HELD BACK FROM THE START: THE IMPACT OF DEPRIVATION ON EARLY CHILDHOOD

June 2025

UNICEF.org.uk
United Kingdom Committee for UNICEF (UNICEF UK),
Registered Charity No. 1072612 (England & Wales), SC043677 (Scotland).
1 Westfield Ave, London E20 1HZ.

UNITED KINGDOM
unicef
for every child

Contents

ACKNOWLEDGEMENTS

Report lead author is UNICEF UK staff Saskia Jenkins, with support from Clare Quarrell and Claire O'Meara and data analysis from Danilo Cressman. Maps were created by Mary Cullen.

ABOUT THE REPORT

The UK Committee for UNICEF (UNICEF UK) has undertaken new analysis which shows that where children grow up has a significant impact on their early outcomes, with inequalities already well established by the age of five. UNICEF UK is calling on the Government to urgently address the links between deprivation, poverty and developmental outcomes, by improving financial support for families through ending the two-child limit and benefit cap and investing in essential early childhood health and education services.

SUMMARY

While the link between poverty and poorer outcomes over a lifetime is well-established, what is often overlooked is that these links are rooted in early childhood. The first years of a child's life are a period of rapid growth and physical, cognitive, and social development. What happens during this time is not only important for their current health and wellbeing, it lays the foundations for lifelong outcomes, shaping their future health, educational and earning potential, mental wellbeing, and ability to build strong relationships.

Despite the importance a child's early years, 1.2 million (35%) of England's babies and children under the age of five now live in poverty, more than any other age group.[1] Child poverty has increased more in the UK than in the 38 other OECD and EU countries, while at the same time spending on 'cash and family benefits' decreased by almost 40%,[2] and funding for Family Hubs declined by 77%.[3] Rising family stress, increased child poverty and reduced early childhood services are affecting children's early experiences**, but the impact of this disinvestment in services and rise in poverty is not evenly felt.**

New analysis from UNICEF UK shows that across England, young children who live in areas with higher levels of deprivation and child poverty have poorer outcomes across a range of health and developmental measures. This means by the age of five, children living in areas with higher levels of deprivation are more likely to experience obesity and severe dental decay, less likely to reach a 'good level of development' or to have access to a childcare place, and are more likely to present in emergency health settings.

While some correlation between deprivation and outcomes was expected, what is surprising is the strength and consistency of this link, with **every Local Authority in the highest quintile (20%) for deprivation, in the bottom quintile for multiple measures of early childhood health and development.**

UNICEF's Nurturing Care Framework explains that healthy early childhood development requires a "set of conditions that provide for children's health, nutrition, security and safety, responsive caregiving, and opportunities for early learning."[4] Supporting early childhood development therefore requires a holistic approach which ensures individual families have the support and stability they need to meet young children's needs, while also recognising the importance of the services and structures that young children and families rely on to be healthy and well.

But this report shows that far too many young children in England do not have access to the conditions they need to thrive, and that where they grow up influences how likely they are to have their needs met.

By ratifying the UN Convention on the Rights of the Child in 1991, the UK committed to upholding children's rights, including their right to the best possible health, an adequate standard of living, education, and to be cared for and protected regardless of their background or circumstances. It also agreed to ensure that children's best interests are 'a primary consideration' in all actions and decisions that affect them. The UN Committee on the Rights of the Child – the expert body that monitors implementation of these rights – has emphasised that "young children are holders of

all rights enshrined in the Convention and that early childhood is a critical period for the realization of these rights."[5]

The Government have made a series of commitments to improve outcomes for children, including creating '"he healthiest generation of children ever" and breaking the link between background and opportunity by improving early childhood development. For this, the Prime Minister announced a 'early years milestone to increase the proportion of children who reach a good level of development at age five to 75% by 2028.

The findings of this report highlight how critical these commitments are, but equally the urgency and scale of the challenge in achieving them. There is no guarantee that increasing the number of children achieving a good level of development aged five will break the link between background and opportunity without concerted effort being given to reducing disparities already embedded by this age. The Government's commitments must therefore be matched by meaningful action to reduce the number of babies and young children experiencing deprivation and poverty, and mitigate the impacts these have on their development through high quality early childhood services.

The report sets out a series of policy solutions that the Government should implement to do this. Specifically, UNICEF UK calls for the government to **remove the two-child limit and benefit cap**, and to **restore investment in the crucial services which support young children's health and early development and can mitigate against the impacts of poverty**, including Family Hubs, health visiting, and equalised access to childcare.

The impacts of deprivation on young children are persistent and damaging, and they are affecting young children now. Babies and young children cannot wait for another spending cycle before action is taken - the government must invest in early childhood without delay.

METHODOLOGY

This report uses national data on measures of early childhood outcomes for Upper Tier Local Authorities (LAs) in England and compares them against each area's level of deprivation and child poverty. The indicators chosen reflect key aspects of young children's early health and development. The health measures selected link to life-long health outcomes and are not condition-specific (e.g. asthma rates) to ensure they are relevant for all young children.

The indicators included in this report are:

- **Deprivation average score** (2019), based on the Index of Multiple Deprivation
- **Percentage of Children (under 16) living in relative low-income families** (2024)
- **Percentage of children at good level of learning across the early learning goals** (2023-2024)
- **Prevalence of children with one or more obvious untreated dentinally decayed teeth** (2024)
- **Prevalence of children who have had one or more teeth extracted due to dental decay** (2024)
- **Combined prevalence of children in Reception considered overweight or obese** (2023/2024)
- **A&E attendance rate per 1,000 population aged 0-4 years** (2022/23)
- **Accessible childcare places per 100 children aged 7 and under** (2023) – this is the ratio of available childcare places to the number of children aged 7 and under

More information and the sources are provided in Appendix 1. The averages provided have been population-adjusted, according to the population sizes reported with the indicated measures.

Using the Index of Multiple Deprivation, 150 UTLAs were divided into quintiles (20%). The 'most deprived quintile' refers to the 30 LAs with the highest levels of deprivation, while the 'least deprived quintile' or 'most affluent quintile' refers to the 30 LAs with the lowest levels of deprivation. When 'most deprived' or 'most affluent' areas are discussed throughout the report, this is what it is being referred to.

A Local Authority's level of deprivation correlates closely to, but is different from, their level of child poverty (defined here as percentage of children living in relative low-income families, 60% below the median income). Across England, there is considerable consistency between the LAs with the highest levels of deprivation and highest levels of child poverty. Over a third of children (35%) in the most deprived Local Authorities live in poverty, compared to 13% of children in the least deprived Local Authorities.

Data on young children's health and their wider developmental outcomes is limited. A systemic review by the Office for Statistics Regulation highlighted that there are significant data gaps for babies and young children, with very little information collected "on their lives and development."[6] For example, the Department for

Education's annual 'State of the Nation' report does not include any data on children under the age five, contributing to a 'baby blind-spot' in information. There were therefore limitations in the data available for this report, particularly when selecting sources that could be reliably mapped to Upper Tier Local Authority footprints.

The indicators selected give a snapshot of children's early outcomes between the ages of 0-5 and, to an extent, can act as proxy measures of some other factors: for example, tooth decay and obesity rates at age five reflect early childhood nutrition. While each measure reports on one aspect of a child's development, each impacts a child's life in a range of interconnected ways: for example, severe dental decay can lead to speech delays, and the pain associated with repeated infections can be reflected in behavioural issues. However, they cannot provide a *comprehensive* picture of early childhood, and UNICEF UK continue to call for improvements to data collection on babies and young children's outcomes.

FINDINGS

The link between deprivation and outcomes

The analysis shows a clear link between the place you grow up in and a whole range of outcomes in early childhood. Within the first five years of life, the impacts of deprivation and poverty on children's health and developmental outcomes have already taken hold. While a correlation between deprivation and outcomes may be expected, a key finding was that ***every* Local Authority in the bottom quintile for deprivation was also in the bottom quintile for multiple measures of child health and development**.

