

Evaluation of A Better Start:

A baseline profile of the families living in A Better Start areas



Profile summary

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Executive Summary

The Big Lottery Fund's (BLF) A Better Start (ABS) aims to improve the life chances of babies and young children by delivering a significant increase in the use of preventative approaches from pregnancy and up to when a child is aged four in five local area partnerships working in deprived wards within Bradford, Blackpool, Lambeth, Nottingham and Southend-on-Sea. The ABS interventions are aimed at improving outcomes for children in three key developmental domains: social and emotional development; communication, speech and language development; and diet and nutrition. The evidence suggests that these three domains can have a significant impact on the long-term life chances of children.

This summary report describes the outcomes experienced by children and their families living in ABS areas across these three developmental domains *prior* to the full launch of ABS services. By collecting survey data about children aged one, two and three across the range of outcomes that ABS is aimed at improving, we provide a baseline against which to measure progress of children and families once ABS services are implemented. Progress will be measured by tracking a cohort of children born in 2019/20 from pregnancy to age five in a series of surveys starting when mothers are in their third pregnancy trimester.

Compared to the national profile of families with children aged three and under, children and their families living in ABS areas are significantly more deprived across a range of socio-demographic measures. Of particular note, relative to the national average, ABS mothers are:

- Younger (19 per cent aged 16-25 compared to 13 per cent for all England);
- More likely to be Asian or Black (19 per cent Asian and 14 per cent Black, compared to nine per cent and four per cent for all England). This is largely due to the ethnic profile in Bradford and Lambeth;
- More likely to be lone parents (35 per cent compared to 18 per cent);
- More likely to have no formal qualifications (19 per cent compared to 11 per cent) and less likely to have a degree (19 per cent compared to 36 per cent);
- Less likely to be an owner-occupier (26 per cent compared to 50 per cent, although note the comment in the paragraph above);
- Less likely to be in work (42 per cent compared to 59 per cent); but
- Less likely to report having a long-standing illness or disability (five per cent compared to 20 per cent);
- Twice as likely to have four or more children (15 per cent compared to eight per cent).

Given the higher level of sociodemographic deprivation, we would expect the baseline outcomes of children and their families living in ABS areas to be worse than the national average prior to the full launch of ABS services across the three key development areas. Unfortunately, for most of the outcome measures employed in the study there are no up-to-date national profile data. We have national data on breastfeeding and weaning and obesity rates at age three, but no data on the diet of two and three-year olds (*outcome domain: diet and nutrition*). We have national data on socio-emotional development at age 3 (*outcome domain: social and emotional development*). There are no comparable national profile data on children's communication, speech and language development or maternal health¹, with the exception of maternal

¹ Having reviewed national profile data collected in the late 1990s we conclude that they do not provide a robust comparison, given that levels of investment in early years education is likely to have improved children's development nationally in the intervening period.

smoking rates. Comparing with the available data, we find, as expected, that ABS families' outcomes are worse than the national average, in relation to children's weight at age three:

- ABS children are more likely than the national average to be at risk of developing mental health issues at age three, according to the SDQ (*outcome domain: social and emotional development*);
- ABS mothers are less likely than the national average to breastfeed their babies (*outcome domain: diet and nutrition*);
- ABS mothers are more likely than average to wean their babies earlier than national guidelines babies (*outcome domain: diet and nutrition*);
- Three-year olds in ABS areas are no more or less likely than average to be overweight (*outcome domain: diet and nutrition*).
- ABS mothers are more likely than the national average to smoke.

1.0 Introduction

1.1 Overview of the summary report

This summary report presents the profile of children aged one, two and three and their families in ABS areas, drawing on a survey carried out in the five ABS areas in 2016/17 prior to the full launch of the ABS services. It provides a socio-demographic profile and compares this to the families with children of the same age across England as a whole. This exercise highlights the level of deprivation in ABS areas relative to the wider population, and as such provides valuable data for ABS areas on their target population. We also describe the outcomes experienced by children and their families living in ABS areas prior to the full launch of ABS services. The survey collected data about the range of outcomes that ABS is aimed at improving, providing a baseline against which to measure progress of children and families once ABS services are implemented.

The baseline survey also included interviews with families living in 15 *other* areas of England, areas selected for having very similar characteristics to the ABS areas. The data from these 'comparison' families will be used as part of the evaluation of the impact of ABS going forward. While they are not included in this summary report, they can be found in a longer Technical Report, which also describes in more detail the methodologies being employed in the impact evaluation². Here, we focus on the ABS families, comparing them where possible to the national picture. The main body of this summary report focuses on the profile of children and families across all ABS areas. Annex 2 provides the profile split by individual ABS areas.

The rest of this Section briefly describes the ABS Programme (Sub-section 1.2), the baseline survey methodology (Sub-section 1.3) and how the data will be presented in each of the subsequent Sections (Sub-section 1.4).

1.2 A Better Start

ABS aims to improve the life chances of babies and young children by delivering a significant increase in the use of preventative approaches from pregnancy up to when a child is aged four. The BLF has invested £215 million over 10 years in five local area partnerships within:

- Bradford
- Blackpool
- Lambeth
- Nottingham
- Southend-on-Sea

² Bryson, C and Purdon, S (2018) Evaluation of A Better Start: Baseline differences between families living in A Better Start and matched comparison areas - Technical report

The ABS wards in these geographical areas have a high level of need in terms of deprivation, educational achievement and child health. Alongside government-funded and third-sector providers working collaboratively across health, education and social care, the BLF’s investment will allow these areas to make structural changes to the ways in which they identify and work with families at risk of poor outcomes, in addition to introducing a range of preventive interventions focusing on pregnancy and up to age four.

These interventions are aimed at improving outcomes for children in three key development domains:

1. **Social and emotional development:** preventing harm before it happens (including abuse, neglect, perinatal mental health and domestic violence) as well as promoting good attunement and attachment;
2. **Communication, speech and language development: developing skills in parents to talk, read and sing to, and particularly to praise their babies and toddlers and to ensure local childcare services emphasise language development;**
3. **Diet and nutrition: starting out by encouraging** breastfeeding and promoting good nutritional practices.

The evidence suggests that these three domains can have a significant impact on the long-term life chances of children. The BLF wishes to use the learning from this investment to inspire a shift in public policy, public funding and agency culture away from remedial services to greater investment in prevention in pregnancy and the first few years of life. Each ABS area is also addressing systems change across all children and family agencies. The systems changes should deliver less bureaucratic, more joined-up services; services that are prevention-focused; that are needs-led and demand-led; that work for the whole family; and that get it right for families from the start. ABS will fund interventions that directly improve the life chances of up to 60,000³ babies and young children in the five investment areas over the life of the initiative.

1.3 The design of the baseline survey

The baseline survey, conducted in 2016/17, included mothers and the resident father/partner, with a child aged one, two or three, with the interviews per age-group taking place +/- 4 weeks either side of the child’s estimated/actual⁴ birthday. This timing of the interviews around birthdays reflects that fact that the cohort interviews will also take place close to birthdays.

The number of interviews achieved by age group was as follows:

Table 1.2 Achieved sample sizes in baseline survey

Age of child	ABS areas
1	392
2	325
3	200

³ This provisional number is based on the anticipated birth cohort across the five areas during the lifetime of the Programme, based on statistics available at the time the awards were made.

⁴ The sampling frame included the babies due date. Birthdays were estimated based on that date and the mother approached about the survey close to that date.



Parents were selected for the baseline survey from a commercial sampling frame called 'Emma's Diary'. Emma's Diary is the largest database of mothers-to-be and of new-born babies in the UK and collects around 650,000 records each year. Sampled parents were written to and given the opportunity to opt out of being approached to take part in the study. Those who did not opt out were contacted directly by an interviewer from Ipsos MORI and those agreeing to take part were interviewed in their home. Forty-two per cent of mothers contacted⁵ took part in the survey.

The interviews collected detailed background information about the mother, and partner where relevant, plus a wide range of parent and child outcomes across the three outcome domains of social and emotional development; communication, speech and language development; and diet and nutrition.

Full details of the survey can be found in the Annex 3 of the Technical Report.⁶

1.4 Report structure

Section 2 describes the profile of the children and families surveyed in ABS areas. Where possible we compare the ABS profile to the national profile, in order to illustrate how the areas differ to the national population.

Sections 3 to 6 are organised into the three key developmental domains that ABS is aimed at improving: social and emotional development; communication, speech and language; and diet and nutrition; plus maternal health. In each Section, we present the baseline (pre-ABS) outcomes within each development domain, and where the data are available, we comment on the extent to which the outcomes in ABS areas are similar to or diverge from those of the national population of that age group.

The tables present 'all ABS areas' combined. Tables showing the baseline profile and outcomes for each of the five individual ABS areas are presented in Annex 2. Note, the sample sizes per area are sometimes very small, so the statistics from these tables should be treated with caution.

⁵ Excluding those for whom the address information was incorrect or could not be located.

⁶ Bryson, C and Purdon, S (2018) Evaluation of A Better Start: Baseline differences between families living in A Better Start and matched comparison areas - Technical report

2.0 A Better Start family profiles

In Sections 3 to 6 we present the baseline outcomes of children and families living in the ABS areas. As context for that we include a summary here of the profile of the survey respondents in ABS areas in terms of mothers' personal and economic characteristics. (In Annex 2, Table A2.1 provides a breakdown by ABS area.) This is the profile of families with children aged three and under living in ABS wards – so, the profile of those who will be eligible for ABS once ABS services are up and running. As time goes on, these data will be a valuable benchmark for ABS areas to assess the populations they reach within this eligible pool.

