children in need by primary need group for Suffolk, 31st March 2023



Source: Department for Education (2023)

There were 510 children in need (12.4% of all children in need) in Suffolk with a disability recorded on the 31st of March 2023. The below figure shows the types of disability that was recorded for Suffolk's children in need. Where a disability was recorded, Autism/Asperger Syndrome and learning disabilities were the most common disabilities across Suffolk.

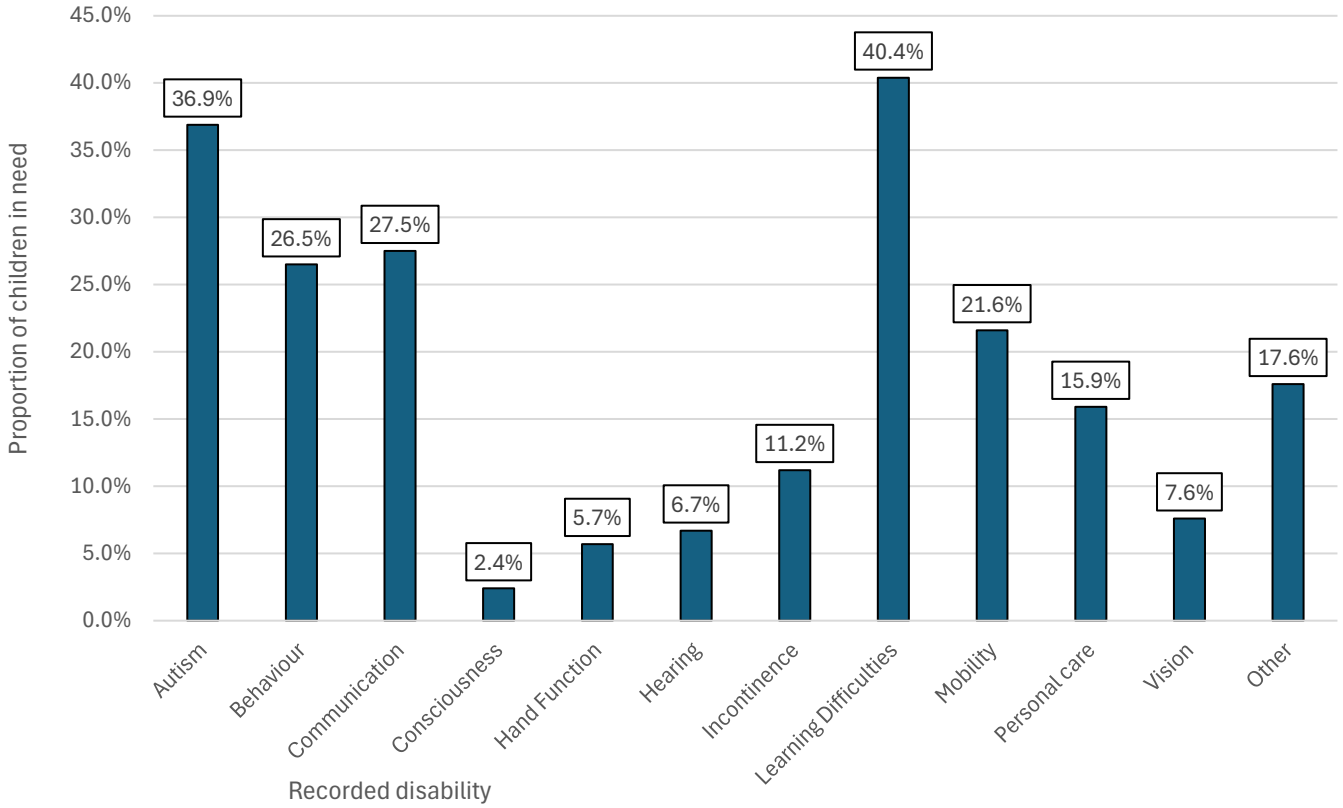
Figure 23. Proportion of disabilities recorded for Suffolk's children in need registered as having one or more disabilities as of 31st March 2023

510 out of 4,118 Children in Need had a disability recorded in 2023 (12.4% of all CiN).

Of this 510, had a disability recorded.

This chart shows the percentage breakdown of those 510 children and young people, by the type of disability recorded.

A child may have more than one disability recorded, therefore the disability category percentages may not sum to 100.



Source: Department for Education (2023)

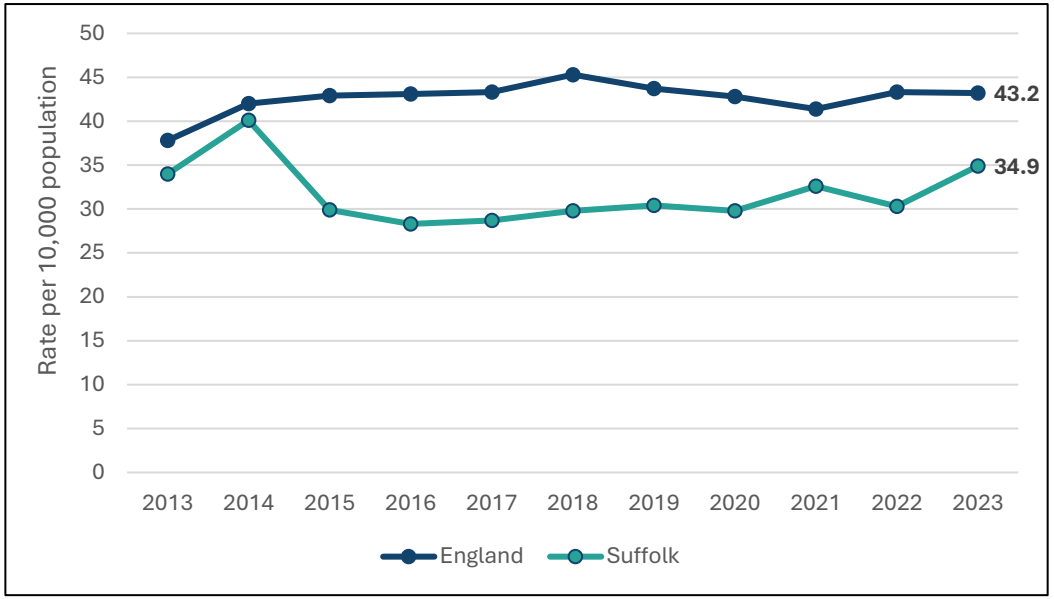
Child protection

Children who need protecting may include those who experience harm in their own family and those who are harmed or exploited by others, including their peers, in their community and/or online. Suffering or being likely to suffer significant harm is the threshold for child protection enquiries and can take different forms, including sexual, physical or emotional abuse, neglect or domestic abuse (including controlling or coercive behaviour (Home Office 2015), exploitation by criminal gangs or organised crime groups, trafficking, online abuse, sexual exploitation, and the influences of extremism which could lead to radicalisation.

Child protection is the set of multi-agency activities and processes that follow a concern that a child is suffering or likely to suffer significant harm. Under section 47 of the Children Act 1989, the local authority has a duty to make enquiries when this is the case and to take decisive action when needed to protect a child from abuse, neglect, and exploitation (Department for Education 2023).

On the 31st of March 2023, there were 513 children who were subject to child protection plans in Suffolk, with a rate of 34.9 per 10,000. The Suffolk rate of children subject to child protection plans has been lower than the England average each year between 2015-2023 (Department for Education 2023).

Figure 24. Rate of child protection plans at 31st March (2013-2023), England and Suffolk



Source: Department for Education (2023)

Children in care

A child who has been in the care of their local authority for more than 24 hours is known as a looked after child. Looked after children are also often referred to as children in care, a term which many children and young people prefer (NSPCC 2024). Children and young people in care are among the most socially excluded children in England. There are significant inequalities in health and social outcomes compared with all children and these contribute to poor health and social exclusion of care leavers later in life.

On the 31st of March 2023, there were 983 looked after children in Suffolk at a rate of 66 per 10,000 young people aged under 18, statistically similar to the England rate of 71 per 10,000.

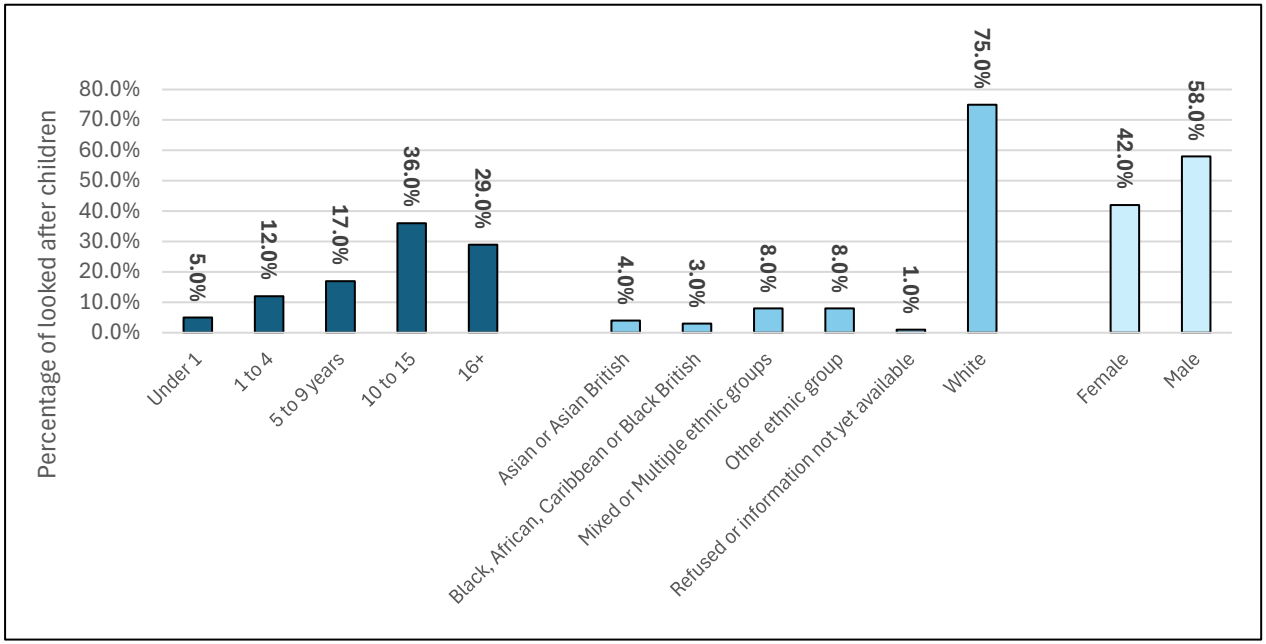
The demographics of Suffolk's looked after children as of 31st of March 2023 are available in figure 25.

Suffolk's looked after children in 2023 follow a similar profile to the England average, with a higher proportion of boys (58.0% in Suffolk, 57.0% across England) and children aged 10 and over (almost 2 in 3/65.0% in Suffolk and 64.0% across England). Suffolk has a higher proportion of children in care from a White ethnic group (75.0%) compared to the England average (71.0%) representative of the wider Suffolk demography (Department for Education 2024).

Most children in England become looked after as a result of abuse and neglect (65.0%). This is also evident in Suffolk, where 70.0% of all looked after children are in care because of abuse or neglect (Department for Education 2024).

Across England, 9.0% of children and young people looked after were unaccompanied asylum seekers (UASC) on 31st March 2023. Suffolk had a higher proportion of unaccompanied asylum-seeking children at 12.0% (114 of the 983 children in care). This proportion has marginally increased from 9.0% (77 children) of all looked after children in Suffolk being unaccompanied asylum-seeking children in 2019 (Department for Education 2024).

Figure 25. Demographics of children in care in Suffolk as of 31st of March 2023



Source: Department for Education (2024)

UASC are children, who have applied for asylum and are separated from both parents and/or any other responsible adult. Local authorities have a legal duty to provide accommodation for these children. Across England, UASC are generally male - 96% - which has increased from 90% in 2019. The increase in UASC is almost all due to the increase in males. UASC are also generally older - only 14% were aged under 16 years (compared to 74% of all children looked after). 88% of UASC have a primary need of 'Absent parenting' - 7% were in need due to abuse or neglect and 4% due to the family being in acute stress (Department for Education 2024).

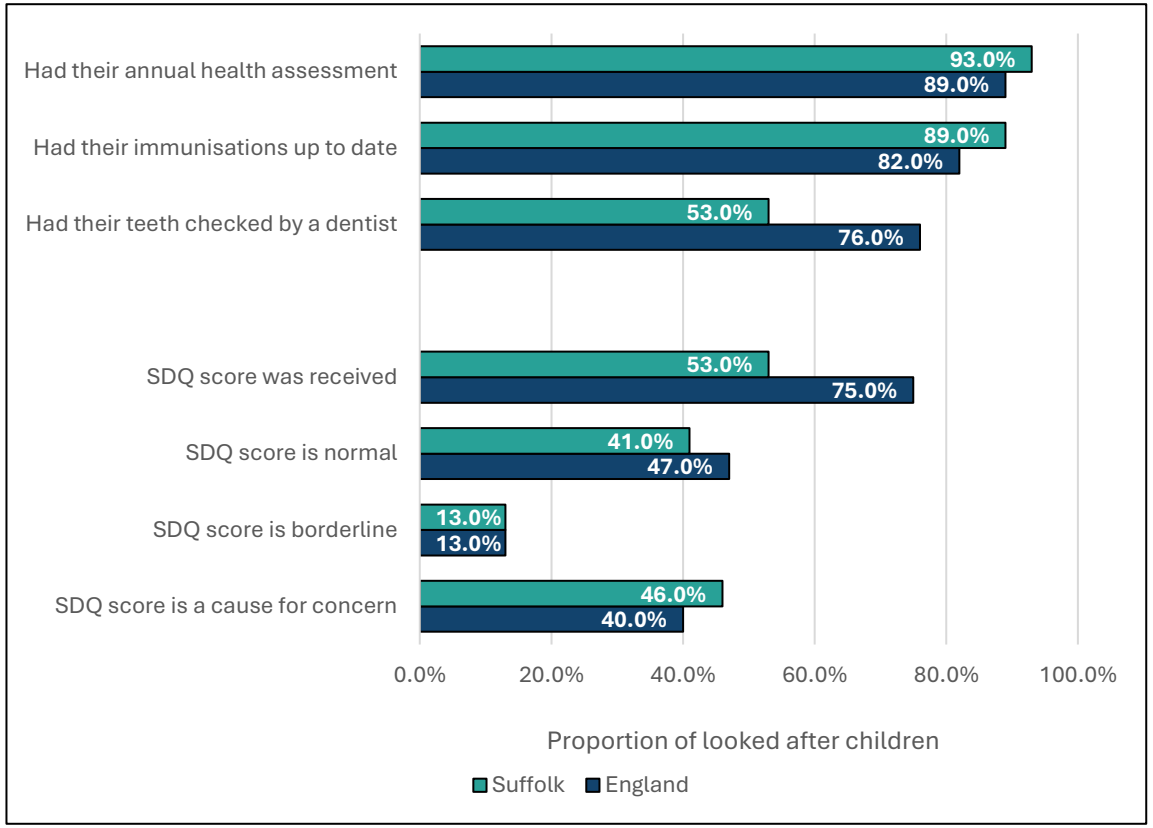
Because of their experiences both before and during care, looked-after children are at much greater risk of poor mental health than their peers. Research suggests that around 45% of looked-after children have a diagnosable mental health disorder, and up to 70%-80% have recognisable mental health concerns (Mentally Healthy Schools).

Outcomes for children in need, including children looked after by local authorities in England vary significantly. For instance, 17.1% of all children on the 31st of March 2023 had a special educational need (SEN), compared to 52.7% of Suffolk's children in need, 55.7% of Suffolk's children looked after, and 40.2% of Suffolk's

children on a child protection plan having special educational need (SEN) (Department for Education 2024). The percentage of persistent absentees for the overall pupil population in England was 21.5% across 2022/23, but was 53.8% for Suffolk's children in need and 56.4% for Suffolk's children on a child protection plan (Department for Education 2024). Educational attainment scores for children in need are also statistically significantly lower when compared to children who have not been in care (Office for Health Improvement and Disparities 2023).

Section 22(3) of the Children Act 1989 establishes the general duty of the local authority who looks after a child to safeguard and promote the child's welfare. This duty underpins all local authority activity involving looked after children. This is referred to as "corporate parenting". In simple terms, 'corporate parenting' relates to the council's, elected members', employees', and partner agencies' collective responsibility for providing the best possible care and safeguarding for the children under the council's care. As a result, local authorities should ensure children looked after access regular health check-ups. In Suffolk, 93.0% (623) of looked after children had their health care checks in 2023, meaning 7.0% of looked after children did not receive their annual health care check. Just over half (53.0%) of looked after children in Suffolk in 2022/23 had their teeth checked by a dentist, below the England average of 76.0% (Department for Education 2024).

Figure 26. Proportion of children in care who received health checks and outcomes of health checks, Suffolk and England, 2023



Source: Department for Education (2024)

The Strengths and Difficulties Questionnaire (SDQ) is a behavioural screening questionnaire. Its primary purpose is to give social workers and health professionals information about a child's wellbeing. A score of 0 to 13 is considered normal, 14 to 16 is borderline, and 17 to 40 is a cause for concern. 53.0% (256) of looked after children in Suffolk between the ages of 5 to 16 had a SDQ score recorded in 2022/23, lower than the England average of 75.0%. 41% of the Suffolk look after children who received an SDQ score had 'normal' emotional and behavioural health, 13.0% had borderline scores and 46.0% had scores which were a cause for concern (Department for Education 2024).

Care leavers

The most vulnerable children, who need extra help from the state to safeguard their wellbeing, do not reliably get the support or access to the services that their needs demand. This results in poorer health outcomes, particularly for care leavers, despite the commitment of dedicated health and care professionals (NHS Long Term Plan 2019). Previously, this needs assessment has shown that 2 in 3 of Suffolk's children entering the care system in 2023 were because of abuse or neglect, leading to significant and lasting impacts on their mental health and emotional wellbeing. Care leavers are also more likely to be at risk of poor educational outcomes, unemployment, being homeless, drug and alcohol dependency, offending and mental health issues (House of Commons Library 2023).

Local authorities have a statutory requirement to provide care leavers with support to live independently until the age of 25. Local authorities provide information about children who were previously looked after, who turned 17 to 21 in the year. These were Children Looked After (CLA) for at least 13 weeks after their 14th birthday, including some time after their 16th birthday. The information provided relates to contact around their birthday in the year. Data was collected for the first time in 2023 on care leavers aged 22- to 25-years-old who had been in touch with their local authority and who had requested and received support.

In Suffolk in 2023, there were 627 care leavers aged 17 to 21. 89% (140) of those care leavers aged 17 to 18 and 86% (395) of those aged 19 to 21 were in suitable accommodation. The proportion of care leavers in education, employment and training (EET) was lower in Suffolk compared to the England average, with 57% of Suffolk's 17 to 18 year old care leavers in EET (compared to 66% across England) and 53% of 19 to 21 year olds in education, employment or training (66% across England) (Department for Education 2024).

Table 14. 17 to 21 year old care leavers activity for Suffolk and England, 2023

	Suffolk				England			
	Aged 17 to 18		Aged 19 to 21		Aged 17 to 18		Aged 19 to 21	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
Total in education, employment or training	90	57.0%	251	53.0%	8,790	66.0%	19,380	56.0%
Total not in education, employment or training	58	37.0%	186	40.0%	3,800	28.0%	13,060	38.0%
Total information not known	9	6.0%	33	7.0%	3,800	28.0%	2,210	6.0%

Source: Department for Education (2024)

Young carers

A young carer is someone aged 25 and under who cares for a friend or family member who, due to illness, disability, a mental health problem or an addiction, cannot cope without their support. Older young carers are also known as young adult carers, and they may have different support needs to younger carers. Young carers are already likely to have significantly lower educational attainment than their peers. Caring can also be an isolating experience but having the right support in place can give young carers an increased chance of succeeding in all parts of their lives (Carers Trust 2024).

Many young carers describe feeling tired and under pressure. Caring can place considerable physical demands on a child or young person which, when combined with a lack of sleep, can result in exhaustion. Many also experience other traumatic life changes such as bereavement, family break up, losing income or housing, and seeing the effects of an illness or addiction on the person they care for (Carers Trust 2014).

According to the 2021 census, 1,252 children aged 15 years and under were identified as providing any amount of unpaid care in Suffolk, equivalent to 1.0% of the entire 0-15 Suffolk population on census data in 2021. An additional 2,801 16 to 24 year olds provided any amount of unpaid care each week in Suffolk on census day 2021, equivalent to 4.1% of the entire 16 to 24 year old population in Suffolk. 291 children aged 0-15 and 1,189 young people (aged 16-24) in Suffolk regularly provided 20 hours or more of care a week at the last census (Office for National Statistics 2023).

The Carers Trust note that *"census data on unpaid carers provides a complex picture but what comes through loud and clear is that the proportion of unpaid carers providing 20 hours' care a week or more has increased noticeably. This resonates with what we are consistently hearing about many unpaid carers having to dedicate ever more time to caring for their sick and disabled relatives, not least due to increased pressures on the NHS and the collapse of social care services."*

Special Education Needs and disabilities (SEN)

Pupils with special educational needs (SEN) are currently classified as follows:

- **SEN support** means support that is additional to, or different from, the support generally made for other children of the same age in a school. It is provided for pupils who are identified as having a learning difficulty or a disability that requires extra or different help to that normally provided as part of the school's usual curriculum offer. A pupil on SEN support will not have an education, health and care plan.
- A local authority may issue an **Education, health and care (EHC)** plan for a pupil who needs more support than is available through SEN support. This will follow a statutory assessment process whereby the local authority considers the pupil's special educational needs and any relevant health and social care needs; sets out long term outcomes; and specifies provision which will deliver additional support to meet those needs.

