NORTH AYRSHIRE COUNCIL

29 January 2026

Audit and Scrutiny Committee

Title:	**Early Years Development Concerns – Assurance Report**
Purpose:	To provide assurance to the Committee of the focus on early years developmental concerns as a priority within the Children and Families Health Team, through the Universal Health Visiting Pathway and wider service functions.
Recommendation:	Audit and Scrutiny Committee note the contents of the report.

1. Executive Summary

1.1 Our Council Plan Year End Progress Reporting including Local Government Benchmarking Framework (LGBF) analysis was presented to North Ayrshire Council's Audit and Scrutiny Committee on the 23rd September.

1.2 Within the report, the measure CP_04 Proportion of children meeting developmental milestones was identified as being amber (slightly adrift of target), with an actual figure of 77.5% compared to a target of 79%.

1.3 This paper sets out some contextual information to the described measure, data trends and arrangements to improve performance.

1.4 North Ayrshire has benefited from investment within the Children and Families Health Team over the last decade, with innovative approaches to family support for children under 5 where concerns are identified. As well as providing a high-quality health visiting service, the service has expanded to provide more specialist support to families in relation to perinatal mental health, infant feeding and support to dads, allowing us to provide the right support, in the right way, and at the right time to families.

2. Background

2.1 Role of the Health Visitor and developmental reviews

Health visitors (and Family Nurses for supported families) identify and address potential developmental concerns through regular health and development reviews. These reviews involve asking parents about their child's progress, carefully observing the child, and supporting parents to complete a structured questionnaire about the child's development. At the end of the review Health Visitors record whether they have any concerns about each area of the child's development.

2.2 The following eight domains are assessed within Health Visitor reviews:

- Speech, language and communication
- Gross motor
- Fine motor
- Problem solving
- Personal/ social
- Emotional/ behavioural
- Vision
- Hearing

These domains are used consistently at all three reviews, and Health Visitors record their overall assessment of each domain of a child's development as:

- No concern about this aspect of the child's development
- Concern newly suspected as a result of the review
- Concern or disorder already known prior to the review, or
- Assessment incomplete

2.3 Since April 2017, it has also been national policy for Health Visitors to ask all parents to complete an Ages and Stages Questionnaire (ASQ-3) at each of the reviews. Five developmental domains are covered by this tool (communication, gross motor, fine motor, problem solving, and personal/social).

2.4 <u>Delayed and disordered development</u>

Problems with early child development are important as they are strongly associated with long-term health, educational, and wider social difficulties. Detecting developmental concerns early provides the best opportunity to support children and families to improve outcomes. Children generally acquire developmental skills in a predictable order. Broadly speaking, a child's development can cause concern if it is disordered or delayed.

Disordered development means that certain aspects of a child's development are not progressing as would be expected, whilst others continue to progress, meaning that skills are not gained in the expected order. Disordered development is more likely to indicate an underlying biological problem.

Delayed development means that a child's development is progressing in the usual fashion, but at a relatively slow rate. Delayed development is more likely to reflect wider environmental problems, particularly if the delay is relatively mild.

There is good evidence that parenting support and enriched early learning opportunities can improve outcomes for children with, or at risk of, developmental delay. In addition, there is increasing evidence that intensive early interventions for children with serious developmental problems can also improve outcomes.

2.5 Child Health Surveillance Programme – Pre-school (CHSP-PS)

The Child Health Surveillance Programme – Pre-School (CHSP-PS), overseen by Public Health Scotland, is provided to all children in Scotland. It aims to ensure children have the best start in life through provision of health promotion and parenting support, early identification of physical and developmental problems, delivery of early and effective interventions and provision of support to children and families who need it most. The CHSP-PS supports Getting it Right for Every Child – a holistic approach to assessing, planning and intervening for children across agencies – particularly health, education and social work. The data collected and reported from CHSP-PS allows for individual clinical assessment and recording, as well as population monitoring of child health and wellbeing.

