

Best Start in Life Strategy (2026-2028)

February 2026



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Introduction

Giving every child the best start in life is essential to improving life chances and reducing inequalities. In East Sussex, we have made progress through initiatives such as Family Hubs and Start for Life, yet there remain opportunities to strengthen outcomes for children from conception to age five—particularly for our most vulnerable families.

This strategy aligns with the national ambition of “*Giving every child the best start in life*” and has been co-produced with local communities and partners to reflect East Sussex priorities. It sets out an ambitious plan to improve early child development and health outcomes, with a clear target: to increase the proportion of children achieving a Good Level of Development (GLD) by age five.

The Best Start in Life Strategy is underpinned by the East Sussex Education Strategy: Excellence for All (2024–2030), which aims to create an inclusive education system where every child thrives and has an equitable start. By focusing on the earliest years, we ensure children enter school ready to learn and able to achieve their full potential. Together, these strategies create a seamless pathway of support that fosters belonging, confidence, and success for all families.

We recognise that preparing for parenthood brings both joy and challenges. Our aim is to stand alongside parents—reducing stress and empowering them to provide nurturing, responsive care. Babies are born ready to learn, and the quality of their early experiences shapes their future. By embedding prevention and early intervention across services, we will enable children to thrive and maximise their life chances.

This plan builds on the priorities of the Early Help Partnership Strategy (2023) and reviews current interventions, identifies gaps, and enhances support for families. It reflects a shared commitment across partners to create opportunities for every child and family in East Sussex.

Alignment with National and Local Strategies

This strategy is firmly rooted in national priorities and reflects local ambitions to improve outcomes for children from conception to age five. It aligns with the Department for Education’s ‘[Giving every child the best start in life](#)’ (2025) strategy pillars:

- Better Support for Families
- More Accessible Early Education and Childcare
- Improving Quality in Early Years Including Reception

At a local level, our Best Start in Life Strategy complements and strengthens existing frameworks, including:

- **[East Sussex Education Strategy: Excellence for All \(2024–2030\)](#)** – setting out our vision that by 2030 all children and young people in East Sussex are part of an excellent, inclusive, and equitable education system. The system *fosters* a meaningful sense of belonging from the early years through to post-16 provision, *driven* by outstanding leadership and *supported* by strong governance. Children, young people, and their families *feel* confident, cared for, and ready to reach their full potential.
- **Early Help Partnership Strategy (2023)** – embedding prevention and early intervention across services.
- **[East Sussex SEND Strategy](#)** – promoting inclusion and tailored support for children with additional needs.
- **Neighbourhood Health Plans and NHS ‘Fit for the Future’** - focusing on improving mental and physical health by embedding mental health expertise within multidisciplinary teams and *bridging* the gap between primary care and children and young people's mental health services.
- **Families First Partnership** – focusing on earlier intervention and providing the right support for children and families at the right time. From January 2027 Family Help teams in East Sussex will bring Early Help and Social Care together into integrated teams to provide seamless support for families.

By aligning these strategies, we create a coherent system that maximises resources, reduces duplication, and delivers joined-up support for families. This approach ensures that national ambitions translate into local action, with clear accountability and measurable impact.

Vision and Principles

Our vision is that every child in East Sussex has the best possible start in life, regardless of background or circumstance. We believe that the earliest years are critical for shaping future health, learning, and wellbeing, and that no child should be left behind.

This strategy sets out a clear ambition for children and families. Together we will ensure that:

- Parents are supported to have good health in pregnancy and into parenthood
- Babies and parent/carers have good early relationships
- Mental health and wellbeing challenges in parents/carers are identified early and supported
- Babies and children have good health outcomes
- Every child enters education with confidence, belonging, and an equitable start.
- We meet the national ambition that 75% of children achieve a Good Level of Development (GLD) by age five by 2028.

Key principles:

- To create a joined-up, inclusive, and high-quality early years system that supports families from conception to school entry.
- To use high-quality data and shared intelligence to understand need, track progress and drive accountability across the whole system.
- To commit to a reduction in inequalities across all outcomes, as well as an overall improvement.
- To centre evidence-based practice and to continue to be responsive to developing policies and practices (e.g. the anticipated revised Healthy Child Programme guidance).

By embedding prevention and early intervention across services, strengthening partnerships, and listening to families, we will build a system that reduces inequalities and maximises life chances for all children.

