The Director of Public Health Annual Report 2025

Setting the foundations for lifelong health

Reading Borough Council
Working better with you

Contents

Foreword by Director of Public Health

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

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

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

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

This report demonstrates that a failure to act early comes at great cost, not only to individuals but to society as a whole. Every child, regardless of the circumstances into which they are born, should be able to maximise their potential and future life chances. I hope this report raises awareness of why investing and prioritising the first 1001 days is key to giving children the best start in life and how the council and partners can enhance the health and wellbeing of the 12,526 children aged 0-5 years in Reading and future generations.

Dr Matthew Pearce
Director of Public Health

Acknowledgements: Zoe Campbell (Public Health Business Manager) Nerys Probert (Senior Public Health Programme Officer), Rojina Manandhar (Public Health Programme Officer), Paul Trinder (Senior Public Health Analyst), Alice Luker (Senior Public Health Analyst)

Foreword by Councillor Rachel Eden

For all of us who live in Reading and care about our community, our Public Health Annual Report is essential reading. This year it focuses on the earliest years of life, particularly the first 1,001 days that shape a child's future. This is so important to give every child in Reading the chance to live life to the full.

This report isn't just for professionals or policymakers: it is for all of us. It's about how we, as neighbours, parents, carers, and residents, can help build a town where wellbeing and health are part of everyday life.

Whether it's supporting families, improving access to education, or making sure our parks and public spaces are safe and welcoming, this is about ensuring we live good lives.

The Government's recent announcements as part of the 10-Year Health Plan focus on prevention of ill health, fairness, and putting people at the heart of health services.

In Reading, we're already working to make that vision real. Our council is investing in early years support, tackling inequalities, and making sure that every child—no matter their background—has the opportunity to thrive.

I'm proud not just of the work the Reading Public Health team are doing, but also the work of other council staff, the NHS , charities and community organisations, volunteers, families, carers and schools. To make lasting and real change, we all need to play our part.

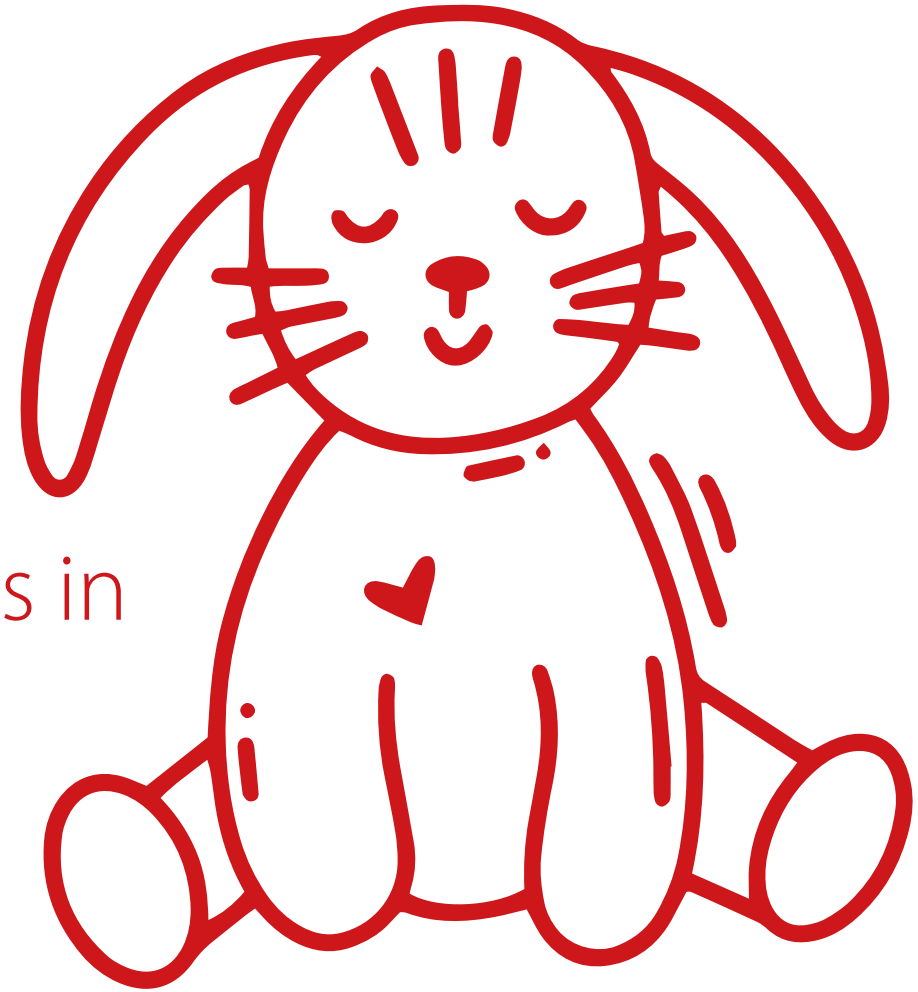
I'm also constantly inspired by the resilience and kindness I see across our communities and from our young people in particular.

This report highlights challenges, and it also shows the strength we have when we come together.

Thank you to everyone who plays a part in making Reading a healthier, happier place to live. Let's keep going—because every child deserves the best start in life, and every resident deserves to live well.

Councillor Rachel Eden
Lead Councillor for Education & Public Health

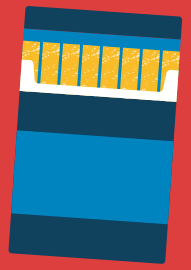
Section 1: The early years in Reading at a glance



If Reading were a town of 100 children:

Pregnancy and birth

4 newborn babies would have a low birth weight



6 babies would be born to women who are smoking

79 babies would be breastfed at birth

24 pregnant people would be overweight

56 new babies would be from an ethnic minority group

65 babies would be breastfed at 6-8 weeks after birth

42 babies would have been delivered by caesarean

Early Years

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

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

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

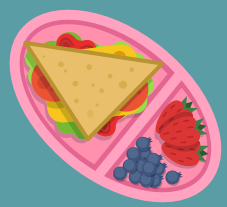
Physical Health

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

33 children (aged 5) would have tooth decay

Wider determinants of health

17 children would be living in poverty



21 children would be eligible for free school meals

Figure 1 – Infographic representing a town of 100 children in Reading

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

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

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

Babies do not yet have the language skills to advocate for themselves, the word "infant" comes from the Latin for "to have no voice". We have an opportunity to change that and give a voice to babies, if we can offer enriching and supporting experiences to babies and families, we know we will reap the rewards in future years.

During the period from conception to age two, babies are uniquely susceptible to their environment. Babies are completely reliant on their caregivers and later development is heavily influenced by the loving attachment babies have to their parents. Influences during this crucial time also impact on experience of the wider determinants of health, which are often outside their control.[1]

Factors such as parental diet and health behaviours impact the development of disease across the life course of the child, including cardiovascular and lung disease, diabetes, some cancers and mental disorders. Figure 2 illustrates that interventions in childhood are likely to be more effective at reducing the risk of developing a disease across the life course. In adulthood, problems may be harder to treat and resistant to change and therefore intervening early is important.

Despite decades of evidence, that tell us that the time from conception until the baby's second birthday (the first 1001 days) is essential for a whole host of future outcomes, recent research found that there is limited awareness of the importance of early years[2]. What happens in the first 1001 days does not determine a child's entire development but getting things right in pregnancy and the first two years puts children on a positive developmental course, so they can take advantage of other opportunities.

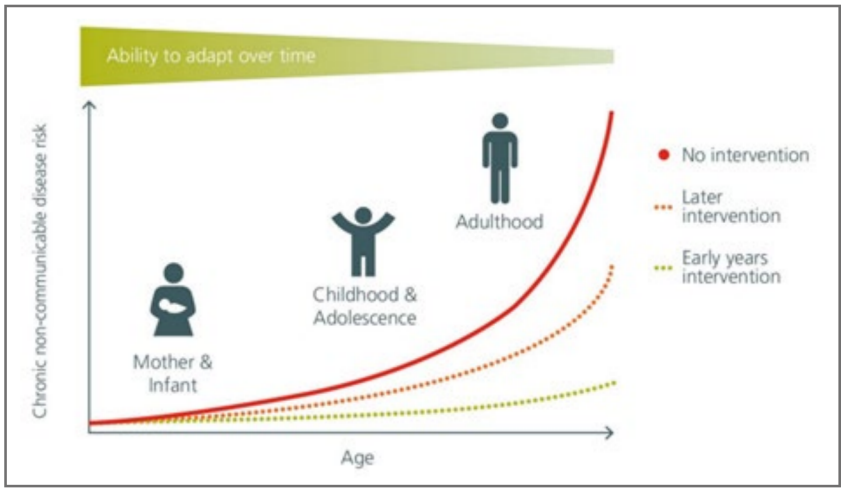


Figure 2 - Theory of development and impact of early intervention on chronic diseases

Brain development and the first 1001 Days

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

In the first years of life the babies' brain will be very much affected by the emotional experiences they have with those caring for them.

A baby's brain is receiving information all the time from how they are being cared for and what they can see, smell, feel and taste. Just like any new learning this can take time. Inside the brain, lots of neuro-connections are being made so that these messages and learning can be stored for the future. Just like any new learning, this takes time. To make the best use of these experiences and form strong neuro-connections, a baby's brain sometimes needs to pause and reduce stimulation from the outside world. This quiet time helps the brain focus on processing and organising what it has taken in.

