

Altogether better
for **children** and
young people

County Durham Children
and Families Partnership

The Early Years Strategy:

“Delivering high quality support and provision for children from pre-birth to 5 years old”

“The foundations for virtually every aspect of human development – physical, intellectual and emotional are laid in early childhood. What happens during those early years, starting in the womb, has lifelong effects on many aspects of health and wellbeing, from obesity, heart disease and mental health, to educational and economic achievement... later interventions, although important, are considerably less effective if they have not had good early foundations”

Marmot, 2010



1.0 INTRODUCTION

1.1 Every child deserves the best possible start in life and the support that enables them to fulfil their potential. Children develop quickly in the early years and a child's experiences from pregnancy to the age of five have a major impact on their future life chances. A secure, safe and happy childhood is important in its own right. Good parenting, good health advice and opportunities for high quality early learning together provide the foundation children need to be healthy and to make the most of their abilities and talents as they grow up.

1.2 This strategy sets out Durham County Council's vision and priorities for all of our children during their early years, and describes how all children and families will be supported to achieve good outcomes during these critical early years, through the provision of high quality universal services. The strategy also sets out how we will ensure additional support is provided to those children and families who need extra help to reduce the gap in outcomes between them and their peers.

1.3 This Strategy will:

- Set out why a strategy for all children during their early years is vital giving the local and national policy context;
- Set out how we will ensure those children and families who require it will receive the early help they need
- Describe the role of all early years providers in ensuring the provision of a genuinely integrated service to children and families during these formative years;
- Describe our key priorities and identify the key actions that will be required to deliver the priorities and ambitions within this strategy
- Describe Durham's 3 ambitions for Early Years, namely:-
 - I. **Quality of Care:**
All children have access to high quality universal health and learning opportunities that are safe;
 - II. **Equity of Outcomes:**
Children who are not making the required progress or whose outcomes are compromised are identified and additional help is provided to them and their families at the earliest possible opportunity;
 - III. **Working Together:**
All practitioners involved in the delivery of early years services work together in a coordinated way in the provision of a genuinely joined up, integrated service to children and families.

2.0 WHY WE NEED A STRATEGY IN COUNTY DURHAM:

- 2.1 Durham is a diverse county with a rural and urban geographical mix and a blend of sparsely and densely populated areas. Deprivation features significantly in many of our communities. Almost half of our residents live in relatively deprived areas¹. There is a well-established link between deprivation and poor outcomes and these factors can have a huge impact on life chances.
- 2.2 The health and wellbeing outcomes of individuals and communities are greatly shaped by a wide variety of social, economic and environmental factors (such as poverty, housing, ethnicity, place of residence, education and environment) In terms of health and well-being, it is clear that improvements cannot be made without action on these wider determinants. Health inequalities between population groups are associated with these socio-economic and environmental factors. Such variations in health are avoidable and it is therefore imperative that we take action to provide additional support to those of our families that are most vulnerable.
- 2.3 We must ensure that our services provide appropriate and effective levels of support to children and families most in need of additional and early help. In the current climate of significant public sector funding cuts, we must deliver value for money and show that our investment is having a demonstrable impact on outcomes for our children. In order to deliver a good return from the early years services we continue to invest in, we must satisfy ourselves that our scarcer resources are put to more efficient and effective use.
- 2.4 A new model of service delivery is needed in County Durham. We will prioritise the provision of service, and people to deliver those services, over the provision of buildings, and wherever possible, make better use of existing community venues for service delivery, to make our services more accessible to more people.

3.0 A STRATEGY FOR ALL CHILDREN & FAMILIES IN THEIR EARLY YEARS

- 3.1 It is widely recognised that the early years of a child's life have a powerful influence on the rest of their lives. The support and interventions children receive early in life can help to reduce barriers to learning and development and improve whole life outcomes.
- 3.2 During these early years adults have the most impact on children's health and physical development, social, emotional and personal learning and on their language development. We recognise that all parents want the best for their children and that they have a major influence in securing the best outcomes for them.
- 3.3 There is a wide range of early years provision available to all children and their families in County Durham from pre-birth to the time when they begin

¹ The County Durham Joint Strategic Needs Assessment, 2012

school, including midwifery, health visiting, children's centres, nursery and day care, child-minders, schools, extended family networks.