East Sussex Context Data

Children and young people



111,900 children and young people aged 0-19 years (xxx census)



67,074 in school (January 2025 School Census)



13,013 with SEN (January 2025 School Census)

1,124 children supported on child in need plans (Q2, 2025-26)

532 children supported on child protection plans (Q2, 2025-26)

689 children we care for (including 70 separated migrant children) (Q2, 2025-26)



589 aged 16-17 are NEET (2024/25)

17.5% of school population are BME compared to 38% in England (January 2025 School Census)



3.46% 0-25 yr olds have EHCP

414 19-25 year olds with an Education Health and Care (EHC) plan (Jan 2025)

5,574 Contacts to SPOA CAMHS (Children 0-17) (Q2 2025-26)



Between 1st October 2024 and 30th September 2025 there were **7,000** family referrals into Early Help Services for Emotional Wellbeing Support. This was 22.8% of total referrals into SPOA for that same period.

Early Years Disadvantaged Gap

The early years disadvantage gap in East Sussex remains a significant challenge (*Appendix 4 - East Sussex Funding Futures Data*). In 2022, this gap stood at 3.8 months and has widened steadily over the past three academic years to 4.7 months in 2024, with initial 2025 data indicating that the trend continues. Closing this gap is critical to achieving our ambition that every child enters education with confidence and an equitable start. This reinforces the need for a sustained focus on our most vulnerable children. The data highlights priority areas across health, early education, and childcare, which will be addressed through the high-level actions set out in this strategy to reduce inequalities and improve outcomes for all families.

Early Years Foundation Stage (EYFS)

East Sussex has consistently performed above the national average for the proportion of children achieving a Good Level of Development (GLD) at age five. In 2022/23, East Sussex recorded 69.9% compared to the national figure of 67.2%, and while both dipped slightly in 2023/24, East Sussex remained ahead at 69.0% versus 67.7% nationally. Data for 2024/25 shows East Sussex improving to 70.4%, continuing to outperform the national rate of 68.3%. Looking ahead, East Sussex has set an ambitious target of 78% by 2027/28, exceeding the Department for Education’s national ambition of 75%, reflecting a strong commitment to narrowing gaps and driving early years improvement. Our target for those eligible for free school meals is also ambitious and represents a 9.1% uplift from our 2023/24 outcomes. Improving attainment of our most vulnerable children is therefore a priority.

Prime areas			England				South East East Sussex				Difference between last year	Trend
			2021/22	2022/23	2023/24	2024/25	2021/22	2022/23	2023/24	2024/25		
Physical Development	Gross motor skills	Percentage of children at expected level	92.10%	92.10%	91.60%	91.60%	94.50%	93.90%	92.40%	93.10%	0.70%	↑
	Fine motor skills		85.80%	86%	85.60%	85.50%	88%	88.50%	86.90%	87.50%	0.60%	↑
Personal, social and emotional development	Building relationships		88.60%	88.40%	87.90%	88.10%	92%	91.40%	89.50%	90.10%	0.60%	↑
	Managing self		87.10%	87.20%	86.80%	87%	89.90%	90.00%	88.20%	88.50%	0.30%	↑
	Self-regulation		85.10%	85.10%	84.70%	84.80%	88.50%	88.10%	86.70%	87.30%	0.60%	↑
Communication and language	Speaking		82.60%	82.80%	82.30%	82.80%	87.00%	86.90%	85.30%	85.70%	0.40%	↑
	Listening and attention		82.20%	82.20%	81.60%	81.70%	86.50%	86.40%	84.30%	84.80%	0.50%	↑
	Comprehension		80.30%	80.60%	80.10%	80.40%	84.90%	84.10%	82.80%	83.50%	0.70%	↑
Literacy	Word reading		74.70%	76.20%	76.20%	76.50%	78.10%	77.00%	76.50%	76.90%	0.40%	↑
	Writing		69.50%	71%	71.40%	71.80%	72.60%	72.70%	72.00%	72.70%	0.70%	↑

Gaps in GLD attainment

An analysis of the GLD data for 2022-2025 has focused on attainment in each EIP area to identify trends within the following categories: GLD, Prime areas of learning, Literacy and Mathematics. The EIP areas are Ashdown, Wealden, Eastbourne and Hastings, Rother and Rye. This analysis included looking at gender patterns of attainment, disadvantaged groups and SEND. The analysis has also provided an initial insight into the uplift required to reach the LA target of 78% by 2028. Currently, the lowest attaining EIP area is Hastings, Rother and Rye with 69.1% of children achieving GLD in comparison to Eastbourne with the highest GLD attainment of 70.2%.

