

DUDLEY HEALTH AND WELLBEING BOARD

DATE	12 th September 2024
TITLE OF REPORT	Joint Health, Wellbeing and Inequalities Strategy 2023-28: School Readiness Deep Dive
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Purpose	This report is to provide a detailed update on current levels of school readiness and actions for improvement in Dudley.
Background	Getting more children ready for school is one of three priority goals in Dudley’s Joint Health, Wellbeing and Inequalities Strategy 2023-28.
Key Points	<p>Dudley has worse outcomes for good levels of development in children at aged 2-2 ½ years and 5 years compared to the regional and national averages. For some measures, Dudley has one of the lowest or lowest outcomes in the West Midlands. There are clear inequalities in outcomes by deprivation and ethnicity that emerge before age 2.</p> <p>Local data shows small improvements at 2-2½ years for Dudley’s children in 2023/24 but regional and national data is not yet available to understand the borough’s relative position, nor is data for 5-year-olds.</p> <p>We are focussing on the following areas for action as a partnership:</p> <ol style="list-style-type: none"> 1. Communication and engagement 2. Improving communication skills 3. Sustainable and integrated working 4. Closing the gaps

	<p>5. Data-driven approach</p> <p>We have also bolstered our governance and programme management approach.</p> <p>As the latest comparative data on good levels of development at 2-2 ½ years and 5 years are published we will take stock of whether our progress is sufficiently good enough to be able to close the gaps between Dudley and regional/national averages during the remaining 4 years of this strategy or if we need to be doing more. We will also develop a comprehensive plan to increase good levels of development in the most deprived areas of the borough and among children on free school meals as part of the Financial Wellbeing and Mitigating Poverty Strategy.</p>
Emerging issues for discussion	<p>The increasing gap between Dudley and England in school readiness for children on free school meals and gaps in good levels of development by deprivation and ethnicity.</p> <p>Lower achievement for literacy brings down the average for nearly every school in Dudley. Four schools have maths as lowest, another 4 have maths and literacy as equal, and the rest is literacy. While Early Years and education colleagues are devising a plan to support this area of development, need consideration of whether there is a wider focus across the borough.</p>
Key asks of the Board/wider system	<p>Agree proposal to change language from school readiness to “<i>Ready to Learn, Ready for School</i>” to emphasise that this about child development from conception to reception, not just getting ready for reception.</p> <p>Identify what more we could be doing to improve good levels of development among Dudley’s young and reception aged children and what each partner can contribute.</p>
Contribution to H&WBB key goals	<p>Directly contributes to improving school readiness.</p>
Contribution to Dudley Vision 2030	<p>Directly contributes to Dudley being a place of healthy, resilient, safe communities with high aspirations and the ability to shape their own future and the 2030 goal of improved health outcomes and higher wellbeing.</p>

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Background

Dudley’s Health, Wellbeing and Inequalities Strategy has the following targets for children being ready for school:

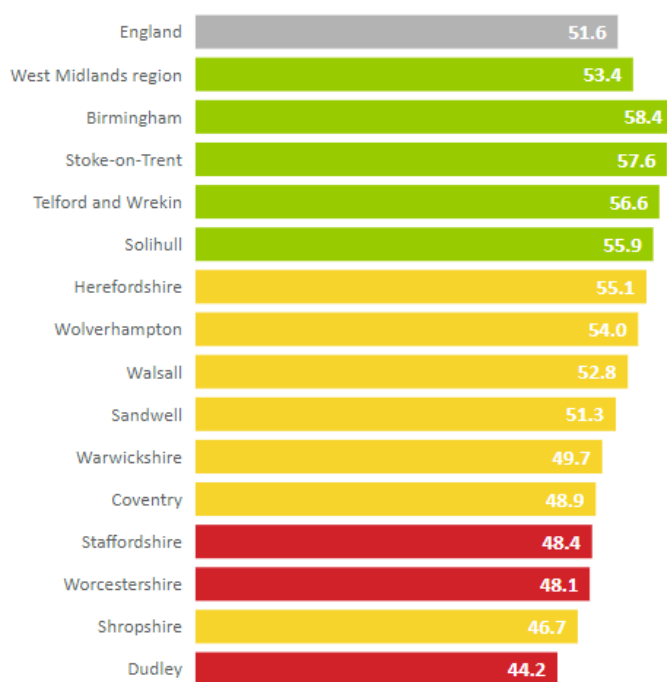
1. Children across Dudley will achieve a good level of development at the end of reception that is at least similar, if not higher, than the average for the West Midlands.
2. The gap between children on free school meals who have a good level of development at the end of reception and those who are not eligible for free school meals will have narrowed.

While it has been improving, Dudley has consistently had a lower percentage of children that are achieving a good level of development at the end of reception compared to the West Midlands. The latest Outcomes Framework for School Readiness is in Appendix A.

By age 5, children who are eligible for free school meals in Dudley have the lowest levels of school readiness in the West Midlands. Of the 611 children at age 5 on free school meals in 2022/23, only 44% or 270 children had a good level of development.

Figure 1 School readiness: percentage of children with free school meal status achieving a good level of development at the end of reception 2022/23

Source: Public Health Outcomes Framework



During childhood development reviews, a developmental screening tool known as the Ages & Stages Questionnaire (ASQ) is used to specifically pinpoint development progress and identify delays in children. This screening is undertaken by the health visiting service and clearly shows

that the gaps in development have occurred by 2-2 ½ years and the inequalities gaps by deprivation and ethnicity have also emerged.

In 2022/23, 40% of Dudley's children screened at 2-2 ½ years did not achieve a good level of development - significantly higher than national (21%) and West Midlands (24%) averages. Dudley is the second lowest borough for good levels of development at age 2-2 ½ years in the West Midlands, with only Stoke-on-Trent having lower levels (48%). Since data became available, Dudley has been consistently below the England average but there has been a bigger decline in good levels of development at age 2-2 ½ years in Dudley compared to England so the gap has grown. Between 2018/19 and 2022/23 good levels of development among Dudley's young children reduced by 10% (70% to 60%) compared to 4.9% (84% to 80%) nationally. While the decline has been steady nationally and began pre-Covid, in Dudley, the 10% decline was all between 2020/21 (72%) and 2021/22 (62%) and has persisted. There is no clear explanation for the decline in Dudley compared to the England average but it does not appear to be related to changes in birth patterns. Dudley did not have children's centres during this period which may have contributed to the decline.