2.6 Within the national Universal Health Visiting Pathway (UHVP) there are three review points with corresponding measures which contribute to an overall picture of childhood development in under 5s:

- % of children with one or more developmental concerns recorded at the 13-15 month review
- % of children with one or more developmental concerns recorded at the 27-30 month review
- % of children with one or more developmental concerns recorded at the 4-5 year review.

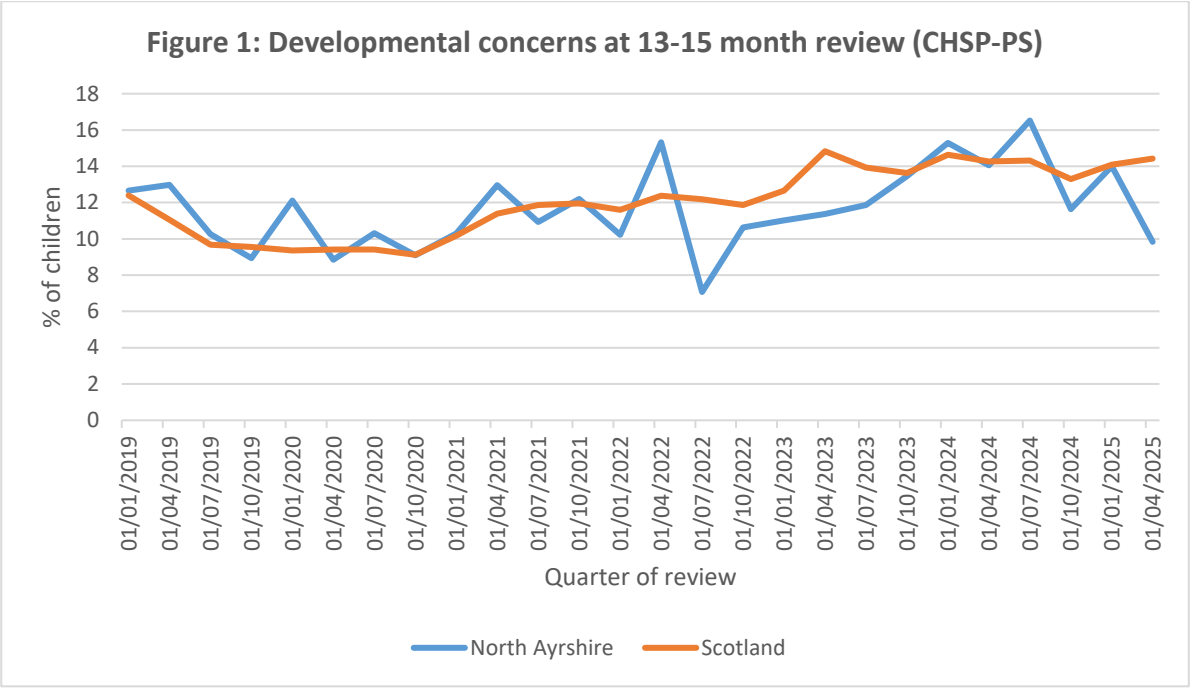
2.7 The measure within the LGBF relates to the 27-30-month review; however, in order to give an accurate picture of early years development, data from all three reviews have been included below.