Data shows that three EIPs are currently successful in achieving over 78% of children achieving the ELGs for the prime areas of learning, providing them with a secure foundation on which to build the skills required for the specific areas of learning. For all EIPs, achievement in mathematics is consistently stronger than literacy with a positive gap of between 7.6% and 9.6%.

The gender literacy gap is the largest and most consistent area of learning across all EIPs, suggesting a clear focus for improvement in boys' literacy. In all EIP areas boys' literacy is between 12.3% and 15% below girls. When analysed further by term of birth, girls are attaining higher than boys in all terms. In one EIP, summer born girls are attaining higher than autumn born boys. In Hastings, Rother and Rye, 70% of summer born girls achieved GLD in comparison to 68% of autumn term boys. In three EIPs, summer born girls are attaining higher than spring born boys. Going forward, there will need to be a focus on improving outcomes for all summer born children across all EIPs.

Disadvantaged boys are substantially behind disadvantaged girls (between 12.1 and 20%). The Wealden EIP has the lowest attainment for both girls and boys and Hastings, Rother and Rye has the largest gap between genders at 20%. Attainment in mathematics and literacy are typically the areas of development with the lowest scores.

The data has been used to calculate the additional numbers required to reach the LA target of 78%. To ensure that there is flexibility within the data, calculations have been based on reaching 79% in each EIP area. On average over the last three years, the reception cohort in East Sussex has been approximately 5,063 children. Currently, 3,528 children achieve their GLD. To reach a target of 79%, 4000 pupils in total will need to achieve a good level of development; this is an increase of 472 children.

Using this data East Sussex can identify strategies for ensuring the GLD target of 78% is met. These include micro-targets that are unique to the data set for each EIP to ensure actions are bespoke to maximise impact in the local area. Targets will focus on closing the gap between boys and girls and improving literacy outcomes for disadvantaged boys.

East Sussex take-up of childcare entitlements

East Sussex continues to perform broadly in line with, and in some areas slightly above, national averages for the take-up of funded childcare entitlements. The universal 15-hour offer for 3- and 4-year-olds remains strong, with local uptake consistently above the national figure of around 93.1%. For disadvantaged 2-year-olds, take-up nationally has declined to approximately 65.2%, and East Sussex is prioritising targeted outreach to reverse this trend and ensure eligible families access their entitlement.

The recent expansion of funded hours for working parents of children from nine months has seen rapid growth nationally, with uptake approaching 80% in East Sussex. We continue to actively support providers to meet demand through sufficiency planning and flexible provision.

Continued monitoring via the DfE Early Years Census, local headcount data, and parental surveys will ensure progress is tracked and gaps are addressed, particularly for vulnerable groups and those with SEND.

DfE Early Years Census

- Additional data collections on 2-year-olds and under
- Additional data collections on children with SEND
- EY Census moving to three times a year from April 2026

Early Years Pupil Premium (EYPP)

- Continued promotion of EYPP to families
- Training for EYs Providers on how to use EYPP to support children in their care

EYEE audits

- Continuation of a 'rolling' audit programme
- Targeting EY's settings with an annual EYEE income of more than £500,000
- Audit attendance of vulnerable groups, including those with SEND to ensure full access to their free entitlement

Strategic Objectives

We have articulated our long-term strategic plans for children aged 0-5 under the three delivery pillars set out in the government strategy '[Giving every child the best start in life](#)'. Three detailed Action Plans sit beneath each delivery pillar outlining specific actions, timescales and impact measures.

1. Better Support for Families

We plan to:

- 1.1 Deliver Best Start Family Hubs across East Sussex
- 1.2 Deliver integrated services including health, education, parenting, and enhanced SEND support
- 1.3 Ensure hubs are accessible, inclusive, working together with parent and carers on co-designing and reviewing service provision through parent panels.
- 1.4 Maintain delivery of health services within Family Hubs (e.g. health visitors, infant feeding, mental health)
- 1.5 Promote early identification and support for developmental needs
- 1.6 Improve vaccination uptake and access to mandated reviews
- 1.7 Deliver healthy eating and oral health programmes
- 1.8 Deliver digital resources in line with national digital programme for parents/carers

We will know we are making progress when:

- More families are accessing evidence-based interventions delivered through Family Hubs and integrated services including healthy eating/oral health programmes.
- More parents are accessing support for their mental health to improve parents baby relationships
- We are reaching more disadvantaged families and those with historically lower levels of engagement.
- Parents report improvements in parenting confidence, child development outcomes, or other relevant measures.
- Parents are accessing the Consultation Advice Line to seek support
- Parent's report positive experiences of influencing service design.
- Vaccination uptake and completion of mandated reviews improve.
- Families engage with digital resources
- Developmental needs are identified earlier and supported effectively.