Here, and throughout this summary report, each of the five ABS areas contributes equally to the all-ABS total, at 20 per cent per area⁷. Where feasible we have included a comparison with the all-England profile of mothers with children aged up to three, derived from the 2015/16 wave of the UK Household Longitudinal Study (UKHLS). The ABS baseline survey and the UKHLS are not strictly comparable on all the profile variables, with the questions sometimes being asked in slightly different ways. For instance, tenure in the ABS survey is asked from the mother's perspective, and includes 'living with parents' as a category, whereas the UKHLS tenure is a household level variable. In addition, the archived UKHLS data cannot be narrowed to children close to their first, second or third birthdays so a direct match to the ABS baseline survey⁸ is not possible. Instead the UKHLS statistics cover all mothers with a child aged three or under. Therefore, the differences between the ABS survey and the UKHLS should be treated as indicative only. But showing the two profiles side by side demonstrates the level of disadvantage experienced by the ABS mothers relative to the national average.

Allowing for these caveats, in summary, relative to the national average, ABS mothers are:

- Younger (19 per cent aged 16-25 compared to 13 per cent for all England);
- More likely to be Asian or Black (19 per cent Asian and 14 per cent Black, compared to nine per cent and four per cent for all England). This is largely due to the ethnic profile in Bradford and Lambeth;
- More likely to be lone parents (35 per cent compared to 18 per cent);
- More likely to have no formal qualifications (19 per cent compared to 11 per cent) and less likely to have a degree (19 per cent compared to 36 per cent);
- Less likely to be an owner-occupier (26 per cent compared to 50 per cent, although note the comment in the paragraph above);
- Less likely to be in work (42 per cent compared to 59 per cent); but
- Less likely to report having a long-standing illness or disability (five per cent compared to 20 per cent);
- Twice as likely to have four or more children (15 per cent compared to eight per cent).

⁷ In addition, for the profile table, the data has been weighted so that three age-groups of children each represent a third of the total. This has not been done for the outcome tables because most outcomes are age-specific. Where they are not the statistics change only very marginally with the age weights, so the weights are excluded to maximise statistical power.

⁸ The ABS baseline survey interviewed mothers close to their child's first, second, or third birthday.

Table 2.1 Profile of mothers in the ABS baseline survey, relative to all England profile (UKHLS)

Table A2.1 in Annex 2 provides a breakdown by ABS area

	Mothers in the ABS baseline survey	Mothers of 0-3 year olds – England
Personal characteristics:	%	%
Age:		
16-25	19	13
26-34	54	48
35+	27	40
Ethnic group:		
White British	53	79
White other	9	6
Mixed	4	1
Asian	19	9
Black	14	4
Other	1	1
Religion:		
No religion	42	-
Christian	38	-
Muslim	19	-
Other	1	-
Lone parent:		
Yes	35	18
No	65	82
Formal qualifications:		
No qualifications	19	11
GCSE	18	32
A-level, vocational qualifications, diploma, other	44	21
Degree	19	36
Health:		
Mother has learning difficulties	2	-
Mother has long-standing illness or disability	5	20
Main language used with reference child:		
English	84	-
Other	16	-
<i>Sample size</i>	917	1779
Household characteristics:		

	Mothers in the ABS baseline survey	Mothers of 0-3 year olds – England
Number of children:		
1	36	33
2	33	44
3	17	15
4 or more	15	8
Tenure:		
Owner occupier	26	50
Social renter	36	25
Private renter	29	24
Living with parents	8	-
Other	1	1
Economic circumstances/benefits:		
Current employment status:		
Part-time work	27	31
Full-time work	15	29
Other	58	41
In receipt of:		
Child benefit	94	84
Child tax credit	66	44
Working tax credit	29	12
Income support	21	12
Housing benefit	31	19
Universal credit	2	1
Carer's allowance	5	3
Disability living allowance	6	4
Employment and Support allowance	3	3
How managing financially:		
Manage very well	9	-
Manage quite well	30	-
Get by alright	43	-
Don't manage very well	7	-
Have some financial difficulties	9	-
Are in deep financial trouble	2	-
<i>Sample size</i>	917	1779

Baseline Survey

3.0 Children’s social and emotional development: baseline profile

3.1 Introduction

This Section provides a baseline profile of children aged one, two and three living in ABS areas in terms of their social and emotional development, one of three key development domains in which ABS aspires to improve children’s outcomes. Different age-appropriate measures were used to measure children’s social and emotional development at ages one, two and three, namely:

- Age one: the Brief Infant Toddler Social and Emotional Assessment (BITSEA);
- Age two: the Adaptive Social Behaviour Inventory (ASBI);
- Age three: the Strengths and Difficulties Questionnaire (SDQ).

All three measures relied on maternal report and the BITSEA and ASBI scales are included in Annex 1.⁹

We have national profile data for the measures used at age three. These show that three-year olds in ABS areas score as being behind the national average in their social and emotional development.

3.2 Age one: Brief Infant Toddler Social and Emotional Assessment (BITSEA)

The BITSEA is a tool for identifying children who may have socio-emotional or behavioural problems and/or delays or deficits in social-emotional competence. It covers externalising and internalising behaviours, problems of dysregulation, maladaptive and atypical behaviours. It is suitable for children aged between 12 and 36 months (Briggs-Owen and Carter, 2006). We used the 42-item Parent Form with the mothers of one-year olds to gather data on their perceptions of their child in relation to a range of social, emotional and behaviour problems. Each item asks about the frequency in the past month in which the child exhibits a particular feeling or behaviour, with mothers using a four-point scale from ‘not true/rarely’ (scoring 0) to ‘very true/often’ (scoring 2). Mothers completed the form as part of the self-completion element of the interview.

Eleven of the 42 items are used to measure children’s social-emotional ‘competence’, addressing compliance with adult expectations and requests, attention, skills, mastery, motivation, imitation/play behaviour, prosocial interactions with peers and emerging empathy. By adding the scores of the 11 items, a competence scale enables us to rate children from 0 (low competence) to 22 (high competence).¹⁰ Scores of 12 or less identify children¹¹ as at risk of possible developmental deficit or delay.

The other 31 items are used to identify problem behaviours. These include behaviours that are part of typical development (e.g. aggression, sadness or fear) which become problematic when they are more

⁹ Licensing agreements mean that the SDQ cannot be reproduced here.

¹⁰ Scale scores are calculated for all children where the mother provides score for at least 10 items.

¹¹ The identification score depends on the age of the child. Our sample were all under 17 months, with an identification score of 12.

frequent or intense than would be expected. They also include behaviours that are never developmentally appropriate. By adding the scores of the 31 items, a ‘problems’ scale enables us to rate children from 0 (no problems) to 62 (most problems).¹² Scores of 13 or less identify children as at risk of possible developmental problems.

Table 3.1 shows the mean score on each of the two scales for the ABS children, together with the percentage identified as at risk of possible developmental deficit, delay or problems. One in five (18 per cent) one-year olds in ABS areas are identified as having possible deficit or delay in relation to socio-emotional competence and a quarter (27 per cent) are measured to be at risk of developmental deficit or delay. While we have no nationally representative data against which to compare the ABS one-year olds, the BITSEA manual (Briggs-Gowan and Carter, 2006) cites US data for a sample of 12 to 17-month olds. These indicate that ABS one-year olds are more likely than the US average to exhibit ‘problems’ (with a mean score of 10.1 compared with 8.0 in the US sample). They score very similarly in terms of the ‘competence’ rating (mean score 15.1 compared with 15.6 in the US sample).

Table 3.1 BITSEA baseline profile

Table A2.2 in Annex 2 provides a breakdown by ABS area

	ABS children
Competence	
Mean score (higher score positive)	15.1 (sd 3.31)
% possible deficit/delay	18
Problems	
Mean score (higher score negative)	10.1 (sd 6.21)
% possible problem	27
<i>Unweighted base: parents of one-year olds answering self-completion</i>	383

Baseline survey

Standard deviations (sd) show how far families’ scores vary around the mean.

3.3 Age two: Adaptive Social Behaviour Inventory (ASBI)

We used the ASBI to measure social and emotional development among the sample of two-year olds, administered as part of the self-completion element of the interview. The 30-item scale was developed in the United States by Hogan et al (1992). When replicated in a UK context (Sammons et al, 1999; Smith et al, 2009), factor analysis of the items identified five factors, each measuring different elements of a child’s social and emotional development:

¹² Scale scores are calculated for all children where the mother provides score for at least 27 items.



- Sociability/empathy;
- Compliance/conformity;
- Confidence/independence;
- Anti-social behaviour;
- Anxiety.

Using the items included in each of these five factors, we created sub-scales based on the mothers' rating of their child.¹³ For each item, mothers were asked to say how often their child exhibited the behaviour, from 'rarely or never' (code 1) to 'almost always' (code 3).

For each sub-scale, we created a scale from 1 to 3 based on the child's mean score across the items included in the sub-scale¹⁴, the mean scores for which are shown in Table 3.2. For the first three sub-scales, a higher mean score denotes a more positive rating of their behaviour, while a higher score is worse on the fourth and fifth scale.

Table 3.2 ASBI baseline profile

Table A2.3 in Annex 2 provides a breakdown by ABS area

	ABS children
Mean scores	
Sociability/empathy (higher score positive)	2.4 (sd 0.35)
Compliance/conformity (higher score positive)	2.3 (sd 0.42)
Confidence/independence (higher score positive)	2.7 (sd 0.30)
Anti-social (higher score negative)	1.4 (sd 0.37)
Anxiety (higher score negative)	1.9 (sd 0.64)
<i>Unweighted base: parents of two-year olds answering self-completion</i>	308

Baseline survey

Standard deviations (sd) show how far families' scores vary around the mean.

3.4 Age three: Strengths and Difficulties Questionnaire (SDQ)

The SDQ is a behavioural screening questionnaire with versions suitable for children aged three and over. We used the version suitable for parental self-completion report to measure the socio-emotional development of the three-year olds in the sample. The questionnaire includes 25 items asking about a range of positive and negative behaviours (Goodman et al, 1997). For each item, mothers were asked to

¹³ 26 of the 30 items are used across the five scales (see Annex 1).

