The Director of Public Health Annual Report 2025

Setting the foundations for lifelong health

West Berkshire Council

Contents

Foreword by Director of Public Health

Welcome to my first Director of Public Health Annual Report for West Berkshire which is one of the ways in which I can highlight specific issues that will improve the health and wellbeing of West Berkshire. For this report I have decided to focus on the first 1001 days of a child's life which are critical to a child's development and set the foundations for lifelong emotional and physical wellbeing. The format of the report is based on the 'red book', officially known as the Personal Child Health Record (PCHR), which is recognised as an important source of information for new parents.

The evidence is clear, the foundations for virtually every aspect of human development – physical, intellectual and emotional - are laid in early childhood. What happens from this point forward has lifelong effects on many aspects of health and well-being - from obesity, heart disease and mental health, to educational achievement and economic status.

I was fortunate to grow up in a stable and loving family, where my parents had the resources that enabled me to develop and flourish in a safe and happy environment. However, not every child has this same opportunity and there is now good evidence that early childhood experiences, such as trauma, can have a lasting impact on physical and mental health.

Being a parent of two children, I understand the emotional and physical demands which parents and carers need to cope with. There is no instruction manual, and the way we parent is shaped by our own upbringings, the resources available, our home environment, attitudes, and values. It is often said that it takes a 'village to raise a child', which conveys the importance of family members, neighbours, professionals, community members and policy makers all playing a role in the upbringing of children.

This report demonstrates that a failure to act early comes at great cost, not only to individuals but to society as a whole. Every child, regardless of the circumstances into which they are born, should be able maximise their potential and future life chances. I hope this report raises awareness of why investing and prioritising the first 1001 days is key to giving children the best start in life and how the council and partners can enhance health and wellbeing of the 9,897 children aged 0-5 years in West Berkshire and future generations.

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Director of Public Health

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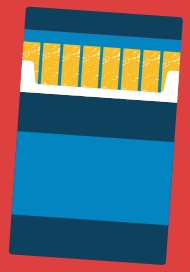
Section 1: The early years in West Berkshire at a glance

If West Berkshire were a town of 100 children:

Pregnancy and birth



6 babies would be born to people who are smoking

3 newborn babies would have a low birth weight

76 babies would be breastfed at birth

26 pregnant people would be overweight

12 new babies would be from an ethnic minority group

56 babies would still be breastfed at 6-8 weeks after birth

40 babies would have been delivered by caesarean

Early Years

95 children would reach the expected level in communication skills at 2-2.5 years

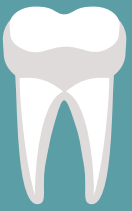
70 children would reach the expected level of development in communication, language and literacy skills at the end of Reception

95 children will have had one dose of MMR at 2 years of age

Physical Health

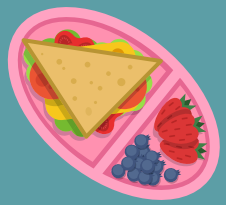
21 children would be overweight or obese at Reception (4-5 years)

17 children (aged 5) would have tooth decay



Wider determinants of health

10 children would be living in poverty



15 children would be eligible for free school meals

Figure 1 – Infographic representing a town of 100 children in West Berkshire

Section 2: Why the Best Start in Life is important?

What happens in pregnancy and early childhood impacts on physical and emotional health all the way through to adulthood. No other species on earth is born as completely helpless and dependent as a human infant. Elephants walk seconds after birth, a newborn baboon can cling to its mother while she swings widely through the trees and there is a lizard called a Labord chameleon that never even meets its parents.

While this dependency trait might seem like a liability, it is the very thing that allows our brains to develop such complex grey matter in our pre-frontal cortex. Our attachment drive is the advantage that sets human beings apart as the only species with verbal capacity and the ability to mentalize and meta process, which means that we can make meaning out of our experiences and learn from the experiences of others.

Childhood is not just a preparation for adulthood, it is a unique and vital stage of life. Seeing the world through a child's eyes, recognising their emotional needs in the moment, and creating environments where they feel safe, curious, and connected helps us nurture not only future health, but also present wellbeing. During the period from conception to age two, babies are uniquely susceptible to their environment. Babies are completely reliant on their caregivers and later development is heavily influenced by the loving attachment babies have to their parents. Influences during this crucial time also impact on experience of the wider determinants of health which are often outside their control.[1]

Factors such as parental diet and health behaviours impact the development of disease across the life course of the child, including cardiovascular and lung disease, diabetes, some cancers and mental disorders. Figure 2 illustrates that interventions in childhood are likely to be more effective at reducing the risk of developing a disease across the life course. In adulthood, problems may be harder to treat and resistant to change and therefore intervening early is important. The first 1001 days is a critical window for all children, including those with or at risk of special educational needs and disabilities (SEND) , early intervention is particularly beneficial for children with SEND. Improving outcomes in the first 1001 days must include equitable support for children with SEND.

Despite decades of evidence that tell us that the time from conception until the baby's second birthday (the first 1001 days) is essential for a whole host of future outcomes, recent research found that there is limited awareness of the importance of early years.[2]

What happens in the first 1001 days does not determine a child's entire development, but getting things right in pregnancy and the first two years puts children on a positive developmental course, so they can take advantage of other opportunities.

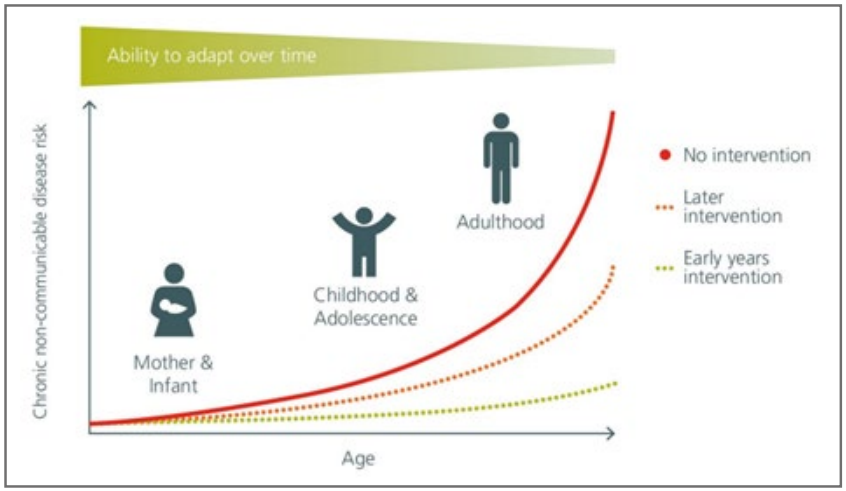


Figure 2 - Theory of development and impact of early intervention on chronic diseases

Brain development and the first 1001 Days

Construction of the basic architecture of the brain begins before birth with more than a million new neural connections being formed every second in the first year of a baby's life. Sensory pathways for basic functions like vision and hearing develop first, followed by early language skills and higher cognitive functions. This is the peak period of brain development[3], see figure 3.

In the first years of life the babies' brains will be very much affected by the emotional experiences they have with those caring for them. A baby's brain is receiving information all the time from how they are being cared for and what they can see, smell, feel and taste. Inside the brain lots of connections are being made so those messages and learning can be stored for the future, just like any new learning this can take time. Just like any new learning, this takes time. To make the best use of these experiences and form strong neuro-connections, a baby's brain sometimes needs to pause and reduce stimulation from the outside world. This quiet time helps the brain focus on processing and organising what it has taken in.

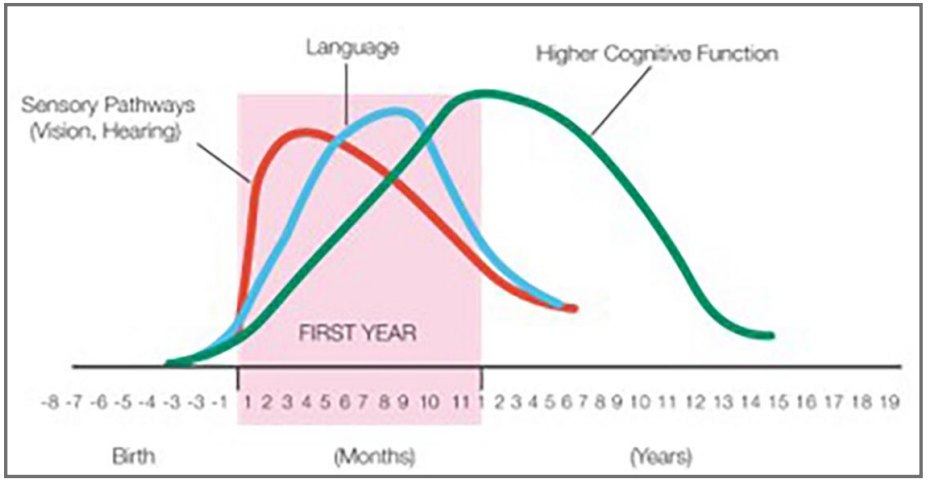


Figure 3 - Brain development from conception to 19 years

Connection is the foundation of healthy brain development. While often discussed alongside attachment, connection refers more broadly to the child's experience of being emotionally seen, safe, and valued. Connection is what allows children to develop resilience, empathy, and emotional regulation. When children feel deeply connected to their caregivers, their brains are more likely to develop the neural pathways needed for learning, self-regulation, and social interaction. Connection is not a luxury - it is a biological necessity.

Research shows the quality of relationships and emotional connections during the earliest stages of life can outweigh the detrimental effects of later adversities. Studies have shown that stable and positive early relationships are essential for healthy brain development and can mitigate the effects of later stressors. For instance, research indicates that infants require stable emotional attachments with primary caregivers to promote positive growth in cognitive and caring potentials.[4,5,6,7]

The way our brains develop is a product of the interplay between our genes and our environment. Our environments play a crucial role in shaping the developing brain in the first 1001 days. This is a period when we are particularly susceptible to positive or negative experiences, which strengthen or harm brain development. As a result, exposure to adversity during this period could have long term.[8]

SPOTLIGHT – Home-Start West Berkshire

Home-Start West Berkshire is a voluntary organisation that receives no statutory funding, that plays a vital role in supporting families during the first 1001 days of a child's life, from pregnancy through to a child's second birthday. This critical window of development lays the foundations for lifelong emotional and physical health, and Home-Start's work ensures families have the support they need to thrive during this time.