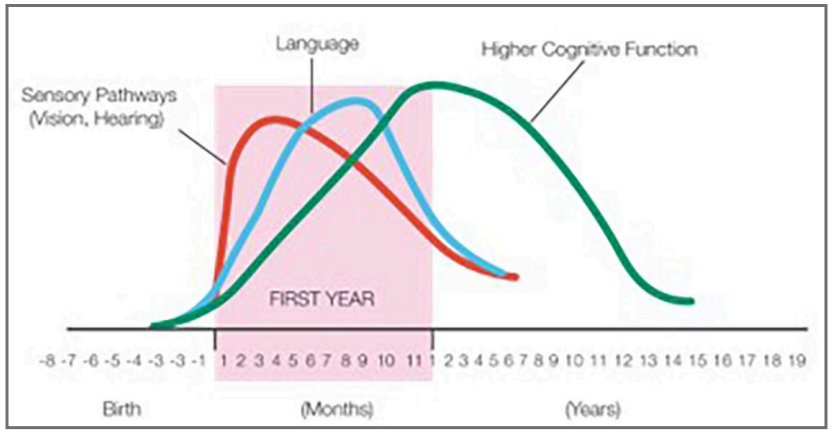


Figure 3 - Brain development from conception to 19 years (Nelson, 2000)

Connection is the foundation of healthy brain development. While often discussed alongside attachment, connection refers more broadly to the child's experience of being emotionally seen, safe, and valued.

Connection is what allows children to develop resilience, empathy, and emotional regulation. When children feel deeply connected to their caregivers, their brains are more likely to develop the neural pathways needed for learning, self-regulation, and social interaction. Connection is not a luxury—it is a biological necessity.

Research shows the quality of relationships and emotional connections during the earliest stages of life can outweigh the detrimental effects of later adversities. Studies have shown that stable and positive early relationships are essential for healthy brain development and can mitigate the effects of later stressors. For instance, research indicates that infants require stable emotional attachments with primary caregivers to promote positive growth in cognitive and caring potentials.[5,6,7,8]

The way our brains develop is a product of the interplay between our genes and our environment. Our environments play a crucial role in shaping the developing brain in the first 1001 days. This is a period when we are particularly susceptible to positive or negative experiences, which strengthen or harm brain development. As a result, exposure to adversity during this period could have long term implications.[9]

Trauma and adversity in childhood

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

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

SPOTLIGHT – Home-Start Reading

Home-Start Reading has been supporting families with children under the age of 5 for over 40 years. They recruit, train and supervise volunteers who are carefully matched with a family in need. They help the volunteer to build a trusted and respectful relationship with the family they support. Through taking an empathetic, non-judgemental approach, parents feel enabled to share their worries and the challenges that they are facing and are open to consider the impact on their child and family life. Their support is highly responsive to the individual needs of the family on a week-by-week basis.

Their volunteers visit families in their homes every week for 6 to 9 months providing practical and emotional support to parents so they feel more confident and better able to provide the positive experiences that are essential for a child's formative years. They help families recognise their qualities and capabilities and build resilience creating independence and less reliance on external support. They support families a range of families including single parent households, domestic abuse, alcohol / drug dependency, post traumatic stress, asylum seekers, neurodivergence and disability.

With just 3 full time staff and approximately 25 active volunteers at any one time, they help around 55 families a year through the home visiting service alone. They also deliver antenatal and mental health courses as well as providing group sessions for under 2s and their carer. Over a year, we provide around 120 services to approx. 95 individual families.

Chronic unrelenting stress in early childhood – such as exposure to conflict or abuse – can be extremely damaging to the developing brain, particularly if a child does not have a secure relationship with an adult who can help to 'buffer' the impact of this early adversity. This stress, known as 'toxic stress', leads to prolonged activation of the stress response systems which can disrupt the development of brain architecture and other organ systems and increase the risk for stress-related disease and cognitive impairment, into the adult years[10].

The term Adverse Childhood Experiences (ACEs) is frequently used to describe "highly stressful, and potentially traumatic, events or situations that occur during childhood and/or adolescence. They can be a single event, or prolonged threats to, and breaches of, the young person's safety, security, trust or bodily integrity"[11].

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

Figure 4 Impact of adverse childhood experiences on future outcomes

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

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

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

Adverse childhood experience	Estimate
Parental separation or divorce	18-25%
Emotional/psychological/verbal abuse	17-23%
Childhood physical abuse	14-17%
Exposed to domestic violence	12-17%
Household mental illness	11-18%
Household alcohol abuse	9-14%
Household drug abuse	4-6%
Childhood sexual abuse	3-10%
Household member in prison	3-5%

Figure 5 Estimated number of 0-18 year olds experiencing specific adverse childhood experiences in Reading (2023) [14,15]

Health inequalities

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

The conditions to promote and protect child health affect pregnant people, families and young children throughout Reading. It is known that socioeconomic status is associated with greater risk of ACEs /maltreatment

Income inequality is correlated with so many social and economic factors that impinge on the health of a child and its parents during the first 1001 days.

Lower income is likely to, but not necessarily, mean poorer quality housing and local living environments, poorer parenting skills, poorer nutrition and greater likelihood of harmful environmental exposures. Figure 6 highlights some of the national and local differences in health and wellbeing depending on where people live.

Evidence shows that some black and minority ethnic groups are more likely to experience negative outcomes in pregnancy and early childhood. A report found that Black women in the UK are 3.7 times more likely to die during or up to six weeks after the end of their pregnancy than White women, and Asian women are 1.8 times more likely to die than White women.[16] Furthermore, infant mortality rates are shown to differ by ethnicity of the baby, with babies from black ethnic backgrounds having the highest infant mortality rates, followed by Asian ethnic backgrounds, with white ethnic backgrounds having the lowest rates.[17] Children from urban areas are also more likely to die than those from rural areas.[18]

Children with learning disabilities face significant health inequalities. These disparities are often linked to unmet health needs, delayed diagnoses, and barriers to accessing timely and appropriate care.

Marmot stated in his 2010 report, 'Fair Society, Healthy Lives[19]', that: 'giving every child the best start in life is crucial to reducing health inequalities across the life course.' The report sets out the evidence on how best to improve health and wellbeing to ensure all children have the best start in life.

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

Figure 6 Differences in health outcomes and risk factors between the least and most deprived areas in Reading

Most Deprived

Life Expectancy at birth (females) **80.1 years**

Life Expectancy at birth (males) **73.7 years**

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

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

Maternal Obesity* **32.4%**

Low birth rate of babies* **8.4%**

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

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

Child Obesity (Reception) **26.4%**

Under 18's Conception Rate* **1[illegible]8 per 1,000**

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

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

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

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

Least Deprived

Life Expectancy at birth (females) **88.2 years**

Life Expectancy at birth (males) **80.1 years**

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

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

Maternal Obesity* **19.8%**

Low birth rate of babies* **6.3%**

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

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

Child Obesity (Reception) **16%**

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

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

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

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

Expected level development in Reception age **51.5%**

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

Child Poverty

It is important to consider the effects of childhood poverty on health outcomes both in childhood and later in life. Childhood poverty has been shown to cause lower birth weight and reduced breastfeeding as well as other negative health outcomes including increased risk of contracting diseases, higher levels of obesity, and a higher likelihood of developing a mental disorder.[20]

Evidence also shows that poverty can increase mortality risks.[21] The effects of childhood poverty can go on to have implications in adulthood, with poor educational attainment being a predictor of poverty or severe material deprivation at a later stage in life.[22] Those at highest risk of childhood poverty include children from lone parent families, black and minority ethnic backgrounds, and larger families.[23]

The Marmot Review suggests that there is evidence that childhood poverty leads to premature mortality and poor health outcomes for adults. Reducing the numbers of children who experience poverty should improve these adult health outcomes and increase healthy life expectancy.[24] There is also a wide variety of evidence to show that children who live in poverty are exposed to a range of risks that can have a serious impact on their mental health. The Marmot Review recommended a policy objective of giving every child the best start in life.