Local data for 2023/24 shows that there has been a small improvement with 36% (1,089 children) not achieving a good level of development (64% did achieve a good level) across all 5 areas at age 2-2.5 years. Regional and national comparators are not yet available. Breakdown by specific areas shows:

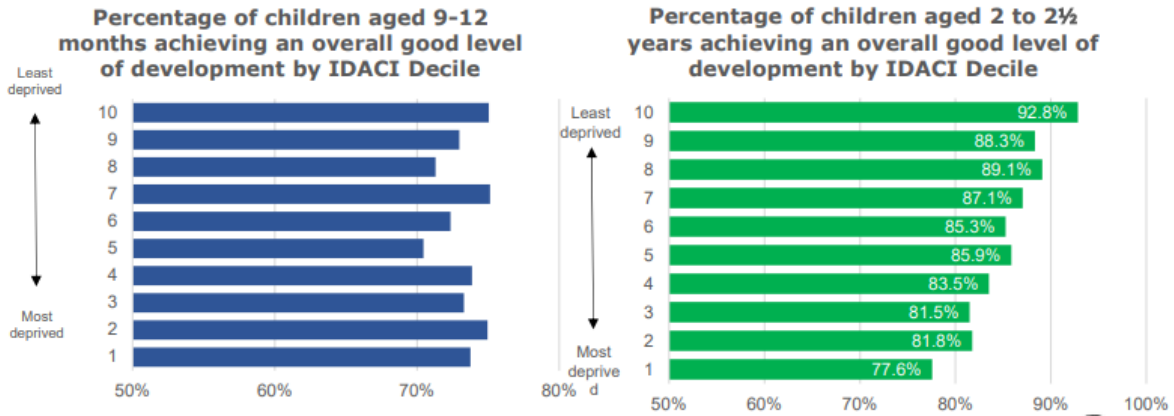
- 19% of children were not achieving expected levels for communication
- 19% of children were not achieving expected levels for problem solving
- 16% of children were not achieving expected levels for personal-social skills
- 12% of children were not achieving expected levels for fine motor skills
- 12% of children were not achieving expected levels for gross motor skills

The higher percentage of children not achieving across all five categories (36%) indicates that there are lots of children who are not achieving in a limited number of categories. The distribution of this needs to be explored further to inform interventions.

Children in the more deprived areas of Dudley begin to fall behind their peers in good level of development at some point between 12 months and 2 years (particularly in communication) and then remain behind at reception age (and beyond). This is particularly notable in Dudley Central township. By age 2-2 ½ years, 93% of children in the 10% least deprived decile have a good level of development compared to 78% in the 10% most deprived decile (figure 2).

Figure 2 Percentage of children achieving a good level of development at 9-12 months and 2-2 ½ years by deprivation decile

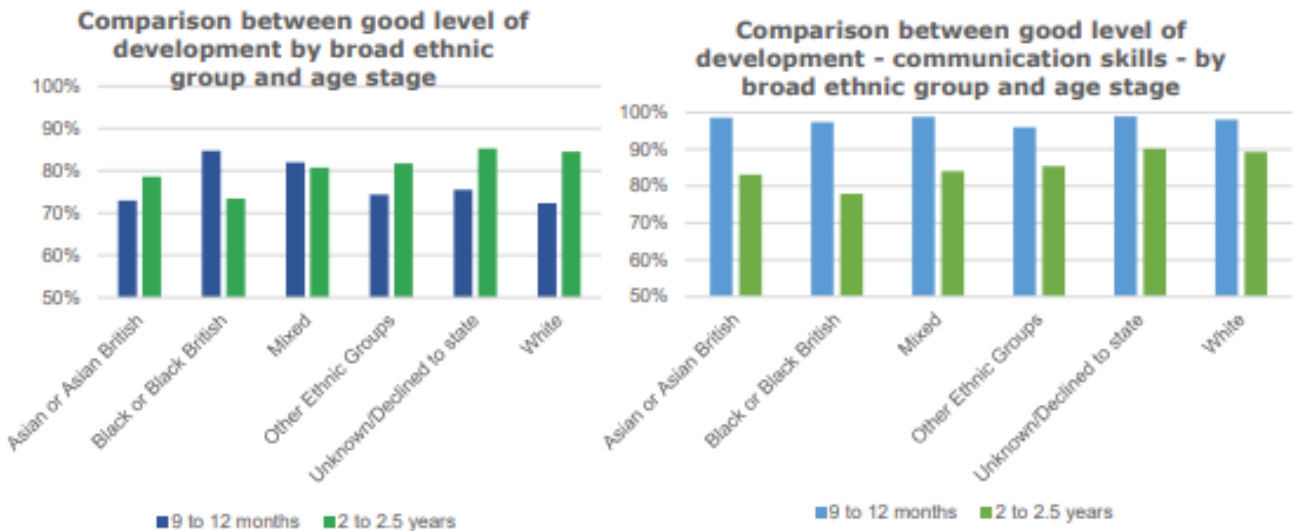
Source: Black Country Health Care NHS Foundation Trust



Some minority ethnic groups (e.g. Black or Black British) have a higher level of development at 9-12 months but then fall behind, because of communications skills (figure 3). Many ethnic minority groups in Dudley live in the more deprived areas of the borough so there will be intersectionality between ethnicity and deprivation, which needs to be better understood to know whether improvements in outcomes can be made by focussing on deprivation, cultural aspects and cultural competence of services, or a mixture of both.

