



**STARTING STRONGER,
FAIRER FUTURES IN
OXFORDSHIRE**

CONTENTS

ACKNOWLEDGEMENTS	4
CHAPTER 1. INTRODUCTION	5
HEALTH AND HEALTH INEQUALITIES IN ENGLAND	6
NATIONAL POLICY CONTEXT	8
The Oxfordshire programme	8
HIGH LEVEL RECOMMENDATIONS	11
METHODOLOGY	13
CHAPTER 2. THE CONTEXT AND HEALTH INEQUALITIES IN OXFORDSHIRE	14
OXFORDSHIRE DEMOGRAPHICS	15
Population size and age structure	15
Ethnicity	17
Refugees and asylum seekers	18
Rurality	19
Deprivation in Oxfordshire	22
Community health development officers	24
Changes in local government and public health allocations and spending	25
HEALTH INEQUALITIES IN OXFORDSHIRE	26
Life expectancy	26
Healthy life expectancy	28
Mortality under age 75	29
SUMMARY	31
CHAPTER 3. GIVE EVERY CHILD THE BEST START IN LIFE	32
3A. INEQUALITIES IN MATERNAL AND INFANT HEALTH	34
Maternal health	34
Smoking during pregnancy	38
Maternal nutrition	39
Employers and maternal health	39
Infant health	40
Health visiting	41
Healthcare and emergency hospital admissions	42
3B. INEQUALITIES IN EARLY YEARS EXPERIENCES AND OUTCOMES	44
Child poverty	44
Food poverty	48
Digital poverty	49
Good levels of development	50
The 2 – 2 1/2 year check	51
Good level of development at 2-2 1/2 years	52
Good level of development in reception	53
Reducing inequalities in levels of development during the early years development	55
3C. ACCESS TO GOOD QUALITY CHILD CARE	59
RECOMMENDATIONS	61
CHAPTER 4. ENABLE ALL CHILDREN, YOUNG PEOPLE AND ADULTS TO MAXIMISE THEIR CAPABILITIES AND HAVE CONTROL OVER THEIR LIVES	62
4A. INEQUALITIES IN HEALTH AMONG YOUNG PEOPLE IN OXFORDSHIRE	64
Mental health	67

4B. INEQUALITIES IN EDUCATIONAL ATTAINMENT	70
Access to education	70
Educational attainment key stage 2	72
Educational attainment at age 16	75
Children in need and looked after children	83
Absence from school	84
Suspensions and exclusions	86
4C. ACCESS TO HIGHER EDUCATION	88
4D. NEET	91
4F. ECONOMIC INACTIVITY AMONG YOUNG PEOPLE	93
Opportunities	94
RECOMMENDATIONS	96
CHAPTER 5. INEQUALITIES IN HOUSING AND THE ENVIRONMENT IN OXFORDSHIRE	97
5A. HOUSING	98
Housing affordability	98
Homelessness and temporary accommodation	99
Fuel poverty	101
Housing quality	101
Overcrowding	103
5B. GREEN SPACE	104
5C. TRANSPORT	107
5D. SAFETY AND YOUNG PEOPLE	109
Crime and fear of crime	109
Youth services	109
RECOMMENDATIONS	110
CHAPTER 6. DELIVERING GREATER HEALTH EQUITY FOR FAMILIES, CHILDREN AND YOUNG PEOPLE	111
6A. FAMILIES AND COMMUNITIES	112
Trust	113
6B. PARTNERSHIPS	114
Siloed working	114
Lack of information sharing	114
6C. THE ROLE OF THE VOLUNTARY, COMMUNITY AND SOCIAL ENTERPRISE SECTOR	115
Faith sector	116
6D. THE ROLE OF THE HEALTHCARE SECTOR	118
Neighbourhood health centres	118
Community health development officers	118
Health care anchor organisations	118
Primary care settings	118
6E. THE ROLE OF BUSINESS	119
6F. RESOURCES	120
6G. LEADERSHIP AND ACCOUNTABILITY	122
RECOMMENDATIONS	122
CONCLUSIONS AND RECOMMENDATIONS	123
REFERENCES	127

ACKNOWLEDGEMENTS

AUTHORS

Report writing team: Jessica Allen, Scarlet Willis, Alicia Phillips, Owen Callaghan

Suggested citation: Allen, J. Willis, S. Phillips, A. Callaghan, O. (2026) *Starting Stronger, Fair Futures in Oxfordshire*. Institute of Health Equity.

AUTHORS' ACKNOWLEDGEMENTS

Particular thanks to Kate Holburn and Angela McRury for their support throughout the Oxfordshire Marmot Place project and their invaluable contributions to this report.

Thanks to the Oxfordshire Steering Group and Advisory Board for their advice, input and support. Members of the Marmot Advisory Group (Senior Leaders) and Marmot Steering Group (representatives from across the system) organisations include:

Activate Learning
Active Oxfordshire
Cherwell District Council
Community First Oxfordshire
Department of Work and Pensions
Enterprise Oxfordshire
Healthwatch Oxfordshire
Oxford Brookes University
Oxford City Council
Oxford Community Church
Oxford Health
Oxford University Hospital Trust
Oxfordshire Community Voluntary Action
Oxfordshire County Council
Oxfordshire Inclusive Economy Partnership
River Learning Trust
South and Vale District Council
Thames Valley ICB
UCL Institute of Health Equity
University of Oxford

Special thanks to the numerous stakeholders and community event attendees who attended the launch, community events and participated in meetings and commented on the report – all provided valuable insight and advice.

CHAPTER 1

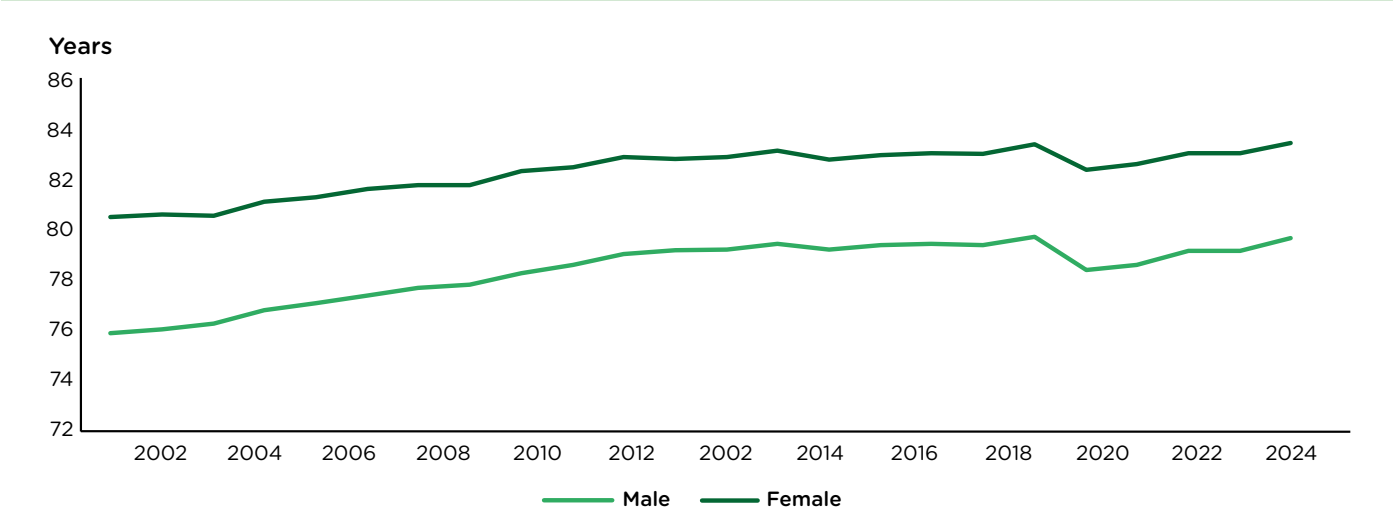
INTRODUCTION

HEALTH AND HEALTH INEQUALITIES IN ENGLAND

Across England health is deteriorating and health inequalities are widening. Within that national context local areas are trying to tackle health inequalities by taking actions which are possible given their capacity and remit.

Figure 1 shows that following 2010 and austerity measures, increases in life expectancy stalled in England and in 2020 the pandemic caused sharp declines in average life expectancy. Since the pandemic life expectancy in England has increased to the levels in 2019 prior to the pandemic. Overall between 2010 and 2024 life expectancy only increased by around one year for both men and women. Prior to this period increases in life expectancy had been higher.

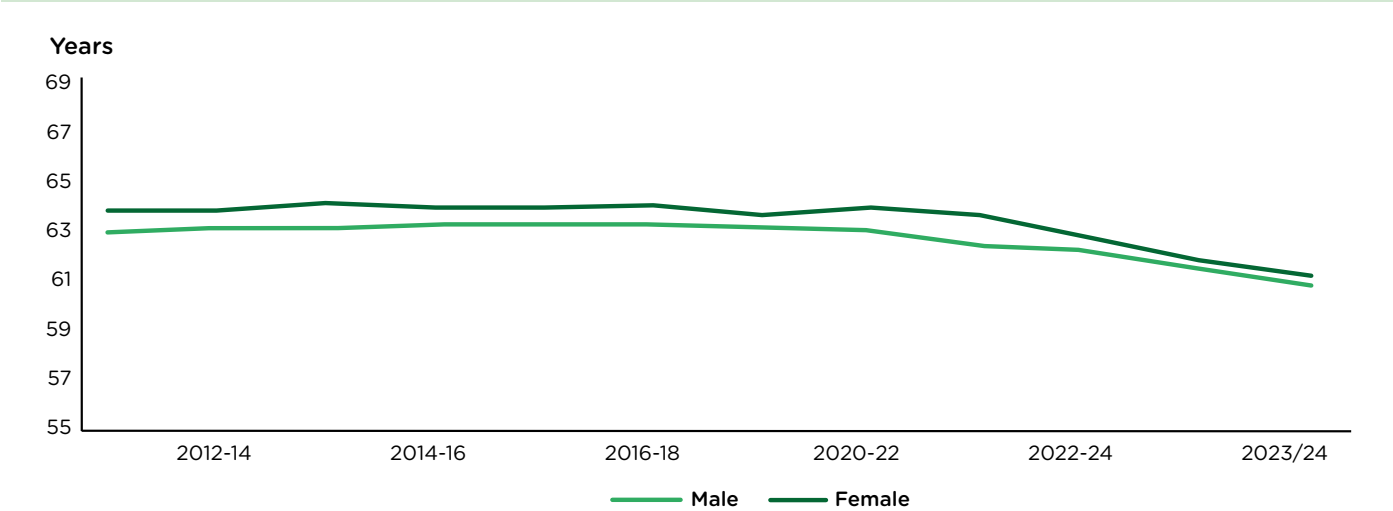
Figure 1. Life expectancy at birth, by sex, England, 2001 to 2024



Source: ONS (2025) [1]

The length of time people can expect to live in good health – healthy life expectancy – decreased in England between 2012-14 and 2022-24, Figure 2. Healthy life expectancy stalled for males between 2012-14 and 2018-20 and declined for women, prior to sharp declines between 2018-20 and 2022-24 during and post pandemic.

Figure 2. Healthy life expectancy, by sex, England, 2011-13 to 2022-24

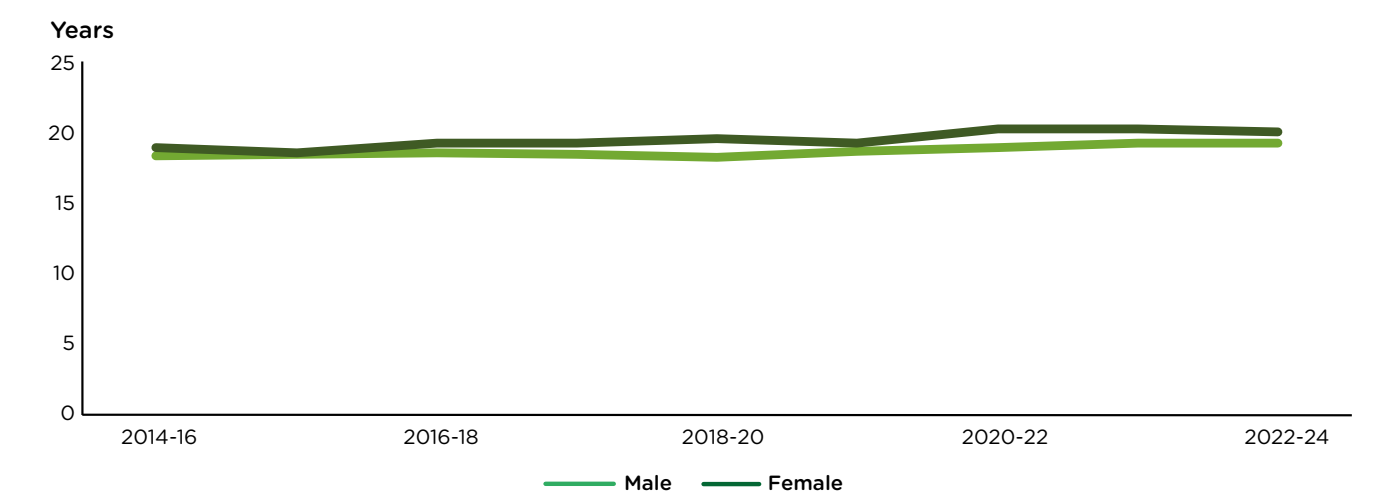


Source: ONS (2026) [2]

Across England health inequalities are widening as health as deteriorated more in more deprived areas and the differences in health between the least and most deprived areas have increased. [3] Figure 3 shows increases in inequalities in healthy life expectancy for both males and females between

2014-16 and 2022-24. For males the differences in healthy life expectancy across the social gradient increased from 18.5 years in 2013-15 to 19.3 years in 2022-24. For females the difference in healthy life expectancy increased from 18.9 years to 20.1 years over this period.

Figure 3. Inequality in healthy life expectancy, slope index of index of inequality, by sex, England, 2014-16 to 2022-24



Source: ONS (2026) [4]
Note: The slope index of inequality (SII) is a measure of the social gradient in healthy life expectancy, that is how much healthy life expectancy varies with deprivation. It takes account of health inequalities across the whole range of deprivation within England and summarises this in a single number. This represents the range in years of healthy life expectancy across the social gradient from most to least deprived, based on a statistical analysis of the relationship between healthy life expectancy and deprivation across all deprivation deciles.

Across the UK the health and wellbeing of children and young people has also deteriorated in recent years with the UK having some of the worst health outcomes in Europe. [5] Inequalities in health among children are widening with those from more disadvantaged backgrounds, from some ethnic minority groups and those with disabilities

and facing discrimination more likely to have poor health when young and as an adult. There are also increasing inequalities in the social determinants of health for children and young people which will lead to further widening in health inequalities as those children become adults.

NATIONAL POLICY CONTEXT

There is currently no national health inequalities strategy in England to support and lead action for greater health equity, although there are some recent policies and strategies which commit to focus more on ill health prevention, inequalities and on children and young people, who are the focus of this review.

The Government’s 10 Year Health Plan introduced in 2025 plans for reform to the NHS across the country. [6] One of the key changes is the goal to develop Neighbourhood Health Services to offer more local services through Neighbourhood Health Centres. Under the heading of prevention there is some promising focus on the social determinants on health, including plans for increased free school meal provision, greater partnership with integrated care boards (ICBs) to help people find and stay in work, more mental health support teams in schools and colleges and additional support for children and young people’s mental health through Young Futures Hubs. [7] So far, it is unclear how neighbourhood health centres are developing to effectively support these key social determinants of health and there is potential for neighbourhood health centres to go further.

The Best Start in Life Strategy, announced in July 2025, aims to improve preventative support in the early years nationwide. [8] One of the priorities in this strategy is the development of the Best Start Family Service, which

will use learnings from Sure Start, Family Hubs and Start for Life approaches. This service will include Best Start Family Hubs which, expanding on existing Family Hubs, will be established in every local authority, to be based in deprived areas but available to all, consisting of staff from across the early years system working in partnership with other local authority services, healthcare, nurseries and schools and local voluntary sector organisations. The local communities will also be included in the design of these services. Other priorities outlined in the strategy include improving health services and improving availability and quality of early years education and care. Sure Start had a meaningful impact on reducing inequalities in childhood outcomes, which if implemented correctly could be replicated, albeit in a more limited way, through the rollout of Best Start Family Hubs. [9] In late 2024, the UK government also announced a New National Youth Strategy to support better access to opportunities among young people including better co-ordinated youth support services and facilities and opportunities. [10]



THE OXFORDSHIRE PROGRAMME

Within this national context, in June 2024, Oxfordshire County Council committed to a two-year collaboration with the UCL Institute of Health Equity (IHE) to support action on health inequalities and their underlying causes in Oxfordshire and make recommendations for action and to support implementation.

Mostly health is shaped by factors outside the health care system, which affect the conditions in which people are born, grow, live, work and age. These are known as the social determinants of health. The IHE sets out 8 key social determinants principles to tackle health inequalities – these evidence based principles were developed in the 2010 and 2020 Marmot Reviews and have been utilised by the more than 60 local areas in the UK which have taken on the Marmot approach. [3, 11]

Marmot places commit to making a more concerted and focused effort to address health inequalities through action on the social determinants of health. By bringing together a range of stakeholders across Oxfordshire, IHE will work to further strengthen partnerships for health equity across Oxfordshire and build on existing plans and programmes, identify gaps, and develop and implement actions for positive changes. The partnerships involve organisations and sectors across Oxfordshire prioritising and being responsible and accountable for health equity in the county.

- 1 → Give every child the best start in life
- 2 → Enable all children, young people and adults to maximise their capabilities and have control over their lives
- 3 → Create fair employment and good work for all
- 4 → Ensure a healthy standard of living for all
- 5 → Create and develop healthy and sustainable places and communities
- 6 → Strengthen the role and impact of ill-health prevention
- 7 → Tackle racism, discrimination and their outcomes
- 8 → Pursue environmental sustainability and health equity together

This report covers the first two principles, ‘Give every child the best start in life’ and ‘Enable all children, young people and adults to maximise their capabilities and have control over their lives’. The first principle was identified by stakeholders as a priority due to wide inequalities in access to maternity services, in health during pregnancy and infancy, in early years development and in the opportunities babies and young children have to grow up across Oxfordshire. The data also showed wide inequalities as children grow and throughout their education. In fact, Oxfordshire has some of the widest inequalities in attainment in England between pupils who are eligible for free school meals and those who are not. These stark inequalities in educational attainment and experiences in school often have their origins in pregnancy and during the early years. In response to data showing these inequalities the decision was taken to cover the first two Marmot principles together, with a cross-cutting focus on rurality, housing, green space

and transport, all areas which impact on the health and lives of families and children and young people in the County. In the second phase the programme will focus on principles 3 and 4.

We report on examples of many existing programmes and approaches in Oxfordshire which are having positive impacts, including programmes run by Oxfordshire County Council and by health care, schools and the Universities, by community voluntary and faith organisations and businesses. While these programmes are seen to have positive impacts they are often not evidenced and successful programmes are not sufficiently scaled up and at risk due to short term funding and resource and capacity constraints.

There are several central delivery issues that we highlight. Increasingly, due to intense resource and capacity shortfalls and rising need, the provision of statutory

maternity and early years services and education services cannot meet the needs of those requiring most support and are unable to support those at risk of tipping into crisis. As a result, the need for crisis intervention keeps increasing and outcomes worsen. Supporting greater focus and investment in prevention is vital.