2. More accessible early education and childcare

We plan to:

- 2.1 Increase availability of early years places
- 2.2 Promote uptake of funded childcare entitlements
- 2.3 Support wraparound childcare and flexible provision for working families
- 2.4 Ensure sufficient places for eligible two-year-olds where the family is in receipt of additional support
- 2.5 Track vulnerable children and those who are not in childcare to ensure every effort is made to enable them to access provision
- 2.6 Support the Early Years sector to create an inclusive environment for all children
- 2.7 Create Early Years Centres of Excellence that unite education, health, and community expertise to improve child development and support smooth transitions into school.

We will know we are making progress when:

- The number of early years places available across East Sussex increases.
- Uptake of funded childcare entitlements rises significantly for disadvantaged children.
- Wraparound childcare and flexible provision meet the needs of working families.
- Fewer eligible two-year-olds are missing out on early education.
- Early years settings demonstrate inclusive practice for all children.
- Early Years Centres of Excellence are established and supporting smooth transitions into school.

3. Improving quality in early years including reception

We plan to:

- 3.1 Work with the sector to ensure every nursery setting has a qualified EY teacher with a specific focus initially on our most disadvantaged communities.
- 3.2 Support and grow a skilled early years workforce.
- 3.3 Deliver training & resources for early years educators
- 3.4 Strengthen partnerships between settings, schools, and health services
- 3.5 Improve teaching in the reception year through a universal offer to all our schools.
- 3.6 Expand our Early Years moderation offer to improve pupil outcomes

We will know we are making progress when:

- Every nursery setting has access to a qualified Early Years teacher, especially in disadvantaged communities.
- The early years workforce grows in skill and capacity through training and development.
- Partnerships between nurseries, schools, and health services are strengthened.
- Teaching quality in reception year improves through a universal offer.
- Early Years moderation processes lead to better pupil outcomes.
- GLD attainment at age 5 moves closer to the 75% national ambition.

Delivery Mechanisms

This strategy will be delivered through a coordinated, multi-layered approach that ensures accountability, collaboration, and effective use of resources:

- **Local Best Start Partnership Board:** Provides strategic oversight and leadership, bringing together health, education, social care, voluntary sector partners, and parent representatives to drive system-wide change.
- **Three Operational Subgroups:** Each subgroup will focus on one of the strategic pillars—Better Support for Families, More Accessible Early Education and Childcare, and Improving Quality in Early Years Including Reception—developing and implementing detailed action plans.
- **Community Partnerships and Family Voice:** Working in partnership with the voluntary sector, District and Borough Councils to join up support for families. Embedding parent and carer voices through panels and feedback mechanisms to ensure services are inclusive, responsive, and co-designed.
- **Data and Impact Framework:** A robust monitoring system using local and national data tools to track progress against key indicators such as GLD attainment, service reach, and equity of access. This will include quarterly dashboards and annual reports.
- **Workforce Strategy:** A comprehensive plan for recruitment, retention, and professional development to build a skilled and sustainable early years workforce, aligned with national initiatives and local needs.
- **Funding and Resources:** Leveraging national funding streams (e.g. Family Hubs, EYPP, SEND support) and aligning local budgets to ensure sustainability and targeted investment in areas of greatest need.
- **Digital Infrastructure:** Delivering accessible online resources and tools for families and professionals, in line with the national digital programme, to support information sharing and service navigation.

Monitoring and Evaluation Framework

To ensure accountability and continuous improvement, the impact of the Local Best Start Strategy (2025-2028) will be monitored through a robust framework that combines quantitative data, qualitative feedback, and regular review cycles.

Purpose

The framework will:

- Track progress against strategic objectives
- Identify areas requiring additional focus or resources
- Provide transparency to partners, stakeholders, and families.

Key Components

Indicators and Data Sources

- **Child Development Outcomes:** Percentage of children achieving a Good Level of Development (GLD) at age 5.
- **Family Engagement:** Number of families accessing interventions at Family Hubs; satisfaction levels from parents.
- **Service Reach and Equity:** Uptake of funded childcare entitlements; access for vulnerable groups.
- **Workforce Capacity and Quality:** Recruitment, retention, and training completion rates for early years professionals.