The five LAs with the highest levels of deprivation (Blackpool, Knowsley, Liverpool, Kingston upon Hull, and Middlesbrough) were each in the bottom quintile for five out of six measures of child wellbeing that we looked at. On average, LAs in the highest quintile for deprivation were in the bottom quintile for at least three other outcome measures. *For example, Middlesbrough has the 5th highest level of deprivation, the highest proportion of five-year-olds overweight or obese, the 2nd highest number of dental extractions, the 4th lowest percentage of children reaching a good level of development, the 20th highest proportion of A&E attendances, and the 23rd lowest ratio of childcare places.*

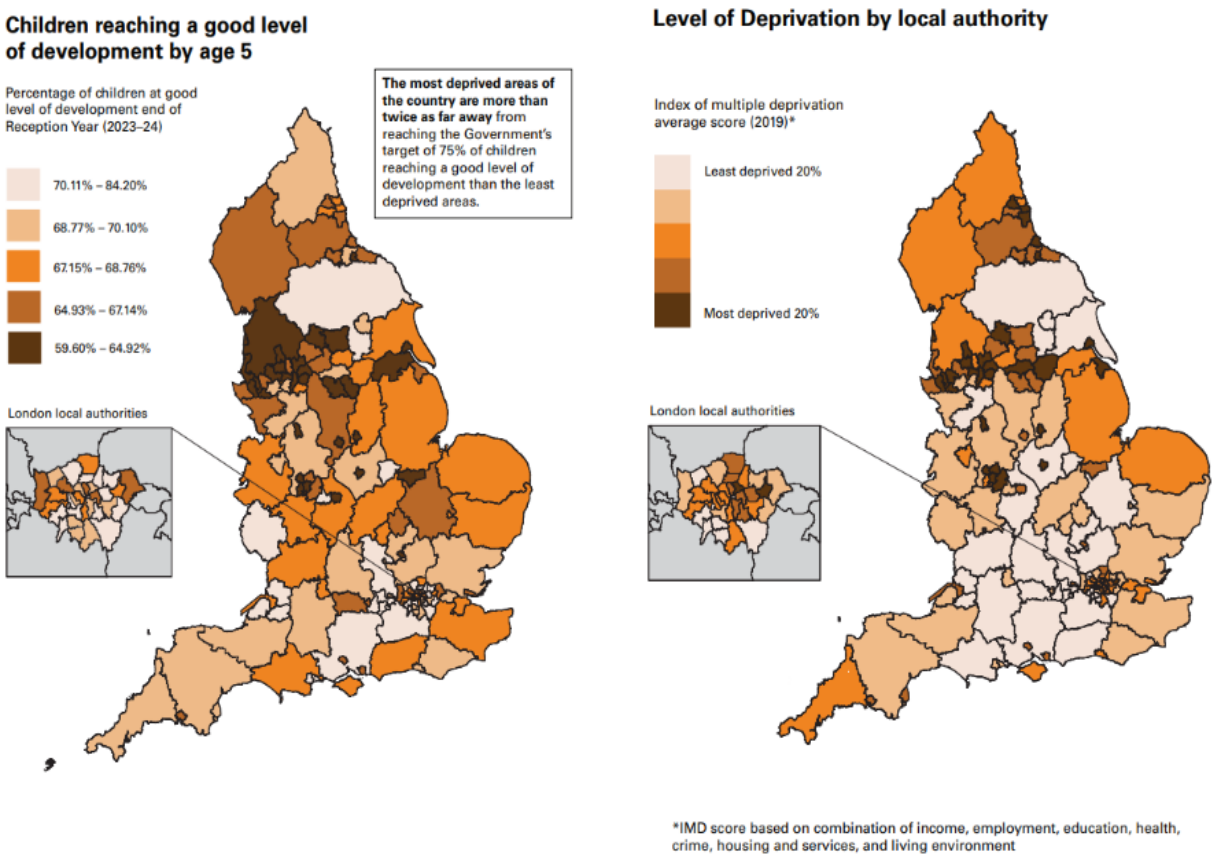
It is not just deprivation that compounds poor outcomes, our analysis shows that relative affluence also compounds. With two exceptions[1], the least deprived quintile of LAs were in the top quintile for many, and sometimes every, measure of child health and development we considered. *For example, Richmond upon Thames has the 4th lowest level of deprivation, it also has the highest proportion of childcare places, the 2nd lowest level of 5-year-olds overweight or obese, the 3rd highest rates of children reaching a good level of development, the 12th lowest level of dental decay, and the 20th lowest level of dental extractions. It also has the lowest rates of children living in poverty.*

Broadly, this is consistent across quintiles: the higher the level of deprivation, the less likely it is for an area to report positive early years outcomes. However, there are two caveats to this. Firstly, **many early childhood outcomes are poor across most LAs in England**. For example, 22% of children are overweight or obese by the age of five, higher than the European average, and levels of child poverty remain high in almost every Local Authority. The second caveat is that there are exceptions to the trends, with some more affluent Local Authorities reporting poor early years outcomes and some LAs with high deprivation bucking the trend and reporting above-average outcomes in some measures. Alongside action to address deprivation and child poverty, we therefore continue to call for investment in services which can reach all young children, regardless of their location.

[1] Chesire East (24/151) and East Riding of Yorkshire (30/151)

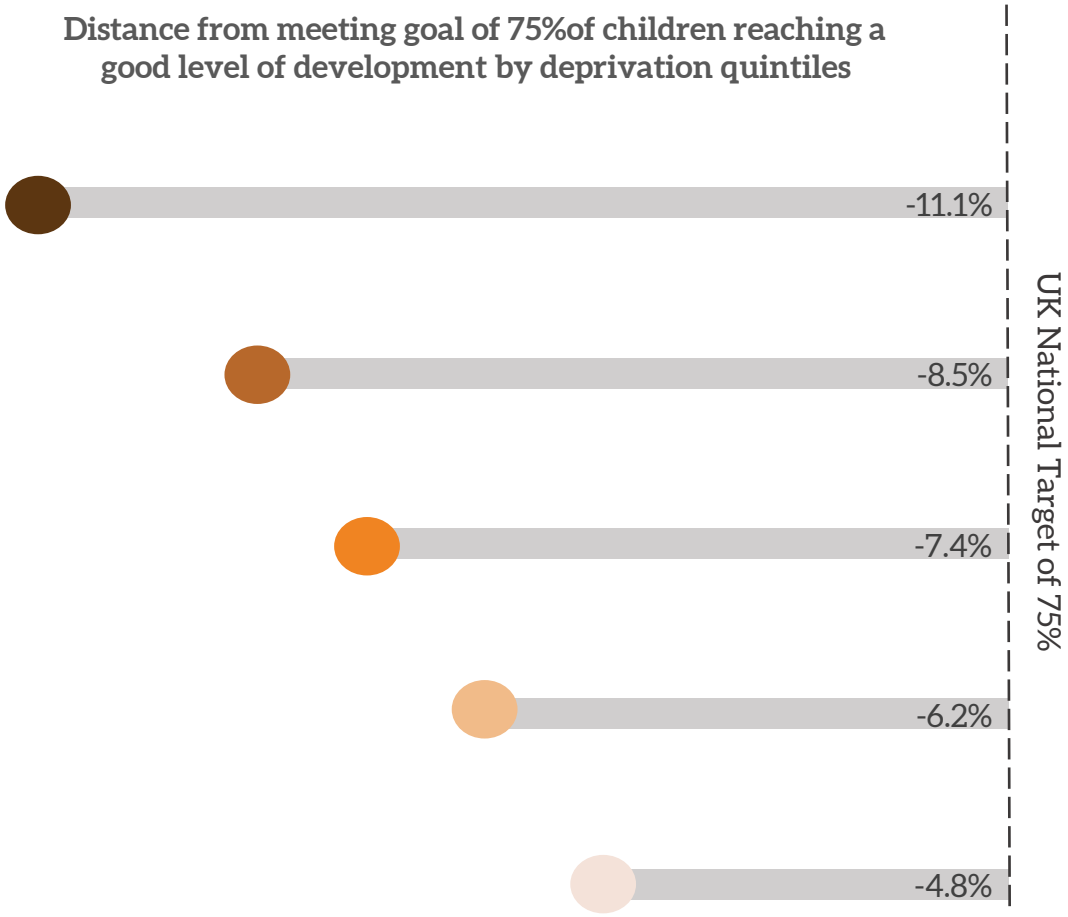
1. Good level of development

Data measure: A 'good level of development' (GLD) is achieved when children meet expected standards by the end of Reception across five areas: communication and language, social and emotional development, physical development, literacy, and mathematics. The Government have set a target for 75% of children to reach GLD by 2028 as part of their 'Early Years Milestone'. This measure considers the proportion of children achieving GLD in 2024.