Figure 3 Comparison between good levels of development – communication skills by broad ethnic group and age, 2021-2023

Source: Black Country Health Care NHS Foundation Trust, 2024



Progress to date and next steps

The specific workstreams for this goal are:

1. Communication and engagement
2. Improving communication skills
3. Sustainable and integrated working
4. Closing the gaps
5. Data-driven approach

This is a complex area of work cross-cutting multiple teams, organisations and other programmes, so to help deliver this all efficiently and to achieve maximum impact, we have created a new 0-19 Strategic Partnership Group reporting into the Children and Young People's Partnership Board (which reports to the Health and Wellbeing Board). The new group is co-chaired by the HWB school readiness goal leads (Sal Thirlway and Sarah Dougan) oversees delivery on the following areas of work enabling them to complement each other and for any co-dependencies to be managed:

- Child Friendly Dudley, including response to *Growing Up in Dudley: A Qualitative Exploration of Underrepresented Communities' Needs and Experiences* report
- DHWBB school readiness goal
- Financial Wellbeing & Mitigating Poverty Strategy (in draft) - Theme 1 – Preventing Poverty which focusses on children and young people

1. Communication and engagement

In recognition that being ready for school requires interventions that start at conception, it is proposed that in communications about school readiness we start talking about “**Ready to Learn, Ready for School**”. This would include in future reports to the Health and Wellbeing Board about this goal.

Over the coming few months we will look at options for developing a communications plan and social marketing approaches, using community champions, to deliver key ready to learn and ready for school messages across the partnership. This will help to deliver preventative messages at a population level to reduce future demand on services. As well as universal health promotion, there would be targeting to areas and communities where health visiting data shows lower levels of development or services have seen increased demand. For example, it could include the value of a play-based childhood and development of problem-solving skills, the importance of talking directly to infants and children to develop their communication skills, and depending on levels of need for incontinence, potty training.

The findings from the engagement with Dudley's children and families through the Growing Up in Dudley: *A Qualitative Exploration of Underrepresented Communities' Needs and Experiences* report will be addressed through a dedicated action plan, including a focus on children with SEND.

2. Improving communication skills

As the data above shows, communication is one of the areas with the lowest levels of development among Dudley's children at age 2-2 ½ years and at age 5.

Activities to improve this include:

- Needs assessment of speech, language and communication needs (SLCN) in Dudley to identify any other gaps in our approach and to inform the re-commissioning of NHS speech and language services for 1st April 2025.
- Supporting language development during pregnancy and infants.
- Implementation of the WellComm tool for early identification of children with SLCN among early years' services (includes Family Hubs and Health Visiting Teams).
- SLCN digital offer.

Needs assessment of SLCN

Early analysis of communication needs to Dudley shows that:

- There are an estimated 3,369 children (4.4%) with SLCN (likely under-estimate) and 935 children (1.2%) with complex SLCN.
- At age 2-2 ½ years, in 2022/23, 78% of Dudley's children had a good level of development in communication skills. This was significantly below the England average of 85% and West Midlands average of 83%. This pattern has been seen since pre-Covid – there was a drop in the levels of good development in communications in 2018/19 compared to England (figure 4).
- Needs peak at 4-5 years (i.e. reception) then gradually falls. Widespread use of the WellComm tool may result in the peak shifting to a younger age if children are identified earlier.
- Strongly associated with sex (male) and socio-economic deprivation (figure 5).
- In schools there has been an increase in EHCs for SLCN with general support for SLCN needs remaining more stable over time (figure 6).

Figure 4 Good level of development – communication at age 2-2 ½ years, Dudley compared to England over time

Source: ASQ-3, Public Health Outcomes Framework

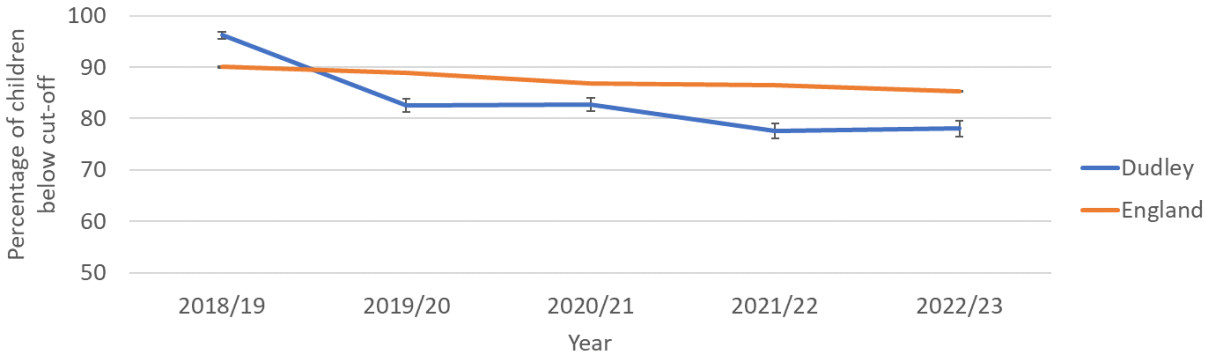


Figure 5 Good levels of development – communication at age 2-2 ½ years by deprivation decile, Dudley, 2021-2023