¹⁴ Provided mothers had answered at least half of the items, missing items were imputed using the mean of the completed answers.

consider their child's behaviour in the past six months and report whether each item was 'not true' (code 0) to certainly true (code 2). The 25 items form five sub-scales, each including five items, measuring:

- Prosocial behaviour;
- Peer relationship problems;
- Conduct problems;
- Hyperactivity and inattention;
- Emotional symptom

For each sub-scale, the score is a sum of the responses to the five items running from 0 to 10.¹⁵ While a higher score on the prosocial sub-scale denotes more positive behaviour, a higher score on the other four sub-scales denotes worse behaviours. All but the prosocial sub-scale are also used to create an aggregate SDQ scale for which, again, a higher score denotes more negative behaviours (with the scale running from 0 to 40).

The ABS three-year olds score worse than the average UK three-year old. The Millennium Cohort Study (a longitudinal UK study tracking children born in 2000/2001) fielded the SDQ among the cohort when they were within a few months of their third birthday (i.e. a very close comparison to the baseline survey) in 2003/4. The national mean score was 9.3, which is statistically significantly better than the ABS mean score of 10.7.

The SDQ scores can also be used to categorise children in terms of their risk of developing a mental health disorder. The categories are based on a UK community sample of children aged four to 17¹⁶, in which scoring 13 or less out of 40 is deemed as being 'close to average' on the basis that 80 per cent of children score within this range. The remaining scores are split into 'slightly raised' (10 per cent of the UK sample, scores 14 to 16); high (five per cent of the UK sample, scores 17 to 19); and very high (five per cent of the UK sample, scores 20 to 40). The proportion of the ABS three-year olds in each category is shown in the second half of Table 3.3. A quarter (27 per cent) of ABS three-year olds do not fall 'close to average', compared to 20 per cent in the national profile. Thirteen per cent are categorised as at 'very high' or 'high' risk, compared to 10 per cent of the national population of children aged four to 17.

¹⁵ Provided mothers had answered at least three of the five items, missing items were imputed using the mean of the completed answers.

¹⁶ <http://www.ehcap.co.uk/content/sites/ehcap/uploads/NewsDocuments/236/SDQEnglishUK4-17scoring-1.PDF>. The categorisations are based on the SDQ measure designed for 4 to 17 year olds, which has three different items to the two to 4 year olds measures fielded in the ABS baseline survey. As we are not aware of an equivalent exercise for the younger children's measures, we are using these with the caveat that not all the measures are exactly the same.

Table 3.3 Strengths and Difficulties Questionnaire baseline profile

Table A2.4 in Annex 2 provides a breakdown by ABS area

	ABS children
Mean scores (higher score negative, except for prosocial where higher score positive)	
Prosocial (0 to 10)	7.6 (sd 1.99)
Peer relationship problems (0 to 10)	1.8 (sd 1.62)
Conduct problem scale (0 to 10)	2.9 (sd 1.87)
Hyperactivity and inattention (0 to 10)	4.4 (sd 2.33)
Emotional symptoms (0 to 10)	1.7(sd 1.71)
SDQ scale (0 to 40)	10.7 (sd 5.49)
Risk categories	
Close to average	73
Slightly raised risk	15
High risk	6
Very high risk	6
<i>Unweighted base: parents of three-year olds answering self-completion</i>	191

Baseline survey

Standard deviations (sd) show how far families' scores vary around the mean.

4.0 Communication, speech and language development: baseline profile

4.1 Introduction

This Section provides a baseline profile of children aged one, two and three living in ABS areas in terms of their communication, speech and language development, the second of three key development domains in which ABS aspires to improve children's outcomes.

Again, different age-appropriate measures were used to measure children's communication, speech and language development:

The children's learning environments were measured using:

- Ages one and two: the Toddler Home Learning Environment (THLE) scale and a range of measures from the Home Short Form (HSF);
- Age three: the Home Learning Environment scale (HLE);
- Ages two and three: eligibility for and take-up of early years education.

Speech and language development were measured using:

- Age two: the Sure Start Language Measure (SSLM);
- Age three: the British Ability Scales (BAS) II vocabulary and picture similarities tests.

All measures relied on maternal report except for the two BAS tests which were administered by the survey interviewer directly with the three-year old children.

The best available national profile data were collected among three-year olds in 1997. Developments in the intervening period about early years provision, including advice to parents on the home learning environment, mean that we are concerned about their comparability. However, we cite them where available, with the necessary caveats.

The home learning environment and SSLM measures are included in Annex 1.¹⁷

4.2 Learning environment

4.2.1 Home Learning environment

The home learning environment measures employed here have been used in a number of studies in slightly varying forms (e.g. the Millennium Cohort Study; the national evaluations of Sure Start and Children's Centres). The Toddler Home Learning Environment (THLE) and Home Learning Environment (HLE) scales ask age-appropriate questions of parents about the frequency of activities that they do with their children. The THLE also asks about the number of baby and toddler books in the home. The HSF also asks about

¹⁷ The BAS measures are not easily presentable in a static document form.

the range of toys at home as well as some attitudinal questions about how much time a parent should spend teaching their children. The THLE for children aged one and two are identical, except for one additional question asked with regards two-year olds. The full range of questions for each scale are in Annex 1.

In Table 4.1, we report on the Age one and Age two mean scores for the THLE and then, for each age group, the mean score for the THLE combined with the Home Short Form. Each of the THLE items has a frequency response scale running from 0 (least frequently) to 6 (most frequently). As a result, one-year olds can score between 0 (poorest home learning environment) to 54 (best home learning environment) from the nine-item scale, with the ten-item scale for two-year olds running from 0 to 60. The frequency response scales for the five¹⁸ HSF vary in length. In order to provide equal weight to each of items when combined with the THLE in a summed score, we recoded each of the HSF scales to run from 0 (least frequently/worse) to 6 (most frequently/better). As a result, children can score between 0 (poorest home learning environment) to 84 (best home learning environment) in the Age one THLE/HSF, and from 0 to 90 at age two.

Table 4.1 also shows the HLE mean scores for three-year olds. This, again, is based on summing the frequencies of the seven¹⁹ HLE items. Five of the HLE items run from 0 to 7. To provide equal weight to the two items with shorter response scales when combined to make an HLE summed score, we recoded these two items to run from 0 to 7. The HLE scale therefore run from 0 (poor home learning environment) to 49 (best home learning environment).

In ABS areas, the mean score for the home learning environment at age three was 28.1. The Effective Pre-school, Primary and Secondary Education Project (EPPSE) measured the home learning environment of three-year olds in 1997. At that time, the mean HLE score was 23.3. However, we suspect that the higher scores among the ABS families is due to improvements in advice to parents on the home learning environment, rather than suggesting that they are ahead of the national average.

¹⁸ Frequency of meals with parents is excluded from the scale, due to ambiguity in how to code single parent families.

¹⁹ In line with other studies, frequency of sport and outdoor activities are excluded from the scale.

Table 4.1 Home Learning Environment baseline profile

Table A2.5 in Annex 2 provides a breakdown by ABS area

	ABS children
Mean scores (higher score positive)	
Age 1 Toddler Home Learning Environment (score 0 to 54)	30.5 (sd 6.3)
Age 1 Toddler Home Learning Environment and Short Home Scale (score 0 to 84)	51.1 (sd 8.0)
<i>Unweighted base: parents of one-year olds</i>	392
Age 2 Toddler Home Learning Environment (score 0 to 60)	39.0 (sd 7.2)
Age 2 Toddler Home Learning Environment and Short Home Scale (score 0 to 90)	60.9 (sd 9.3)
<i>Unweighted base: parents of two-year olds</i>	325
Age 3 Home Learning Environment (score 0 to 49)	28.1 (sd 10.6)
<i>Unweighted base: parents of three-year olds</i>	200

Baseline survey

Standard deviations (sd) show how far families' scores vary around the mean.

4.2.2 Take up of early years education

All children are eligible for free early years provision starting the term after their third birthday. Disadvantaged children (defined largely by benefit receipt and/low income) are eligible earlier, able to take up a place in the term after their second birthday. At the time of the baseline survey, children were either coming up to or had recently had their birthday. In other words, many would have become eligible only after the baseline interview. This is reflected in the relatively low take-up levels shown in Table 4.2. Only one in ten (12 per cent) of two-year olds were in early years provision. Even by age three (when nationally, 93 per cent of eligible children take up their free provision (DfE, 2017²⁰), only half (53 per cent) were in early years provision. Many of these are likely to be those eligible for a free place at age two.

20

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/669857/SFR73_2017_Text.pdf

Table 4.2 Take up of early years education baseline profile

Table A2.6 in Annex 2 provides a breakdown by ABS area

	ABS children
	%
Age 2	
Eligible and uses	12
Eligible and does not use	24
Not eligible	64
<i>Unweighted base: parents of two-year olds</i>	325
Age 3	
Eligible and uses	53
Eligible and does not use	17
Not eligible	30
<i>Unweighted base: parents of three-year olds</i>	200

Baseline survey

4.3 Age two: Sure Start Language Measure (SSLM)

The SSLM is a parental report measure of early language development. It measures vocabulary knowledge based on a list of 100 words, alongside a question asking whether the child is putting words together. For each of the 100 words, parents are asked to report whether their child can say the word, with rules provided about which alternatives or variants are permissible in the coding. The full word list is provided in Annex 1.

The SSLM score is a mean score of the number of words that a parent reports their child as being able to say. Table 4.3 shows that ABS two-year olds knew, on average, 23 of the 100 words and 79 per cent were reported as sometimes or often putting words together. For 16 per cent of children, English was not the main language they speak at home. Removing these children from the analysis slightly increased the mean scores.

Table 4.3 Sure Start Language Measure baseline profile
Table A2.7 in Annex 2 provides a breakdown by ABS area

	ABS children
All two-year olds	
Mean words (higher is positive, out of 100)	22.8 (sd 13.79)
% sometimes or often putting words together	79
All two-year olds speaking English at home	
Mean words (higher is positive, out of 100)	23.33 (sd 14.17)
% sometimes or often putting words together	81
<i>Unweighted base: parents of two-year olds</i>	325

Baseline survey

Standard deviations (sd) show how far families' scores vary around the mean.