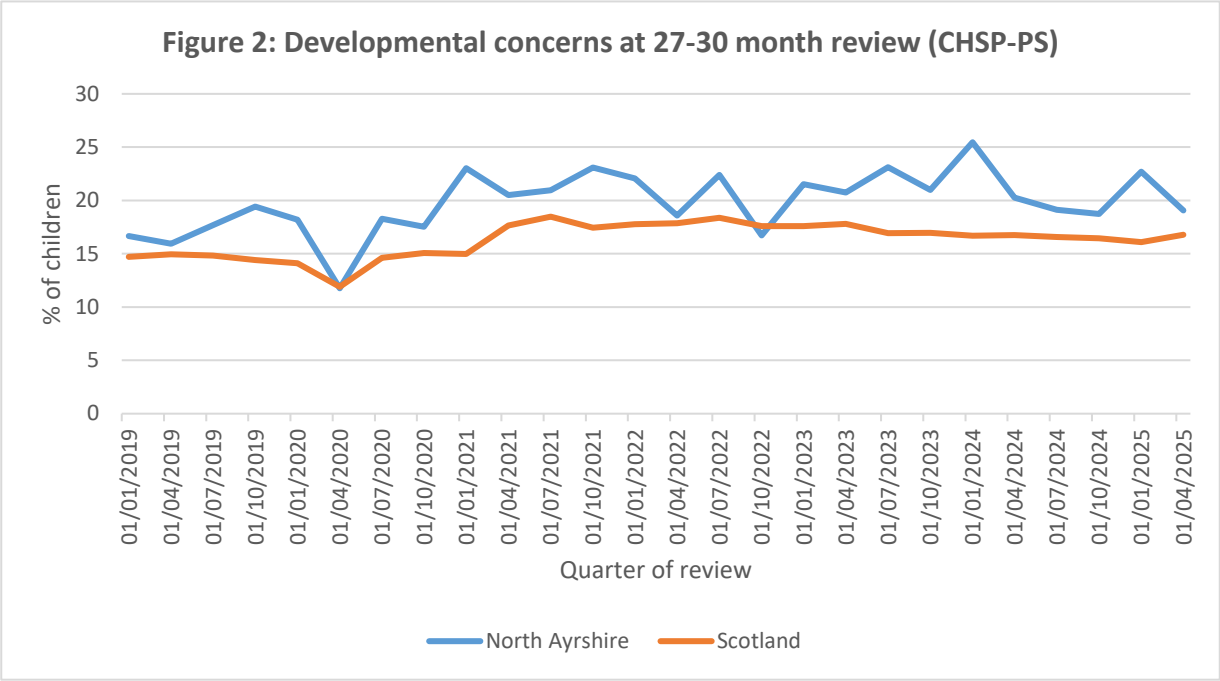
3. Proposals

3.1 Data Analysis

Developmental data is collated from health visiting reviews and is entered into the national CHSP-PS system by the Child Health Admin Team within North Ayrshire HSCP. Public Health Scotland undertake a process of data cleansing and release national, health board and local authority level data on a quarterly basis via the Health in the Early Years in Scotland (HEYS) dashboard. More localised information is available on the national Discovery portal.

3.2 Across Scotland, developmental concerns in under 5s have been increasing since before the COVID-19 pandemic but have been more notable since the pandemic. Figures 1, 2 and 3 below show trends over time at each of the review points in the UHVP for children in North Ayrshire.





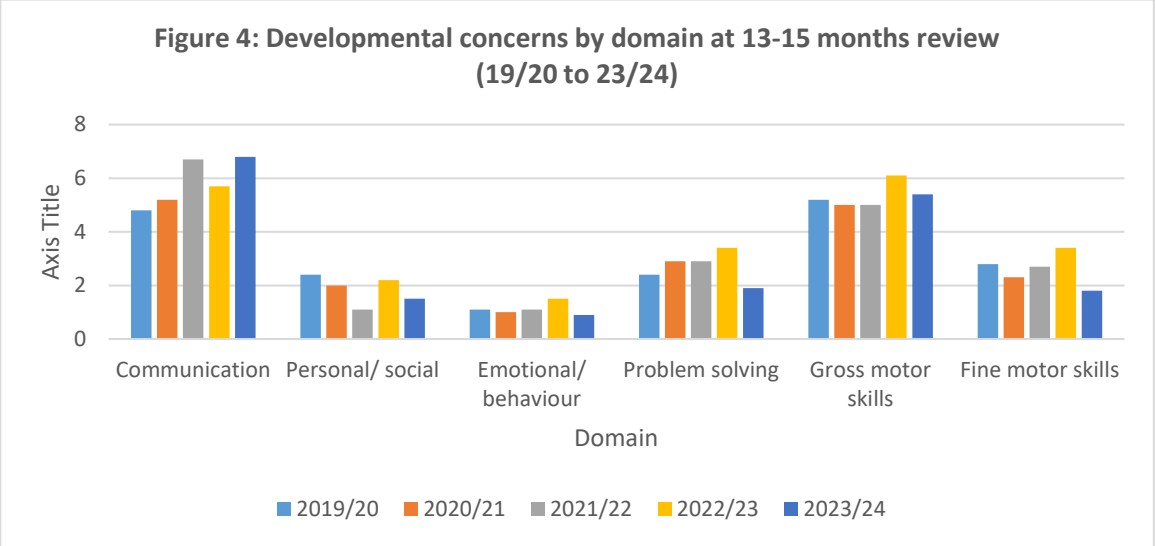
3.3 Public Health Scotland also produces data in respect of the individual developmental domains. This is available at national, health board and local authority level. The most recent publication from PHS relates to date from 23/24.