In 2022/23, 13.0% (14,645) of all pupils in Suffolk required SEN support or SEN without an EHC plan. 4.1% (4,585) of all Suffolk pupils had an Education, Health and Care (EHC) plan. The proportion of children with SEN in Suffolk has increased from 9.9% in 2015/16 to 13.0% in 2022/23, shown in the below figures (Department for Education 2023). The proportion of Suffolk children with EHC plans has increased from 2.5% in 2015/16 to 4.1% in 2022/23. 17.1% of all Suffolk pupils (19,230) in 2022/23 either required SEN Support or an EHC plan.

Figure 27. Proportion of children receiving SEN support/SEN without an EHC plan (%), Suffolk and England, 2015/16 to 2022/23

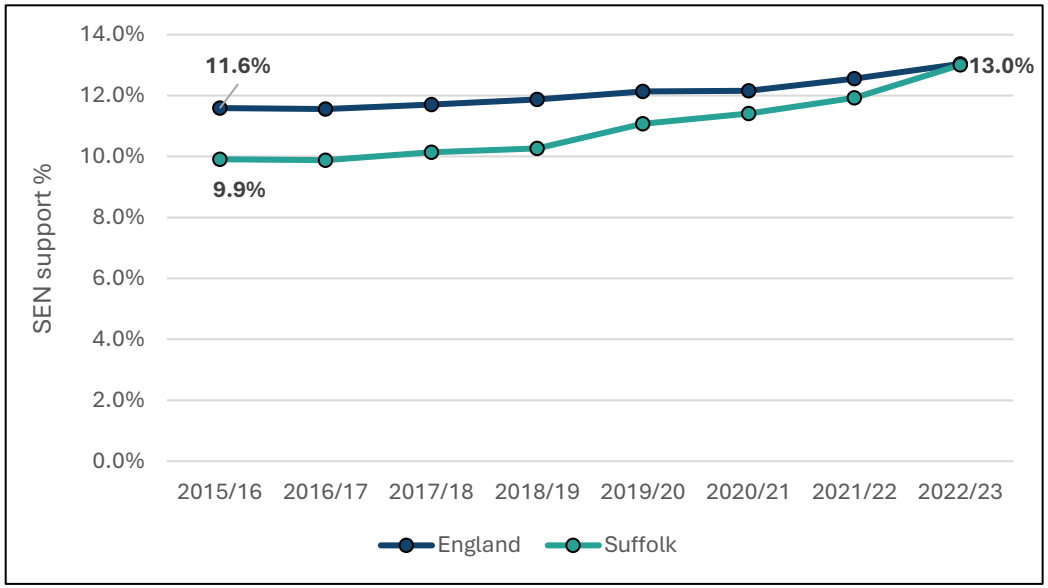
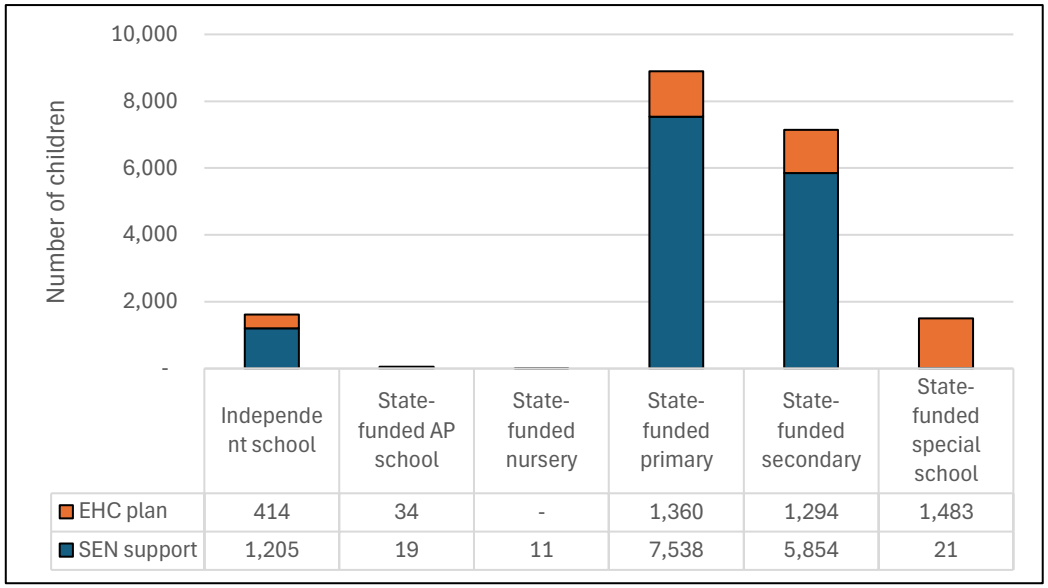


Figure 28. Number of children with identified SEN in Suffolk schools, by school phase and type, 2022/23



	Independent school	State-funded AP school	State-funded nursery	State-funded primary	State-funded secondary	State-funded special school
EHC plan	414	34	-	1,360	1,294	1,483
SEN support	1,205	19	11	7,538	5,854	21

Source: Department for Education (2024)

Primary and secondary type of need are recorded in the school census and are available for state-funded nursery, primary, secondary and special schools, non-maintained special schools and state-funded AP schools. Across England in 2023, the most common type of need among pupils with an EHC plan is autistic spectrum disorder (ASD) (almost 1 in 3 pupils with an EHC plan). The most common type of need among pupils with SEN support are speech, language and communication needs.

In Suffolk in 2023, Speech, Language and Communications needs (22.1% of all children with SEN) and Social, Emotional and Mental Health (19.9% of all children with SEN) were the most common primary types of need for children with SEN. For children with an EHC plan, over 1 in 4 (27.0%) in Suffolk had a primary type of need of Autism Spectrum Disorders. Further information is available on the figure 29.

In 2022/23, 93.8% of pupils in Suffolk with a primary need of Severe Learning Difficulty had an EHC plan, while 6.2% were receiving SEN Support. For pupils with a primary need of Profound and Multiple Learning Difficulty, 80.5% had an EHC plan.

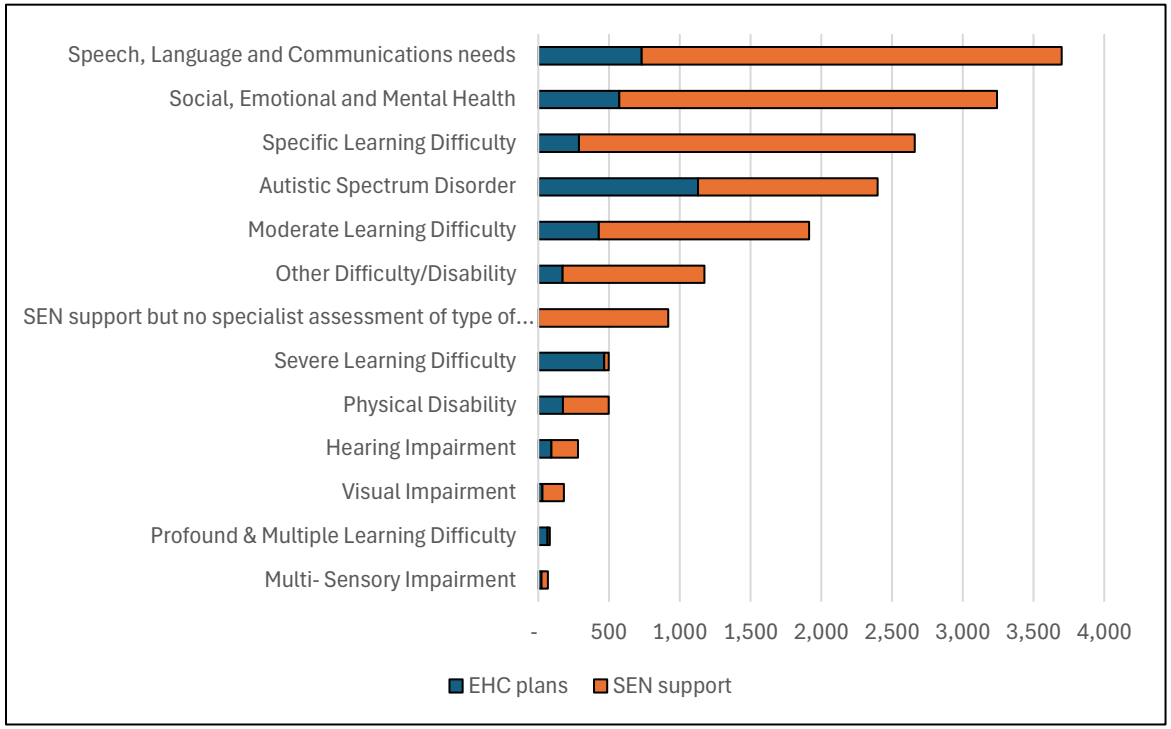
In contrast, pupils with a primary need of Specific Learning Difficulty (10.8%), Social, Emotional and Mental Health (17.6%), Speech, Language and Communications Needs (19.8%) and Other Difficulty/Disability (14.7%) had lower percentages with an EHC plan.

Sensory impairment categories also generally had a lower percentage of pupils with EHC plans in Suffolk in 2022/23 (Department for Education 2023).

The demographics of Suffolk's children with SEN in 2022/23 are as follows:

- Boys (62.7%/8,434) were more likely than girls (37.3%/5,009) to be receiving SEN support.
- SEN support is more prevalent in primary school age groups and decreases through secondary age groups.
- The proportion of Suffolk's children with an EHC Plan increases with age from 4.6% at age 5, to a high of 11.2% by age 11 (Department for Education 2023).

Figure 29. Number of children with SEN support or EHC plans in Suffolk schools by primary need type (2022/23)



Source: Department for Education (2024)

Includes state-funded nursery, primary, secondary and special schools, non-maintained special schools and state-funded alternative provision schools. Does not include independent schools.

So what? Summary of data

The below tables summarise the key points for Suffolk's children and young people at a district and borough level, already explored through this data which may require further analysis.

Suffolk	
Population	Suffolk's population profile has a lower proportion of children and young people for each age group compared to the England average. Population projections for Suffolk show that there will be a decrease in the number and proportion of 0-19s in the population between 2023 to 2043. The proportion of 0-19 year olds in Suffolk are expected to decrease by 3.3% from 2023 (169,482) to 163,842 in 2043. This is despite an estimated 6.5% increase in the total Suffolk population between 2023 (776,148) to 2043 (826,480).
Ethnicity and language	Suffolk's 0-19 population is significantly less diverse compared to the England average. 17.0% of Suffolk's 0-19 population were from a non-White British background in the 2021 census, compared to 33.1% in England. The largest minority ethnic group within Suffolk were children from Mixed or Multiple ethnic group backgrounds (5.7%). This is an increase when compared to the 2011 census, where 11.6% of the Suffolk 0-19 population were from a non-White British ethnic group. 12% (114) of Suffolk's children looked after in 2023 were unaccompanied asylum-seeking children. The ethnic minority population varies significantly across Suffolk, with Ipswich having a more ethnically diverse population (33.6% of 0-19 year olds in Ipswich are classified as an ethnicity other than White British.
Deprivation	In 2022/23, 15.4% of children aged 0 to 15 in Suffolk were classified as living in relative low income families, which was approximately 20,218 children. Over 1 in 5 children in Ipswich were living in relative low income families in 2022/23. This figure varies widely across Suffolk, ranging from 9.8% of children affected by income deprivation in Mid Suffolk, to 19.0% in Ipswich.
Child development at 2 – 2 ½ years	In 2021/22, 80.1% (5,584) of eligible 2 to 2 ½ year olds received a development review in Suffolk, statistically significantly higher than the England average (73.6%). 78.1% of Suffolk's 2 to 2 ½ year olds receiving the ASQ-3 were achieving a good level of development in all areas, statistically significantly lower than the England average of 79.2% in 2022/23. This figure has also statistically significantly decreased from a high of 90.9% in 2019/20. These children are likely to have been born during the Covid-19 pandemic, where mothers may have engaged with virtual services during this period of time.

Healthy weight	Suffolk has a statistically similar level of excess weight for 4-5 year olds (21.6%) compared to the England average (21.3%), although excess weight for 10-11 year olds in Suffolk (34.2%) is statistically significantly lower than the England average (36.6%) in 2022/23. There is however significant variation across Suffolk's districts and boroughs and at ward level.
Mental health	In 2022/23, there were 95 hospital admissions for children and young people aged under 18 within Suffolk for mental health conditions. The admissions rate for girls (83.0 per 100,000) is statistically significantly higher than the rate for boys (46.1 per 100,000) within Suffolk in 2022/23. The overall admission rate for Suffolk (64.1 per 100,000) is statistically significantly lower than the England average (80.8 per 100,000), however there has been no significant change to the trend in the last 5 years
Sexual health	In Suffolk in 2023, there were 581 cases of all chlamydia diagnoses in 15 to 24 year old females attending sexual health services (SHSs) and community-based settings. This provided a rate of 1,600 per 100,000 for Suffolk, which was statistically significantly below the detection rate recommended by the UKHSA. Suffolk also has a statistically significantly lower proportion of females aged between 15 to 24 screened for chlamydia (18.7%) compared to the England average (20.4%) in 2023, with the detection rate per 100,000 also statistically significantly below the England average, and getting worse over the last 5 years.
Adverse Childhood Events (ACEs) and Vulnerabilities	When compared to experiencing no childhood ACEs, adults who experienced four or more during childhood were much more likely to engage in risky behaviours such as excess drinking, smoking and drug use. Estimates from 2021 indicate 25,700 children and young people in Suffolk aged between 0 to 17 are living in households where either domestic violence and abuse, parental substance misuse or parental mental health issues are affecting an adult in the household. Modelled estimates also suggest 1,400 children and young people (aged 0-17) were living in households where all three issues were present.

3. Current service provision in Suffolk

This section looks at the current service provision for the Healthy Child Programme across Suffolk. The information within this section includes nationally published data and performance metrics.

The Healthy Child Programme (HCP)

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, which includes:

- preconception care
- promoting child development
- improving babies, children and young people's health outcomes
- ensuring that families at risk are identified at the earliest opportunity

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 required. Health visitors support families from the antenatal period up to school entry; the service can be delivered in several settings which may include families' own homes, local community or primary care settings. School nursing services work with children and young people (5 to 19), both in and out of school settings for example through digital and other virtual support.

As part of the health visiting services, universal services include:

- antenatal contact: health visitors offer support during pregnancy, particularly for vulnerable families
- New Birth Visit (NBV): health visitors make home visits within 10-14 days of birth to provide health checks and support
- 6-8 week visit: health check and support for mother and baby
- 1 year review: developmental review of the child
- 2-2 ½ year review: developmental review and health check, ensuring early identification of developmental issues (Office for Health Improvement and Disparities 2023)

The universal reach of the healthy child programme provides an invaluable opportunity from early in a 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 (Office for Health Improvement and Disparities 2023)

For ages 5 to 19, the Healthy Child Programme guidance covers maintained schools and academies, including child health surveillance, health promotion, health protection, health improvement and support outlined in the Healthy Child Programme 5 to 19, and includes the role of school nurses in:

- delivering against the 6 high impact areas for school-aged years
- supporting transition for school-aged children, for example transition between health visiting and school nursing, and into adult services
- supporting vulnerable children and those not in school, for example, children in care, young carers or young offenders
- supporting children who are home educated
- providing the support offered as part of the Supporting Families Programme refreshed health offer or local equivalent

- contributing to safeguarding (Office for Health Improvement and Disparities 2023)

The following five sections outline the mandatory components of the 0 to 5 health visiting services, including latest data (where available) on Suffolk's performance.

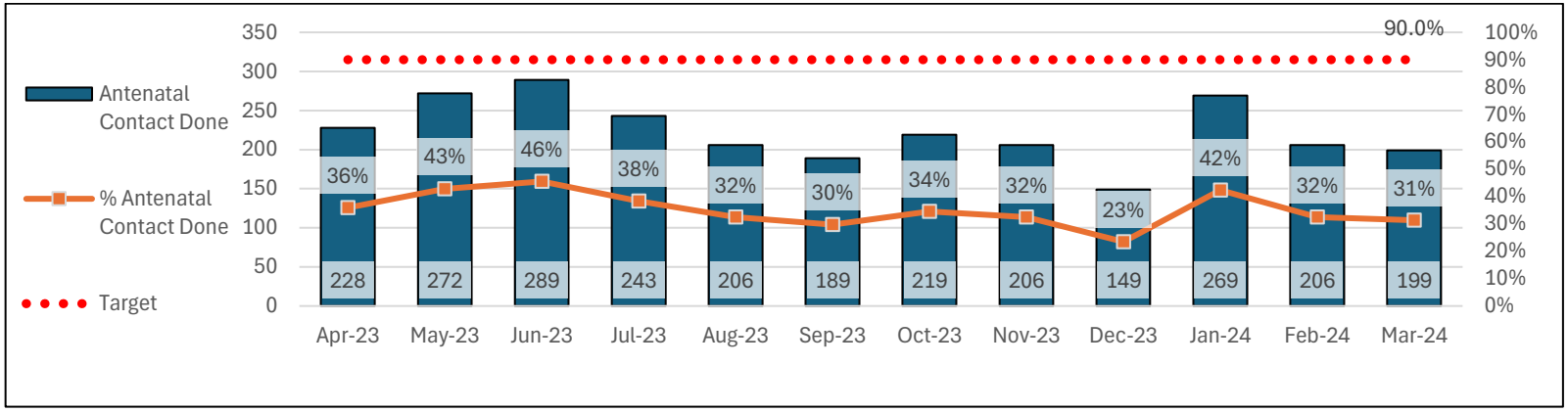
Antenatal visit (mandated)

From 28 weeks of pregnancy, contact is to be made by the health visiting service and an antenatal health promoting visit delivering comprehensive and holistic assessment of the expectant mother and father's needs, including:

- assessing the mental health and wellbeing of both parents
- supporting the transition into parenthood
- promoting health by providing information and advice
- Healthy Start vouchers – vouchers that help you to buy healthy foods and get free vitamins if you are pregnant or have a child under the age of 4 and claim certain benefits

For 2022/23 in Suffolk, there were 3,120 face-to-face antenatal contacts (Office for Health Improvement and Disparities 2023). More up to date internal data for this measure is available for Suffolk in March 2024, however this has not been statistically tested compared to England. This data indicates that for March 2024, 31.3% of antenatal contacts were completed.

Figure 30. Suffolk antenatal contacts completed, percentage completed and the target, April 2023 to March 2024



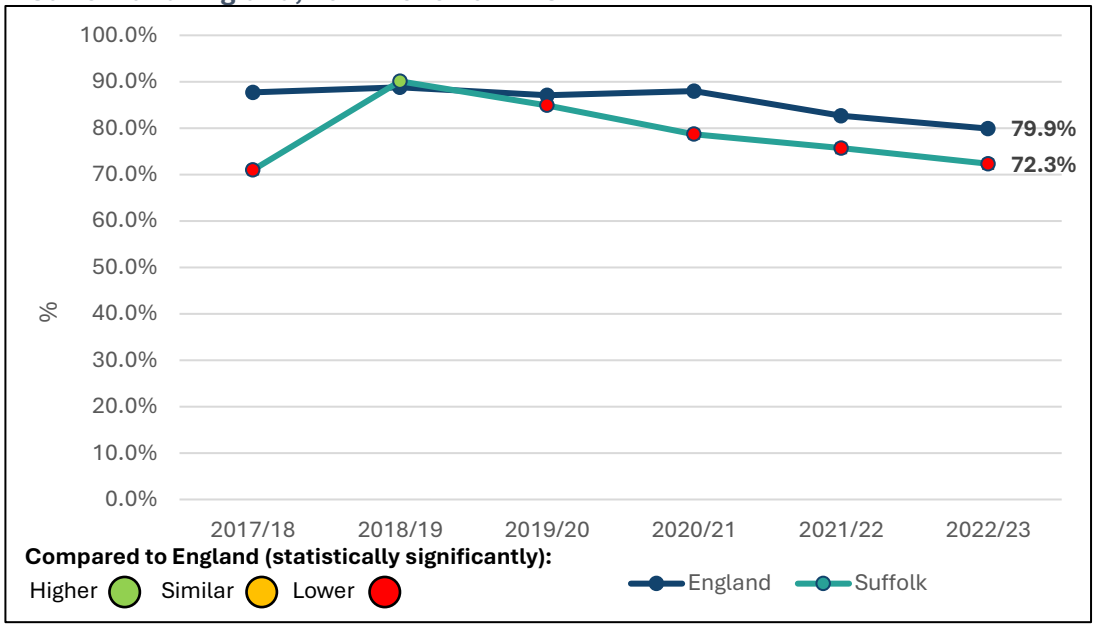
Source: Suffolk County Council Healthy Living Service - Q4 2023/24 Performance Monitoring

New birth visits (mandated)

All infants and their families are eligible to receive a visit led by a health visitor within the first two weeks from birth, which is known as the New Birth Visit (NBV). This visit forms part of the Healthy Child Programme (HCP) and is important to ensure a continuum of support following on from visits by a midwife, which usually end at day 10. This visit is also important in identifying any development issues with the infant (including early referral to a specialist team where needed), to promote sensitive parenting, to provide safe sleeping advice, to support feeding and to discuss concerns and worries, including maternal mental health.

New Birth Visits (NBVs) are important because they provide essential support for new parents and ensure the baby's health and development are on track. These visits, typically conducted by a health visitor within 10 to 14 days of birth, offer valuable advice on safe sleeping, vaccinations, feeding (both breastfeeding and bottle feeding), and the baby's development, while also helping parents adjust to their new role. This early intervention allows for timely identification of any potential health issues or support needs, setting the foundation for the baby's ongoing care and development.