4.4 Age three: British Ability Scales (BAS-II)

The BAS-II is an educational psychology tool that provides a reliable measure of children's cognitive functioning. It has been adapted for use by survey interviewers in a number of studies (e.g. the Millennium Cohort Study; the evaluation of the two-year olds early education pilot). We fielded two subscales of the BAS assessments in the baseline survey: 'naming vocabulary' and 'picture similarity', the first being a measure of vocabulary and the second being a measure of non-verbal reasoning ability. Where mothers gave permission and children were happy to take part, the interviewer administered the tests directly with the three-year olds.

4.4.1 Naming vocabulary

Children are shown a series of pictures and asked to say what each picture is. Like the SSLM, interviewers are permitted to accept as correct a number of alternatives or variants to the word. With up to 30 pictures (and therefore correct responses), children continue through the test for at least 16 pictures. If at that point they have given at least 14 correct answers, they continue through to the thirtieth picture. The words get increasingly difficult as the test continues. Their score is calculated based on the number of correct answers given. Because children are shown different items, their raw score is converted to an ability score which reflects both the raw score and the difficulty of the items being administered. The minimum ability score is 10 and the maximum is 141. The mean score for three-year olds in ABS areas was 61.3. The EPPSE study and the MCS both fielded this measure (in 1997 and 2002/3 respectively), with mean scores substantially lower than found here (e.g. the EPPSE mean score was 45.12). We suspect that the way in which it was administered has affected the results.²¹ So, while the data are valid for comparing ABS and comparison

²¹ This issue will be further investigated prior to the fielding of these measures in the cohort study.

group families (as the measure was administered consistently across areas), we cannot compare to other national data.

Table 4.4 BAS naming vocabulary baseline profile

Table A2.8 in Annex 2 provides a breakdown by ABS area

	ABS children
Vocabulary score (higher is positive)	61.3 (sd 23.5)
<i>Unweighted base: three-year olds completing measure</i>	181

Baseline survey

Standard deviations (sd) show how far families' scores vary around the mean.

4.4.2 Picture similarities

In the picture similarities test, children are shown a row of pictures and an additional card. They are asked to place the card alongside the picture which is similar or related in some way. With up to 28 pictures (and therefore correct responses), children continue to picture 23, stopping earlier only if they have six consecutive failures for eight consecutive pictures. If by picture 23 they have given at least 21 correct answers, they continue through to the twenty-eighth picture. Their score is calculated based on the number of correct answers given. Again, like the vocabulary test, because children are shown different items, their raw score is converted to an ability score which reflects both the raw score and the difficulty of the items being administered. The minimum ability score is 10 and the maximum is 104. The mean score for three-year olds in ABS areas was 44.7. Three-year olds in EPPSE scored a mean of 45.64, which is not statistically different to the mean score for the ABS children. However, as stated above, we would expect mean scores to have risen since the EPPSE data were collected in 1997. If correct, this would mean that the ABS children score lower than the current national average.

Table 4.5 BAS picture similarities baseline profile

Table A2.9 in Annex 2 provides a breakdown by ABS area

	ABS children
Picture similarities score (higher is positive)	44.7 (sd 18.9)
<i>Unweighted base: three-year olds completing measure</i>	181

Baseline survey

Standard deviations (sd) show how far families' scores vary around the mean.



5.0 Children's diet and nutrition: baseline profile

5.1 Introduction

This Section provides a baseline profile of children aged one, two and three living in ABS areas in terms of their diet and nutrition, the third of three key development domains in which ABS aspires to improve children's outcomes.

At age one, mothers were asked about:

- Breastfeeding practices at birth and in the subsequent months;
- First food and age of weaning.

At ages two and three, mothers completed the Child Dietary Questionnaire (CDQ). This report includes two key measures from this scale: the proportion of children eating fresh fruit or cooked vegetables in the previous day. We also collected height and weight for the calculation of children's body mass index (BMI).

The findings show that compared to the national average, ABS mothers are less likely to breastfeed and more likely to wean their children early. At age three, ABS children are no more or less likely to be overweight than the national average.

5.2 Breast feeding and weaning

5.2.1 Breastfeeding

Mothers of one-year olds were asked whether they breastfed at birth, either exclusively or alongside formula. Those who breastfed at all were asked for how long they had done so. Two thirds (67 per cent) of mothers reported having breastfed at birth. Half of mothers (52 per cent) had breastfed exclusively at birth, with a further one in seven (15 per cent) breastfeeding alongside formula. The proportions of ABS mothers who breastfed are lower than the national average. The 2010 Infant Feeding Survey (McAndrews et al, 2012) reported 81 per cent of mothers breastfeeding at birth, 71 per cent exclusively.

Table 5.1 Breastfeeding baseline profile

Table A2.10 in Annex 2 provides a breakdown by ABS area

	ABS children
	%
Breastfed at birth (exclusively or alongside formula)	67
Breastfed exclusively at birth	52
Breastfed plus formula	15
Did not breastfeed	33
Breastfed for 7 months or more	28
Breastfed for 1 to 6 months	27
Did not breastfeed or for less than a month	45
<i>Unweighted base: parents of one-year olds</i>	392

Baseline survey

5.2.2 Weaning

Current government guidelines state that babies should not be given solid food before the age of 26 weeks. However, in the 2010 infant feeding survey (McAndrews et al, 2012), 75 per cent of mothers reported giving their babies solid food before this point. The proportions in ABS areas were even higher than this national average with 89 per cent of mothers of one-year olds reporting having given their babies solid food earlier than 26 weeks. Forty-four per cent of ABS mothers gave their babies food earlier than 13 weeks. This is five times the national average reported by the Infant Feeding Survey in 2010, in which nine per cent of mothers reported giving solid food to their babies before 13 weeks.

In terms of the food they reported feeding their one-year old in the previous day, seven in ten (69 per cent) of mothers in ABS areas reported giving their child fruit or vegetables. The vast majority (more than 80 per cent) had given their children three meals a day and homemade food in the previous day.

Table 5.2 Weaning baseline profile

Table A2.11 in Annex 2 provides a breakdown by ABS area

	ABS children
	%
First solid food given	
Later than 26 weeks	11
13 to 26 weeks	44
Earlier than 13 weeks	44
Mean (weeks)	15
Ate homemade food in previous day	86
Ate fruit or vegetables in previous day	69
Ate three or more meals in previous day	84
<i>Unweighted base: parents of one-year olds</i>	392

Baseline survey

5.3 Diet and nutrition

Mothers of two- and three-year olds were asked about the range of food that their child had eaten in the past seven days and, in particular, in the past 24 hours. The list of food presented to them covered different 'healthy' and 'unhealthy' food types, drawn from the Children's Dietary Questionnaire. Here, we focus on two measures of health eating: consumption of fresh fruit and cooked vegetable in the past 24 hours. Just over half of mothers (55 per cent) reported their children having eaten two or more portions of fresh fruit in the past 24 hours and 62 per cent reported them eating cooked vegetables. While there are no directly comparable national data to report here, the Health Survey for England shows that 17 per cent of five to seven-year olds eat five or more portions of fruit and vegetables per day.²²

Table 5.2 Diet and nutrition baseline profile

Table A2.12 in Annex 2 provides a breakdown by ABS area

	ABS children
	%
Eaten two or more portions of fresh fruit in past 24 hours	55
Eaten cooked vegetables in past 24 hours	62
<i>Unweighted base: parents of two- and three-year olds</i>	525

Baseline survey

²² <http://healthsurvey.hscic.gov.uk/data-visualisation/data-visualisation/explore-the-trends/fruit-vegetables.aspx?type=child>

5.4 Body Mass Index

Table 5.3 shows the proportion of three-year olds in ABS areas whose body mass index (BMI) categorises them as not overweight, overweight or obese. While eight in ten (80 per cent) of ABS three-year olds are not overweight, 14 per cent are overweight and five per cent are obese. These proportions are close to the national average. In 2002/3, 77 per cent of the Millennium Cohort three-year olds were not overweight, 18 per cent were overweight and five per cent were obese.

Table 5.3 Body Mass Index baseline profile

Table A2.13 in Annex 2 provides a breakdown by ABS area

	ABS children
	%
Not overweight	80
Overweight	14
Obese	5
<i>Unweighted base: parents of three-year olds completing the measure</i>	175

Baseline survey

6.0 Maternal outcomes: baseline profile

6.1 Introduction

Maternal mental and physical health has a significant impact on children’s development, and as such ensuring that mothers have the requisite mental and physical health to give their children the best start is an integral part of ABS. This section provides a baseline profile of mothers of children aged one, two and three living in ABS areas in terms of their mental and physical health, and their health behaviours.

This section reports on:

- Mothers’ scores on the Edinburgh Postnatal Depression Scale (EPDS)
- Mothers’ scores on the EQ5D-5L measure of health status;
- Mothers’ smoking, drinking and drug behaviours at the time of interview and during pregnancy.

There are no directly comparable national profile data on which to draw.

The EPDS and EQ5D-5L scales are included in Annex 1.

6.2 Edinburgh Postnatal Depression Scale (EPDS)

The EPDS is a 10-item scale designed to identify postnatal depression (Cox et al, 1997). Each question asks about how the mother has felt in the past week, with a range of negative and positive feelings. For each item, a mother scores how she has been feeling on four-point scale from 0 to 3, where a negative feeling scores more highly than a positive one, providing a summed score of 0 (no depression) to 30 (high depression). A score of 13 or more identifies a mother as at risk of depression. As shown in Table 6.1, 13 per cent of mothers in ABS areas scored as at risk of depression. Although we have no national EPDS data against which to compare, this is in line with a range of data suggesting that around 13 per cent of women experience post-natal depression (O’Hara et al (1996).