Through a team of 55 trained volunteers, the charity offers personalised, compassionate support to families across West Berkshire. Last year, they have supported over 410 families and approximately 800 children.

Services include home visiting, perinatal mental health support, group sessions, a Baby Bank, crisis support, and advocacy. The projects are designed to reduce stress, promote bonding and attachment, and empower parents during what can be a challenging period.

The Maternal Mental Health Service has demonstrated significant positive outcomes across multiple areas of family wellbeing. The impact of Home-Start's work is best expressed through the voices of those they support:

"I was in a difficult place in life due to long-term trauma and then loss of a baby. My mental health was in tatters. The Home-Start volunteer has been amazing, the support and help have been invaluable. She has helped physically in my home; it is the most help and consistent support I've ever had."

Trauma and adversity in childhood

We now know that chronic stress in early childhood - whether it is caused by repeated abuse, severe maternal depression or extreme poverty – has a negative impact on a baby's development. Some exposure to stress is an important and necessary part of development but only when it is short-lived physiological responses to moderately uncomfortable experiences. Regular exposure to high levels of stress causes unrelieved activation of the baby's stress management system. Without the protection of adult support, chronic stress becomes built into the body by the processes that shape the architecture of the developing brain.

Exposure to early adversity, particularly in the absence of nurturing relationships, can have long-lasting effects on wellbeing. Many factors can make it more difficult for parents to have the emotional capacity to provide their babies with the sensitive, responsive care they need. These might include mental health problems or the stress of living with poverty.

Chronic unrelenting stress in early childhood – such as exposure to conflict or abuse – can be extremely damaging to the developing brain, particularly if a child does not have a secure relationship with an adult who can help to 'buffer' the impact of this early adversity. This stress, known as 'toxic stress', leads to prolonged activation of the stress response systems which can disrupt the development of brain architecture and other organ systems and increase the risk for stress-related disease and cognitive impairment, into the adult years[9].

The term Adverse Childhood Experiences (ACEs) is frequently used to describe "highly stressful, and potentially traumatic, events or situations that occur during childhood and/or adolescence. They can be a single event, or prolonged threats to, and breaches of, the young person's safety, security, trust or bodily integrity"[10].

ACE's are experiences that can detrimentally impact a child later in life. Reports suggest that many of the young people impacted by violence and knife crime have experienced adverse childhood experiences[11]. Children impacted by stress and negative experiences are more likely to have poor educational attainment, develop harmful, anti-social behaviours and become involved in crime (see figure 4).

Figure 4 - Impact of adverse childhood experiences on future outcomes

Studies have consistently linked ACEs to a greater likelihood of developing a range of chronic diseases, like respiratory illnesses, cardiovascular disease or cancers, and with poorer mental well-being. They indicate the risk increases exponentially, as the number of ACEs increases, so does the likelihood of encountering poorer outcomes. However, the link is an association rather than causal.

Children exposed to adverse ACE's may experience disruptions in brain development, emotional regulation, and learning capacity. These effects can contribute to behavioural and cognitive challenges that overlap with or exacerbate SEND. While not all children with SEND have experienced trauma, those in care or adopted from care—many of whom have SEND—are particularly vulnerable to ACEs. Trauma-informed approaches are increasingly recognised as essential in supporting children with complex needs, helping to mitigate the long-term impact of early adversity

Those who experience ACEs, even multiple ACEs, will not necessarily go on to experience poorer outcomes. This is because there are many other factors which can influence someone's life outcomes. While ACEs cannot be used to predict who will or won't go on to experience poorer outcomes, they can be used to identify the potential prevalence of poorer outcomes at a population level. A study published in 2014 estimated that just under half the population of England had experienced at least one adversity, with almost one in four having experienced two or more.[12]

Based on national research we can estimated the number of ACE's amongst the 0-18 year old population in West Berkshire (see Figure 5).

Adverse childhood experience	Estimate	Low	High
Parental separation or divorce	18-25%	6,682	9,281
Emotional/psychological/verbal abuse	17-23%	6,311	8,538
Childhood physical abuse	14-17%	5,197	6,311
Exposed to domestic violence	12-17%	4,455	6,311
Household mental illness	11-18%	4,084	6,682
Household alcohol abuse	9-14%	3,341	5,197
Household drug abuse	4-6%	1,485	2,227
Childhood sexual abuse	3-10%	1,114	3,712
Household member in prison	3-5%	1,114	1,856

Figure 5 - Estimated number of 0-18 year olds experiencing specific adverse childhood experiences in West Berkshire (2023) [13,14]

Health inequalities

On the whole, health, wellbeing, and development outcomes for children and young people are generally better in West Berkshire than nationally. However, we know that good health and wellbeing outcomes are not shared by everyone. Where you are born and who your parents are can help predict several outcomes in pregnancy, childhood and beyond.

The conditions to promote and protect child health affect pregnant people, families and young children throughout West Berkshire differently. It is known that socioeconomic status is associated with greater risk of ACEs /maltreatment. 101 children are living in the 20% most deprived parts in West Berkshire

Income inequality is correlated with many social and economic factors that impinge on the health of a child and its parents during the first 1001 days. Lower income is likely to, but not necessarily, mean poorer quality housing and local living environments, poorer parenting skills, poorer nutrition and greater likelihood of harmful environmental exposures. Figure 7 highlights some of the national and local differences in health and wellbeing outcomes depending on where people live.

Evidence shows that some black and minority ethnic groups are more likely to experience negative outcomes in pregnancy and early childhood. A report found that black women in the UK are 3.7 times more likely to die during or up to six weeks after the end of their pregnancy than white women, and Asian women are 1.8 times more likely to die than white women[15]. Furthermore, infant mortality rates are shown to differ by ethnicity of the baby, with babies from black ethnic backgrounds having the highest infant mortality rates, followed by Asian ethnic backgrounds, with white ethnic backgrounds having the lowest rates.[16] Children from urban areas are also more likely to die than those from rural areas.[17] Children with learning disabilities face significantly worse health outcomes, which are often linked to unmet health needs, delayed diagnoses, and barriers to accessing timely and appropriate care.

Figure 6 - Differences in health outcomes and risk factors between the least and most deprived areas in West Berkshire

Most Deprived

Life Expectancy at birth (females) **83.6 years**

Life Expectancy at birth (males) **78.6 years**

Infant Mortality (Deaths per 1,000 live births)* **5.5 per 1,000**

Maternal mortality rate* **18.7 per 100,000**

Maternal Obesity* **32.4%**

Low birth weight babies* **8.4%**

Breastfeeding at 6-8 weeks* **51%**

Women attending 1st Antenatal appointment* **56.9%**

Child Obesity (Reception) **32.7%**

Under 18's Conception Rate* **17.8 per 1,000**

Babies whose first feed was breast milk* **59.1%**

Women taking Folic Acid Supplements* **10.1%**

Tooth Decay in 5 years olds* **35.1%**

Good level development in Reception age **40.5%**

Least Deprived

Life Expectancy at birth (females) **89.3 years**

Life Expectancy at birth (males) **83.3 years**

Infant Mortality (Deaths per 1,000 live births)* **2.5 per 1,000**

Maternal mortality rate* **9.79 per 100,000**

Maternal Obesity* **19.8%**

Low birth weight babies* **6.3%**

Breastfeeding at 6-8 weeks* **62%**

Women attending 1st Antenatal appointment* **69.6%**

Child Obesity (Reception) **18.8%**

Under 18's Conception Rate* **7.7 per 1,000**

Babies whose first feed was breast milk* **81.3%**

Women taking Folic Acid Supplements* **27.9%**

Tooth Decay in 5 years olds* **12.8%**

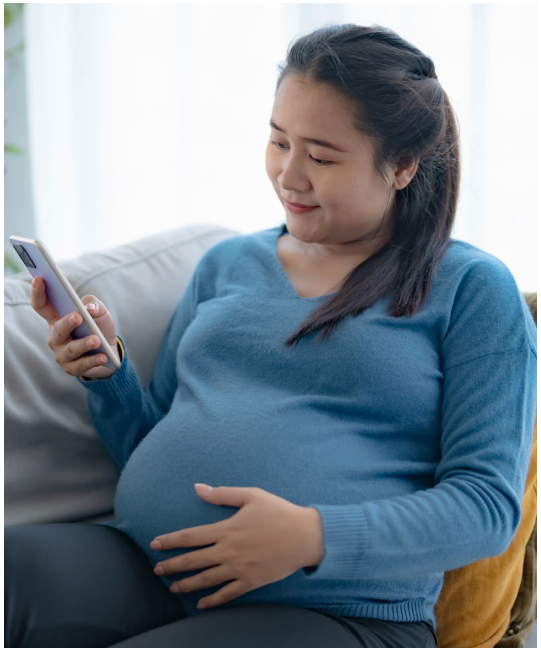
Good level development in Reception age **66.8%**

Sources: **Child and Infant Mortality and in England and Wales 2021; National Dental Epidemiology Programme (NDEP) for England: oral health survey of 5 year old children 2022; Fingertips; Maternal mortality 2021-2023; Child and maternal health profiles**

**Denotes national data for illustrative purposes only*

Marmot stated in his 2010 report, 'Fair Society, Healthy Lives[18]', that: 'giving every child the best start in life is crucial to reducing health inequalities across the life course.' The report sets out the evidence on how best to improve health and wellbeing to ensure all children have the best start in life.