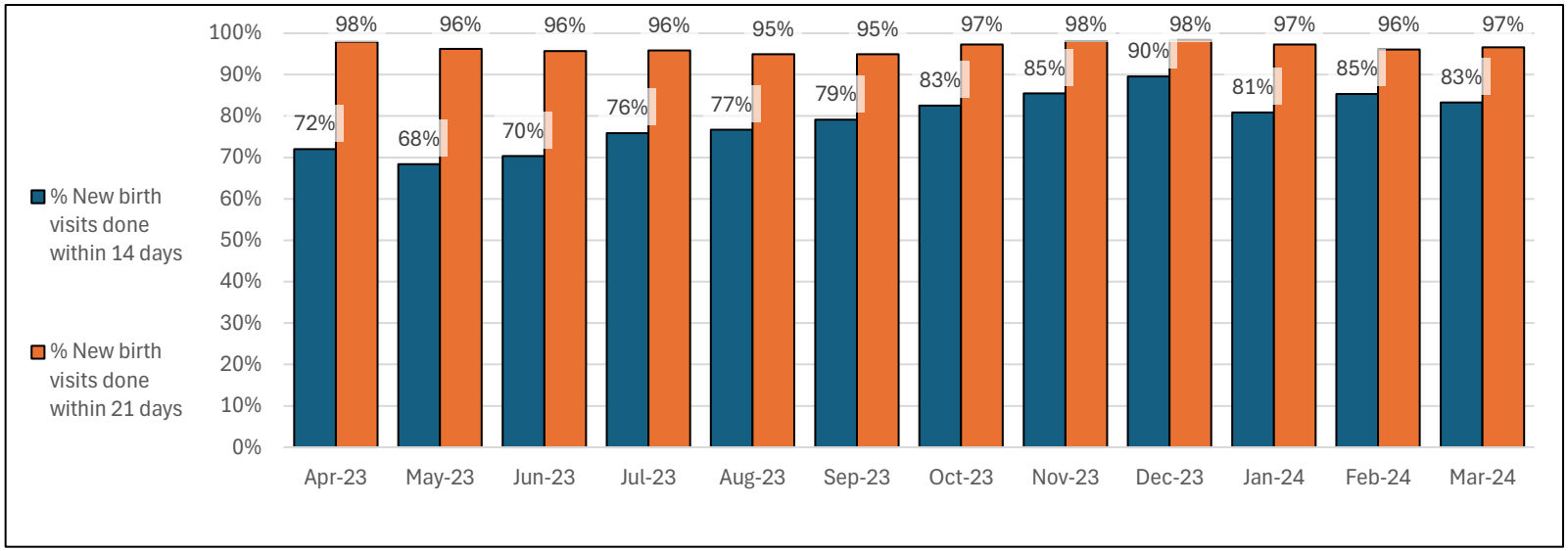
Figure 31. Proportion of New Birth Visits (NBVs) completed within 14 days, Suffolk and England, 2017/18 to 2022/23



Source: Office for Health Improvement and Disparities (2023)

In 2022/23, 72.3% of infants in Suffolk received a new birth visit (NBV) by a Health Visitor within 14 days (two weeks) of birth. The Suffolk figure is statistically significantly lower than the England average in 2022/23 (79.9%), accounting for 4,726 visits in total. Furthermore, the trend for NBVs being completed within Suffolk is decreasing and getting worse, with a statistically significant decrease from a high of 90.1% in 2018/19, decreasing to 72.3% in 2022/23 (Office for Health Improvement and Disparities 2023). Using internal data, between April 2023 to March 2024, 6,163 NBVs were due, with 4,870 (79.0%) completed by 14 days, and a further 1,084 completed by 21 days (96.6%). Furthermore, while the majority of infants receive their New Birth Visit in Suffolk within 14 days, there are some challenges. The most common reason for delays is logistical issues, accounting for 9.6% of cases in 2023-24, down from 13.2% the previous year. Patient-related delays and unknown factors also contribute to missed timelines, though these have decreased slightly. These delayed NBVs, particularly those beyond 21 days, could potentially lead to postponed interventions, making it more challenging to address emerging health issues or support needs in infants and new parents. Despite these challenges, the number of declined NBVs remains low, with only 7 recorded in 2023-24. (Suffolk County Council 2024).

Figure 32. Percentage of Suffolk New Birth Visits (NBVs) completed within 14 days, and percentage completed within 21 days, April 2023 to March 2024



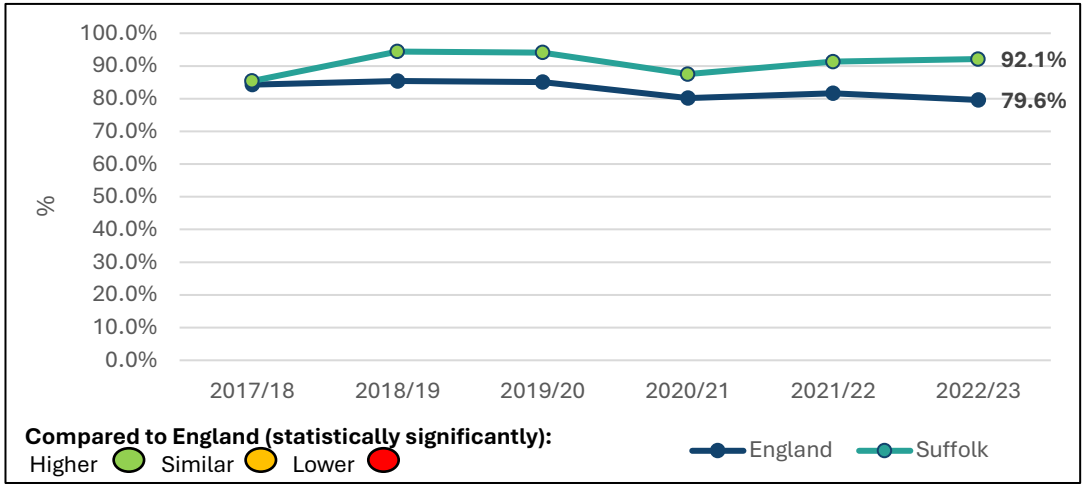
Source: Suffolk County Council Healthy Living Service - Q4 2023/24 Performance Monitoring

The latest data for Suffolk in May 2024 had the average time for a new birth visit completion at 13.1 days. Most recent internal data for this measure is available (but has not been statistically tested compared to England). This data indicates that for March 2024, 83.3% of New Birth Visits were completed within 14 days, and 96.6% were completed within 21 days (Suffolk County Council Healthy Living Service - Q4 2023/24 Performance Monitoring 2024).

6-8 week reviews (mandated)

The 6 to 8 week review provides an opportunity for breastfeeding support if needed, and assesses the mother's mental health. It also reinforces the information shared during the new birth visit. This review ensures that the mother has had her six-week postnatal check, and the infant has undergone the physical examination. Additionally, it serves as a reminder about the importance of early vaccinations. Any issues the mother has encountered in accessing entitled benefits can also be discussed, with support offered as needed. More information on breastfeeding prevalence at 6-8 weeks is available from the breastfeeding section.

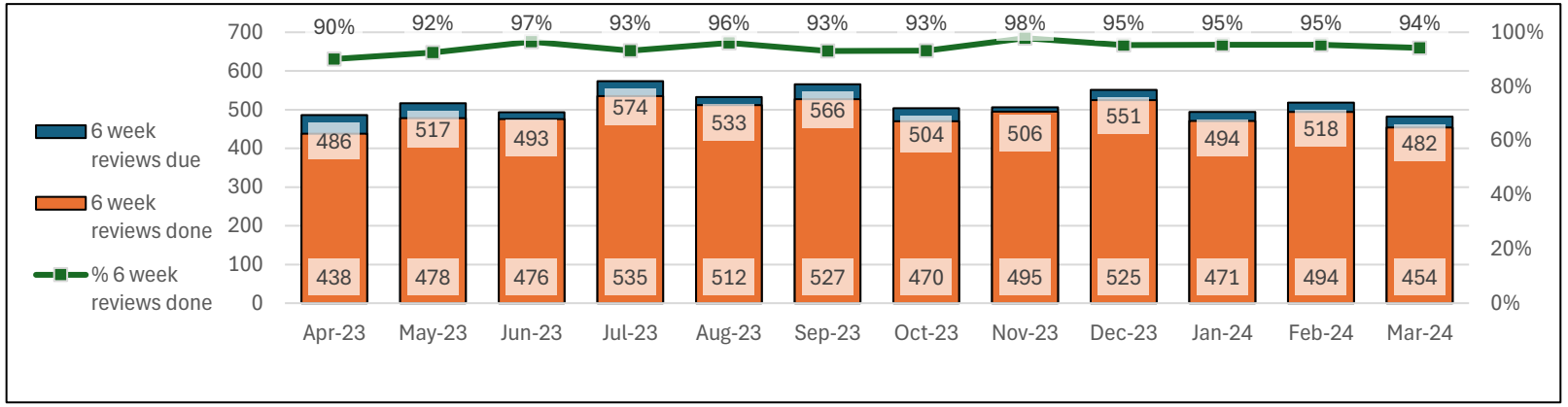
Figure 33. Proportion of infants receiving a 6 to 8 week review, Suffolk and England, 2017/18 to 2022/23



Source: Office for Health Improvement and Disparities (2023)

In 2022/23, 6,125 6-8 week reviews were completed for babies in Suffolk, with 92.1% of babies receiving their 6-8 week review before they were 8 weeks old. This figure is statistically significantly higher than the England average of 79.6%. Suffolk has historically had a statistically significantly higher proportion of 6-8 week reviews completed compared to the England average since 2017/18 (Office for Health Improvement and Disparities 2023). Latest internal data for this measure is available (but has not been statistically tested compared to England). This data indicates that for March 2024, 94.2% of 6 to 8 week reviews were completed (Suffolk County Council Healthy Living Service - Q4 2023/24 Performance Monitoring 2024).

Figure 34. Number and percentage of Suffolk 6 to 8 week reviews due and completed, April 2023 to March 2024

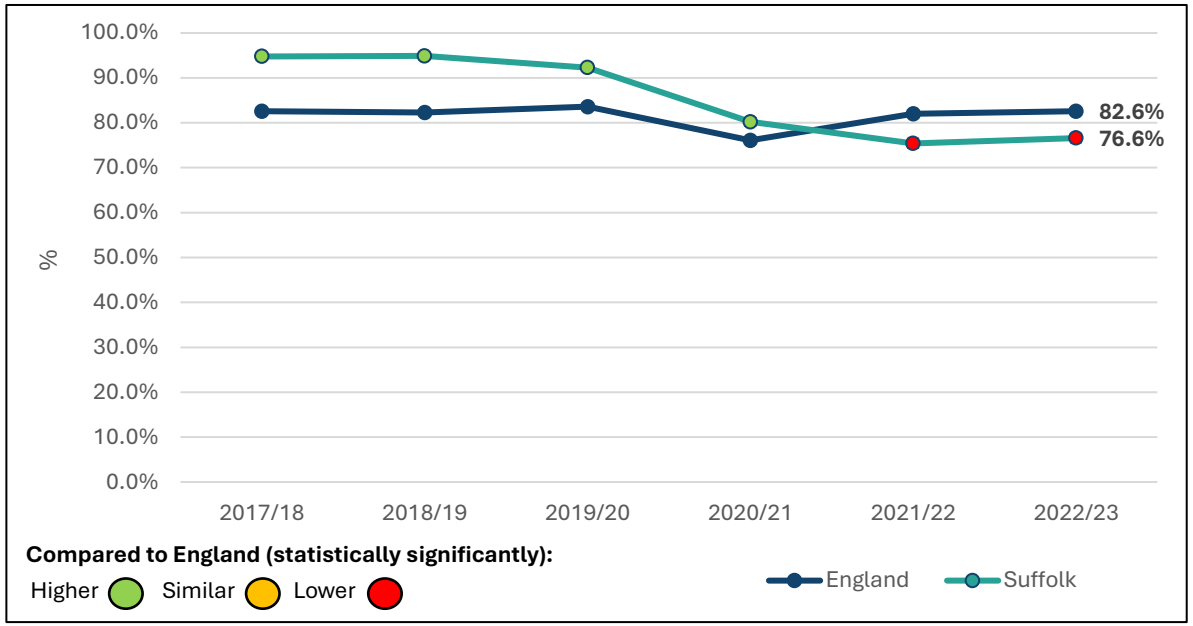


Source: Suffolk County Council Healthy Living Service - Q4 2023/24 Performance Monitoring

12-month review (mandated)

Every child should have an evaluation by a health visitor-led team just before their first birthday. This enables an assessment of the infant's physical, emotional, and social needs within the family context, including potential risk factors. It also provides an opportunity for parents to discuss any concerns about their baby's health and reinforces the importance of vaccinations around the one-year mark. Additionally, this review helps monitor the baby's growth and covers topics such as weaning, oral health, and home safety (especially as the baby becomes more mobile, sitting up, rolling over, and possibly beginning to walk). It also offers a chance to talk about preconception health for future pregnancies. Conducting this review between 9 and 12 months allows for early identification of any issues and timely referrals. It is understood that these reviews may occasionally be delayed for various reasons, but their content remains valuable. This metric indicates the percentage of children who receive their 12-month review on time or within a slight delay (by 15 months).

Figure 35. Proportion of children receiving a 12-month review, Suffolk and England, 2017/18 to 2022/23

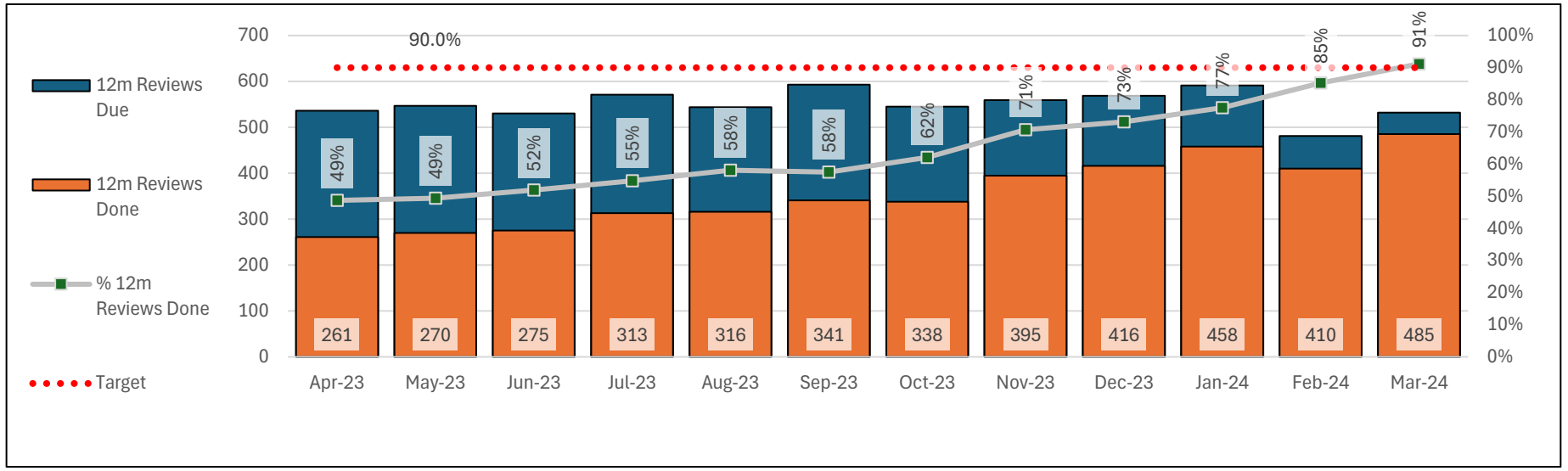


Source: Office for Health Improvement and Disparities (2023)

In 2022/23, Health Visiting Services completed 5,314 12-month reviews for children in Suffolk. 2,568 of these reviews were completed by 12 months, with the remaining reviews completed during 2022/23 completed before the child turned 15 months old. This means that approximately 1,624 children turning 15 months old in Suffolk did not receive their 12-month review in 2022/23. The Suffolk proportion of children receiving a 12-month review in 2022/23 (76.6%) was statistically significantly lower compared to the England average (82.6%) during the same year. Between 2017/18 to 2020/21, Suffolk had a statistically significantly higher proportion of children receiving 12-month reviews compared to the England average (Office for Health Improvement and Disparities 2023).

More up to date internal data for this measure is available (but has not been statistically tested compared to the England average). This indicates that for Suffolk as of March 2024, 91.2% of 12-month reviews were completed (Suffolk Healthy Child Service Report 2024). This demonstrates the work the service has been undertaking to address the backlog, potentially through targeted efforts to catch up on delayed reviews. However, this delay in completing reviews may still impact early identification of developmental issues and timely interventions for some children.

Figure 36. Number and percentage of Suffolk 12 month reviews due, completed, and the target, April 2023 to March 2024



Source: Suffolk County Council Healthy Living Service - Q4 2023/24 Performance

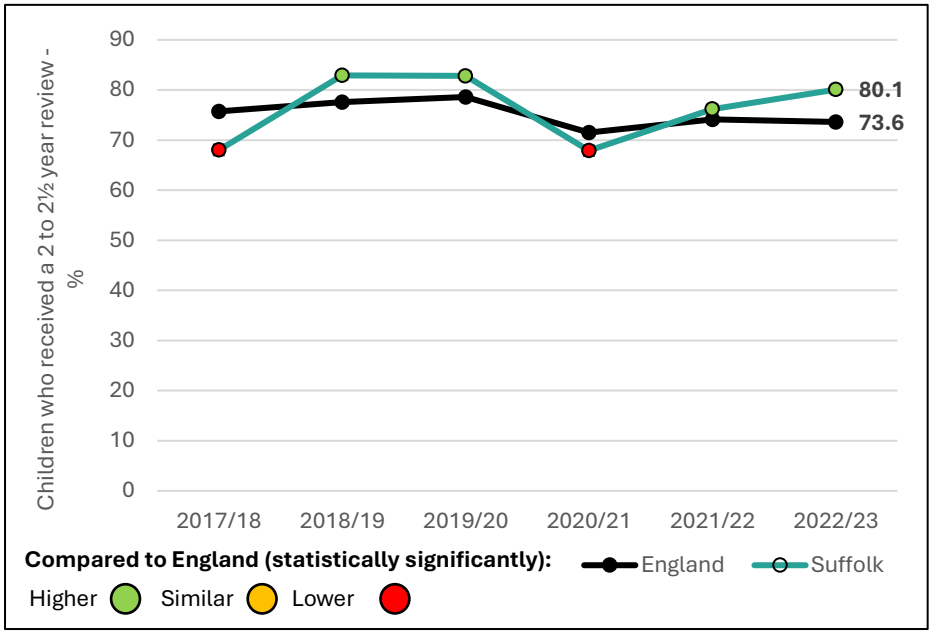
Child development at 2 to 2 ½ years (mandated)

All children and families should receive a review when the child reaches around 2 to 2½ years. This allows for an integrated review of their health and development. In addition, it presents an opportunity to discuss preconception health with parents before any future pregnancy, and an opportunity to support the parents with issues such as access to a nursery place (including free provision), and a reminder of the importance of the pre-school immunisation booster (NHS 2023).

The Ages and Stages Questionnaire-3 (ASQ-3) covers five domains of child development and captures child development across England in: communication, gross motor skills, fine motor skills, problem solving and personal-social development. Health visiting teams should have been using ASQ-3 as part of the Healthy Child Programme two year reviews from April 2015 (Office for Health Inequalities and Disparities 2023).

The rate of children receiving a review at 2 to 2 ½ years in Suffolk is statistically significantly higher than the England average (73.6%) in 2022/23, and is statistically significantly higher than the Suffolk rate of 68.0% in 2017/18 (Office for Health Improvement and Disparities 2023).

Figure 37. Proportion of children who received a 2 to 2½ year review, Suffolk and England, 2017/18 to 2022/23



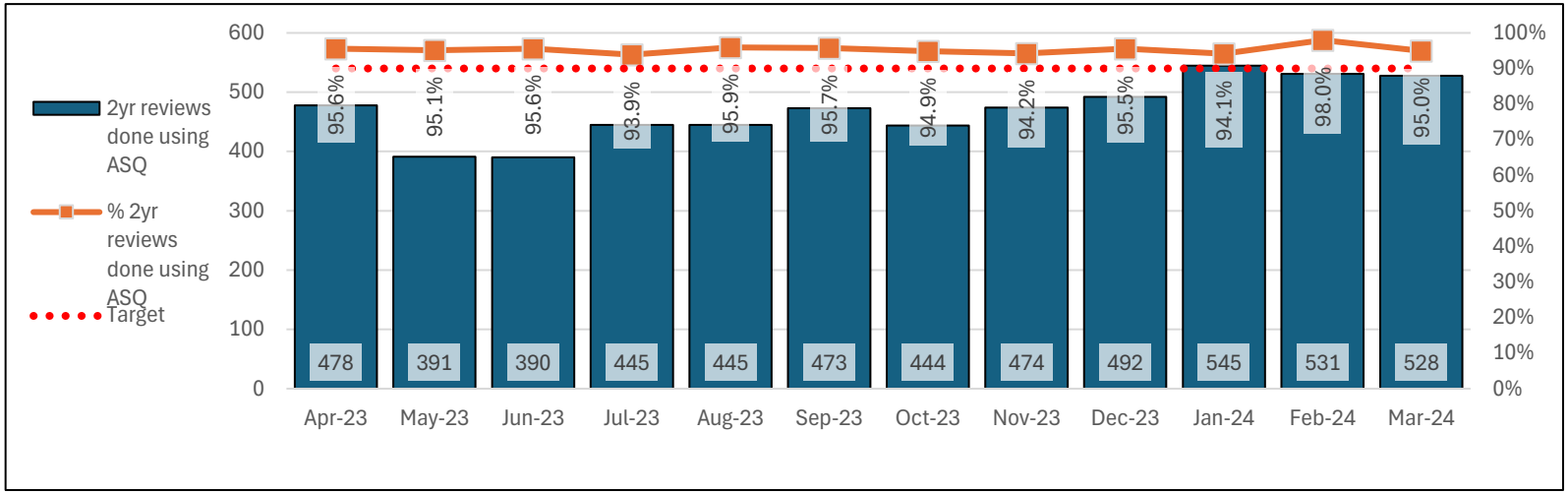
Source: Office for Health Improvement and Disparities (2023)

The rate of Suffolk children receiving the ASQ-3 in 2022/23 (96.0%) is also statistically significantly higher than the England average (92.5%) and has been statistically significantly higher than the England average each year since 2015/16. However, the proportion of Suffolk children receiving the ASQ-3 as part of the Healthy Child Programme has statistically significantly decreased from a peak of 98.5% in 2018/19 (Office for Health Improvement and Disparities 2023).