Source: Black Country Health Care NHS Foundation Trust, 2024

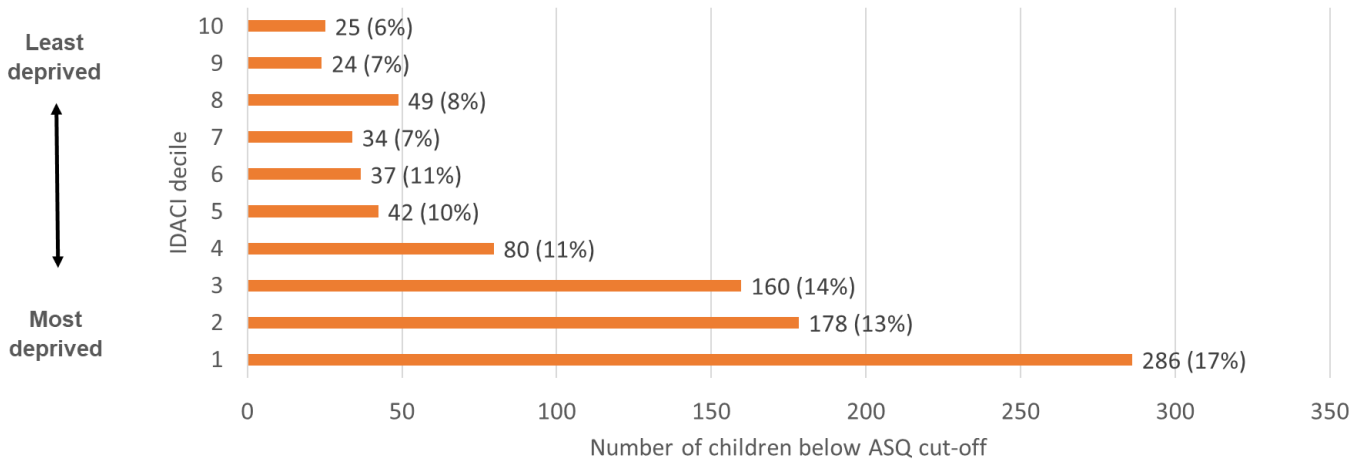
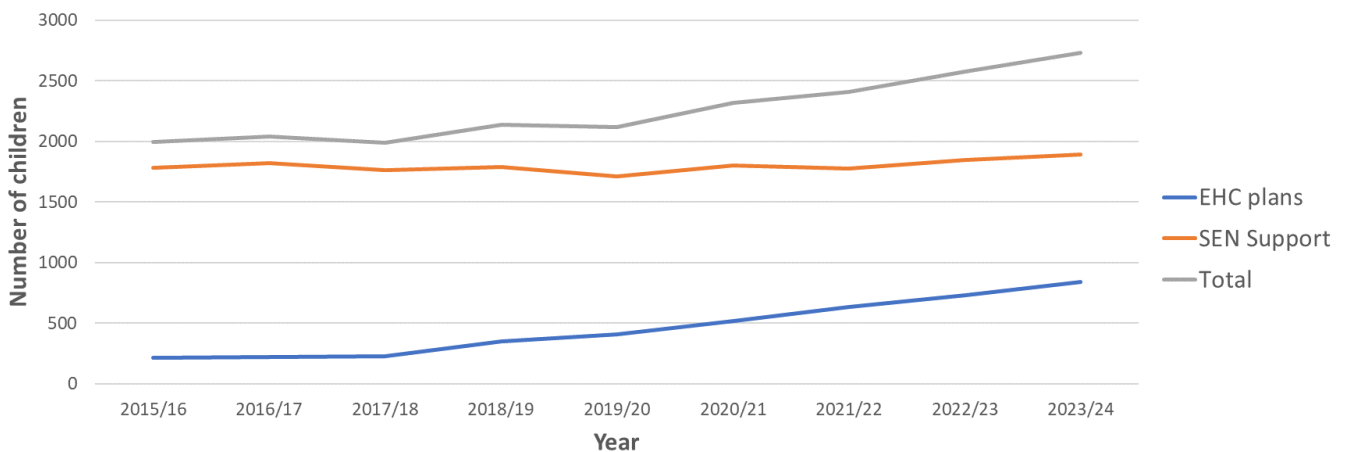


Figure 6 Number of children with SLCN in Dudley schools, broken down by those with and without educational health care (EHC) plans

Source: DfE School Survey



The needs assessment from Public Health will be completed in early autumn and as well as data analysis, will include mapping of the current services and pathways which has been undertaken by a multi-agency group. The needs assessment will inform NHS commissioners as they re-commission NHS speech and language services for 1st April 2025 and wider work on improving communication skills.

Supporting language development during pregnancy and infants

The learning of language begins in the womb, before a child is born. A child's auditory mechanisms are typically developed around 30 weeks gestation, which means the last 10 weeks of pregnancy are critical for auditory learning (McElroy, 2013). The mother's voice is present in the womb which in turn, helps with the child's perception of language once they are born. There are several factors that can alter the perception of speech in the womb and can also affect the child's production of language once the child is born. These include, prenatal alcohol use as well as the use of other drugs while pregnant. Mothers play a large part in the language development that occurs, because they are so close to the baby at all times.

Midwives and the Healthy Pregnancy Support Service (HPSS) therefore play a crucial part in embedding protective factors to speech and language development by ensuring the environment for development is optimised i.e. healthy diet, no smoking / alcohol and parents are to be encouraged and supported to talk to their baby even before they are born. In addition, breastfeeding encourages the development of all oral structures and the correct articulation of a speech sound, breastfeeding may result in a decrease in the occurrence of an articulation disorder. Supporting breastfeeding is part of the core maternity contract, HPSS and Best Start in Life programme with sustained efforts to improve levels of breastfeeding in Dudley.

With the re-commissioning of the HPSS contract, Public Health will look at what more could be done to strengthen communication outcomes as part of the commissioning process, and NHS partners will be asked to explore whether more can be done as part of the midwifery core care.

Earlier identification of children with speech and language delay

The WellComm Early Years Toolkit is an evidence-based tool for identifying and supporting children aged 6 months to 6 years experiencing speech and language delay. The Integrated Early Years Service (IEYS) have delivered a rollout of the Wellcomm toolkit which helps to identify pre-school and primary school children who are experiencing barriers to speech and language development. Early years settings are now benefiting from a tool which enables them to recognise need and (pending any further assessment) undertake levels of support and intervention. This is a key aspect in supporting readiness to learn.

WellComm was introduced across Dudley in summer 2023 and data has been collected quarterly, with the latest reporting in Spring 2024. Data was collected for 1,101 children in Summer 2023 (baseline) and 2,198 children in Spring 2024 across 28 private, voluntary, and independent settings, 3 childminders and 1 reception class. About half of children were

identified as having speech and language delay. There has been an increase in confidence across the Early Years network where children are connected more rapidly to early identification pathways and targeted support for speech and language.

All of Dudley's early years' providers have access to a Wellcomm pack and are encouraged and supported to use it. Wellcomm Networks and training are offered termly by IEYS to embed the tool across all areas of the early years' environment.

In October 2023, we introduced a data collection tool to support settings submit data. This has helped us begin to measure impact of the WellComm tool across Dudley. In Summer 2024, three child minders, twenty-one private, voluntary and independent nurseries, and five schools returned their WellComm data to the authority. We are awaiting the full data analysis to show progress, but it looks positive.