In 2023/24, 17.0% of children under the age of 16 were living in child poverty in Reading, which is 5,760 children . Since 2014/15, levels of child poverty in Reading have increased (in relative terms) by 51.8% compared with an increase of 37.3% in England (See Figures 7 and 8).[24]

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

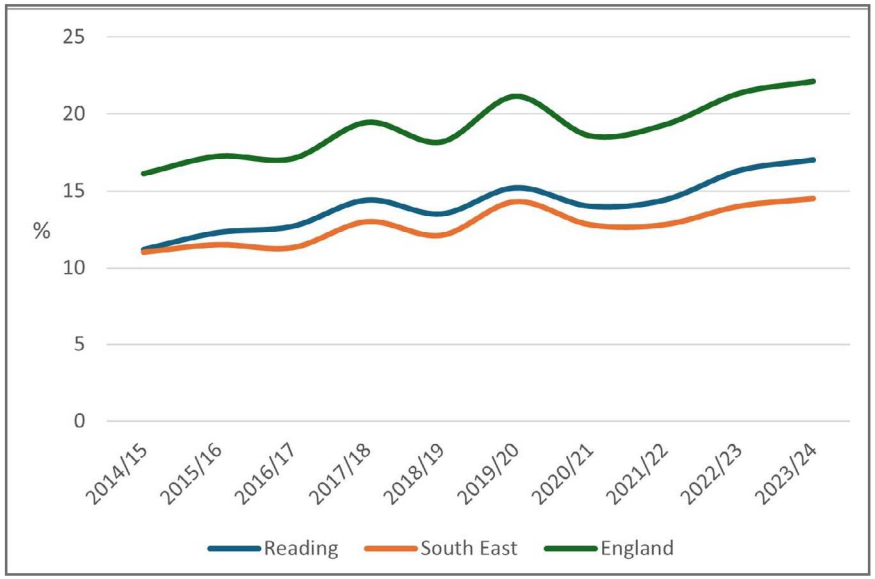


Figure 7 - Child poverty (%) in children under 16 by wards in Reading (2023/24)

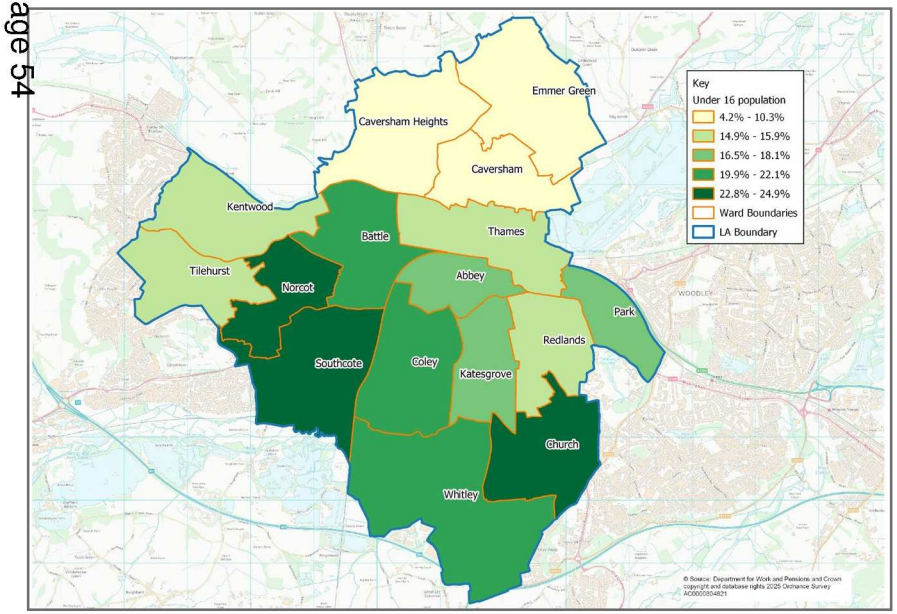


Figure 8 - Child poverty (%) in children under 16 in Reading (2023/24)

SPOTLIGHT – Encouraging Black African women to access maternity services

A project was launched in 2024 by the Royal Berkshire Maternity Unit and Reading Maternity and Neonatal Voices Partnership to find ways to improve the number of Black African women who access maternity care early enough in their pregnancy to allow them to access appropriate screening tests.

Through engagement with community partners including Women of the Future East African Women's Group, Utulivu, ACRE and Reading Borough Council Community Health Champions the barriers to accessing services were explored and information was co-produced to publicise the importance of accessing services right at the start of the pregnancy.

This information is due to go on display in the community this summer and it is anticipated that the percentage of Black African women booking by 10 weeks gestation will increase.

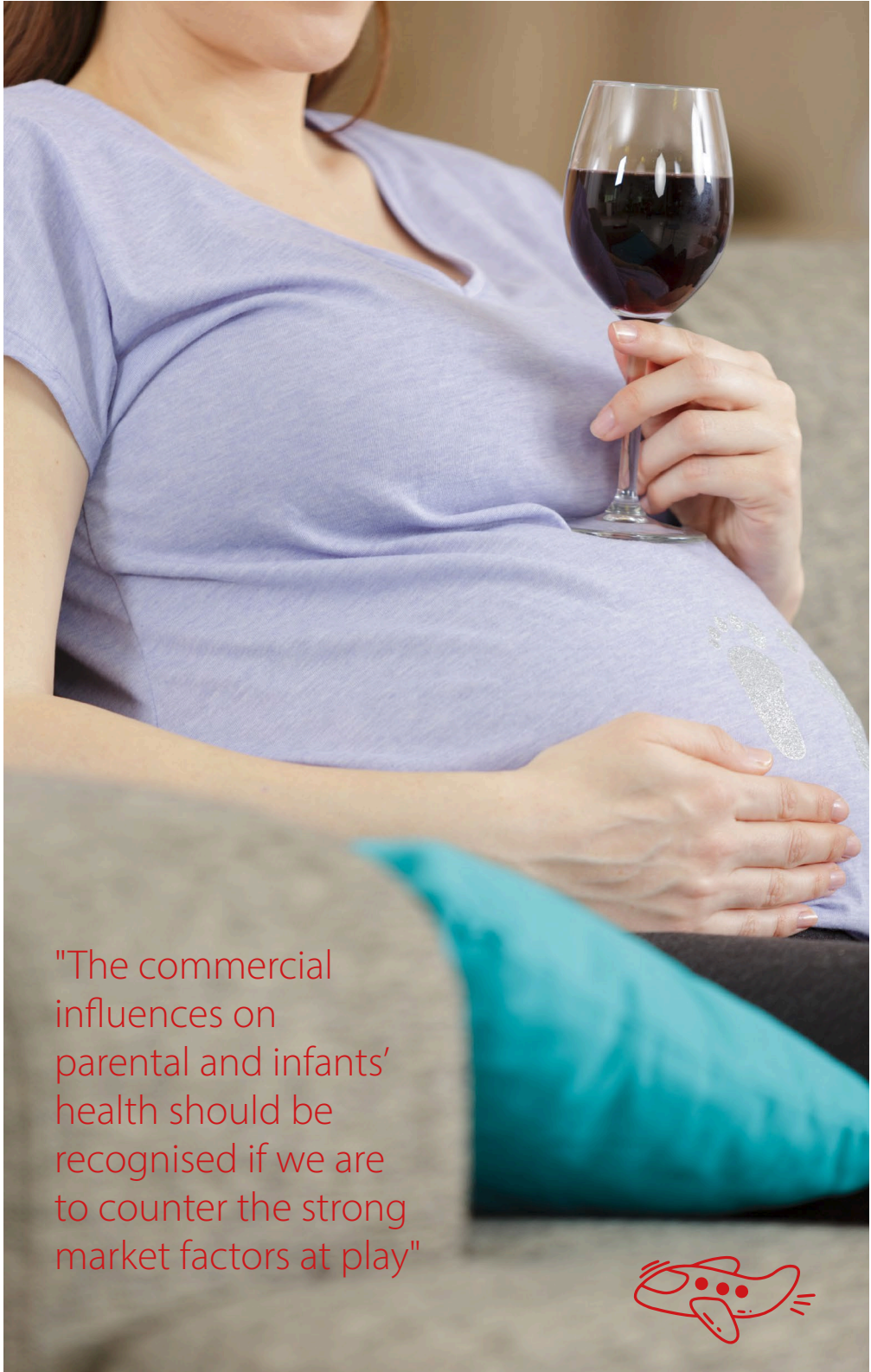
Commercial Determinants of Health

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

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

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

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



Section 3: Demographics

Children aged 0-5 represent 7.0% of the population of Reading, which is 12,526 children. Over the next 20-years, the proportion of the children aged 0-5 years is projected to fall from 7.1% to 5.8% of the population.

The wards of Battle, Norcot, and Whitley had the highest rates (per 100,000) of children aged 0-5 in Reading; Redlands, Caversham Heights, Emmer Green, and Tilehurst are among those wards with the lowest rates.

Births

There were 1,975 live births in Reading in 2023[25]. Over the past decade, the number of live births in Reading have fallen from 2,617 to 1,975, and during this time, the General Fertility Rate (GFR) fell from 65.2 (per 1,000 females aged 15-44) to 46.8. Across the wards of Reading, the GFR ranged from 22.9 (per 1,000) in Redlands to 62.8 in the ward of Thame (see figure 9).

Ethnicity

In Reading, there were 10,239 children under the age of five, based on the 2021 Census[26]. Of these, 4,816 (47.0%) were from a non-White background. Across all ages, non-White children under five made up 2.8% of the total population in Reading. Across the wards of Reading, the proportion of children under five from non-White backgrounds ranged from 27.5% in Caversham Heights to 68.5% in Abbey. Proportions were also high in the wards of Redlands (55.6%) and Park (62.3%). (see figure 10)

Infant Mortality

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

Most infant deaths occur during the first year and particularly during the neonate period (up to 28 days) where around 80% of infant deaths occur. Pre-term birth accounts for 40% of neonate deaths.

This is often due to immaturity or underdevelopment of respiratory and cardiac systems. Congenital malformations are the next leading cause of death at around 33%, followed by other causes that include trauma and sudden unexpected deaths in infants (SUDI).