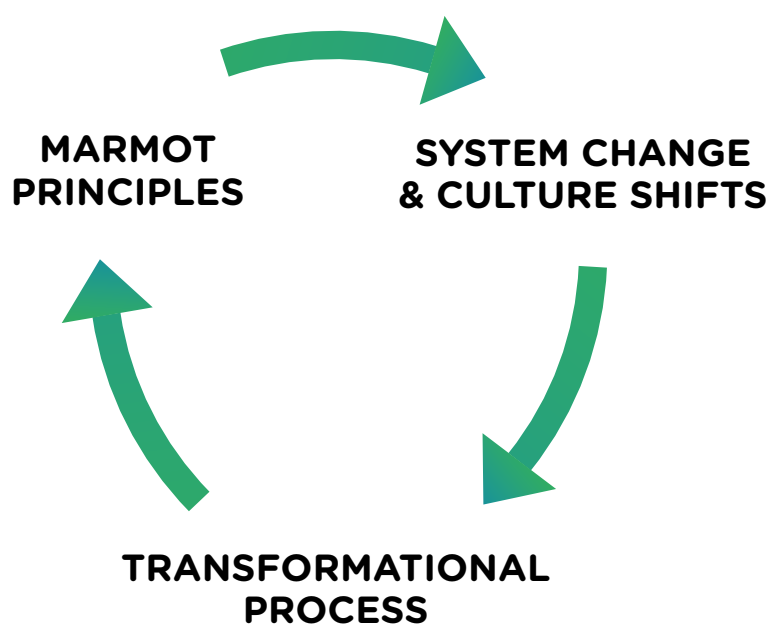
Responsibility for outcomes through maternity, babyhood, early years development and education are split between health care, Oxfordshire County Council, District Councils, childcare settings and education. Many of the Council's directorates and community and voluntary sector and faith-based organisations, employers and businesses also have significant impacts for these age groups and their families across Oxfordshire and must be involved in action to reduce inequalities.

There is no overarching partnership board which covers from maternity and birth to the end of education with a remit to coordinate services and identify where more capacity is needed. Oxford Health run the Children and Young People 0-19 service which has responsibility for healthcare for this age group, however, its focus is on healthcare for young people, rather than family support or early years development and childcare for instance.

Stakeholders repeatedly told us that there was lack of partnership working between the different services and organisations which have responsibility for maternity, early years and childhood. They emphasised the need for greater partnership working and broader family support encompassing the conditions which impact families such as poverty, lack of good quality employment, community safety, transport and poor quality and unaffordable housing. Community and voluntary sector organisations also indicated that they were increasingly having to identify and provide essential services to family, which should be provided by statutory services and public services. They also highlighted that lack of trust in services was undermining people's engagement with public services and that the community and voluntary sector are uniquely well placed to provide services and support which build trust and broader engagement among residents and respond to their differing needs.

From work in other Marmot places, IHE have established how it is possible and important to make changes to develop greater action on health equity. These include action on the Marmot principles, supporting system change and culture shifts and through embedding action through operational mechanisms – which we describe as transformational processes. These areas will be covered in the recommendations.

Figure 4. The Marmot approach – securing change to reduce inequalities in the social determinants of health.



The recommendations set out in this report are high level and are based on Oxfordshire data indicating priority areas for action and discussions we have had with stakeholders and evidence about programmes and approaches which support action. They cover maternity, the early years, children, young people and their families, (below) and also cover housing, transport and rurality (below) as important factors impacting on health inequalities in Oxfordshire. Recommendations also

cover system change and culture shifts related to how organisations work together, leadership and community collaborations, and related to proportionate universalism, resource allocations, commissioning, data and information (below). While the recommendations are high level, there are ongoing discussions with sectors and organisations to develop specific actions and implementation plans. These will be published at a later date in 2026 and will sit alongside specific commitments and delivery plans.

HIGH LEVEL RECOMMENDATIONS

GIVE EVERY CHILD THE BEST START IN LIFE IN OXFORDSHIRE

- Improve maternal health and support
- Ensure equitable access to services during maternity and for infants which incorporate the social determinants of health
- Reduce and mitigate the impacts of poverty
- Reduce inequalities in good level of development for children in Oxfordshire

ENABLE ALL CHILDREN, YOUNG PEOPLE AND ADULTS TO MAXIMISE THEIR CAPABILITIES AND HAVE CONTROL OVER THEIR LIVES IN OXFORDSHIRE

- All partners should focus on improving mental health, reducing stigma and building aspiration for children young people and their families
- Support all children to access the right services, at the right time, in the right place focussing on those children who are experiencing inequalities due to SEND, poverty, health or care needs
- Prioritise action to reduce inequalities in educational attainment across all key stages
- Ensure that all children have the skills and opportunities they need to continue into education training or employment

CREATE HEALTHY AND SUSTAINABLE PLACES IN OXFORDSHIRE

- Improve access to affordable housing which meets the decent homes standard
- Improve access to good quality green space
- Improve access to affordable, regular transport and work with communities to identify transport needs
- Extended opportunities for youth engagement and recreation including youth groups

DELIVERING GREATER HEALTH EQUITY AND PARTNERSHIP APPROACH

- Strengthen family focussed approaches and build trust between services and families
- Empower families and communities, embedding a prevention approach to build resilience
- Strengthen partnerships for health equity
- Ensure resources and commissioning deliver for health equity
- Strengthen leadership and capacity for health equity and learn from voluntary community faith sector partners
- Build data and information for greater health equity

The next stage in developing practical actions underneath each of the high level recommendations will be informed by further consultation and discussion, currently taking place across Oxfordshire. The detailed actions and commitments will be outlined in subsequent work as part of the Marmot partnership.

METHODOLOGY

The report summarises inequalities in the first two Marmot principles, based on data analysis and discussions with key stakeholders, survey information, several stakeholder events and discussions with the Advisory Board and Steering Group. We have spoken to stakeholders from health care, Oxfordshire County Council and District Councils, community and voluntary sector organisations, businesses, faith groups and public services. Stakeholders provided important insights and helped shaped understanding about the drivers of inequalities which show in the data, ways to address them and critically about ways of working.

However, we have not had input from all organisations and sectors relevant to addressing the inequalities we set out, in particular we have not had extensive engagement with those working in education. In the report we show very wide inequalities related to attainment and experiences during school years which need addressing, we are aware there are ongoing programmes to address these which are not represented in this report. All data, evidence and case study information included in the report was accurate at the time of research and drafting and may not reflect recent changes.

In this report the charts are mostly based on Middle Layer Super Output Area (MSOA) level data. MSOAs are made up of groups of Lower layer Super Output Areas (LSOAs). MSOA'S comprise between 2,000 and 6,000 households and have a usually resident population between 5,000 and 15,000 persons. MSOAs fit within local authorities. [12] In this report where we discuss MSAO data we have referred to this as "local areas".



CHAPTER 2

THE CONTEXT AND HEALTH INEQUALITIES IN OXFORDSHIRE

OXFORDSHIRE DEMOGRAPHICS

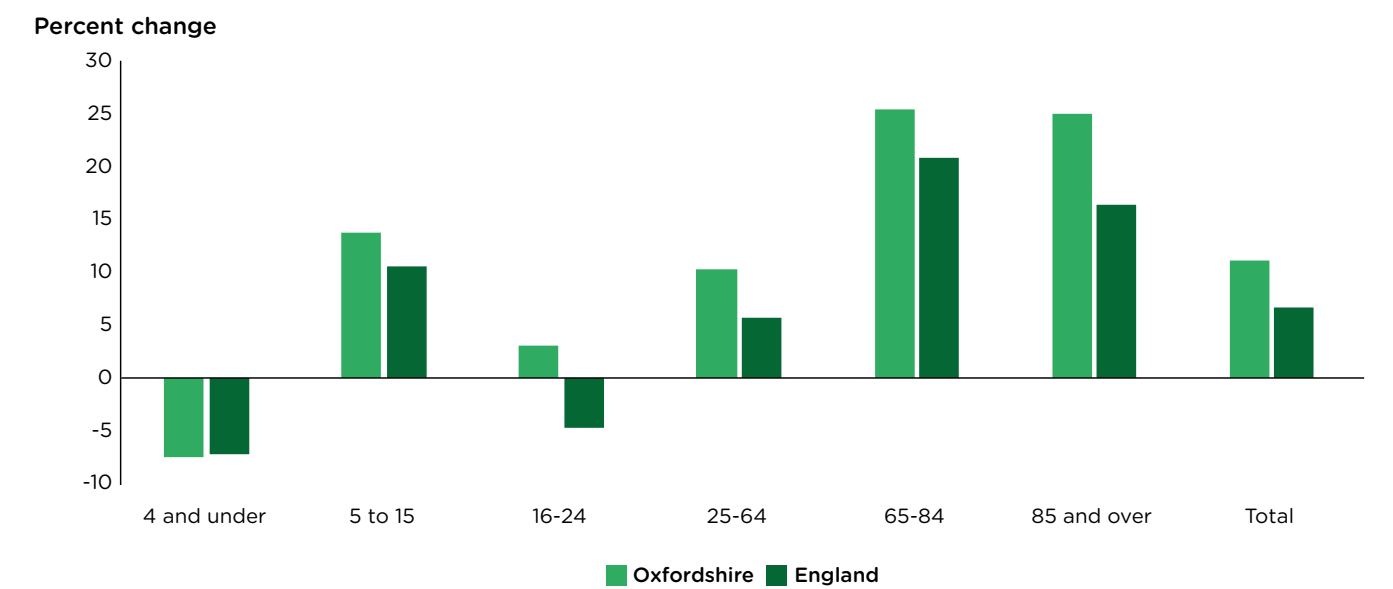
The size, age and ethnicity of the population provide important context to understanding and tackling health inequalities and inequalities in the social determinants of health. The population in Oxfordshire is changing with important implications for the services and support which needs to be in place to support all residents to flourish and live healthily.

POPULATION SIZE AGE STRUCTURE

In 2021 the number of “usual residents” in Oxfordshire was 725,300, an increase of 71,500 people (10.9 percent) since 2011. Population growth between the two census was greater in Oxfordshire than England, where the population increased by 6.6 percent. [13] There was population growth in every District, with the greatest increases in Cherwell and Vale of White Horse.

Between 2011-2021, the population of Oxfordshire also aged more rapidly than England as a whole with the largest percent population increases among those aged 65-84 years and among those aged 85 and over, both of these age groups increased by 25 percent figure 5. Across Oxfordshire there also have been increases in the populations aged 5-15, 16-24 and 25-64 years, although these are significantly smaller than the increases in the older population, so whilst the population is aging, the number of young people and those of working age are increasing. Also of note is the decreasing proportion of the population in both Oxfordshire and England aged under 4.

Figure 5. Percent change in population by age group, Oxfordshire and England, 2011 to 2021

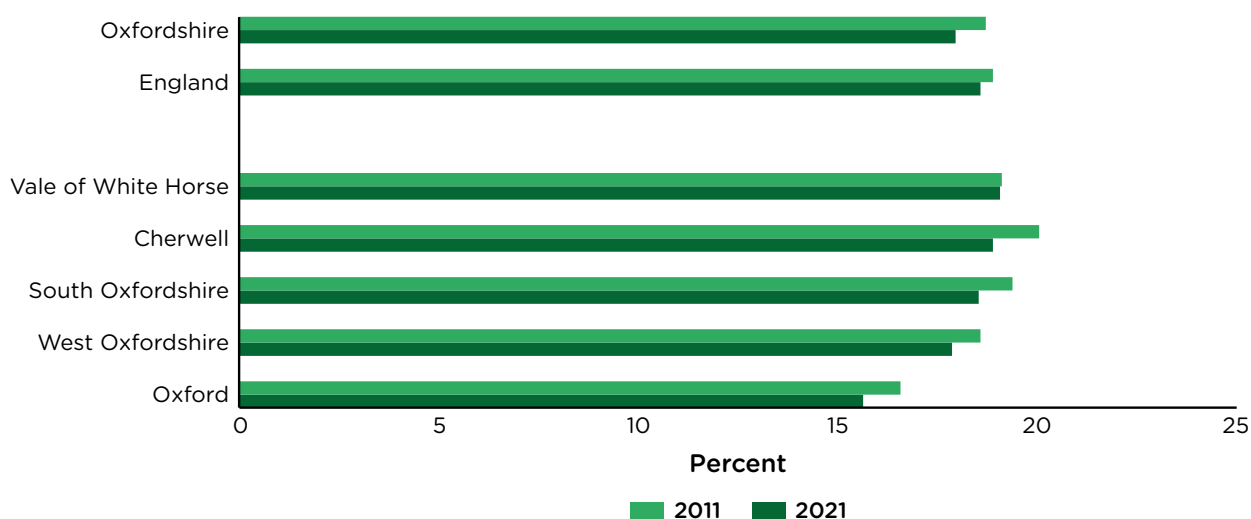


Source: Census (2021) [14]

The proportion of people who are aged 0-15 years in Oxfordshire is slightly below the national average, 17.9 percent compared to 18.5 percent in England although this age group makes up around 19 percent of the population in Vale of White Horse, Cherwell and South Oxfordshire,

compared to 16 percent in Oxford. All areas have seen a slight decrease in the percent of their population aged 0-15 between 2011-2021, except Vale of White Horse where it has remained the same.

Figure 6. Percent of population aged 0-15, Oxfordshire lower tier local authorities, and England, 2011 and 2021

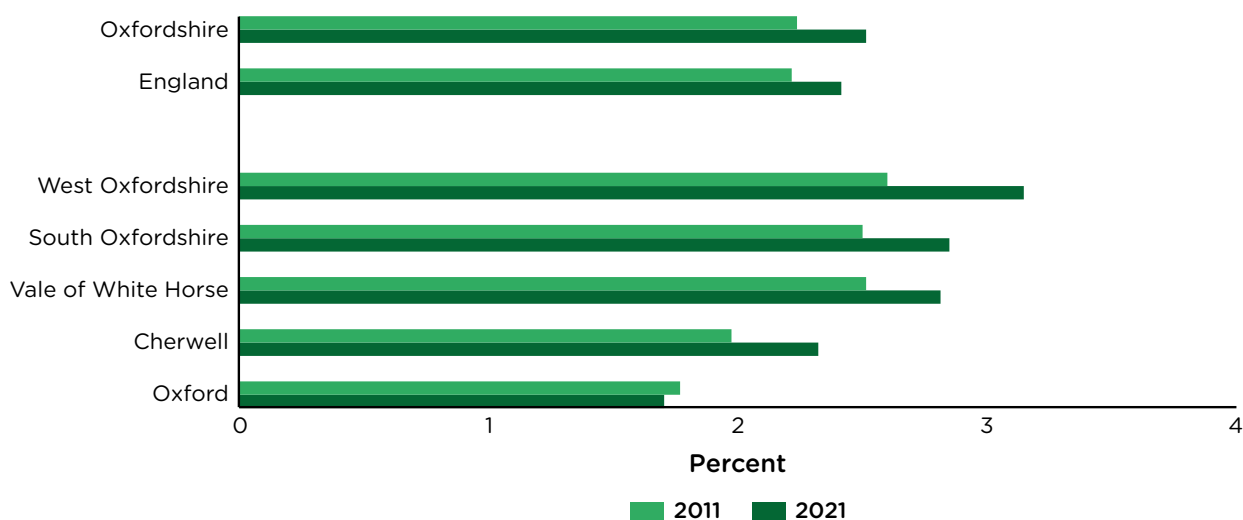


Source: Census (2021) [14]

As shown in figure 7, the population aged 85 years and over makes up a much smaller percentage than those aged 0-15 although this older age group has increased significantly between 2011-2021 both in England and in Oxfordshire. The increase has been the most significant in West Oxfordshire, where 3.2 percent of the population are aged 85 and over in 2021, compared to 2.6 percent in

2011. There have also been increases from 2.5 percent in 2011 to 2.8 and 2.9 percent in 2021 in Vale of White Horse and South Oxfordshire respectively. The percent of the population aged 85+ is smallest in Oxford, 1.7 percent, and this is the only District where there has been a decrease in this age group between 2011 and 2021.

Figure 7. Percent of population aged 85+, Oxfordshire lower tier local authorities, and England, 2011 and 2021

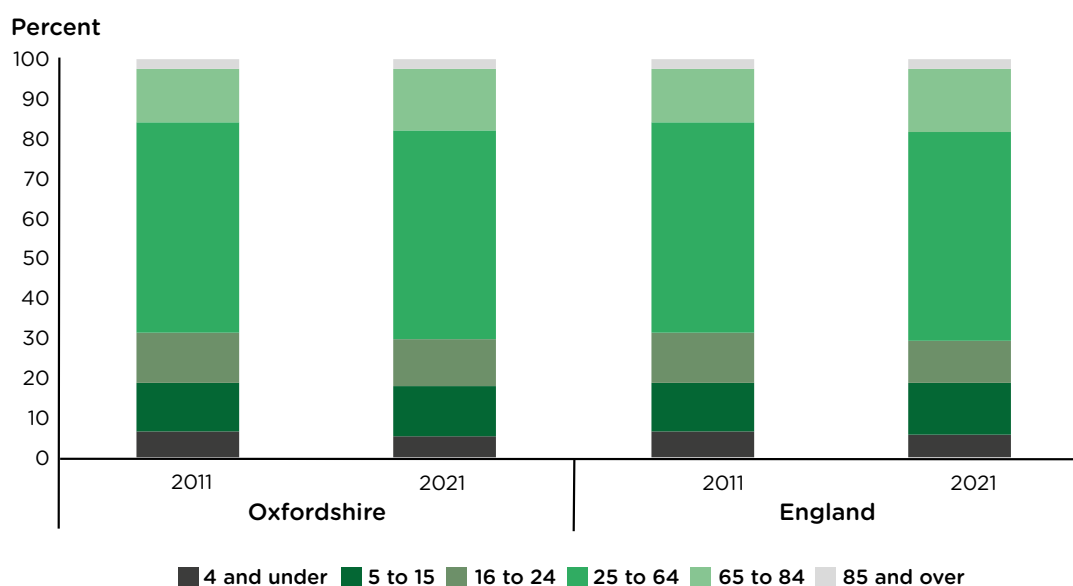


Source: Census (2021) [14]

It is important to note that despite the growing proportion of older age groups in Oxfordshire, most of the population (52 percent) is aged 25-64 and of working age. The County-wide figures, hide variation across the Districts; Oxford has the lowest median age, 31 years,

despite having the lowest percentage of children, due to a high proportion of students living there, whilst all the other Districts in Oxfordshire have median ages around or above average for the South East region, 41 years and the England average of 40 years. [15]

Figure 8. Percent population by age group, Oxfordshire and England, 2011 to 2021



Source: Census (2021) [14]

The growing and aging population of Oxfordshire has important implications for current and future inequalities in health and the social determinants of health; an aging population puts pressure on health and social care services and means they and the community and voluntary sector tend to focus on older people. Given severe resource limitations, services are not always able to adequately cater for younger people and at times babies, children and young people and their families are underserved and not seen as a priority age group. Many children and young people and organisations that represent them highlighted to us that living in areas with relatively few children and young people meant very limited opportunities for a social life, access to education, employment and a range of services. Consideration must be given to adapting service offers and support, ensuring that the needs of families with babies and young children are still met even in areas with relatively few young people.

ETHNICITY

Evidence shows that there are differences in a range of outcomes by ethnicity which are not fully accounted for by level of deprivation. These differences relate to different immigration patterns and to experiences of discrimination and racism. A recent IHE report on structural racism and health in London sets out that there is longstanding racism and discrimination within healthcare services, the criminal justice system, employment, housing, education and within other services as well as from individuals. [16] In order to reduce discrimination and racism there needs to be greater awareness about how racism and discrimination affect particular ethnic groups, stronger accountability and sanction for organisational and individual discrimination and racism and the development of antiracist practices

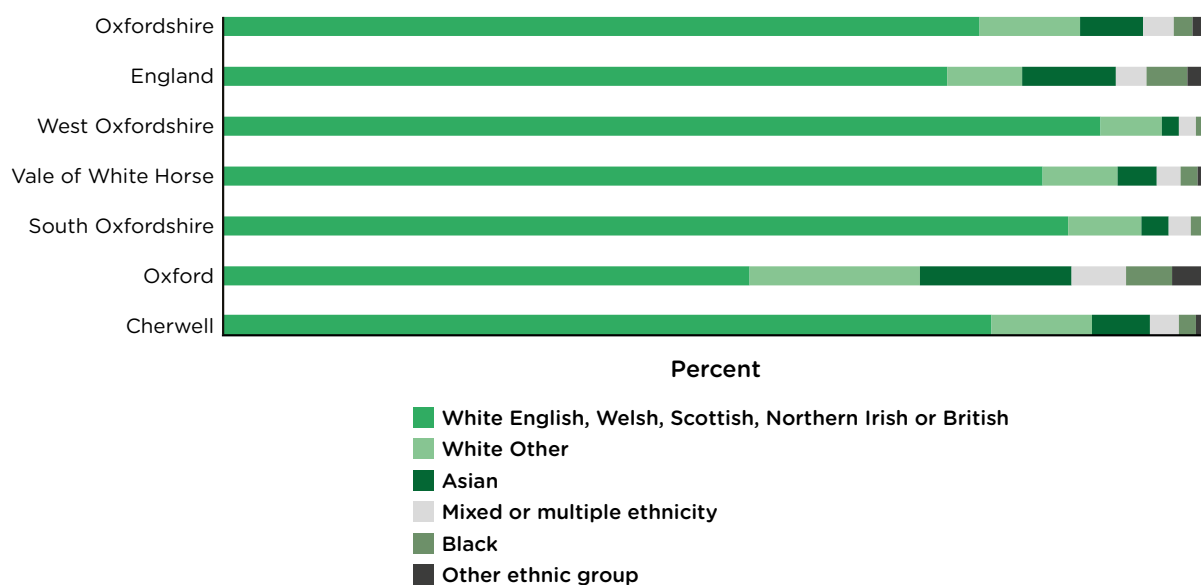
in organisations. These issues are also identifiable in Oxfordshire, and this report touches on ethnic inequalities during maternity, the early years and through education, identified in discussions with stakeholders.