We have offered WellComm training through Stronger Practise Hubs, termly Network meetings and drop-in sessions, to continue to support settings in their WellComm journey.

We are working in collaboration with the Speech and Language team and ECHO to ensure training is offered and delivered to all schools across Dudley. We are in the process of putting together a "Bigger Book of Ideas" with the teams to provide further ideas and support to all WellComm users.

The Health Visiting team accessed Wellcomm training in April 2024. Health Visiting leads will be looking at how to use the tool in their Health and Development Reviews.

The referral pathway to the speech and language service has changed to now expect a Wellcomm assessment be undertaken where a child is in provision prior to progressing any referrals.

Digital speech and language pathway

This is a resource hub for parents and practitioners to access support and resources to support children's language and communication development from universal services onwards. The Speech Language Communication (SLCN) Digital pathway an 'soft launch' took place in February 2024 digital offer, this continues to evolve with content added and developed.

The launch of A Dudley STaRT (Sing Talk and Read Together) took place in May 2024 across Dudley. Supported by the National Literacy events took place across Family Hub areas. Alongside providing the children's storytellers, the National Literacy Trust shared Walk and Talk cards and books for all children who attended. Materials were shared at events and are available digitally.

3. Sustainable and integrated working

The previous Government's 3-year Family Hubs & Start for Life funding is due to end on 31st March 2025. While we are unclear about the future of this programme at a national level, we are working to ensure that we can retain the best parts of it even in the absence of funding. A working group has been established to look at a number of options around sustainability. The group will be looking at what are the essential element of the programme and some options for those elements that are not essential but add value to the Family Hub programme. The Family Hub programme is a partnership programme and requires commitment by the partnership to sustain the programme.

Increased integration of early years health, education and local authority services, so that parents and children do not have to repeat their stories. This has been a repeated theme through engagement with parents and children, including through Growing Up in Dudley: A *Qualitative Exploration of Underrepresented Communities' Needs and Experiences*.

Dudley's new 0-19 (25 SEND) public health service started on 1st April 2024 and is being delivered by Shropshire Community NHS Trust. Public health nurses have a critical role to play in child development and Public Health and partners will be working with Shropshire to look at developing a more integrated service for children and young people and improving outcomes within the new service.

Through the Family Hub work and the integration of the health visiting and school nursing services into the 0-19 (25 SEND) Integrated Public Health Service we are looking to improve links both between services and between commissioning responsibilities. Through the Growing Up in Dudley work we will explore other opportunities too.

4. Closing the gaps

The data shows that there are gaps in child development outcomes in Dudley from a young age. While individual services like health visiting, have already made changes to better manage workloads across the borough (e.g. by increasing workforce capacity in some areas), there needs to be a more systematic evaluation of whether, given limited resource and large gaps in outcomes, there needs to be greater change in workforce distribution. This work is starting by looking at the health visiting service and deprivation.

Health visiting assessments by deprivation

Health visiting (HV) is a public health nursing service and is part of our new 0-19 (25 SEND) public health contract with Shropshire Community NHS Trust, which begun on 1st April 2024. Previously the Health Visiting service had been run by Black Country Health Care NHS Foundation Trust and the data is from then. It is a universal service aiming to identify health and development needs early and provide intervention. Health visitors provide 5 assessments:



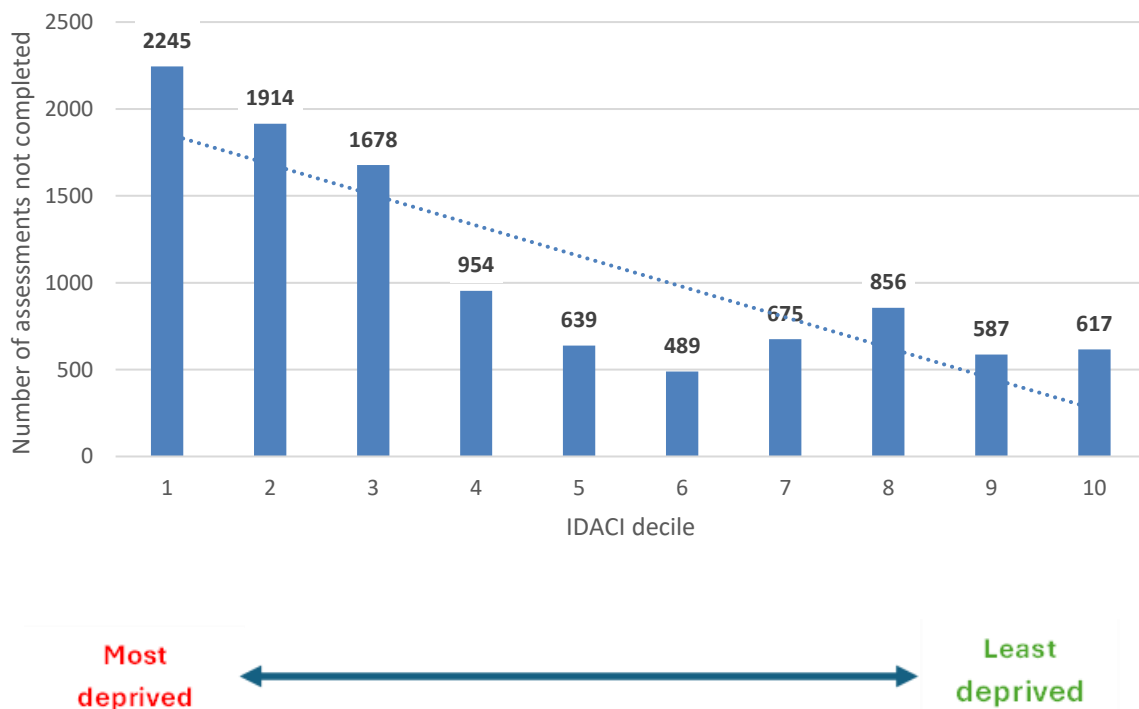
Between 2021 and 2023 there were a total of 32,706 checks were performed across the 5 assessments for Dudley’s eligible children, with 4,969 checks were not performed. Some children may have missed multiple checks as they aged.