Over 3 in 4 (78.1%) of Suffolk's 2 to 2 ½ year olds receiving the ASQ-3 were achieving a good level of development in all areas, statistically significantly lower than the England average of 79.2% in 2022/23. This figure has also statistically significantly decreased from a high of 90.9% in 2019/20. While fewer of Suffolk's 2 to 2 ½ year olds are achieving a good level of development compared to the England average, they have higher rates of expected level of development compared to the England average for communication skills (91.4% compared to 85.3%), gross motor skills (97.5% compared to 92.8%), fine motor skills (95.4% compared to 92.6%) and problem-solving skills (95.6% compared to 91.8%). However, Suffolk's 2 to 2 ½ year olds have a statistically significantly lower proportion of expected development in personal social skills (84.7% compared to 90.3%) (Office for Health Improvement and Disparities 2023).

Using the latest interal data for Suffolk (which has not been statistically tested against the England average) for Q1 2023/24, 79.6% of 2 year reviews were completed, with 95.5% using the ASQ-3 (Suffolk Healthy Child Service Report 2024).

Figure 38. Number and percentage of Suffolk 2 year reviews completed using ASQ-3 and target, April 2023 to March 2024



Source: Suffolk County Council Healthy Living Service - Q4 2023/24 Performance

Figure 39. Summary of child development indicators (age 2 to 2 ½ years), Suffolk and England, 2022/23

Better 95% Similar Worse 95% Increasing & getting better Decreasing & getting worse

Benchmark Value: Worst | 25th Percentile | 75th Percentile | Best

Indicator	Period	Suffolk			England			
		Recent Trend	Count	Value	Value	Worst	Range	Best
Child development: percentage of children achieving a good level of development at 2 to 2 and a half years (Persons, 2-2.5 yrs)	2022/23	↓	4,188	78.1%	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 (Persons, 2-2.5 yrs)	2022/23	↓	4,900	91.4%	85.3%*	12.0%		95.9%
Child development: percentage of children achieving the expected level in gross motor skills at 2 to 2½ years (Persons, 2-2.5 yrs)	2022/23	↑	5,226	97.5%	92.8%*	13.3%		98.8%
Child development: percentage of children achieving the expected level in fine motor skills at 2 to 2½ years (Persons, 2-2.5 yrs)	2022/23	↓	5,115	95.4%	92.6%*	13.8%		99.1%
Child development: percentage of children achieving the expected level in problem solving skills at 2 to 2½ years (Persons, 2-2.5 yrs)	2022/23	↓	5,125	95.6%	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 (Persons, 2-2.5 yrs)	2022/23	↓	4,539	84.7%	90.3%*	13.7%		97.2%

Source: Office for Health Improvement and Disparities (2023)

Healthy Start

The Healthy Start scheme provides support to low-income families in England, Wales and Northern Ireland to help them buy healthy foods and vitamins for children under 4 and pregnant women. Eligible families receive weekly payments that can be used to purchase items like fresh, frozen or tinned fruit and vegetables, fresh/dried/tinned pulses, milk, and infant formula. The scheme also provides free vitamins.

In July 2024, the Department of Health and Social Care extended eligibility for Healthy Start to include certain families who previously could not access the scheme due to immigration status. Specifically, the extension covers British children under 4 years old whose parent or guardian:

1. Is subject to a "no recourse to public funds" (NRPF) condition or does not have immigration status
2. Has a family take-home pay of £408 or less per month

This extension aims to support vulnerable families who were previously excluded from the scheme. Eligible families under this extension receive the same weekly payments as other Healthy Start recipients - £4.25 per week for children aged 1-4, and £8.50 per week for children under 1. They also receive free children's vitamins by post.

To apply under the extended eligibility criteria, families must provide evidence of their immigration status, proof that their child is a British citizen under 4 years old, and documentation of their income. Applications are made by email to a dedicated team at the Department of Health and Social Care.

It's worth noting that this extension does not include pregnant women, unlike the main Healthy Start scheme.

Concurrent with this extension, the government has opened a public consultation on whether Healthy Start eligibility should be further expanded to include other groups prevented from accessing public funds due to immigration controls. This consultation, which closes on October 23, 2024, seeks views from those affected by NRPF conditions, professionals working in relevant fields, and the general public.

This recent extension and ongoing consultation reflect efforts to make the Healthy Start scheme more inclusive and support nutrition for vulnerable children, regardless of their parents' immigration status. However, the outcomes of the consultation may lead to further changes in eligibility criteria in the future (Department of Health and Social Care 2024).

Recent qualitative research highlights the importance of the Healthy Start scheme, describing it as 'a lifeline for families'. However, the study also identifies that many eligible families are missing out on the benefits. The researchers suggest that simply raising awareness about the scheme may not be sufficient to increase uptake. The researchers recommend several actions to improve participation, including providing hands-on support for families during the application process, reframing the scheme as a child's right to food and development, and improving coordination and accountability at both national and local levels. These findings underscore the need for continued efforts to maximise the reach and effectiveness of the Healthy Start scheme in Suffolk and across England (Barrett et al. 2023).

In Suffolk, the scheme's digital participation data from August 2023 to July 2024 offers valuable insights into the local uptake and distribution of this support. The figures represent individual beneficiaries rather than households, meaning a single household might account for multiple participants.

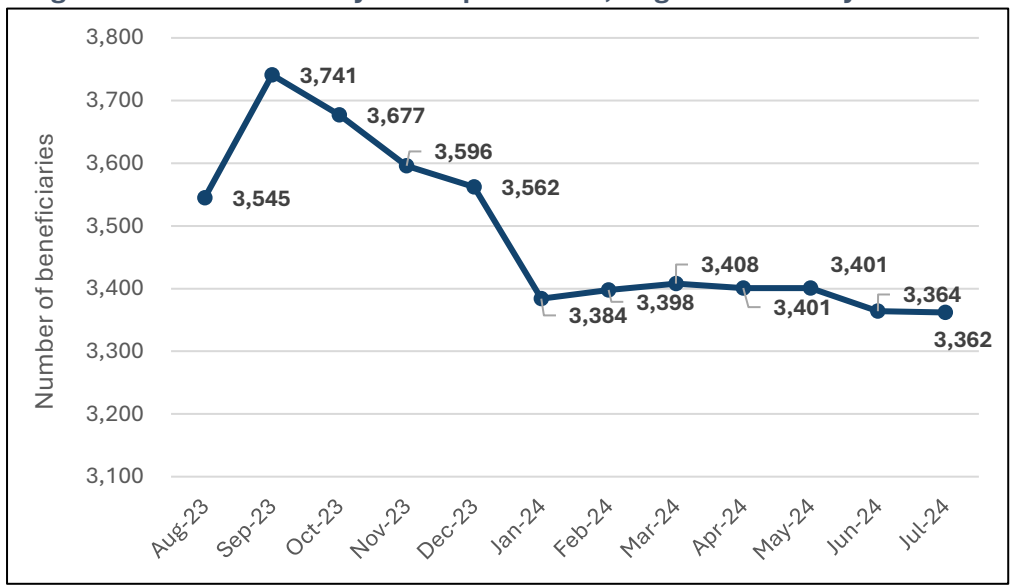
As of July 2024, 3,362 individuals in Suffolk were enrolled in the digital scheme. This represents a slight decrease from 3,545 participants in August 2023. The distribution across Suffolk's districts reveals varying levels of participation. East Suffolk consistently maintained the highest number of beneficiaries, with 1,112 participants in July 2024. Ipswich followed with 906 participants, while West Suffolk had 679. Babergh and Mid Suffolk recorded 339 and 326 participants respectively. Notably, Ipswich experienced significant fluctuations in participation over the observed period. It peaked at 1,223 beneficiaries in September 2023 before declining to 906 by July 2024. In contrast, other districts maintained relatively stable participation rates with only minor fluctuations (NHS England 2024).

Table 15. Suffolk Healthy Start uptake data by district and borough, August 2023 – July 2024

	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
Babergh	341	348	361	349	342	342	350	335	340	334	336	339
East Suffolk	1,130	1,125	1,116	1,113	1,096	1,104	1,110	1,123	1,122	1,131	1,120	1,112
Ipswich	1,046	1,223	1,179	1,114	1,109	928	919	917	906	913	903	906
Mid Suffolk	338	345	338	331	327	330	330	334	329	322	327	326
West Suffolk	690	700	683	689	688	680	689	699	704	701	678	679

Source: NHS England (2024)

Figure 40. Suffolk Healthy Start uptake data, August 2023 – July 2024



Source: NHS England (2024)

Health Visiting caseloads

Local authorities receive information about Health Visiting activity from their providers. These are not national metrics and are therefore supplied differently, depending on the commissioning arrangements put in place locally. Information is shown below for Suffolk's Health Visiting service.

Table 16. Suffolk Health Visiting caseloads April 2023 to March 2024

	Suffolk
Health Visiting caseload (total)	32,055
Average caseload per Health Visitor (1 FTE)	633
Full Establishment FTE	78.2
Average FTE over 12-month period	50.7

Source: Suffolk County Council (2024)

Suffolk provides information about the number of children on the Health Visiting caseload and the average caseload per Health Visitor. In the 12-month period for April 2023 to March 2024, there were 32,055 children on the Health Visiting caseload in Suffolk. Table 15 and table 17 provide a detailed breakdown of Suffolk's health visiting caseloads. It is important to note that the total caseload figure of 32,055 represents all children aged 0-5 years who are registered with the Health Visiting service in Suffolk. This number includes children across all levels of the Health Visiting service, from universal to more intensive support. To provide more context:

- Universal: This includes all children who receive only the mandated contacts as part of the Healthy Child Programme. These children typically require minimal intervention beyond routine health and development checks
- Universal Plus (UP): This category includes children who need a slightly higher level of support. They may receive additional visits or interventions for specific, time-limited issues
- Universal Partnership Plus (UPP): This represents children and families with the highest level of need, requiring more intensive and ongoing support from Health Visitors, often in collaboration with other services

The full establishment FTE is 78.2, however the average FTE over the previous 12 months was 50.7, with an average caseload per FTE over 633. The highest average caseload over a 12 month period in Suffolk was in North and East Ipswich (3,757) followed by Forest Heath (2,945) and West Ipswich (2,707). The lowest average caseload is in High Suffolk (Hartismere) with 928 cases.

The average caseload of 633 children per full-time equivalent Health Visitor encompasses all these categories which is different from the active caseload each month, with the highest in North and East Ipswich (1,634) and the lowest in South Ipswich (365). The time and resources required for each child can vary significantly depending on their level of need. Children in the Universal Plus and Universal Partnership Plus categories typically require more frequent visits and more intensive support, which may impact the overall workload of Health Visitors beyond what the data suggests.

The Institute of Health Visiting recommended an average ratio of 250 children, per FTE health visitor. Their 2023 State of Health Visiting report notes that only 6% of surveyed health visitors in England reported they have the recommended average ratio (compared to 69% in Scotland). Nationally, around 30% of Health Visitors

reported having a similar caseload to Suffolk, a higher percentage (36%) reported having a caseload of between 251-500 children under 5 years of age. More detail is provided in the table below.

Table 17. Ratio of children 0-5 per full time equivalent health visitor

Ratio of children 0-5 per full time equivalent health visitor	England	Scotland
250 and under	6%	69%
251-500	36%	28%
501-750	30%	1%
751-1000	17%	0%
More than 1000	11%	1%
This information is not known to me	26%	9%

Source: Institute of Health Visiting (2023)

Table 18. Health visitor caseload and average over the previous 12 months, July 2024

Health visiting team area	Measure	Average Caseload / 12 Month Period	Full Establishment FTE	Average FTE / 12 Month Period	Average FTE/Ave Caseload per month
Bury St Edmunds	HV Caseload	2,190	4.59	1.5	1,416
Felixstowe	HV Caseload	1,259	3.00	1.7	744
Forest Heath	HV Caseload	2,945	6.50	4.1	723
Framlingham and Leiston	HV Caseload	1,211	2.55	2.0	620
Haverhill	HV Caseload	1,816	5.20	3.0	606
High Suffolk (Hartismere)	HV Caseload	928	2.61	2.1	440
North and East Ipswich	HV Caseload	3,757	9.50	2.3	1,634
North Lowestoft	HV Caseload	1,625	5.40	2.2	726
South Ipswich	HV Caseload	1,995	5.85	5.5	365
South Lowestoft	HV Caseload	1,328	3.80	3.2	421
South Suffolk (Hadleigh)	HV Caseload	1,383	3.00	2.9	469
Stowmarket	HV Caseload	2,172	4.20	3.9	555
Sudbury	HV Caseload	2,083	4.70	3.9	535
Thurston	HV Caseload	1,623	3.40	1.5	1,101
Waveney	HV Caseload	1,539	3.70	3.2	481
West Ipswich	HV Caseload	2,707	6.65	5.4	499
Woodbridge and Kesgrave	HV Caseload	1,881	3.50	2.3	828
Suffolk	HV Caseload	**32,055**	**78.2**	**50.7**	**633**

Source: Suffolk County Council Children and Young People's Service

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:

- focusing on the 6 early years high impact areas
- 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

The Family Nurse Partnership in Suffolk is a voluntary home visiting service aimed at first-time mothers aged 21 and under. It provides support from specially trained family nurses, starting during pregnancy and continuing until the child turns two. The programme is designed to enhance parent-child attachment, breastfeeding, immunisation, child development, and school readiness. It also focuses on improving young parents' self-confidence, mental health, and overall well-being.

Family nurses visit regularly, initially weekly and then fortnightly, providing continuous support. They help young parents make positive lifestyle choices, set goals, and address issues like housing and smoking cessation. The service replaces the work of a health visitor during the programme, ensuring tailored care through joint visits once the programme ends (Suffolk County Council 2024).

FNP contributes to the Public Health Outcomes Framework (PHOF) for England update 2021 which focuses on:

- increased healthy life expectancy
- reduced differences in life expectancy
- healthy life expectancy between communities

FNP specifically contributes to 6 early years high impact areas of the Healthy Child Programme for 0-19 year olds:

- 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' (Office for Health Improvement and Disparities 2023)

Eligibility criteria for the Family Nurse Partnership programme include:

- all first-time pregnant clients up to 28 weeks (and 6 days) gestation
- all first-time pregnant clients under 16 years old (at last menstrual period)
- all first-time pregnant clients who are in the care system as looked after child (LAC), on a child protection plan (CPP), child in need (CIN), or who have ever been in care
- living in the agreed commissioned area
- eligible if previous pregnancy ended in stillbirth, miscarriage or termination
- eligible if previous pregnancy resulted in removal at birth (parent did not have an opportunity to parent)
- clients who are aged 20 to 24 (at last menstrual period) with 2 or more additional vulnerabilities

Additional vulnerabilities include factors such as a history of abuse, mental ill-health, low educational attainment, substance use, domestic abuse, family dysfunction or chaotic home environment, and any other vulnerabilities not covered that represent risk or are a high priority in the local system (Office for Health Improvement and Disparities 2023).

In Suffolk in 2021, there were 8,658 conceptions, leading to a rate of 68.1 conceptions per 1,000 women. For all women in Suffolk, just over 1 in 5 conceptions led to abortions, below the national average of 26.5%. There were also 21 conceptions for young women under the age of 16 in Suffolk in 2021. Almost half of the under 16 conceptions in Suffolk in 2021 (47.5%) lead to abortions, lower than the national average of 60.0%.

Across Suffolk, Ipswich (20.1 per 1,000) had a statistically significantly higher under 18s conceptions rate compared to the England average (13.1 per 1,000). Babergh has a statistically significantly lower under 18s conception rate per 1,000 (6.8 per 1,000). East Suffolk, Mid Suffolk and West Suffolk all had statistically similar under 18s conception rates to the England average. For under 18s conceptions leading to abortion – Suffolk had a statistically lower (44.0%) rate compared to the England average (53.4%). While Ipswich has a higher under 18s conceptions rate, Ipswich also has a statistically lower rate for under 18s conceptions leading to abortion (30.6%) (Office for Health Improvement and Disparities 2024).

Table 19. Conceptions data for all ages and under 16s in Suffolk and England, 2021

	All conceptions			Conceptions at ages under 16		
	Number of conceptions in age-group	Conception rate per 1,000 women in age-group	% of conceptions leading to abortion in age-group	Number of conceptions in age-group	Conception rate per 1,000 women in age-group	% of conceptions leading to abortion in age-group
England	785,656	71.5	26.5%	2,053	2.1	60.0%
Suffolk	8,658	68.1	20.5%	21	1.7	47.6%

Source: Office for National Statistics (2023)

Table 20. Under 18s conception rates and under 18s conceptions leading to abortion rate for Suffolk, districts and boroughs, compared to England, 2021

Indicator	England	Suffolk	Babergh	East Suffolk	Ipswich	Mid Suffolk	West Suffolk
Under 18s conception rate /1,000	13.1	12.2	6.8	12.5	20.1	9.1	9.6
Under 18s conceptions leading to abortion (%)	53.4%	44.0%	54.5%	40.8%	30.6%	53.3%	65.4%

Compared to England (Statistically significantly): Better 95% | Similar | Worse 95% | Lower 95% | Higher 95%

Source: Office for National Statistics (2024)

From 15th of November 2022 to the 15th of November 2023, Suffolk FNP worked with 154 families, an increase on the previous year which saw 142 families. Compared with national data, Suffolk has younger parents joining the programme and parents who have numerous complexities in their lives.

58% of clients had at least one historic social care intervention, up from the previous 3 years (56.3%) and above the national rate (48.7%). Mental health features throughout the caseload – 83% of active clients report low to moderate or moderate to severe mental ill health.

The complexity of the presenting needs of those on the programme makes it difficult to identify which intervention(s) by which service caused the change in outcome. A recent review of the Suffolk FNP recommended that a more comprehensive evaluation of the Suffolk FNP Programme would be valuable.

Key findings from an analysis of mother and child outcomes for the last three years for Suffolk FNP and compared with the national programme average include:

- A higher percentage of clients on the Suffolk programme achieve better outcomes against several outcome when compared to the England programme average at key ante- and postnatal intervals, i.e. for smoking; breast feeding; infant and child immunisations, social and emotional development; mother taking contraception and mother engaging with education, training or employment at 12 months and 24 months.
- Breast feeding rates are of note as they are better than the national programme average for initiation, sustained at 6 weeks, 6 months and 12 months.
- More than 9 in every 10 children born to young others on the FNP programme had up to date immunisations at 6 months and 12 months, with 100% achieving up to date immunisations at 24 months.

Qualitative analysis has suggested improved relationships, housing, and engagement with learning.

The comparison of outcomes in Suffolk FNP clients with other mothers of similar age in the rest of Suffolk is not currently possible due to data availability.

Longer term outcomes measures are not available due to the relatively short period of implementation of FNP in Suffolk (Suffolk Family Nurse Partnership Options Paper 2023).

School nursing

The School Nursing service in Suffolk provides comprehensive health support for children and young people aged 5-19, extending to age 25 for those with special educational needs and disabilities (SEND). Operating through five teams strategically located across the county, the service collaborates closely with various agencies including health visitors, GPs, schools, voluntary groups, and social care to ensure holistic care.

The service offers a wide range of support, addressing both physical and emotional health needs. This includes sexual health services, specialised support for children with SEND, delivery of the National Child Measurement Programme, vision and hearing screening, and assistance with continence issues. The service also plays a crucial role in coordinating immunisations for school-aged children. While the School Nursing team does not directly coordinate immunisations, it's worth noting that a separate School Age Immunisation Service, run by the Hertfordshire and East Anglia Community and School Age Immunisation Service, provides vaccinations for school-aged children in Suffolk (excluding Waveney).

To ensure accessibility, the School Nursing service provides multiple access points. These include school drop-ins for secondary students, online resources and workshops, a referral system for professionals and self-referrals. While the ChatHealth texting service is no longer available, young people and parents can continue to contact the service by calling or emailing the Health Business Centre for advice or support.

The service places significant emphasis on emotional wellbeing, addressing issues such as anxiety, depression, and self-harm. It also focuses on physical health concerns, including healthy eating and sleep issues, as well as providing comprehensive sexual health and relationship education. Children with long-term conditions like asthma and diabetes receive targeted support.

Working in close partnership with schools, the service delivers health education and support, integrating seamlessly into the educational environment. It also collaborates extensively with other health services and social care providers to ensure comprehensive care.

Embracing digital technology, the service offers online workshops and videos for parents and young people and promotes the use of apps and websites for health information. Special initiatives include continence support workshops, a Nocturnal Enuresis (bedwetting) service, and SEND-specific support through the School Nursing Alternative Provision team.

Table 21. School nursing performance metrics for Suffolk as of May 2024

	Jun-23 to May-24
Number of children seen at a drop-in	**1,784**
Referrals	
Unallocated referrals (waiting list)	**2,245**
Referrals accepted	**2,987**
Referrals closed	**4,418**

Source: Children and Young People's Services - Performance Report – May 2024

This multifaceted approach enables the Suffolk School Nursing service to address the diverse health needs of children and young people in the county, providing a holistic support system that encompasses physical, emotional, and social aspects of wellbeing (Suffolk County Council 2024).