When we explore data and insights from a sub-West Berkshire level, looking at inequalities in outcomes by geography, deprivation, equality group, or specific vulnerabilities, we see that outcomes are not good for all children. In fact, there are persistent and sometimes growing inequalities in outcomes between particular groups of children within the community. Some of these outcomes are consistently poor and are worsening. We often measure outcomes by looking at averages across a whole population. In areas such as West Berkshire, this inevitably risks overlooking the way the outcome is distributed within the population, and the gradient of the slope.



"Where you are born and who your parents are can help predict several outcomes in pregnancy, childhood and beyond."

Child Poverty

It is important to consider the effects of childhood poverty on health outcomes both in childhood and later in life. Childhood poverty has been shown to cause lower birth weight and reduced breastfeeding as well as other negative health outcomes including increased risk of contracting diseases, higher levels of obesity, and a higher likelihood of developing a mental disorder.[19]

Evidence also shows that poverty can increase mortality risks.[20] The effects of childhood poverty can go on to have implications in adulthood, with poor educational attainment being a predictor of poverty or severe material deprivation at a later stage in life.[21] Those at highest risk of childhood poverty include children from lone parent families, black and minority ethnic backgrounds, and larger families.[22]

The Marmot Review[23] suggests that there is evidence that childhood poverty leads to premature mortality and poor health outcomes for adults. Reducing the numbers of children who experience poverty should improve these adult health outcomes and increase healthy life expectancy. There is also a wide variety of evidence to show that children who live in poverty are exposed to a range of risks that can have a serious impact on their mental health.

In West Berkshire, 11% of children under the age of 16 were living in poverty in 2023/24, which is 3,398 children.[24] Since 2014/15, levels of child poverty in West Berkshire have increased (in relative terms) by 52.8% compared with an increase of 37.3% in England (see Figure 7 and 8).

Public health and healthcare services, particularly primary care, health visitors and school nurses, play a key role in early intervention to mediate the adverse health effects of poverty and prevent more serious problems later in life.

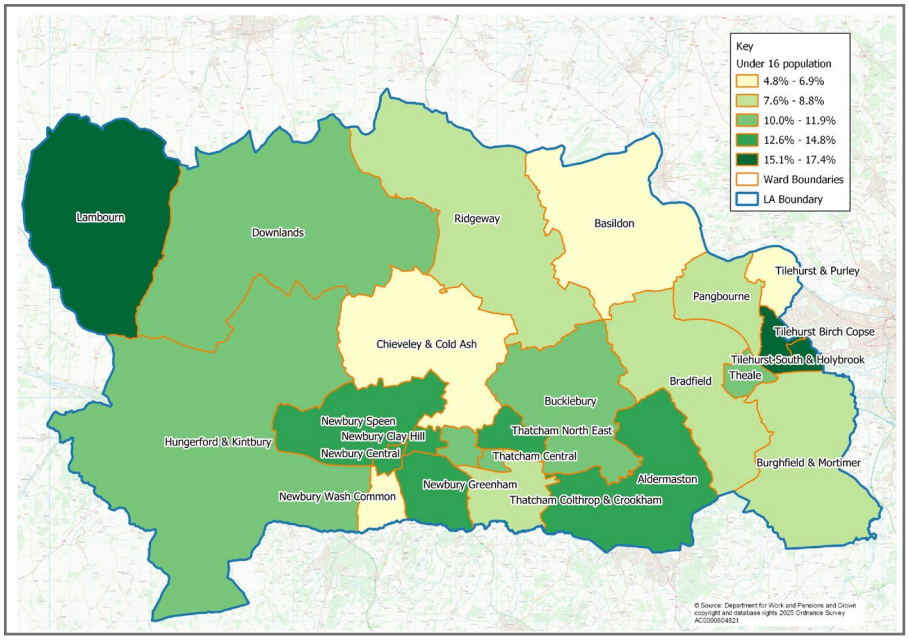


Figure 7 - Child poverty (%) in children under 16 by wards in West Berkshire (2023/24)

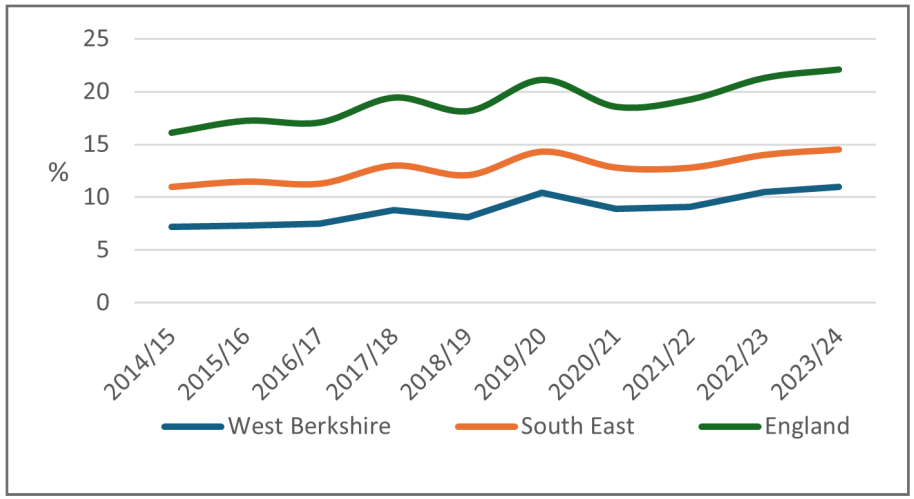


Figure 8 - Child poverty (%) in children under 16 in West Berkshire (2023/24)

Commercial Determinants of Health

One area that often receives less attention in understanding the influences on health is the commercial determinants of health. Commercial determinants of health is a phrase designed to encapsulate a conflict of interest in some parts of private sector activity where profit maximisation may be dependent on promoting products and behaviours that are detrimental to health. Industries utilise different tactics such as denial, distortion and distraction to shed doubt on public understanding of risk and profit from health-harming behaviours.

For example, there have been marketing campaigns to undermine the negative health consequences of smoking and alcohol consumption during pregnancy. Additionally, as noted in this report, West Berkshire continues to have high level of childhood obesity with one in five reception age children and one in three year six children very overweight.

The commercial influences on parental and infants' health should be recognised if we are to counter the strong market factors at play that undermine children's health and wellbeing. It is often said, that our choices and our children's choices are commercially determined. It is therefore important that we continue to understand the methods and tactics that various industries employ that make it difficult for the public to lead healthy lives.

The Government has recently published new healthier food standards for commercial baby food manufacturers in an attempt to reduce salt and sugar in their products and stop promoting snacks for babies under the age of one. Baby food manufacturers have been given 18 months to comply with the new standards. The standards also include clearer labelling guidelines to help parents understand more easily what food they are buying for their children.

Children aged 0-5 represent 6.1% of the population of West Berkshire, which is 9,897 children. Over the next 20-years, the proportion of the children aged 0-5 years is projected to fall to 5.4% of the population.

The wards of Thatcham West, Newbury Greenham, and Newbury Clay Hill have the highest rates of children aged 0-5 in West Berkshire; wards in the North, such as Downlands, and Basildon, were among those with the lowest rates.

Births

There were 1,435 live births in West Berkshire in 2023. Over the past decade, the number of live births in West Berkshire have fallen from 1,744 to 1,435, and during this time, the General Fertility Rate (GFR) (the number of births per 1,000 women of reproductive age in a given year) fell from 60.4 (per 1,000 females aged 15-44) to 50.5. Across the wards of West Berkshire, the GFR ranged from 24.6 (per 1,000) Chieveley and Cold Ash to 65.8 in Hungerford and Kintbury (see figure 9).

Ethnicity

In West Berkshire, there were 8,310 children under the age of five, based on the 2021 Census. Of these, 1,164 (14.0%) were from a non-White background. Across all ages, non-White children under five made up 0.7% of the total population in West Berkshire.

Across the wards of West Berkshire, the proportion of children under five from non-White backgrounds ranged from 0.8% in Downlands to 30.0% in Newbury Central. Proportions were also high in the wards of Tilehurst Birch Copse (25.1%) and Tilehurst South and Holybrook (27.0%) (see figure 10).

Infant Mortality

Infant mortality (deaths occurring during the first 28 days of life) is a good indicator of the general health of an entire population. It reflects the relationship between causes of infant deaths and upstream determinants of population health such as economic, social and environmental conditions.

Most infant deaths occur during the first year and particularly during the neonate period (up to 28 days) where around 80% of infant deaths occur. Pre-term birth accounts for 40% of neonate deaths. This is often due to immaturity or underdevelopment of respiratory and cardiac systems. Congenital malformations are the next leading cause of death at around 33%, followed by other causes that include trauma and sudden unexpected deaths in infants (SUDI).

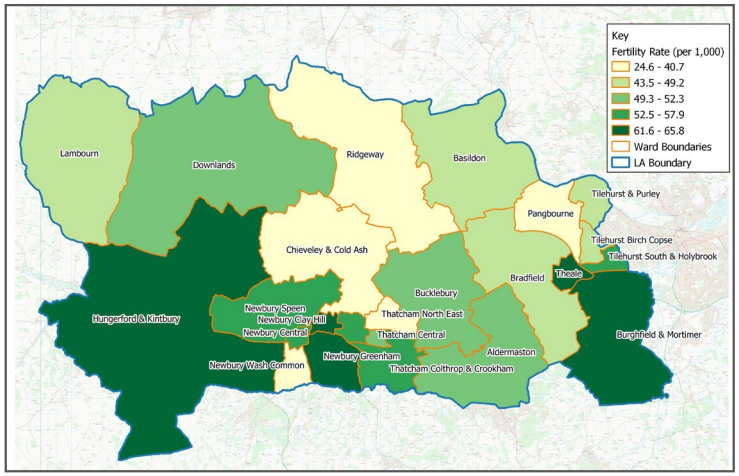


Figure 9 - General Fertility rate (per 1,000 females aged 15-44) by wards in West Berkshire (2023)

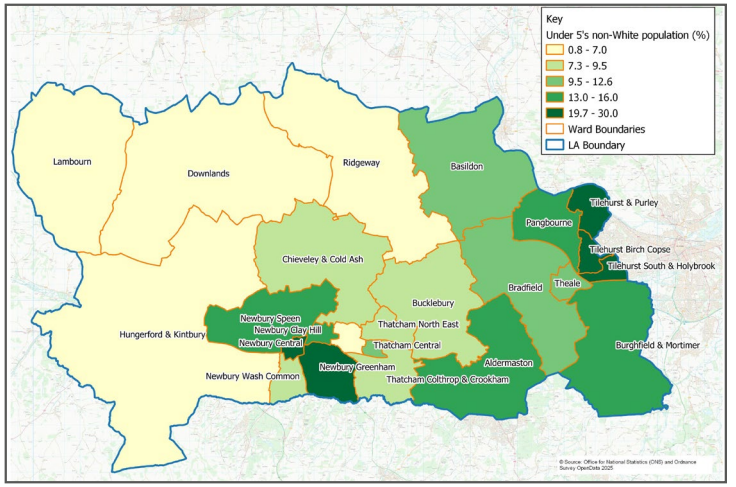


Figure 10 - Children (%) under 5 from non-White backgrounds by wards in West Berkshire (2021)

Section 3: Demographics

Infant mortality rates are known to be worse in disadvantaged groups and areas. Poor health outcomes – for example higher infant mortality rates – are often linked to social factors such as education, work, income and the environment. Lifestyle choices and the quality, availability and accessibility of services are also important.