Table 6.1 Edinburgh Postnatal Depression Scale (EPDS) baseline profile
Table A2.14 in Annex 2 provides a breakdown by ABS area

	ABS mothers
	%
At risk of depression (score 13+)	13
Overall EPDS score (higher score denotes higher depression score)	5.97 (sd 5.55)
<i>Unweighted base: all mothers answering the self-completion questionnaire²³</i>	836

Baseline survey

Standard deviations (sd) show how far families’ scores vary around the mean.

²³ Excluding those with one or more missing values on the scale.



6.3 EQ5D-5L Health status

The EQ5D-5L is a standardised measure of health status. It comprises five questions, each of which asks about a different aspect of someone’s health, as shown in Table 6.2. Focusing on how they feel today, people are asked to use a five-point scale to rate themselves as having no problems or issues (1) to it being debilitating (5). As well as reporting on the percentage of mothers with any problems (codes 2 to 5) regarding each health element, we report on the mean of an overall EQ5D score based on the mean scores across all five health elements adjusted to take into account the value that the public places on each health attribute (Devlin et al., 2017). A quarter (23 per cent) of mothers in ABS areas reported anxiety or depression.

Table 6.2 EQ5D-5L health status baseline profile

Table A2.15 in Annex 2 provides a breakdown by ABS area

	ABS mothers
	%
Mobility problems	5
Self-care problems	2
Problems doing usual activities	5
Pain or discomfort	22
Anxiety or depression	23
Mean EQ5D-5L score (lower score denotes fewer problems)	0.94 (sd 0.11)
<i>Unweighted base: all mothers</i>	917

Baseline survey

Standard deviations (sd) show how far families’ scores vary around the mean.

6.4 Alcohol, smoking cigarettes and drug use

Mothers were asked about alcohol consumption, smoking and drugs both at the time of interview and during pregnancy. Four percent of mothers in ABS areas reported currently drinking alcohol every day or several days a week and three per cent reported currently taking drugs. Nationally, three per cent of mothers drink five or more times per week (ONS 2017)²⁴.) The proportion of ABS mothers who currently smoke is higher than the national average among parents of children of all ages. Twenty-nine per cent of ABS mothers with children aged three and under reported smoking compared with 16 per cent of parents living with dependent children (ONS 2016).²⁵

²⁴<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/drugusealcoholandsmoking/datasets/adultdrinkinghabitsinengland>

²⁵Figures include both mothers and fathers:

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/datasets/adultsmokinghabitsinengland>

The percentages drinking alcohol in pregnancy (nine per cent) were lower than the national average, with the Infant Feeding Survey reporting 40 per cent of mothers drinking some alcohol during pregnancy (but only three per cent drinking an average of two or more units per week). The national figures on smoking during pregnancy are not directly comparable with the ABS survey questions which showed that 16 per cent of women smoked in pregnancy and three per cent took drugs in pregnancy, compared with 26 per cent of mothers who smoked before or during pregnancy; and 12 per cent smoked throughout pregnancy in the national data.

Table 6.3 Alcohol, smoking and drug-taking baseline profile

Table A2.16 in Annex 2 provides a breakdown by ABS area

	ABS mothers
	%
Drinks alcohol every or several days a week	4
Ever smokes	29
Ever takes drugs	3
<i>Unweighted base: all parents answering self-completion</i>	882
Ever drank alcohol in pregnancy	9
Ever smoked in pregnancy	16
Ever took drugs in pregnancy	3
<i>Unweighted base: parents of one-year olds answering self-completion</i>	383

Baseline survey



7.0 Key findings and concluding comments

These findings provide a valuable baseline against which to measure progress of children and families once ABS services are implemented. Progress will be measured by tracking a cohort of children born in 2019/20 from pregnancy to age five in a series of surveys starting when mothers are in their third pregnancy trimester.

Compared to the national profile of families with children aged three and under, children and their families living in ABS areas are significantly more deprived across a range of socio-demographic measures. Of particular note, relative to the national average, ABS mothers are:

- Younger (19 per cent aged 16-25 compared to 13 per cent for all England);
- More likely to be Asian or Black (19 per cent Asian and 14 per cent Black, compared to nine per cent and four per cent for all England). This is largely due to the ethnic composition in Bradford and Lambeth;
- More likely to be lone parents (35 per cent compared to 18 per cent);
- More likely to have no formal qualifications (19 per cent compared to 11 per cent) and less likely to have a degree (19 per cent compared to 36 per cent);
- Less likely to be an owner-occupier (26 per cent compared to 50 per cent, although note the comment in the paragraph above);
- Less likely to be in work (42 per cent compared to 59 per cent); but
- Less likely to report having a long-standing illness or disability (five per cent compared to 20 per cent);
- Twice as likely to have four or more children (15 per cent compared to eight per cent).

In turn, for the few outcomes where national data are available, ABS families' (pre-ABS) baseline outcomes appear to be worse than the national average:

- ABS children are more likely than the national average to be at risk of developing mental health issues at age three, according to the SDQ (*outcome domain: social and emotional development*);
- ABS mothers are less likely than the national average to breastfeed their babies (*outcome domain: diet and nutrition*);
- ABS mothers are more likely than average to wean their babies earlier than national guidelines (*outcome domain: diet and nutrition*);
- ABS mothers are more likely than the national average to smoke.

However, three-year olds in ABS areas are no more or less likely than average to be overweight (*outcome domain: diet and nutrition*).

Annex One: Outcome measures

Brief Infant Toddler Social and Emotional Assessment (asked at age one)

This next set of statements also describe things that <name of reference child> may or may not do. Many statements describe normal feelings and behaviours, but some describe feelings and behaviours that may be problems. Please do your best to respond to every item honestly.

Please select the response that describes <name of reference child>'s behaviour in the LAST MONTH.

1. Not true/rarely
2. Somewhat true/sometimes
3. Very true/often
4. Prefer not to say
5. Inappropriate to continue self-completion section

Note, this is not the order in which the items were asked: they have been reordered into the five sub-scales. The original order is denoted by the question numbering.

Competence scale

BT1. Shows pleasure when he or she succeeds (for example, claps for self).

BT5. Follows rules.

BT10. Looks for you (or other parent) when upset.

BT13. Looks right at you when you say his or her name.

BT15. Is affectionate with loved ones.

BT19. Plays well with other children (not including brother/sister).

BT20. Can pay attention for a long time (other than when watching TV).

BT22. Tries to help when someone is hurt (for example, gives a toy).

BT25. Imitates playful sounds when you ask him or her to.

BT29. Points to show you something far away.

BT31. Hugs or feeds dolls or stuffed animals.

Problems scale

BT2. Gets hurt so often that you can't take your eyes off him or her.

BT3. Seems nervous, tense or fearful.

BT4. Is restless and can't sit still.

BT6. Wakes up at night and needs help to fall asleep again.

BT7. Cries or has a tantrum until he or she is exhausted.

BT8. Is afraid of certain places, animals or things.

BT9. Has less fun than other children.

BT11. Cries or hangs onto you when you try to leave.

BT12. Worries a lot or is very serious.

- BT14.** Does not react when hurt.
- BT16.** Won't touch some objects because of how they feel.
- BT17.** Has trouble falling asleep or staying asleep.
- BT18.** Runs away in public places.
- BT21.** Has trouble adjusting to changes.
- BT23.** Often gets very upset.
- BT24.** Gags or chokes on food.
- BT26.** Refuses to eat.
- BT27.** Hits, shoves, kicks, or bites children (not including brother/sister).
- BT28.** Is destructive. Breaks or ruins things on purpose.
- BT30.** Hits, bites or kicks you (or other parent).
- BT32.** Seems very unhappy, sad, depressed, or withdrawn.
- BT33.** Purposely tries to hurt you (or other parent).
- BT34.** When upset, gets very still, freezes, or doesn't move.

The following statements describe feelings and behaviours that can be problems for young children. Some of the descriptions may be a bit hard to understand, especially if you have not seen the behaviour in a child. **Please do your best to respond to all statements.**

- BT35.** Puts things in a special order over and over and gets upset if he or she is interrupted.
- BT36.** Repeats the same action or phrase over and over without enjoyment.
- BT37.** Repeats a particular movement over and over (like rocking, spinning).
- BT38.** Spaces out. Is totally unaware of what's happening around him or her.
- BT39.** Does not make eye contact.
- BT40.** Avoids physical contact.
- BT41.** Hurts self on purpose (for example, bangs his or her head).
- BT42.** Eats or drinks things that are not edible (like paper or paint).

Adaptive Social Behaviour Inventory (asked at age two)

This next set of statements also describe things that <name of reference child> may or may not do. Many statements describe normal feelings and behaviours, but some describe feelings and behaviours that may be problems. Please do your best to respond to every item honestly.

For each question please select the response that best describes how often <name of reference child> does this.

1. Rarely or never
2. Sometimes
3. Almost always
4. Prefer not to say
5. Inappropriate to continue self-completion section

Note, this is not the order in which the items were asked: they have been reordered into the five sub-scales. The original order is denoted by the question numbering.

Prosocial

AS1. Understands others' feelings, like when they are happy, sad or mad.

AS2. Is helpful to other children.

AS7. Is sympathetic toward other children's distress, tries to comfort others when they are upset.

AS11. Can easily get other children to pay attention to him/her.

AS12. Says nice or friendly things to others, or is friendly towards others.

AS13. Will join a group of children playing.

AS14. In social activities, tends to just watch others. (REVERSE CODED IN THE SCALE CONSTRUCTION)

AS17. Asks or wants to go play with other children.

AS19. Plays games and talks with other children

Competence

AS3. Is obedient and compliant.

AS5. Follows rules in games.

AS8. Waits his/her turn in games or other activities.

AS10. Co-operates with your requests.

AS15. Follows household or pre-school centre rules.

AS18. Is calm and easy-going

AS20. Shares toys or possessions

Confidence

AS9. Is open and direct about what he/she wants.