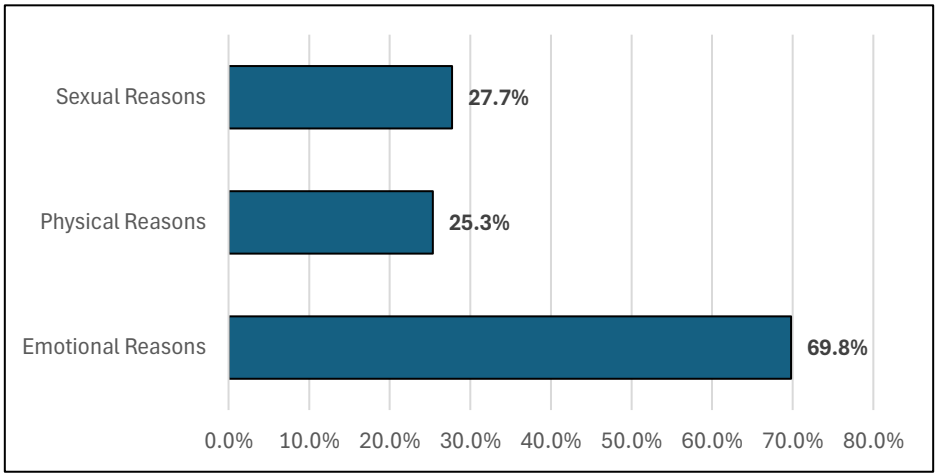
Table 21 provides a summary of the school nursing figures in Suffolk as of May 2024 as part of the 0-19 healthy child service. In the year until May 2024, 1,784 children had been seen at a school nursing drop-in within Suffolk, however this could include the same children seen in different months (it is a sum of all month's attendances). There were 182 unallocated referrals (on a waiting list) for school nursing services in May 2024, while there had been 258 accepted referrals and 354 closed referrals in the same month. On average over the previous 12 months, there were 187 unallocated referrals (waiting list) until May 2024.

Of the 1,764 school nursing drop-in attendances in the year until end of Q1 2023, almost 7 in 10 (69.8%/1,231 drop ins) were for emotional reasons, over 1 in 4 (25.3%/447 drop ins) were for physical reasons, and over 1 in 4 (27.7%/489 drop ins) were for sexual reasons. A school nurse drop in could be for more than one reason, therefore numbers are greater than 100% (Suffolk County Council 2024).

Monthly figures on school nursing data cannot be disclosed, however school nursing referral categories for Q1 of 2023/24 indicate that 8 of the top 10 referral reasons were for mental health/emotional wellbeing, with the other two reasons being risk taking behaviours and other. The top three referral reasons were anxiety, low mood and panic attacks (Suffolk County Council 2024).

Safeguarding is a crucial aspect of the school nursing service. A snapshot of the service's caseload in June 2024 (34,851 total cases) provides insight into the safeguarding responsibilities of school nurses. On the day the report was pulled, 2.5% of the total caseload were classified as Children in Need, 0.5% were under Child Protection plans, and 1.5% were Children in Care. These figures highlight the important role school nurses play in identifying and supporting vulnerable children and young people. It is important to note that these percentages represent a single point in time and may fluctuate throughout the year as children move in and out of different safeguarding categories.

Figure 41. Reasons why children attended a school nurse drop in, Suffolk, 12 months until end of Q1 2023



Source: Suffolk County Council (2024)

Table 22. Safeguarding markers within school nursing caseload – June 2024 snapshot

Safeguarding Markers (LL Data)	Jun-24	% of total caseload
Child in Need	873	2.5%
Child Protection	160	0.5%
Child in Care	523	1.5%

Source: Suffolk County Council Healthy Child Service Report, Public Health Suffolk Analysis (2024)

Comparison to nearest statistical neighbours (NHS England)

The following table summarises indicators available through Fingertips for the Healthy Child Programme for Suffolk compared to Suffolk's nearest statistical neighbours. This can be helpful as it is a method of comparing statistics between 'similar' local authorities with similar population demographics such as age, ethnicity and educational attainment.

This analysis utilises NHS peer groups as the statistical comparison standard. This allows for consistent aggregation in Fingertips reporting and aligns with the Public Health Grant analysis methodology. While children's statistical neighbour groups are available and offer valuable insights, particularly for children's services, the NHS peer groups provide a comprehensive framework for this public health analysis. It's worth noting that some child statistical neighbours, such as Devon, Cornwall, and Dorset, are not included in the NHS nearest neighbours comparison.

Table 23. Healthy Child Programme indicators available from Fingertips compared to Suffolk's NHS nearest neighbours and the England average, 2022/23

Indicator	Period	England	Suffolk	1 - Somerset UA	2 - Norfolk	3 - Wiltshire	4 - West Sussex	5 - Gloucestershire	6 - Hampshire	7 - Essex	8 - East Sussex	9 - Lincolnshire	10 - Worcestershire	11 - Nottinghamshire	12 - Staffordshire	13 - Kent	14 - Shropshire	15 - Derbyshire
Proportion of New Birth Visits (NBVs) completed within 14 days (Persons, <14 days)	2022/23	79.9	72.3	-	58.2	89.2	88.4	93.3	78.2	89.2	64.1	77.8	*	92.4	78.9	93.3	80.8	82.7
Proportion of infants receiving a 6 to 8 week review (Persons, 6-8 weeks)	2022/23	79.6	92.1	-	73.4	90.5	86.8	91.9	68.1	89.6	82.8	84.7	*	87.3	83.4	90.7	73.3	91.4
Proportion of children receiving a 12-month review (Persons, 1 yr)	2022/23	82.6	76.6	-	57.9	83.5	90.4	86.9	90.6	87.3	94.0	64.0	*	92.9	92.9	92.2	75.9	97.0
Proportion of children who received a 2 to 2½ year review (Persons, 2-2.5 yrs)	2022/23	73.6	80.1	-	29.1	78.3	83.8	83.2	73.6	85.5	79.5	75.1	*	85.5	87.9	85.9	52.9	77.7
Proportion of children aged 2 to 2½yrs receiving ASQ-3 as part of the Healthy Child Programme or integrated review (Persons, 2-2.5 yrs)	2022/23	92.5	96.0	-	90.5	95.4	100.0	92.9	99.9	97.0	98.4	68.2	*	99.1	97.1	88.8	91.4	*

Child development: percentage of children achieving a good level of development at 2 to 2 and a half years (Persons, 2-2.5 yrs)	2022/23	79.2	78.1	-	74.8	81.4	80.4	77.0	83.3	83.0	86.2	84.2	*	80.9	82.1	71.5	64.8	84.6
Child development: percentage of children achieving the expected level in communication skills at 2 to 2 and a half years (Persons, 2-2.5 yrs)	2022/23	85.3	91.4	-	81.5	91.4	84.4	82.6	89.1	89.6	92.0	89.4	*	86.4	87.9	89.9	76.2	90.4
Child development: percentage of children achieving the expected level in gross motor skills at 2 to 2½ years (Persons, 2-2.5 yrs)	2022/23	92.8	97.5	-	91.0	85.8	90.1	90.4	93.5	91.9	95.6	95.0	*	92.9	91.6	91.9	85.5	95.0
Child development: percentage of children achieving the expected level in fine motor skills at 2 to 2½ years (Persons, 2-2.5 yrs)	2022/23	92.6	95.4	-	93.5	90.2	91.5	96.5	94.9	96.2	97.7	96.0	*	98.9	96.0	79.7	88.8	96.7
Child development: percentage of children achieving the expected level in problem solving skills at 2 to 2½ years (Persons, 2-2.5 yrs)	2022/23	91.8	95.6	-	90.7	88.2	90.2	93.8	93.3	93.9	95.0	93.0	*	95.6	93.3	93.5	86.9	93.8
Child development: percentage of children achieving the expected level in personal social skills at 2 to 2 and a half years (Persons, 2-2.5 yrs)	2022/23	90.3	84.7	-	89.3	86.8	89.3	91.7	87.5	90.9	93.5	92.7	*	93.6	92.1	91.7	84.1	93.9
School readiness: percentage of children achieving a good level of development at the end of Reception (Persons, 5 yrs)	2022/23	67.2	66.2	67.4	67.4	68.9	67.5	67.8	71.7	68.9	69.9	67.5	67.8	67.4	68.8	68.3	67.6	66.9

Compared to England (Statistically significantly):

Better 95% | Similar | Worse 95%

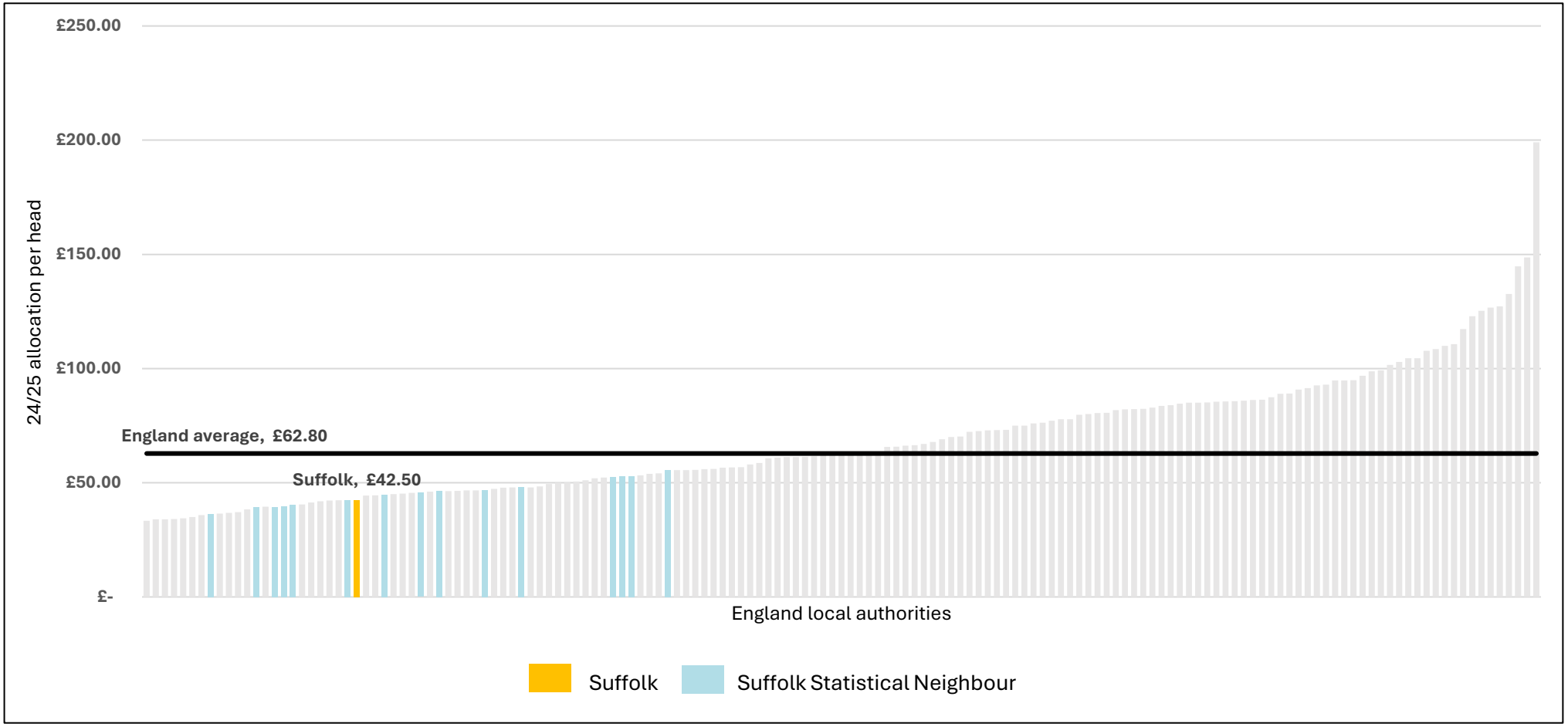
** Value missing in source data* *- No data*

Source: Office for Health Improvement and Disparities (2024)

Resourcing

Suffolk has the lowest public health grant per head of population in the East of England for 2024/25 at £42.60 per person. This places Suffolk at the bottom for the region, but also in the lowest 15% nationally for public health grant allocation per head (Department of Health and Social Care 2024).

Figure 42. Public health grants to local authorities: 2024/25 allocation per head



Source: Department for Health and Social Care (2024)

Table 24 compares Suffolk's public health spending on CYP services with that of the NHS statistical neighbours from 2022/23 to 2024/25. In 2022/23, Suffolk allocated a third (33.3%) of the total public health grant to CYP services, slightly below the neighbour average of 34.6%. By 2023/24, Suffolk's allocation increased to match the neighbour average of 34.6%, following a 3.3% uplift and an additional £400,000. In 2024/25, Suffolk's spending on CYP services rose to 35.7% of the total public health allocation, surpassing the neighbour average of 34.6%. This represents a shift from slightly under-spending compared to neighbours in 2022/23, to spending just over 1% more of the total public health allocation on these services by 2024/25.

Figure 43 compares Suffolk's NHS statistical neighbours' spending on children and young people's services as a percentage of their total public health grant allocation for 2022/23. While the average spend across these authorities is 34.6%, there is significant variation ranging from 3.1% in Somerset to 47.2% in Gloucestershire. Suffolk is slightly below average at 33.3%.

Table 24. Suffolk's children and young people's Public Health spend compared to NHS statistical neighbours, 2022/23 to 2024/25

2022/23 - Suffolk spends slightly less as of % of total PH allocation compared to neighbours

	Total Public Health allocation	CYP spend excluding staffing / ICB, including oncosts/overheads	CYP spend as % of total allocation	CYP spend excluding staffing, including oncosts/overheads + ICB funding (Suffolk)	CYP spend as % of total allocation
Suffolk	£31,670,071.00	£10,551,000.00	33.3%	£10,551,000.07	33.3%
Statistical neighbours	£571,292,113.00	£197,444,000.00	34.6%	£197,444,000.00	34.6%

2023/24 - using the 2022/23 baseline and an uplift of 3.3% and £400,000. Spend as a % of total allocation in line with statistical neighbours

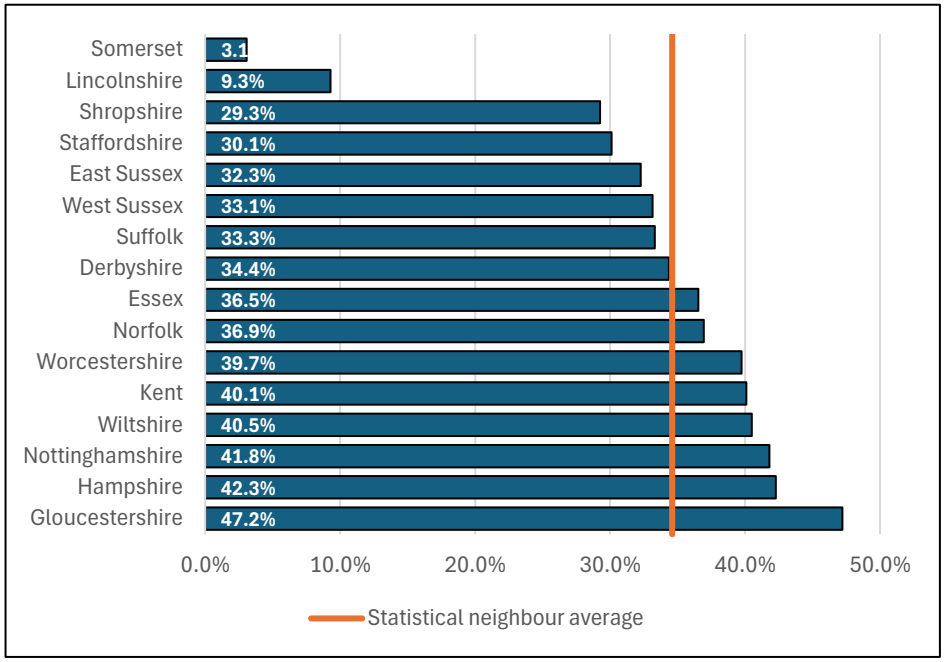
Suffolk	£32,703,057.00	£11,299,183.00	34.6%	£11,299,183.07	34.6%
Statistical neighbours	£589,927,661.73	£203,884,623.28	34.6%	£203,884,623.28	34.6%

2024/25 - using the 2023/24 baseline, with an uplift of 1.3% and £400,000. Suffolk spends just over 1% more of total allocation on these services compared to statistical neighbours

Suffolk	£33,226,449.00	£11,846,072.38	35.7%	£11,846,072.44	35.7%
Statistical neighbours	£597,596,721.33	£206,535,123.38	34.6%	£206,535,123.38	34.6%

Source: Local authority revenue expenditure and financing (2024), ONS Population estimates (2023), Public Health Suffolk Analysis (2024)

Figure 43. Suffolk's NHS statistical neighbours spend on children and young people's services as a % of total public health grant allocation, 2022/23



Source: Local authority revenue expenditure and financing (2024), ONS Population estimates (2023), Public Health Suffolk Analysis (2024)

Table 25 presents a comparison of Suffolk's public health expenditure on children's services between 2022/23 and 2024/25, alongside statistical neighbour averages. It covers three main areas: the National Child Measurement Programme, Children's 5-19 Public Health Programmes, and 0-5 services. Suffolk's spending is higher than the statistical neighbour average for National Child Measurement Programme, where Suffolk spends £8.78 per head compared to the neighbour average of £3.31. Spend is higher for 5-19s and lower for 0-5 (£179.41 compared to £219.62).

Table 25. Suffolk Public Health expenditure analysis: spend on children's services compared to Suffolk's NHS nearest neighbours, 2022/23 and 2024/25

	2022/23 Suffolk spend	Including 1.3% inflation uplift	Including additional funding	2024/25 Suffolk spend	Relevant 2022 Suffolk population	2024/25 Suffolk spend per head	2022/23 statistical neighbour average spend per head
National child measurement programme (prescribed functions)	£515,000	£521,695	£521,695	£521,695	59,419	£8.78	£3.31
Children 5–19 public health programmes	£2,699,000	£2,734,087	£2,874,087	£2,874,087	125,612	£22.88	£20.15
Miscellaneous public health services - Children's 0–5 services (prescribed functions) and Other (non-prescribed functions) combined	£7,775,000	£7,876,075	£8,136,075	£8,136,075	45,350	£179.41	£219.62

Source: Local authority revenue expenditure and financing (2024), ONS Population estimates (2023), Public Health Suffolk Analysis (2024)

Family Hubs and Start for Life programme

The Family Hubs and Start for Life programme aims to join up and enhance services delivered through transformed family hubs in local authority areas, ensuring all families can access the support they need, when they need it. Both programmes help to meet commitments in The best start for life: a vision for the 1,001 critical days, published as government policy in March 2021.

Support will be provided to parents and carers to nurture their babies and children to improve health and education outcomes. The programme will also contribute to reducing inequalities in health and education outcomes by ensuring support provided is communicated to all parents and carers – particularly those who are hardest to reach and most in need. The programme will also build the evidence for what works to improve health and education outcomes for babies, children and families in different contexts (Department of Health and Social Care and Department for Education 2023).

Suffolk's Family Hub model includes:

- Buildings - these are local support centres for all families, young people, parents and carers to access. They are a place to get help, information, advice, guidance, and support that might otherwise be too hard to find
- Outreach - Family Hubs will deliver health and family support services in the community, bringing services to families in their community
- Services and support - which all families can access. Staff working in Family Hubs will work hard to ensure families receive the right support, at the right time, to help them thrive
- A place to meet a variety of practitioners to get a wide range of advice and support - Staff working in Family Hubs will work in partnership with families and other community providers to ensure the right services are available for families to access (Suffolk County Council 2024)

A variety of support is available through Suffolk's Family Hubs, for instance birth registration, infant feeding and breastfeeding support, activities for children and early education, nurseries and childminding support and parent infant relationships and perinatal mental health support for 0-5 year olds. For children and young people aged 5 to 19 (up to 25 for SEND), support includes attending school, LGBTQ+ young people and families, special education needs and disabilities, and training and employment support for 16 and over. Support for parents includes children's rights, help with domestic abuse, help with money, debts and benefits, help with housing and homelessness, paying for the cost of your child's learning, safeguarding and Early Help Assessment (EHA) information for families. Finally, Family Hubs in Suffolk also provide health support for a variety of areas such as autism, ADHD and other neurodiverse conditions, adult and child mental health and trauma, children's oral health and dentistry, nutrition and weight management, and common children's health issues.

Figure 44 displays the Family Hub locations as of June 2024 within Suffolk compared to the Income Deprivation Affecting Children Index (IDACI) score for 2019. Most areas of the county in the highest quintile for IDACI score have a family hub location – particularly in areas such as Lowestoft, Ipswich, Beccles, Stowmarket and Felixstowe West.