Key findings:

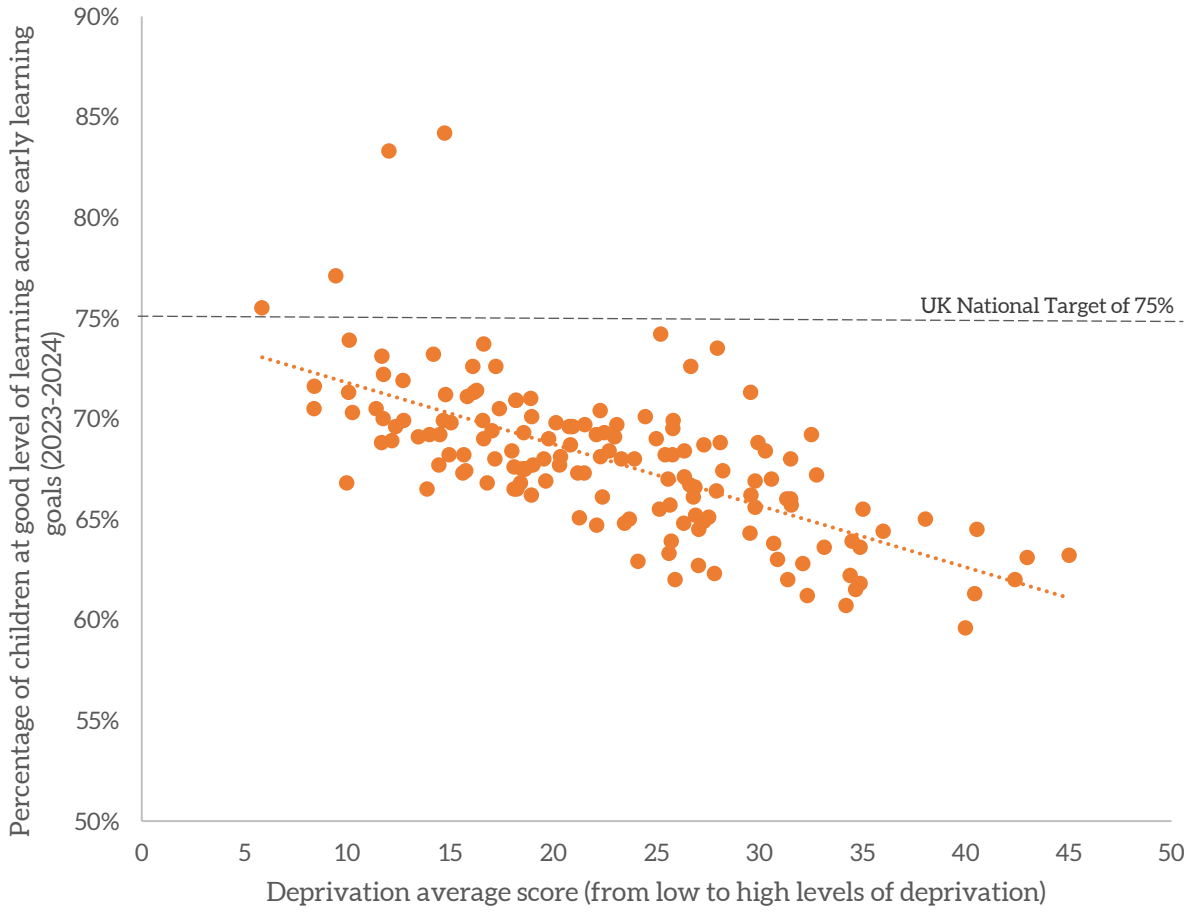
- **Across the country, there is a strong correlation between an area's level of deprivation and the proportion of children who reach a good level of development.**
- 9 out of 10 Local Authorities with the lowest proportion of children reaching a good level of development are in the most deprived quintile, and the other LA is in the second most deprived quintile.
- **The most deprived areas are more than twice as far from meeting the Government's early years target than the most affluent areas** (the most affluent quintile are only 4.8 percentage points away, compared to 11.1% away in the most deprived areas).
- This trend continues across all quintiles: the higher the level of deprivation, the fewer children reach a good level of development.



Understanding the links with deprivation:

- While there is a strong correlation between deprivation and early childhood development, there are exceptions. For example, Haringey, Lewisham and Newham are in the second most deprived quintile but are in the top quintile for GLD, at 73.5%, 72.6% and 71.3% respectively. Hackney, an area of very high deprivation, also performs above the England average of 67.7%, with 69.2% children achieving a good level of development. It is notable that it is a group of London Boroughs which appear to have a weaker link between deprivation and children's early development. While a range of factors including demographic differences could impact this, it echoes previous research which showed that disadvantaged primary school pupils in London performed better than those elsewhere in England, even when adjusting for demographic differences, something which has been described as the 'London effect'.[7]
- However, despite some variation and the efforts of many Local Authorities, none of the most deprived 20% of LAs are in the top 20% when it comes to children achieving good level of development, and none of the most affluent areas of the country are in the bottom 20% for early childhood development.
- Just four Local Authorities meet the Government's Early Years Milestone (and two of these areas, the City of London and Isles of Scilly, have exceptionally low numbers of children and are therefore not statistically significant).

Correlation between deprivation score and proportion of children at good level of development by Upper Tier Local Authority

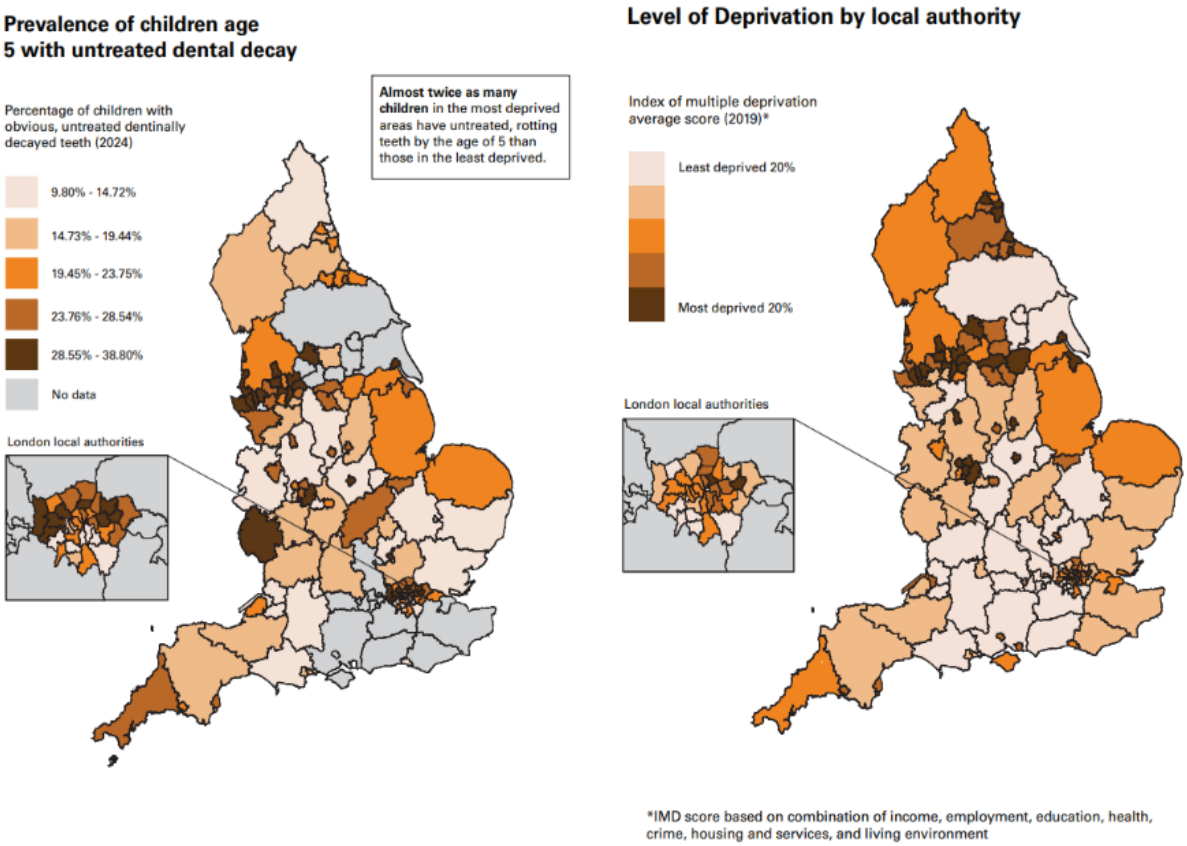


Why this matters:

- Whilst often referred to as 'school readiness,' the range of skills and capacities that make up a 'good level of development' correspond to children's ability to engage in all aspects of life, at home and in their community. Whilst not a perfect indicator, it provides the earliest national picture of the current state of health and wellbeing of young children.
- A good level of development at this age sets the foundations for future learning and social and emotional development and is central to children's wellbeing as they continue to develop.[8] Much of the attainment gap measured at ages 11 and 16 can be traced back to attainment at this early age.[9]
- The impact of having a good level of development aged five is remarkably long-lasting: in the UK, 5-year-olds with stronger cognitive, social and emotional skills at age five were significantly more likely to have a higher level of education, higher income and better health at age 42.[10]

2. Oral Health

Data measure: This report covers two measures of oral health from 2024.[2] The first is the 'proportion of children aged five with obvious, untreated dentinally decayed teeth'. 'Dentinal decay' is late-stage tooth decay that has progressed beyond the enamel and into the inner layer of the tooth. This late-stage decay can cause pain, infection and tooth loss. The second measure is the 'proportion of children aged five who have had teeth extracted due to decay'.