While the health visiting service has checked 90% of children from each deprivation decile for the assessments after birth, the four times higher birth rate in the most deprived areas of Dudley means that there are far more children in these areas who have not had universal early years’ assessments. Between 2021-2023, there were more than 2,245 missed assessments among the most deprived 10% of children, compared to 617 missed assessments among the least deprived 10% (figure 7).

Given these findings and the lower levels of good development for children in the most deprived areas, the Children and Young People’s Partnership Board are supporting work to look at the distribution of the health visiting workforce in Dudley relative to need. Different workforce distribution models are being explored with equality impact assessments undertaken for consideration by the Children and Young People’s Partnership Board.

Figure 7 Number of children not receiving health visitor assessments, by childhood deprivation score, 2021-2023

Source: Black Country Health Care NHS Foundation Trust, 2024



Broadly the approaches to distributing resources are:

1. Health equality - everyone receives the same type and amount of healthcare and resources, regardless of their individual needs or circumstances. This broadly happens at the moment with approximately 90% of children from every deprivation decile being checked. The alternative approach would be for every decile to have the same *number* of children not checked which would shift checks to the most deprived areas because of higher birth rates.
2. Health equity - resources are distributed according to individual need and circumstances, with greater resources allocated to those groups who need them the most. In this instance, it would be moving resource from the least deprived areas to the most deprived areas. There are two potential approaches within this:
 - a. Targeted approach - a significant proportion of the resource is allocated to the most deprived children (e.g. most deprived 30%), and that the remaining resource is evenly distributed among the least deprived children.
 - b. Proportionate universalism - combines universal access to services with targeted interventions that are proportionate to the level of need or disadvantage experienced by different groups. This results in a gradient of children checked by deprivation but this would be difficult to implement in practice for the health visiting teams.

While the work to date has been more theoretical, once an agreed approach has been developed there will need to be further work to look at the practicalities for the health visiting team and also why children and families are missing appointments if it has not just been a capacity issue. These reasons may be complex but local childhood immunisation programmes which have higher coverage (and where Dudley does comparatively better to regional and national averages) show that increasing engagement is possible through different approaches.

Children receiving free school meals

Dudley's new [Financial Wellbeing and Mitigating Poverty Strategy](#) (in draft) seeks to improve the financial wellbeing of all Dudley residents.

Theme 1 is about Preventing Poverty with a specific focus on children and young people. This includes objective 1.2 which is on improving school readiness for children on free school meals.

As part of the implementation of the strategy we will assess whether we are doing enough work across services on poverty and deprivation to improve children's ability to learn, and this will include ensuring join-up with other parts of the strategy that are focussed on more crisis response (e.g. welfare advice, food poverty, furniture poverty) for families with young children, and employment.

Children with special educational needs and disabilities (SEND)

- The development of Early Years inclusion Hubs across the borough has moved into its operation phase, offering early intervention across the borough. All five locality-based Inclusion Hubs offer up to forty-four early intervention spaces for children in their preschool year.
- The early notification pathway enables health professionals to carry out their statutory duty to inform the local authority where children are identified with SEND and where the need is likely to be ongoing. The pathway has been finalised and health professionals are aware of this process.
- This Early Intervention and Assessment Resource (AIRC) is a support service for those reception year children who arrive at school where further assessment and support is required. The main purpose is to support the re-integration of children back to their mainstream provision, in addition to the upskilling of staff of the home school. This resource supported those children who attended for an academic year 2023/24. Going forward, the newly modelled Communication, Interaction, Physical and Sensory Team will work with IEYS to ensure children's transition to school is supported.

5. Data-driven approach

We have been increasing the use of data to ensure that we are targeting the children and areas of greatest need to make quicker improvements and will be doing more in this area over the coming months.

- “Scorecards” for Family Hubs across a range of demographic and equalities indicators have been developed (figure 8). These are being shared with Family Hubs and training on how to use and interpret them is being given.
- Equity audit on health visiting data has been undertaken and some of the findings are included in this report. We will start looking at this data routinely and providing in-depth information to early years' services so they can better target interventions.
- In-depth analysis of the school readiness data will be undertaken to look at differences by protected characteristics, deprivation and small area to inform interventions.
- Trajectories for improvement have been calculated (figure 9) so that we are clear on how many more children need to be at good levels of development to close the gap with the England average and close the gap between children on free school meals and all children in Dudley. This shows:
 - 465 more Dudley children would need to have a good level development at age 2-2 ½ years to close the gap with the latest England average

- 146 more Dudley children would need to have a good level of development at age 5 to close the gap with the latest England average
- 45 more Dudley children on free school meals would need to have a good level of development at age 5 to close the gap with the latest England average

Over the coming weeks, but we will make an assessment of whether the interventions that we currently have in place are of sufficient scale to be able to close these gaps.

Figure 8 Family Hub Scorecards



Outcome Indicators 1

Area	Smoking at Time of Delivery	Maternal Obesity - % of Women Classified as Obese at Booking (BMI > 30)	Infant Mortality Rate	Low Birth Weight %	Baby's First Breastmilk	A&E Attendances Age 0-4	Emergency Hospital Admissions Age 0-4	Emergency Hospital Admissions Due to Injuries Age 0-4	5 year olds with experience of visually obvious dental decay (%)	Reception Children Overweight (including obesity)	Children in Relative Low Income Families
Dudley Central	11.7%	29.9%	5.0	3.6%	47.7%	834.8	84.5	7.0	28.1%	26.4%	33.1%
Brierley Hill	8.7%	28.7%	3.4	2.6%	54.1%	863.4	86.1	6.1	21.1%	24.2%	24.1%
Dudley North	10.5%	32.7%	4.6	3.4%	41.4%	766.8	82.6	6.4	18.9%	28.2%	27.6%
Halesowen	7.4%	30.8%	3.5	3.4%	52.8%	684.1	93.0	5.3	18.5%	21.4%	21.0%
Stourbridge	7.3%	22.8%	3.4	2.8%	57.0%	898.2	87.4	6.8	16.9%	22.6%	18.8%
Dudley	9.3%	29.3%	4.0	3.2%	50.3%	813.7	86.8	6.3	21.6%	24.6%	25.3%