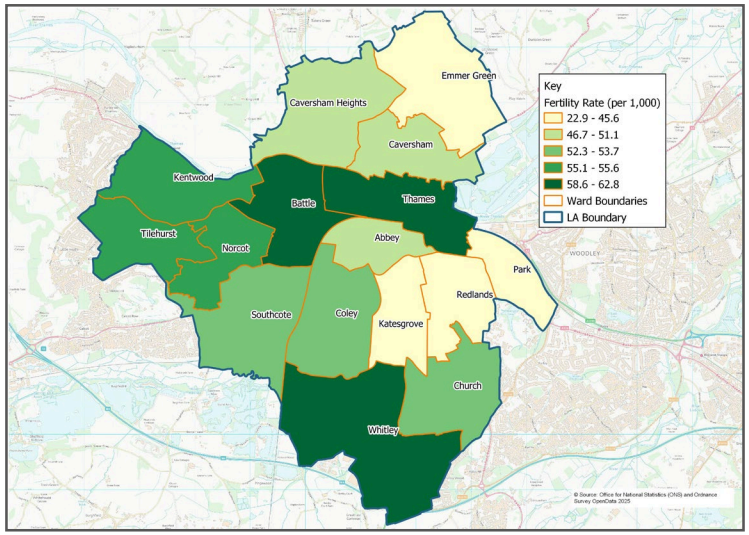


Figure 9 - General Fertility rate (per 1,000 females aged 15-44) by wards in Reading (2023)

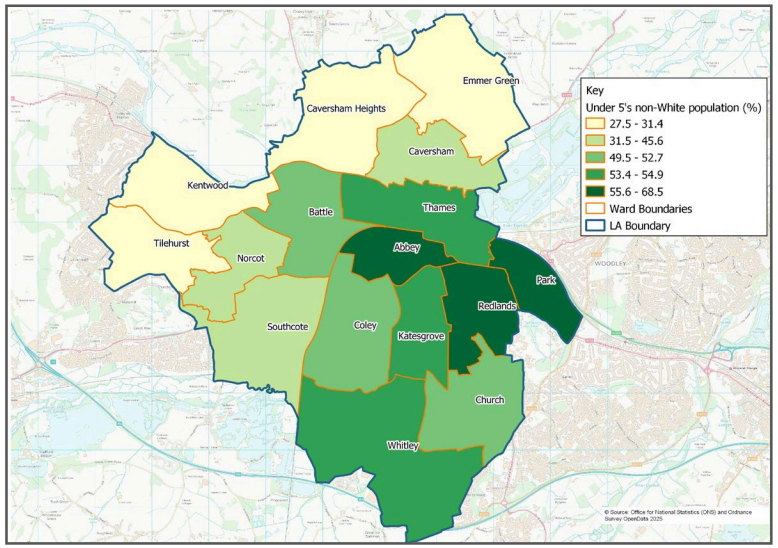


Figure 10 - Children (%) under 5 from non-White backgrounds by wards in Reading (2021)

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

The Reading rate (4.9 per 1,000) for 2021-23 is statistically similar to England (4.1). During the latest three-year period, the rate has remained unchanged with 30 infant deaths[27]. Reducing infant mortality requires a combination of health interventions and actions on the wider social determinants of health by the NHS, local authorities and voluntary organisations, charities and social enterprises. These interventions must start before birth.

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

Low Birth Weight

Being born with a low birth weight significantly increases the risk of infant mortality and has serious consequences for health in later life. In Reading has the highest rate of low birth rates in the South East of England, with 4.1% (76 babies) of all babies born with low birth weight, which is significantly higher than both the regional and national rate of 2.6% and 2.9% respectively (see figure 11). Smoking in pregnancy, alcohol and substance misuse and poor maternal nutrition are significant contributing factors to low birth weight, which are all preventable.

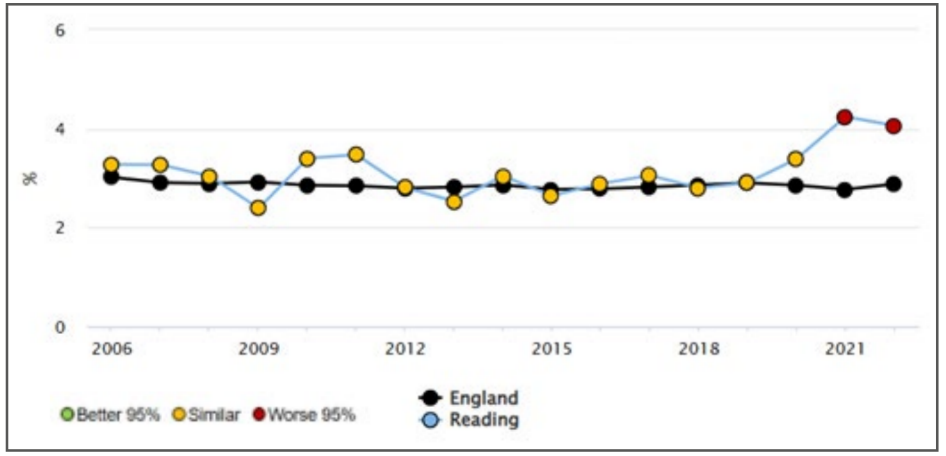


Figure 11 – Low birth weight of term babies in Reading over the last 20 years

Section 4: Preparing for Parenthood

Being well prepared for parenthood will have benefits for the future health and wellbeing of the whole family. Evidence shows that women who are healthier in pre-pregnancy have a better of chance of becoming pregnant, having a healthy pregnancy and giving birth to a healthy baby. Teenage pregnancy is more likely to represent an unintended pregnancy, and there is evidence that pregnancy intention is important for maternal and child health. Therefore, a programme of sex and relationship education can be effective in preventing unintended pregnancies.

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

Teenage Pregnancy

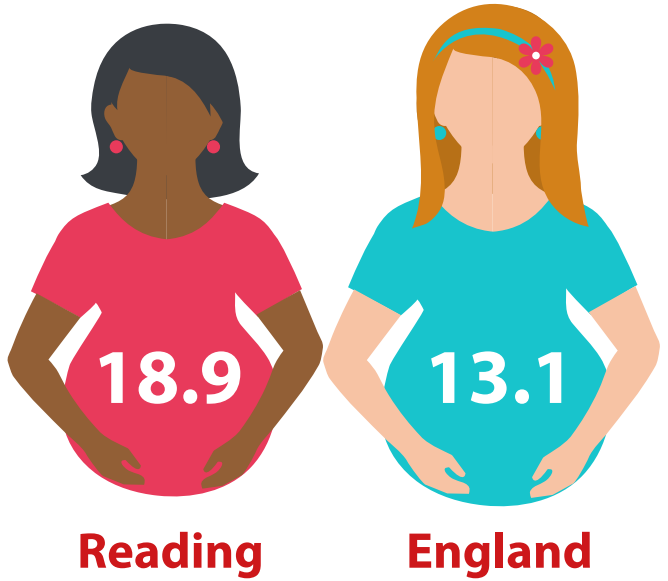
In England and Wales, infant mortality rates are highest where babies are born to mothers aged under 20 years or over 40 years old. Teenage pregnancy and early motherhood can be associated with poor educational achievement, poor physical and mental health, social isolation, poverty and other related factors. Teenage mothers are less likely to finish their education, are more likely to bring up their child alone, in poverty and have a higher risk of poor mental health than older mothers. Infant mortality rates for babies born to teenage mothers are around 60% higher than for babies born to older mothers.

The under 18 conception rate in Reading was 18.9 (per 1,000 females aged 15-17) in 2021, significantly higher than the England rate (13.1 per 1,000). In 2021, 50 young people under 18 were pregnant in Reading, and of these, 32 (64.0%) had an abortion. The proportion of abortions locally was similar to the England average of 53.4%.

National Institute for Health and Care Excellence (NICE) guidance for women who have complex social risk factors[29] is clear; the vulnerabilities most commonly found with poor or delayed access to the antenatal pathway are in women include first time mothers under the age of 20 years[30].

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

Figure 12 – Teenage pregnancy rates in Reading compared to the national rate.



SPOTLIGHT – Seeking Sanctuary

The Royal Berkshire Hospital run a specialist clinic providing maternity care and additional support for refugees, asylum seekers and their families. It involves collaboration between sexual health, screening, housing, Reading Refugee Support group, Maternity and Neonatal Voices Partnership, Obstetricians, Midwives, charities and translation services.

A full antenatal appointment is provided along with bespoke parent education, well man check-ups, social interaction, signposting to agencies and a tour of the maternity unit in preparation for the birth. Those who attend also receive a complementary set of essentials for birth sponsored by The Cowshed. The hospital run this clinic approximately every three months and have between 9-15 families attend each time.

Perinatal mental health

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

During the perinatal period (pregnancy and first year of life), women are at risk of experiencing and developing a range of mental health challenges. Poor maternal mental health has important consequences for the baby's health at birth, along with the child's emotional, behavioural and learning outcomes. Poor mental health can also impact a parent's ability to bond with their baby[31].

Perinatal mental health challenges are estimated to affect between 10-20% of women during pregnancy or within the first year of having a baby[32]. Estimates for Reading indicate that between 198 and 397 mothers experienced perinatal mental health challenges in 2023. The estimated number of women who may have been affected by a range of mental health challenges are shown in Figure 13.