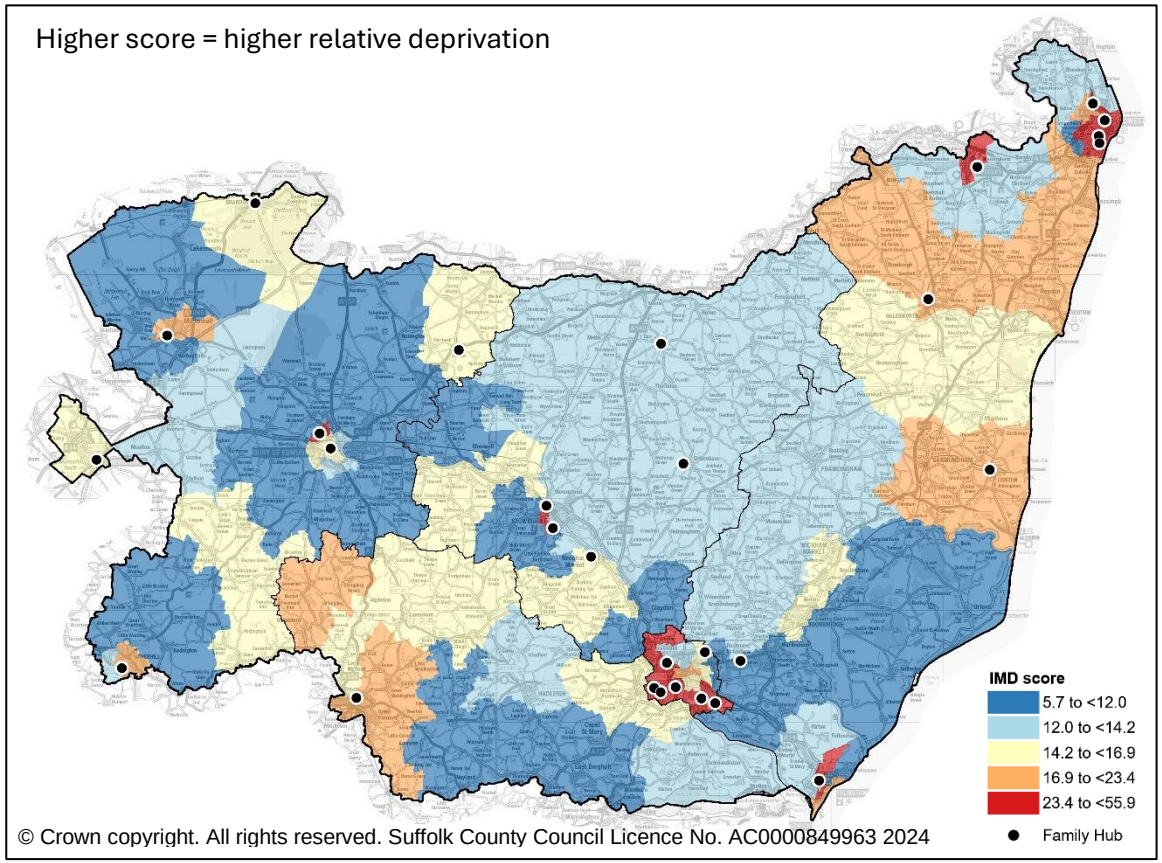
There are also several children centre outreach areas in Suffolk, where a Family Hub building has closed, but a service is still delivered to the surrounding community:

Table 26. Former Children's Centre Buildings and areas covered within Suffolk as of June 2024

Former Children Centre building	Area covered
Jigsaw at Bluebells Children's Centre	Bury St Edmunds
East Ipswich Children's Centre	East Ipswich (Ormiston area)
Sea Breeze at The Oaks Children's Centre	Felixstowe
Meadows Children's Centre	Saxmundham
Chatterbox Children's Centre	North Ipswich
Quayside Children's Centre	Ipswich (Copleston road)
Roman Hill	North Lowestoft
Uplands Children's Centre	Carlton Colville, South Lowestoft
Brett River Children's Centre	Hadleigh
Cornfields Children's Centre	Great Cornard
Woodlands Children's Centre	Sudbury
Reydon & Southwold Children's Centre	Reydon
Meredith Children's Centre	West Ipswich
Caterpillar Children's Centre	Woodbridge
Rendlesham Children's Centre	Rendlesham

Source: Suffolk County Council

Figure 44. Family Hubs as of June 2024 and Income Deprivation Affecting Children Index (IDACI) 2019



Source: Suffolk County Council and Office for Health Improvement and Disparities (2022)

Family hub data should be interpreted with caution due to significant variations among sites. Each hub's unique characteristics - including size, layout, accessibility, and operational hours - make direct comparisons challenging. Factors such as room configurations, confidentiality constraints, and geographical location (urban and rural) can greatly impact a hub's capacity and utilisation. Additionally, the activity counts include a wide range of services, from group sessions to individual appointments, which may not reflect the full complexity of each hub's operations or community impact.

2022/23 and 2023/24 family hub footfall data summarises the number of activities delivered in a family hub – an anonymous count of every instance someone comes into the family hub. If four infant massages classes are delivered in the month, this will count four times. Activities can include appointment slots, drop ins, groups, clinics, one to one support and meetings. The data shows a significant increase in overall family hub activities from 2022/23 to 2023/24. Total activities rose from 16,013 to 18,280, representing a 14.2% increase. The average monthly activities across all hubs increased from 1,334 to 1,523.

There is considerable variation among hubs in terms of activity levels, which appears to correlate with factors such as operational hours (full-time vs. part-time), room size, and presence of onsite nursery provision. Full-time hubs with larger spaces and onsite nurseries generally show higher activity numbers.

Comparing 2022/23 to 2023/24, some hubs experienced substantial growth in activities. For instance, Riverside saw a 62.6% increase despite being described as a small site. Conversely, a few hubs like Foley House and Phoenix experienced slight decreases in activities. While physical capacity influences activity levels, other factors such as local demand, programming, and resource allocation likely play significant roles in determining a family hub's utilisation.

Table 27. Suffolk Family Hub information and 2022/23 to 2023/24 total and average footfall/activities

Family hub name	Locality	Rural / urban	Full-time / Part-time	Room size/capacity*	Notes	Onsite Nursery Provision/Daycare	Total activities - 2022/23	Average per month - 2022/23	Total activities - 2023/24	Average per month - 2023/24
Acorns	Central & South Suffolk	Urban city and town	FT	Medium site			679	57	839	70
Ark	Lowestoft and Waveney	Urban city and town	FT	Large site		Yes	693	58	725	60
Bluebells	Central & South Suffolk	Rural town and fringe	PT	Small site			548	46	659	55
Brandon	West	Rural town and fringe	PT	Small site	Although the site is large the FH space is small	Yes	201	17	297	25
Bury Library	West	Urban city and town	PT	Small site	Although the site is large the FH space is small		184	15	272	23
Butterflies	Lowestoft and Waveney	Urban city and town	FT	Medium site		Yes	555	46	901	75
Carousel	West	Urban city and town	FT	Small site	Although the site is large the FH space is small		491	41	535	45

Cartwheels	West	Urban city and town	FT	Medium site		Yes	501	42	763	64
Dragonflies	Lowestoft and Waveney	Rural town and fringe	PT	Small site			199	17	271	23
Eye	Central & South Suffolk	Rural town and fringe	FT	Medium site			407	34	450	38
Foley House	West	Urban city and town	FT	Small site	Although the site is large the FH space is small		709	59	556	46
Hawthorn	South and West Ipswich	Urban city and town	PT	Small site	Although the site is large the FH space is small		342	29	347	29
High Suffolk	Central & South Suffolk	Rural town and fringe	PT	Medium site			422	35	335	28
Hillside	South and West Ipswich	Urban city and town	PT	Small site			168	14	174	15
Kesgrave	North East Ipswich and Coastal	Urban city and town	PT	Small site			283	24	390	33
Kirkley	Lowestoft and Waveney	Urban city and town	FT	Large site	Multiple rooms	Yes	785	68	717	60
Lark	West	Urban city and town	FT	Small site	Although the main hub is large the FH space is small		337	28	461	38
Leiston	North East Ipswich and Coastal	Rural town and fringe in a sparse setting	FT	Large site		Yes	911	76	995	83
Oaks	North East Ipswich and Coastal	Urban city and town	FT	Large site		Yes	1,276	106	1,311	109
Phoenix	Central & South Suffolk	Urban city and town	FT	Large site			1,018	85	893	74
Ravenswood	North East Ipswich and Coastal	Urban city and town	FT	Medium site	Although the site is large, they only have 1 main room	Yes	241	20	318	27
Riverside	Lowestoft and Waveney	Urban city and town	FT	Small site	Although the site is large, this is a shared site with social care - FH rooms are small		672	56	1,093	91

Robins	Central & South Suffolk	Rural town and fringe	PT	Small site			392	33	337	28
Sunshine	Central & South Suffolk	Urban city and town	PT	Small site			227	19	329	27
Treehouse	North East Ipswich and Coastal	Urban city and town	FT	Large site		Yes	1,020	85	1,173	98
Village Rise	Lowestoft and Waveney	Urban city and town	PT	Small site			145	12	213	18
Wellington	South and West Ipswich	Urban city and town	FT	Medium site		Yes	1,056	88	1,178	98
Willows	South and West Ipswich	Urban city and town	FT	Large sire		Yes	1,301	108	1,383	115
Wooden House	North East Ipswich and Coastal	Urban city and town	PT	Small site			250	21	365	30
Total							**16,013**	**1,334**	**18,280**	**1,523**

*Room size
Small site - 1 main playroom, may have a second smaller space
Medium site - 2 rooms, may have a third small space
Large site - multiple rooms, vary in size

Source: Suffolk County Council (2024)

4. Feedback from stakeholders

Professional feedback

This profile gathered insights from a select group of professionals directly involved with the Healthy Child Programme. 14 interviews were completed, 13 were signed off to share content – thus it is important to note this reflects only a small cohort's views. Discussions, held in June 2024, focused on key issues affecting children and young people aged 0-19 and their families. The information in this section is summarised from informal interviews with various professionals in this field. It offers a high-level overview, organised by theme rather than by individual or organisation. The table below summarises the feedback received.

Key overall emerging themes were:

- The Healthy Child Programme (HCP) is valued for its evidence-based framework supporting early identification of needs and trust-building between parents and professionals.
- Health visitors and school nurses face large, varied caseloads and struggle with time and resource limitations, impacting early intervention and prevention efforts.
- There are increasing mental health demands among children and families.
- School nurses provide substantial mental health support beyond their expected role, often holding cases due to a lack of specialist provision.
- School nurses also engage in child protection and safeguarding panel roles, which is not the best use of their resource.
- Parents express feelings of being deserted post-midwifery discharge, indicating a need for better handovers to health visitors.
- The Family Nurse Partnership (FNP) supports a small number of complex and potentially vulnerable families but faces scrutiny for its high cost [in relation to the cost of the service vs the caseload worked with], despite its benefits in rebuilding trust and supporting mental and physical health.
- Suffolk lacks a parent-infant mental health service, creating a significant gap for families needing support for issues like attachment, which is available in neighbouring regions.
- There are significant concerns about children's readiness for school, exacerbated by the COVID-19 pandemic, impacting their social, emotional, and physical development.
- Underlying issues of deprivation, ethnicity, and age-related inequalities need addressing, especially concerning pre-term births, stillbirths, and neonatal deaths.
- There are persistent poverty and social mobility challenges, with concerns about basic needs like food and bedding.
- Migrant populations and those with no English language face barriers in accessing and understanding local maternity and health services.
- Populations most in need, such as those that would most benefit from the Healthy Start offer, struggle to access these resources.
- Physical barriers such as transportation and accessibility issues limit access to services.
- Specific challenges in Suffolk, such as geography and rurality are impacting service delivery and accessibility.
- There is a need for smarter, more integrated commissioning going forward, with targeted resource utilisation to avoid siloed service provision.

Summary table:

The Healthy Child Programme generally	• The HCP remains a firm evidence based framework that is fundamental to children's and parent's development. It provides support and helps in identifying potential needs early and can help form one of the first 'trust bonds' between parents and professionals. • There is some concern over potential service cuts and the impact they will have on the services offered, and the family hub offer has presented some confusion as the government hasn't stood down its children centre guidance. • "We see all of our children face to face, either in clinic or at home, and I'm really proud of that, it's not just a questionnaire sent out".
Pregnancy and maternity	• Pre-term births, stillbirths and neonatal death reviews highlight opportunities for prevention in relation to reducing smoking and obesity during pregnancy and improving diabetes management. However, underlying issues around inequalities due to deprivation, ethnicity and teenage/ young parents need to be addressed. • Populations that would benefit most from the Healthy Start offer of vitamins and milk can't always access it. • There is a need for focused work with migrant populations to increase understanding of the local maternity offer. Cultural differences in maternity services between countries need to be better understood, so that professionals can effectively communicate what to expect from local maternity services with migrant populations. • Physical barriers such as lack of transport or information not being clear or accessible can lead to reduced access to services. • Parents reflecting that they just feel a little deserted once they are home and have been discharged from the midwife, and the handover between midwifery and health visitors could be improved.
Family Nurse Partnership (FNP)	• There was a general feeling that the local FNP team are strong and competent and support a highly vulnerable proportion of the population. But there was recognition that it is a high impact low volume service -and as a result, an expensive service. • There was feedback that as to why we are delivering such a 'platinum service' for such a small cohort – and whether the money would be more effectively spent elsewhere. • There was also a recognition that FNP can help rebuilds their trust, and that it supports physical and mental health. • The FNP collaborates closely with the Early Help Service/NEET team, actively engages fathers, and addresses smoking cessation for mothers and their families, demonstrating a holistic approach to family support. • Suffolk lacks a parent-infant mental health service, creating a significant gap for families needing support for issues like attachment, which is available in neighbouring regions. • There was a recognition that there is a big difference between FNP and 0-19 services generally : "You might be on the edge of social care and you get some short bits of intervention. But there's not enough money in the pot for health visitors". It's an enormous gap and there are a lot of vulnerable families in Suffolk.

	• There was also recognition that the expertise exists within the health visitor team – but not the resources. • FNP professionals have valuable knowledge and training to share with the wider 0-19 team, but this is currently underutilised. Establishing a regular programme to integrate expertise with core health visitors could help to address this.
Family Hubs	• Loads of groups in family hubs. Health visitors will signpost to a family hub. • But some families see family hubs as places for 'complex families' or for contact visits for those in social care. There's an associated stigma or they don't understand what services are offered. • Family hubs are great – but they are not always accessible and can be quite a distance away. Travel costs stops attendance for some. • Overall, there appears to be a lack of understanding around family hub offer (from Suffolk parents).
Health Visitors	• Health Visitors have a large and varied caseload, yet they are able to adapt their offer to community need. • There were common themes that it would be advantageous to spend more focused time with each new parent, but time and resources are limited. • There was frustration that health visitors have less time to undertake the early intervention / prevention that is key. • The maternal mental health burden is huge, and health visitors may end up 'holding' people that need more specialist support. • Health visitors still struggle to engage some families-especially where English isn't first language, or there are cultural barriers / mistrust of professional services.
School Nursing	• Recurrently mentioned was that school nurses provide mental health support to children, over and above what is expected. This includes 'holding' or supporting children where specialist mental health provision is not available for them (due to too much demand). • Also, school nurses are often called upon in child protection cases / they are asked to be the health representative on safeguarding panels. This has been observed on multiple occasions and is not though to be the best use of their skills or time. • There is a lack of Further Education school nursing provision (i.e. in colleges) and support is still needed there.
Challenges for current working	• School readiness was a key issue identified, with children born during the pandemic now reaching the time to start school. Speech and language delays are evident, alongside general poorer socialisation, as well as key motor skills such as using a knife and fork. • There remains significant entrenched ongoing poverty that no one is doing anything in about: "There are children with no beds - And this is Suffolk in 2024. It's not just small cohorts, its endemic, everyone feeling the anxiety: can I feed the kids". • More robust utilisation of the neglect framework was advocated, with the neglect graded care profile tool key tool for using a strengths-based approach to identify neglect. • There was also a need for parenting support and parenting programmes to be promoted and normalised, as well as ensuring parents can access the information / support they need without getting 'ping ponged' over the system.

	• Families with zero English language in the household. This seems to be an emerging issue in other areas beyond what would historically be seen (i.e. in Ipswich), we now see this in west Suffolk and Lowestoft.
Challenges for the future	• Mental health demand continues to grow. • Safeguarding need appears to be growing, and the number of families needing more support is increasing. • There's a shortage of health visitors and school nurses - and levels of government funding for training has dropped. • Special Educational Needs: Demand is really high, parents are unsure of processes, and there's a need for more holistic support.
Commissioning of services	• General theme of needing to commission smartly and track the impact on the services we change. • We need to be smarter about how we use resources, Having a really good understanding of everything that's available, and how what we commission translates on the ground. • We don't commission smartly – we commission in silos. We don't consider the impact on a service when we're changing it • We have really committed clinicians who want to get it right, we need to listen to them. • We are just reacting not responding. • It's becoming more and more obvious we're underfunded.
Other areas	• Support for dads- we don't do enough in that space [generally in relation to discussions about 0-19 services]. • LGBTQ+ and transitioning children, its knowing how to support families. • A Suffolk specific challenge is geography. We are a large area to cover and rurality factors into this. "Come to a clinic" might not be feasible for some, we need to take into account people's needs. • Social mobility is a real challenge for young people. There are families where there is intergenerational unemployment, and as a result the young person's world view of life chances is very limited. • There is a lack of mentors in many young people's lives, everyone needs someone to speak to. • There is more pressure to identify in a particular way - particularly gender.

What impact have Suffolk 0-19 services had?

This short section includes some of the value that 0-19 services have added for parents / carers and in education. Whilst it is only a small selection of feedback and doesn't represent the breadth of services, its useful in understanding impact.

Health Visitors

...I suffered very badly with PTSD and postnatal depression and the services you provided were such a help to my recovery...

...my health visitor who supported me when my baby was very young. She visited me in my home, and she was so kind and supportive. She checked in with me via phone also, to offer support when I was poorly with my mental health. I found her easy to talk to, I was so lucky to have her. She listened well and reassured me she would help me get better and I did! I felt very comfortable around her and could talk to her with ease...

...I have really felt listened to when I have spoken to her, I have found her to be incredibly understanding and non-judgemental. She has helped me to see the light at the end of the tunnel during some dark sleepless times and talking to her has always cheered me up and made me feel better....

Family Hub Group

...I attended "early days" at the library and it massively helped my confidence getting to groups with my baby and allowed me to meet other mums who I have remained friends with which really boosted my wellbeing. The sessions were run by 2 people who made me feel at ease- they listened and gave great advice. They were both lovely and did a great job...

Feedback From Schools

...Children enjoyed the session and were keen for the support to be continued, it was great to hear that they had the opportunity to express their worries and talk about practical strategies that they can use going forward. Many of the parents have also been extremely grateful for your support, especially given the increasing mental health difficulties faced by our children and their families. Improved partnership working between schools and health are essential and are of significant importance to improving the wellbeing of children, especially given the time and financial difficulties being faced by schools at present. Thanks again for your help and support.

...It's really helpful how X liaises with parents and as a school we have had really positive comments from parents [the school nursing service].

Children, young people and resident views

Primary research from children, young people and residents was not conducted as part of this profile due to time limitations. However, recent research does exist from a range of other sources that has been compiled to give some insight into their views. This is summarised below:

School nursing

- Primary school: [This point related to health appointments generally] Young people had told us that many times health professionals talk over the young person than talking to them. Because the number of health appointments that young people can attend often, they feel confused or anxious in talking to different professionals, they have told us that appointment are not always near to where they live and that they have to travel.
- Secondary school: “Although we did have Nurse drop ins, there were periods of time where we didn't and obviously there have been no sessions in over a year. So, I don't think they will be able to answer your questions and in fact the students we are working with, probably won't know anything about nurses or what the sessions were for”.
- Not in Education, Employment or Training (NEET): “People thought it's all about my body changing as I was going from a child to a young person who has a disability so I would like to say and tell the new nurses you need to think outside the box"

Family hubs

- What works? As a contact centre they felt like a safe space, when they are in a town centre they are accessible
- What could be improved? Need a separate space for older young people
- “We want to do activities that we can’t do at home that our parents never did with us”
- Who do i want to support me? They need to be on my level, use the same language as me, language barriers can be problematic

What do young people think about service design?

- Young people attended a workshop and looked at what a targeted adolescent service would look like if they were part of the planning: The young people’s initial conversation started out very much around the need to work with parents in the first instance, so that they can have a better understanding of their child/young person.
- The parents were then taken out of the equation and the focus was on what the young person would need. They wanted a place where they could get out the house, a flexible programme that is designed with the worker and young person around what they have said they need not what you think they need, support from people ‘on their level’, that actively listen and can help with practical skills and an informal support approach. Mental health training is a must for workers to help me understand what the young person is going through, so they don’t think it’s just them.

Sources: Suffolk Children and Young People’s engagement hub (reporting between 2022-2024): Children and Young People’s feedback on the redesign of the School Nursing Team, General feedback RE Family Hubs, A Place to Be

Suffolk and North East Essex (SNEE) Thinking differently event: The first 1,000 days of life: Part 1

'Thinking Differently Together' is a series of online Integrated Care System (ICS) events that bring together a broad range of stakeholders from across our three Alliances and stakeholders across the system to share ideas around key areas of common interest. In March 2022, an event specific to the first 1,000 days was held. A case study included in the event is provided below. **Please note: Some of the content of Georgetta's story may be upsetting.**

Georgetta moved to the UK from Romania with her ex-husband, who abused her. She moved away from him and has been living in Suffolk for the last 6 years. Home Start Suffolk has been helping Georgetta manage the changes that come with a new baby. Georgetta recorded her thoughts and feelings just three days before the birth of her baby. "I think the problem was between me and my partner. He was like violent and aggressive, and the police was involved in this. And I think the police started to know about my case. But… um… it was a blessing for me to meet with you, Natalie and Home Start because, you know when you are like in dark and you are not seeing the light. And somebody coming to and give you like a hand and they say 'we are here for you, you are not alone and you will be helped.' And this for me was, was like everything.

Even I was working still two weeks before giving birth to the baby, you know, like it's Friday so it's not long. So… it's just last week I stopped work but the money's not enough and I was paid, like minimum wage. What to pay first? Rent? Bills? Food? So, what is left to buy something for the baby? There's nothing left there. And I was so stressed and desperate. Then came in Home Start and I'm so grateful for everything they bring for me and they provide for me. I am blessed because I have like everything, for clothes for the baby. The only thing I buy, it was a blanket from a charity shop, which was £4. And now I have a lot of stuff, like everything for this baby. All this is just from Home Start. I have clothes, I have a blanket, I have a bath for the baby, the products, like hygiene products for the baby. Which is very important.

The chair for the baby, which I never dreamed I can buy, on which money? There's nothing, like I said, there's nothing left. Even, to go to work I have a car, because I need transport for work, and when the petrol start to be up, that's a problem, my income was the same and the price goes up. Even food, I buy less, and I eat less. I don't know what I would have done if Home Start was not next to me. I am alone here, I don't have family, I don't have no one. Because a long time ago with my ex husband I was victim to abuse.