The West Berkshire rate (4.5 per 1,000) for 2021-23 is similar to England (4.1). During the latest three-year period, there were 20 infant deaths. Since 2018-20, the rate in West Berkshire has increased from 2.4 to 4.5, an increase from 11 deaths to 20[25].

Reducing infant mortality requires a combination of health interventions and actions on the wider social determinants of health by the NHS, local authorities and voluntary organisations, charities and social enterprises. These interventions must start before birth.

Giving every child the best start in life through interventions to reduce health inequalities in infant mortality is central to reducing health inequalities across the life course. Evidence suggests that infant mortality can be reduced by reducing child poverty, the prevalence of obesity, smoking in pregnancy, improving housing and reducing overcrowding and reducing sudden unexpected deaths in infancy (SUDI) and under 18 conception rate.

Low Birth Weight

Being born with a low birth weight significantly increases the risk of infant mortality and has serious consequences for health in later life. In West Berkshire in 2022, 2.6% of all babies were born with low birth weight, which is similar to both the regional and national rate of 2.6% and 2.9% respectively. Smoking in pregnancy, alcohol and substance misuse and poor maternal nutrition are significant contributing factors to low birth weight which are all preventable.

Section 4: Preparing for Parenthood

Being well prepared for parenthood will have benefits for the future health and wellbeing of the whole family. Evidence shows that women who are healthier in pre-pregnancy have a better of chance of becoming pregnant, having a healthy pregnancy and giving birth to a healthy baby.

Teenage pregnancy is more likely to represent an unintended pregnancy, and there is evidence that pregnancy intention is important for maternal and child health. Therefore, a programme of sex and relationship education can be effective in preventing unintended pregnancies.

Children born into secure families that respond to their physical and emotional needs are more likely to grow-up to achieve well academically and to enjoy a healthier and more financially secure adult life. Furthermore, they are more likely to give their own children the same good start in life. The health of a would-be parent, even before the start of the 1001 days, is an important factor in giving every child the best start in life. Being well-prepared for parenthood is likely to have benefits for the future health and wellbeing of the whole family.

Teenage Pregnancy

In England and Wales, infant mortality rates are highest where babies are born to mothers aged under 20 years or over 40 years old. Teenage pregnancy is associated with poor outcomes for young women and their children. In England and Wales, infant mortality rates are highest where babies are born to mothers aged under 20 years or over 40 years old. Teenage pregnancy and early motherhood can be associated with poor educational achievement, poor physical and mental health, social isolation, poverty and other related factors. Teenage mothers are less likely to finish their education, are more likely to bring up their child alone, 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.

SPOTLIGHT – Better Health: Start for Life

The **'Best Start in Life'** is a Government initiative that provides trusted advice and guidance to support parents through pregnancy, birth, and early parenthood.

It covers a wide range of topics, including baby care, feeding, mental health, and early childhood development. The campaign encourages parents to chat, play, and read with their children to develop communication, language, and literacy skills

The under 18 conception rate in West Berkshire was 8.3 (per 1,000 females aged 15-17) in 2021, significantly lower than the England rate (13.1 per 1,000)[26]. In 2021, 17 of 25 pregnant young women (68.0%) had an abortion. The proportion of abortions locally was similar to the England average of 53.4%.

National Institute for Health and Care Excellence (NICE) Guidance for women who have complex social risk factors[27] is clear; the vulnerabilities most commonly found with poor or delayed access to the antenatal pathway are in women include first time mothers under the age of 20 years.[28]

It is easier to achieve good health and wellbeing during pregnancy when a pregnancy is planned. Consideration of health behaviours can be made before a baby is conceived and families can seek support to improve their health and wellbeing when they know they are pregnant.

Perinatal mental health

The mental health and wellbeing of mums, dads, partners and carers is important for the development of the baby. Poor mental health can impact a parent's ability to bond with their baby.[29]

During the perinatal period (pregnancy and first year of life), women are at risk of experiencing and developing a range of mental health challenges. Poor maternal mental health has important consequences for the baby's health at birth, along with the child's emotional, behavioural and learning outcomes.

SPOTLIGHT – Swings & Smiles

Swings & Smiles is a Thatcham-based charity offering inclusive play and support for children with special needs and their families. Their centre features accessible play areas, a sensory room, and themed activity spaces. They also provide sibling support, outreach services, and over 6,800 hours of respite care annually.

Swings & Smiles creates a safe, welcoming space where every child and parent feels supported and celebrated.

Perinatal mental health challenges are estimated to affect between 10-20% of women during pregnancy or within the first year of having a baby.[30] Estimates for West Berkshire indicate that between 144 and 288 mothers experienced perinatal mental health challenges in 2022. The estimated number of women who may have been affected by a range of mental health challenges are shown in the Figure 11.

Mental health challenge	National prevalence	West Berkshire	South East
Postpartum psychosis	0.2%	3	177
Chronic serious mental illness	0.2%	3	177
Severe depressive illness	3%	43	2,654
Mild-moderate depressive illness & anxiety	10-15%	144- 216	8,847 - 13,271
Post-traumatic stress disorder	3%	43	2,654
Adjustment disorders & distress	15-30%	216 - 432	13,271 - 26,541

Figure 11 - Estimated number of women with perinatal mental health challenges (2022)[31]

If left untreated, mental health issues can have significant and long-lasting effects on the woman, the child, and the wider family. Specialist services provide care and treatment for women with complex mental health needs and support the developing relationship between parent and baby. They also offer women with mental health needs advice for planning a pregnancy. Good quality perinatal mental health care is set out in NICE guidelines and quality standards.[32,33]

It is vital that every new parent and carer has access to compassionate and timely mental health support if they need it, from the moment they find out that their baby is on the way. This is not just because of the negative consequences to both the parents and their baby if mental health goes untreated – the effects of mental health challenges come with a heavy financial cost. For every one-year cohort of births in England, the NHS has estimated that the long term cost from lack of timely access to quality perinatal mental health care is £1.2 billion to the NHS and social services and £8.1 billion to society.[34]

To give every child the best start in life, the pioneering report by Marmot (2010), recommended the development of "high quality maternity services to meet need across the social gradient" [35] and giving "priority to pre and post-natal interventions that reduce adverse outcomes of pregnancy and infancy".

Maternal physical and emotional health and wellbeing during pregnancy and the year after childbirth (perinatal period) has a profound impact on the health of children throughout their lives.[36] By improving maternity care[37], reducing maternal obesity, reducing smoking, increasing breastfeeding rates, and improving perinatal mental health there is potential to improve outcomes for mothers and infants.

Ensuring that all women receive access to the right type of care during the perinatal period is needed to reduce the impact of maternal mental health problems during pregnancy and the first 2 years of life on infant mental health and future adolescent and adult mental health. Infant mental health is vital to the long-term development of brain development and good mental, physical and emotional health and wellbeing through the course.[38]

Maternal obesity

Maternal obesity increases the risk of complications during pregnancy and can affect the child's health.

Maternal obesity is an issue for about one quarter of pregnant people seen by the health visiting service. Midwives, health visitors and other professionals support mums and families by establishing or referring to community groups or services provided by local authorities before, during and after pregnancy to ensure continuity of care. Healthy eating can be promoted to families through nationally available resources and local support, for example via community-led cooking programmes in family hubs in West Berkshire.[39] Physical activity opportunities are offered to support families during and after pregnancy, including community-based walking groups.[40]

In 2023/24, 26.3% of people in early pregnancy in West Berkshire (355) were categorised as obese (body mass index (BMI) ≥30kg/m2). This was similar to the England average of 26.2%.[41]

Eating well before, during and after pregnancy means that both mother and baby are getting the essential nutrients they need for the best health and development. Making sure that babies and pre-school children have the best possible nutritional start in life is vital to their growth and development.

SPOTLIGHT - Supporting women who smoke to quit

Supporting people to stop smoking during pregnancy, and to remain smokefree after birth is a key priority at the Royal Berkshire NHS Foundation Trust. Stop smoking support is provided by an in-house tobacco dependency team called the Health in Pregnancy team [HIP]. As soon a pregnant person or birthing person informs RBFT that they are pregnant and a current smoker or have recently quit, the HIP team reach out with an offer of support [to start their quit journey, or to stay quit]. The HIP team offer behaviour change support, Nicotine Replacement Therapy and offer enrolment on to the national incentive scheme. Since the HIP started in January 2023 the Smoking at time of delivery rate [SATOD] has fallen from 5.12% 2021/2022 to 3.13% 2024/2025.

As part of the Government's commitment to a smokefree generation, West Berkshire Council have been awarded additional funding to support people to quit smoking. Over the next four years the council will be aiming to support 1434 people to quit, including people who are pregnant.