Some households from ethnic minority groups may be particularly isolated or experience discrimination in areas where ethnic diversity is low and appropriate services and support are not as readily available as they may be in areas with more diversity and larger ethnic minority populations.

During our engagement with stakeholders across Oxfordshire we were told about experiences of racism and discrimination, including increasing fear amongst some ethnic minority groups due to the hostile political climate, particularly for refugees and asylum seekers. Stakeholders noted that some ethnic minority groups are experiencing increasing challenges accessing services and disproportionately face complex health and social needs, and often live in deprived areas. These groups face multiple disadvantages within the social determinants of health, which are often further exacerbated by racism and discrimination.

Oxfordshire has a slightly less ethnically diverse population than England. Across Oxfordshire the population is 77 percent White English, Welsh, Scottish, Northern Irish or British compared with 74 percent in England. The next largest ethnic group are 'White other' residents, who make up 10 percent of the population in Oxfordshire, followed by Asian groups at 6 percent. The ethnic composition of populations within Districts in Oxfordshire varies; Oxford has a much more ethnically diverse population than the other Districts and than England as a whole, with a White British population of 53 percent.

Figure 9. Major ethnic group, percent, Oxfordshire LADs, Oxfordshire, and England, 2021



Source: Census (2021) [17]

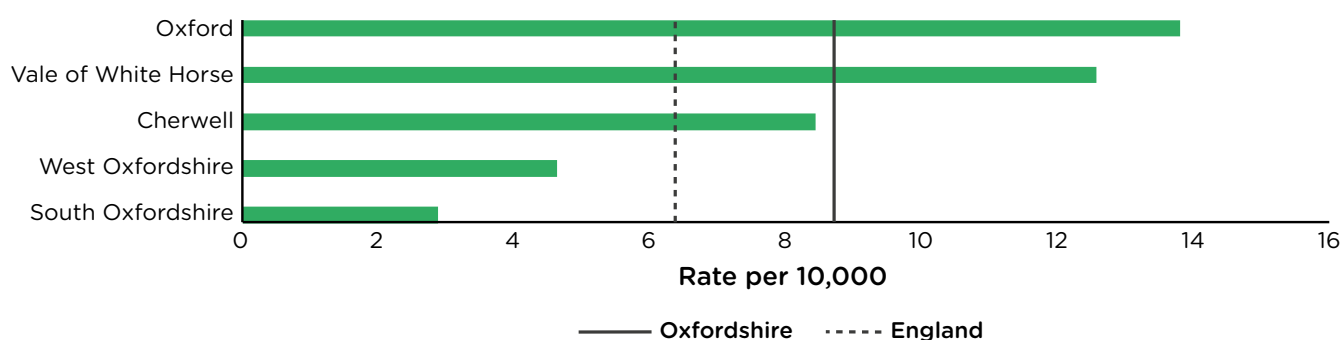
While Census data provides summary ethnicity information, there are differences within the ethnic categories used and the needs and experiences of particular ethnic groups can be overlooked. Oxford City has a large and established population from East Timor, people estimated to be the largest population of East Timorese in the country, but this does not show in ONS data. Community knowledge is essential in order to identify specific needs and experiences. A Health Needs Assessment in 2018 indicated that a large proportion of the East Timorese community live in deprived areas of the City, often in poor quality or overcrowded housing and that they face significant health issues. Later in the report we highlight some ongoing work in Oxfordshire to support the wellbeing, particularly during maternity, of residents from East Timor. [18]

REFUGEES AND ASYLUM SEEKERS

Refugees and asylum seekers may have limited or no access to vital services, including health care, maternity and early years services and often require additional support with basic necessities. Much of this support is offered by community and voluntary sector and faith groups in Oxfordshire, these mostly small voluntary organisations have intermittent and insufficient resources to offer the support which is needed.

Between the years 2014 and 2023 there were on average 8.7 resettled refugees in Oxfordshire per 10,000 people, higher than the England average of 6.3 per 10,000. Oxford and Vale of White Horse have the most resettled refugees out of the Oxfordshire Districts, at 13.8 and 12.6 per 10,000 people respectively.

Figure 10. Resettled refugees, Rate per 10,000, Oxfordshire lower tier local authorities, Oxfordshire, and England, January 2014 to December 2023

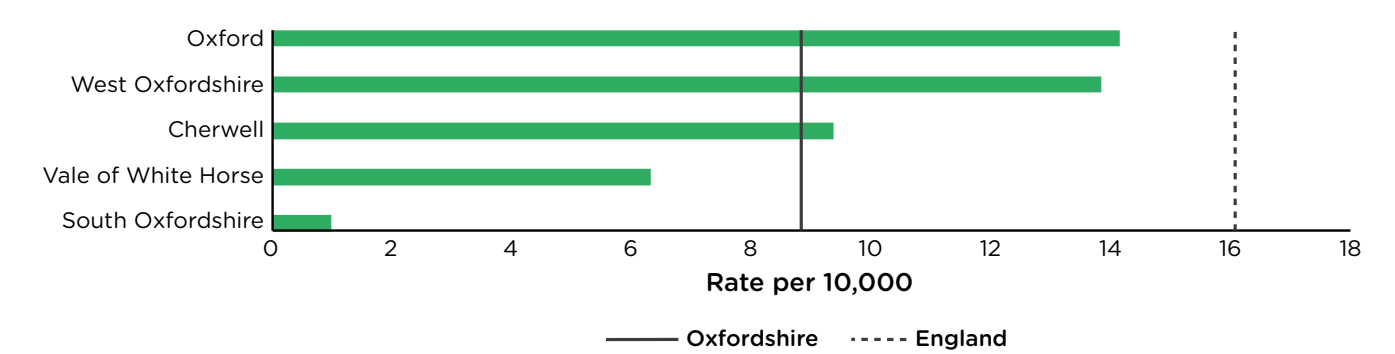


Source: Home Office [19]

The number of asylum seekers receiving support per 10,000 people is lower in Oxfordshire than the national average but there is a wide variation between Districts.

Oxford has 14.1 asylum seekers receiving support per 10,000 population compared to a rate of just under 1 in South Oxfordshire.

Figure 11. Asylum seekers receiving support, rate per 10,000, Oxfordshire lower tier local authorities, Oxfordshire, and England, end of March 2025



Source: Home Office [19]

RURALITY

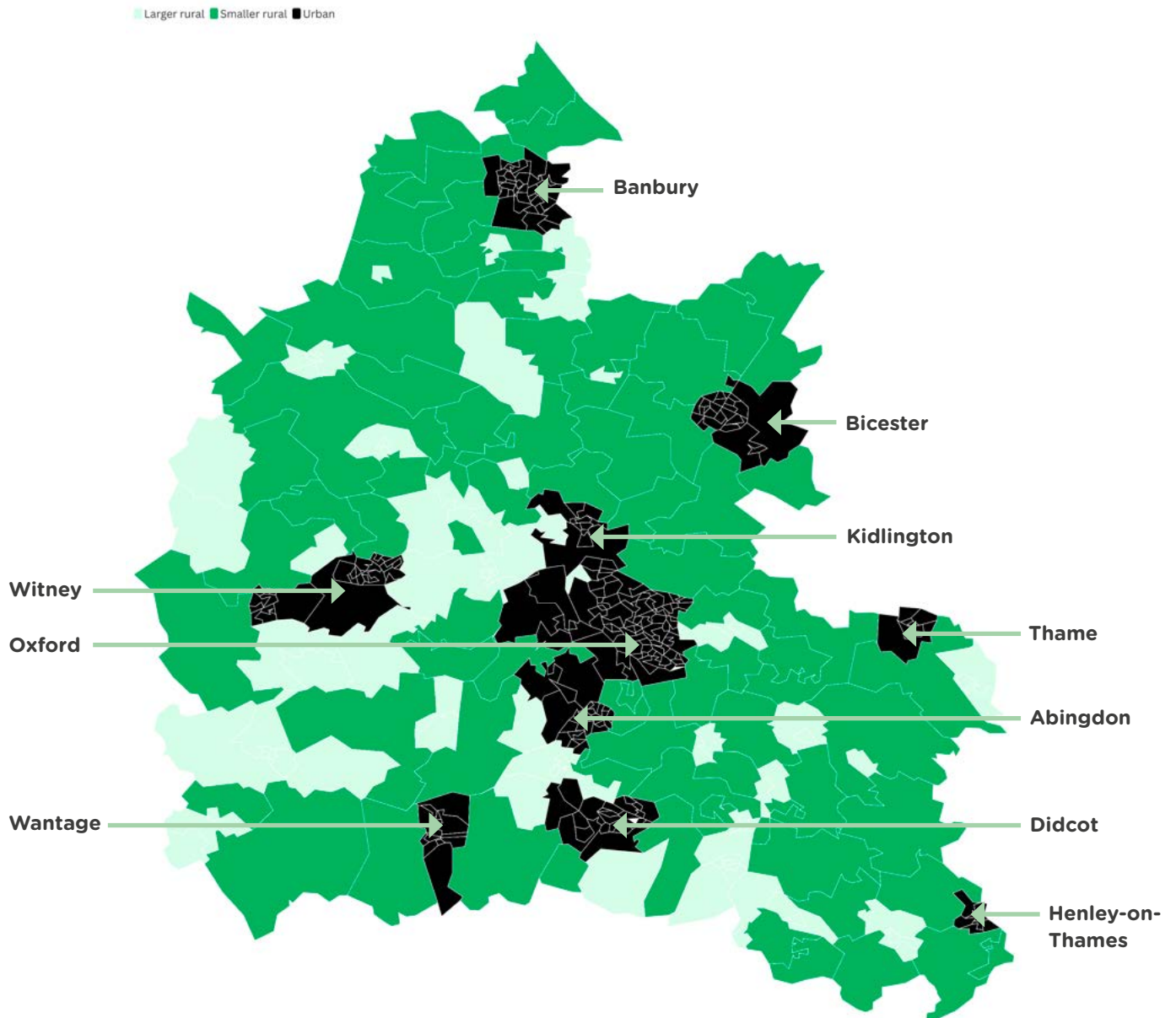
Oxfordshire is the most rural County in the South East region. Around 60 percent of the population live in Oxford City and the larger towns while the remaining 40 percent live in smaller towns and villages. Urban areas are settlements with populations of 10,000 or more, based on the 2021 Census. Rural areas include rural towns, villages, hamlets, isolated dwellings and open countryside with under 10,000 population.

Deprivation in rural areas often goes ‘under the radar’ as it is not always identifiable in data based on areas which may be too large to show household deprivation in otherwise relatively affluent areas. Rural deprivation often has different characteristics to urban deprivation and so measures based on urban deprivation may not be relevant. In particular, rural deprivation is often characterised by social isolation, limited access to essential services that support health and wellbeing,

such as healthcare, childcare, education and employment while access to wider support including that provided by community and voluntary services and social groups can also be low. Young people are often isolated and at times stigmatised in rural areas, particularly in areas with older populations. A major challenge in rural areas in Oxfordshire is the lack of affordable and reliable public transport. For those relying on private cars, the high costs of ownership, parking, and maintenance present further barriers.

However, there are also many benefits to living in rural areas and across England average life expectancy is higher in rural areas than urban areas. Residents in rural areas often report greater satisfaction and attachment to their neighbourhood, and higher levels of trust in communities and local services. [20] Figure 12 shows urban and rural areas across Oxfordshire.

Figure 12. Urban rural classification Oxfordshire LSOAs, 2021



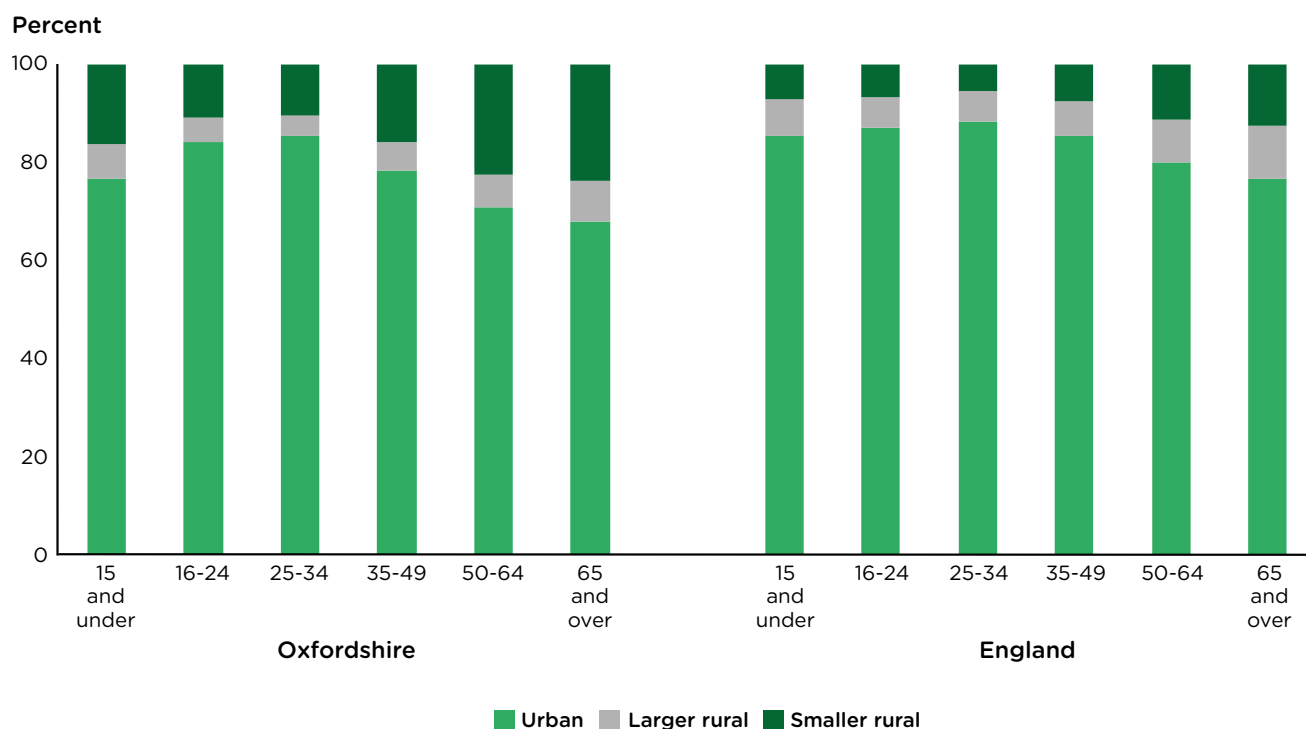
Source: ONS (2025) [21]

Note: Urban areas are settlements with populations of 10,000 or more, based on the 2021 Census. Rural areas include rural towns, villages, hamlets, isolated dwellings and open countryside with under 10,000 population.

The population of Oxfordshire is more rural among every age group than England with larger proportions of those aged 15 and under and over 50 living in rural areas in Oxfordshire. It is important that there is greater

focus on tackling rural as well as urban inequality and that appropriate support is offered related to the age distribution of the rural population – that is younger and older than urban areas in Oxfordshire.

Figure 13. Percent of population living in urban, smaller rural, or larger rural output areas, by age group, Oxfordshire, 2021



Source: Census (2021) [22]

Note: Output Areas (OAs) are defined as Urban if they have a high density of residential addresses, or if they intersect with Amalgamated Built Up Areas (ABUAs) with a resident population of 10,000 or more. OAs that intersect with ABUAs with populations less than 10,000, or that have lower densities of addresses, are assigned to the Larger or Smaller rural settlement categories



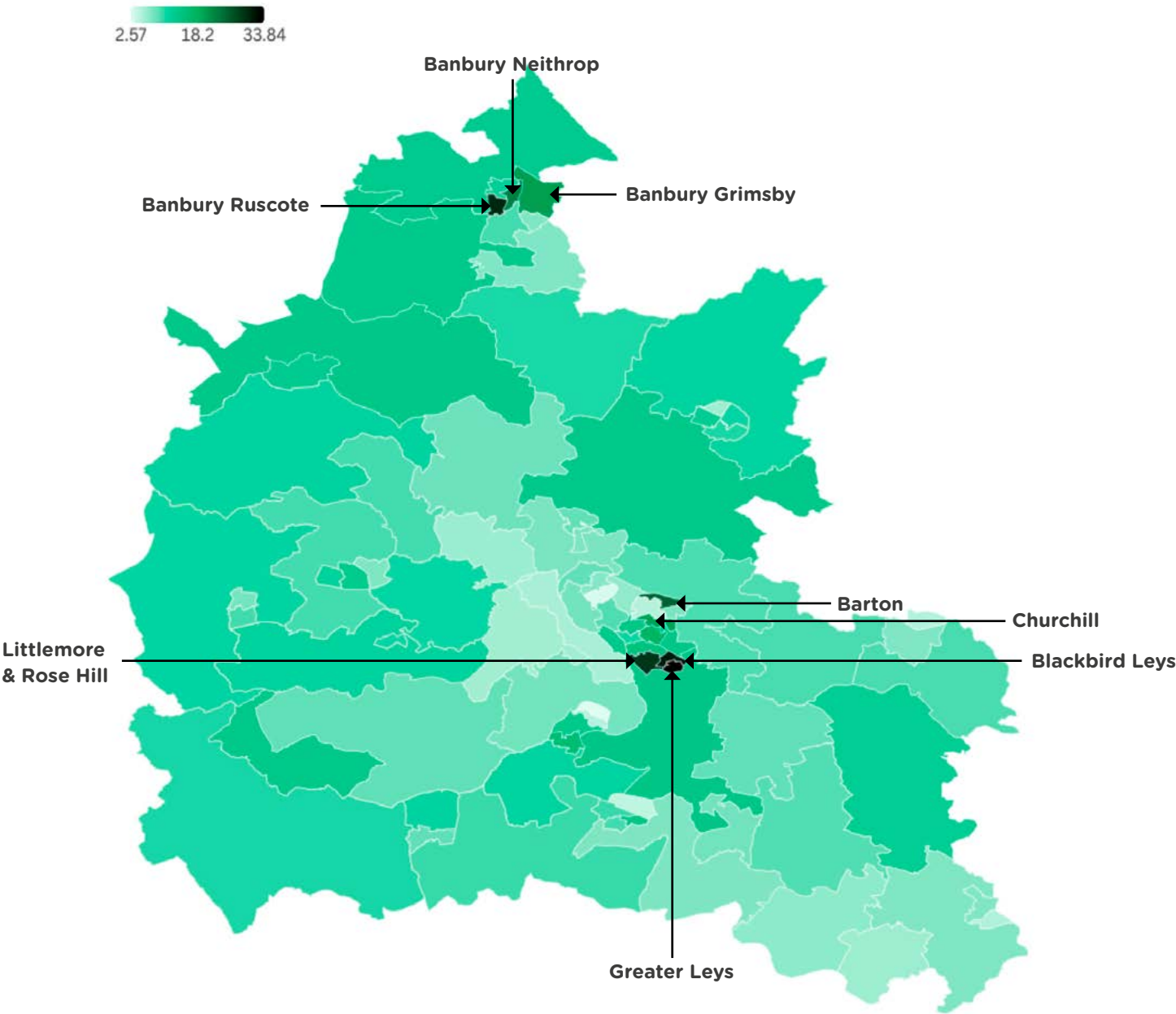
DEPRIVATION IN OXFORDSHIRE

Oxfordshire has, on average, relatively low overall levels of deprivation; it is 8th least deprived of 153 upper-tier local authorities in England. However, there are deprived areas across the County and 11 Wards that are ranked in the most deprived 20 percent in England and there is poverty throughout Oxfordshire, even in the least deprived areas. We specifically heard about the presence of small pockets of deprivation in rural communities and the challenges and stigmatisation faced by these households. It is crucial

that work to reduce inequalities and support lower income households takes into account poverty across Oxfordshire rather than targeting support only to those areas where deprivation is more concentrated, although greater intensity of support is required there.