- 3.4 This universal early years provision is vital to ensuring all of our children receive the following:-

Quality and consistency in the provision of all health and early years services so that every child makes good progress and no child gets left behind

A secure foundation through learning and development opportunities which are planned around the needs and interests of each individual child and assessed and reviewed regularly

Good and effective partnership working between practitioners and with parents and/or carers so that information can be shared and additional support identified and provided at the earliest opportunity

Effective, high quality preventative universal health provision which offers every family a programme of screening tests, immunisations, developmental reviews and information and guidance to support parenting and healthy choices – all services that children and families need to receive if they are to achieve their optimum health and wellbeing.

4.0 ADDITIONAL EARLY HELP FOR SOME CHILDREN AND FAMILIES

- 4.1 Whilst we want the very best start for all of our children, we know that some children start their lives with reduced life chances and this leads to poorer outcomes for those children, both in the early years and throughout their lives. This may be because of socio-economic disadvantage, rural or social isolation or because other risk factors are present in their families which, if unsupported, can lead to a poor start for those children.

- 4.2 The link between inequality of experience in early years and inequalities in later-life outcomes is well established. A number of very prominent reviews and independent reports evidence this link (see Appendix 1).

- 4.3 A number of key messages run through all of the recent reviews, all point to the fact that that outcomes for children improve progressively the further up the socioeconomic spectrum they are, and worsen progressively the further down. Inequality in outcomes linked to deprivation is a fact that cannot be ignored and the gap in outcomes between children in these groups is growing relatively wider.

- 4.4 Several pieces of research have been carried out which conclude that targeting funding and resources to reduce inequalities in health, education and social care during these formative early years achieves better outcomes. Gaps in achievement between the poorest children and their 'better off' counterparts are well established by the age of five and it is widely accepted that there is a negative developmental influence associated with growing up in poverty

- 4.5 Therefore, it is proposed that a targeted approach, within the context of universal service provision, for children and families during their early years is implemented through this strategy.
- 4.6 This targeted approach seeks to achieve broad social benefits for all children and their families in County Durham through the provision of universal services from GP's, midwives, health visitors and early years education providers. Where additional needs are identified through contact with these key universal services, targeted family support will be provided. By targeting resources on those families that are in most need of support, the specific intention will be to narrow the gap in outcomes. This will see a concentrated effort towards supporting the 14,807 children and families who live in the most disadvantaged areas in County Durham.
- 4.7 If this targeted approach is not adopted, limited resources would have to be stretched over a very large cohort of 27,461 children under 5, the vast majority of whom will achieve good outcomes during their early years through access to the universal services described in 3.6 above and without the need for additional help or support.
- 4.8 This strategy will require partners to work together to identify early those children and families who have additional needs or where their outcomes are not reaching required levels so that early help can be provided to meet those needs and improve those outcomes. We will make sure the gap between the outcomes of these children and those of their peers is narrowed.
- 4.9 This strategy will link the early years of children's lives to their early years in school. The clear intention will be to make sure children are healthy and ready for school and that they are able to achieve according to their full potential.
- 4.10 A range of recent policy sets out the government's intention to prioritise help for children and their families in the early years. Please see Appendix 1 for a summary of the key policy drivers linked to this strategy.

5.0 CURRENT PERFORMANCE CONTEXT:

- 5.1 The 2013 Child Health Profile provides a snapshot of child health in County Durham <http://atlas.chimat.org.uk/IAS/dataviews/childhealthprofile>. These annually produced profiles provide snapshot information about the current picture in the local area against 32 selected indicators and are designed to help the local authority and health services improve the health and well-being of children and tackle health inequalities. This also provides an analysis and key findings about the situation within each local authority.
- 5.2 The health & wellbeing of children in County Durham is mixed compared to the England average. Many indicators show an experience locally that is significantly worse than the England average but many of these have shown improvement from the previous profile. However, some have not improved between the 2012 and 2013 profiles.

5.3 Key findings from the profile include:

- Infant and child mortality is similar to the national average, and both reduced in line with the national experience.
- The level of child poverty is worse than the England average. In 2011 23% of children under the age of 16 lived in poverty in County Durham.
- More children participate in at least 3 hours of sport per week than the England average.
- Children in County Durham have worse than average levels of obesity. In 2011/12 10.5% of children aged 4-5 years were classified as obese which was an increase from 9.5% 2010/11. This is higher than England average, and is rising at a faster rate over time.² The obesity gap widens further by age 11.
- Breastfeeding initiation and maintenance (6-8 weeks) is lower than the England average, although initiation is improving locally.
- The percentage of teenage mothers (as a % of all delivery episodes) rose from 2.3% in 2010/11 to 2.6% 2011/12. Children born to teenage mothers have 50% higher rates of infant mortality and are at increased risk of low birth weight which impacts on the child's long-term health.³ Teenage mothers experience higher rates of post-natal depression and pregnant teenagers have been found to be three times more likely to experience insecure attachment. Teenage parents and their children are at increased risk of living in poverty.