Mental health challenge	National prevalence	Reading	South East
Postpartum psychosis	0.2%	4	177
Chronic serious mental illness	0.2%	4	177
Severe depressive illness	3%	60	2,654
Mild-moderate depressive illness & anxiety	10-15%	198- 298	8,847 - 13,271
Post-traumatic stress disorder	3%	60	2,654
Adjustment disorders & distress	15-30%	298 - 595	13,271 - 26,541

Figure 13 Estimated number of women with perinatal mental health challenges (2023)[33]

If left untreated, mental health issues can have significant and long-lasting effects on the woman, the child, and the wider family. Specialist services provide care and treatment for women with complex mental health needs and support the developing relationship between parent and baby. They also offer women with mental health needs advice for planning a pregnancy. Good quality perinatal mental health care is set out in NICE guidelines and quality standards.[34,35]

It is vital that every new parent and carer has access to compassionate and timely mental health support if they need it, from the moment they find out that their baby is on the way. This is not just because of the negative consequences to both the parents and their baby if mental health goes untreated – the effects of mental health challenges come with a heavy financial cost. For every one-year cohort of births in England, the NHS has estimated that the long term cost from lack of timely access to quality perinatal mental health care is £1.2 billion to the NHS and social services and £8.1 billion to society.[36]

To give every child the best start in life, the pioneering report by Marmot (2010), recommended the development of "high quality maternity services to meet need across the social gradient" and giving "priority to pre and post-natal interventions that reduce adverse outcomes of pregnancy and infancy". [37]

Maternal physical and emotional health and wellbeing during pregnancy and the year after childbirth (perinatal period) has a profound impact on the health of children throughout their lives[38]. By improving maternity care[39], reducing maternal obesity, reducing smoking, increasing breastfeeding rates, and improving perinatal mental health there is potential to improve outcomes for mothers and infants.

SPOTLIGHT – Dingley's Promise

Dingley's Promise support children in the early years with special educational needs and disabilities to achieve their full potential.

Dingley's Promise Reading continue to support children under 5 with SEND through their specialist nursery on Kenavon Drive. They also provide outreach support for families in the community, providing strategies information and guidance to support their child's SEND needs and learning and development, whilst also helping them to access entitlements and local support and networking them with other families.

Ensuring that all women receive access to the right type of care during the perinatal period is needed to reduce the impact of maternal mental health problems during pregnancy and the first 2 years of life on infant mental health and future adolescent and adult mental health. Infant mental health is vital to the long-term development of brain development and good mental, physical and emotional health and wellbeing through the course.[40]

Maternal obesity

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

Maternal obesity is an issue for about one quarter of pregnant people seen by the health visiting service. Midwives, health visitors and other professionals support mums and families by establishing or referring to community groups or services provided by the local authorities before, during and after pregnancy to ensure continuity of care. Healthy eating can be promoted to families through nationally available resources and local support, for example via community-led cooking programmes in family hubs in Children's Centres in Reading . Physical activity opportunities are offered to support families during and after pregnancy, including community-based walking groups and initiatives in Reading.[42]

In 2023/24, 23.7% of women in early pregnancy in Reading (500 women) were categorised as obese (body mass index (BMI) ≥30kg/m2). This was significantly lower than the England average of 26.2%.[43]

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

Smoking in pregnancy

Smoking is one of the most modifiable factors for improving infant health. Babies who are exposed to maternal smoking are more likely to die in infancy, be born early, small or stillborn, experience reduced lung function and congenital abnormalities of the heart, limbs and face[44].

Smoking during pregnancy is a risk factor associated with inequalities in complications in pregnancy, stillbirths, neonatal death and serious long-term health implications for mothers and babies.

SPOTLIGHT - Supporting women who smoke to quit

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

As part of the Government's commitment to a smokefree generation, Reading Borough Council have been awarded additional funding to support people to quit smoking. Over the next five years the council will be aiming to support 3569 people to quit, including people who are pregnant.

There are differences in maternal smoking rates, depending on age, geography, socio-economic status, and ethnicity. Women from disadvantaged backgrounds are more likely to smoke before pregnancy; less likely to quit in pregnancy and, among those who quit, more likely to resume after childbirth.[45]

In Reading, 5.9% of women smoked during pregnancy in 2023/24, which is equivalent to 78 pregnant people. This proportion is significantly lower than the England average of 7.4%. Since 2010/11, the proportions of women smoking during pregnancy in Reading have fallen from just over 7% to their current levels of 5.9%.[46]

SPOTLIGHT – Fresh Street Scheme

Fresh Street Community was **launched in Reading in November 2023**. at the Whitley Community Development Association (WCDA) hub.

Fresh Street Community focuses on the role of community hubs as centres for health and social connectivity and support, providing a point to buy fresh vegetables and fruit, but also to access wellbeing, healthcare and social activities that provide more wide-ranging support for local communities.

Vouchers are delivered to the door, or distributed via a community centre where they can be used with local independent fresh fruit and vegetable vendors. Four hundred households in thirteen streets are now eligible for the voucher scheme and the availability of the added support systems at the hub. Those who have used the scheme speak of benefits to their health and social connectivity.

Alcohol and substance misuse

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

Alcohol and recreational drugs can affect the baby's development in the mother's womb causing birth defects or complications in pregnancy. Drinking alcohol during pregnancy increases the risk of miscarriage, premature birth and low birthweight babies[47]. The risk increases with the amount of alcohol consumed and can result in foetal alcohol spectrum disorder (FASD) which can leave the child with a wide range of mental and physical problems.[48]

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

Section 5: Early Growth

Immunisations

One of the most important ways to protect babies and children against ill health is to ensure they receive the full programme of childhood immunisations. This protects individual children against many serious and potentially deadly diseases, as well as protecting other people in the community by reducing the spread of disease. The World Health Organisation recommends that at least 95% of children are immunised nationally, with at least 90% coverage in each local area.[49] The Department of Health has adopted these coverage targets for all routine childhood immunisations.

Reading had some of the lowest immunisation uptake in the South East for 0-5-year-olds during 2023/24. The latest coverage levels for childhood immunisations across Reading and whether they met national targets are shown in Figure 14. The uptake of immunisations in Reading are below the national target of 95% for all immunisations for children aged under five and below the minimum standard of 90% for many of these.

National research has found timing of appointments (49%), availability of appointments (46%) and childcare duties (29%) were the main barriers to people getting vaccinated.[50] Low level of immunisation is also associated with socioeconomic deprivation and is commonly found amongst people from ethnic minority backgrounds, refugees, and children whose families are travellers.

SPOTLIGHT – Increasing MMR uptake

During Summer 2024, Reading Borough Council worked with their communications partner Blue Lozenge to develop a social marketing campaign in response to persistent vaccine hesitancy and suboptimal immunisation rates in parts of Reading.

The campaign aimed to increase awareness and uptake of the MMR vaccine among parents of children aged 0–7, particularly in communities with lower health literacy and higher deprivation. This approach was informed by behavioural science and public health research, with a focus on building trust, improving convenience, and countering misinformation.

The campaign resulted in 988,583 Impressions (number of times a person saw the ad with an avg. 11.5 exposures per person – evidence shows people need at least three exposures before they take action). At nearly 1 million impressions this campaign continues to be Reading Borough Council's best performing social media campaign with early data suggesting that the campaign contributed to a one percentage point increase in vaccination uptake.

Immunisation	Age group	Reading	South East	England
DTaP IPV Hib HepB	12 months	92.0	93.5	91.2
MenB	12 months	89.4	92.9	90.6
Rotavirus	12 months	89.8	90.8	88.5
PCV	12 months	93.0	94.9	93.2
DTaP IPV Hib HepB	24 months	93.1	94.0	92.4
MenB booster	24 months	87.7	90.3	87.3
MMR (one dose)	24 months	90.6	91.5	88.9
PCV booster	24 months	89.3	90.7	88.2
Hib & MenC booster	24 months	89.4	91.0	88.6
DTaP & IPV booster	5 years	83.7	85.5	82.7
MMR (one dose)	5 years	92.8	93.5	91.9
MMR (two doses)	5 years	85.3	86.8	83.9

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

Figure 14 Percentage of immunisations among children aged 0-5 in Reading (2023/24) [51]

Nutrition

The speed of postnatal growth is highest following birth, when an infant is still entirely dependent on its mother or primary carer for obtaining nutrition. The health risks arising from insufficient nutrition in this phase are self-evident, but the prevailing cultural belief that rapid growth is always good may not be a helpful one, as rapid catch-up growth or excessive weight gain may be linked to obesity later on and other risks.[52]

Breast feeding

The earliest nutrition a newborn child receives is milk, either through breastfeeding or through bottle feeding. Compositional regulations ensure that infant formula meets the basic nutritional needs of the exclusively formula fed infant. However, it must be remembered that breast milk remains nutritionally superior due to several components that cannot be replicated in formula and additionally provides non-nutritional benefits, including immunity protection and hormonal processes that support bonding and attachment.[53]

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

Research has shown that infants who are not breastfed are more likely to have infections in the short-term such as gastroenteritis, respiratory and ear infections, and particularly infections requiring hospitalisations. Prevalence of Sudden Infant Death Syndrome is lower in infants who are breastfed.[54]

SPOTLIGHT – Breastfeeding Network

The Breastfeeding Network (BfN) Reading service is commissioned by Berkshire Healthcare NHS Foundation Trust to provide a high-quality peer support service for breastfeeding women and parents in Reading. BfN peer support volunteers offer free, confidential, evidence-based information and emotional support to families at any stage of their breastfeeding journey, at any age of child/ren, and support families in their feeding choices.