The map below shows the difference in IMD scores between areas in Oxfordshire. It clearly shows the areas of more concentrated deprivation within the urban centres of Banbury and Oxford. However, as we have highlighted, there are pockets deprivation in all areas of the County, which cannot be captured in the data.

Figure 14. IMD Score (2025) map of Oxfordshire



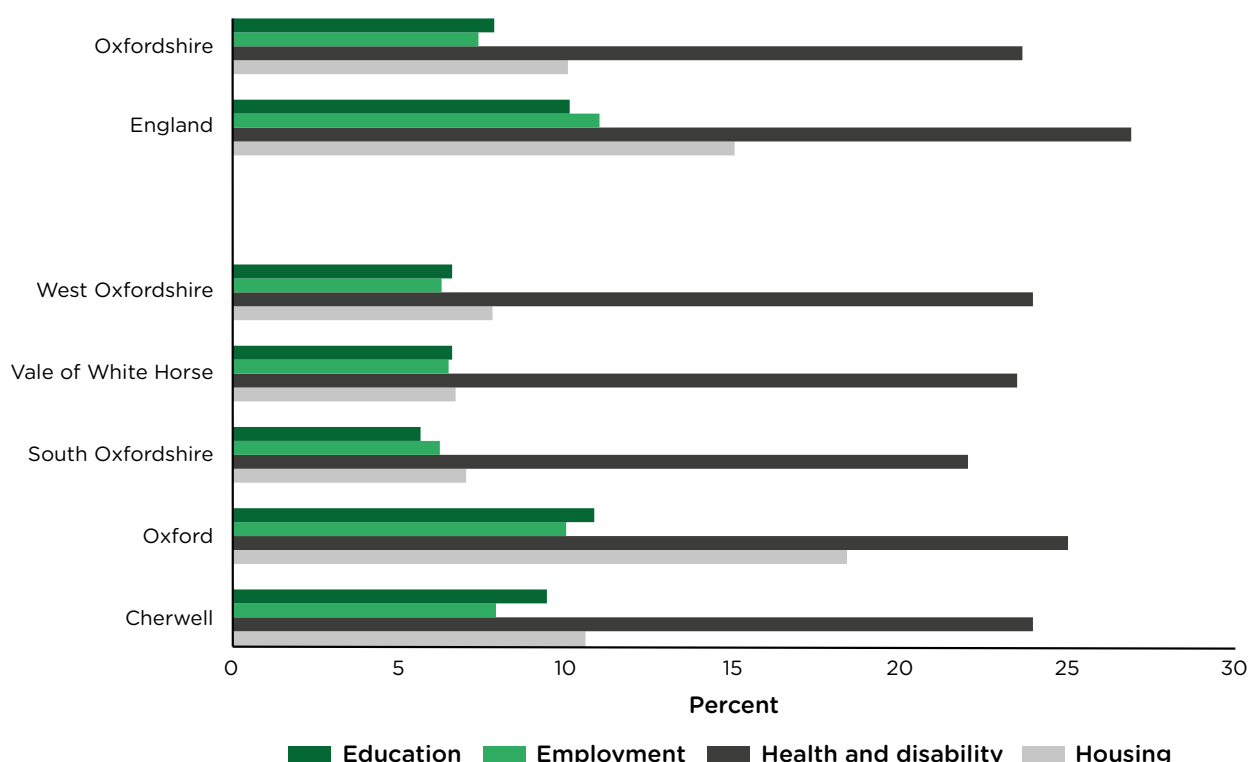
Source: MHCLG (2025) [23]

The 2021 Census indicates that nearly 10 percent of children in Oxfordshire are living in poor quality housing, 7 percent in households where no one is working, 8 percent in households where adults have low levels of education and nearly a quarter of children are living in a household with a family member who is in bad health or disabled. As shown in figure 15, the percentage of children living in a household experiencing at least one of these dimensions of deprivation varies between Districts, with higher levels of deprivation in all four domains of deprivation in Oxford and Cherwell. In Oxford 18 percent of children are living

in poor quality housing, higher than the England average of 15 percent. All these factors impact on children and young people's experiences and can affect health and a range of social determinants of health throughout life. In many cases there are multiple dimensions of deprivation experienced simultaneously.

Understanding how deprivation is experienced by children and young people in households should inform the design and delivery of support and efforts to prevent low education, poor health and poor quality housing and employment.

Figure 15. Percent of households with dependent children which are deprived, by deprivation dimension, Oxfordshire lower tier authorities, Oxfordshire and England, 2021



Source: Census (2021) [13]

Notes:

1. A household is classified as deprived in the health dimension if any person in the household has general health that is bad or very bad or is identified as disabled. People who have assessed their day-to-day activities as limited by long-term physical or mental health conditions or illnesses are considered disabled. This definition of a disabled person meets the harmonised standard for measuring disability and is in line with the Equality Act (2010).
2. A household is classified as deprived in the education dimension if no one has at least a level 2 education and no one aged 16 to 18 years is a full-time student.
3. A household is classified as deprived in the employment dimension if any member, not a full-time student, is either unemployed or economically inactive due to long-term sickness or disability.
4. A household is classified as deprived in the housing dimension if the household's accommodation is either overcrowded, in a shared dwelling, or has no central heating.

Oxfordshire County Council worked with partners to develop *Community Insight Profiles* for the ten most deprived areas (Index of Multiple Deprivation, 2019) in the County based on local data and community insights. [24-33] The profiles set out the needs of residents in these areas as well as what community assets and local services are currently available, based on insights from residents of each community. In each place there is a steering group

made up of local stakeholders and partners to advise the work. The ten areas are: Abingdon Caldecott, Banbury Ruscott, Littlemore, Banbury Cross and Neithrop, Barton, Rose Hill, Banbury Grimsbury, Central Oxford, and The Leys. As the data shows in later sections of this report, these areas have some of the worst health and social determinants of health in Oxfordshire.

Following this, a further four Community Insight Profiles were also developed for areas identified as falling within the 30–40% most deprived nationally (Index of Multiple Deprivation, 2019), and where local partners agreed there would be added benefit in developing a profile. These areas include Bicester West, Wood Farm, Witney and Berinsfield.

The community insight profiles provide three key elements:

- Community insight around enablers and challenges to health and wellbeing, including what matters to local communities and how challenges could be addressed
- A detailed data set of indicators for each area to inform high level recommendations
- Mapping of assets in each area

The reports highlight common themes across the areas. Residents value local assets, including green spaces, community spaces, churches and libraries. However, most mentioned that the quality of public spaces could be improved and better maintained and that many local community groups, providing vital services needed to be better resourced. [24–33] Residents reported strong community networks in many areas. [24, 26, 27, 30] Despite assets, residents in many areas reported a lack of knowledge of what services are available in the local area, which was also highlighted by stakeholders we engaged with. [26, 27, 29, 30, 33]

In many of the profiled areas residents reported that there were a lack of services, both informal and formal and insufficient safe public spaces for younger people to use and congregate. [24, 25, 27–30, 32, 33] In a couple of the places, stakeholders felt that this led to concerns around safety for young people, and increased risk of them becoming involved in crime. [31, 32]

Residents also reported low aspiration, pessimism and feeling that there were insufficient opportunities available, particularly for young people. Low levels of self-confidence were reported across age groups, with some residents suggesting these became intergenerational issues within families. [28, 29, 31–33] In some places, residents connected low aspiration and pessimism with feelings of stigma related to living there. [30, 32]

More ethnically diverse urban areas reported racism and discrimination. However, ethnic diversity was also highlighted as a positive feature of neighbourhoods, with residents valuing having different communities around them. [29, 31, 32] We also heard that racism and discrimination is not limited to more deprived urban areas, which have a more ethnically diverse population, but features across the County, with ethnic minority families in predominantly white areas of the County also facing racism and discrimination in their daily lives. [27]

Another common theme, which is captured in the community insight reports and which was also highlighted in our discussions with stakeholders is lack of trust in services and support offered among many residents.

The Community Insights Profiles are an important tool to support better understanding of communities' needs and the insights gleaned must inform interventions and support delivered in ways which are appropriate and effective. Oxfordshire has developed a **framework** for additional areas to develop Community Insight Profiles. Additionally, following the development of the Community Insight Profiles, funding from Oxfordshire County Council Public Health has been made available for local community projects which aim to encourage residents to improve health and the wider determinants of health.

COMMUNITY HEALTH DEVELOPMENT OFFICERS

In areas with Community Insight profiles, Community Health Development Officers (CHDOs) have been introduced to help drive forward the recommendations from the profiles. They are funded by Oxfordshire County Council, and work directly with communities and with local partners to improve health and wellbeing in communities. Stakeholders reported that they are not always well linked into the healthcare system. Better partnership with local assets such as the CHDOs will allow the wider system to draw on this local knowledge when implementing services and particularly in relation to primary care, community health services and neighbourhood health.

A University of Oxford evaluation of the CHDOs and Well Together initiative across the priority wards within Oxfordshire found that the programmes achieved widespread and sustained engagement with community groups. [154] The evaluation highlighted the effective engagement with local communities through regular presence in community activities, strong networking and partnerships with existing organisations. Recommendations for future activity focused on the need for equitable collaboration with local partners, the benefit of a long-term approach to the implementation of public health schemes, and the importance of social relations in supporting health and wellbeing. Highlighting the quality of social relationships provided by CHDOs and Well Together as a crucial foundation to link to and increase trust in existing healthcare provision. [154]

“On CHDOs - They're excellent sources of information about what their community needs.”

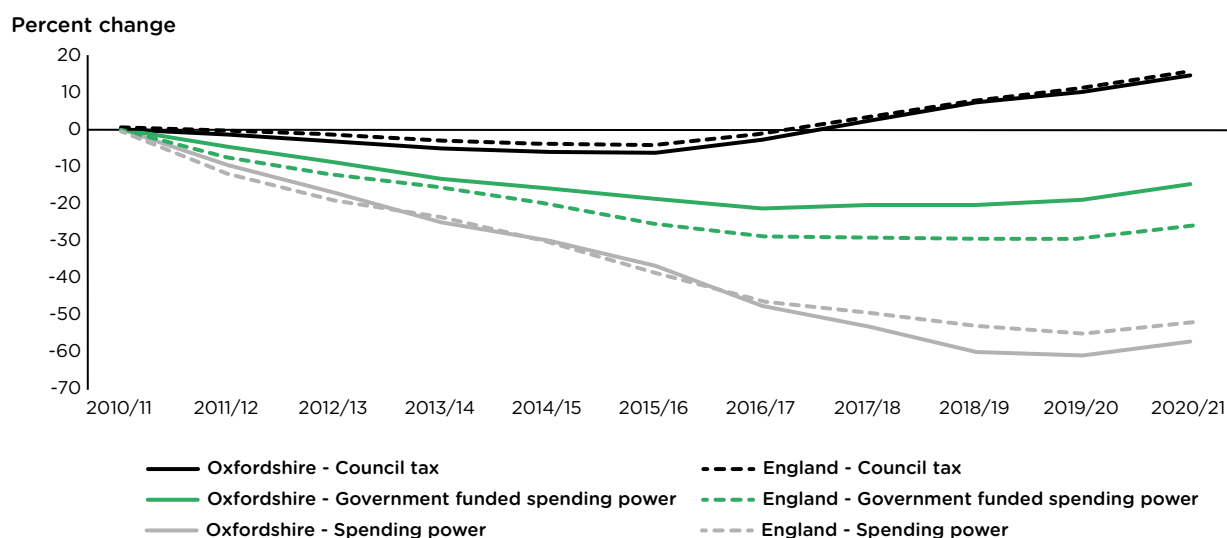
Voluntary sector stakeholder

CHANGES IN LOCAL GOVERNMENT AND PUBLIC HEALTH ALLOCATIONS AND SPENDING

The changing financial situation in Oxfordshire is important context to understanding and mitigating inequalities within Oxfordshire. There have been reductions in per-head spending on public services across England since 2010 and relatedly rapidly increasing need and widening inequalities. One important tranche of funding to local areas is through national Government funding to local authorities. In 2020 IHE set out how financial cuts to public services, local authorities and the VCFSE had driven deteriorations in health across England. [11]

Oxfordshire has experienced greater reductions in Government funding than the average for England since 2010/11 and by 2020/21 funding had decreased by 57 percent. The reductions have been partially offset by increases in Council Tax which increased by 15 percent since 2010/11. Increasing Council Tax however, has negative impacts for households and for the local economy. Taking the increased income from Council Tax into account Oxfordshire Council's overall spending power reduced by 15 percent between 2010/11 and 2020/21 and the effects of this and deep cuts to public services and support for community voluntary services has had significant impacts in the County, as across England.

Figure 16. Local authority spending power and its components, Oxfordshire and England, 2010/11 to 2020/21

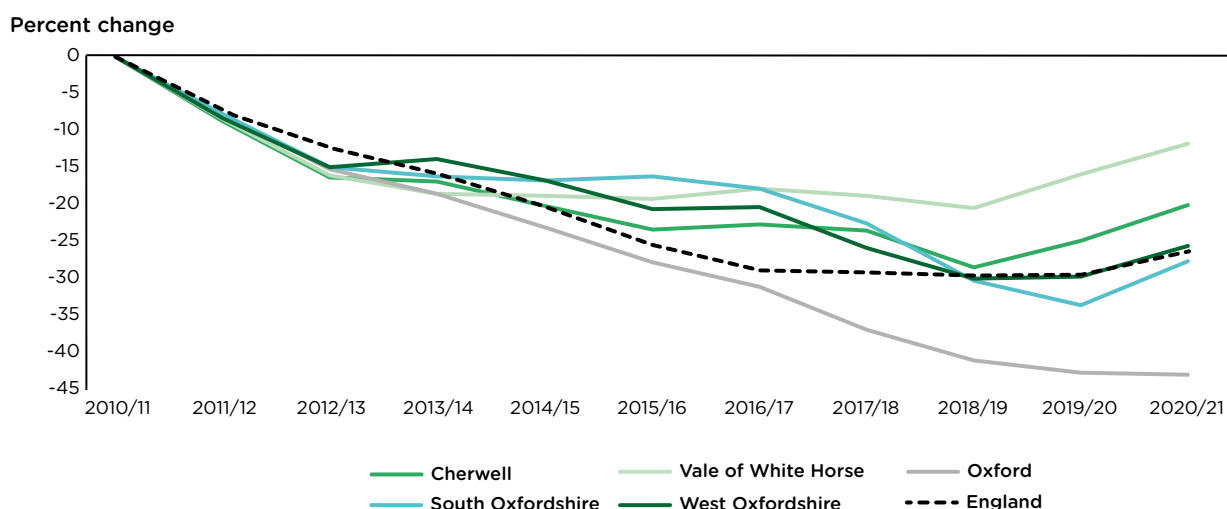


Source: National Audit Office (2021) [34]

There are also wide differences in the extent of reductions in spending power between Districts in Oxfordshire with Vale of White Horse having lower overall reductions than

Oxford which had much steeper reductions between 2010/11 and 2020/21.

Figure 17. Local authority spending power, Oxfordshire local authority Districts, and England, 2010/11 to 2020/21



Source: National Audit Office (2021) [35]

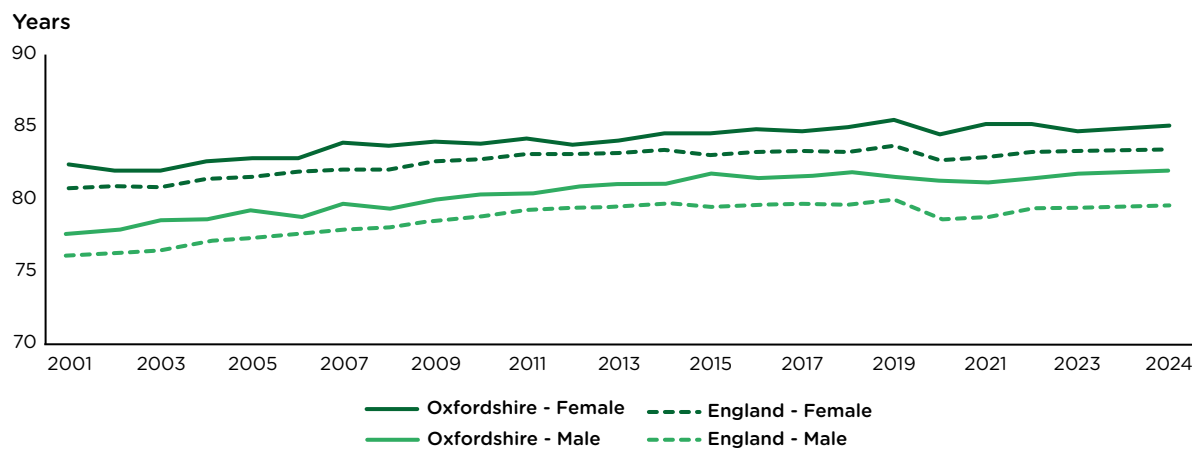
HEALTH INEQUALITIES IN OXFORDSHIRE

Oxfordshire has better health across most key measures, such as life expectancy, than average in England. However, these averages hide stark health inequalities within Oxfordshire related to level of deprivation. This section provides a brief overview of health and health inequalities in Oxfordshire. More data is available on the IHE website.

LIFE EXPECTANCY

As across England, life expectancy in Oxfordshire has stagnated during the last decade and between 2011-2024 life expectancy for men increased by 1.6 years and by 1.4 years for women, a slower rate of increase than the previous decade. Life expectancy in Oxfordshire declined between 2019-2022, during the pandemic, falling by 0.3 years for women and 0.2 years for men, Figure 18.

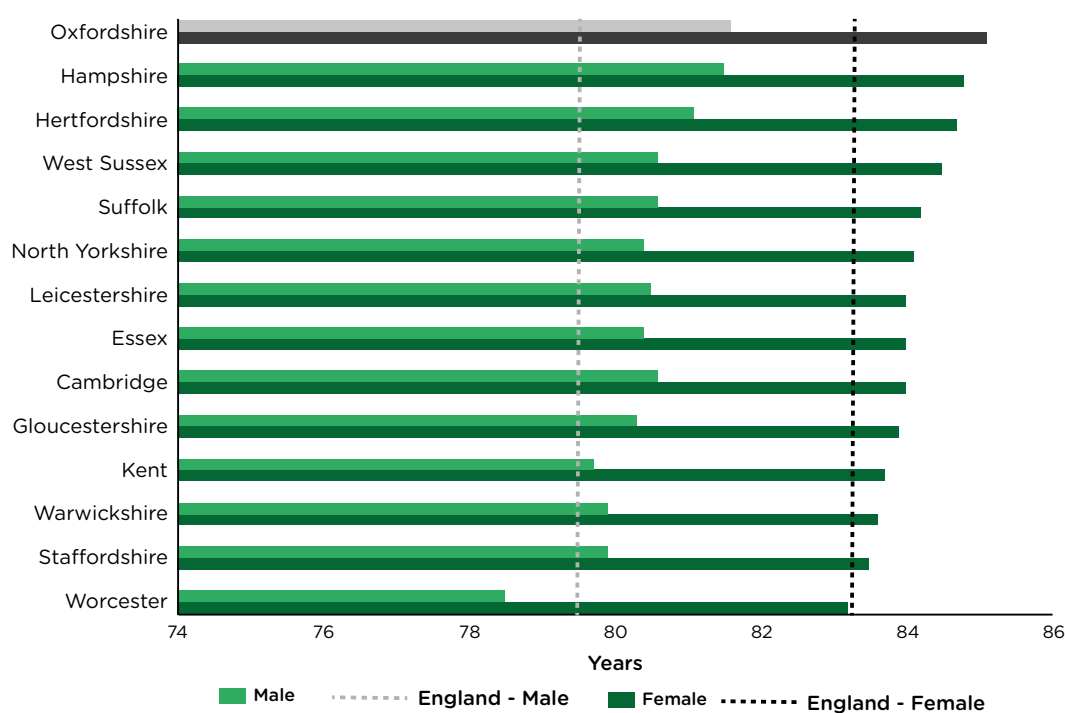
Figure 18. Life expectancy, female and male, Oxfordshire and England, 2001-24



Source: ONS [36]

Life expectancy in 2022-24 in Oxfordshire was 85.1 years for females and 81.6 years for males, higher than the English averages of 83.3 and 79.5 years and higher than most of the County's nearest statistical neighbours, Figure 19.