I was not allowed to have friends and… for me it's hard… even, I am, I am not that kind of person, I am open, I like to have friends but for me now it looks like it's too late. For I don't know how I can explain, even I go to work and I come back, but there's just work and that's it. There is nobody for me here, like mother, father, sister or somebody else. And no friends for me. So when I see you coming in my house you know it's like, I don't know, it's a hope for me. I… I enjoy to talk to someone, to tell about my problems, there is nobody there. Yes it's true, sometimes I talk alone in the house, maybe I have this problem with mental health. I forgot to say about the voucher you sent me from Home Start in the Christmas time. I received it by post because I was with Covid then. And this helped me a lot because I can buy some fruits, fresh ones I want. And um, this voucher I received which will be a lot of help for many, many things like a slow cooking machine. And… you and Natalie were so nice with me and all the time you talk with me and give me hope and was there for me, and looking after me, and… I really feel like I have someone. And I want to say thank you for everything."

Source: SNEE Thinking Differently: The first 1,000 days of life: Part 1

5. Best practice and evidence

What do national guidance and key resources tell us?

National guidance and key resources on delivering evidence-based services for children and young people provide imperative service specification and commissioning recommendations, to ensure that services are in line and upheld with the best available evidence.

National Guidance / Key Resources	Summary
Healthy child programme: health visitor and school nurse commissioning	This service specification is for local authorities commissioning health visitors and school nurses, for public health services for children aged 0 to 19. This guidance: • describes the health visiting and school nursing high impact areas and related outcomes • provides a national template for local authorities to use and adapt to meet local needs • supports integrated delivery and provides opportunities for local authorities to consider integration and co-commissioning • offers quality and standardisation of service delivery while recognising the need for local adaptability The Healthy child programme schedule of interventions tool contains evidence, guidance, information and resources to support local implementation of the healthy child programme. Local authorities, the NHS and other partners can use the tool to inform the commissioning and provision of good quality services for babies, children, young people and families. **Background and further reading:** In 2009, the Department of Health published the Healthy Child Programme. This was introduced as an early intervention and prevention public health programme to provide a universal service for both children and their families, inclusive of screening programmes, immunisation, health and development reviews, supplemented by advice around health, wellbeing and parenting starting in pregnancy through the early weeks of life and throughout childhood. The Health and Social Care Act 2012 sets out a local authority's statutory responsibility for commissioning public health services for children and young people aged 0 to 19 years. The healthy child programme aims to bring together health, education and other main partners to deliver an effective programme for prevention and support. Useful research and reviews: • Healthy child programme: rapid review to update evidence • Universal health visiting service: mandation review • Best start in life: a research review for early years Office for Health Improvement and Disparities (OHID) (2023): Healthy child programme: health visitor and school nurse commissioning
Commissioning the Family Nurse Partnership programme	This guidance supports local authorities in commissioning the Family Nurse Partnership (FNP) programme, an evidence-based, intensive parenting support intervention, as part of delivering the 0 to 5 public health offer for children as detailed in the healthy child programme

National Guidance / Key Resources	Summary
	This guidance should be read in conjunction with the guidance for the healthy child programme, with the aim being to commission seamless and personalised services for all children 0 to 19 years of age (or 25 in the case of children with special educational needs and disabilities (SEND), disabilities or highly vulnerable young people). Office for Health Improvement and Disparities (OHID) (2023): Commissioning the Family Nurse Partnership programme
Working together to Safeguard Children	This statutory guidance to all organisations and agencies who have functions relating to children. Specifically, this guidance applies to all local authorities, ICBs, police and all other organisations and agencies listed within the guidance. This guidance sets out key roles for individual organisations and agencies to deliver effective arrangements for help, support, safeguarding, and protection. The guidance specifically notes that a child-centred approach is fundamental to safeguarding and promoting the welfare of every child. All practitioners should follow the principles of the Children Acts 1989 and 2004. HM Government (2023): Working Together to Safeguard Children: A guide to multi-agency working to help, protect and promote the welfare of children
Keeping children safe in education Statutory guidance for schools and Colleges (2023)	This is statutory guidance from the Department for Education. Schools and colleges in England must have regard to it when carrying out their duties to safeguard and promote the welfare of children. For the purposes of this guidance children includes everyone under the age of 18. The document provides statutory guidance for schools and colleges in England on safeguarding children and promoting their welfare. It outlines the responsibilities of educational institutions, staff, and governing bodies to ensure a safe and supportive environment for all students. Department for Education (2023): Keeping children safe in education
Establishing youth-friendly health and care services	This guidance, which is known as 'You're Welcome', sets out prompts and self-assessment quality criteria commissioners and service providers can use to improve the experiences of young people. This guidance has been developed in partnership with young people to reflect the changing way services are provided and influences on young people's lives. Office for Health Improvement and Disparities (OHID) (2023): Establishing youth-friendly health and care services
Social, emotional and mental wellbeing in primary and secondary education	This guideline covers ways to support social, emotional and mental wellbeing in children and young people in primary and secondary education (key stages 1 to 5), and people 25 years and under with special educational needs or disability in further education colleges. It aims to promote good social, emotional and psychological health to protect children and young people against behavioural and health problems. National Institute for Health and Care Excellence (NICE) (2022): Social, emotional and mental wellbeing in primary and secondary education
Public Health Outcomes Framework	The Public Health Outcomes Framework for England (PHOF) highlights the vision for public health that is to 'improve and protect the nation's health and improve the health of the poorest fastest.' The framework focuses on two high level outcomes: increased life expectancy and reduced differences in life expectancy and healthy life expectancy between communities. Children's public health services contribute to this framework.

National Guidance / Key Resources	Summary
	Office for Health Improvement and Disparities (2024) Public Health Outcomes Framework
Marmot Review into Health Inequalities	The Marmot Review (2010) into health inequalities in England examined the differences in health and wellbeing between social groups to attempt to address the social determinants of health. The findings of the review pointed towards the overarching conclusion that reducing health inequalities will require action on six policy objectives: - Giving every child the best start in life - Enabling all children, young people, and adults to maximise their capabilities and have control over their lives - Creating fair employment and good work for all - Ensuring a healthy standard of living for all - Creating and developing sustainable places and communities - Strengthening the role and impact of ill-health prevention A further Marmot review of health inequalities in England was conducted in 2020, which evidenced a widening of health inequalities particularly for people living in more deprived areas. It also highlighted how health is closely linked to the conditions in which people are born, grow, live, work and age and inequities in power, money and resources – the social determinants of health. The findings of the review highlighted six further actions on health inequalities and social determinants. - Develop a national strategy for action on the social determinants of health with the aim of reducing inequalities in health - Ensure proportionate universal allocation of resources and implementation of policies - Early intervention to prevent health inequalities - Develop the social determinants of health workforce - Engage the public - Develop whole systems monitoring and strengthen accountability for health inequalities Institute of Health Equity (2010) Fair Society, Healthy Lives – Marmot Review Institute of Health Equity (2020) Health Equity in England: The Marmot Review 10 years on
Early Intervention / Foundations What Works Centre for Children and Families	The Early Intervention Foundation's report sets out the key strategic actions that must be undertaken to ensure an effective early intervention for children and young people is commissioned. These key actions have been highlighted to be fundamental to overcome significant barriers that may inhibit the potential success of early intervention, these include: 1. Establish a new long-term investment fund to test the impact of a whole-system approach to early intervention in a small number of places 2. Agree a clear vision that is founded on the benefits of effective early intervention to local communities and the local economy 3. Foster a culture of evidence-based decision-making and practice

National Guidance / Key Resources	Summary
	The Science and Technology Committee report (2018) highlighted some fundamental recommendations for what national and local government should do to ensure that every child has access to evidence-based early interventions if they need it. Early Intervention Foundation (2018) Realising the potential of early intervention HM Gov Science and Technology Committee (2019) Evidence-based Early Years Interventions Early Intervention Foundation: EIF Guidebook What works to improve the lives of England's most vulnerable children: A review of interventions for a local family help offer (2022) The Supporting Families Programme: A rapid evidence review (2023) The Early Intervention Foundation (EIF) and What Works for Children's Social Care (WWCSC) formally merged in December 2022, and in June 2023 Foundations was formally launched. Foundations provides answers and practical solutions that empower decision makers to improve policy and practice on family support, so the right actions are taken at the right times, and every child has the foundations they need to reach their full potential. Their latest publications are published online.
A Better Start	The better start guide, published by the Local Government Association, highlights how essential the early years are to future health and wellbeing outcomes; the measures being taken by local authorities to bring together health, social care and early education services to create a more holistic approach to identifying and meeting the needs of young children and their families – making provision more efficient and effective; and an idea of the increasing range of interventions available to address particular issues early, before they escalate into more concerning issues. Local Government Authority (2018) A Better Start: supporting child development in the early years
NHS Long Term Plan	The NHS Long Term Plan (2019) includes specific sections on 'starting well' and improving children's and young peoples mental health. The NHS Long Term Plan notes the NHS will: • continue to improve maternity care over the next decade, while also improving services for children with common long-term conditions like asthma, epilepsy and diabetes. • make sure safety in maternity services continues to improve, offering women more choice, and specialist support is given to mothers who are at risk of premature birth, including support to stop smoking. • provide continuity of carer during pregnancy, ensuring mothers have the same midwife throughout their pregnancy and after they have given birth. All women will be able to access their maternity notes and information online and on their smartphones too. • improve care in mental health via the Children and Young People's Transformation Programme, learning disabilities and cancer services. It will support local areas to ensure joined up care for children and young people.
Early years foundation stage statutory framework	The Early years foundation stage statutory framework (EYFS) (2023) is mandatory for all group and school-based early years providers in England from 4 January 2024. The learning and development requirements are in Section 1, the assessment requirements are in Section 2, and the safeguarding and welfare requirements are in Section 3 of this framework. This framework uses the word "must" where the requirement is mandatory. Some of the items

National Guidance / Key Resources	Summary
	in the framework provide information that providers "should" take into account when delivering the requirements and should not ignore them without a good reason. Some points include: • Where possible, the progress check and the Healthy Child Programme health and development review at age two (when health visitors gather information on a child's health and development) should inform each other and support integrated working. • This will allow health and education professionals to identify strengths as well as any developmental delay and any support from which they think the child/family might benefit. • The EYFS also stipulates the responsibilities of EY settings/childminders to deliver on health promotion objectives including oral health, healthy eating and physical activity. Department for Education (2023): Early years foundation stage statutory framework (EYFS)
Improving the mental health of babies, children and young people	The mental health of babies, children and young people (BCYP) influences their current and future health, as well as their wider life chances and outcomes. The early part of the life course, from birth to young adulthood (0 to 25 years), provides important opportunities for promoting and protecting mental health. The guidance documents: • highlight the wide range of modifiable factors that interact to influence the mental health of BCYP, summarising them in a framework • convey opportunities across the BCYP life course to both promote and minimise risks to the mental health of BCYP • provide information on activities being taken across government that positively impact upon the mental health of BCYP This information can be used as a prompt for stakeholders who work across different parts of a local system to: • review what work is underway • develop local frameworks to improve BCYP mental health • identify where there might be gaps and opportunities for taking further action Department of Health and Social Care (2024): Improving the mental health of babies, children and young people
Supporting Families Programme guidance 2022 to 2025	This guidance sets out the objectives of Supporting Families in 2022 to 2025 and is for local authorities and their partners delivering Supporting Families. Supporting Families launched in March 2021 and builds on the previous Troubled Families programme. As set out in 'Supporting Families 2021 to 2022 and beyond', its focus is on building the resilience of vulnerable families, and on driving system change so that every area has joined up, efficient local services which are able to identify families in need and provide the right support at the right time.

National Guidance / Key Resources	Summary
	Supporting Families is committed to strong multi-agency local partnerships in every area with mature local and national data systems. This means investing more in good practice, overcoming barriers to data-sharing, and involving the voice of families in service design and commissioning. Department for Levelling Up, Housing and Communities (2022): Supporting Families Programme guidance 2022 to 2025
Must know for youth services	Youth services provide essential support to young people. Councils have a statutory duty to "secure, so far as is reasonably practicable, sufficient provision of educational and recreational leisure-time activities for young people" and to make sure young people have a say in the local offer. This is often referred to as the 'youth services duty'. Youth services provide essential support to young people, providing them with a safe place, trusted relationships, stopping them from being drawn into negative situations and reducing demand for acute services further down the line. Youth work can also have an economic value through improving educational, employment and mental health. Youth services play a key role in the arts and culture agenda, including community and heritage work. They work alongside leisure services, and health services and public health to support work on vaping, alcohol, substance misuse, tackling obesity and encouraging young people to be active. Local Government Association (2024): Must know for youth services
Association of Directors of Public Health (ADPH)	Position statements from the ADPH on: What we say about... The best start in life (2023) Local recommendations include: • Effective integration of health and social care services and a whole system, place-based approaches should be adopted to improve children's health and wellbeing with health professionals including GPs, midwives, health visitors and social workers trained to identify prenatal and perinatal maternal problems early, offer support and signpost. • Local public health authorities should advocate to increase the uptake of childhood immunisation and data on vaccination uptake and health inequalities should be available to public health teams, so that immunisation programmes can respond to local needs. • Maternity services, primary care, health visiting, and paediatric services should support mothers in making informed choices around breastfeeding and offer practical support to help them initiate and maintain breastfeeding. • Health professionals should be trained to identify child oral health issues early and fluoridation of public water supplies should be considered where there is a high prevalence of tooth decay. What we say about... Childhood adversity (2023) Local recommendations include: • A whole system, placed-based approach and a whole school approach should be adopted to improve children's health and wellbeing outcomes with effective integration of schools, communities, health, and social care services. • Health professionals including GPs, midwives, health visitors, and social workers should be trained to identify and support prenatal, perinatal, and postnatal maternal problems early, including infant and paternal mental health needs.

National Guidance / Key Resources	Summary
	• NHS staff should be trained to understand the impact of health inequalities and use a Making Every Contact Count approach to link families with financial needs with appropriate services.
The best start for life: a vision for the 1,001 critical days	Developed as part of the early years healthy development review, this document outlines 6 areas for action to improve the health outcomes of all babies in England. **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. Department of Health and Social Care (2021): The best start for life: a vision for the 1,001 critical days
Family Hubs and Start for Life programme	This programme aims to join up and enhance services delivered through transformed family hubs in local authority areas, ensuring all families can access the support they need. The Family Hubs and Start for Life programme helps meet commitments in The best start for life: a vision for the 1,001 critical days, published as government policy in March 2021. This programme is jointly led by the Department for Education (DfE) and Department of Health and Social Care (DHSC). The programme will also support the creation of a network of family hubs. The Family Hubs and Start for Life programme guide outlines: • the programme's vision and objectives • what the 75 eligible local authorities are expected to deliver and achieve to meet the expectations of the programme The programme's objective is to join up and enhance services delivered through transformed family hubs in local authority areas, ensuring all parents and carers can access the support they need when they need it.

National Guidance / Key Resources	Summary
	Department of Health and Social Care and Department for Education (2023): Family Hubs and Start for Life programme
Independent review of children's social care: final report	This Independent report by Josh MacAlister looks at the needs, experiences and outcomes of the children supported by social care. The report highlights a crucial opportunity to reform the children's social care system, emphasizing the need for a system that offers intensive support to families in crisis, swiftly addresses abuse, leverages extended family networks, prioritises lifelong loving relationships, and lays a foundation for a better life for those in care. Currently, the system is overly focused on crisis intervention, leading to poor outcomes for children and rising costs. A radical overhaul is necessary, recognizing that loving relationships are key to overcoming adversity. The present system's rigidity often undermines natural family and community bonds, relying instead on professionals and services. Without comprehensive reform, the number of children in care is projected to rise significantly, along with the associated costs. Implementing the recommended changes could result in 30,000 more children living safely with their families by 2032. Following the review, the government published its strategy and consultation on children's social care, Stable Homes, Built on Love on 2 February 2023. Department for Education (2022): Independent review of children's social care: final report
Relationships and sex education (RSE) and health education	This is statutory guidance from the Department for Education issued under Section 80A of the Education Act 2002 and section 403 of the Education Act 1996. This document contains information on what schools should do and sets out the legal duties with which schools must comply when teaching Relationships Education, Relationships and Sex Education (RSE) and Health Education. Department for Education (2021): Relationships and sex education (RSE) and health education Note: As of May 2024 a review of the RSHE statutory guidance is underway, including a public consultation collecting views from parents, schools and others before the guidance is finalised. The revised guidance includes: The introduction of age limits to ensure children are not exposed to sensitive and complex topics prematurely. It specifies that the concept of gender identity, which includes various gender categories and is considered highly contested, should not be taught, aligning with cautious guidance on gender-questioning children. This measure aims to prevent unnecessary confusion and questioning of gender among children. While biological sex and gender reassignment facts will still be taught, the guidance emphasizes transparency with parents, affirming their legal right to know and review RSHE teaching materials. Additionally, the report mentions plans to gather opinions on incorporating several new subjects into the curriculum.

National Guidance / Key Resources	Summary
SEND code of practice: 0 to 25 years	Guidance on the special educational needs and disability (SEND) system for children and young people aged 0 to 25, from 1 September 2014. The code of practice contains: • details of legal requirements that you must follow without exception • statutory guidance – 'musts' that you must follow by law unless there's a good reason not to It explains the duties of local authorities, health bodies, schools and colleges to provide for those with special educational needs under part 3 of the Children and Families Act 2014. Department for Education and Department of Health and Social Care (2014): SEND code of practice: 0 to 25 years

What does the legislation outline?

The legislation outlined below highlights the fundamental practices and policies that must be diligently upheld and maintained by all those who commission, deliver and utilise children and young people's services in order to protect their safeguarding, wellbeing and rights

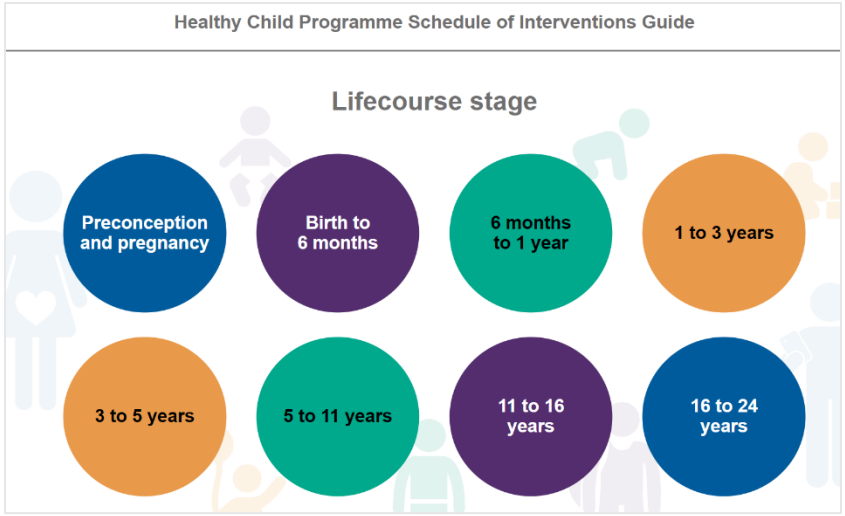
Legislation	Summary
The Children Act 2004	The Children Act 2004 provides the legal basis for how social services and other agencies must deal with concerning issues relating to children and was designed with guiding principles in mind for the care and support of children. These are: - To allow children to be healthy Allowing children to remain safe in their environments - Helping children to enjoy life - Assist children in their quest to succeed - Help make a contribution – a positive contribution – to the lives of children - Help achieve economic stability for our children's futures This Act was legalised in order for the government to work in conjunction with the social and health care service bodies to partner together to achieve and uphold these common goals. The Children Act 2004 was instrumental in improving the safety and welfare of children across England and ensuring that local authorities took the appropriate steps to provide services and systems for any children in need within their local area.
Public Services (Social Value) Act 2012	The Public Services (Social Value) Act came into force on 31 January 2013 and requires local authorities that commission public services to consider how they can secure wider social, economic and environmental wellbeing benefits. Before the procurement process begins, commissioners should consider about whether the services they are going to buy, or the way they are going to buy them, could secure these benefits for their area or stakeholders.

Legislation	Summary
Health and Social Care Act 2012	The Health and Social Care Act 2012 highlights the statutory duty of Local Authorities to work to improve the health of their local population. Local authorities have, since 1 April 2013, been responsible for improving the health of their local population and the commissioning of public health services, including most sexual health services and services aimed at reducing drug and alcohol misuse. The Secretary of State continues to have overall responsibility for improving health – with national public health functions delegated to Public Health England.
Children and Families Act 2014	The Children and Families Act 2014 was enabled to provide greater protection to vulnerable children, better support for children whose parents are separating, a new system to help children with special educational needs and disabilities and help for parents to balance work and family life. The act highlights the four key principles that Local Authorities have to follow when working children, young people and their families, they must: 1) consider the views, wishes and feelings of the child, young person and their parents; 2) involve the child, young person and their parents in decisions that affect them; 3) give the child, young person and their parents the information and support they need to be involved in decision making; 4) support the child, young person and their parents to achieve the best possible outcomes. In 2022, a House of Lords select committee inquiry found that despite admirable intentions to protect vulnerable children, support families, and assist children with special needs, the Children and Families Act 2014 has largely failed to achieve its goals due to poor implementation, inadequate monitoring, and insufficient data collection. This has resulted in many children and their families feeling let down by the system.
Education (Careers Guidance in Schools) Act 2022	The 2022 Act mandates the provision of independent careers guidance for all secondary school pupils in England, extending this duty to academies and alternative provision academies. The Act means that all schools and academies must now secure independent careers guidance for pupils in school years 7 to 13. This should help support career paths, helping them make informed decisions about their futures and supporting their social mobility and access to diverse career opportunities

Please note: This table was originally produced for the Berkshire East 0-19s Health Needs Assessment (2022).

It has been updated for the Suffolk profile covering the same topic. Updates were included from in house searches as well as a specific evidence search: [PH Bulletin] Guidance and legislation for children and young people's health needs assessment SN50423. Stephen Reid. (31st May, 2024). London, UK: NELFT Library and Knowledge Service.