AS22. Is confident with other people

AS24. Tends to be proud of things she/he does

AS27. Is interested in many and different things

AS30. Enjoys talking with you

Antisocial

AS21. Teases other children, calls them names

AS23. Prevents other children from carrying out routines

AS26. Bullies other children

AS29. Is bossy, needs to have his/her way

Anxiety

AS6. Gets upset when you don't pay enough attention.

Not included in the five sub-scales

AS4. When you give him/her an idea for playing, he/she frowns, shrugs shoulders, pouts or stamps foot.

AS16. Says "please" and "thank you" when reminded.

AS25. Accepts changes without fighting against them or becoming upset

AS28. Is worried about not getting enough (where enough might include attention access to toys, food/drink etc)

Toddler Home Learning Environment (asked at ages one and two)

I'm now going to talk to you about some of the things parents might do with their children. We know that some children do these activities in nursery or pre-school, but we are interested in what you as a parent, or people in your household, do with <name of reference child>. Please do not worry if you have not done some of these things with <name of reference child> yet - we are just interested in what you or members of your household are currently doing.

THLE1. How often does someone at home take <name of reference child> out of the house, for example visiting family or friends, or going to the park?

0. A - Very rarely
1. B - Once a week
2. C - Twice a week
3. D - Three times a week
4. E - Four to six times a week
5. F - Everyday
6. G - More than once a day

THLE2. How often does someone at home draw <name of reference child>'s attention to the names of things during their day-to-day activities?

THLE3. How often does someone use blocks or shape sorting toys with <name of reference child>?

Asked at age two only



THLE4. How often does someone at home talk about, or try to teach <name of reference child> the names of colours and shapes?

THLE5 How often does someone at home sing songs or nursery rhymes to or with <name of reference child>?

0. A - Never/ not yet
1. B - Have done this once or twice
2. C - Less than once a week
3. D - Once a week
4. E - Several times a week (e.g. about 3 times a week)
5. F - Every day
6. G - More than once a day

THLE13. How much time does <name of reference child> spend watching TV or DVDs with you at home?

THLE14. How much time does <name of reference child> spend watching TV or DVDs on their own, whilst you are busy doing other things at home?

0. A - None
1. B - Less than 30 minutes per day
2. C - 30 minutes –1 hour per day
3. D - 1-2 hours per day
4. E - 2-3 hours per day
5. F - 3-4 hours per day
6. G - More than 4 hours per day

THLE15. How often does <name of reference child> get a chance to play in a messy way, for example using play dough, paints, or sand?

THLE16. Although <name of reference child> is very young, some children do enjoy being read to or handling books designed for babies. How often does someone at home read to (child)?

0. A - Never/ not yet
1. B - Have done this once or twice
2. C - Less than once a week
3. D - Once a week
4. E - Several times a week (e.g. about 3 times a week)
5. F - Every day
6. G - More than once a day

THLE17. How many books written especially for babies or toddlers does <name of reference child> have?

0. A - No books
1. B - 1-2 books
2. C - 3-4 books
3. D - 5-10 books
4. E - 11-15 books

5. F - 16-20 books
6. G - 21 or more books

Home Short Form (asked at ages one and two)

THLE18. About how many, if any, soft, cuddly or role-playing toys (like a doll) does <name of reference child> have? These may be shared with sister or brother.

THLE19. About how many, if any, push or pull toys does <name of reference child> have? These may be shared with a sister or brother.

0. A - None
1. B - 1-2
2. C - 3-4
3. D - 5-10
4. E - 11-15
5. F - 16-20
6. G - 21 or more

THLE20. About how often do you take <name of reference child> to a food shop or supermarket?

- 0 A - Hardly ever
- 0 B - I prefer to go alone
- 2 C - Once a month
- 4 D - Once a week
- 6 E - Twice a week or more

THLE21. Some parents spend time teaching their children new skills while other parents believe children learn best on their own. Which most closely describes your attitude?

6. A - Parents should always spend time teaching their children
4. B - Parents should usually spend time teaching their children
2. C - Parents should usually allow their children to learn on their own
0. D - Parents should always allow their children to learn on their own

THLE22. Children seem to demand attention when their parents are busy, doing housework, for example. How often do you talk to <name of reference child> while you are working?

6. A - Always talk to child when I'm working
4. B - Often talk to child when I'm working
3. C - Sometimes talk to child when I'm working
1. D - Rarely talk to child when I'm working
0. E - Never talk to child when I'm working

Home Learning Environment (asked at age three)

THLE6. How does someone at home read to <name of reference child>?

0. A - Never
1. B - Occasionally or less than once a week
2. C - Once a week
3. D - Several times a week (recode to 4)
4. E - Once a day (recode to 7)
5. F - More than once a day (recode to 7)

THLE7. How often does someone at home take <name of reference child> to the library?

0. A - Never
1. B - On special occasions (recode to 3)
2. C - Once a month (recode to 5)
3. D - Once a fortnight (recode to 6)
4. E - Once a week (recode to 7)

THLE8. How often does <name of reference child> play with letters at home?

THLE9. How often does someone at home help <name of reference child> to learn the ABC or the alphabet?

THLE10. How often does someone at home help <name of reference child> to learn numbers or counting?

THLE11. How often does someone help <name of reference child> to learn songs, poems or nursery rhymes?

THLE12 How often does <name of reference child> paint or draw at home?

0. A - Never
1. B - Occasionally or less than once a week
2. C - 1 or 2 days a week
3. D - 3 times a week
4. E - 4 times a week
5. F - 5 times a week
6. G - 6 times a week
7. H - 7 times a week / constantly

Sure Start Language Measure (asked at age two)

All children develop at different rates. I'd like to ask you some questions about the words that <name of reference child> may or may not have started saying yet.

SSL1. Children can understand words before they start to speak. We are interested in the words your child can SAY. This list does not have all the possible words children use, just some of those words. I'm going to read out a list of words and for each one please tell me if <name of reference child> can say this word. If s/he says the word differently, for example they say 'tar' instead of 'car', then say yes, they *can* say this word.

INTERVIEWER READ FULL LIST AND CODE ALL RESPONDENT SAYS HER CHILD CAN SAY

1. Mummy/ mum
2. Bye /bye bye
3. No
4. Ball
5. Juice
6. Ouch
7. Cat
8. Thank you
9. Cold
10. Hug / cuddle
11. Aeroplane
12. Car
13. Book
14. Milk
15. Hat
16. Shoe
17. Leg
18. Pillow
19. Rubbish
20. Plate
21. Towel
22. Bed
23. Settee /sofa
24. School
25. Friend
26. Person
27. Hello / hi
28. Shopping
29. Carry
30. Finish
31. Fit
32. Like
33. Rip /tear
34. Shake
35. Think
36. Gentle

37. Fast
38. Happy
39. Last
40. Tiny
41. Wet
42. After
43. Day
44. This
45. Our
46. Where
47. All
48. Much
49. Need to
50. If

SSL7. Has <name of reference child> started to put words together yet, such as 'more juice' or 'there doggie'?

1. A - Often
2. B - Sometimes
3. C - Not at all

EQ5D-5L

I am now going to ask you some simple questions about your health TODAY. Please remember that there are no right or wrong answers. Each question has a choice of five answers. Please tell me which one answer best describes your health TODAY.

EQ1. First I'd like to ask you about mobility. Would you say that you have:

IF NECESSARY SAY: Please read out the letter that applies

1. A - No problems in walking about?
2. B - Slight problems in walking about?
3. C - Moderate problems in walking about?
4. D - Severe problems in walking about?
5. E - You are unable to walk about?

EQ2. Next I'd like to ask you about self-care. Would you say that you have:

IF NECESSARY SAY: Please read out the letter that applies

1. A - No problems washing or dressing yourself?
2. B - Slight problems washing or dressing yourself?
3. C - Moderate problems washing or dressing yourself?
4. D - Severe problems washing or dressing yourself?
5. E - You are unable to wash or dress yourself?

EQ3. Next I'd like to ask you about usual activities, for example work, study, housework, family or leisure activities. Would you say that you have:

IF NECESSARY SAY: Please read out the letter that applies

1. A - No problems doing your usual activities?
2. B - Slight problems doing your usual activities?
3. C - Moderate problems doing your usual activities?
4. D - Severe problems doing your usual activities?
5. E - You are unable to do your usual activities?

EQ4. Next I'd like to ask you about pain or discomfort. Would you say that you have:

IF NECESSARY SAY: Please read out the letter that applies

1. A - No pain or discomfort?
2. B - Slight pain or discomfort?
3. C - Moderate pain or discomfort?
4. D - Severe pain or discomfort?
5. E - Extreme pain or discomfort?

EQ5. Finally, I'd like to ask you about anxiety or depression. Would you say that you are:

IF NECESSARY SAY: Please read out the letter that applies

1. A - Not anxious or depressed?
2. B - Slightly anxious or depressed?
3. C - Moderately anxious or depressed?
4. D - Severely anxious or depressed?
5. E - Extremely anxious or depressed?

Edinburgh Postnatal Depression Scale

This set of questions asks about how **you** have felt during the past week. For each question please choose just one statement that best describes how you have felt during the past week.

EP1. During the past week I have been able to laugh and see the funny side of things...

1. As much as I always could
2. Not quite so much now
3. Definitely not so much now
4. Not at all
5. Prefer not to say

EP2. During the past week I have looked forward with enjoyment to things...

1. As much as I ever did
2. Rather less than I used to
3. Definitely less than I used to
4. Hardly at all
5. Prefer not to say

EP3. During the past week I have blamed myself unnecessarily when things went wrong...

1. Yes, most of the time
2. Yes, some of the time
3. Not very often
4. No, never
5. Prefer not to say

EP4. During the past week I have been anxious or worried for no good reason...

1. No, not at all
2. Hardly ever
3. Yes, sometimes
4. Yes, very often
5. Prefer not to say

EP5. During the past week I have felt scared or panicky for no very good reason...