Figure 19. Life expectancy, female and male, years, Oxfordshire CIPFA nearest neighbours, and England, 2022-24

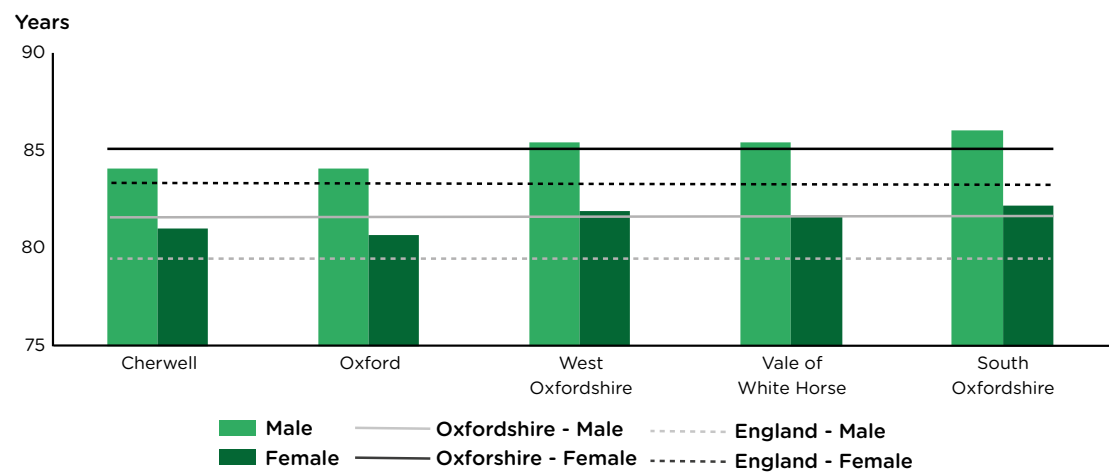


Source: ONS [36]

Within Oxfordshire there are differences in life expectancy between Districts, with Cherwell having the lowest life expectancy for males and Oxford for females, while South Oxfordshire has the highest life expectancy for men

and women. Despite the differences in all the Districts the average life expectancy is higher than the England average, figure 20.

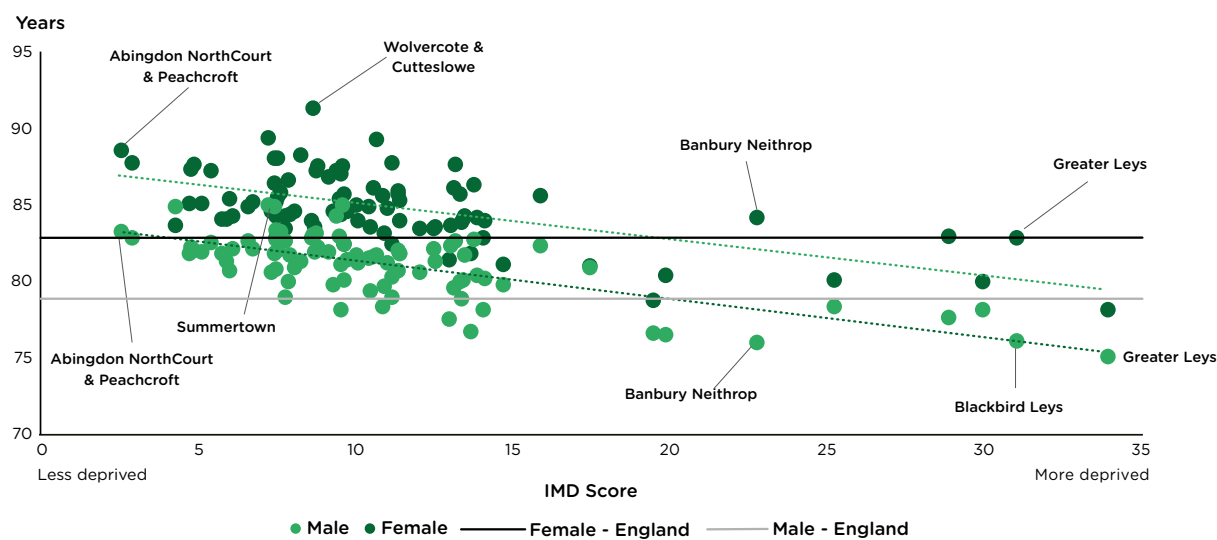
Figure 20. Life expectancy, female and male, Oxfordshire lower tier local authorities, Oxfordshire, and England, 2022-24



However, looking at life expectancy in smaller areas within Oxfordshire it clear that some areas have much lower life expectancy than the average for England. As seen in figure 21 there is an association between life expectancy and level of deprivation of the small area, particularly

for males, indicating a social gradient in life expectancy across Oxfordshire, as across England as a whole. For example, men in Greater Leys, the most deprived area in the County, have a life expectancy of 75 years compared to 85 years in Summertown, around 5 miles away.

Figure 21. Life expectancy by deprivation (IMD score 2025), Female and Male, years, Oxfordshire MSOAs, 2019-23



Gradients in life expectancy are found in every area of England; action is needed to flatten the whole gradient in health so that everyone can enjoy the good health of those living in the least deprived areas. The most effective route to raising the gradient is to ensure that services, support and resource allocations are offered in a way which is proportionate to the scale of the problem but universally available, across the whole population,

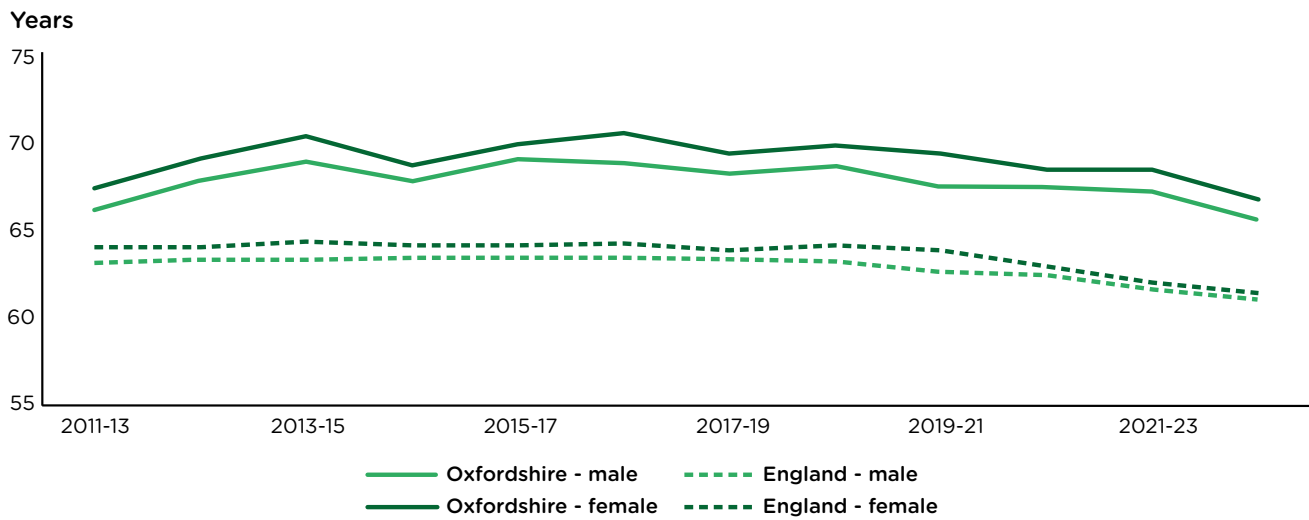
an approach known as proportionate universalism. As indicated in this report, services which are universal can inadvertently widen inequalities as they are more likely to be taken up by less disadvantaged households. Even where they are taken up universally they do not necessarily raise and flatten the gradient. Meanwhile targeted support and services may be effective for those who have access but are generally incapable of raising and flattening the gradient.

HEALTHY LIFE EXPECTANCY

As across England, there have been declines in healthy life expectancy in Oxfordshire. Between 2018-20 and 2022-24 healthy life expectancy declined by 3 years for both females and males. Prior to this healthy life expectancy

had been slowly increasing in Oxfordshire, between 2011-13 and 2017-19 it had increased by 2 years for males and 1.9 years for females, figure 22.

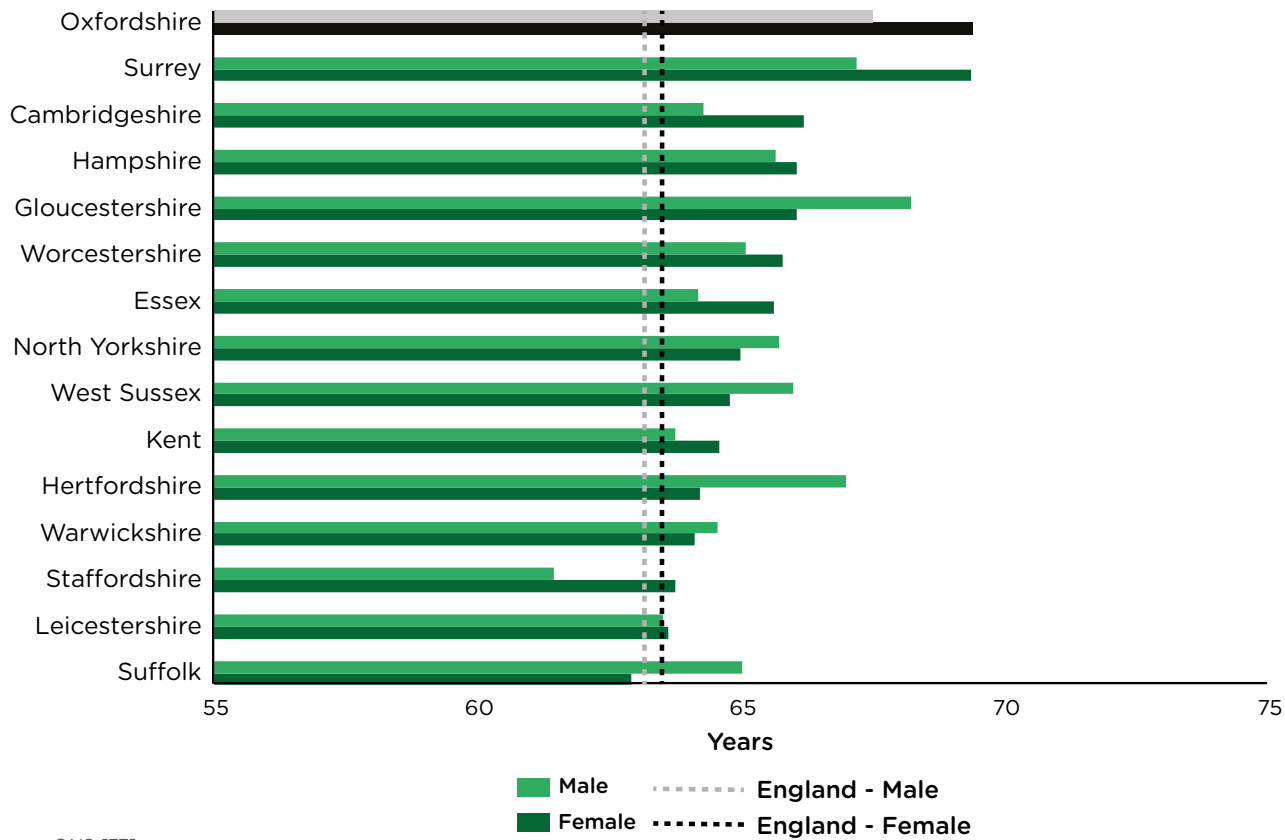
Figure 22. Healthy life expectancy, female and male, Oxfordshire and England, 2011-24



Source: ONS [37]

Oxfordshire had relatively high levels of healthy life expectancy compared with statistical neighbours in 2017-19.

Figure 23. Healthy Life Expectancy, female and male, years, Oxfordshire CIPFA nearest neighbours, and England, 2017-19

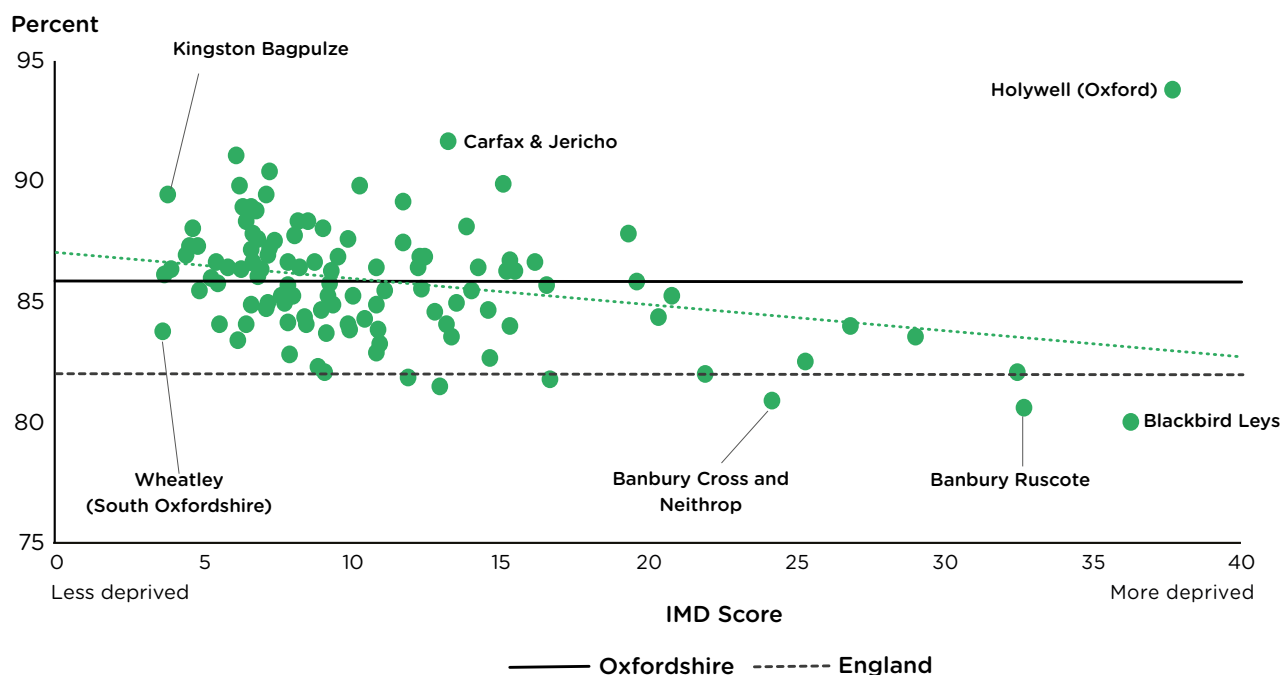


Source: ONS [37]

Healthy life expectancy is not available for recent years below local authority level but data for self-rated health is available at Ward level which enables a more informed picture of inequalities in health within Oxfordshire. The proportion of people rating their health as 'good', or

'very good' in Oxfordshire is 3.8 percent higher than the average for England, however, there are several Wards which have rates below the England average and there are wide inequalities in self-rated health related to level of deprivation of the Ward.

Figure 24. Self rated health as "good" or "very good", Oxfordshire Wards, Oxfordshire, and England, 2021



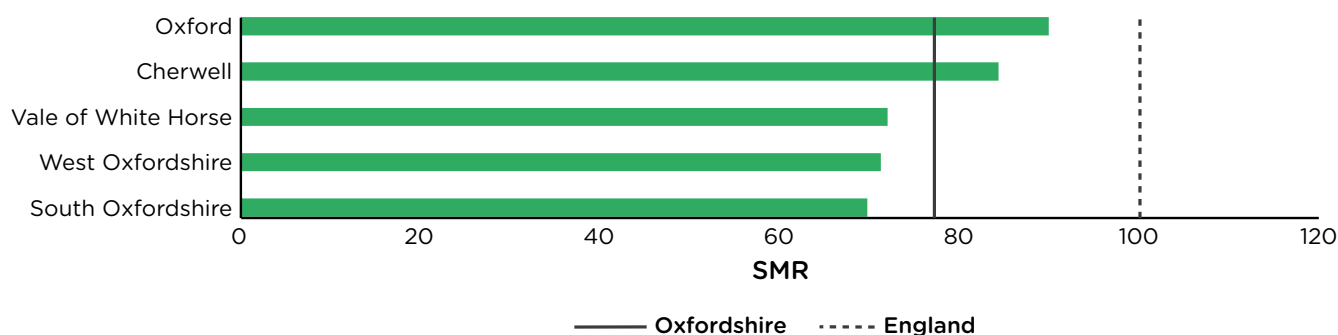
Source: Census 2021 [38]

MORTALITY UNDER AGE 75

Mortality among those aged under 75 is often considered to be preventable by reasonable means and related to social and economic conditions, with higher rates of preventable mortality among people living in more

deprived areas. There are differences in rates of mortality under age 75 between the Districts in Oxfordshire. Rates in Oxford and Cherwell, 89.8 and 84.2 respectively, are higher than the Oxfordshire average of 77, figure 25.

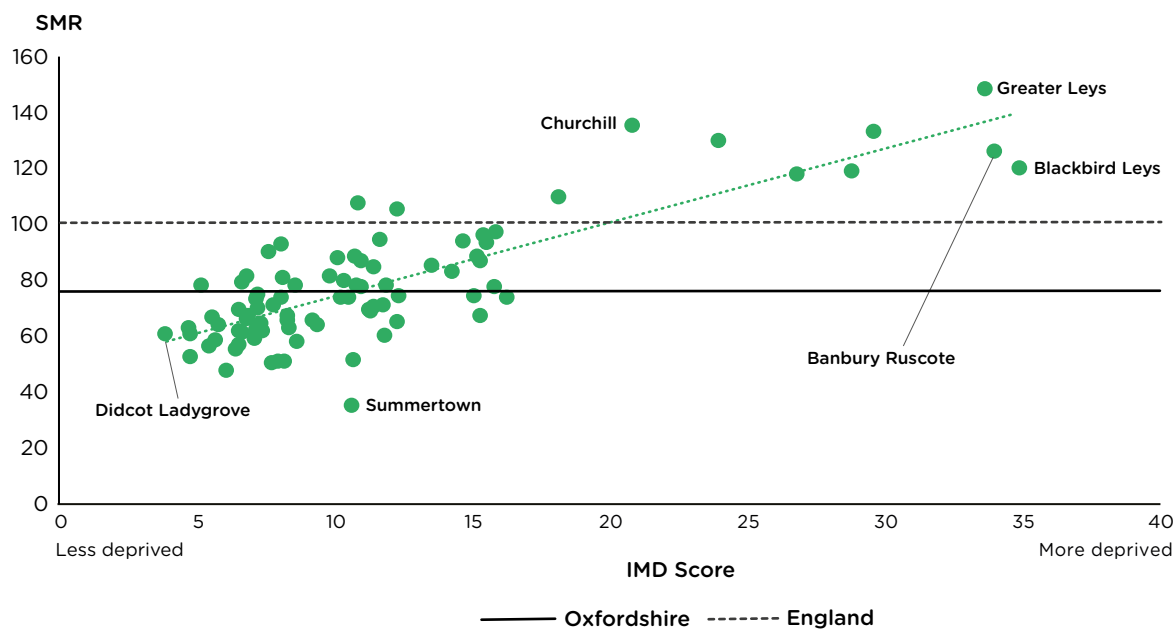
Figure 25. Mortality under 75, all causes, indirectly standardised mortality rate, Oxfordshire lower tier local authorities, Oxfordshire, and England 2019-23



Source: OHID [39]

There is a strong association between deprivation and mortality aged under 75, figure 26, with much higher rates in more deprived areas in Oxfordshire. The under 75 mortality rate in Greater Leys, the third most deprived local area in Oxfordshire is 149, compared to 61.1 in Didcot Ladygrove the least deprived local area, figure 26.