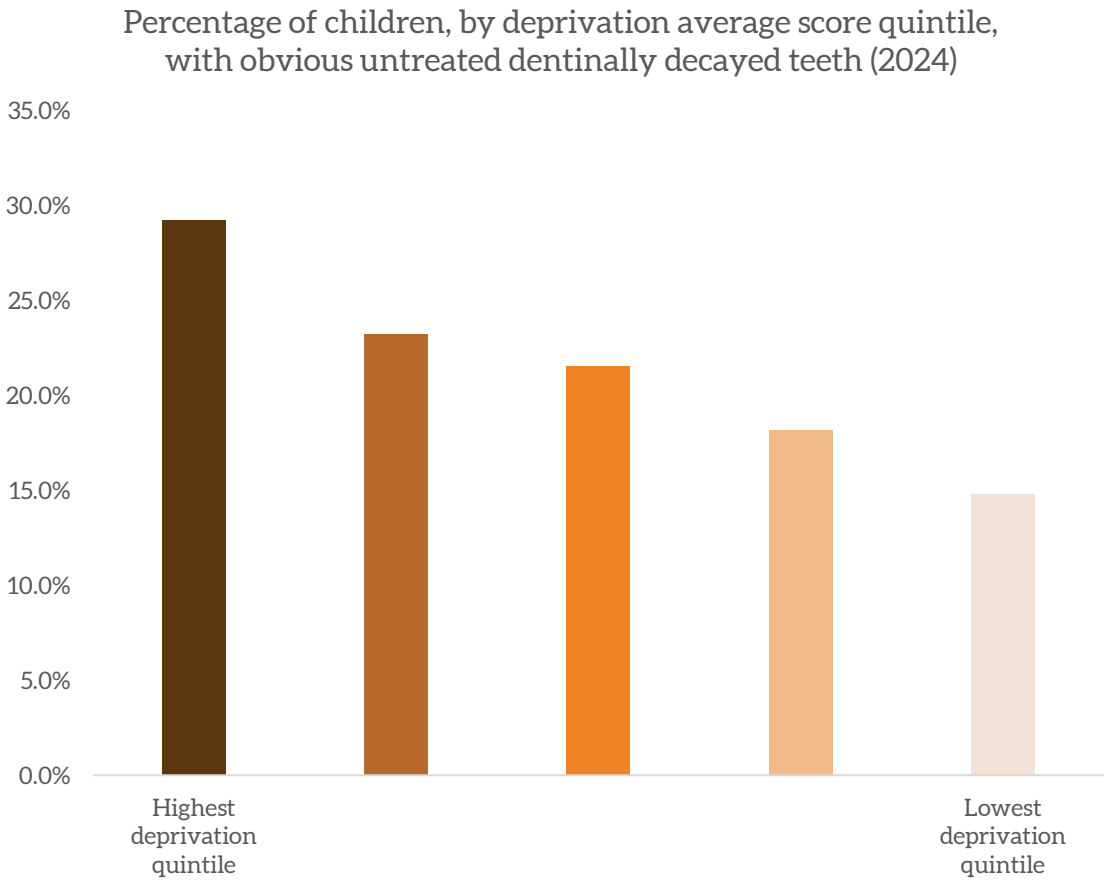
Key findings:

- 22% of 5-year-olds have obvious, untreated dentinally decayed teeth.
- **Almost twice as many children in the most deprived areas have obvious, untreated, seriously decayed teeth by the age of five than children in the least deprived area** (29% in most deprived quintile compared to 15% in the least deprived).
- 2.6% of 5-year-olds in the most deprived areas of the country have had teeth extracted due to rotting, compared to 0.9% of 5-year-olds in the least deprived parts of the country (and 2% on average).
- This means **young children in the most deprived parts of the country are 3 times more likely to have had teeth pulled out because they were rotting than children in the least deprived areas**.

[2] 24/151 Local Authorities did not provide data on children's oral health, and the quintiles have been readjusted

Understanding the links with deprivation:

- To an extent, this is a country-wide issue: in England, only 39% children have good oral health,[11] toddlers have diets exceptionally high in sugar compared to other countries,[12] and there are significant challenges in accessing dental care.[13] However, these problems are compounded by deprivation.
- Children in low-income households are more likely to have diets that are high in sugar, contributing to dental decay.[14] Low-income households are more likely to experience hygiene poverty and not be able to afford essentials such as toothpaste to maintain good oral health, and they face additional barriers in accessing and navigating dental and other health services, which contributes to the proportion of decay left 'untreated'.[15] Children in these areas may also be less likely to be enrolled in childcare settings,[16] reducing their exposure to public health measures such as early years toothbrushing schemes.

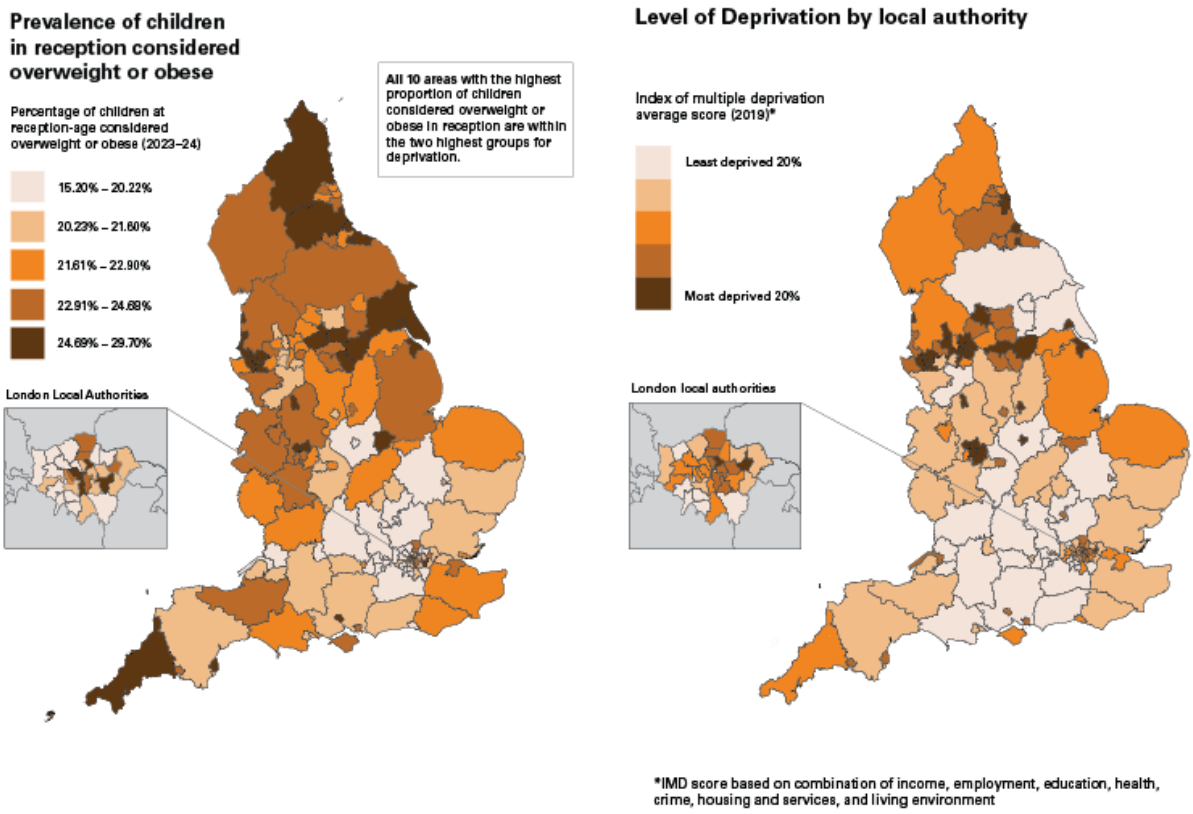


Why this matters:

- Tooth decay has serious implications for children's health. Poor oral health in childhood increases risks of dental problems such as tooth loss and gum disease throughout adulthood and is linked to increased risk of cardiovascular disease, lung disease and diabetes.[17]
- Children with tooth decay frequently experience pain, infections, difficulties with eating, sleeping, talking and socialising, as well as increased school absences. A study of young children on the waiting list for dental extractions found that **67% were in pain, 27% were missing school, and 38% were having sleepless nights.**[18]
- Tooth decay remains the most common reason for 5-to-9-year old's to be admitted to hospital,[19] and it adds significant pressure to the health system, yet it is largely preventable if action is taken in early childhood.
- Tooth extractions should be a last resort. For young children, they usually require a general anaesthetic, and the cost to the NHS is £1,031.27 per extraction.[20] Preventing dental decay in early childhood and ensuring any decay is treated quickly would save health resources that could be reinvested into early childhood services.

2. Healthy weight

Data measure: The prevalence of children in Reception considered overweight or obese in each Local Authority, as recorded by the National Child Measurement Programme in 2023/2024.