Smoking in pregnancy

Smoking is one of the most modifiable factors for improving infant health. Babies who are exposed to maternal smoking are more likely to die in infancy, be born early, small or stillborn, experience reduced lung function and congenital abnormalities of the heart, limbs and face.[42]

Smoking during pregnancy is a risk factor associated with inequalities in complications in pregnancy, stillbirths, neonatal death and serious long-term health implications for mothers and babies. There are differences in maternal smoking rates, depending on age, geography, socio-economic status, and ethnicity. Women from disadvantaged backgrounds are more likely to smoke before pregnancy; less likely to quit in pregnancy and, among those who quit, more likely to resume after childbirth.[18]

In West Berkshire, 5.9% of people smoked during pregnancy in 2023/24, which is equivalent to 78 pregnant people. This proportion is significantly lower than the England average of 7.4%. Since 2010/11, the proportions of women smoking during pregnancy in West Berkshire have fallen from just over 7% to their current levels of 5.9%.[43]

Alcohol and substance misuse

The Chief Medical Officers for the UK recommend that if you are pregnant or planning to become pregnant, the safest approach is not to drink alcohol at all to keep risks to your baby to a minimum. Drinking in pregnancy can lead to long-term harm to the baby, with the more you drink, the greater the risk. When a pregnant person drinks, alcohol passes from the blood through the placenta and to the baby. A baby's liver is one of the last organs to develop and does not mature until the later stages of pregnancy. The baby cannot process alcohol as well as the mother can, and too much exposure to alcohol can seriously affect their development.

Alcohol and recreational drugs can affect the baby's development in the mother's womb causing birth defects or complications in pregnancy. Drinking alcohol during pregnancy increases the risk of miscarriage, premature birth and low birthweight babies[44]. The risk increases with the amount of alcohol consumed and can result in foetal alcohol spectrum disorder (FASD) which can leave the child with a wide range of mental and physical problems.[45]

Drug misuse during pregnancy increases the risk of stillbirth and the risk of babies being born with blood-borne infections (such as HIV or Hepatitis B), birth defects and developmental problems.

Section 5: Early Growth

Immunisations

One of the most important ways to protect babies and children against ill health is to ensure they receive the full programme of childhood immunisations. This protects individual children against many serious and potentially deadly diseases, as well as protecting other people in the community by reducing the spread of disease. The World Health Organisation recommends that at least 95% of children are immunised nationally, with at least 90% coverage in each local area.[46] The Department of Health has adopted these coverage targets for all routine childhood immunisations.

The latest coverage levels for childhood immunisations across West Berkshire and whether they met national targets are shown in Figure 12. In West Berkshire, the uptake of immunisations are above the national target of 95% for the majority of immunisations for children under five. However, it is likely that uptake rates will vary across different population groups.

National research has found timing of appointments (49%), availability of appointments (46%) and childcare duties (29%) were the main barriers to people getting vaccinated[47]. Low level of immunisation is also associated with socioeconomic deprivation and is commonly found amongst people from ethnic minority backgrounds, refugees, and children whose families are travellers.

"One of the most important ways to protect babies and children against ill health is to ensure they receive the full programme of childhood immunisations."

Immunisation	Age group	West Berkshire	South East	England
DTaP IPV Hib HepB	12 months	95.9	93.5	91.2
MenB	12 months	95.5	92.9	90.6
Rotavirus	12 months	93.7	90.8	88.5
PCV	12 months	96.1	94.9	93.2
DTaP IPV Hib HepB	24 months	96.3	94.0	92.4
MenB booster	24 months	94.1	90.3	87.3
MMR (one dose)	24 months	95.3	91.5	88.9
PCV booster	24 months	95.2	90.7	88.2
Hib & MenC booster	24 months	95.3	91.0	88.6
DTaP & IPV booster	5 years	90.8	85.5	82.7
MMR (one dose)	5 years	96.5	93.5	91.9
MMR (two doses)	5 years	91.9	86.8	83.9

<90%	Under minimum coverage level required
90% to 95%	Met minimum coverage level; not met target
≥ 95%	Met or exceeded coverage target

Figure 12 Percentage of immunisations among children aged 0-5 in West Berkshire (2023/24) [48]

Nutrition

The speed of postnatal growth is highest following birth, when an infant is still entirely dependent on its mother or primary carer for obtaining nutrition. The health risks arising from insufficient nutrition in this phase are self-evident, but the prevailing cultural belief that rapid growth is always good may not be a helpful one, as rapid catch-up growth or excessive weight gain may be linked to obesity later on and other risks.[49]

Breastfeeding

The earliest nutrition a newborn child receives is milk, either through breastfeeding or through bottle feeding. Compositional regulations ensure that infant formula meets the basic nutritional needs of the exclusively formula fed infant. However, it must be remembered that breastmilk remains nutritionally superior due to several components that cannot be replicated in formula and additionally provides non-nutritional benefits, including immunity protection and hormonal processes that support bonding and attachment.[50]

There is extensive evidence to show that breast milk is the best form of nutrition for infants and breastfeeding has an important role in promoting the health of infants, children and mothers, and in reducing the risk of illness both in the short and long term. Breastfeeding provides essential nutrients and strengthens the immune system. However, it is recognised that some mothers may be unable to breastfeed and others might simply choose not to; parents and carers will use infant formula, expressed milk or donor milk for a wide range of reasons.

Research has shown that infants who are not breastfed are more likely to have infections in the short-term such as gastroenteritis, respiratory and ear infections, and infections requiring hospitalisations. Prevalence of Sudden Infant Death Syndrome is lower in infants who are breastfed[51].
In the longer term, evidence suggests that infants who are not breastfed are more likely to become obese in later childhood, which means they are more likely to develop type-2 diabetes and tend to have slightly higher levels of blood pressure and blood cholesterol in adulthood.

For mothers, breastfeeding is associated with a reduction in the risk of breast and ovarian cancers. Breastfeeding is strongly linked to the building of relationships between mother and child and cognitive development is felt to be improved when babies have been breastfed. Mothers are made aware of these benefits and those who choose to breastfeed should be supported by a service that is evidence-based and delivers an externally audited, structured programme.

In West Berkshire, 75.5% of babies were breastfed at birth, significantly higher than the England average of 71.9%. At 6-8 weeks after birth, the proportion of babies breastfeeding in West Berkshire fell to 56.1%, this was still significantly higher than the England average of 52.7%.[41]

The World Health Organisation (WHO) recommends exclusive breastfeeding for the first six months (26 weeks) of an infant's life. Thereafter, breastfeeding should continue while gradually introducing the baby to a more varied diet of supplementary foods until the child's second birthday or for as long as the mother and baby wish.

The types and quantities of food given to an infant, and how these are prepared and administered (e.g. spoon-feeding versus self-feeding) are all likely to be important for setting up eating preferences and habits, which might have a lifelong impact, through a complex mixture of microbiological, nutritional, social and psychological influences.

SPOTLIGHT – Family Hubs

West Berkshire's Family Hubs offer a wide range of early help services for families with children aged 0–5 years. Located in Thatcham, Calcot, Newbury, and Hungerford, they provide stay & play sessions, parenting support, health visitor clinics, baby massage, and help with childcare and benefits. Family Hubs are a one-stop resource for early years development, parental wellbeing, and community connection.

A great example of this work can be seen at the Hungerford Family Hub, where the Bumps & Babes group has grown from just one or two parents attending weekly to 18 parents and two expectant mothers regularly attending. This success is partly thanks to the introduction of regularantenatal classes, held in partnership with the local GP surgery and supported by a dedicated midwife who delivers one of the sessions.

Looking ahead, West Berkshire's Family Hubs are set to expand their offer as part of a broader 0–19 (and up to 25 for those with SEND) integrated co-located support model. This development will enhance multi-agency collaboration and strengthen links with other aspects of the Early Help offer, ensuring families receive timely, preventative support tailored to their needs. By utilising Family Hubs within this wider system of support, West Berkshire is contributing to the national vision that prioritises early intervention and community-based services to reduce the need for later support when problems become more serious.

"Family Hubs are a one-stop resource for early years development, parental wellbeing, and community connection."

Healthy Start Programme

Food insecurity and poor diet in early life detrimentally affects a person's physical and mental health, and later life educational and employment opportunities. Healthy Start is a national programme that provides financial support to eligible low-income families. The scheme aims to help pregnant people and young families with children under 4 who are most in need to buy healthy food and drink including fresh, frozen and tinned fruit and vegetables, fresh, dried and tinned pulses and infant formula milk. The scheme also enables to access free Healthy Start vitamins.

The scheme has recently moved to digital, with families receiving a pre-paid chip and PIN Mastercard with money pre-loaded every 4 weeks instead of paper vouchers. Card is accepted in any store that accepts Mastercard. The Healthy Start vitamins contain recommended amounts by the Government of vitamins A, C and D for children aged from birth to four years. Folic acid and vitamins C and D are provided for pregnant and breastfeeding women. The Healthy Start vitamins are vegetarian and halal certified. Multilingual information is available on Healthy Start website[52] for health professionals to promote uptake this scheme.

Due to errors in eligibility data, the most recent uptake data we have for West Berkshire is from 2022. This showed that In March 2022, 616 (72%) eligible individuals had applied and received vouchers. This equates to £70,720 unclaimed food vouchers locally per year*. The number of parents claiming health start vouchers for subsequent years have largely remained the same (see Figure 14).

The Government has recently pledged in to restore the value of the Healthy Start scheme from 2026 to 2027 with pregnant people and children aged one or older but under 4 to receive £4.65 per week (up from £4.25). Children under one year old will receive £9.30 every week (up from £8.50)[53].