Figure 26. Mortality under 75, all causes, indirectly standardised mortality rate, Oxfordshire MSOAs, 2019-23



Source: OHID [39]



SUMMARY

This section has provided demographic and health context to the sections and recommendations which follow. In summary, the population of Oxfordshire is growing and aging, with variations in the proportions of both older and younger residents among the five Districts. This has implications for service planning to ensure that the needs of all families, babies, children and young people are met everywhere.

Oxfordshire has on average, a lower proportion of people who are classified as being from an ethnic minority than in England, but Oxford City has much higher proportions than the rest of Oxfordshire and England. Whilst it is important that there is focus on areas with a larger ethnic minority population in the design and delivery of appropriate support, we also heard during stakeholder discussions and community group consultations that the needs of ethnic minority groups are often overlooked in more rural areas and small towns and that there is discrimination and racism which is frequently ‘not seen’ or ignored.

While Oxfordshire has lower levels of deprivation than England as a whole there are large variations within the County. These wide differences mean that the population requires very different levels of support although disadvantage is prevalent even in the wealthiest areas and there needs to be additional focus on deprived households in wealthy and rural areas as well as support in more deprived and urban areas.

Deprivation is experienced differently in rural and urban areas, and deprivation in rural areas can go under the radar. Further sections explore the implications of rurality on health, wellbeing, education, employment and access to essential services and support for children and young people and their families.

There have been deep cuts in available funds in the County which are severely impacting on capacity to deliver effective services and reduce inequalities in health and the social determinants of health.

Health has deteriorated in recent years and there are stark inequalities in health within Oxfordshire including in length of life and preventable mortality, closely related to level of deprivation of areas within the Council. Intervening early in life helps to disrupt these accumulations and is the most effective way to reduce inequalities in health and the social determinants of health.

CHAPTER 3

GIVE EVERY CHILD THE BEST START IN LIFE

This section provides a summary of available data and information about health and health inequalities among babies, children and young people in Oxfordshire and then overviews inequalities in key social determinants of health for these age groups, which affect their immediate and longer-term health and other outcomes.

Stark inequalities are evident from maternity and through to school age and beyond, all of which impact health at the time and affect prospects for health and other important outcomes throughout life. Evidence repeatedly shows that reducing inequalities in the early years is the most effective way to reduce inequalities experienced throughout life, including in health.

There are many existing programmes and approaches in Oxfordshire to support families through maternity and the early years and for children and young people, some of which are highlighted in case studies throughout the report. While statutory services, including healthcare, Children's Services and education have responsibility for these age groups, there are many additional services which impact, such as housing, transport, recreation and family support. The voluntary, community, faith and social enterprise sector (VCFSE) play an important role in supporting families and without their contributions many more disadvantaged and excluded people would miss out on vital support and inequalities in health and the social determinants of health would be far wider. Stakeholders repeatedly told us that the VCFSE are increasingly having to provide services which have previously been provided by statutory services and the benefit system, but which, due to rising need and cuts are now not providing a basic level of care or sufficient income to allow people to live a healthy life.

Oxfordshire County Council have an Early Years Strategy and a Children and Young People's Plan which outline the County's priorities for early years and childhood. [40] The Oxfordshire Early Years Board focuses on the period from conception to school, with a partnership of stakeholders involved including the VCFSE, schools, the University of Oxford, healthcare and parents.

In the 2025-28 Early Years Strategy, Oxfordshire, using the Early Intervention Foundation Maturity Matrix, identified these priorities in the early years:

1. Developing an effective Early Years System in Oxfordshire
2. Parents are supported and enabled to provide the best possible start in life for their children

3. Growing a workforce with the right skills, values and in the right organisation to meet family's needs
4. Provision of high-quality Early Years settings who identify and respond to children's needs early to ensure they have the best start in life
5. Parent Infant Relationships
6. Speech and Language and Communication Development

The Early Years Board is developing a set of key indicators to monitor progress against these identified priority areas. This report builds on this strategy and other relevant and developing approaches to improve maternity, early years experiences and outcomes for children and young people across Oxfordshire from many sectors and organisations. The recommendations made in this report align with and build on the recommendations in the Early Years Strategy.

Effective partnership working between a range of sectors is essential for ensuring effective impacts and in reducing inequalities and is covered more fully in this report in section 6. There are a number of important partners who impact on experiences, and inequalities, encompassing healthcare, education, businesses, many Council services, childcare settings and voluntary community groups and the faith sector. In this report we overview how business can be more integrated into partnerships for health equity, supporting their employees and families and children and young people in the areas where they are located. We also emphasise the role of faith based organisations in supporting families, children and young people.

3A. INEQUALITIES IN MATERNAL AND INFANT HEALTH

Inequalities originate during the very earliest stages of life, in-utero and continue throughout infancy and into childhood, shaped by the social determinants of health. There are strong associations between social determinants and the health of mothers and the health and development of babies.

This means that support to prospective mothers and during maternity is essential to provide every child with the conditions to have the best start in life, including through good nutrition, decent living and employment conditions and support with mental health during pregnancy. There are opportunities to provide this support, but there are currently gaps in provision and many women experience poor health and damaging living and working conditions during their pregnancy.

Stakeholders across Oxfordshire identified the importance of intervention and support during pregnancy and from the first days of life and reported that there is often less support than during childhood and through education. We highlight later in this report how systems to support these earliest years have been impacted by County-wide closures of Children’s Centres. Stakeholders identified that support during pregnancy leads to healthier pregnancies and infancy and can help families manage better during the early years.

“We have this unique window of opportunity to support families’ needs better during pregnancy; we may avoid some of the crisis that then impacts on early years.”

Healthcare stakeholder

“We need to establish good early help, rather than crisis management.

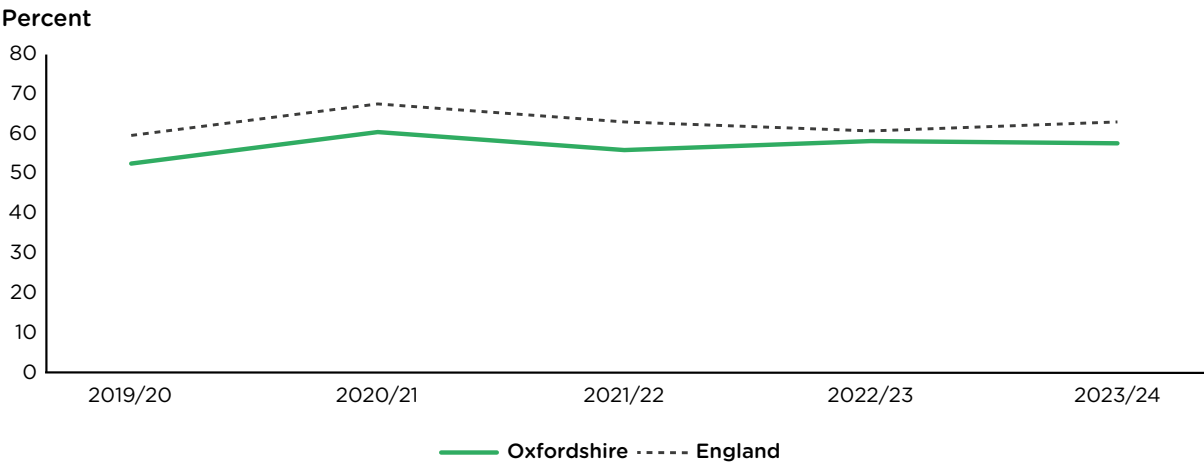
In the early years board we’re trying to really emphasise, always think babies, children, young people sort of get the baby’s perspective in there.”

Voluntary sector stakeholder

MATERNAL HEALTH

The earlier in their pregnancy that women receive such support the more effective it can be. On average available data in Oxfordshire shows that a lower percent of women access care early in their pregnancy than nationally and in 2023/24 only 58.1 percent of women accessed maternity care within the first ten weeks of pregnancy, figure 27. Stakeholders highlighted ongoing challenges with midwifery staffing and capacity, exacerbated by challenges in staff retention due to high living costs in the County. Stakeholders also reported that more disadvantaged women were twice as likely to miss hospital appointments due to barriers such as transport costs, childcare responsibilities and digital poverty. There is a need for more local maternity services to improve access, with neighbourhood health services that include maternity care.

Figure 27. Percentage of pregnant women who have their booking appointment with a midwife within 10 completed weeks of their pregnancy, Oxfordshire and England, 2019/20 to 2023/24



Source: NHS [41]

In September 2025 Oxford University Hospital (OUH) was selected as one of the 14 NHS Trusts included in the National Maternity and Neonatal Investigation which will result in the development of a set of national recommendations to:

- Drive the improvements needed to ensure high-quality and safe maternity and neonatal care across England
- Reduce inequalities and promote health equity in the delivery of those services
- Help bereaved and harmed families to receive justice and accountability in the future

A range of factors informed the selection of the 14 trusts, including criteria to determine a mix of Trusts are included in the Investigation as well as data and metrics such as the Care Quality Commission maternity patient survey and MBRRACE-UK perinatal mortality rates which sets out differences by ethnicity. [42] OUH's inclusion in this review followed public criticisms and complaints from families about the services they received, including a campaign supported by over 730 Oxfordshire families asking for an independent inquiry into the services. Additionally, a New Statesman and Channel 4 News investigation into the maternity services reported poor experiences from mothers who had received care at OUH. [43] OUH aims to recognise and incorporate the voice of parents, babies and families in the investigation. [44]

We were also told by stakeholders about the increasing pressures on midwives, who are not only facing challenges due to capacity, but also dealing with more complex issues being experienced by women in their care. They spoke in particular of excluded groups, such as migrant women who are struggling with housing, isolation, and poverty. Whilst midwives can refer people on to other services, stakeholders from across the system also told us that they aren't aware of all the support that is available for pregnant women and families with young children and that they could offer more advice and referral to families if they knew what was available.

“On midwifery and health visiting - There's no capacity in that system to provide them, you know, more holistic support for families”

Voluntary sector stakeholder

The following two case studies outline existing programmes to support vulnerable women in pregnancy at Oxford University Hospitals.

Case study: Access to maternity care

Oxford University Hospitals have place-based outreach clinics for asylum-seekers in dispersal accommodations to ensure timely access to maternity care, addressing barriers like language and transportation. This is important as migrant pregnant women are at higher risk of worse maternal and perinatal health outcomes. These inequalities are reinforced through national policies and practices on the care of refugee, asylum seeking and undocumented migrant women, which limit access to healthcare for these groups of women. [45]

Case Study: The Maternity Integrated Safeguarding and Mental Health Team

Perinatal mental disorders increase risk of adverse outcomes for both mother and child, including stillbirth, sudden infant death syndrome, low birth weight, delayed development, parenting difficulties, and loss of custody of the baby. [46] In OUH, Safeguarding and Mental Health teams merged in early 2024 to better address the inequalities experienced by socially complex and vulnerable pregnant women and supports the work of these specialists' clinics. This joint approach is aligned with research from the Maternal Mental Health Alliance and NHS England, which highlights that integrated care pathways lead to improved detection and management of perinatal mental illness and safeguarding concerns. By uniting safeguarding and mental health teams, the services hope to deliver targeted interventions that address these risks holistically.

To ensure that domestic abuse is addressed proactively in Maternity, OUH launched a hospital-based Independent Domestic Violence Advocate (IDVA) service in 2023, piloted with STADA funding and now funded by Oxfordshire County Council. The presence of IDVAs in maternity settings is supported by evidence from SafeLives, which demonstrates that embedding IDVAs in health settings improves disclosure, safety planning, and engagement with protective services.

Embedded housing workers within OUH offer support for families experiencing housing issues and homelessness. This service is being used more and more by the safeguarding team due to families experiencing difficulties with poverty and destitution whilst being in inappropriate housing.

This team have launched the interactive padlet “[Maternity Resources for Wellbeing and Practical Support](#)”

The Padlet serves both staff and families by providing practical, regularly updated resources related to:

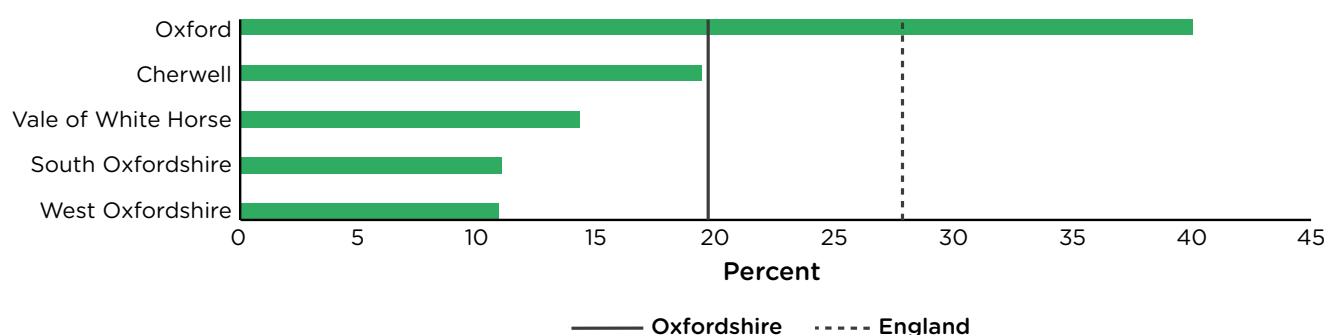
- Housing and homelessness
- Financial hardship
- Domestic abuse
- Mental health services
- Food insecurity

This innovation aligns with NHS Core20PLUS5 priorities, which emphasise the need for accessible tools to reduce health inequalities and empower individuals to manage social determinants of health.

There are striking inequalities in maternal and infant health by ethnicity across England and reports of racism from service providers. The 2024 *Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries* report found that Black women are three times more likely to die from pregnancy and childbearing-related complications than White women, while women from Asian ethnic backgrounds are two times more likely to die. [47] In 2023, rates of infant mortality were particularly high in England and Wales among Black, Pakistani and Bangladeshi babies. [48] These ethnic inequalities indicate issues with living and working conditions for pregnant women, maternal health, access to maternity and obstetric services and the cultural appropriateness of those services and their delivery.

In Oxford the percentage of deliveries to ethnic minority women is higher than average in England on average and at least twice as high as all other Districts of Oxfordshire, figure 28. Interventions and strategies must be in place to mitigate inequalities during pregnancy for these groups. Stakeholders highlighted discrimination and exclusion for many Black, Asian, non-English speaking women, and towards those with complex mental health needs. These inequalities are not adequately captured in the data, showing a need for more consultation with communities and data which is disaggregated by ethnic groups to show and support action to reduce the disadvantage and exclusion and inequalities in outcomes.

Figure 28. Percentage of deliveries to women from ethnic minority groups, Oxford lower tier authorities and England, 2023/24



Source: NHS England [157]

Early Lives, Equal Start is a programme in Oxford, delivered in coordination between Flo's, a local voluntary sector organisation, and healthcare partners, funded by the ICB. This is a promising example of extensive and targeted support for women from ethnic minority groups in Oxford and of partnership between healthcare and the voluntary sector. Stakeholders reported hugely positive

impacts that Equal Start has on the community it serves, with suggestions that more services like this are needed across the County. An expansion of the programme would require close collaboration with the communities served to meet the specific and varied needs of the communities and provide relevant support help to reduce inequalities and build trust with communities.

Case Study: Early Lives Equal Start

Early Lives Equal Start was launched in late 2022, inspired by local and [national research](#), with the aim to support mothers and birthing people from diverse migrant populations in Oxford. In 2021, community research from Healthwatch in collaboration with minority ethnic groups and Oxford Community Action created a film highlighting experiences in maternity care. These include being unheard by medical professionals, inadequate care, and language barriers. The project addresses these issues, focusing on mothers from African, Caribbean, South Asian, East Timorese, Arab, and other ethnic minority communities, and supports community midwives in providing optimal care.

Key activities:

- Advocacy and empowerment for communities to influence change in their maternity services and community.
- Bespoke community-based antenatal education and support: antenatal classes-co-producing community-based antenatal education with midwives, offering culturally appropriate health literacy information and interpretation support for first or second-time parents.
- Training programs- running training and community work experience programs for local mothers to become community outreach workers, peer supporters, and maternal advocates.
- Maternal justice work in accessing housing, immigration, benefits, etc.

The work is hosted at [Flo's](#) and is co-produced with mothers and midwives from the community. There is not an evaluation of their work so far, but their aims are to drive system change in maternity care, improve health outcomes for Black and ethnic minority mothers and children and work with communities to share their stories to inform healthcare further.



Stakeholders told us that particularly within Oxford City, there are increasing numbers of women seen by maternity services who do not have English as a first language. Oxford University Hospitals have improved interpreter access for rare languages and are in the process of co-creating multilingual video and audio resources for

pregnancy, birth, and early parenthood. However, many families are still struggling to access services, do not have access to translators, digital devices and while community voluntary sector organisations do what they can to support these families, the support does not reach all those who need it.

Case Study: Oxford University Hospitals NHS Foundation Trust (OUH) Maternity Services mitigating against digital exclusion

OUH transitioned to a fully digital care record system in February 2024. This changed the way in which pregnant women and birthing people engage and interact with the maternity care system including self-referral when first pregnant, accessing information resources, clinic notes, results and appointment times. Whilst this is an improvement for some, the service has been mindful of the risks of digital exclusion as this often overlaps with other forms of social exclusion and disadvantage with the potential to embed existing health inequalities. OUH collate information on how women and birthing people access the service to book for care and offer alternative forms of first contact.

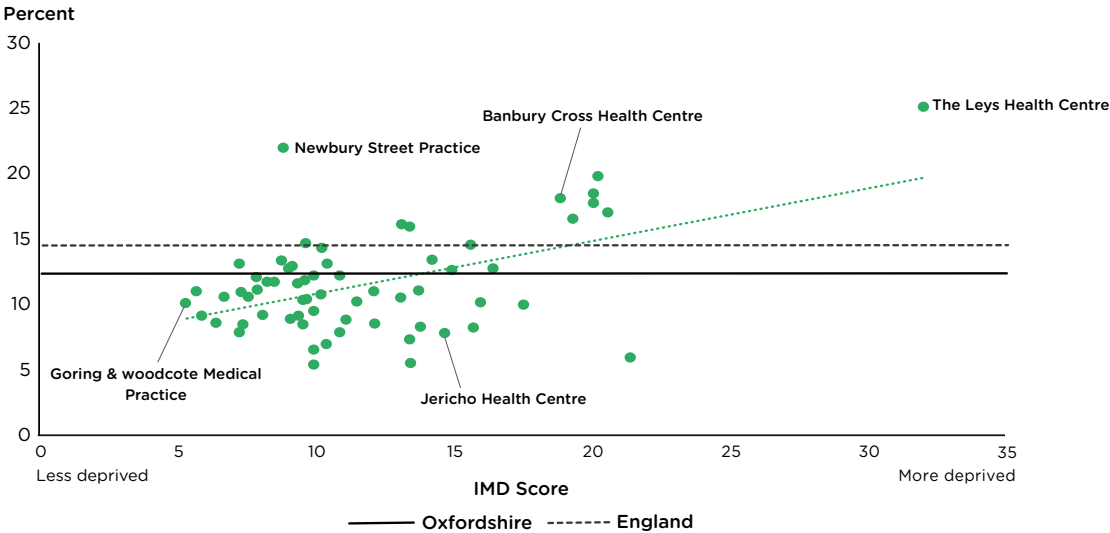
Additionally, a digital inclusion hub for pregnant women and people was established in 2024. This is in partnership with the Good Things Foundation (GTF) and to date, over 50 women have been supported with free texts, calls, and either 25GB or 40GB of data for up to 12 months. Additionally, mobile phones have been distributed to women in need. A local **Digital Inclusion Standard Operating Procedure (SOP)** for staff was launched in 2025 to guide consistent support and posters and banners have been displayed across five maternity hubs in Oxfordshire to increase awareness of support, funded by a £1,000 grant from GTF.

