

Early years and school readiness in West Berkshire

West Berkshire Health Scrutiny Board

12th March 2024

The importance of school readiness

School readiness starts at birth with the support of parents and caregivers, when young children acquire the social and emotional skills, knowledge and attitudes necessary for success in school and life.

School readiness at age five has a strong impact on future educational attainment and life chances

Children who don't achieve a good level of development at aged 5 years struggle with:



Social skills



Reading



Maths



Physical skills

which impacts on outcomes in childhood a later life:



Educational outcomes



Crime



Health



Death

Why invest in school readiness?

Failing to invest sufficiently in quality early care and education short changes taxpayers because the return on investment is greater than many other economic development options.



Every **£1** invested in quality early care and education **saves** taxpayers up to **£13** in future costs



For every **£1** spent on early years education, **£7** has to be spent to have the same impact in adolescence



The benefits associated with the introduction of the literacy hour in the UK outstrip the costs by a ratio of between **27:1** and **70:1**



Targeted parenting programmes to prevent conduct disorders pay back **£8** over six years for every **£1** invested with savings to the NHS, education and criminal justice

Why invest in school readiness?

Early years interventions have been shown to have a higher rate of return per investment than later interventions. The costs of delivery per child are outweighed by the benefits to the individual, taxpayers and others through improved educational outcomes, reduced healthcare costs, reduced crime and increased taxes paid due to increased earnings as adults



Intervention	Cost	Benefit	Benefit to cost ratio
Curiosity corner	£78	£5,466	70.08
Family nurse partnership	£7,562	£14,694	1.94
Early childhood education	£6,141	£11,525	1.88
Perry preschool programme	£13,393	£21,598	1.61

0-1 years

Low birth weight of term babies 2022*

West Berkshire	1.6%
South East Region	2.4%
England	2.8%



Smoking status at time of delivery 2022/23*

West Berkshire	5.6%
South East Region	8.1%
England	8.8%



Baby's first feed breastmilk 2021/22*

West Berkshire	75.5%
South East Region	74.4%
England	71.7%



Early years

Proportion of children receiving a 12-month review % proportion 2022/23*

West Berkshire	76.9%
South East Region	84.3%
England	82.6%



A&E attendances Crude rate per 1,000 2021/22*

West Berkshire	880.4
South East Region	963.8
England	1,094.5



Newborn Hearing Screening: % Coverage 2022/23*

West Berkshire	87.9%
South East Region	98.6%
England	98.5%



Immunisations

Dtap IPV Hib (1 year old) 2022/23*

West Berkshire	95.3%
South East Region	93.5%
England	91.8%



Hib and Men C booster 2 years old 2022/23*

West Berkshire	94.0%
South East Region	90.4%
England	88.7%



MMR for two doses 5 years old 2022/23*

West Berkshire	93.0%
South East Region	87.3%
England	84.5%



School Readiness

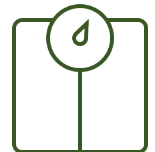
Primary school pupils with a primary need of emotional, social or mental health 2022/23 *

Eligible for free school meals	6.4%
Not eligible for free school meals	1.9%



Reception prevalence of obesity 2 years old 2022/23*

West Berkshire	6.8%
South East Region	8.0%
England	9.2%



Percentage of physically active children 2022/23*

West Berkshire	31.8%
South East Region	47.2%
England	47.0%



(*Data source: Public Health Outcome Framework)



Indicators of school readiness in West Berkshire

**Ready families + Ready children + Ready communities + Ready services
= Children ready for school success**

Ready families

Households with dependent children owed a duty under the Homelessness Reduction Act per 1,000 2021/22



14.4%



11%

Ready children

% Uptake of free school meals amongst Nursery and Primary School Age Pupils Jan 2023



80%



78%

Ready communities

% children in absolute low-income families (under 16s)



15.3%



7.7%

Ready services

Proportion of children receiving a 2-2.5 year review 2022/23



73.6%



61.7%

Percentage of children with free school meal status achieving a good level of development at the end of reception



49.1%



35.2%

Percentage of children with free school meal status achieving the expected level in the phonics screening check in Year 1



62.0%



53.6%

Flu vaccination coverage of 2 - 3 year olds 2022



43.7%



61.7%

Flu vaccination coverage of primary school aged children 2022



56.3%



74.9%

Source: Department for Education – Early years foundation stage profile results 2021/22

PP = percentage point difference; SEN = special educational needs; EHC = Education, health and care plan



Indicators of school readiness in West Berkshire

**Ready families + Ready children + Ready communities + Ready services
= Children ready for school success**

Children in Care
Crude rate per 10,000
2022



70



48

Children in Care Immunisation
2022



85%



73%

% children in relative low-income
families (under 16s)
2021/22



19.9%



11%

Percentage of children achieving a good
level of development at the end of
Reception



65.2%



64.8%

Reception: Prevalence of obesity
(including severe obesity)
2022/23



9.2%



6.8%

Percentage of 5 year olds with
experience of visually obvious dental
decay 2021/22



23.7%



16.9%

Average travel time in minutes to a town
centre via walking or public transport
2019



20mins



28mins

MMR for two doses (5 year olds)
2022/23



84.5%



93.0%

Source: Department for Education – Early years foundation stage profile results 2021/22

PP = percentage point difference; SEN = special educational needs; EHC = Education, health and care plan

What works to improve school readiness?