Indicator	First Time Period	First Unit
5 year olds with experience of visually obvious dental decay (%)	2018-2019	Proportion (%)
A&E Attendances Age 0-4	2019-20 to 2023-24	Crude Rate per 1,000
Baby's First Breastmilk	2022	Proportion (%)
Children in Relative Low Income Families	2022	Proportion (%)
Emergency Hospital Admissions Age 0-4	2019-20 to 2023-24	Crude Rate per 1,000
Emergency Hospital Admissions Due to Injuries Age 0-4	2019-20 to 2023-24	Crude Rate per 1,000
Infant Mortality Rate	2014-23	Crude Rate per 1,000
Low Birth Weight %	2019-23	Proportion (%)
Maternal Obesity - % of Women Classified as Obese at Booking (BMI > 30)	2022	Proportion (%)
Reception Children Overweight or Obese (NCMP)	2020-21 to 2022-23	Proportion (%)
Smoking at Time of Delivery	2022	Proportion (%)

Outcome Indicators 2

Area	Good Level of Development at 12 Months (ASQ)	Good Level of Development at 2 - 2 1/2 Years (ASQ)	Expected level in communication skills 2 to 2.5 years (ASQ).	Good Level of Development (GLD) reception age	Good level of development (GLD) reception age, ethnic minorities	Good level of development (GLD) difference between in children entitled to Free School Meals (FSM) and non-FSM children.	Expected Level of Development of Communication and Language	Expected level of development in communication and language at end of reception, FSM children	Expected level of development in communication and language at end of reception, ethnic minorities
▲									
Brierley Hill	75.3%	83.8%	85.9%	63.9%	65.7%	22.2%	77.8%	66.7%	78.1%
Dudley Central	77.5%	81.5%	84.8%	56.1%	57.8%	23.0%	68.4%	59.0%	66.9%
Dudley North	75.2%	83.8%	85.5%	61.7%	64.0%	18.3%	73.0%	68.8%	71.9%
Halesowen	73.8%	84.0%	91.0%	66.1%	61.5%	19.8%	78.4%	64.2%	70.9%
Stourbridge	71.5%	88.1%	90.3%	68.3%	58.3%	36.4%	81.6%	65.6%	70.2%
Dudley	74.8%	84.0%	87.5%	62.9%	60.9%	23.3%	75.6%	64.6%	70.5%

Indicator

Indicator	First Time Period	First Unit
Children achieving expected level in communication skills 2 to 2.5 years (ASQ).	2023	Proportion (%)
Good Level of Development at 12 Months (ASQ)	2023	Proportion (%)
Good Level of Development at 2 - 2 1/2 Years (ASQ)	2023	Proportion (%)
School Readiness: Expected Level of Development Communication and Language	2023	Proportion (%)
School readiness: Expected level of development in communication and language at end of reception, ethnic minorities	2023	Proportion (%)
School readiness: Expected level of development in communication and language at end of reception, FSM children	2023	Proportion (%)
School readiness: Good level of development (GLD) difference between in children entitled to Free School Meals (FSM) and non-FSM children.	2023	Proportion (%)
School Readiness: Good Level of Development (GLD) reception age	2023	Proportion (%)
School Readiness: Good level of development (GLD) reception age, ethnic minorities	2023	Proportion (%)

Figure 9

Trajectories for Improvement: Required achievement for Dudley to reach National Average

Stage	Indicator	Dudley latest			England latest		Required to reach latest England average	
		Year	Number	%	Year	%	Target number	Required to achieve target
ASQ3 at 2-2.5 Years	children achieving a good level of development in all 5 areas	23/24	1,918	63.8%	22/23	79.2%	2,383	465
	children achieving the expected level in communication skills	23/24	2,437	81.0%	22/23	85.3%	2,565	128
	children achieving the expected level in problem solving skills	23/24	2,442	81.2%	22/23	91.8%	2,761	319
End of Reception	children achieving a good level of development at the end of Reception	22/23	2,355	63.3%	22/23	67.2%	2,501	146
	children achieving at least the expected level in communication and language skills at the end of Reception	22/23	2,819	75.8%	22/23	79.7%	2,967	148
	children with free school meal status achieving a good level of development at the end of Reception	22/23	270	44.2%	22/23	51.6%	315	45

data sources: ASQ data - Black Country Healthcare, School readiness - Office for Health Improvement & Disparities. Public Health Profiles. [accessed 07/08/2024] <https://fingertips.phe.org.uk> © Crown copyright [2024]

APPENDIX A: Joint Health and Wellbeing Strategy 2023-2028 Outcomes: School Readiness Overview

Joint Health & Wellbeing Strategy 2023-2028 Outcomes: School Readiness Overview

Outcome	Period	Dudley Value	Dudley Count	WM Value	England Value
Overarching					
Children achieving a good level of development at the end of Reception (%)	2022/23	63.3	2355		67.2
Children achieving the expected level in communication and language skills at the end of Reception (%)	2022/23	75.8	2819		79.7
Children with free school meal status achieving a good level of development at the end of Reception (%)	2022/23	44.2	270		51.6
Factors relating to the child					
Smoking status at time of delivery (%)	2022/23	9.8	344		8.8
Low birth weight of live babies, five year pooled (%)	2016 - 20	7.9	1417		6.8
Breastfeeding prevalence at 6-8 weeks after birth (%)	2022/23	41.2	1451		49.2
A&E attendances (0-4 years)(Rate per 1,000)	2022/23	915.9	16575		797.3
Children achieving a good level of development at 2 to 2½ years (%)	2022/23	60.3	1746		79.2
Children achieving the expected level in communication skills at 2 to 2½ years	2022/23	78.1	2262		85.3
Reception: Overweight (including obesity), 3-years data combined (%)	2020/21 - 22/23	24.6	2265		22.1
Special educational needs (Reception year) (%)	2024	15.5	554	14.5	13.5
5 year olds with experience of visually obvious dental decay (%)	2021/22	17.3			23.7
Family factors relevant to school readiness					
Under 18s conception rate / 1,000	2021	17.3	95		13.1
Children in relative low income families (under 16s) (%)	2022/23	28.7	17631		19.8
Households with dependent children owed a duty under the Homelessness Reduction Act (rate per 1,000)	2020/21	8.2	312		11.6
Factors relating to the system					
Children receiving a 12-month review (%)	2022/23	91.0	3375		82.6
Children aged 2-2½yrs receiving ASQ-3 as part of the Healthy Child Programme or integrated review (%)	2022/23	100.0	2897		92.5
Uptake of funded education by eligible children at 2 years of age (%)	2023/24	79.2	808	72.3	74.8
Free school meals: % uptake among all pupils (Primary school age)	2024	20.7	5880	24.0	19.6