SMOKING DURING PREGNANCY

As is the case across the country, there are higher rates of smoking in more deprived areas in Oxfordshire. Smoking during pregnancy is particularly harmful and damages the health of mothers and babies. The Oxfordshire Tobacco Control Strategy outlines strategies to reduce inequalities by targeting groups with high smoking rates, including routine and manual workers, people who are unemployed and those living in the most deprived communities. [49] There is a specialised tobacco dependency in pregnancy service which offers a programme throughout pregnancy and the postpartum period. [50]

Smoking at time of delivery in Oxfordshire is lower than the England average, 6.1 percent in 2024 compared with 9.1 percent in England. [51] Smoking status at time of delivery is not available by deprivation. However, there are large inequalities in the percentage of all people smoking between GP practices, with the GP practices the ten most deprived areas in Oxfordshire ranging from 10.4 - 28 percent of people smoking, figure 29.

Figure 29. Smoking status (aged 15+) and deprivation (IMD 2019), GPs within Oxfordshire CCG, 2023/24



Source: NHS England [52]

MATERNAL NUTRITION

Good maternal nutrition is fundamental to the health of mothers and babies. Certain nutrients are particularly essential for early brain development, which in turn has long-term effects on adult function. There are inequalities in nutrient deficiencies, with stakeholders highlighting that women on a low income, relying on Universal Credit, do not have the money to afford nutritious food for themselves and their family. Whilst some nutrient deficiency is monitored in maternity services, stakeholders suggested that increasing monitoring of these deficiencies, in particular iron deficiency, would be effective and lead to remediation. They recommended increased screening for iron deficiency and education for caregivers and women around the importance of iron for developing baby and maternal health and include training maternity support workers to give culturally relevant nutrition advice. These early interventions during pregnancy could help to prevent further health problems later on in life.

“When we think about some sort of public health way of addressing health inequalities... we mustn’t lose sight of where pregnancy sits in that and where maternity nutrition sits in that.”

Healthcare stakeholder

EMPLOYERS AND MATERNAL HEALTH

Employers can have a significant positive impact on experiences during maternity through the provision of adequate support and parental leave. Whilst there is a minimum statutory leave, businesses can go beyond this to support pregnant employees and working parents.

Stakeholders emphasised that employers should implement and enforce policies supporting pregnant employees and for staff with young children, including paid time-off for appointments, sharing information about healthy maternity and parenting, access to relevant support and flexible working policies. These maternal and family support policies can be developed through an HR family health network to influence organisational policies, and provision of support for positive parenting.

Case study: Laing O’Rourke and parental leave

Laing O’Rourke is an international engineering and construction company delivering infrastructure and buildings projects for clients in the UK. It is a member of the Steering Group of the Oxfordshire Inclusive Economy Partnership and one of the charter signatories. Laing O’Rourke is currently delivering Oxford North’s new Innovation District. Since July 2022 it has had an industry-leading parental leave policy, providing every Laing O’Rourke employee with access to at least six months’ parental leave on full pay, regardless of gender. Laing O’Rourke also have a phased return-to-work policy, which will see employees work 80 per cent of the time, but receive their full salary, for up to 13 weeks. Parents who adopt or welcome a baby via surrogacy are also entitled to leave. It also offers paid leave for any employee who has suffered, or whose partner or surrogate has suffered, a loss of pregnancy. However, there is no indication of impact on employees.

Case Study: Bidwells and parental leave and pregnancy support programmes

Bidwells are a real estate adviser specialising in science and technology, sustainability, and modern living solutions. It is a certified B Corp. They advise two thirds of the University of Oxford’s Colleges and have an office based in Oxford City. As part of their commitment to better working conditions for their employees they offer a range of support to working parents. This includes:

- **Enhanced shared parental leave** – share up to 50 weeks of paid leave between employee and partner, with 100 percent of base salary for 24 weeks and the following 13 weeks at Statutory Adoption Pay
- **Enhanced maternity leave** – first 26 weeks at 100 percent of salary and following 13 weeks at Statutory Maternity Pay
- **Enhanced paternity leave** – up to 6 weeks at 100 percent of salary, which can be taken in 1 week blocks
- **Fertility leave** – 1 week paid leave per treatment cycle for up to 3 cycles, and 2 days pay leave for those supporting partners undergoing fertility treatment
- **Pregnancy loss** – up to 2 weeks paid leave following the loss of a pregnancy
- **Neonatal leave** – up to 12 weeks of neonatal leave to be taken at the end of maternity or paternity leave

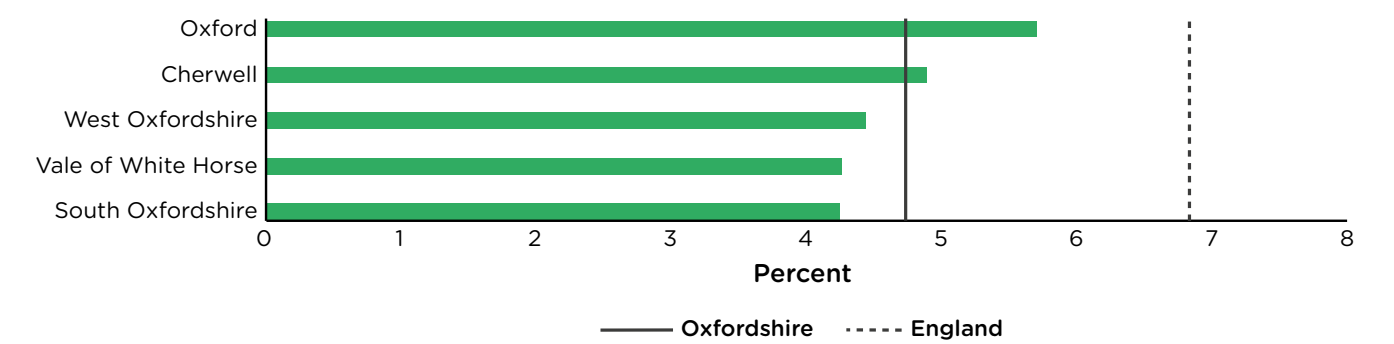
There is no indication of impact on employees.

INFANT HEALTH

A healthy birthweight is an important indication of infant and future health. There are wide inequalities in low birthweight across England, with lower birthweight more prevalent in some ethnic minority groups and among more disadvantaged families. In 2020, the percentage of term babies who were low birth weight was 2.1 times higher in the most deprived areas of England compared

with the least deprived areas. [53] Oxfordshire has a lower proportion of low birthweight babies, better than average for England, however, there is a range across the County, with the highest percentage of low birthweight babies in Oxford, 5.7 percent compared to the Oxfordshire average of 4.7 percent.

Figure 30. Low birth weight of live babies, Oxfordshire lower tier local authorities, Oxfordshire, and England, 2018-22

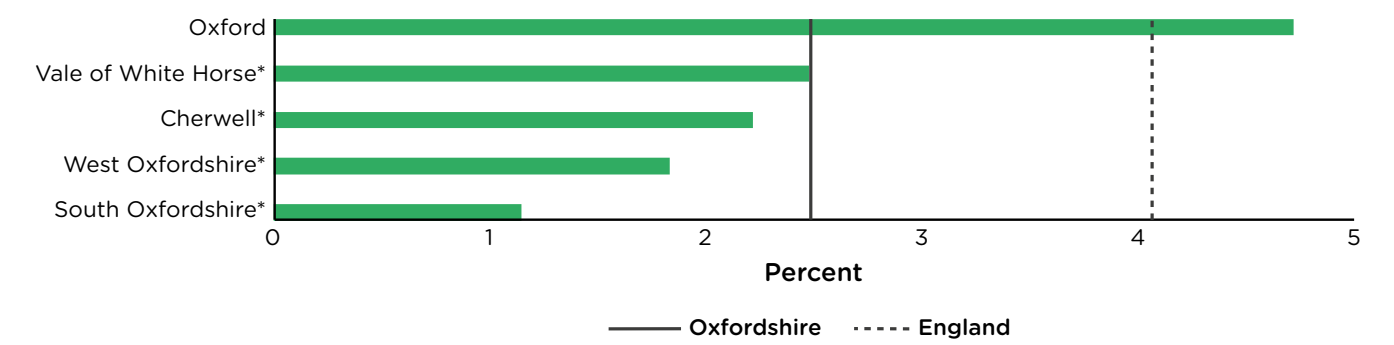


Source: OHID, based on ONS data [54]

Across Oxfordshire there is a lower rate of infant mortality than England on average. However, Oxford has a significantly higher rate than all other Districts in Oxfordshire, and higher than the England average.

Rates for all the Districts other than Oxford should be interpreted with caution as they are based on very low numbers, reducing the reliability of the data, indicated in figure 31.

Figure 31. Infant mortality, Oxfordshire lower tier local authorities, Oxfordshire, and England, 2021-23



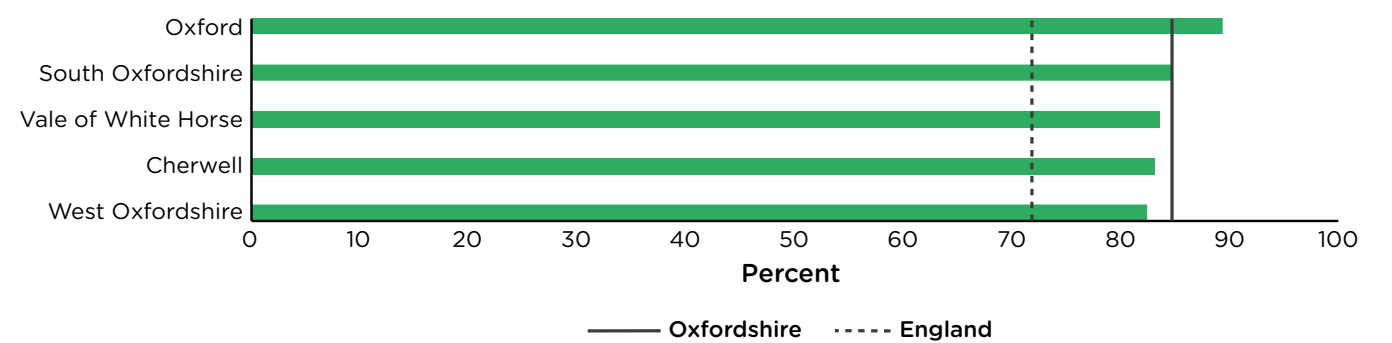
Source: OHID, based on ONS data [55]

Note: * Rates calculated where there were between 3 and 19 deaths should be treated with caution, as their reliability as a measure may be affected by the small number of events.

Breastfeeding is important for infant and maternal health and for the future health and development of the child. Across England there are inequalities in rates of

breastfeeding and for how long babies are breastfed for, with higher rates of breastfeeding in less deprived areas and lower rates in more deprived areas.

Figure 32. Percent of babies whose first feed is breastmilk, Oxfordshire lower tier local authorities, Oxfordshire, and England, 2023/24



Source: OHID based on NHS data [56]

HEALTH VISITING

All infants and their families are eligible to receive a New Birth Visit led by a health visitor within the first two weeks from birth. This visit is important in identifying any health or development issues with the infant, including early referral to a specialist team where needed, to provide parenting advice and to discuss concerns and worries, including maternal mental health. The visits are an important route to identifying further support which is required during the crucial early year period and are an important way to help reduce inequalities.

Health visiting services in Oxfordshire are provided by the Oxford Health NHS Foundation Trust 0-19 integrated community physical health service.

Case study: The integrated community physical health service for children and young people (0-19)

The integrated community physical health service for children and young people (0-19) offered by Oxford Health NHS Foundation Trust aims to take a partnership approach, focusing on collaboration, preventing ill-health, addressing health inequalities, and ensuring high-quality universal service available to all. It combines health visiting, family nurse partnership, vision screening, national child measurement programme, school health and college health nurses, safeguarding, and protective behaviours training into a single integrated 0-19 service. The offer takes a “Think Family” approach, the Think Family agenda recognises and promotes the importance of a whole-family approach and is a proportionate universal service – offering universal support which is proportionate to need. [57]

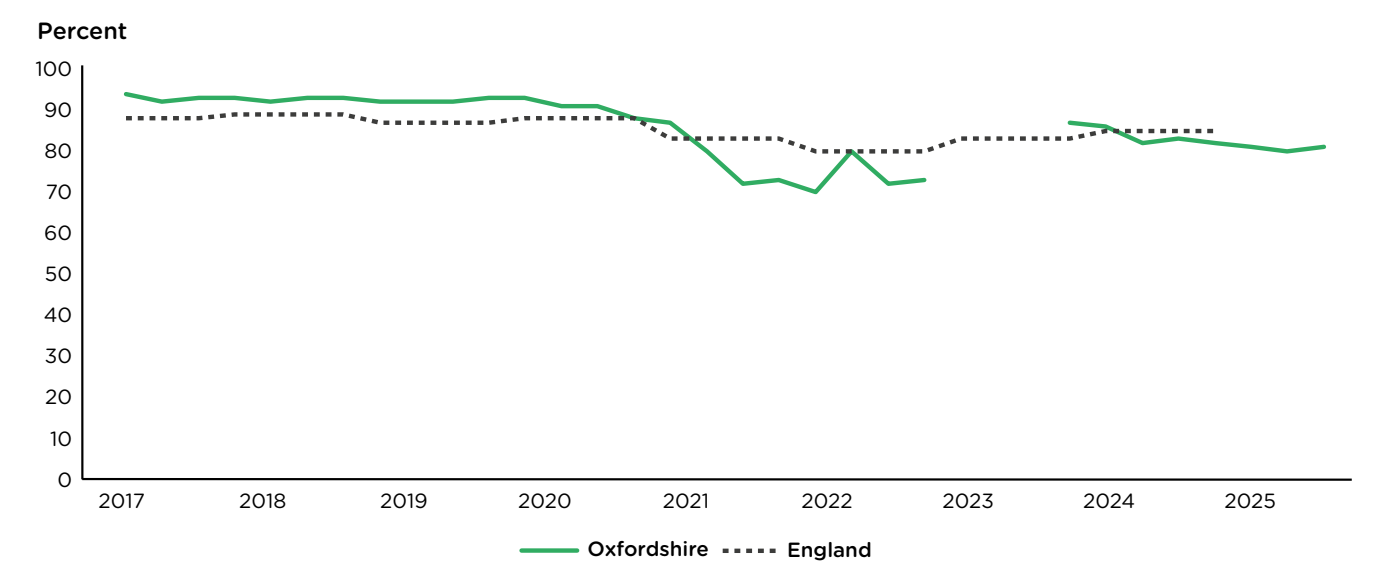
Home Start has a 5 year partnership with Oxford Health, which contributes to funding for their home-visiting and greater collaboration between the services. Their community network of trained volunteers and expert support help families with young children and works with Oxford Health's professionals in the delivery of peer support for families. [58] Stakeholders noted that this has led to positive outcomes. However, they reported some challenges in volunteer recruitment and consistency of coverage.

The health visiting service in Oxfordshire is accredited under the UNICEF Baby Friendly Initiative, which recognises services' support to families with infant feeding and developing good quality early relationships. However, stakeholders reported that the midwifery service in Oxfordshire is not accredited, due to capacity constraints. This affects the consistency and emphasis on infant feeding support across services, with stakeholders reporting a significant drop in breastfeeding rates between initiation and the new birth visit which they attribute to inadequate early support. Additionally, we were told that due to limited resources, work in midwifery and health visiting services was often focused on meeting specific statutory targets, limiting additional support beyond this, and that the targets themselves are limited as they do not reflect a full picture of the service delivery. Some Midwifery services in Oxfordshire have developed approaches focussing on reaching women and families experiencing exclusion and deprivation; these approaches offer culturally appropriate

support which aims to improve the health of women and the health and development of infants and link to support for families to access broader support.

Between 2017 to mid-2020 the percent of new birth visits completed within 14 days in Oxfordshire was higher than the national average. However, from October-December 2020 the percentage fell from 88 percent to 70 percent in January-March 2022. This drop in services can be attributed to the Covid-19 pandemic affecting service delivery and leading to the suspension of universal reviews and redeployment of staff. While new birth visits increased between 2024 and 2025 the proportion of new birth visits completed within 14 days has fallen from 87 percent to 81 percent and is below the latest national rates. However, when looking at figure on new birth visits completed within 30 days rather than 14 days, data from Oxford Health shows that over 94 percent of new birth visits are completed within 30 days.

Figure 33. Proportion of new birth visits completed within 10-14 days, Oxfordshire and England, 2017 to 2025



Source: Oxford Health and OHID, based on interim reporting data for universal health visiting services [59]

Note: Data missing for Oxfordshire for part of 2023

Stakeholders reported that due significant pressures on midwifery there are often poor handovers and communication with other services, including health visiting services, leading to a lack of holistic support and missed opportunities to support excluded families. Whilst there are efforts to improve communication between midwifery and health visiting services the resource and capacity context remains challenging and stakeholders reported that failures in communication between services undermines support that can be offered and leads to low levels of trust in services from families, affecting engagement with services.

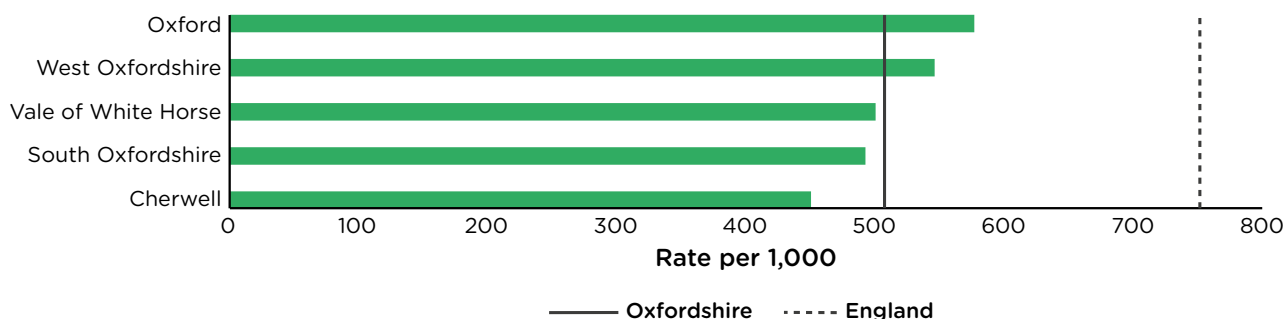
HEALTHCARE AND EMERGENCY HOSPITAL ADMISSIONS

In this section we briefly overview some health system data for young children in Oxfordshire. Health systems record health care activity rather than prevalence of health conditions and therefore may indicate differences in health care activity or recording rather than differences in health. However, these important caveats notwithstanding there are differences across Oxfordshire in rates of emergency admissions to A and E and planned hospital admissions among young children which warrant further analysis.

Rates of A and E attendance for infants and children aged 0-4 are considerably lower than the average for England in all Oxfordshire Districts, figure 34, however, there are higher rates of emergency admissions across Oxfordshire than England, figure 35. Rates are particularly

high in Cherwell and Oxford, which may indicate either particularly poor health and high rates of accidents or barriers in accessing healthcare across the County. However, further exploration is needed.

Figure 34. A&E attendances, aged 0-4 years, rate per 1,000, Oxfordshire lower tier local authorities, Oxfordshire, and England, 2023/24



Source: OHID, based on ONS data [60]

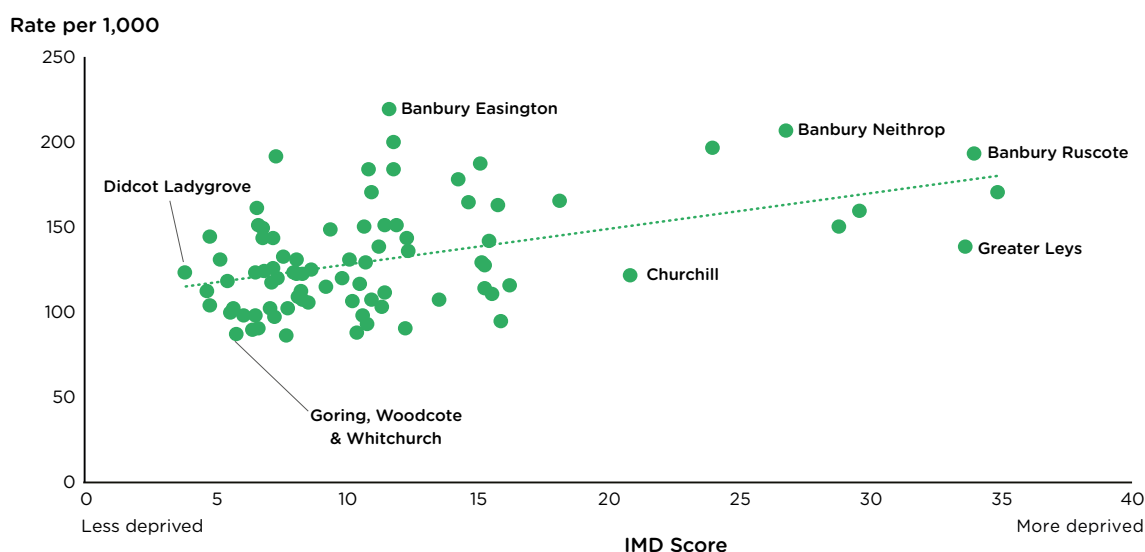
Figure 35. Emergency A&E admissions aged 0-4 years, rate per 1,000, Oxfordshire lower tier local authorities, Oxfordshire, and England, 2023/24



Source: OHID, based on ONS data [61]

There is some association between emergency hospital admissions for children under 5 and deprivation of small areas within Oxfordshire with lower rates in less deprived areas.