- Good maternal mental health
- Learning activities, including speaking to your baby and reading with your child
- Enhancing physical activity
- Parenting support programmes
- High-quality early education

Source: Department for Education – Early years foundation stage profile results 2021/22

PP = percentage point difference; SEN = special educational needs; EHC = Education, health and care plan



Maternal mental health and school readiness

One of the **strongest** predictors of wellbeing in the early year is the mental health and wellbeing of the mother or caregiver



3 in 10 women

will have a perinatal mental illness during or after pregnancy

5x

Children of mothers with mental health are five times more likely to have mental health problems themselves

Impact of maternal depression on school readiness:

Behaviour problems

Impaired parent-child attachment

Emotional problems

Conduct disorders

Language developmental delay

Learning difficulties

Actions to reduce maternal depression include:



Development of a shared vision and plan



Effective screening and referral to services



Family strengthening and support



Increased public awareness

Source: Greater London Authority (2014) London mental health: The invisible costs of mental ill health; Department of Education, Department of Health (2011) Families in the foundation years evidence pack; Children's Defense Fund Minnesota (2011) Maternal depression and early childhood;

A child's communication environment is a **more dominant predictor** of early language than their social background

High income



Low income



Language proficiency is a **key predictor** of school success

61%

of low income children have no books at home

1 in 4

children leave Primary School without reading well

this rises to

2 in 5

poorer children leave Primary School without reading well

£23 billion

If all children were reading well by age 11, GDP in England in 2020 could be an extra £23 billion

Actions to improve a child's communication include:

1. Research

Social marketing to identify current practices and potential cultural barriers

2. Develop

A strategic plan, including development and dissemination of resources

3. Implement

Dissemination of information to reach the community using existing structures

4. Evaluate

This should include short-term process measures and agreed long-term outcomes

Physical activity for young children is an **important** component of early brain development and learning

Movement skills such as eye skills and manipulative skills help children access curricular activities with **enjoyment and success**. Communication skills **depend** on well developed physical skills



1 in 10 children

aged 2-4 meet CMO guidelines of being physically active daily for **at least 180 minutes (3 hours)**, spread throughout the day

Benefits of physical activity include:



Helps develop co-ordination and movement skills



Promotes healthy weight



Strengthens developing muscles and bones



Helps children develop social skills

Actions to promote physical activity include:



Plan and develop

Develop initiatives which target adults who interact with children in the early years



Work with parents and carers

Provide information on the importance of physical activity and what counts as physical activity



Work with early years settings

Integrate physical activity into the daily routine when planning activities

Parenting has a **bigger influence** on a child's life chances in the early years than education, wealth, or class

Effective, warm, authoritative parenting gives children confidence, stimulates brain development and the capacity to learn



4 in 10 children

miss out on 'good' parenting

Supporting parents with parenting programmes has a **positive impact** on both parents' and children's wellbeing and mental health and is an **important** part of prevention and early intervention

Impact of parenting support programmes on school readiness

Benefits of the **Family Nurse Partnership** include **better**:



- language development
- vocabulary and mental processing
- emotional development
- attention and behaviour

Benefits of **early family training/parenting support** include **improved**:



- numeracy skills
- vocabulary
- letter identification
- emergent writing skills
- parent-child interaction

Actions to improve parenting support programmes include:



Understand parent's needs and how to engage them



Intervene early to maximise impact and reduce long-term costs



Increase the accessibility of programmes



Ensure **better integration and co-ordination** of parenting support services



Improve the quality and build the **evidence base** for support services

By the age of five the brain forms as many as

700

neural connections per second

High-quality early years education **significantly improves** child health and educational outcomes, particularly for disadvantaged children

2x

The average **economic benefit** of early education programmes for low income 3 and 4 year-olds is nearly **2.5 times** the investment

20-50%

If all low income children received high-quality early education the gap in achievement could be closed by as much as **20-50%**

Impact of high-quality early education



Improved school readiness



Improved future academic success



Improved future productivity



Higher employment levels



Less involvement in crime

Actions to improve high-quality early education include:

Systems development:

- Continued and increasing investment
- Integrated services
- Workforce training

Structural development:

- Favourable staff to child ratios
- encouragement of parents to support and engage more actively
- Focus on cognitive and non-cognitive aspects of learning

Process development:

- Adoption of more responsive and nurturing staff: child relationships
- Work towards and equal balance of child and adult initiated activity