1. Yes, quite a lot
2. Yes, sometimes
3. No, not much
4. No, not at all
5. Prefer not to say

EP6. During the past week things have been getting on top of me...

1. Yes, most of the time I haven't been able to cope at all
2. Yes, sometimes I haven't been coping as well as usual
3. No, most of the time I have coped quite well
4. No, I have been coping as well as ever
5. Prefer not to say

EP7. During the past week I have been so unhappy that I have had difficulty sleeping...

1. Yes, most of the time

2. Yes, sometimes
3. Not very often
4. No, not at all
5. Prefer not to say

EP8. During the past week I have felt sad or miserable...

1. Yes, most of the time
2. Yes, quite often
3. Not very often
4. No, not at all
5. Prefer not to say

EP9. During the past week I have been so unhappy that I have been crying...

1. Yes, most of the time
2. Yes, quite often
3. Only occasionally
4. No, never
5. Prefer not to say

EP10. During the past week the thought of harming myself has occurred to me...

1. Yes, quite often
2. Sometimes
3. Hardly ever
4. Never
5. Prefer not to say

Annex Two: ABS area tables

This Annex breaks down the ABS data into each of the five ABS areas.

Firstly (Table A2.1), it provides the socio-demographic profile of mothers in each of the ABS areas, alongside the 'all ABS mothers'¹ figures used in the main summary report (penultimate column) and the national profile of mothers of children aged up to three taken from the UKHLS (final column). The latter two columns appear in Table 2.1 of the main summary report.

Tables A2.2 to A2.16 provide the baseline outcomes of mothers and children in each of the ABS areas, alongside the 'all ABS children/mothers' figures used in the main summary report (final column).

Readers must be mindful of the small sample sizes in some ABS areas, especially when looking at data from a single age group. Seemingly large differences between areas could be due to small numbers or – in relation to the outcomes - due to differences in the socio-demographic profile of different ABS areas. We have not tested for statistical significances across ABS areas but, rather, include the full data here for interest by different ABS areas.

That said, we pick out the following as being of note:

- In terms of mothers' socio-demographic profiles, the most notable differences are in ethnicity (and, in association, religion and speaking English at home); lone parenthood; and tenure. While the majority of Blackpool's, Southend's and Nottingham's mothers were white, the mothers interviewed in Bradford were predominantly Asian and half the mothers in Lambeth were Black. Close to half of mothers in Lambeth and Nottingham were lone parents, compared to one in five in Bradford. Lambeth had a very high proportion of mothers in social renting, followed by Nottingham, while owner occupation was more common among the mothers in Bradford and Southend.
- The vast majority of mothers in Lambeth breastfed their children at birth, compared to around half of mothers in Blackpool and Nottingham. However, they were also, on average, giving their children solid food earlier than other areas: along with Nottingham, the mean number of weeks at which they gave solid food was fewer than other areas.
- More mothers in Blackpool and Nottingham smoked, with the lowest proportions in Lambeth and Bradford.

¹ The 'all ABS' data are weighted to give equal weight to each of the five ABS areas (that is, the data area adjusted to take account of the varying sample sizes in each area).

Table A2.1 Profile of mothers in the ABS baseline survey, relative to all England profile (UKHLS)

	Blackpool	Bradford	Lambeth	Nottingham	Southend	Mothers in the ABS baseline survey	Mothers of 0-3 year olds – England
Personal characteristics:	%	%	%	%	%	%	%
Age:							
16-25	25	14	15	26	15	19	13
26-34	51	61	49	53	57	54	48
35+	24	25	35	21	27	27	40
Ethnic group:							
White British	89	18	16	61	83	53	79
White other	10	8	15	12	3	9	6
Mixed	0	3	7	8	1	4	1
Asian	1	70	6	9	9	19	9
Black	0	2	52	10	4	14	4
Other	1	1	5	1	0	1	1
Religion:							
No religion	57	15	20	63	56	42	-
Christian	42	13	68	28	39	38	-
Muslim	1	72	11	8	3	19	-
Other	1	1	1	2	3	1	-
Lone parent:							
Yes	35	19	51	45	25	35	18
No	65	81	49	55	75	65	82

	Blackpool	Bradford	Lambeth	Nottingham	Southend	Mothers in the ABS baseline survey	Mothers of 0-3 year olds – England
Formal qualifications:	%	%	%	%	%	%	%
No qualifications	17	28	13	30	8	19	11
GCSE	20	22	10	16	21	18	32
A-level, vocational qualifications, diploma, other	52	33	44	45	48	44	21
Degree	11	16	33	9	23	19	36
Health:							
Mother has learning difficulties	5	0	1	3	2	2	-
Mother has long-standing illness or disability	7	4	4	3	7	5	20
Main language used with reference child:							
English	93	69	73	91	95	84	-
Other	7	31	27	9	5	16	-
Household characteristics:							
Number of children:							
1	38	24	36	30	52	36	33
2	31	34	37	32	31	33	44
3	15	20	16	20	11	17	15
4 or more	16	21	11	18	5	15	8
Tenure:	%	%	%	%	%	%	%

	Blackpool	Bradford	Lambeth	Nottingham	Southend	Mothers in the ABS baseline survey	Mothers of 0-3 year olds – England
Owner occupier	27	40	6	16	40	26	50
Social renter	20	19	75	51	16	36	25
Private renter	45	28	9	28	36	29	24
Living with parents	6	10	10	5	8	8	-
Other	2	3	0	0	0	1	1
Economic circumstances/benefits:							
Current employment status:							
Part-time work	25	15	27	25	43	27	31
Full-time work	15	8	25	11	16	15	29
Other	60	78	48	64	41	58	41
In receipt of:							
Child benefit	97	97	87	96	91	94	84
Child tax credit	71	74	60	76	47	66	44
Working tax credit	23	42	27	34	20	29	12
Income support	24	18	15	32	15	21	12
Housing benefit	38	20	33	40	25	31	19
Universal credit	8	1	0	1	0	2	1
Carer's allowance	5	7	2	7	6	5	3
Disability living allowance	7	8	2	6	7	6	4
Employment and Support allowance	7	2	1	2	2	3	3
How managing financially:	%	%	%	%	%	%	%

	Blackpool	Bradford	Lambeth	Nottingham	Southend	Mothers in the ABS baseline survey	Mothers of 0-3 year olds – England
Manage very well	7	9	4	11	15	9	-
Manage quite well	23	44	23	28	32	30	-
Get by alright	49	37	45	48	36	43	-
Don't manage very well	4	6	16	4	6	7	-
Have some financial difficulties	15	3	10	7	10	9	-
Are in deep financial trouble	2	1	2	2	2	2	-
<i>Unweighted base</i>	114	317	97	249	140	917	1779

Baseline Survey



Table A2.2 BITSEA baseline profile by ABS and comparison areas

	Blackpool	Bradford	Lambeth	Nottingham	Southend	All children ABS
Competence						
Mean score (higher score positive)	15.5 (sd 2.97)	14.6 (sd 3.34)	14.7 (sd 3.09)	14.8 (sd 3.95)	15.9 (sd 2.98)	15.1 (sd 3.31)
% possible deficit/delay	15	21	24	22	10	18
Problems						
Mean score (higher score negative)	9.7 (sd 5.33)	10.4 (sd 6.23)	11.2 (sd 7.04)	9.8 (sd 6.07)	9.6 (sd 6.43)	10.1 (sd 6.21)
% possible problem	25	23	29	30	28	27
<i>Unweighted base: parents of one-year olds answering self-completion</i>	57	89	40	98	69	383

Baseline survey

Table A2.3 ASBI baseline profile by ABS and comparison areas

	Blackpool	Bradford	Lambeth	Nottingham	Southend	All ABS children
Mean scores						
Sociability/empathy (higher score positive)	2.3 (sd 0.41)	2.3 (sd 0.38)	2.4 (sd 0.32)	2.4 (sd 0.35)	2.4 (sd 0.28)	2.4 (sd 0.35)
Compliance/conformity (higher score positive)	2.2 (sd 0.45)	2.1 (sd 0.45)	2.4 (sd 0.31)	2.2 (sd 0.45)	2.3 (sd 0.34)	2.3 (sd 0.42)
Confidence/independence (higher score positive)	2.7 (sd 0.29)	2.6 (sd 0.35)	2.7 (sd 0.23)	2.6 (sd 0.35)	2.8 (sd 0.2)	2.7 (sd 0.30)
Anti-social (higher score negative)	1.4 (sd 0.45)	1.4 (sd 0.35)	1.4 (sd 0.27)	1.4 (sd 0.43)	1.3 (sd 0.27)	1.4 (sd 0.37)
Anxiety (higher score negative)	1.6 (sd 0.59)	2.0 (sd 0.66)	2.1 (sd 0.52)	1.7 (sd 0.64)	2.0 (sd 0.65)	1.9 (sd 0.64)
<i>Unweighted base: parents of two-year olds answering self-completion</i>	34	120	22	94	36	308

Baseline survey



Table A2.4 Strengths and Difficulties Questionnaire baseline profile by ABS and comparison areas