Key findings:

- Almost a quarter (24%) of Reception-age children in the most deprived areas of the country are either overweight or obese, compared to 20% children in the most affluent areas.
- In the least deprived area of the country (Wokingham), 15% Reception-aged children are overweight or obese. In the most deprived area of the country (Blackpool), 27% of Reception-aged children are overweight or obese.
- **Levels of obesity for Reception-aged children in the most deprived areas are more than double those of children in the most affluent areas (12.9%, compared to 6%).**
- All ten areas with the highest proportion of young children overweight or obese are in the most deprived two quintiles. All ten areas with the lowest proportion of young children either overweight or obese are in the most affluent quintile.

Understanding the links with deprivation:

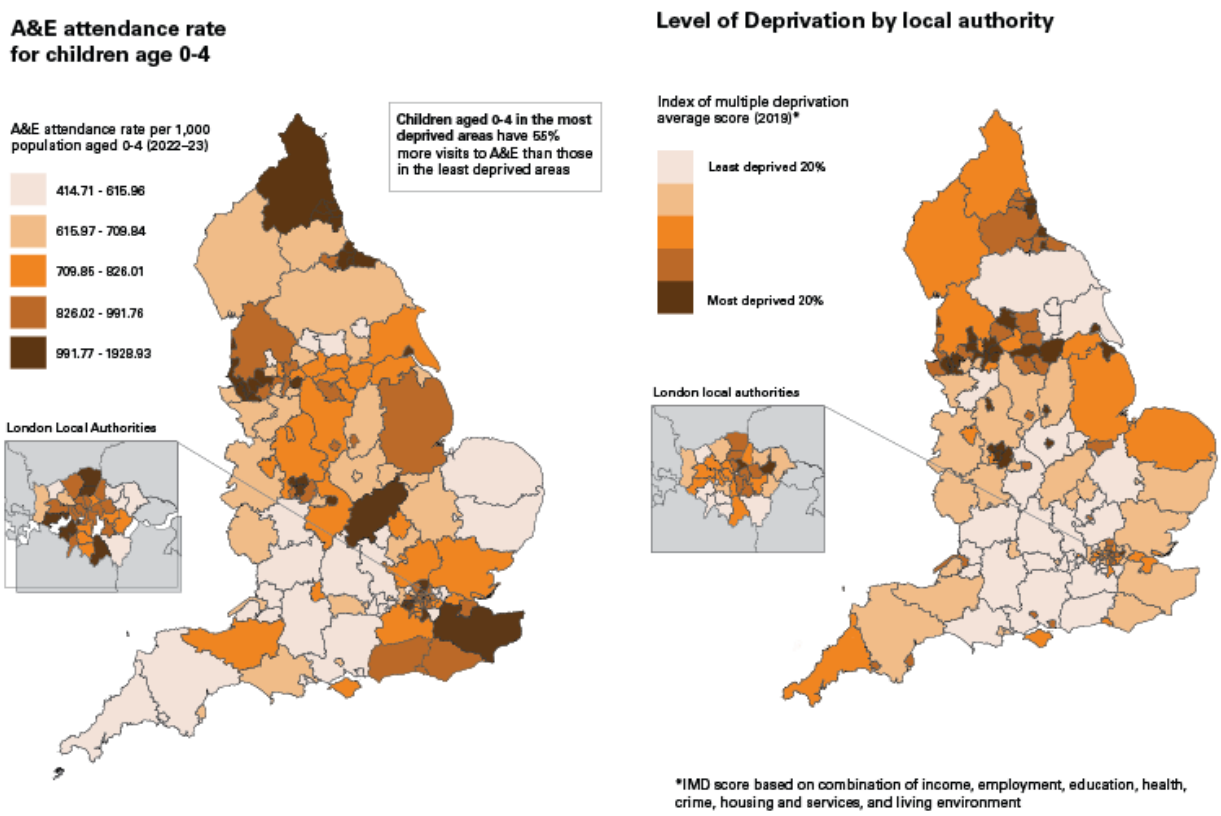
- **25.8% of all households with children now experience food insecurity,**[21] and the lack of secure access to nutritious food can result in malnutrition and increases the risk of children reaching unhealthy weights.
- Young children who live in areas of high deprivation are more likely to have diets high in saturated fats, salt, and sugar.[22] It's not as simple as 'making healthier choices' - **the most deprived quintile of households would have to spend over 70% of their disposable income on food to be able to adhere to the government's Eatwell guidance, compared to just 6% of disposable income for the least deprived households.**[23]

Why this matters:

- Children who are overweight or obese are at risk of ill health in childhood and into adulthood. Recent research revealed that a child's weight at six-years-old is the most reliable predictor of obesity in adulthood, and that the first five years of life are critical for preventing ill health associated with obesity.[24]
- Excessive weight in early childhood lays the foundation for various chronic illnesses later in life, including type 2 diabetes, liver disease, multiple, cancers, cardiovascular disease, and poorer mental health.[25]
- In its most recent recommendations to the UK, the UN Committee on the Rights of the Child called for stronger measures to address increasing overweight and obesity rates among children in order to better protect their right to the highest attainable standard of health.[26]

3. Accident and Emergency (A&E) Department Attendance

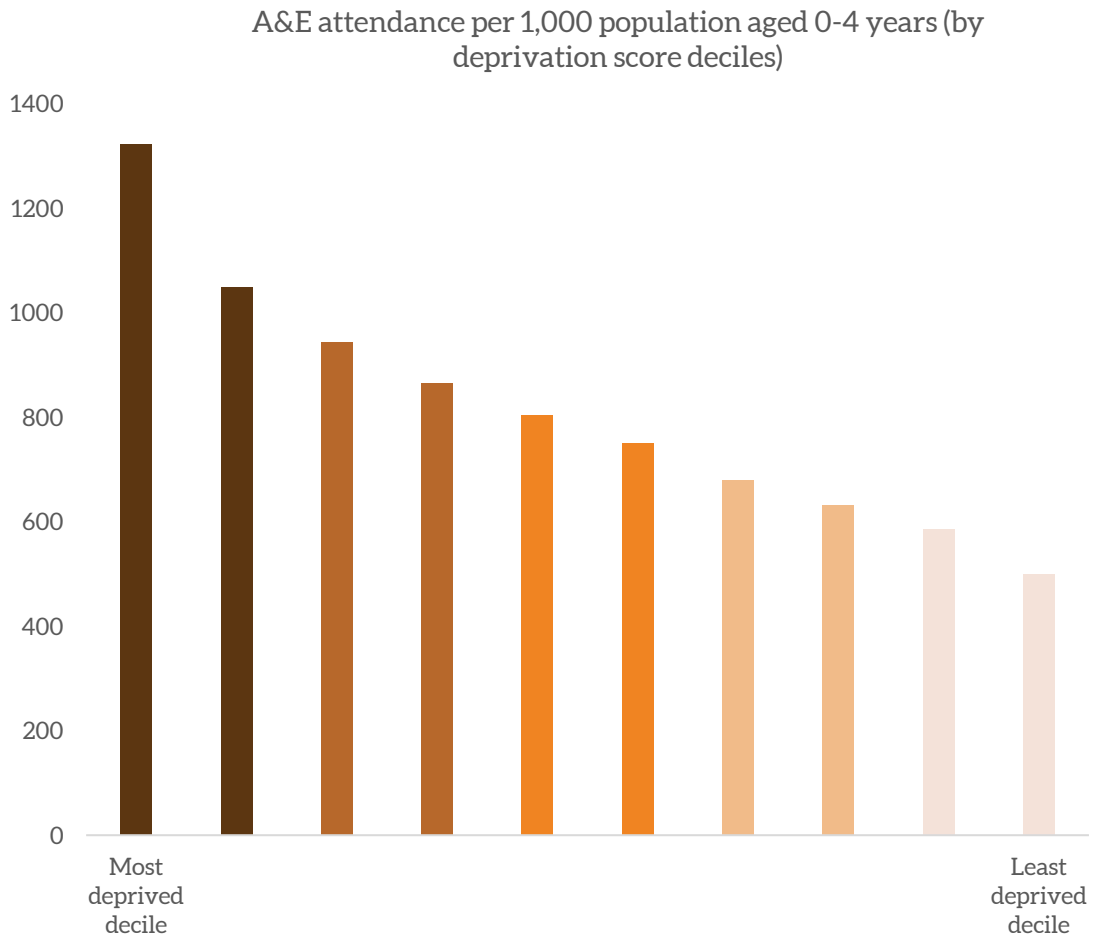
Data measure: The number of A&E attendances for 0–4-year-olds per 1,000 population of children aged 0-4 years in 2022/23.