5.4 Durham was named in the 2011/12 Annual Report of the Chief Inspector of Ofsted into Early Years Settings and their outcomes, as one of the ten lowest performing authorities in the country.

5.5 Inspection outcomes for childminders and group daycare providers have improved significantly in 2013/14. Between September 2013 and February 2014, inspection outcomes for 77% of group daycare inspected and 67% of childminders inspected was judged by Ofsted to be good or better.
<http://www.ofsted.gov.uk/resources/official-statistics-early-years-and-childcare-registered-providers-inspections-and-outcomes>.

² It should be noted that the 2013 CHIMAT profile suggests 10.5% of children aged 4-5 are obese in County Durham. However, the National Obesity Observatory (NOO) report the figure as 10.3%. This is a small difference but 10.3% would mean the difference between County Durham and England is not significant.

³ World Health Organisation. May 2012. Adolescent Health.
<http://www.who.int/mediacentre/factsheets/fs364/en/> Accessed October 18th 2013.

- 5.6 Children's Centre groups have been inspected since the introduction of the new inspection framework in April 2013, and although national outcomes have declined, Durham's performance, although remaining a concern, has improved.
- 5.7 Outcomes for children are measured using the Early Years Foundation Stage (EYFS) framework. The EYFS is the statutory framework that sets the standards that all Early Years providers must meet to ensure children learn and develop well and are kept healthy and safe. The EYFS promotes teaching and learning to ensure children are ready for school and gives children the broad range of knowledge and skills that provide the right foundation for good future progress through school and life
- 5.8 The Early Years Foundation Stage Profile (EYFSP) was revised this year and this appears to have had an impact on outcomes in Durham. Prior to that, although outcomes were still below national they had improved for five consecutive years.
- 5.9 In 2013 in County Durham, 41.7% of children achieved a "Good Level of Development" in the Early Years Foundation Stage, compared to 52% of children across the Country. For those children living in the top 30% most deprived wards, the achievement level is 36% compared to 44% nationally
- 5.10 Boys performance was significantly lower than that of girls. Very few children exceeded the expected level. More positively, the gap between children living in the 30% most deprived areas and other children is the same as that found nationally, but because outcomes are so low generally, this continues to be of concern.
- 5.11 Despite an increased focus on the provision of support to vulnerable children and families, the required scale of improvement in EYFS outcomes for our children has not been achieved. Our resources remain stretched and will be further reduced as public spending reductions continue. It is clear a greater emphasis is required on identifying and supporting those children and their families who are at risk of poor outcomes during their formative years, so that they get the best possible start in life.
- 5.11 The data, including regional and national comparative outcomes, can be accessed at <https://www.gov.uk/government/publications/early-years-foundation-stage-profile-results-2012-to-2013>

6.0 OUR AMBITIONS

- 6.1 Following a series of consultation events, with key stakeholders and parents using Children's Centres, the following 3 ambitions were identified:-

I Quality of Care:

All children have access to high quality universal health and learning opportunities that are safe;

II Equity of Outcomes:

Children who are not making the required progress or whose outcomes are compromised are identified and additional help is provided to them and their families at the earliest possible opportunity;

III Working Together:

All practitioners involved in the delivery of early years services work together in a coordinated way in the provision of a genuinely joined up, integrated service to children and families.

6.2 Together these 3 ambitions inform this strategy and our vision for an effective early years provision which will provide the greatest impact on outcomes for children and families.

6.3 Threaded through these ambitions are the key elements which underpin high quality provision :-

- **Safety & Safeguarding:**

Providing services in a safe, warm and welcoming environment, including, in families own homes where appropriate, and making sure staff delivering services are recruited safely so that everyone, including parents, have a clear focus on ensuring and promoting the safety and welfare of children in their care.

- **Accessibility:**

Ensuring services are provided in places and at times that are easy to reach and which respond to and meet the needs of children and their families, including in families own homes where appropriate.

- **Building Community Capacity:**

Supporting individuals and communities to identify and meet the needs in their areas. Building on existing skills and providing opportunities for people to learn through experience, increase their confidence and help them participate more fully in their communities.

6.4 Through delivery of the actions, the key outcomes for children and families in County Durham will be achieved. It is recognised that this will require a review of the current service delivery model to ensure.