Establishing the service

The focus for the first year was to train a cohort of peer support volunteers. Six trainees completed BfN's Helper level accredited training, and the service worked with the children's centre and Health Visiting teams to introduce and develop support sessions across Reading.

The volunteers currently offer support alongside baby groups and attend well-baby clinics at Caversham, Sun Street and Whitley children's centers. In addition, one volunteer undertook additional upskill training which enables the service to offer weekly bookable video call slots, for those who are unable to, or may prefer not to, attend a group.

Between September 2024 and March 2025 BfN Reading offered 47 support sessions and volunteered over 250 hours.

In the longer term, evidence suggests that infants who are not breastfed are more likely to become obese in later childhood, which means they are more likely to develop type-2 diabetes and tend to have slightly higher levels of blood pressure and blood cholesterol in adulthood.

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

In 2023/24, 79.1% of babies in Reading were breastfed at birth, significantly higher than the England average of 71.9%. At 6-8 weeks after birth, the proportion of babies breastfeeding in Reading fell to 64.9%, although this was still significantly higher than the England average of 52.7%[55].

The World Health Organisation (WHO) recommends exclusive breastfeeding for the first six months (26 weeks) of an infant's life. Thereafter, breastfeeding should continue while gradually introducing the baby to a more varied diet of supplementary foods until the child's second birthday or for as long as the mother and baby wish. Current UK policy is to promote exclusive breastfeeding (feeding only breast milk) for the first 6 months.

Heathly Start

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

SPOTLIGHT – Roots and Flowers Gardening Programme

The Roots and Flowers gardening programme supports Muslim mothers and young children who homeschool in the Reading area. The programme takes place at the Weller Community Centre Garden in Caversham and aims to create a positive relationship with nature and food growing through exploration and play in a wildlife friendly garden environment.

Weekly one hour programme focused on growing vegetables, herbs and flowers for the garden and to take home. The programme is run in partnership with the Muslim Roots Collective, a CIC based in Reading. The sessions fit with this ethos by focusing on engagement with nature in an explorative, play-based approach. The community connection is built via the nurturing of a space that is enjoyed by the whole community, as well as other interactions with the active community centre such as use of the food surplus shop, community café and children's activities groups provided there. Participants taking part in the programme have reported increased feelings of confidence in gardening and social connections with others and the wider community.

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

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

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Due to errors in eligibility data, the most recent uptake data we have for Reading is from 2022. This showed that In March 2022, 965 (68%) eligible individuals had applied and received vouchers. This equates to £166,855 unclaimed food vouchers locally per year*. The number of parents claiming healthy start vouchers for subsequent years have largely remained the same (see Figure 15).

Year	Number of vouchers claimer	Uptake
August 2021	883	59%
March 2022	965	68%
March 2023	908	Data not available
August 2023	925	Data not available

Figure 15 Healthy Start Uptake between 2021 and 2023
**costs derived by dividing 454 unclaimed vouchers into three eligible cohorts (from 10th week of pregnancy, from birth to 12-months and 1 year to 4 year olds)*

The Government has recently pledged in to restore the value of the Healthy Start scheme from 2026 to 2027 with pregnant people and children aged one or older but under 4 to receive £4.65 per week (up from £4.25). Children under one year old will receive £9.30 every week (up from £8.50).[54]

Newborn hearing

Newborn hearing screening helps identify babies who have permanent hearing loss as early as possible. This means parents can get the support and advice they need right from the start. 1 to 2 babies in every 1,000 are born with permanent hearing loss, rising to approximately 1 in every 100 babies who have spent more than 48 hours in intensive care.[58] Hearing loss can significantly affect babies' development. Finding out early can give these babies a better chance of developing language, speech and communication skills. It will also help them make the most of relationships with their family or carers from an early age.

In 2023/24, 99.0% of babies were screened for hearing in Reading, the same proportion as England.[59] This means that only 20 babies did not have their hearing screened following birth in Reading.

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

- without systematic hearing screening, 400 of the 840 babies born in the UK each year with significant permanent hearing loss were missed
- hearing impaired children are at high risk of delayed development of language and communication skills, which can affect their educational achievement, mental health and quality of life
- there is no evidence of undue parental anxiety caused by very early identification of hearing impairment[60]

Oral Health

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

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

SPOTLIGHT – Reading Children Centres

Reading Children's Centres serve over 2,000 families with children under five, offering services like community midwives, health visiting, early education, childcare, free activities for ages 0–5,health reviews, and family support. With four hubs (East Reading–Sun Street, South Reading–Northumberland Avenue, West Central–Southcote, West Reading–Ranikhet) and three satellites (Caversham, Coley, Battle Library), they aim to give children the best start in life.

Reading Children's Centres have seen a steady increase in the number of children aged 0–5 registered under the Universal Offer from the first to the fourth quarter in 2024–25. Across the four centres, West Central, East, South, and West, the total registered children rose from 3,506 to 3,798.

They provide a range of services including parenting courses and workshops including infant feeding, weaning, home safety advice, safe sleeping advice child behaviour and routines and mental health support and sign posting and support to access more specific services.

Poor oral health in children can lead to tooth decay causing pain, infection, and difficulty eating, tooth loss and affecting overall health. Risk factors for oral diseases among children include poor oral hygiene from poor tooth brushing, insufficient exposure to fluoride, having a diet that is high in sugar. Tooth decay is the most common oral disease affecting children and young people in England, yet it is largely preventable.

There is a strong relationship between deprivation and both obesity and dental caries in children. The level of dental decay in five-year-old children is a useful indicator of the success of a range of programmes and services that aim to improve the general health and wellbeing of young children.

In Reading, 32.9% of five year olds experienced tooth decay in 2021/22, significantly higher than England (23.7%). Since 2007/08, the prevalence of tooth decay in Reading has fallen from 38.0% to 32.9%.

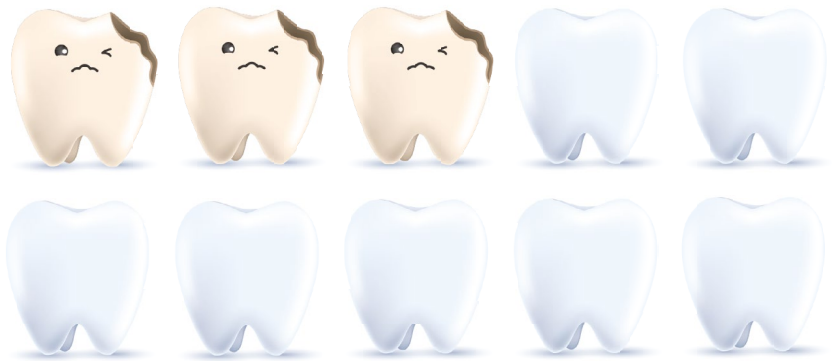


Figure 16 Illustration showing the proportion of 5 year olds with tooth decay in Reading

In March 2025 the Government announced plans to implement a national targeted supervised toothbrushing programme for children aged 3, 4 and 5 year olds in the most deprived communities. Reading has been allocated £27,000 as part of this initiative with plans to expand the existing supervised toothbrushing programme by the end of 2025.

SPOTLIGHT – Brushing for Life

The aim of Brushing for Life is to encourage the development of early toothbrushing habits, improving the oral health of children and reducing tooth decay. In Reading, Brushing for Life is a health visitor-led initiative, designed to promote regular brushing of children's teeth using toothpaste with a middle range (1,000 ppm) of fluoride content. Packs containing toothpaste, a toothbrush and a health educational leaflet are distributed to the parents of infants at their 9 – 12-month development checks.

This is supported by advice from the health visitor/nursery nurse on the care of the child's teeth, including the importance of registering the child with a dentist and taking the child to the dentist from when their first milk teeth appear. This is so they become familiar with the environment and get to know the dentist.

The dentist can advise you on how to prevent decay and identify any oral health problems at an early stage. Packs are distributed universally at 9-12 month development checks. Any surplus packs are allocated to targeted families during additional visits as needed. The health visiting service and family hubs may also use the packs to deliver additional oral health promotion sessions for families.

Healthy Weight

The foundations for a healthy weight are laid early - often before a child even starts school. The first 1001 days, from conception to age two, are a critical period for shaping lifelong eating habits, physical activity patterns, and metabolic health. Maternal nutrition during pregnancy, infant feeding practices, and the early food environment all influence a child's risk of developing overweight or obesity. Supporting families during this window with evidence-based guidance and access to healthy food and active lifestyles is essential to preventing childhood obesity and promoting long-term wellbeing.