Key findings:

- Infants and young children are more likely to attend A&E than any other age group. They are also more likely to frequently re-attend, and to have lower acuity and therefore potentially avoidable attendances (for example, attending A&E with minor illnesses that may have been better managed elsewhere or through parental advice.)[27]
- **Children in the most deprived areas in England are significantly more likely to attend A&E and to persistently re-attend than children from less deprived areas**.
- **Children aged 0-4 in the most deprived areas have 55% more visits to A&E than those in the most affluent areas,** an average of 1,020 A&E attendances per 1,000 children in the most deprived areas, compared to 658 attendances in the least deprived areas.
- The scale of difference is significant. The 10 areas with the highest A&E attendances have an average of 1,324 A&E visits per 1,000 young children, and the 10 areas with the lowest A&E attendance have just 500 per 1,000 young children – almost three times less.

- Both the size of the gap between the most deprived and most affluent areas, and the persistence of this gap over the last 20 years is concerning. There are also signs the gap between deprived and affluent areas may be widening, with a slight increase since 2015/16.



Understanding the links with deprivation:

- There are complex reasons as to why children in areas of high deprivation are more likely to attend, and re-attend, A&E. The relative health of children in more deprived areas may play some role, for example due to increased asthma attacks exacerbated by poor indoor air quality, such as damp homes.
- However, multiple studies suggest that increased rates of illness are highly unlikely to be the main driver of high A&E attendance. Increased A&E attendance in deprived areas is more closely reflective of barriers to accessing earlier support and advice, for example from a GP; the accessibility of those services; the erosion of support networks for families experiencing poverty; and their ability seek advice which is impacted by lower health literacy, language barriers and stigma.[28] [29]

Why this matters:

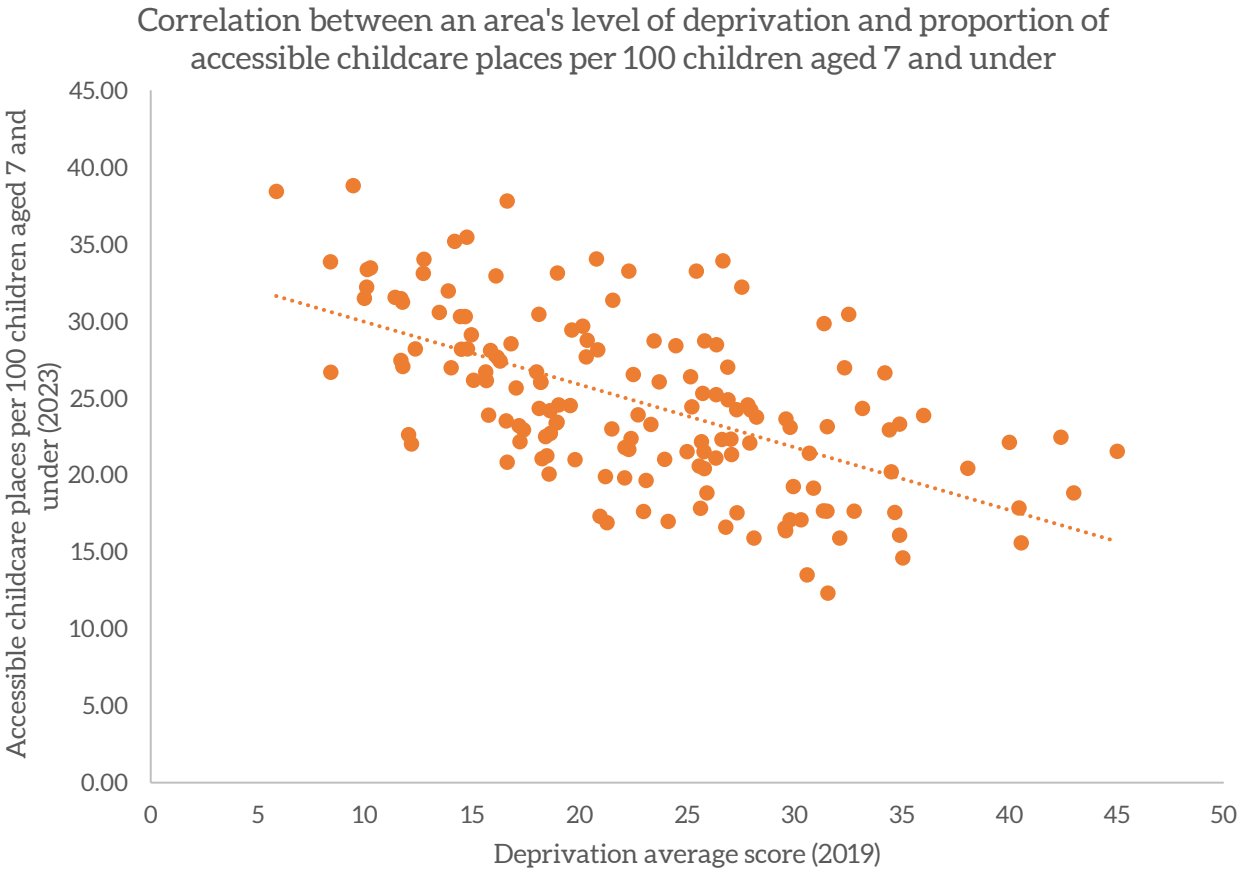
- High A&E attendance does not necessarily reflect a rise in serious illness or emergencies. Despite an increase in A&E visits, emergency *admissions* for young children have not risen proportionally, and many of children could have been better cared for in other services. As a report by the Nuffield Trust explains, high A&E attendance therefore acts as **"a proxy measure of the level of inequality in health status and health outcomes in children, and may reflect the failure of other services to meet their needs."**[30] Ultimately, it is a symptom that the health system is not working as it should.
- Unnecessary A&E visits can have a negative impact on children and families, leading to long waits, exposure to viral illnesses, and fragmented care, and it limits opportunities for illness prevention and ongoing condition management that could take place in other health services[31].
- High A&E attendance also causes strain on hospitals. Overcrowded paediatric A&E units can lead to poorer outcomes for children. When departments are overwhelmed, children with minor illnesses are less likely to receive thorough care and advice, while children who are critically ill may face delays in rapid assessment and urgent treatment, increasing their risks[32].

4. Early childhood education and care

Data measure: The ratio of available childcare places (such as nurseries, pre-schools and childminders) within a reasonable travel distance, compared to the number of children aged 7 and under in each LA.

Key findings:

- There are just 19 childcare places available per 100 children under 7 in the most deprived areas in England, compared to 31 places per 100 children under 7 in the most affluent areas. This means **there are 50% more childcare places available per young child in the most affluent areas compared to the most deprived**.
- There are twice as many childcare places available per child in some parts of the country than others. In the 10 areas with the fewest places, all of which are in the least deprived two quintiles, there are just 15 childcare places for every 100 children under 7. In the top 10 areas, there are 33 places per 100 children under 7.
- All 10 Local Areas with the fewest childcare places are areas with high child poverty rates (between 24% - 38%).



Understanding the links with deprivation:

- While the government have expanded the number of free childcare hours available to eligible parents, the impact is not evenly felt by all young children. Eligibility to funded childcare hours is determined by a child's family income and parental working status, meaning that many of the country's poorest children are excluded from the flagship entitlement to 30 hours of funded childcare[33]. Access to early childhood education and care (ECEC) is also limited by the availability of childcare places themselves, which is lowest in deprived areas, as set out above, as well as in rural and coastal communities.
- The decline of childcare places has been sharpest in the most economically disadvantaged Local Authorities and the most rural Local Authorities[34]. This is therefore an example of the inverse care law, where those children who stand to benefit the most from early childhood education and childcare are the least likely to be able to access it.

Why this matters:

- Access to high-quality childcare in the early years is linked to improved outcomes for children, including in cognitive, social, emotional and health metrics, as well as children's future wellbeing, resilience and self-esteem[35].
- High-quality early childhood education and childcare can mitigate against many of the effects of poverty and deprivation and is linked to multiple long-term benefits for children from disadvantaged backgrounds, notably higher educational outcomes, reduced risk-taking behaviour into adolescence, and a range of improved physical and mental health outcomes.[36]
- As the Joseph Rowntree Foundation have highlighted, access to childcare can itself also reduce child poverty by increasing family incomes and opportunities for more secure work.[37]
- To strengthen implementation of children's rights, in 2023 the UN Committee on the Rights of the Child recommended steps "to ensure that all children in socioeconomically disadvantaged situations have access to free childcare"[38]. More recently, another expert UN body called on the UK to "Guarantee high-quality and affordable early childhood education for all children, across all jurisdictions, especially for those from disadvantaged backgrounds" in order to uphold the right to education[39].

DISINVESTMENT IN SERVICES FOR YOUNG CHILDREN

Early childhood services such as health visiting, midwifery, and other integrated support delivered through Family Hubs or children's centres are designed to support all children's healthy development. However, these services play a particularly significant role for babies and children living in poverty, including helping to mitigate the impacts of poverty on early outcomes.[40] [41] For example, health visitors can deliver effective interventions on young children's dental health and nutrition[42], and can divert families away from unnecessary visits to A&E[43].