- Priority is given to the provision of services, and people to deliver those services, over the provision of buildings;
- Support is targeted to those who need it most
- Accessible services for all
- Flexible use of resources
- Effective community engagement in early years delivery

- Continued development of an expert workforce
- Improved outcomes are delivered

7.0 MONITORING AND REVIEW

- 7.1 The Strategy will be monitored through a range of internal and external processes, not least of which is the Ofsted Inspection Framework for the Early Years.
- 7.2 To support the Action Plan a detailed performance framework will be developed, which will include SMART targets and performance indicators. The framework will ensure the provision of timely and accurate data on progress which will be monitored by the Children & Families Partnership.

AMBITION 1: QUALITY OF CARE

All children have access to high quality universal health and learning opportunities that are safe

KEY PRINCIPLES:

A highly skilled and competent workforce able to deliver evidence based holistic services, identify additional needs and work in an integrated way to support children and families and ensure they are safe and protected from harm;

High quality services focussed on providing evidence based programmes that will lead to improved outcomes across the key early years domains of health, early learning, education, social skills;

Services are provided at home and in a range of community settings, close to where our children and families live and our families know where to go to access those services;

Universal support for all families through the delivery of the Healthy Child Programme and through access to daycare and nursery provision which will promote the development of all children and families is regularly reviewed and that children are reaching required key milestones

Services will be safe and effective and delivered in environments that are child and family friendly and which are warm, welcoming and accessible

All learning opportunities are focussed on the development of the key early years foundation stage principles

The development and maintenance of secure attachments and warm and responsive caring relationships with children, families and early years workers

Parents will be supported and empowered to provide high quality care for their children

The Early Years workforce will share accountability for improving outcomes for children and families

KEY ACTIONS & OUTCOMES

What will we do

Develop a workforce development plan for the Early Years Workforce leading to a competent workforce with clear roles and responsibilities with early years expertise and ensure opportunities for multi-agency training.

What will this achieve

A competent and skilled workforce supporting early childhood development

<p>Ensure there is a comprehensive range of internal and external quality assurance measures in place for all services delivering early years provision.</p>	<p>A continual programme of service development and improvement across the Early Years sector</p>
<p>Ensure the integrated delivery of the children's Centre Core Purpose, the Healthy Child Programme and the Early Years Foundation Stage so that children and families are supported to reach their full potential and achieve good levels of development throughout their early years.</p>	<p>A clear focus on outcomes for children and families</p>
<p>Ensure families have opportunities to feedback their experience of services and are encouraged to engage in service development through representation on relevant forums, eg Local Advisory Boards.</p>	<p>Services take account of the needs of children and families.</p>
<p>Ensure all parents know who their child's key worker is.</p>	<p>Families know who to contact if they have a concern about their child's progress.</p>
<p>Develop the skills of parents so they can support their children's learning and development</p>	<p>Improve parental skills</p>
<p>Ensure there is a clear focus on planning and support at key transition points and episodes during children's early years, for example:- Pregnancy to birth Home to nursery Nursery to school Change in family circumstances</p>	<p>Children and families are supported to achieve a positive transition at key points throughout their early years</p>

AMBITION 2: EQUITY OF OUTCOMES

Children who are not making the required progress or whose outcomes are compromised are identified and additional help is provided to them and their families at the earliest possible opportunity

KEY PRINCIPLES

Embrace the “think family” approach which supports the whole family so that the needs of adults are understood and addressed in support of children being helped to achieve good outcomes.

To target the use of our more limited resources towards children and families who need them most

All opportunities are taken and all professionals work together to identify those children who are not achieving developmental milestones and to provide additional support to help them achieve good outcomes

To provide services that are easy to contact and delivered in places easy to access

Being vigilant that children who are vulnerable are protected from harm

KEY ACTIONS & OUTCOMES

What will we do

- Review the service delivery model to ensure:-
- Priority is given to the provision of services, and people to deliver those services, over the provision of buildings;
 - Support is targeted to those who need it most
 - Accessible services for all
 - Flexible use of resources
 - Effective community engagement in early years delivery
 - Continued development of an expert workforce
 - Improved outcomes are delivered

Ensure the workforce is appropriately deployed to meet the needs of vulnerable families and deliver equitable service and support.

Ensure all practitioners have a good understanding of the “think family” approach and implement this in their day to day practice.

What will this achieve

A concerted endeavour to support children who need it most achieve good outcomes

The provision of a needs-led equitable service

Adults and children are supported and their needs are met leading to improved outcomes for children.