Childhood obesity and excess weight in children are significant health issues for children and families. There may be implications for a child's physical and mental health, continuing into adulthood. Healthcare professionals play a key role in supporting families, they work with other professionals and public health by delivering whole systems approaches to influence the population to tackle sedentary lifestyles, excess weight, and reduce drivers of excess calorie intake.[29]

Childhood overweight and obesity are associated with increased risk of overweight and obesity in adulthood, and earlier onset of non-communicable diseases such as Type 2 diabetes and cardiovascular diseases.[31] An analysis found that 55% of children living with obesity remained so into adolescence. 80% of adolescents who were living with obesity, also experienced obesity as adults.[32] Obesity also causes health problems in childhood, being a risk factor for Type 2 diabetes, dyslipidaemia, asthma and other conditions and socio-emotional consequences.[61]

1 in 5 children in Reading are overweight or obese when they start school which is similar to the England average. 1.9% of pupils in Reading are underweight, which was significantly higher than England (1.2%). By the time children prepare to leave primary school at ages 10/11 years, the proportion of overweight or obese children increases to around 1 in 3 children (see figure 17).

Weight group	Reading		South East	England
	Number	%	%	%
Underweight	35	1.9	1.0	1.2
Healthy weight	1,395	76.2	78.1	76.8
Overweight	215	11.7	12.2	12.4
Obese	185	10.1	8.6	9.6
Excess weight (overweight/obese)	400	21.9	20.8	22.1

Figure 17 Weight of Reception children (4-5 year olds) in Reading (2023/24)[62]

The prevalence of excess weight (overweight or obese) among Reception school children living the top 20% most deprived areas of Reading was 26.4% (2021/22-2023/24). This was significantly higher than the prevalence among children living in the 20% least deprived areas (16.3%); in Year 6, the prevalence of excess weight was 43.8% among children living in the top 20% most deprived areas, which was significantly higher than the prevalence (26.4%) in the 20% least deprived areas. (see figure 15).[63]

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

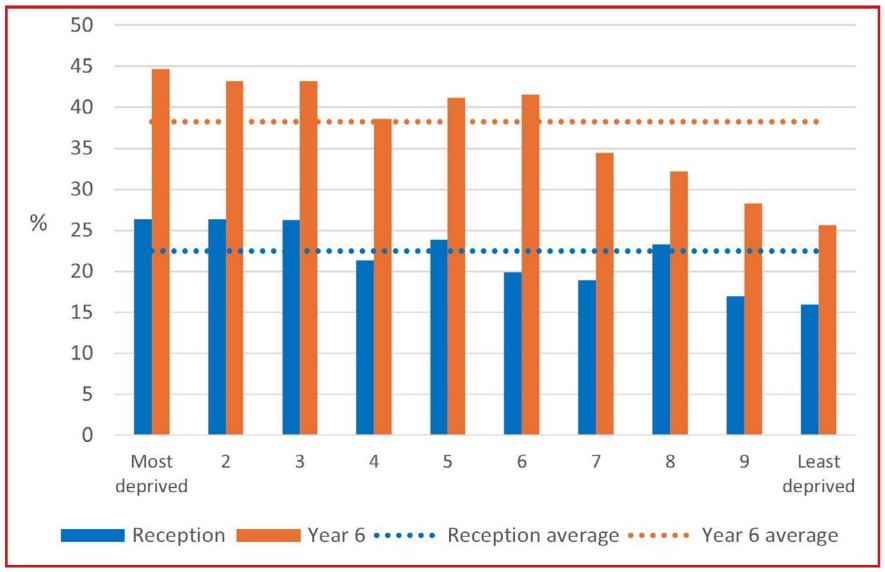


Figure 18 Prevalence of excess weight (overweight or obese) in Reading among Reception and Year 6 children (2021/22 - 2023/24)

Being physically active

Whilst little research has been conducted on the health benefits of physical activity in early years, compared with adults, there is growing evidence that being physically active every day is important for the healthy growth and development of babies, toddlers and pre-schoolers.[64] Research suggests that being active in the early years can enhance gross motor skills, improve bone health, cognitive, social and emotional wellbeing.[65]

During the first years of life, the brain undergoes a rapid period of development and it is likely that physical activity plays a key role. The benefits of physical activity for brain development are likely to accrue through a variety of mechanisms including the formation of neural structures necessary for practising physical skills.[66] Emerging evidence from a small number of studies in the early years have linked physical activity with improved language, attention and self-regulation.
The formation of neural structures as mentioned above are also necessary for children under five to practise social skills and express emotion.

In 2011, physical activity guidelines for the early years were published for the first time, recognising the benefits which being active during the early years brings to a child's health. They have since been updated and advise the following[67]:

- **Infants (less than 1 year)** should be physically active several times every day in a variety of ways, including interactive floor-based activity, e.g. crawling.
- **Infants not yet mobile,** at least 30 minutes of tummy time spread throughout the day while awake (and other movements such as reaching and grasping, pushing and pulling themselves independently, or rolling over).
- **Toddlers (1-2 years)** should spend at least 180 minutes (3 hours) per day in a variety of physical activities at any intensity, including active and outdoor play, spread throughout the day.
- **Pre-schoolers (3-4 years)** should spend at least 180 minutes (3 hours) per day in a variety of physical activities spread throughout the day, including active and outdoor play.

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

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

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

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

School Readiness

School readiness is a measure of how prepared a child is to succeed in school cognitively, socially and emotionally. This is often described as having strong social skills, being able to cope emotionally with being separated from parents, being relatively independent in their own personal care and to have a curiosity about the world and a desire to learn[68].

Whilst children are born ready and eager to learn, in order for each child to reach their full potential, they need opportunities to interact in positive relationships and to be in environments that enable and support their development. Therefore children need to be ready to learn at age two and ready for school at age five. Children who do not achieve a good level of development by the age of five will often struggle with reading, maths, social and physical skills leading to long term impacts on their educational attainment and life chances.

Readiness for school is assessed as every child will have reached a level of emotional development, which enables them to:

- communicate their needs and have good vocabulary
- become independent in eating, getting dressed and going to the toilet
- take turns, sit still and listen and play
- socialise with peers and form friendships and separate from parent(s)
- have physical good health, including dental health
- be well nourished and within the healthy weight for height range
- have protection against vaccine-preventable infectious diseases, having received all childhood immunisations

Research has found that children who start school having not met the expected level of development on half of their early learning goals through to the end of primary school do less well than their peers in education and social outcomes.[69]

These children are much more likely to have been excluded by the end of primary school and be struggling with reading and writing at age 11, with poorer outcomes continuing into adolescence and adulthood.

Child development at the end of Reception in Reading was similar to England in 2023/24.[70] This was particularly the case for children achieving a good level of development, and for those achieving at least the expected level of development in communication, language and literacy skills. (see figure 19)

The proportion of children achieving at least the expected level in communication and language skills in Reading (77.2%) was significantly lower than England (79.3%). In Year 1, children achieving the expected level in the phonics screening test were similar between Reading and England, although among children receiving free school meals, they were significantly higher in Reading (73.3%) compared with England (68.1%). Child development in Reading in Reception and Year 1 tended to be lower among boys.

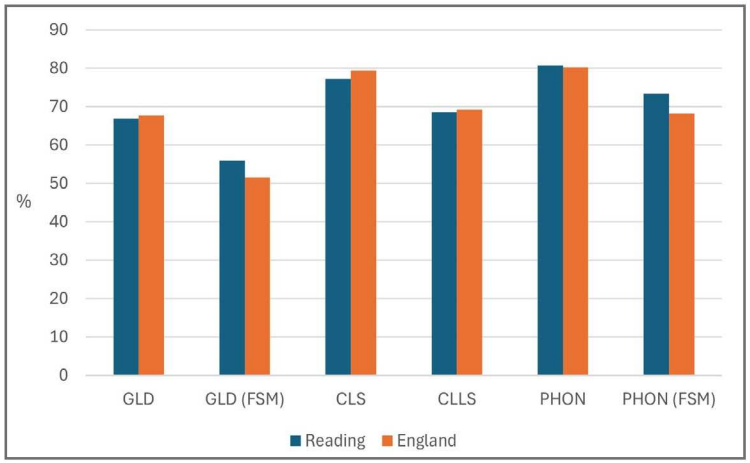


Figure 19 - Child development (%) in Reading during Reception and Year 1 (2023/24)

GLD = good level of development (free school meals)
CLS = communication and language skills
CLLS = communication, language and literacy skills
PHON = phonics (free school meals)

Figure 20 – The importance of school readiness

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

Childcare Standards

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

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

In March 2025, providers judged by Ofsted as 'good' or 'outstanding' in Reading found that 100% of early years childminders and 98% of group early years providers achieved this rating.

Vulnerable Children - Children in Care, Child Protection

Children who are looked after are cared for in a foster or residential home, such as a children's home. Children in care are often among the most socially excluded children in need and often experience significant inequalities in health and social outcomes. On 31 March 2024, there were 266 children in care in Reading[71] and the children in care rate of 70.1 (per 10,000 children under 18) was similar to the England rate of 69.7 (per 10,000). 51 of the 266 children in care in Reading were aged under five (19.2%) compared with 22.4% in England.

The local demographics of children in care (31 March 2024) are similar to the national picture with a higher proportion of children aged 10 and over, and more males.

9.2% of children in care in Reading were unaccompanied asylum-seeking children (25 children). Nationally, this sub-group of children in care are older (16 years and over), males, and are in need of care due to not having any immediate family in the UK.