Data Collection and Reporting

- **Quarterly Dashboards:** Summarising progress against key indicators for operational subgroups and the Local Best Start Partnership Board.
- **Annual Impact Report:** Comprehensive review of outcomes, trends, and recommendations for improvement.
- **Qualitative Feedback:** Parent/carer provider surveys, and stakeholder engagement sessions.

Review Points

- **Mid-Point Review (2026):** Assess progress, recalibrate priorities, and address emerging challenges.

- **Annual Strategy Review:** Ensure alignment with national policy changes and local needs.

Governance and Accountability

- Reports will be shared with:
 - Local Best Start Partnership Board.
 - CYP Health Oversight Board.
 - Children's Services Departmental Management Team.
 - Public Health Senior Management Team.
- Subgroups will provide update reports for each Partnership Board meeting.

Continuous Improvement

- Use data insights to inform targeted interventions.
- Highlight and scale best practice across East Sussex.
- Embed co-production with families to ensure services remain responsive and inclusive.

Governance

Strategic oversight of the Best Start Strategy in East Sussex, is overseen by Local Best Start Partnership Board. This group will support the delivery of the government strategy '[Giving every child the best start in life](#)' through the development and delivery of our local Best Start Strategy, which has been co-produced by the local authority together with our community and in response to local needs.

Terms of Reference

The overall purpose of the Local Best Start Partnership Board is to oversee the development and delivery of the Best Start Strategy, and to:

- Set a bold vision for improving child development and health outcomes with local delivery partners across all sectors
- Maximise opportunities for partnership working across the early years, including creating strong networks and building on existing community assets
- Share and use data to understand local need and disparity that informs the targeting of interventions and resources effectively and efficiently
- Highlight areas of best practice in East Sussex and beyond, and to develop and scale innovative practice
- Share insights from families and collaborate on engagement to improve services
- Identify opportunities for prevention at scale, with a focus on reducing inequalities

Operational subgroups

The Local Best Start Strategy Partnership Board will also oversee three operational subgroups who will deliver on the Best Start Strategy Action Plans:

- 1. Better Support for Families**
Strategic Leads: Celia Lamden and Tina Pellini
- 2. More accessible early education and childcare**
Strategic Leads: Jane Spice and Allison Martin
- 3. Improving quality in early years including reception**
Strategic Leads: Nicola Blake and Rowena Dumbrell

Membership

The meeting will be chaired by the Public Health Consultant lead for Children and Young People for the first year.

- Emma King, Public Health Consultant lead for Children and Young People (Chair)
- Kathy Marriott Assistant Director, Early Help and Social Care
- Elizabeth Funge, Assistant Director Education
- Celia Lamden, Head of Early Help Services 0 - 19
- Katie Ridgway, Head of Inclusion and Partnerships

- Alison Amstutz, Strategic Commissioning Manager - Healthy Child Programme
- Kaia Vitler, Divisional Director of Operations (Women & Children's Division)
- Joanna Robertson, ICB MH commissioner (perinatal MH)
- Caroline Tozzi, ICB representative for children and SEND
- Sharon Gardner-Blatch, ICB maternity commissioner
- Dr. Chrysanthos Poullikas, Consultant in Paediatric Neurodisability
- Dr. Patience Okorie, GP representative GP Clinical Director
- Graham Evans, Head of Public Health Intelligence
- Laylee Pocock, Director of School Improvement Provision Aurora Academies
- Katherine Barrellie, Nursery Manager All Saints Nursery
- Angelica McMillan, Fellowship of St Nicholas (FSN)
- Rebecca Harmer, Service Support Officer Education

Frequency of meetings

The Local Best Start Partnership Board will meet bi-monthly to begin with, to be reviewed after no more than 6 months. The meetings will last for 2 hours and will take place virtually on MS Teams. The subgroups will be meet at a frequency to be agreed. Administrative support for the meetings will be provided by Education.

Review

The terms of reference and membership will be reviewed on an annual basis by the Local Best Start Partnership Board.

Key Contacts

Any queries regarding better **support for families** should be directed to:

Celia Lamden

Head of Early Help Services 0 - 19

Celia.Lamden@eastsussex.gov.uk

Julie Powell

Operations Manager Early Years Community 0 – 19 Early Help Service

Any queries regarding **more accessible early education and childcare** should be directed to:

Jane Spice

Early Years Sufficiency and Organisation Manager

jane.spice@eastsussex.gov.uk

Allison Martin

Service Manager: SEND Early Years and CLASS

Allison.Martin@eastsussex.gov.uk

Any queries regarding **early years settings including reception**, should be directed to:

Nicola Blake

Strategic Lead: Intervention and Early Years

nicola.blakecs@eastsussex.gov.uk

Rowena Dumbrell

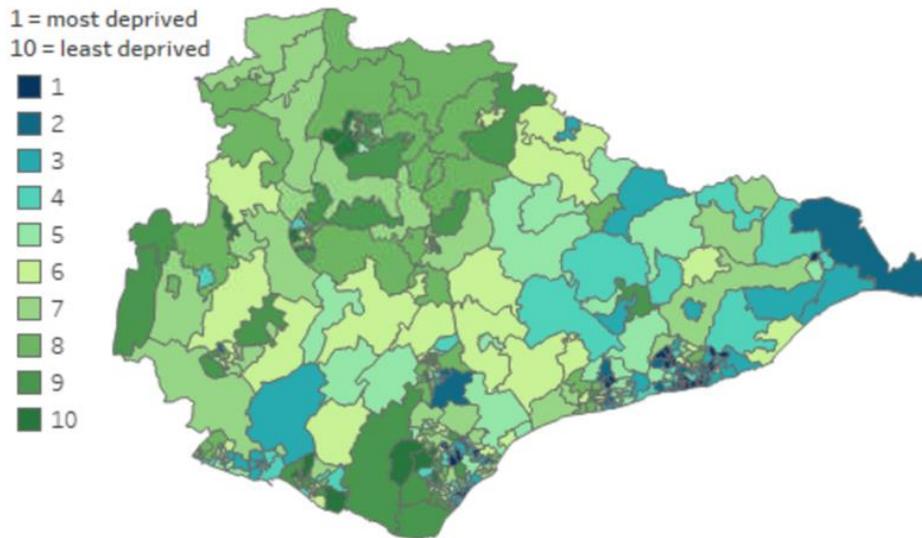
Senior Manager: Early Years

Rowena.Dumbrell@eastsussex.gov.uk

Appendix – East Sussex Context Data

East Sussex Deprivation Data

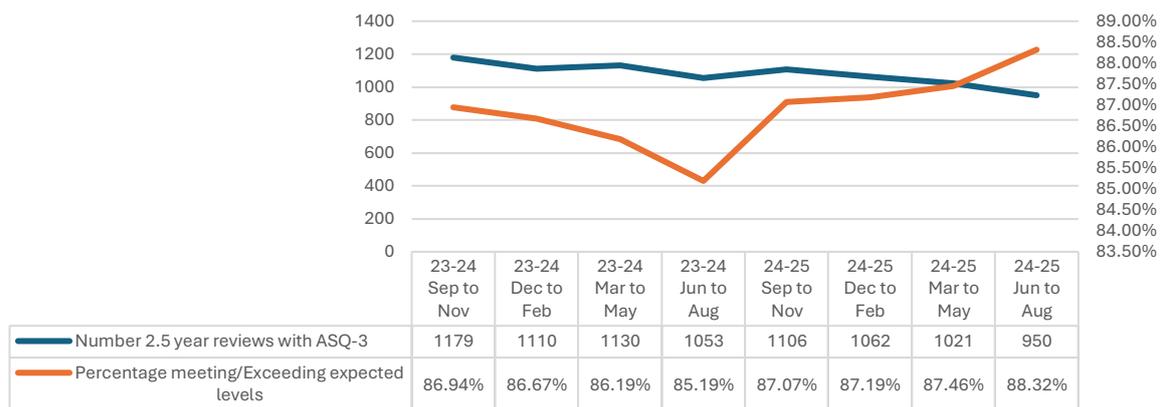
Deprivation: Of 332 LSOAs, 29 in the most deprived 10% nationally. 18 in Hastings, 8 in Eastbourne and 3 in Rother (2025)



Ages and Stages Screening tool (ASQ) – parent led

(Completed at 27 months)

Percentage Achieving all 5 levels on ASQ-3; Trend for 2.5 Year reviews completed using ASQ-3