However, many of these vital early childhood services have been eroded over the last 15 years. Local Authority spending on children's centres and Family Hubs has been cut by 77% since 2010, with a 40% reduction in the number of hubs and significant cuts in the depth of support hubs offer.[44] Other crucial services are also under pressure, with a shortfall of approximately 2,500 midwives and 5,000 health visitors, following a 40% reduction in staffing since 2015. As a result, only 6% of health visitors in England report working with the recommended caseload of 250 children, while 28% see more than 750 children.[45] This significantly impacts the quality of care they can provide and, sometimes, whether they can provide a service at all: with 1 in 5 infants missing out on 'mandated' health visits.[46]

Many health visiting services adapt the level of provision to meet the increased needs of families experiencing poverty, and national data shows that the proportion of families receiving their mandated health visitor reviews is often higher in more

deprived areas due to these concerted efforts. However, even the most efficient targeting of support is not sufficient to make up for widespread workforce shortages and service pressures that exist across health visiting, and families experiencing deprivation and poverty feel the effects of this more deeply than other families.[47]

UNICEF's research on investment in early childhood found that the UK was the only OECD country to report a fall in per capita spending on under 6s between 2013 and 2019 across every category. This included cuts to early years services along with relevant 'cash and family benefits'.[48] The £126 million committed to early years Start for Life and Family Hub funding for 2025/26, while welcome, is a fraction of the £2.5 billion invested during the peak of SureStart and cannot address the gap left by more than a decade of disinvestment in services that support young children's development and wellbeing. The approach to maintain Start for Life and Family Hub funding in only half of Local Authorities, focusing on more deprived areas, also risks missing pockets of deprivation and child poverty in other areas and ignores the root causes. While targeted funding can be useful for directing additional and tailored support to those facing disadvantage, it must not come in place of strong universal services which provide the foundation for all children's healthy development.

The targeting of services also leaves the fundamental issues behind these trends unaddressed. With more than a third of babies and young children living in poverty, poor early outcomes seen across England, and 100 more children falling into poverty each week,[49] it is not realistic to expect individual LAs to mitigate the widespread effects of disadvantage alone. This has to be addressed through national action to reduce the number of children living in poverty through social security measures and reinvesting in universal early childhood services.

CONCLUSION

This analysis presents a stark but simple picture: the higher an area's level of deprivation, the more likely it is that babies and young children who live there will be held back, experiencing poorer outcomes than their peers. Addressing this requires a national approach that looks beyond individual areas to tackle the links between deprivation, child poverty, and early outcomes.

In order to meaningfully close the gap for babies and young children, the Government must reinvest in essential early childhood services that reach all children, including through Family Hubs. And as the Government works toward its Early Years Milestone of 75% of children achieving a good level of development by 2028, they must also resist the temptation to focus on those closest to the threshold and focus on supporting those furthest away. Without this, they risk entrenching, rather than narrowing, existing inequalities.

The Government must take decisive action to reduce the number of babies and young children growing up in poverty and reinvest in the early childhood health and education services that are crucial to young children's healthy development and mitigate the impacts of poverty and deprivation on children's outcomes.

RECOMMENDATIONS

1. **Improve financial stability of families with babies and young children and lift more children out of poverty by:**
    - **Immediately removing the two-child limit on Universal Credit and ending the Benefit Cap** which disproportionately affects families with young children.
    - **Expanding eligibility and increasing value of the Sure Start Maternity Grant** to improve health outcomes right from birth.

2. **Invest in essential services which support young children's health and early development, and can mitigate against the impacts of poverty by:**
    - **Ensuring long-term, sustainable funding for Family Hubs and expanding provision** so every baby and child that needs to can access integrated family support.
    - **Equalising access to government funded childcare hours for all children from two-years old,** irrespective of their location, parental employment, or immigration status.
    - **Restoring the capacity of the health visiting workforce,** by recruiting an additional 1,000 health visitors a year over the spending review period.

In addition, we recommend the Government takes a cross-Departmental approach to reducing disparities in early childhood outcomes by ensuring:

3. **The upcoming Child Poverty Strategy sets measurable goals to improve access to early childhood services for low-income families.**

4. **The health of 0–5-year-olds is fully embedded in the Health Mission and the 10 Year Health Plan, and is recognised as a health policy priority.**

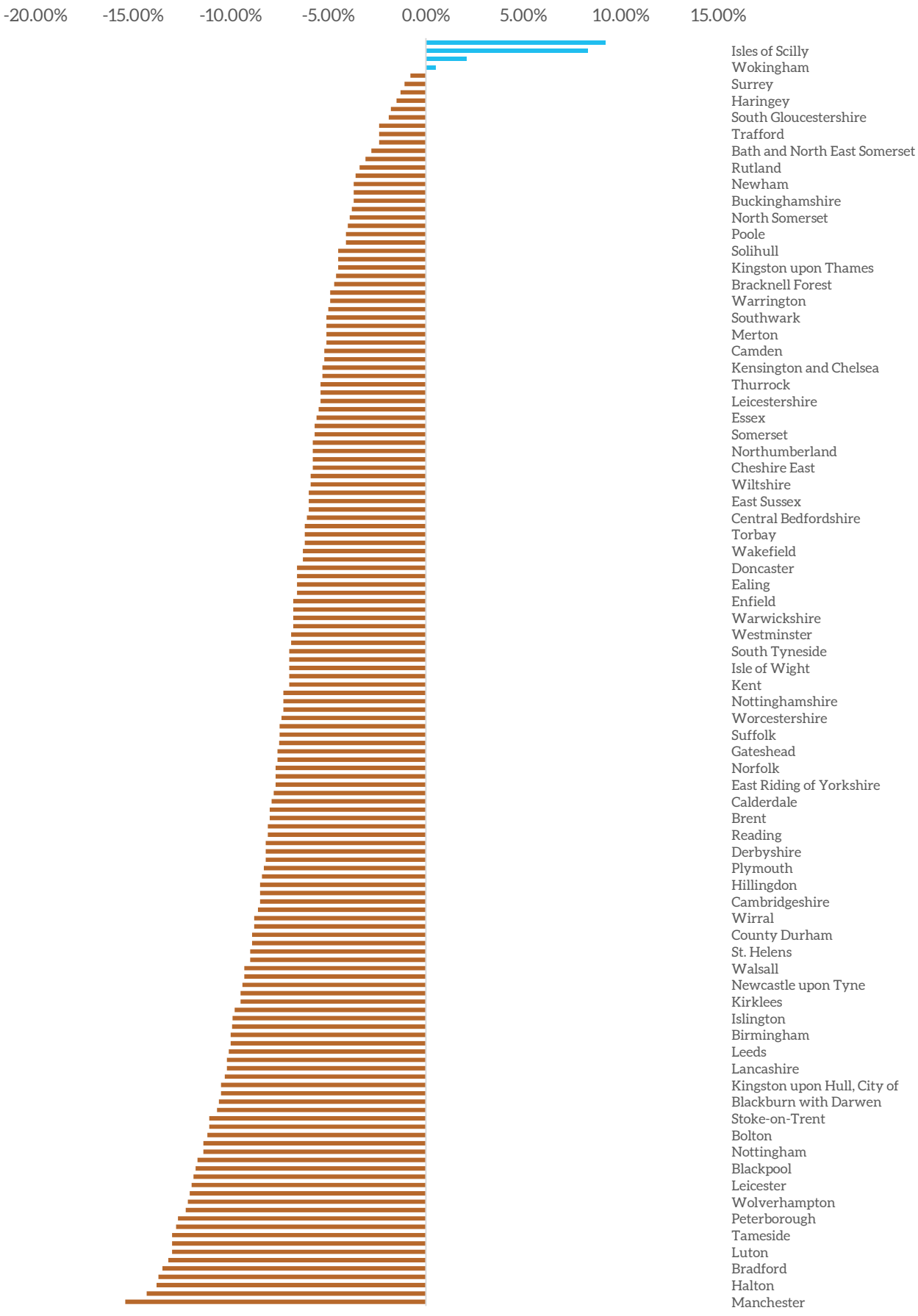
5. **The Best Start in Life Strategy takes a holistic approach to early childhood,** considering mechanisms across health, early education and childcare (ECEC), and nutrition, and includes targets for reducing disparities in access and outcomes.