Housing Quality

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

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

In 2020/21, 7,890 homes in Reading were estimated to be non-decent, 11.5% of the total housing stock, which is significantly lower than the England average of 15.1%. 14.3% of private rented homes were estimated to be non-decent, 10.6% of owner-occupied homes, and 9.7% of socially rented homes.[72] An estimated 980 non-decent homes in Reading are likely to contain children under the age of five.

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

Certain groups of people, such as children and young people, the elderly or people with pre-existing illness, are at a greater risk of ill health associated with cold or damp homes. Some groups of people are more likely to live in these conditions, including households with a lone parent, households with children, low-income households and households with people from minority ethnic backgrounds.[73]

Based on the 2021 Census, an estimated 10.1% of households in Reading were overcrowded, significantly higher than England (6.4%).[74]

Air Quality

Air pollution is the largest environmental risk to the public's health, and there is growing evidence that it may even be causing damage both before and during pregnancy. Research has previously found an increased risk of miscarriage from long-term exposure to dirty air, and more recent research has pointed to an increased risk arising from short-term increases in exposure to nitrogen dioxide (NO2), a very common contaminant, produced by internal combustion engines.[75]

The mechanism by which unborn children are affected by polluted air is not certain, but other recent research has shown that air pollution particles can cross to the foetal side of the placenta.[76] Reading is taking actions to address areas of high concentration of NO2, for example, through measures to restrict traffic speeds, but there will always be some pollutants in the air. There are opportunities for individuals to make a difference, both with respect to their contribution to air pollution, and in what they can do to reduce exposure, such as avoiding busy roads, where concentrations are likely to be higher.

Reading Borough Council has reduced its emissions by 71% since 2008/09, and it has plans to reduce this still further – by 85% by 2025 and to 'net zero' by 2030.

Respiratory Illness

In Reading, 245 children under five had an emergency hospital admission for a lower respiratory tract infection in 2023/24 . Although the hospital admission rate in Reading fell from 249.1 (per 10,000 aged 0-4) in 2022/23 to 234.1 in 2023/24, numbers of admissions to hospital remain high and were nearly double the number seen five years ago (125 in 2018/19). There is growing evidence that respiratory problems among children may be exacerbated by indoor air pollution in homes, schools and nurseries

A&E Attendances

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

7,380 children under five attended A&E in Reading in 2023/24, and the hospital attendance rate of 705.3 (per 1,000 aged 0-4) was significantly lower than England (750.7)[77].

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

Spotlight – Family First Programme

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

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

Section 6: Investing in the early years

The brain can adapt and change throughout life, but its capacity to do so decreases with age. This means it is much easier to influence a child's development and wellbeing if we intervene earlier in life. Later interventions are also more likely to have an impact if a child has had a good start early on. Because interventions in the first 1001 days can have pervasive and long-lasting impacts on development, there is a strong case to invest in services during this period. (see figure 21).

Evidence suggests that investment in pregnancy and the first years of life is key, with investment in early years bringing a 9–10 times return on every £1[78], see figure 21. The returns are evident through a more educated adult workforce, and avoiding costs from unemployment, alcohol and substance use, crime, child abuse and other poor health and social outcomes.

A recent report on children's services spending for the period 2010 - 2023 showed that overall spending on early intervention services across England has fallen by almost £1.8 billion since 2010, a decrease of 44%.[79] For children's services budgets, costs for late interventions have risen by almost £3.6 billion, a 57% increase. Furthermore, costs for care are greater than spending on early intervention.

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

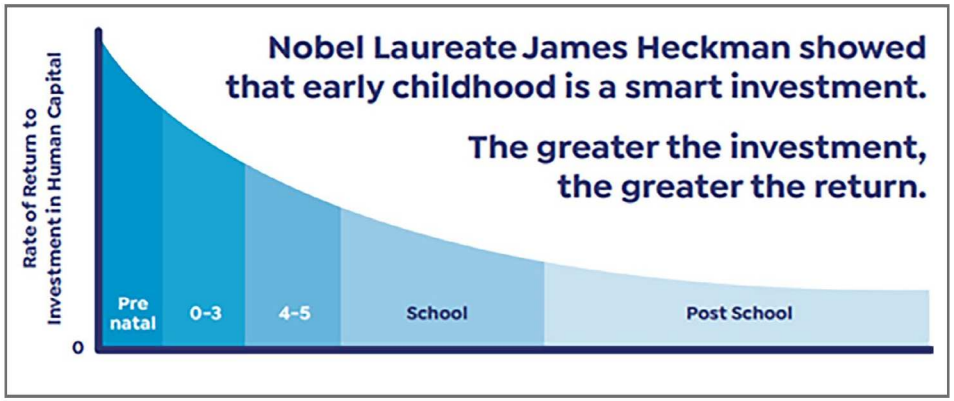
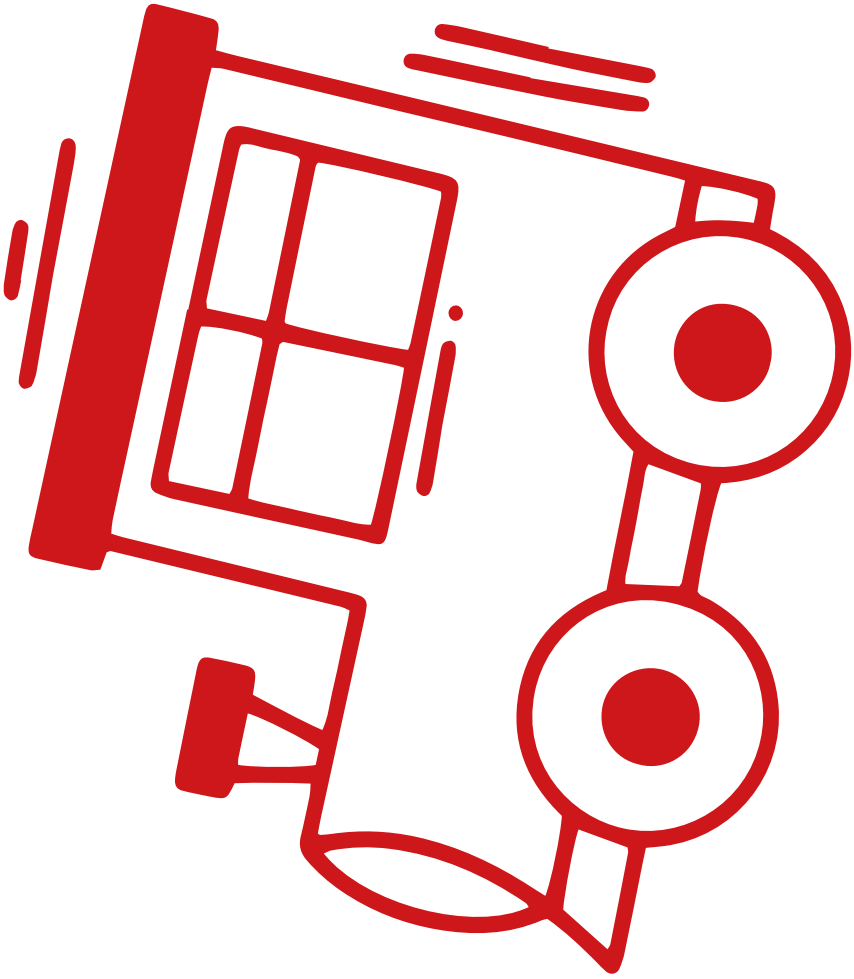


Figure 21 - Heckmans investment curve[1]



Section 7: Healthy Child Programme

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

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

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

These early contacts explore key public health priorities such as breastfeeding, parent-infant attachment, safe sleep, smoking cessation, and home safety. The two-year review, a crucial milestone in a child's development.

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

Year	Target	22/23	23/24	24/25
Antenatal contacts	N/A	232	180 (22%)	235 (19%)
New baby review at 14 days	90%	1,478 (73%)	1,591 (84%)	1,316 (91%)
New baby review at 14 days (including reviews after 14 days)	100%	384	276 (15%)	129 (7%)
6-8 week review	95%	1,501 (73%)	1,607 (83%)	2,006 (83%)
12-month review by 12 months of age	85%	1,390	1,730 (84%)	1,282 (85%)
12-month review by 15 months of age	N/A	1,659	1,729 (83%)	1,676 (84%)
Children receiving 2 to 2.5 year review	85%	1,399 (67%)	1,564 (77%)	1,648 (78%)

Figure 22 - Current performance of Health Child Programme

Section 8: Giving our children the best start

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

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

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

This means that just focusing on the most disadvantaged people and communities will not reduce inequalities sufficiently.[80] Instead action must be universal but with scale and intensity that is proportionate to the disadvantage – this is also known as 'proportionate universalism'.

Such an approach has the additional benefit of avoiding stigmatisation of people in receipt of those services. Marmot recommends that areas should ensure high quality maternity services to meet need across the social gradient and give priority to pre- and post-natal interventions that reduce adverse outcomes of pregnancy and infancy.[81]

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

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

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

Recommendations

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

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

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

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

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

6. Improve vaccination uptake
Interventions should be tailored to increase vaccination uptake for different social and cultural groups, particularly those that are seldom heard. Research should be undertaken to understand why specific groups have lower uptake.

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

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

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

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

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

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