Year	Number of vouchers claimed	Uptake
August 2021	463	54%
March 2022	616	72%
March 2023	586	Data not available
August 2023	543	Data not available

Figure 13 Healthy Start Uptake between 2021 and 2023

**costs derived by dividing 239 unclaimed vouchers into three eligible cohorts (from 10th week of pregnancy, from birth to 12-months and 1 year to 4 year olds)*

Newborn hearing

Newborn hearing screening helps identify babies who have permanent hearing loss as early as possible. This means parents can get the support and advice they need right from the start. 1 to 2 babies in every 1,000 are born with permanent hearing loss, rising to approximately 1 in every 100 babies who have spent more than 48 hours in intensive care[54]. Hearing loss can significantly affect babies' development. Finding out early can give these babies a better chance of developing language, speech and communication skills. It will also help them make the most of relationships with their family or carers from an early age.

In 2023/24, 98.8% of babies were screened for hearing in West Berkshire, similar to the England average of 99.0%.[55] This means that only 17 babies did not have their hearing screened following birth in West Berkshire.

The UK NSC recommends screening for permanent hearing loss in newborns. Research shows that

- without systematic hearing screening, 400 of the 840 babies born in the UK each year with significant permanent hearing loss were missed
- hearing impaired children are at high risk of delayed development of language and communication skills, which can affect their educational achievement, mental health and quality of life
- there is no evidence of undue parental anxiety caused by very early identification of hearing impairment[56]

Oral Health

Good oral health begins in the earliest days of life. The first 1001 days - from conception to age two - are a crucial period for establishing healthy habits and preventing future dental problems. During this time, factors such as maternal nutrition, infant feeding practices (including breastfeeding), and early exposure to fluoride all play a role in shaping a child's oral health trajectory.

Supporting families with oral health education and access to preventive care in these early years can significantly reduce the risk of tooth decay and set the foundation for lifelong wellbeing. Breastfeeding is associated with lower risk of early childhood caries compared to bottle-feeding with sugary drinks. Parents' oral health behaviours (e.g. brushing their child's teeth, avoiding sugary snacks) are established early and are critical in the first two years.

Poor oral health in children can lead to tooth decay causing pain, infection, and difficulty eating, tooth loss and affecting overall health. Tooth decay is the most common oral disease affecting children and young people in England, yet it is largely preventable. There is a strong relationship between deprivation and both obesity and dental caries in children. The level of dental decay in five-year-old children is a useful indicator of the success of a range of programmes and services that aim to improve the general health and wellbeing of young children.

In West Berkshire in 2021/22, 16.9% of five year olds experienced tooth decay. This was significantly lower than the England average of 23.7%. Since 2007/08, the prevalence of tooth decay in West Berkshire has fallen from 29.5% to 16.9%, a relative fall of 42.7% (compared with a relative fall of 23.3% in England).[57]

Among five year olds with any tooth decay, there were an average of 3.0 decayed, missing or filled teeth among children in West Berkshire, compared with 3.4 in the South East and 3.5 in England in 2021/22 (NDEP). The West Berkshire average was similar to England. Among those five year olds who did not have any tooth decay, there were an average of 0.5 decayed, missing or filled teeth in West Berkshire, compared to 0.7 in the South East and 0.8 in England. The average in West Berkshire was significantly lower than England.

In March 2025 the Government announced plans to implement a national targeted supervised toothbrushing programme for children aged 3, 4 and 5 year olds in the most deprived communities. West Berkshire has been allocated £16,500 as part of this initiative with plans to expand the existing supervised toothbrushing programme by the end of 2025.

Healthy Weight

The foundations for a healthy weight are laid early - often before a child even starts school. Maternal nutrition during pregnancy, infant feeding practices, and the early food environment all influence a child's risk of developing overweight or obesity. Supporting families during this window with evidence-based guidance and access to healthy food and active lifestyles is essential to preventing childhood obesity and promoting long-term wellbeing.

Childhood obesity and excess weight in children are significant health issues for children and families. Healthcare professionals play a key role in supporting families, they work with other professionals and public health by delivering whole systems approaches to influence the population to tackle sedentary lifestyles, excess weight, and reduce drivers of excess calorie intake.[28]

Childhood overweight and obesity are associated with increased risk of overweight and obesity in adulthood, and earlier onset of non-communicable diseases such as Type 2 diabetes and cardiovascular diseases.[30] An analysis found that 55% of children living with obesity remained so into adolescence. 80% of adolescents who were living with obesity, also experienced obesity as adults.[31] Obesity also causes health problems in childhood, being a risk factor for Type 2 diabetes, dyslipidaemia, asthma and other conditions and socio-emotional consequences.[58]

1 in 5 children in West Berkshire are overweight or obese when they start school which is similar to the England average. By the time children prepare to leave primary school at ages 10/11 years, the proportion of overweight or obese children increases to around 1 in 3 children (see figure 14).

Weight group	West Berkshire		South East	England
	Number	%	%	%
Underweight	15	1.0	1.0	1.2
Healthy weight	1,135	78.0	78.1	76.8
Overweight	195	13.4	12.2	12.4
Obese	105	7.2	8.6	9.6
Excess weight (overweight/obese)	305	21.0	20.8	22.1

Figure 14 - Weight of Reception children (4-5 year olds) in West Berkshire (2023/24) [59]

The prevalence of excess weight (overweight or obese) among Reception schoolchildren living the top 20% most deprived areas of West Berkshire was 32.7% (2021/22-2023/24). This was significantly higher than the prevalence among children living in the 20% least deprived areas (18.9%); in Year 6, the prevalence of excess weight was 34.9% among children living in the top 20% most deprived areas, compared with 28.7% in the 20% least deprived areas (see figure 15).

A whole systems approach recognises that local approaches may be better and more effective by engaging with communities and local assets to support and address priorities. Actions across the life course are essential to enable physical activity and healthy eating behaviour change and impact childhood obesity.

Being physically active

Whilst little research has been conducted on the health benefits of physical activity in early years, compared with adults, there is growing evidence that being physically active every day is important for the healthy growth and development of babies, toddlers and pre-schoolers[60] Research suggests that being active in the early years can enhance gross motor skills, improve bone health, cognitive, social and emotional wellbeing.[61]

During the first years of life, the brain undergoes a rapid period of development and it is likely that physical activity plays a key role. The benefits of physical activity for brain development are likely to accrue through a variety of mechanisms including the formation of neural structures necessary for practising physical skills.[62] Emerging evidence from a small number of studies in the early years have linked physical activity with improved language, attention and self-regulation.

The formation of neural structures as mentioned above are also necessary for children under five to practise social skills and express emotion.

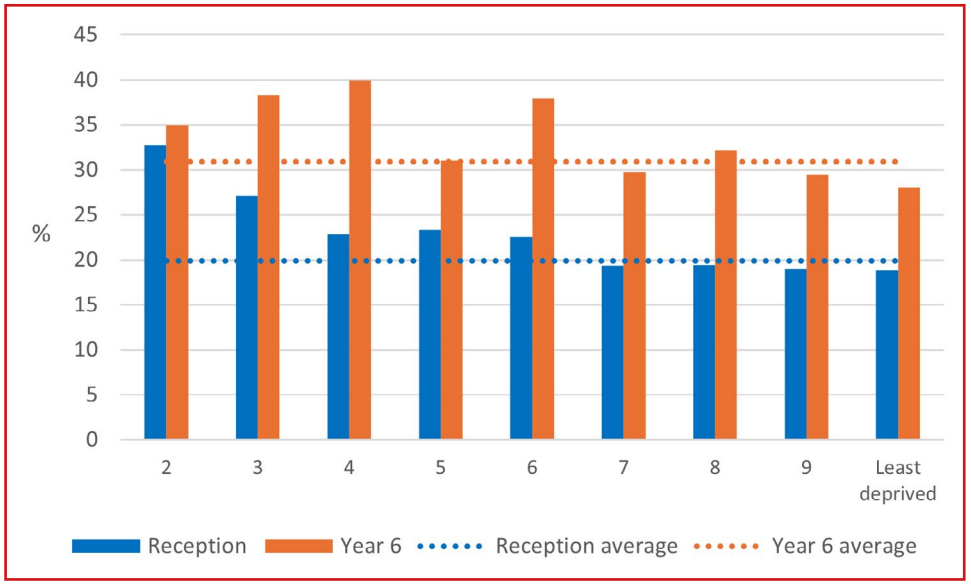


Figure 15 - Prevalence of excess weight (overweight or obese) in West Berkshire among Reception and Year 6 children (2021/22 - 2023/24)

In 2011, physical activity guidelines for the early years were published for the first time, recognising the benefits which being active during the early years brings to a child's health. They have since been updated and advise the following.[63]

- **Infants (less than 1 year)** should be physically active several times every day in a variety of ways, including interactive floor-based activity, e.g. crawling.
- **Infants not yet mobile,** at least 30 minutes of tummy time spread throughout the day while awake (and other movements such as reaching and grasping, pushing and pulling themselves independently, or rolling over).

- **Toddlers (1-2 years)** should spend at least 180 minutes (3 hours) per day in a variety of physical activities at any intensity, including active and outdoor play, spread throughout the day.

- **Pre-schoolers (3-4 years)** should spend at least 180 minutes (3 hours) per day in a variety of physical activities spread throughout the day, including active and outdoor play.

Spotlight – Get Berkshire Active (The Active Partnership for Berkshire)

Get Berkshire Active (GBA) supports the health and wellbeing of pregnant and postnatal women through inclusive physical activity initiatives. The 'This Mum Moves Ambassador' training equips healthcare and other professionals with the skills, knowledge and confidence to discuss physical activity during and after childbirth and GBA have supported the training of over 180 diverse workforces in Berkshire. These workforces, which include midwives, health visitors, social prescribers, charities, family support workers and exercise instructors are now more confident to prescribe physical activity in pregnancy and postnatally.

GBA also offer free pregnancy and postnatal classes across the county in partnership with Sport in Mind, providing a range of physical activity sessions in inclusive and accessible environments for mums experiencing low mood, isolation or more serious mental health conditions. These classes help mums stay active, build confidence, support those most in need and connect with others in a supportive environment, supporting the parent-infant attachment.