<p>Ensure strong and effective links are established with services for adults, for example Job Centre Plus, Mental Health Services, Domestic Abuse Services, so that the needs of adults can be supported.</p> <p>Deliver an integrated approach to early intervention through clear pathways of universal through to specialist provision through the effective implementation of the Single Assessment Procedures so that best use is made of the early years workforce sharing knowledge and expertise to support children and family development.</p> <p>Develop and implement a parental engagement strategy which embodies a determination to support all families with a particular emphasis on those that are reluctant to engage.</p> <p>Develop a coordinated and systematic approach to the delivery of the Health Child Programme and the Early Years Foundation Stage 2 year checks which ensure effective information sharing and analysis of children's progress and development leading to a shared support package for those children who do not reach expected milestones.</p>	<p>Strong integrated working across Children's and Adult Services</p> <p>A coordinated approach to early help for children and families who require additional help</p> <p>Families are supported to engage with additional support offered when required</p> <p>Shared approach to ensuring children achieve good level of development.</p>
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AMBITION 3: WORKING TOGETHER

All partners involved in the delivery of early years services work together in a coordinated way in the provision of a genuinely joined up, integrated service to children and families

KEY PRINCIPLES

Develop a joined-up early years workforce and make sure professionals communicate and share information about children and families who require extra help

Provide wrap-around health, early learning and development care to children and families that will be experienced as seamless

Develop good links with the local community and a good understanding of local needs and deliver services to meet those needs

Make the best use of community resources - buildings and people

KEY ACTIONS & OUTCOMES

What will we do

Provide governance for effective information sharing and joint working between early years practitioners through the Local Advisory Boards.

Continue to deliver Local Authority support to the Early Years sector to reflect changing needs and support continuous service improvements

Develop an Early Years forum at locality level to offer shared opportunities for learning from good practice and service development.

Encourage volunteering within local communities

Ensure there is robust engagement of parents in Local Advisory Boards and that they are informing and influencing decision making in relation to service delivery

What will this achieve

Improve local knowledge of community needs and ensure children and families who need additional help receive it.

Improve quality of services leading to improved outcomes for children and families

Practitioners have an opportunity to develop a shared knowledge of each others services and develop services in a joined up way.

Maximise local community resources.

Service delivery and developments are informed by parent experience

Appendix 1:

POLICY CONTEXT:

A number of national strategic documents provide evidence of the priority Government places on making sure children and their families receive the help and support they need during these early stages of children's development. They point to the importance of excellent universal services and both set out a clear expectation that services have a robust and determined focus on the needs of more vulnerable children and families and that services both identify those needs early and intervene to support families to meet those needs.

"The Healthy Child Programme – Pregnancy and the first five years of life"
Department of Health, 2009

[https://www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life;](https://www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life)

"The Statutory Framework for the Early Years Foundation Stage – Setting the standards for learning, development and care for children from birth to five"
Department for Education, 2012

<https://www.education.gov.uk/publications/standard/publicationDetail/Page1/DFE-00023-2012;>

"Sure Start Children's Centres Statutory Guidance"

Department for Education, April 2013

[http://www.education.gov.uk/aboutdfe/statutory/g00224078/sure-start-statutory-guidance;](http://www.education.gov.uk/aboutdfe/statutory/g00224078/sure-start-statutory-guidance)

"Fair Society, Healthy Lives" Strategic Review of Health Inequalities in England post-2010
Marmott Review.

<http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>

"Early Intervention: The Next Steps"

Graham Allen, MP, 2011

<http://www.dwp.gov.uk/docs/early-intervention-next-steps.pdf>

"The Early Years: Foundations for Life, Health and Learning"

Dame Claire Tickell, 2011

<http://media.education.gov.uk/MediaFiles/B/1/5/%7BB15EFF0D-A4DF-4294-93A1-1E1B88C13F68%7DTickell%20review.pdf>

"The Foundation Years: Preventing poor children becoming poor adults"

Frank Field, 2010

<http://webarchive.nationalarchives.gov.uk/20110120090128/http://povertyreview.independent.gov.uk/media/20254/poverty-report.pdf>

Appendix 2

Comparison of CHIMAT Child Health Profiles 2012 and 2013.