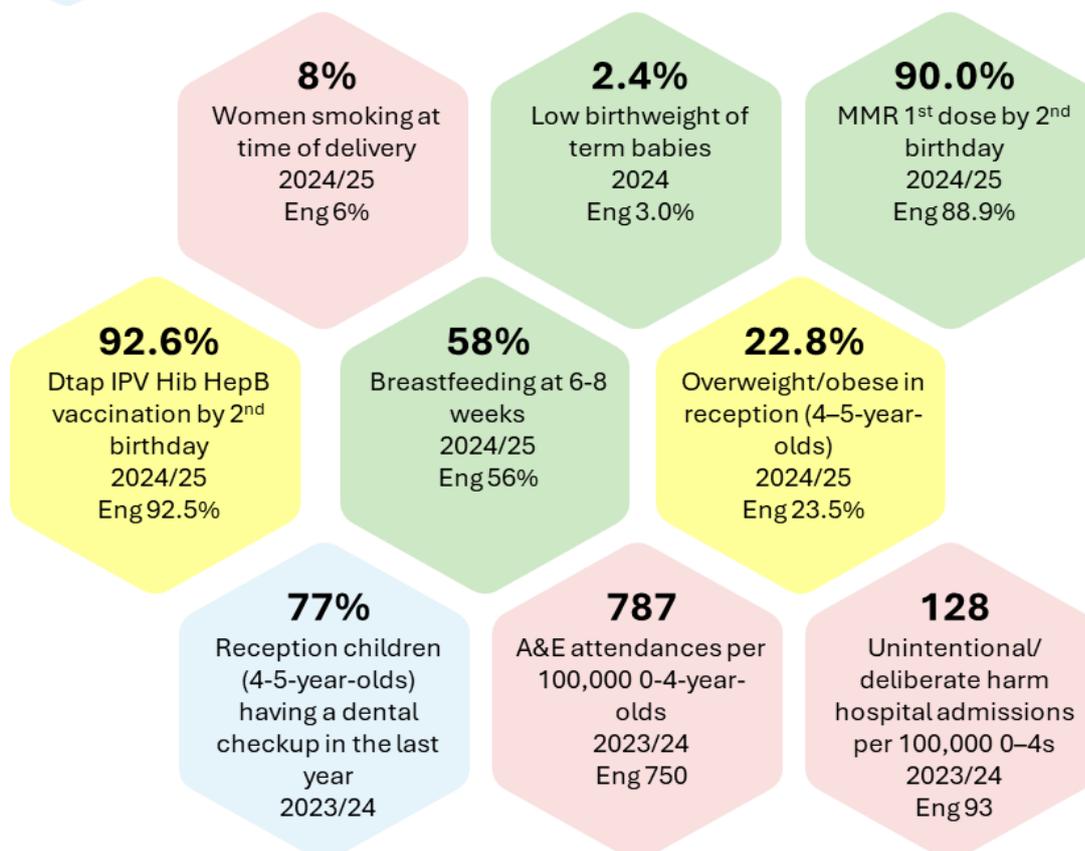
The ASQ data shows a steady decline in the number of 2.5-year reviews completed using ASQ-3, falling from 1,179 in Sept–Nov 2023 to 950 by Jun–Aug 2025—a reduction of around 19%. Despite this drop in coverage, the percentage of children meeting or exceeding expected developmental levels has improved over time. After a dip to 85.19% in mid-2024, outcomes rose consistently, reaching 88.32% by summer 2025, the

highest point in the series. This upward trend suggests that while fewer reviews are being completed, the quality of early development support and interventions is improving. Sustaining this progress while addressing the decline in review numbers will be critical to ensuring equitable access and early identification for all children.

The parent led ASQ at 27 months is the last formal data point that we have for children before they start school.

East Sussex Health Data

Key: East Sussex compared to England



The data above shows some key existing outcomes that can help guide our actions to improve health and wellbeing for children and families.

- Supporting pregnant women and their partners to stop smoking and then remain smoke-free has a positive effect on the health of the whole family. Currently, we have a higher smoking rate at time of delivery (8%) than the England average (6%) and the rate is the highest in the South East. There has been a significant drop over time, but this has slowed and further improvements will require a joined-up approach across services for families.
- East Sussex has a low number of term babies born at low birth weight (2.6%)- this is an indication of infant health that is affected by maternal health and care. This is in line with the regional average (2.6%) and lower than England (3%). There is a variation by area, with Hastings (2.9%) having the highest rate and Wealden being significantly lower (1.7%).
- Childhood vaccinations protect babies and children from diseases that can cause harm. Rates for the combined vaccine 'Dtap/IPV/Hib/HepB' (92.6%) are similar to England (92.5%) but have been dropping over time.
- Although the one dose MMR by 2 years figure (90%) is better than the England average, rates have been dropping since 2019/20 and the goal of 95% has never been reached.
- Breastfeeding has many health benefits for families. Currently breastfeeding prevalence at 6-8 weeks is 57% which is higher than the England average and slowly increasing.
- The number of children in reception measured as overweight or obese (22.8%) is similar to the England average (23.5%) and has remained steady for the last 3 years, compared to an upward trend nationally. However, by the time children reach Year 6 this rises to 32.4%. This varies across the county with Eastbourne (25.4%) the highest and Wealden (20.2%) significantly lower than the others.
- Good oral health in children helps with eating, speaking, sleeping and socialising and can prevent pain and discomfort. Data from the School Health service shows that 77% of parents report taking their child for a dental check up in the last year. The NHS recommends children should attend the dentist at least every year, or more often if recommended.
- A&E attendances and hospital admissions specifically for unintentional injuries remain higher than the national average for 0-4s. More work is being taken to understand this, but the reduction of accidents and injuries in children continues to be a priority and requires multiprofessional input.