Key

Better than England
Similar to England
Worse than England
no England data available

Joint Health & Wellbeing Strategy 2023-2028 Outcomes: School Readiness

Outcome	Community Forum Area					Dudley Value	Period
	most deprived				least deprived		
	Dudley Central	Dudley North	Brierley Hill	Halesowen	Stourbridge		
<input type="checkbox"/> Factors relating to the child							
Low birth weight of live babies, five year pooled (%)	8.9	7.8	7.4	8.1	6.5	7.9	2016 - 20
Reception: Overweight (including obesity), 3-years data combined (%)	26.4	28.2	24.2	21.4	22.6	24.6	2020/21 - 22/23
Special educational needs (Reception year) (%)	17.7	17.5	13.1	15.5	14.2	15.5	2024
<input type="checkbox"/> Factors relating to the system							
Free school meals: % uptake among all pupils (Primary school age)	31.6	24.4	24.1	21.6	18.8	20.7	2024

Key

Better than Dudley
Similar to Dudley
Worse than Dudley

Joint Health & Wellbeing Strategy 2023-2028 Outcomes: School Readiness KPIs



Outcome	Data Source
Overarching	
Children achieving a good level of development at the end of Reception (%)	Office for Health Improvement & Disparities. Public Health Profiles.[accessed 30/04/24] https://fingertips.phe.org.uk © Crown copyright [2024]
Children achieving the expected level in communication and language skills at the end of Reception (%)	Office for Health Improvement & Disparities. Public Health Profiles.[accessed 30/04/24] https://fingertips.phe.org.uk © Crown copyright [2024]
Children with free school meal status achieving a good level of development at the end of Reception (%)	Office for Health Improvement & Disparities. Public Health Profiles.[accessed 30/04/24] https://fingertips.phe.org.uk © Crown copyright [2024]
Factors relating to the child	
Smoking status at time of delivery (%)	Office for Health Improvement & Disparities. Public Health Profiles.[accessed 30/04/24] https://fingertips.phe.org.uk © Crown copyright [2024]
Low birth weight of live babies, five year pooled (%)	Office for Health Improvement & Disparities. Public Health Profiles.[accessed 30/04/24] https://fingertips.phe.org.uk © Crown copyright [2024]
Breastfeeding prevalence at 6-8 weeks after birth (%)	Office for Health Improvement & Disparities. Public Health Profiles.[accessed 30/04/24] https://fingertips.phe.org.uk © Crown copyright [2024]
A&E attendances (0-4 years)(Rate per 1,000)	Office for Health Improvement & Disparities. Public Health Profiles.[accessed 30/04/24] https://fingertips.phe.org.uk © Crown copyright [2024]
Children achieving a good level of development at 2 to 2½ years (%)	Office for Health Improvement & Disparities. Public Health Profiles.[accessed 30/04/24] https://fingertips.phe.org.uk © Crown copyright [2024]
Children achieving the expected level in communication skills at 2 to 2½	Office for Health Improvement & Disparities. Public Health Profiles.[accessed 30/04/24] https://fingertips.phe.org.uk © Crown copyright [2024]
Reception: Overweight (including obesity), 3-years data combined (%)	Office for Health Improvement & Disparities. Public Health Profiles.[accessed 30/04/24] https://fingertips.phe.org.uk © Crown copyright [2024]
Special educational needs (Reception year) (%)	Office for Health Improvement & Disparities. Public Health Profiles.[accessed 30/04/24] https://fingertips.phe.org.uk © Crown copyright [2024]
5 year olds with experience of visually obvious dental decay (%)	Office for Health Improvement & Disparities. Public Health Profiles.[accessed 30/04/24] https://fingertips.phe.org.uk © Crown copyright [2024]
Family factors relevant to school readiness	
Under 18s conception rate / 1,000	Office for Health Improvement & Disparities. Public Health Profiles.[accessed 30/04/24] https://fingertips.phe.org.uk © Crown copyright [2024]
Looked after children under 5 (rate per 10,000 population)	Office for Health Improvement & Disparities. Public Health Profiles.[accessed 30/04/24] https://fingertips.phe.org.uk © Crown copyright [2024]
Children in relative low income families (under 16s) (%)	Office for Health Improvement & Disparities. Public Health Profiles.[accessed 30/04/24] https://fingertips.phe.org.uk © Crown copyright [2024]
Households with dependent children owed a duty under the Homelessness Reduction Act (rate per 1,000)	Office for Health Improvement & Disparities. Public Health Profiles.[accessed 30/04/24] https://fingertips.phe.org.uk © Crown copyright [2024]
Factors relating to the system	
Children receiving a 12-month review (%)	Office for Health Improvement & Disparities. Public Health Profiles.[accessed 30/04/24] https://fingertips.phe.org.uk © Crown copyright [2024]
Children aged 2-2½yrs receiving ASQ-3 as part of the Healthy Child Programme or integrated review (%)	Office for Health Improvement & Disparities. Public Health Profiles.[accessed 30/04/24] https://fingertips.phe.org.uk © Crown copyright [2024]
Uptake of funded education by eligible children at 2 years of age (%)	Department for Education, available at https://explore-education-statistics.service.gov.uk/data-catalogue
Free school meals: % uptake among all pupils (Primary school age)	Office for Health Improvement & Disparities. Public Health Profiles.[accessed 30/04/24] https://fingertips.phe.org.uk © Crown copyright [2024]