	Measure	Period	2012 Profile			2013 Profile			Improvement from previous profile?		
			No. per year	Value	England ave.	Period	No. per year	Value		England ave.	
Preventable mortality	1 Infant mortality rate	2008-10	23	4.1	4.6	2009-11	23	4	4.4	No change	
	2 Child mortality rate (age 1-17 years)	2001-09	18	17.7	16.5	2009-11	11	11.3	13.7	Yes	
	3 MMR/immunisation (by age 2)	2010/11	4,268	91.8	89.1	2011/12	5,410	94.3	91.2	Yes	
Health protection	4 Dip. tetanus, polio, pertussis, mib immns (by age 2)	2010/11	4,546	97.8	96	2011/12	5,640	98.3	96.1	Yes	
	5 Children in care immunisations	2011	355	100	79	2012	380	100	83.1	No change	
	6 Acute sexually transmitted infections (inc chlamydia)	Rate/1,000	Indicator has changed			2011	2,520	36.8	35.6	N/A	
	7 Children achieving a good level of development (age 5)	2011	2,925	54	59	2012	3,163	56.8	63.5	Yes	
	8 GCSE achievement (6A *-C, inc maths & english)	2010/11	3,281	59.8	58.3	2011/12	3,398	62.5	59.4	Yes	
Wider determinants of health	9 GCSE achievement (5A *-C, inc maths & english) for children in care	2010/11	6	13.3	12.8	2011/12	8	17.4	14.5	Yes	
	10 Not in education, employment or training (age 16-18)	2010	1,290	8.5	6	2011	1,380	7.5	6.1	Yes	
	11 First time entrants to the youth justice system	2009/10	361	760	1,160	2010/11	317	680.3	876	Yes	
	12 Children living in poverty (age <16 years)	2009	20,945	23.5	21.9	2010	20,445	23	21.1	Yes	
	13 Family homelessness	2007/08	436	1.9	1.9	2011/12	254	1.2	1.7	Yes	
	14 Children in care	2011	520	52	59	2012	660	66	59	No	
	15 Children killed or seriously injured in road traffic accidents	2008-10	23	26.4	23.5	2009-11	21	23.8	22.1	Yes	
	16 Low birthweight	% <2,500 grams	New indicator			2011	450	7.7	7.4	N/A	
	17 Obese children (age 4-5 years)	%	2010/11	498	9.5	9.4	2011/12	563	10.5**	9.5	No
	18 Obese children (age 10-11 years)	%	2010/11	1,072	21.6	19	2011/12	1,072	22.5	19.2	No
Health improvement	19 Participation in at least 3 hours of sport/PE	2009/10	36,327	56.7	55.1	2009/10	36,327	56.7	55.1	N/A	
	20 Children's tooth decay (at age 12)	2008/09	-	1	0.7	2008/09	-	1	0.7	N/A	
	21 Teenage conception rates (age <18 years)	2007-09	452	47.7	40.2	2010	384	43.2	35.4	Yes	
	22 Teenage mothers (age <18 years)	2010/11	127	2.3	1.5	2011/12	155	2.6	1.3	No	
	23 Hospital admissions due to alcohol specific conditions	2007-10	124	192	61.8	2008-10	118	116	55.8	Yes	
	24 Hospital admissions due to substance misuse (age 15-24 years)	208-11	80	114.5	63.5	2009-12	73	105.6	69.4	Yes	
	25 Smoking in pregnancy	2010/11	1,292	22.9	13.6	2011/12	1,216	21.3	13.2	Yes	
	26 Breastfeeding initiation	%	2010/11	3,165	56.2	74.5	2011/12	3,330	58.2	74	Yes
	27 Breastfeeding at 6-8 weeks	%	New indicator			2010/11	1,602	27.7	47.2	N/A	
	Prevention of ill-health	28 A&E attendances (age 0-4 years)	Crude rate/100,000	New indicator			2011/12	9,801	347.8	483.9	N/A
29 Hospital admissions due to injury (age <18 years)		Crude rate/100,000	Indicator has changed			2011/12	1,923	192.1	122.6	N/A	
30 Hospital admissions for asthma (age <19 years)		Crude rate/100,000	New indicator			2011/12	210	196.1	193.9	N/A	
31 Hospital admissions for mental health conditions		Crude rate/100,000	2010/11	87	86.3	93.7	2011/12	90	89.9	91.3	No
32 Hospital admissions as a result of self-harm	Crude rate/100,000	2010/11	208	206.2	124.8	2011/12	228	227.8	115.5	No	

* -Directly age standardised rate per 100,000

** -The National Obesity Observatory reports 10.3%. This makes the difference to England not significant.

	Significantly worse than England
	Not significantly different to England
	Significantly better than England
	Improved from previous profile
	Not improved from previous profile