A review of data for North Ayrshire for the period 2019/20 to 2023/24 was undertaken and the following points identified:

13-15-month review

- An annual average of 5.8% of children have either a new or previously identified concern in relation to speech, language and communication. Speech, language and communication is the most common reason for developmental concern at this time point.

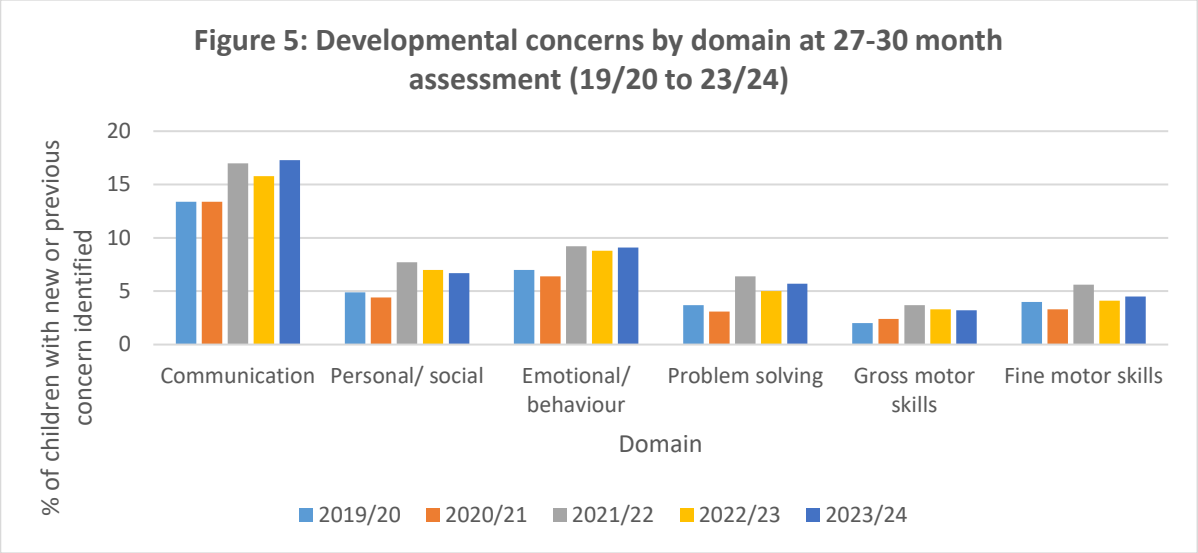
- Data from 2023/24 showed the highest proportion of children (6.8%) with speech and language concerns. This is an increase of 2% from 2019/20.
- 5.3% of children had concerns around gross motor skills.
- Improvements in fine motor skills and problem solving have been observed in the noted time period.



*due to the very small numbers, hearing and vision domains have been removed from the data.