	Blackpool	Bradford	Lambeth	Nottingham	Southend	All children ABS
Mean scores (higher score negative, except for prosocial where higher score positive)						
Prosocial	7.8 (sd 1.92)	7.2 (sd 1.93)	7.9 (sd 1.63)	7.1 (sd 2.41)	8.1 (sd 1.82)	7.6 (sd 1.99)
Peer relationship problems	1.5 (sd 1.52)	1.8 (sd 1.54)	1.8 (sd 1.82)	2.3 (sd 1.86)	1.8 (sd 1.3)	1.8 (sd 1.62)
Conduct problem scale	3.2 (sd 1.65)	2.1 (sd 1.74)	2.8 (sd 1.42)	3.3 (sd 2.15)	2.9 (sd 2.05)	2.9 (sd 1.87)
Hyperactivity and inattention	4.5 (sd 2.23)	3.6 (sd 2.08)	4.1 (sd 2.44)	4.8 (sd 2.12)	4.8 (sd 2.62)	4.4 (sd 2.33)
Emotional symptoms	2.0 (sd 1.39)	1.2 (sd 1.54)	2.0 (sd 2.07)	1.8 (sd 1.81)	1.3 (sd 1.61)	1.7 (sd 1.71)
SDQ scale	11.2 (sd 4.84)	8.7 (sd 5.1)	10.7 (sd 5.55)	12.2 (sd 5.81)	10.7 (sd 5.71)	10.7 (sd 5.49)
SDQ categories	%	%	%	%	%	%
Close to average	80	77	66	66	72	72
Slightly raised	4	17	17	13	13	13
High	11	4	17	9	4	8
Very high	4	2	0	13	11	7
<i>Unweighted base: parents of three-year olds answering self-completion</i>	19	80	12	46	29	191

Baseline survey



Table A2.5 Home Learning Environment baseline profile by ABS and comparison areas

	Blackpool	Bradford	Lambeth	Nottingham	Southend	All ABS children
Mean scores (higher score positive)						
Age 1 Toddler Home Learning Environment	31.9 (sd 6.28)	28.1 (sd 6.7)	28.9 (sd 5.84)	30.3 (sd 6.03)	33.4 (sd 5.16)	30.5 (sd 6.3)
Age 1 Toddler Home Learning Environment and Short Home Scale	53.0 (sd 7.22)	47.9 (sd 8.38)	48.3 (sd 7.93)	51.5 (sd 8.04)	54.6 (sd 6.53)	51.1 (sd 8.0)
<i>Unweighted base: parents of one-year olds</i>	59	108	49	104	72	392
Age 2 Toddler Home Learning Environment	40.4 (sd 7.08)	34.1 (sd 6.84)	38.8 (sd 6.54)	38.0 (sd 7.16)	43.5 (sd 4.81)	39.0 (sd 7.2)
Age 2 Toddler Home Learning Environment and Short Home Scale	63.4 (sd 9.41)	55 (sd 8.71)	60.2 (sd 8.36)	59.5 (sd 9.53)	66.2 (sd 6.57)	60.9 (sd 9.3)
<i>Unweighted base: parents of two-year olds</i>	33	124	33	95	37	325
Age 3 Home Learning Environment (score 0 to 49)	28.2 (sd 8.3)	26.9 (sd 11.04)	26.6 (sd 12.35)	26.7 (sd 9.56)	32.2 (sd 10.4)	28.1 (sd 10.6)
<i>Unweighted base: parents of three-year olds</i>	21	85	15	48	31	200

Baseline survey



Table A2.6 Take up of early years education baseline profile by ABS and comparison areas

	Blackpool	Bradford	Lambeth	Nottingham	Southend	All children	ABS
	%	%	%	%	%	%	
Age 2							
Eligible and uses	6	6	12	20	14	12	
Eligible and does not use	35	26	28	18	14	24	
Not eligible	58	68	60	62	72	64	
<i>Unweighted base: parents of two-year olds</i>	34	124	33	97	37	325	
Age 3							
Eligible and uses	80	48	34	62	42	53	
Eligible and does not use	10	24	26	8	16	17	
Not eligible	10	28	40	30	42	30	
<i>Unweighted base: parents of three-year olds</i>	21	85	15	48	31	200	

Baseline survey



Table A2.7 Sure Start Language Measure baseline profile by ABS and comparison areas

	Blackpool	Bradford	Lambeth	Nottingham	Southend	All ABS children
All two-year olds						
Mean words (higher is positive)	21.3 (sd 12.01)	19.8 (sd 12.37)	26.5 (sd 14.44)	17.3 (sd 13.3)	28.9 (sd 13.63)	22.8 (sd 13.79)
% sometimes or often putting words together	77	61	88	80	89	79
All two-year olds speaking English at home						
Mean words (higher is positive)	21.2 (sd 12.18)	20.8 (sd 13.52)	28.3 (sd 14.43)	17.2 (sd 13.7)	29.3 (sd 13.71)	23.33 (sd 14.17)
% sometimes or often putting words together	76	64	87	84	92	81
<i>Unweighted base: parents of two-year olds</i>	34	123	33	97	37	325

Baseline survey



Table A2.8 BAS naming vocabulary baseline profile by ABS and comparison areas

	Blackpool	Bradford	Lambeth	Nottingham	Southend	All children	ABS
Vocabulary score (higher is positive)	48.9 (sd 25.89)	56.3 (sd 23.77)	61.5 (sd 19.89)	65.4 (sd 24.92)	72.1 (sd 16.07)	61.3 (sd 23.5)	
<i>Unweighted base: three-year olds completing measure</i>	16	83	10	42	30	181	

Baseline survey

Table A2.9 BAS picture similarities baseline profile by ABS and comparison areas

	Blackpool	Bradford	Lambeth	Nottingham	Southend	All children	ABS
Picture similarities score (higher is positive)	46.1 (sd 18.11)	42.1 (sd 18.64)	54.4 (sd 11.4)	31.2 (sd 22.19)	51.3 (sd 12.62)	44.7 (sd 18.9)	
<i>Unweighted base: three-year olds completing measure</i>	16	83	10	42	30	181	

Baseline survey



Table A2.10 Breastfeeding baseline profile by ABS and comparison areas

	Blackpool	Bradford	Lambeth	Nottingham	Southend	All children	ABS
	%	%	%	%	%	%	
Breastfed at birth (exclusively or alongside formula)	51	68	92	56	69	67	
Breastfed exclusively at birth	34	53	68	48	59	52	
Breastfed plus formula	16	15	24	9	10	15	
Did not breastfeed	49	32	8	43	30	33	
Breastfed for 7 months or more	16	29	38	23	32	28	
Breastfed for 1 to 6 months	24	22	45	19	27	27	
Did not breastfeed or for less than a month	59	49	17	58	42	45	
<i>Unweighted base: parents of one-year olds</i>	59	108	49	104	72	392	

Baseline survey



Table A2.11 Weaning baseline profile by ABS and comparison areas

	Blackpool	Bradford	Lambeth	Nottingham	Southend	All children	ABS
	%	%	%	%	%	%	
First solid food given							
Later than 26 weeks	16	29	3	1	10	11	
13 to 26 weeks	63	52	4	37	63	44	
Earlier than 13 weeks	21	19	93	62	27	44	
Mean (weeks)	19	20	7	11	18	15	
Ate homemade food in previous day	83	75	90	91	89	86	
Ate fruit or vegetables in previous day	63	77	77	38	87	69	
Ate three or more meals in previous day	81	79	76	87	95	84	
<i>Unweighted base: parents of one-year olds</i>	59	108	49	104	72	392	

Baseline survey



Table A2.12 Diet and nutrition baseline profile by ABS and comparison areas

	Blackpool	Bradford	Lambeth	Nottingham	Southend	All children	ABS
	%	%	%	%	%	%	
Eaten two or more portions of fresh fruit in past 24 hours	57	44	50	68	57	55	
Eaten cooked vegetables in past 24 hours	63	52	62	67	64	62	
<i>Unweighted base: parents of two- and three-year olds</i>	55	209	48	145	68	525	

Baseline survey

Table A2.13 BMI categories by Better Start and comparison areas

	Blackpool	Bradford	Lambeth	Nottingham	Southend	All children ABS
	%	%	%	%	%	%
Not overweight	68	87	100	78	71	81
Overweight	26	11	0	13	23	14
Obese	5	2	0	10	7	5
<i>Unweighted base: parents of three-year olds</i>	16	81	12	39	27	175

Baseline survey

Table A2.14 Edinburgh Postnatal Depression Scale (EPDS) baseline profile by ABS and comparison areas

	Blackpool	Bradford	Lambeth	Nottingham	Southend	All children ABS
	%	%	%	%	%	%
At risk of depression (score 13+)	16	8	14	16	11	13
Overall EPDS score (higher score denotes higher depression score)	7.2 (sd 5.83)	5.0 (sd 5.14)	6.0 (sd 5.67)	6.4 (sd 5.72)	5.2 (sd 5.15)	5.97 (sd 5.55)
<i>Unweighted base: all mothers answering the self-completion questionnaire¹</i>	109	292	71	228	136	836

Baseline survey

¹ Excluding those with one or more missing values on the scale.



Table A2.15 EQ5D-5L health status baseline profile by ABS and comparison areas

	Blackpool	Bradford	Lambeth	Nottingham	Southend	All children ABS
	%	%	%	%	%	%
Mobility problems	7	5	5	4	7	5
Self-care problems	2	2	1	2	2	2
Problems doing usual activities	6	4	6	4	5	5
Pain or discomfort	26	22	24	16	19	22
Anxiety or depression	31	20	14	20	31	23
Mean EQ5D-5L score (lower score denotes fewer problems)	0.92 (0.13)	0.95 (0.10)	0.96 (0.09)	0.95 (0.12)	0.94 (0.11)	0.94 (0.11)
<i>Unweighted base: all mothers</i>	114	317	97	249	140	917

Baseline survey

Table A2.16 Alcohol, smoking and drug-taking baseline profile by ABS and comparison areas

	Blackpool	Bradford	Lambeth	Nottingham	Southend	All children ABS
	%	%	%	%	%	%
Drinks alcohol every or several days a week	5	1	10	3	4	4
Ever smokes	41	13	21	39	29	29
Ever takes drugs	4	2	5	4	1	3
<i>Unweighted base: all parents answering self-completion</i>	112	307	74	241	136	882
Ever drank alcohol in pregnancy	15	1	15	3	12	9
Ever smoked in pregnancy	32	5	8	19	12	16
Ever took drugs in pregnancy	1	1	7	3	0	3
<i>Unweighted base: parents of one-year olds answering self-completion</i>	59	106	41	102	70	383

Baseline survey