In addition to these outcomes, there are many other ways we could seek to measure and improve parental and child health. In 2026, a health needs assessment will be

conducted for children under 5 which will identify further areas for focus, as well as highlight inequalities within our populations.

East Sussex Funding Futures Data

- [Funding Futures Data Dashboard - Mime](#)

East Sussex

Size of the disadvantage gap at early years in 2024: **4.7 months**

Relative ranking:

1st quintile 2nd quintile 3rd quintile 4th quintile 5th quintile

Size of the disadvantage gap in months:

	2022		2023		2024	
	Gap size	% Disadv.	Gap size	% Disadv.	Gap size	% Disadv.
EYFS	3.8	19.8%	4.5	18.8%	4.7	17.3%
KS2	12.8	26.5%	12.6	27.5%	12.2	28.3%
KS4	23.3	21.9%	22.8	21.7%	24	22.4%

Local Indicators	Category	Eng. avg.	
Proportion of New Birth Visits completed within 14 days	Health services & support	83	70.6% England rank: 119 out of 143
Proportion of 3 and 4 year olds accessing their universal childcare entitlement at a state-provider	Early education & childcare	56.4	47% England rank: 124 out of 150
Per capita total SEN inclusion fund for 3 and 4 year olds	Early education & childcare	68	£29 England rank: 122 out of 147
Percentage of women who have their booking appointment with a midwife within 1 completed weeks of their pregnancy	Health services & support	63.5	57.6% England rank: 117 out of 150
Number of children aged 7 and under per accessible childcare place	Early education & childcare	4	4.76 England rank: 113 out of 150
Households with dependent children in temporary accommodation (per 000s of households with dependent children)	Economic support & essential resource	12	11.3 England rank: 100 out of 140
Households with dependent children owed a homelessness prevention or relief duty (per 000s of households with dependent children)	Economic support & essential resource	15.8	16.8 England rank: 85 out of 143
Net expenditure per capita on family support services	Early support services	68	£58 England rank: 88 out of 150
Proportion of children who receive their 2 to 2 and a half year health visitor review	Health services & support	78.4	81.2% England rank: 79 out of 143
Proportion of 3 and 4 year olds taking up their universal childcare entitlement	Early education & childcare	93.1	93.3% England rank: 82 out of 150
Net expenditure per capita on Sure Start children's centres and early years fundin.	Early support services	29	£24 England rank: 74 out of 136
Proportion of 2 year olds accessing their FRAS childcare entitlement at a state-provider	Early education & childcare	20.3	21.7% England rank: 68 out of 148
Income Deprivation Affecting Children Index (IDAC) average score	Local Context	-	0.16 England rank: 64 out of 148
Proportion of 2 year olds taking up their FRAS childcare entitlement	Early education & childcare	65.2	66.8% England rank: 64 out of 150
Net expenditure per capita on children's 0-5 public health services	Health services & support	254	£271 England rank: 60 out of 139
Indices of Multiple Deprivation (IMD) overall score	Local Context	-	19.8 England rank: 58 out of 148
Proportion of children achieving a good level of development at EYFSP	Local Context	67.7	69% England rank: 53 out of 150
Proportion of 2 year olds accessing their FRAS childcare entitlement at an Ofsted rated Outstanding provider	Early education & childcare	12.2	17% England rank: 39 out of 150
Proportion of EHCP requests assessed within 20-week timeline	Early support services	46.4	85.1% England rank: 30 out of 149
Proportion of 3 and 4 year olds accessing their universal childcare entitlement at a Ofsted rated Outstanding provider	Early education & childcare	17.6	24.9% England rank: 30 out of 150
Gross expenditure of children & young people's charities (per number of residents under the age of 18)	Social capital/infrastructure	-	£1,468 England rank: 16 out of 145
Food parcels distributed to children (per 10,000 households with dependent children)	Economic support & essential resource	1235	3,145 England rank: 10 out of 127