27-30-month review

- 15.4% of children have a new or previous concern identified in relation to speech, language and communication.
- Data from 2023/24 showed the highest proportion of children (17.3%) have speech and language concerns. This is an increase of 3.9% from 2019/20.
- Emotional/behavioural problems account for the second highest developmental concern at this review point. Between 19/20 and 23/24, an increase of 2.1% of concerns in this domain have been observed, with 9.1% of children in 2023/24 having identified concerns.

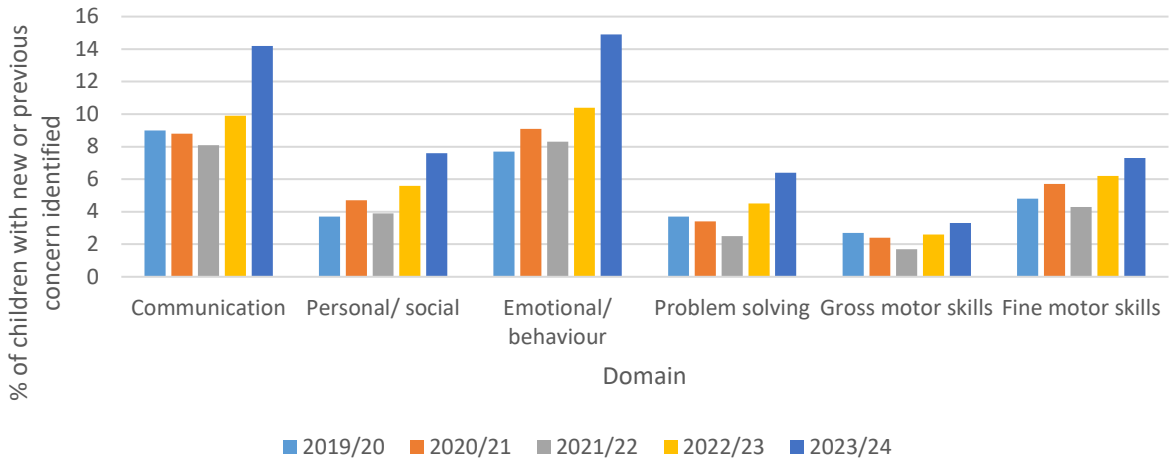


*due to the very small numbers, hearing and vision domains have been removed from the data.

4-5-year review

- Overall, the number of children identified with a new or previously identified concern decreases significantly at this review point compared to at the 27-30-month review; however, across all domains, increases, sometimes significant increases, have been observed over the period considered.
- Emotional/behaviour concerns in 23/24 accounted for the highest proportion of concerns at this review point. For the first time across all reviews from 2019/20, speech, language and communication was not the most common concern.
- Significant increases were also observed in speech, language and communication and problem-solving domains during 23/24.

Figure 6: Developmental concerns by domain at 27-30 month review (19/20 to 23/24)



*due to the very small numbers, hearing and vision domains have been removed from the data.

3.4 Inequalities

In 2025, Public Health Scotland published Early Child Development Statistics Scotland 2023/24 and drew the following conclusions nationally: *"There are marked and persistent socioeconomic inequalities in the percentage of children recorded as having a concern about their development at each of the reviews. The gap between those living in the most and least deprived areas is greatest at the 27-30 month review (16 percentage points) and smallest at the 13-15 month review (5 percentage points)."*

3.5 Local data also shows this correlation, with higher levels of developmental concerns seen in more deprived Intermediate Zones (IZ) of North Ayrshire.

3.6 North Ayrshire has the second highest level of developmental concerns in under 5s across Scottish local authorities.

3.7 Action to Improve Performance

National

The Scottish Government wants to ensure that every child born in Scotland has the best start in life and, through its Early Child Development Transformational Change Programme, is committed to reducing developmental concerns at 27-30 months by a quarter by 2030 – resulting in the lowest levels recorded.