Between January 2023- January 2024, Sport in Mind delivered 197 sessions, providing free weekly opportunities to 176 pregnant and postnatal women, with 790 total attendances. Between March 2024-March 2025 they delivered 229 sessions, engaging 312 pregnant and postnatal women, with a total of 1,289 attendances.

School Readiness

School readiness describes how well a child is supported to engage with the learning environment at the point of starting school. It is not something a child achieves independently, but rather a reflection of the relationships, experiences, and environments that have nurtured their development. Children respond to the world around them and their readiness is shaped by how well that world has prepared them to explore, connect, and grow[64].

West Berkshire's approach to school readiness is informed by the UNICEF (2012) school readiness model, which recognises these three interconnected dimensions:

1. Ready children, focusing on children's learning and development

2. Ready schools, focusing on the school environment along with practices that foster and support a smooth transition for children into primary school and advance and promote the learning of all children

3. Ready families, focusing on parental and caregiver attitudes and involvement in their children's early learning and development and transition to school

The goal in West Berkshire is for every child to be:

"… ready to start school, ready to learn, able to make friends and play, ready to ask for what they need and say what they think." (UNICEF 2012)

School readiness is important because it is associated with early childhood factors that influence the capacity to learn and education attainment. Research has found that children who start school having not met the expected level of development on half of their early learning goals through to the end of primary school do less well than their peers in education and social outcomes[65].

"School readiness is a measure of how prepared a child is to succeed in school cognitively, socially and emotionally."

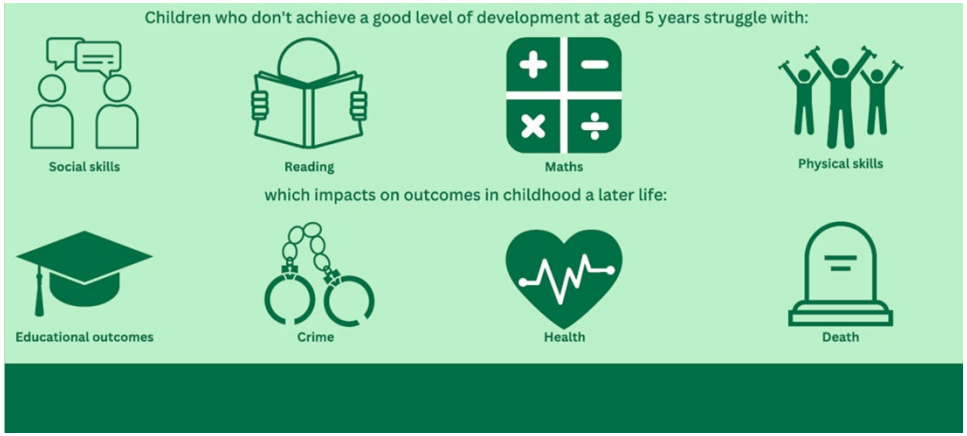


Figure 16 – The importance of school readiness

The Early Years Foundation Stage Profile (EYFSP) is a teacher assessment of children's development at the end of the EYFS (the end of the academic year in which the child turns five). In the Early Years Foundation Stage (EYFS) framework, a Good Level of Development (GLD) indicates that a child has achieved at least the expected level in the early learning goals within the prime areas of learning (personal, social and emotional development; physical development; and communication and language) and the specific areas of mathematics and literacy. A Good Level of Development also demonstrates a child is ready for the Year 1 curriculum.

In West Berkshire recent data shows improvement:

- GLD has risen by 5.6% since last year, from 66.8% to 72.4%
- This is higher than the national average of 68.4%
- GLD for children eligible for Free School Meals (FSM) has also increased to 45%, up 5% from last year.

However inequalities still exist both between FSM children and non free school meal children and between boys and girls:

Among children on FSM, only 32.8% of boys achieved a GLD compared to 53.9% of girls. Both are significantly lower than the GLD rate for children not eligible for FSM in West Berkshire.

These figures highlight the importance of early intervention, family engagement, and high-quality early education. The launch of the Giving Every Child the Best Start in Life strategy reinforces this, aiming for 75% of 5-year-olds to reach a GLD through parenting programmes, home learning support, and digital tools.

Evidence for improving school readiness includes early intervention, family engagement, high-quality early education, and focusing on physical, cognitive, social, and emotional development. Specifically, practicing fundamental motor skills, promoting outdoor play, and providing support for parents in understanding and fostering their child's development.

In July 2025 the Department for Education published its Giving Every Child the Best Start in Life Strategy that sets out the government's plan to create a coherent national approach to family services. The strategy sets out its ambition for 75% of 5-year-olds reaching a good level of development in the early years' foundation stage. This will be achieved through the implementaton of parenting programmes, home learning environment programmes and digital parenting programmes.

Childcare Standards

Childcare standards are regulated by the Office for Standards in Education, Children's Services and Skills (Ofsted). Ofsted report directly to Parliament, parents, carers and commissioners. Most childcare providers looking after children under the age of 8 must register with Ofsted (or a childminder agency).

The number of early years providers graded 'met', 'good' or 'outstanding' in early years group and childminding settings fluctuates throughout the year. In West Berkshire, for 2024-25 judgements have been in line with and above the averages reported nationally by Ofsted (97% group providers and 98% childminders).

In March 2025, providers judged by Ofsted as 'good' or 'outstanding' in West Berkshire found that 99% of early years childminders and 98% of group early years providers achieved this rating.

Vulnerable Children - Children in Care, Child Protection

Children who are looked after are cared for in a foster or residential home, such as a children's home. Children in care are often among the most socially excluded children in need, and often experience significant inequalities in health and social outcomes. On 31 March 2024, there were 187 children in care in West Berkshire, and the rate in West Berkshire of 52.9 (per 10,000) was significantly lower than England. 50 of the 187 children in care were aged under five[66].

The local demographics of children in care (31 March 2024) are similar to the national picture with a higher proportion of children aged 10 and over, and more males. 13.4% of children in care in West Berkshire were unaccompanied asylum-seeking children (25 children. This compares with 8.8% in England[63]. Nationally, this sub-group of children in care are older (16 years and over), males, and are in need due to absent parenting.

Data from 2023/24 show that the percentage of children in care who are up to date with their vaccinations was significantly lower than the national average. 74% of children care were up to date with their vaccinations compared to a national average of 82%. Looked after children can be at a higher risk of missing out on childhood vaccinations[67].

Housing Quality

Housing quality has a significant and material impact on health and wellbeing. Condensation and damp in homes can lead to mould growth, and inhaling mould spores can cause allergic type reactions, the development or worsening of asthma, respiratory infections, coughs, wheezing and shortness of breath. Living in a cold home can worsen asthma and other respiratory illnesses and increase the risk of heart disease and cardiac events. It can also worsen musculoskeletal conditions such as arthritis. Cold or damp conditions can have a significant impact on mental health, with depression and anxiety more common among people living in these conditions.

For a home or dwelling to be considered 'decent' under the **Decent Homes Standard**, it must meet a number of criteria including minimum standards, provide thermal comfort, be in a reasonable state of repair and have reasonably modern facilities and services.

In 2020/21, 6,050 homes in West Berkshire were estimated to be non-decent, 9.0% of the total housing stock, which is significantly lower than the England average of 15.1%. 11.7% of private rented homes were estimated to be non-decent, 8.5% of owner-occupied homes, and 7.9% of socially rented homes.[68] An estimated 610 non-decent homes in West Berkshire are likely to contain children under the age of five.

Following the tragic death of Awaab Ishak, a child who died due to "prolonged exposure to mould in his home environment". Awaab's law will come into force in October 2025 and will require social landlords to address dangerous damp and mould issues within specified timeframes, ensuring that health hazards are fixed promptly. It aims to hold landlords accountable for maintaining safe living conditions and will become an implied term in social housing tenancy agreements.

Certain groups of people, such as children and young people, the elderly or people with pre-existing illness, are at a greater risk of ill health associated with cold or damp homes. Some groups of people are more likely to live in these conditions, including households with a lone parent, households with children, low-income households and households with people from minority ethnic backgrounds.[69]

Based on the 2021 Census, an estimated 4.0% of households in West Berkshire were overcrowded, significantly lower than England (6.4%).[70]

Spotlight – Family First Programme

As part of the Governments children social care reforms local authorities are being asked to implement the Family First Partnership (FFP). The aims of the programme is to transform the whole system of help, support and protection, to ensure that every family can access the right help and support when they need it, with a strong emphasis on early intervention to prevent crisis. FFO has four elements:

- **Family help:** establishing local multi-disciplinary teams, merged from targeted early help and child in need services, to ensure families with multiple needs receive earlier, joined-up and non-stigmatising support to enable them to stay together.
- **Multi-agency child protection teams:** setting up multi-agency child protection teams, with cases held by social worker lead child protection practitioners and also including representation from health and the police.
- **A bigger role for family networks:** involving the wider family in decision-making about children with needs or at risk, including by using family network support packages to help children at home.
- **Stronger multi-agency safeguarding arrangements:** this includes an increased role for education, alongside health, police and children's social care.

Respiratory Illness

In West Berkshire, 190 children under five had an emergency hospital admission for lower respiratory tract infections in 2023/24, a rate of 235.0 per 10,000 population. Whilst this overall rate is similar to the England average (207.7), the rate of emergency admissions for lower respiratory tract infections among males aged 0-4 years in West Berkshire was statistically higher than the national average (301.9 vs 239.6), with the highest rate being among males aged 0-1 years[71]. There is growing evidence that respiratory problems among children may be exacerbated by indoor air pollution in homes, schools and nurseries

A&E Attendances

A&E (Accident and Emergency) attendances at hospital in children under five are often preventable and are commonly caused by accidental injury or by minor illnesses which could have been treated in primary care.

In West Berkshire, 1,445 children under one attended A&E, and the hospital attendance rate of 964.6 was significantly lower than England; among 0-4 year olds in West Berkshire, 5,335 attended A&E, and the attendance rate of 659.9 (per 1,000) was significantly lower than England[72].