What does Best Practice for Health Visiting and School Nursing tell us?



Source: Healthy child programme schedule of interventions guide

Current guidance for local government, the NHS, integrated care boards and other partners to inform the local implementation of the healthy child programme framework is available from OHID. These include evidence-led approaches to:

- preconception care
- promoting child development
- improving child health outcomes
- ensuring that families at risk are identified at the earliest opportunity

In 2023, the Healthy child programme schedule of interventions guide was published. This online interactive tool brings together evidence, guidance, information and resources to describe local prevention and early intervention activities from preconception to 19 years of age, or 25 where there is a statutory entitlement.

The last major guidance update occurred in 2021. This guidance is designed to support local authorities commissioning public health services for children and young people and in particular delivering the healthy child programme 0 to 5 and 5 to 19. While 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. Health visitors and school nurses are specialist public health nurses (SCPHNs). A SCPHN is a registered nurse or midwife who has undertaken a year's further post-registration training in child health, health promotion, public health and education.

This approach is a 'Universal in Reach – Personalised in Response' model, based on 4 levels of service depending on individual and family needs: community, universal, targeted and specialist levels of support. Key elements identified in this approach include:

- The availability and utilisation of community-based assets is central to the universal offer.
- Evidence-based interventions provided by health visitors and school nurses should be tailored to meet individual and family needs.
- The support required by most families and children or young people will predominantly be met through the universal offer.
- Universal services remain essential for keeping children safe and for primary prevention. Early intervention, evidence-based programmes should be used to meet needs in a timely way.
- Health visitors and school nurses will use a needs assessment to determine targeted interventions which can be met within the services or the need for more specialist interventions that require referrals or clear signposting.

- Whilst receiving specialist support health visitors and school nurses will still provide the universal offer and work in partnership with other agencies.
- Safeguarding children is embedded through the model because health visitors and school nurses have a vital role in keeping children safe and supporting local safeguarding arrangements. It is essential to define local roles and responsibilities including health visitors and school nurses, as identified within commissioning guidance, which includes an example memorandum to support health visiting and school nursing safeguarding.
- Health visitors and school nurses have a significant role as leaders of the Healthy Child Programme, which should form part of multi-professional care pathways and integration of services to support healthy pregnancy, children aged 0 to 19 years.
- All areas should be focussing on improving health outcomes and reducing inequalities at individual, family and community levels.
- Public health, health promotion and prevention issues should be integral to make every contact count and promoting healthy conversations.
- Outcomes are measured and reported in line with national outcome frameworks and commissioning reporting requirements, with other additional reporting requirements and measures for local determination.

Fundamentally, every family should be offered an evidence-based intervention programme consisting of screening tests, immunisations, developmental reviews and 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.

Healthy and wellbeing reviews

There are 5 mandated reviews for early years, which are offered to all families. These should be face to face, delivered by a health visitor, or under their supervision. Health visitors should use their clinical judgement to identify whether virtual, other digital or blended approaches can be used to support the needs of a child or family. However, mandated reviews are not the full extent of the health visiting service offer where families may require additional contact and support. There are no mandated reviews for school-aged children. However, there are opportunities to develop a framework of reviews based on evidence, intelligence, professional judgement and service user voice. Suggested contacts are at key development stages or transition points – e.g. delivering evidence-based interventions including human papillomavirus (HPV) and other immunisation programmes are offered within the teenage years.

Table 28. Universal health and wellbeing reviews and suggested contacts as part of overall support for 0 to 5 year-olds

Contact point:	Opportunity:
antenatal health promoting review (mandated)	Breastfeeding, safer sleep, smoke free pregnancy, immunisation status, maternal and partner mental health, home and car safety
new baby review (mandated)	Breastfeeding support, safer sleep, transition to parenthood, parent-child interaction, smoke free home, results of newborn and infant physical examinations
6 to 8 week review (mandated)	Breastfeeding support, family mental health, immunisation status, safer sleep, communication and interaction, check newborn blood spot (NBS) screening is completed
3-month contact (suggested)	Breastfeeding support, sleep, immunisation status, parent- child interaction, family mental health, physical and social development
6-month contact (suggested)	Nutrition, weaning, home safety, safer sleep, physical activity, family mental health, speech, language, communication, returning to work
1-year review (mandated)	Immunisation status, nutrition, safer sleep, oral health, accident prevention, physical activity, speech, language, communication. This is a review of health and development - best practice is to use a recognised tool for review such as ASQ3 and ASQ:SE2.
2 to 2 and a half year review (mandated)	Immunisation status, physical activity, nutrition, oral health, accident prevention, school readiness, speech, language, communication. This holistic developmental review must include use of a recognised tool for all children aged 2 across England.

Source: PHE / OHID 2021 and OHID (2023) (pink = mandated, orange = suggested)

Table 29. Universal health and wellbeing reviews and contacts as part of overall support 5 to 19, or 24, if appropriate (not mandated)

Contact point:	Opportunity:
4 to 5 year old health needs review	Immunisation status, oral health, speech, language and communication, school readiness, healthy weight
7 to 8 year old health needs contact	Immunisation status, healthy lifestyles and healthy relationships
10 to 11 year old health needs review	Immunisation status, speech, language and communication, preparing for transition, healthy weight
12 to 13 year old health needs review	Immunisation status, mental health, sexual health and healthy relationships
school leavers post-16 health needs review	Immunisation status, relationships, sexual health, self care, resilience
transition to adult services	Immunisation status, self care, resilience and mental health
18 to 24 year old health needs review	Signposting to adult service transition plans for long term conditions

Source: PHE / OHID 2021

A needs led approach

All services and interventions should be personalised to respond to children and families' needs over time. For many families most of their needs should be met by the universal offer, while more targeted and specialised evidence-based support will be provided as early as possible.

The universal reviews provide an opportunity to support personalised or tailored interventions in response to individual or family need. Health visitors and school nurses use their specialist public health skills and clinical judgement to work with the child, family, or young person to determine and address needs. They also work collaboratively with partners to deliver evidence-based interventions, protect children, and keep them safe.

Levels of need might be identified as: perceived, expressed and assessed need (and account for vulnerability). Health visitors and school nurses must use their clinical judgment and public health expertise to:

- Identify health needs early, and determine risk including hidden harm
- Provide evidence based intervention / early support to prevent escalation
- Maximise parent and child benefits
- Provide a return on investment including effectiveness and cost efficiencies

COVID-19 impact

COVID-19 restrictions have affected the provision of 0 to 19 services, necessitating virtual contacts or the suspension of some services. Developmental delays, perinatal mental health issues, safeguarding concerns, or the detection of early warning signs of vulnerability may require enhanced risk management processes and case load assessments to prioritise families with greater needs.

High impact areas

The High Impact Areas, with additional information for maternity, provide an evidence-based framework for those delivering maternal and child public health services from preconception onwards. They are core to the health visitor and school nurse delivery model.

Health visitors lead the Healthy Child Programme 0 to 5 and the 6 early years high impact areas:

1. supporting the transition to parenthood
2. supporting maternal and family mental health
3. supporting breastfeeding
4. supporting healthy weight, healthy nutrition
5. improving health literacy; reducing accidents and minor illnesses
6. supporting health, wellbeing and development: Ready to learn, narrowing the 'word gap'

School nurses lead the Healthy Child Programme 5 to 19 and the 6 school age years high impact areas

1. supporting resilience and wellbeing
2. improving health behaviours and reducing risk taking
3. supporting healthy lifestyles
4. supporting vulnerable young people and improving health inequalities
5. supporting complex and additional health and wellbeing needs
6. promoting self-care and improving health literacy

The High Impact Areas are not the entirety of the role of health visiting and school nursing services, but they do help describe areas where health visitors and school nurses can have a significant impact on health and wellbeing, improving outcomes for children, young people, families and communities.

The model and High Impact Areas are designed to help local commissioners and providers deliver the Healthy Child Programme effectively and efficiently, ensuring that the safety and individual needs of children and families are central to the approach. While health visitors and school nurses will lead the programme, partnership working and collaboration are essential to meeting the needs of children and young people.

A place-based, or community-centred, approach should support the development of local solutions by utilising all the assets and resources of an area. This approach integrates services and builds resilience in communities, empowering people to take control of their health.

Safeguarding: serious case reviews: Lessons learnt

A serious case review takes place after a child dies or is seriously injured and abuse or neglect is thought to be involved. It looks at lessons that can help prevent similar incidents from happening in the future. Key lessons from serious case reviews include:

- **Information sharing:** Effective information sharing is crucial. Many case reviews show that children remained in unsafe environments because agencies did not fully share information due to systemic obstacles or lack of awareness that each provider had vital pieces of the puzzle.
- **Poor engagement with services:** Poor engagement can be a risk factor, often reflecting cultural sensitivities, carers' ambivalence, or poorly managed mental illness.
- **Domestic abuse:** Health practitioners must recognize that any child living in a domestic abuse context remains vulnerable, even if the child is not directly targeted.
- **Criminal records:** Children living with carers or adults with violent criminal records are at ongoing risk. Health practitioners must also consider substance abuse, adult mental health issues, and domestic violence in these cases.
- **Parental beliefs and practices:** Professionals must respect parental beliefs and practices but continue assessing their impact on the child's health and safety.
- **Adults with learning difficulties:** Adults with learning difficulties that impair parenting abilities need assessment, support, and services to ensure adequate care and safeguarding of their children.
- **Housing issues:** Overcrowding and dangerous housing conditions increase risks to children and have led to fatalities. Local authorities must be aware of children at increased risk due to poor housing conditions.
- **Continuity of care:** Continuity of care is essential. Health visitors and school nurses must remain engaged with local teams as long as necessary to ensure a child's safeguarding needs are fully addressed.

What does good look like in relation to safeguarding?

"This child centred approach, which includes Think Family, contextual safeguarding and trauma informed public health methodologies, is fundamental to safeguarding and promoting the welfare of every child. A child centred approach means keeping the child in focus when making decisions about their lives and working in partnership with them and their families.

Applying a whole systems approach to provide safer, personalised, accessible support and individualised care with vision and shared goals is central to improving outcomes for children, young people and families. Effective partnership and multidisciplinary working underpin the core safeguarding principles".

Source: OHID

Family Nurse Partnership (FNP) Commissioning

The Family Nurse Partnership (FNP) is a non-mandated evidence-based, intensive parenting support intervention, that can be commissioned as part of delivering the 0 to 5 public health offer for children as detailed in the healthy child programme. FNP is voluntary for eligible clients and offered in a strengths-based way to support engagement. The local authority funds the operational costs of an FNP team to deliver the service through the public health grant. DHSC meets the programme licence cost in England and funds the 0-19 Clinical Programmes Unit.

The programme is designed for first-time mothers, aged 19 (at last menstrual period) and under or 19 to 24 with additional risk factors, and is a home. This reflects evidence about which groups will benefit most from FNP and whose children are shown to be at highest risk of poor developmental outcomes. Each mother is partnered with a specially trained family nurse. Family nurses also engage with the mother's partner, whether they are the child's biological father or otherwise. This helps support improved programme delivery and outcomes for the child, as shown in the Fatherhood Institute's 2022 report Bringing Baby Home: UK fathers in the first year after birth.

As mentioned in the current service provision section of this document (Family Nurse Partnership), OHID assert that commissioning and providing FNP will improve the life chances of first-time young parents and their children, helping to break the cycle of disadvantage. Family nurses support mothers enrolled in FNP to:

- have a healthy pregnancy
- improve their child's health, development and school readiness
- reach their own goals and aspirations

The Early Intervention Foundation's guidebook provides a summary of the evidence base for the FNP programme.

The FNP programme is delivered by specialist public health nurses who undertake additional training provided nationally by the 0-19 Clinical Programmes Unit when they start working in an FNP team. The FNP core model elements state that a family nurse can carry no more than 25 families per full-time employee and a supervisor should carry a caseload of a minimum 2 to 3 families. FNP is a home-based visiting programme, but family nurses will occasionally meet clients in another appropriate location, for example a GP surgery. Maintaining engagement with vulnerable clients may sometimes, when feasible, require family nurses to follow clients across organisational and geographical boundaries.

FNP contributes to achieving the 6 early years high impact areas set out in the healthy child programme (HCP) 0 to 19. FNP aims to improve:

- pregnancy outcomes by enabling young women to improve their antenatal health and the health of their unborn baby
- children's subsequent health and development by supporting parents to provide consistent, competent care for their children
- women's life course by planning subsequent pregnancies, and supporting access to education, training and employment

More information on the Family Nurse Partnership in Suffolk is available within the current service provision section: Family Nurse Partnership, via the Suffolk Family Nurse Partnership webpage, and via the recently published (18 July 2024) summary on GOV.UK.

Examples of the HCP in other areas

The document 'Current practice in School Nursing A rapid review of practice across Local Authorities in England, and in Hampshire' has been utilised for this section – as it synthesises key feedback and findings that are useful for both school nursing and the wider HCP. The review was produced by Population Health.

Key summarised themes:

- There is a broad consensus that the Healthy Child Programme (HCP) is too extensive for even the best-resourced school nursing services and their partners to fully deliver.
- Areas that effectively manage the scope of the HCP do so through clear prioritization. These priorities varied, with some aligning with the HCP's structured levels of working (community, universal, targeted, specialized), priority populations, and public health issues (e.g., mental health, excess weight). Others were based on local needs (such as the Joint Strategic Needs Assessment) or specified priority outcomes.
- A range of models for commissioning, provision, and partnership approaches exist, with no single recommended approach.
- There is significant diversity in delivery models, with no clear recommended approach.
- Models vary across several spectrums: school-focused vs. individual child; proactive vs. reactive; preventative vs. clinical; processes and activity vs. outcomes; and nursing-based skill mix vs. interdisciplinary.
- This diversity can be viewed as spectrums of practice across strategic landscapes, governance and priorities, commissioning arrangements, delivery models, and the provided services. These spectrums of practice tend to be interdependent.
    - clear system wide strategic priorities, based on a shared understanding of need, supporting mature partnerships, governance systems, and resources aligned to priorities, or (in absence of system) clear public health priorities, may enable the school nurse service to prioritise and define their role within an operational partnership.
    - The commissioning model and partnership landscape may influence the level of meaningful co-production.
- Many areas are struggling with the scale of safeguarding demand detracting from public health work, potentially exacerbating need and undermining the workforce
- All areas include a digital offer, and most are developing this further. There is a gap in evaluation and much learning to be shared.
- The SCPHN workforce is highly skilled and adaptable. In the absence of a clear direction and prioritisation, services will be pulled into reactive, clinical work, managing risk or attempting to fill gaps in the system.

6. Conclusions and recommendations for action

This children and young people's profile has provided an overview of the latest data available for children and young people living in Suffolk, including (where available) data at a district and borough level. From compiling the available contextual and service provision data with stakeholder feedback and best practice and evidence, the follow set of recommendations have been produced:

Theme	Objective and actions
Ensure planning and delivery of local/place-based support and services considers IDACI and IMD	Ensure that the planning and delivery of local and place-based support and services in Suffolk fully considers the Income Deprivation Affecting Children Index (IDACI) and Indices of Multiple Deprivation (IMD) data. Also ensure a focus on vulnerable cohorts such as those where Adverse Childhood Experiences (ACEs) have been present is required. Rationale: By also utilising IDACI, we can effectively identify and address the needs of vulnerable and at-risk children, ensuring that no child is overlooked when crucial support and services are being planned.
Tackling poverty and deprivation related to children and young people	Utilise the Suffolk Tackling Poverty Strategy, including the Tackling Poverty Action Plan and the Poverty Proofing the School Day resources, to help understand and address barriers and challenges faced by pupils and families who are living in poverty. Rationale: Living in poverty negatively affects children's life chances and social, emotional, and cognitive development. In 2022/23, 15.4% of children aged 0 to 15 in Suffolk were classified as living in relative low income families, which was approximately 20,218 children. Over 1 in 5 children in Ipswich were living in relative low income families in 2022/23.
Address place-based variations in needs and outcomes for children and young people across Suffolk	Develop and implement tailored, place-based strategies to address the varying needs and outcomes of children and young people across different areas of Suffolk, considering urban, rural, and coastal contexts. Rationale: Suffolk is a diverse county with significant variations in demographics, socioeconomic conditions, and access to services across its districts and boroughs. For example, coastal areas may face unique challenges related to seasonal employment and isolation, while urban areas like Ipswich have higher linguistic diversity. By recognising these place-based differences and tailoring interventions accordingly, we can more effectively address the specific needs of children and young people in each area, leading to more equitable outcomes across the county.
Embed practices that support a reduction in persistent absenteeism across Suffolk's most at risk populations	Parents in England should ensure their child receives a full-time education to improve school attendance and support the Government's commitment to increasing social mobility and helping every child reach their potential. More work should be undertaken to understand differences between the rates of persistent absenteeism in Suffolk and England. Rationale: In Suffolk schools during 2021/22, 18.5% of primary and 30.7% of secondary pupils were persistent absentees, missing 10% or more sessions, with illness being a major factor; these rates are significantly higher than the national average.

Ensure everyone working across the Suffolk system is supporting children in care and care leavers to achieve the best possible outcomes	Provide support to all professionals in the Suffolk system to effectively support children in care and care leavers in achieving their best possible outcomes. Rationale: In 2023 in Suffolk, there were 8 care leavers aged 17 to 18 in accommodation considered not suitable, and 32 19 to 21 year old care leavers in accommodation considered not suitable. Fewer care leavers in Suffolk are in education, employment or training compared to the England average for 17 to 18 year olds, and 19 to 21 year olds in 2023.
Supporting mental wellbeing for children and families	Look for opportunities to strengthen opportunities for prevention, early identification and intervention across the Suffolk system in relation to mental wellbeing (e.g. working more closely with Integrated Care Boards covering Suffolk). Early identification and intervention are crucial in addressing mental ill-health among children and young people, potentially reducing the need for more intensive interventions later in life. Rationale: A study across England in 2023, indicates that 20.3% of children aged 8 to 25 years in England are estimated to have a probable mental disorder. Applying the same prevalence to Suffolk, it is estimated that probable mental disorders range from 15.2% in 7-10 year olds and 20.4% in 11-16 year olds. Support should be targeted – the hospital admissions rate for girls in Suffolk is almost double the rate for boys in 2022/23. In addition, stakeholder feedback noted the importance of having a parent-infant mental health service. Suffolk doesn't currently have one and this was perceived as a key gap.
Continue to improve completion of New Birth Visits within 14 days as part of Health Visitors mandated checks	Continue to increase the proportion of infants receiving a New Birth Visit (NBV) by a Health Visitor within 14 days of birth to match or exceed the national average. While 96.6% of NBVs are completed within 21 days, delayed NBVs could lead to postponed interventions making it more challenging to address emerging health issues and provide appropriate support. Rationale: Recent local data indicates that whilst 83.3% of infants in Suffolk received an NBV within 14 days of birth in March 2024, this is below a high of 90.1% in 2018/19. The NBV is vital to identify any development issues with the infant and provide support and advice to new parents.
Continue to improve uptake of 12-month reviews	Maximise the proportion of children that receive their 12-month review within the 15-month timeframe. Rationale: The 12-month review is an important assessment of the infant's physical, emotional, and social needs within the family context, identifying any potential risk factors Approximately 1,624 children turning 15 months old in Suffolk did not receive their 12-month review in 2022/23. Statistically significantly fewer children in Suffolk received a 12-month review (76.6%) compared to England (82.6%). More recent internal data for March 2024 indicates completion is now 91.2%, a large improvement (note not statistically compared to England). This demonstrates the work the service has been undertaking to address the backlog, potentially through targeted efforts to catch up on delayed reviews. Continued efforts are needed to ensure this increase is sustained.

Improvement for Suffolk's early childhood development (ASQ-3 assessment) scores	Raise the proportion of children achieving a good level of development in all areas of the ASQ-3 in Suffolk. Rationale: 3 in 4 (78.1%) of Suffolk's 2 to 2 ½ year olds receiving ASQ-3's were achieving a good level of development in all areas, below the England average (79.2%) in 2022/23. However, Suffolk's 2 to 2 ½ year olds have statistically significantly higher levels of development for four of five domains (communication skills, gross motor skills, fine motor skills and problem solving skills), meaning targeted support could be tailored to improve 2 to 2 ½ year olds development of personal social skills.
Tailor support for diverse communities in Suffolk's education, health and care system	Ensure support for children and their families is available in a variety of languages based on the prevalence of non-English languages across Suffolk's districts and boroughs and based on feedback about accessibility and understanding of services, in particular maternity and health visitor services. Rationale: While 88.6% of Suffolk's school-age children speak English as their primary language, there is significant linguistic diversity, particularly in Ipswich where only 73.9% speak English as their first language. The data shows that Polish, Romanian, and Portuguese are the most common non-English languages across Suffolk, with varying concentrations in different districts. This tailored approach would address the specific needs of each community, ensuring more effective support for non-native English speakers.
Ensure targeted, evidence led commissioning of future services to support children and young people in Suffolk	Suffolk services need to be commissioned smartly and diligently, ensuring commissioned services translate effectively at the ground level. Rationale: Currently, feedback indicates that the Suffolk approach can be siloed and fragmented. Demand on professionals within 0-19 services is high, and often stretches them beyond their core roles.
Reduce rates of smoking during pregnancy	Continue to work in partnership to enhance the effectiveness of the Tobacco Dependency Through Pregnancy (TDTP) pathway, aiming to further reduce smoking rates among pregnant women in Suffolk. Rationale: While Suffolk's rate of smoking at time of delivery (7.7% in 2022/23) is statistically significantly lower than the England average (8.8%) and has decreased from 16.1% in 2010/11, there is still room for improvement to reach the national ambition of 6% or less. Smoking during pregnancy poses serious risks to both mother and baby including complications during labour, increased risk of miscarriage, premature birth, stillbirth, low birthweight, and sudden unexpected death in infancy. Continued focus on the TDTP pathway can address these risks and improve outcomes for Suffolk's mothers and babies.