In March 2025, the Enhancing Delivery of the Health Visiting Service: Scotland's Health Visiting Action Plan 2025-2035 was published to support realisation of the Change Programme. The Action Plan has been informed by national evaluation, feedback from Health Boards and analysis of pertinent data such as developmental concerns at the various Health Visitor reviews.

National Early Language and Communication (NELC) Project

Language and communication development is the most frequent concern seen at 27-30 months and is fundamental to wider development and outcomes. Through the national Children and Young People's Improvement Collaborative (CYPIC), the NELC project aims to raise the profile of prevention and early intervention in relation to Speech, Language & Communication development across Scotland, with a pre-birth to school entry focus.

Local

Children and Families Health Team

Over the last ten years, the Children and Families Health Team has continued to enhance its approach to early years through the introduction of different roles to support early and preventative help.

The early years part of CFHT consists of the following staff:

- 43.37WTE Health Visitors – acting as named person for all children under 5-years-old, with a central role in the promotion and protection of child health and development.
- 5.8 WTE Health Visiting Support Workers – provide home based parenting support on a range of concerns from communication, sleep and behaviour to toilet readiness and infant feeding.
- 2.0 WTE Family Nurturers – provide intensive family support in areas such as bonding and attachment, routines, play, home conditions and community integration.
- The Family Nurturers also support the families where children are being returned to parental care.
- 2.6 WTE Perinatal Mental Health Nurses – provide specialist support to expectant and new mums who have mild mental health difficulties. They are supported by a 0.8WTE Healthcare Support Worker.
- 1.0WTE Community Infant Feeding Nurse (pan-Ayrshire) and 0.6WTE Community Infant Feeding Support Nurse (North Ayrshire only) – provide specialist infant feeding support in the home.

The service also been working in partnership with national charity Dads Rock and have commissioned, through North Ayrshire's Whole Family Wellbeing Fund, two dads' workers to support dads of children under 5 to promote confidence and improved interaction and attachment.

As well as all children under 5 in North Ayrshire being supported by the health visiting team as part of the UVHP, during 2024/25, 841 children and families were supported by the various roles described above, evidencing our approach to early help and support where concerns are identified.

Within the service, a Data Governance Group has been established to provide greater oversight and scrutiny of data related to service delivery, including data pertaining to developmental concerns. The group will report directly into the CFHT Governance and Development Group and will be discharged to consider the data and areas for improvement.

Specialist Service Provision

In addition to the integrated approach offered within CFHT, North Ayrshire children also have access to a range of specialist local authority, NHS, third sector and community supports dependent on needs.

In 2024/25, 873 children were supported by services ranging from Paediatrics, audiology and speech and language therapy to We Work For Families, early nursery placements and physiotherapy amongst others.

Infant Feeding

There is compelling evidence on the benefits of breastfeeding on the short- and long-term health of mothers and their babies. Breastfeeding protects babies from ear, gastrointestinal and chest infections, diabetes and asthma. Breastfed babies have a healthier growth trajectory therefore are less likely to become overweight later in childhood. As such, breastfeeding is an important indicator of child wellbeing and is a priority for children's services.

Breastfeeding rates have been stubbornly low over the last two decades, with a close correlation with levels of deprivation, however; North Ayrshire has observed significant improvements in breastfeeding rates at the first health visitor visit (10-14 days) and at 6-8 weeks. The proportion of babies receiving any breastmilk has also increased and our drop-off rate between initiation (birth) and the first HV review and between the first review and 6-8 weeks has reduced.

North Ayrshire, alongside health visiting and Family Nurse Partnership services in East and South Ayrshire, is currently accredited to Gold level for UNICEF's Baby Friendly Initiative, reflecting the prioritisation of breastfeeding, the high standards of care offered to families in relation to infant feeding, and our commitment to continuous improvement.