Injury reductions can be achieved at low cost with good evidence that some falls, poisonings and scalds may be prevented by incorporating specific safety advice into universal child health contacts, providing home safety assessments and providing and fitting home safety equipment, including interventions to reduce accidental dwelling fires. Local authorities can strengthen their existing work by prioritising the issue and mobilising existing programmes and services through leadership, co-ordination and training.

Section 6: Investing in the early years

The brain can adapt and change throughout life, but its capacity to do so decreases with age. This means it is much easier to influence a child's development and wellbeing if we intervene earlier in life. Later interventions are also more likely to have an impact if a child has had a good start early on. Because interventions in the first 1001 days can have pervasive and long-lasting impacts on development, there is a strong case to invest in services during this period (see figure 17).

Evidence suggests that investment in pregnancy and the first years of life is key, with investment in early years bringing a 9–10 times return on every £1[73]. The returns are evident through a more educated adult workforce, and avoiding costs from unemployment, alcohol and substance use, crime, child abuse and other poor health and social outcomes.

A recent report on children's services spending for the period 2010 - 2023 showed that overall spending on early intervention services across England has fallen by almost £1.8 billion since 2010, a decrease of 44%.[74] For children's services budgets, costs for late interventions have risen by almost £3.6 billion, a 57% increase. Furthermore, costs for care are greater than spending on early intervention.

Early investment is crucial and more effective. Early investment leads to greater return, supporting a baby in the earliest days can reduce costs on later interventions such as mental health services and during childhood and adolescence. Childhood mental health problems are estimated to cost between £11,030 and £59,130 each year for children in the UK.

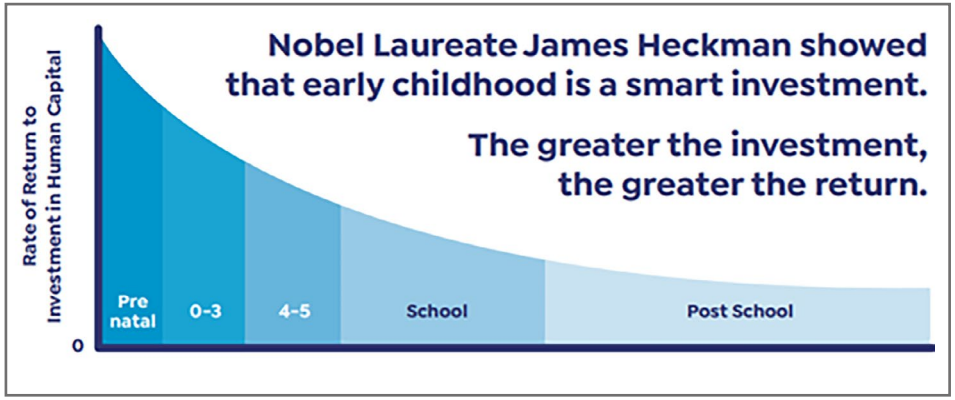


Figure 17 - Heckmans investment curve[1]

Section 7: Healthy Child Programme

The Healthy Child Programme (HCP) is a public health framework in England designed to ensure that every child has the best start in life and beyond. While the roles of Health Visitors and School Nurses are pivotal in the delivery of the programme, the HCP's focus on improving the health, wellbeing, and development of children and young people means the programme extends far beyond these services. Through partnerships with GPs, maternity services, early years settings, schools, and community organisations, it addresses broader health determinants and provides holistic support to improve health outcomes.

The Health Visiting aspect of the HCP is provided by Berkshire Healthcare Foundation Trust. It brings together the evidence on delivering good health, wellbeing and resilience for every child. The HCP 0–5 comprises child health promotion, child health surveillance, screening, immunisations, child development reviews, prevention and early intervention to improve outcomes for children and reduce inequalities.

In West Berkshire, families are offered five mandated health reviews as part of the universal offer. These reviews provide essential opportunities to support parenting, monitor child development, and identify any emerging needs. All mothers are offered an antenatal contact, followed by a new birth visit, a six to eight week review, a one-year review, and a two to two-and-a-half-year review.

These early contacts explore key public health priorities such as breastfeeding, parent-infant attachment, safe sleep, smoking cessation, and home safety. The two-year review is a crucial milestone in a child's development. Figure 18 shows the current performance of our healthy child programme across a number of key metrics.

The service also offers 'Well Baby' clinics, where parents can access advice and support on any concerns they may have about their child's health or development. Where additional needs are identified—either by families or professionals—tailored, evidence-based interventions are offered in partnership with other services. The team also plays a vital role in safeguarding, contributing to multi-agency planning and support for families facing the greatest challenges.

Year	Target	22/23	23/24	24/25
Antenatal contacts	N/A	171	287 (59%)	104 (24%)
New baby review at 14 days	90%	1,336 (93%)	1,215 (92%)	857 (88%)
New baby review at 14 days (including reviews after 14 days)	100%	57	106 (7%)	112 (9%)
6-8 week review	95%	1,241 (84%)	1,201 (85%)	1,485 (85%)
12-month review by 12 months of age	85%	85%	1,334 (86%)	997 (92%)
12-month review by 15 months of age	N/A	1,249	1,701 (88%)	1,329 (90%)
Children receiving 2 to 2.5 year review	85%	1,007 (61%)	1,623 (83%)	1,385 (87%)

Figure 18 - Current performance of Health Child Programme

Universal services such as midwifery, health visiting and early years settings, play a crucial role in the early identification and support of children with SEND. Through routine developmental checks, observations, and close engagement with families, these services are often the first to notice emerging needs and can initiate timely referrals to specialist support, helping to ensure that children receive the right help as early as possible.

Section 8: Giving our children the best start

To have a real impact on the future and lifelong physical and emotional health and wellbeing of children and reduce health inequality, partners need to work collaboratively. This includes, but is not limited to, public health, children's and adult's services, maternity services, primary care, education and the voluntary and community sector. Importantly, it also includes active engagement of parents, carers, children and communities in helping to shape what happens in the place they live, to improve their health outcomes – an approach engendered on the principle of 'working with' rather than 'doing to'.

Creating supportive environments where young children can both socially and physically grow requires a whole system approach and should underpin all actions across the district.

To have the greatest impact on child health, we need to address the needs across the population as a whole, in addition to those children that present with the greatest needs and place the greatest demands on public services (the prevention paradox). As there is a social gradient in health i.e. the lower the person's social position the worse their health, action should be taken to reduce this gradient.

This means that just focusing on the most disadvantaged people and communities will not reduce inequalities sufficiently[75]. Instead action must be universal but with scale and intensity that is proportionate to the disadvantage – this is also known as 'proportionate universalism'.

Such an approach has the additional benefit of avoiding stigmatisation of people in receipt of those services. Marmot recommends that areas should ensure high quality maternity services to meet need across the social gradient and give priority to pre- and post-natal interventions that reduce adverse outcomes of pregnancy and infancy[76].

This report has not only highlighted the challenges facing young children and families, but also the diverse assets and services that are supporting young children to thrive.

There are many opportunities to influence the conditions that influence the health of the population during this critical life phase, and not all of them are covered in this report.

Set out below are a series of recommendations that system partners should consider in order to improve the health and wellbeing of young children and their families and enable them to thrive.

Recommendations

1. Invest in parent support programmes
Comprehensive universal parent support programme should be provided across the district alongside additional support for families that may be facing multiple adversities that could negatively impact their parenting.

2. Healthy start
Programmes that support and encourage breastfeeding and healthy eating should be reviewed to increase effectiveness and reach. Public sector organisations and food retailers should increase awareness of, and access to the Healthy Start Scheme across the district.

3. Family hubs
A strategic shift towards prevention and early intervention, by supporting good maternal (and paternal) health. This should include the involvement of parents and carers in the design and delivery of early years services and ensure that family hubs provide a place where parents and carers (particularly those who are most vulnerable) can access information, advice and support. This should incorporate an **outcomes framework** to ensure effective targeted support and to measure impact.

4. Improving School Readiness
An action plan that involves a co-ordinated and multi-agency approach to improve school readiness should be developed. This should include an assessment of local need and evidence-based interventions.

5. Improving oral health
All early years children should have timely access to free child dental services for preventative advice and early diagnosis. Partners should support the roll out of supervised tooth brushing offer across the early years. Furthermore, the health and wellbeing board should consider submitting an expressing of interest to the Government for the whole district to have fluoridation in the water.

6. Empowering families to plan pregnancy
Support action to empower people to plan for pregnancy by providing high quality PSHE (personal, social, health and economic) education in schools that give young people the tools to make healthy choices, including those related to reproductive health. This should also include sufficient healthy living pathways that support 'mothers to be' to be active, eat healthily, stop smoking support and substance misuse support services.

7. Better information and signposting to support people to access information and advice to and reduce demand on public services
Develop a central repository of information and advice to ensure families are able to access the services that are available to them.

8. Adopting a whole system approach to trauma-informed practice:
A whole system approach to trauma informed practice should be developed that raises awareness of the negative impact of trauma on child outcomes. This should include a training offer for all frontline practitioners across education, health, police, council and voluntary sector organisations.

9. Become a child friendly district
Based on the UNICEF Child Friendly City Initiative, West Berkshire should develop a shared ambition across partners and the community that commits to being a place for all children and young people to grow up in, where children are valued, supported, enjoy living and can look forward to a bright future.

10. Ensure effective data and information sharing across agencies
Collecting data about the demographics of families within local communities provides an important avenue for understanding local need and ensuring the necessary services are commissioned. Organisations should ensure that data is shared (e.g. through a unique single identifier) to enables services to be better integrated, targeted and delivered. Better data access will make it easier for parents and carers to share information with service providers and advocate for their baby's needs.

11. New and existing parents are supported through universal and targeted programmes
Ensure that at a minimum the Healthy Child Programmes achieves (and ideally exceeds) the national targets across all mandated reviews.

12. Develop a health promotion programme for early years settings
A programme should be developed that supports early years settings to establish a 'healthy culture' which empowers staff, children and parents with a view to improve health and wellbeing and reduce health inequalities.

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