Appendix 1: Data sources

Measure	Definition	Link	Published
Combined prevalence of children in Reception considered overweight or obese (2023/2024)	Combined percentage of children (children in Reception (aged 4-5 years) and Year 6 (aged 10-11 years) in mainstream state-maintained schools in England) considered overweight and obese (including severe obesity)	https://digital.nhs.uk/data-and-information/publications/statistical/national-child-measurement-programme/2023-24-school-year	November 2024
Prevalence of children with one or more obvious untreated dentinally decayed teeth (2024)	Percentage of children with one or more obvious untreated dentinally decayed teeth. The survey was undertaken during the 2023 to 2024 school year and according to a national protocol	https://www.gov.uk/government/statistics/oral-health-survey-of-5-year-old-schoolchildren-2024/national-dental-epidemiology-programme-ndep-for-england-oral-health-survey-of-5-year-old-schoolchildren-2024#method	March 2025
Prevalence of children who have had one or more teeth extracted due to dental decay (missing teeth) (2024)	Percentage of children who have had one or more teeth extracted due to dental decay. The survey was undertaken during the 2023 to 2024 school year and according to a national protocol	https://www.gov.uk/government/statistics/oral-health-survey-of-5-year-old-schoolchildren-2024/national-dental-epidemiology-programme-ndep-for-england-oral-health-survey-of-5-year-old-schoolchildren-2024#method	March 2025
Percentage of Children (under 16) living in relative low-income families (FYE 2023)	Percentage of children (individuals aged under 16) living in a family (defined as a single adult; or a married or cohabitating couple; or a Civil Partnership; and any dependent children) in relatively low income (defined as a family in low income Before Housing Costs (BHC) in the reference year. A family must have claimed Child Benefit and at least one other household benefit (Universal Credit, tax credits, or Housing Benefits) at any point in the year to be classified as low income in these statistics). Data is representative	https://www.gov.uk/government/collections/children-in-low-income-families-local-area-statistics	March 2025

	for the financial year ending in 2023 (April 2022 - March 2023)		
Deprivation average score (2019)	Population weighted average of the combined scores for the LSOAs in a larger area. The average score summary measure is calculated by averaging the LSOA scores in each larger area after they have been population weighted. The resultant scores for the larger areas are then ranked, where the rank of 1 (most deprived) is given to the area with the highest score. This gives the measure of the whole area covering both deprived and non-deprived areas. The main difference from the average rank measure described above is that more deprived LSOAs tend to have more 'extreme' scores than ranks. So highly deprived areas will not tend to average out to the same extent as when using ranks; highly polarised areas will therefore tend to score higher on the average score measure than on the average rank	https://opendatacommunities.org/resource?uri=http%3A%2F%2Fopendatacommunities.org%2Fdata%2Fsocietal-wellbeing%2Fimd2019%2Findicesbyla	September 2019
Accessible childcare places per 100 children aged 7 and under (2023)	Ratios are originally reported for 1 child, as such they were multiplied by 100 to capture accessibility of childcare places per 100 children.	https://www.ons.gov.uk/releases/howaccessibleischildcareinyourneighbourhood	June 2024
Percentage of children at good level of learning across early learning goals (2023-2024)	Percentage of children with a good level of development. Children are defined as having a good level of development if they are at the expected level for the 12 early learning goals within the 5 areas of learning relating to: communication and language; personal, social and emotional development; physical development; literacy; and mathematics.	https://explore-education-statistics.service.gov.uk/find-statistics/early-years-foundation-stage-profile-results/2023-24	November 2024
A&E attendance rate per 1,000 population aged 0-4 years. (2022/23)	A&E attendances for all children aged 0-4 years at the time of the attendance, with a valid gender in the data set, and resident in England. Children are assigned to the local authority of residence at the time of the A&E attendance.	https://fingertips.phe.org.uk/search/a%20and%20e%20attendences	April 2025

Appendix 2: Distance from Goal of 75% children at GLD aged 5 by UTLA



References

[1] Fabian Society, *First Steps: An Ambitious Strategy to Tackle Early Years Poverty with Public Consent*. 2025
[2] UNICEF Innocenti, *Report Card 18: Child Poverty in the Midst of Wealth*. 2023
[3] Centre For Young Lives, *A Fresh Start for Children and Family Support: Delivering joined-up place-based support through Family Hubs*. 2025
[4] UNICEF and World Health Organisation, *Nurturing care for early childhood development*. 2018.
[5] Committee on the Rights of the Child, *General comment No. 7: Implementing child rights in early childhood*. 2005
[6] Office for Statistics Regulation, *Systemic Review Programme: Visibility, Vulnerability and Voice, the importance of including children and young people in official statistics*. 2022.
[7] Social Mobility and Child Poverty Commission, *Lessons from London schools for attainment gaps and social mobility*. 2014
[8] British Association for Early Childhood Education, *Getting it right in the EYFS: a review of the evidence*. 2019.
[9] Education Policy Institute, *Breaking Down the Gap: The role of school absence and pupil characteristics*. 2025
[10] Cattan S, et al. Early childhood inequalities, *Oxford Open Economics*, Volume 3, Issue Supplement_1, 2024, Pages i711–i740, https://doi.org/10.1093/ooec/odad072
[11] N8 Research Partnership, Centre for Young Lives, Health Equity North and Child of the North, *An evidence-based plan for improving children's oral health with and through education settings*. 2024
[12] First Steps Nutrition Trust, *Infant Feeding Patterns in the UK*. 2024
[13] CQC, *The state of health care in England 2023/24*. 2024
[14] British Dental Association, *Sugar levy and oral health: A battle won, but the war is not over*. 2018
[15] The Hygiene Bank, *Hygiene Poverty*. 2022
[16] IPPR, *The childcare challenge: How can the new government deliver a real early education and childcare guarantee*? 2024
[17] Office for Health Improvement Disparities, *Adult oral health: applying All Our Health*. 2022
[18] N8 Research Partnership, Centre for Young Lives, Health Equity North and Child of the North, *An evidence-based plan for improving children's oral health with and through education settings*. 2024
[19] Royal College of Surgeons, *Too many children admitted to hospital for tooth decay*. 2024
[20] NHS England, *National Cost Collection Data Publication 2022/23*. 2024
[21] Food Foundation, *Food Insecurity Tracking*, 2022
[22] Obesity Health Alliance, *Dietary and Health Inequalities Position Statement*. 2023
[23] Obesity Health Alliance, *Turning the Tide: a 10 year healthy weight strategy*. 2021
[24] From pre-publication research presented at the European Congress on Obesity (May, 2025) and widely reported. For example as reported in A. Bawden. '*Being overweight as a young child could double risk of adult obesity, research shows.*' The Guardian, 11th May. Accessed online: https://www.theguardian.com/society/2025/may/11/being-overweight-as-a-young-child-could-double-risk-of-adult-obesity-research-shows
[25] Academy of Medical Royal Colleges, *Securing our healthy future: Prevention is better than cure*. 2023
[26] Committee on the Rights of the Child, *Concluding observations on the combined 6th and 7th periodic reports of the United Kingdom of Great Britain and Northern Ireland*, para 41(e). 2023
[27] Simpson RM, O'Keeffe C, Jacques RM*, et al*. Non-urgent emergency department attendances in children: a retrospective observational analysis. *Emergency Medicine Journal* 2022;**39:**17-22.
[28] Nuffield Trust*, Admissions of inequality – emergency hospital use for children and young people. 2017*
[29]Institute for Health Visiting, *Understanding the rise in 0-4-year-old Emergency Department attendances*. 2023.
[30] Nuffield Trust, *Admissions of inequality: emergency hospital use for children and young people*. 2017
[31] Royal College of Emergency Medicine, *Right Place, Right Care: Learning the Lessons from the UK Crisis in Urgent and Emergency Care in 2022 (UEC for Children).* 2023
[32] IBID
[33] Sutton Trust, *A Fair Start? Equalising access to early education*. 2021
[34] IPPR, *The childcare challenge: how can the new government deliver a real early education and childcare guarantee?* 2024
[35] Department for Education, *Study of Early Education*. 2021

[36] UNICEF UK, *Early Moments Matter.* 2022
[37] Joseph Rowntree Foundation, Poverty proofing the future of early years childcare. 2024
[38] Committee on the Rights of the Child, *Concluding observations on the combined 6th and 7th periodic reports of the United Kingdom of Great Britain and Northern Ireland*, para 36(b). 2023
[39] Committee on Economic, Social and Cultural Rights, *Concluding Observations on the seventh periodic report of the United Kingdom of Great Britain and Northern Ireland*, para 57(a). 2025
[40] UNICEF UK, Opening *Doors: Access to early childhood services for families impacted by poverty in the UK.* 2024
[41] Institute for Fiscal Studies, *The health impact of Sure Start*. 2021.
[42] Public Health England, *Health Matters: Child dental health*. 2017.
[43] Institute of Health Visiting, *Understanding the rise in 0-4-year-old Emergency Department attendances.* 2023.
[44] Centre For Young Lives, *A Fresh Start for Children and Family Support: Delivering joined-up place-based support through Family Hubs*. 2025
[45] Institute of Health Visiting, *State of Health Visiting*. 2023
[46] IBID
[47] UNICEF UK, *Opening Doors: Access to early childhood services for families impacted by poverty in the UK*. 2024.
[48] UNICEF Innocenti, *Too Little, Too Late*. 2023
[49] Fabian Society, *First Steps: An Ambitious Strategy to Tackle Early Years Poverty with Public Consent*. 2025