Enhanced collaboration with early years' education

Over the last 18 months, relationships between the CFHT and early years education colleagues have been strengthened. This has included regular meetings between respective senior leadership teams and the implementation of a number of actions:

- Reintroduction of a linked health visitor for every early years' establishment to improve relationships, information sharing and joint approaches to supporting children's needs.
- Establishment of a new process to share assessment information between health and education where developmental concerns have been identified.
- A programme of parenting information and support to encourage earlier toilet readiness and reduce the number of children commencing Primary 1 who are not toilet ready.
- Work to improve uptake of eligible 2 year old Early Learning and Childcare (ELC) placements.
- A multi-agency approach to improving speech, language and communication needs in the early years including standardising resources, building capacity across the workforce and agreeing consistency in approach between health visiting, education and speech and language therapy.

Speech, language and communication needs

Aligned to the national work described at 5.1.3, the speech, language and communication needs of children, particularly in the early years is a cross-service priority in North Ayrshire. Since 2018, communication difficulties in the early years have been the main reason families have required support from the CFHT integrated early years team, closely followed by behaviour – both of which are inextricably linked in terms of child development.

To support this, a Communications workstream, chaired by Speech and Language Therapy and attended by colleagues from education, health visiting, social work and third sector was formed two years ago, reporting into North Ayrshire's GIRFEC Steering Group. The workstream aims to build the confidence and competence of staff to support communication needs; to standardise resources and supports across services for speech, language and communication needs; and to continue to progress the Communication Champion model which has been utilised in ELC settings for several years.

Ayrshire Bairns app

A digital resource providing evidence-based parenting advice and support which complements the UVHP was piloted by North Ayrshire in 2022 and is now well established across all three Ayrshires. The app provides information on what to expect from the health visiting service as well as information on how to support early years development.

Collaboration for Health Equity in Scotland (CHES)

North Ayrshire's involvement in the CHES programme provides an additional opportunity to focus on early years through the Principle 1 workstream. Indeed, data on developmental concerns was a key driver in the prioritisation of the early years' principle, and helped identify the Irvine communities of Fullarton, Bourtreehill and Castlepark as the focal point for the work.

Nesta and CELCIS family support in pregnancy and early years

North Ayrshire is one of six local Children's Services Strategic Partnerships (CSSP) selected to work with national organisations Nesta and CELCIS to explore existing pregnancy and early childhood supports and infrastructure. The opportunity aims to:

- formulate a tailored early years data profile compiling indicators relevant to your area and at intermediate zone level where possible (created by Nesta)
- map current support offer for pregnancy and early childhood
- identify specific strengths and areas of unmet need to inform local planning
- make clear, evidence-based recommendations for our local planning processes
- facilitate engagement with peers from five other CSPP areas to share learning and improve systems across Scotland
- contribute to national and local policy and practice recommendations

Thrive at Five
Initial conversations have taken place between North Ayrshire and national organisation Thrive at Five. Thrive at Five aims to help children in their early years develop strong foundations for life and learning. Focusing on communities impacted by poverty, their place-based model supports positive development from pregnancy to five. Local conversations are exploring how this might benefit North Ayrshire families, whilst aligning with CHES and the exploratory work with Nesta and CELCIS.

4. Implications/Socio-economic Duty

Financial

4.1 None.

Human Resources

4.2 None.

Legal

4.3 None.

Equality/Socio-economic

4.4 None.

Climate Change and Carbon

4.5 None.

Key Priorities

4.6 None.

Community Wealth Building

4.7 None.

Islands Communities Impact Assessment (ICIA)

4.8 None

United Nations Rights of the Child (UNCRC)

4.9 None.

Consumer Duty

4.10 None.

5. Consultation

5.1 There is no doubt there is a commitment across the system to improve child wellbeing, ultimately improving outcomes for children as they progress through education and transition into adulthood. The strong partnership between health visiting and early years education and colleagues across the health and social care system, should offer confidence in our desire to improve the health and wellbeing of children under 5 in North Ayrshire. Ongoing work can further improve our evidence base around how this is done effectively and in a way that provides more support to those children and their families who would benefit most.

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Background Papers
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