Figure 36. Emergency hospital admissions, aged under 5, rate per 1,000, Oxfordshire MSOAs, 2016/17 to 2020/21



Source: OHID, based on NHS England and Office for National Statistics data [62]

3B. INEQUALITIES IN EARLY YEARS EXPERIENCES AND OUTCOMES

Children’s experiences during their early years have impacts throughout life. Evidence has repeatedly shown that positive experiences in the early years are closely associated with a range of beneficial long-term outcomes, including higher levels of cognitive development, attainment at school, better social and emotional development, improved employment outcomes, higher income and better lifelong health, including longer life expectancy. [3] Conversely, less positive experiences early in life, particularly experiences of poverty, adversity and trauma, are closely related to many negative long-term outcomes: poverty, unemployment, homelessness, unhealthy behaviours and poor mental and physical health. [3]

CHILD POVERTY

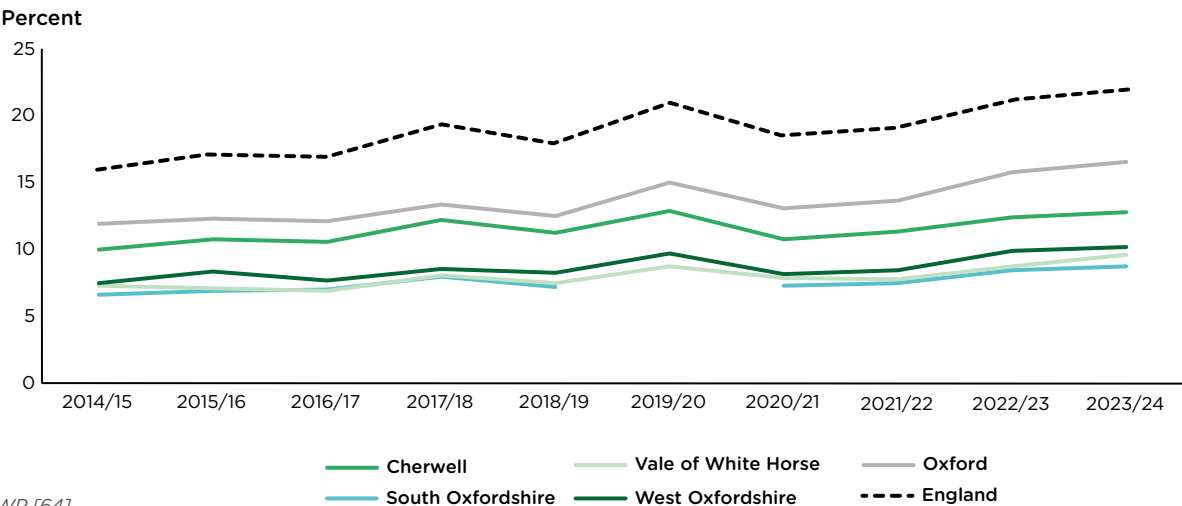
Experiencing poverty as a child has detrimental impacts on health and the social determinants of health. Drivers of child poverty include parental unemployment, low pay, social benefits which do not meet essential needs, housing costs and the rising cost of essentials such as childcare, heating and food. [3, 11] Child poverty is not inevitable, but largely the result of political and policy choices. Many countries in the OECD have considerably lower rates of child poverty than England. According to the UNICEF Innocenti report, for instance, in 2019-2021, the UK ranked 28th out of 39 OECD and EU countries for rates of child poverty. Notably, the UK had the highest increase in child poverty rates, 20 percent, between 2012-14 and 2019-21 out of all the OECD countries. [63]

A child is defined as living in relative poverty if they live in a household whose equivalised net income is less than 60 percent of UK median equivalised net household income for that financial year. Absolute poverty is defined as a household whose equivalised net income is below 60 percent of what was the median income in the financial year 2010/11 adjusted for inflation. Rates of relative poverty are higher than rates of absolute poverty and both can be calculated before and after housing costs (BHC and AHC) are taken into account.

In December 2025 the UK Government published a child poverty strategy, “Our Children, Our Future: Tackling Child Poverty”. [156] Within this policy paper they outlined a new measure of poverty, “deep material deprivation”. This is based on material deprivation questions: families are asked whether they can afford 13 items identified by the public as the most essential, covering basic needs such as food, heating and housing. If a family is lacking four or more of those items for financial reasons, they are judged to be in deep material poverty. [156] This measure will provide more insight into how families are affected by the cost of living, rather than just their income.

As across England, the percentage of children in relative low-income families in Oxfordshire increased between 2014/15 and 2023/24 although at a lower rate, increasing by 2.9 percentage points from 8.8 to 11.7 percent, compared to an increase of 6 percentage points in England. Among Districts in Oxfordshire the proportion of children in relatively low-income families increased the most in Oxford, although rates are still below the England average.

Figure 37. Children in relative low-income families, Oxfordshire lower tier local authorities, and England,2014/15 to 2023/24

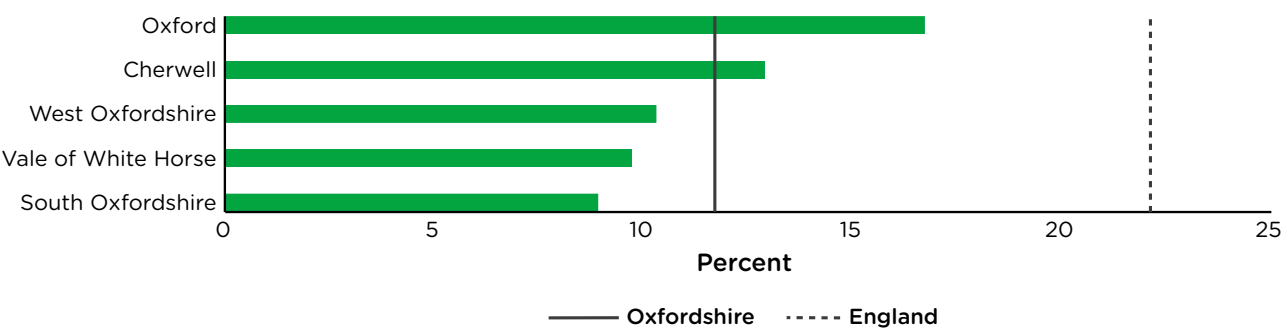


Source: DWP [64]

On average a smaller proportion of children are in relative low-income households before housing costs are taken into account in Oxfordshire (11.7 percent) than in England (22.1 percent), as seen in figure 38. However, once housing costs are accounted for the average in

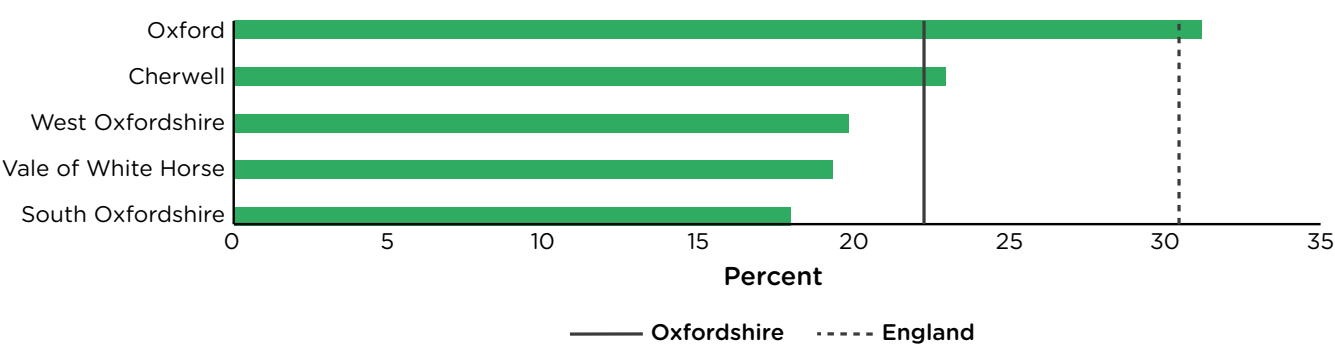
Oxford is slightly above the England average, with 31 percent of children living in relative low-income families compared to the national average of 30 percent (figure 39), highlighting the impact of high housing costs in the City.

Figure 38. Children in relative low-income households, before housing costs (BHC), percent, Oxfordshire LADs and the UK, 2022/23



Source: DWP [64]
Note: Relative low-income refers to people living in households with income below 60% of the median in that year

Figure 39. Children in relative low-income households, After Housing Costs (AHC), Oxfordshire lower tier local authorities, and England, 2023/24

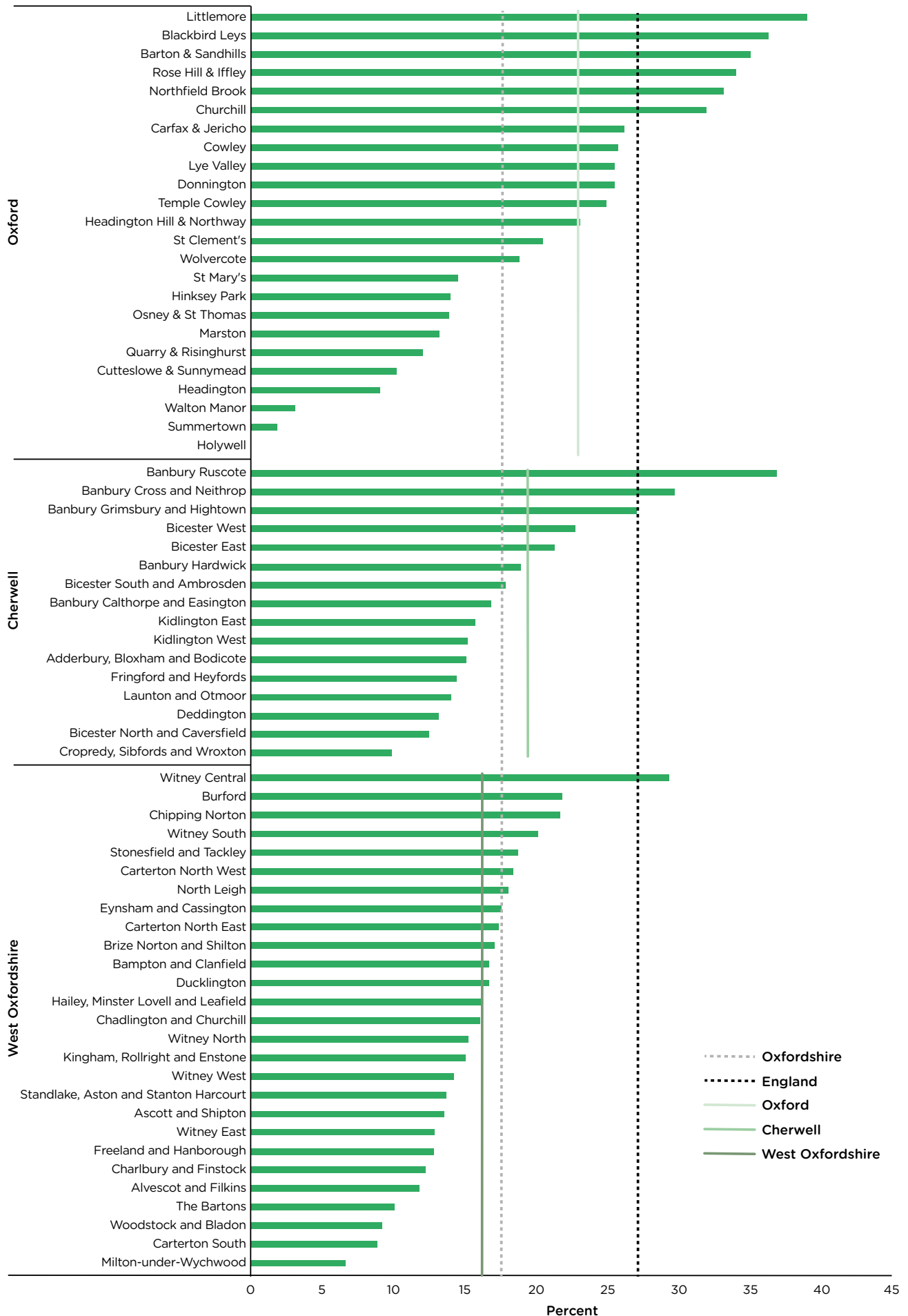


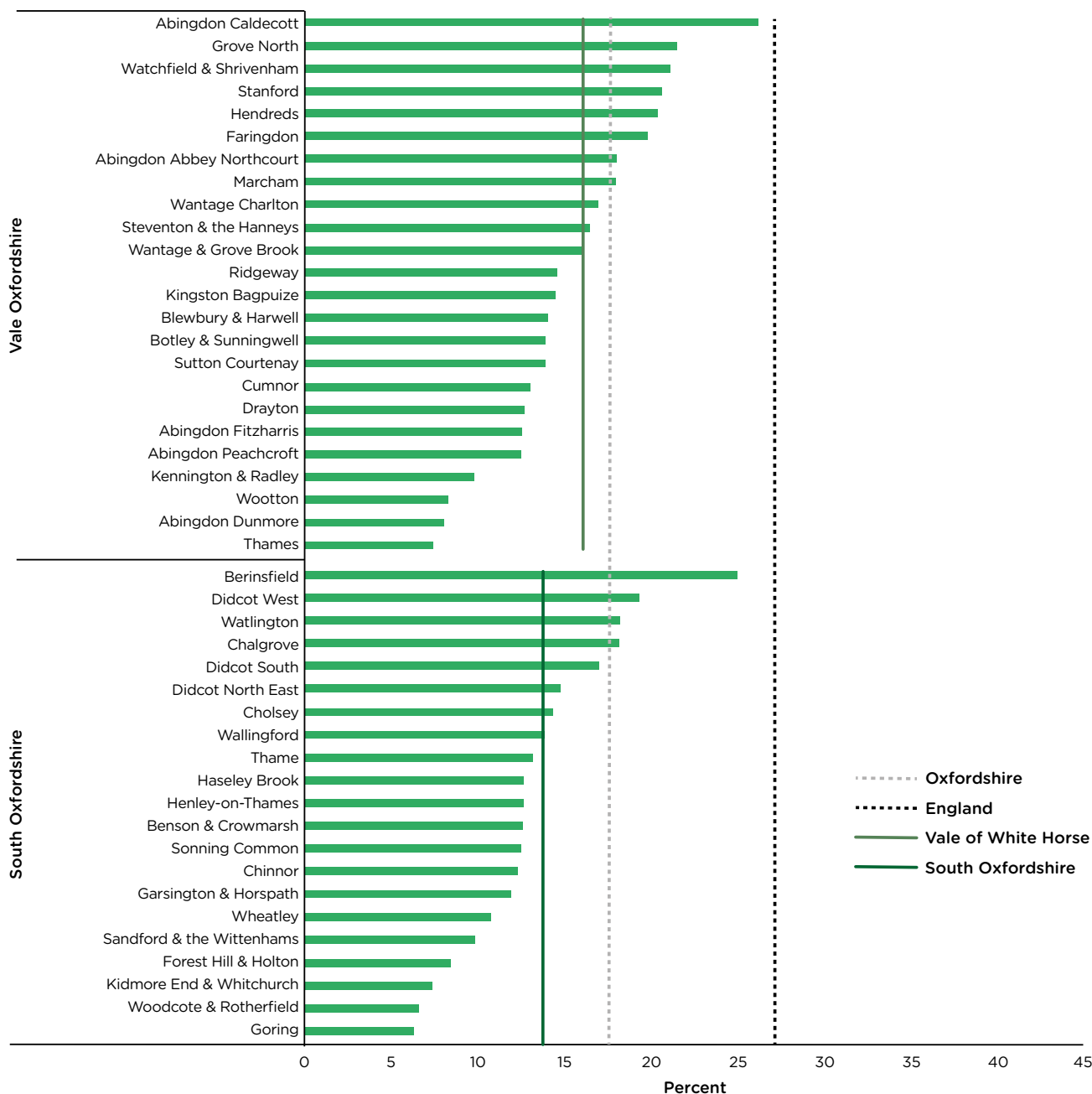
Source: End child poverty [65]

There are large differences in child poverty before housing costs between Wards in Oxfordshire: only 5.6 percent of children live in relative low-income families in the Cherwell Ward of Bicester South and Ambrosden compared to 27.6 percent in Banbury Ruscote less than 20 miles away. Figure 40, shows that some Wards in every District have rates of poverty AHC which are higher than the overall average for Oxfordshire and in Oxford, Cherwell and West Oxfordshire there are rates which are higher than the England average. Designing programmes for support to reduce and mitigate experiences of poverty must be sensitive to these wide differences within Districts and between Districts and designed in a way which is proportionate to the scale of the challenge within Districts and for children in low-income families

who live in relatively wealthy Wards, who are often missed in programmes and support offered in more uniformly deprived areas. Stakeholders emphasised that there are high levels of poverty hidden in wealthy parts of the County, which are not captured in the data. Additionally, they highlighted that lower-income families and children in wealthy areas experience stigma, which contributes to social isolation and disengagement from education and other services, particularly in rural areas. There is often a lack of support for ethnic minority groups in rural areas, which leads to further isolation. As these issues are not captured in standard datasets it is essential that direct community engagement is undertaken to understand where support is lacking.

Figure 40. Children in relative low income families, after housing costs, Oxfordshire wards, Oxfordshire, and Oxford 2024/25





Source: DWP (2026) [64]

Data on child poverty by ethnicity is not available at a local authority level, however there are clear ethnic inequalities in rates of child poverty in UK. In the three year period 2021/22 to 2023/24, 65 percent of Bangladeshi children and 59 percent of Pakistani children were living in poverty AHC, while the average for all children was 29 percent. [66]

While many of the levers to significantly reduce child poverty lie outside the remit of the Council, including tax and benefit systems, minimum wage and support for families with children, there are policies and programmes to reduce child poverty in Oxfordshire and mitigate its impacts. These include reducing fuel, food, digital and other manifestations of poverty and supporting

access to benefits and other forms of financial support. There have been some recent developments in national Government strategies, including the Best Start in Life Strategy and the Child Poverty Strategy which could support local action to reduce child poverty and mitigate its impacts.[8, 67]

As subsequent chapters in this report highlight, children and young people from low-income families in wealthier areas often have worse educational and other outcomes than low-income children in less wealthy areas. There are several explanations for this including stigma and discrimination and appropriate services and support not being made available.

"I think the research is really clear that there are things which are not related to poverty, which help children do well from the very beginning, and those are the quality of relationships that they have with their parents and carers. And the quality of the learning opportunities that they have at home, which don't have to cost anything. But I think poverty really impacts and stress around poverty and stress around having to work three jobs, which is something we're seeing more and more of."

Voluntary sector stakeholder

Stakeholders emphasised the importance of increasing recognition of those families who may be struggling and the provision of universal, open-access services, to reduce stigma felt by families in need of extra support. We have heard repeatedly that seeking support can be harder when living in an affluent area.

"We need to find those ways that you can spot food poverty, family poverty in a very, you know, in a non-stigmatising way."

Voluntary sector stakeholder

There is existing good practice working across systems in partnership to alleviate some of the effects of deprivation.

Case study: **Brighter Futures in Banbury**

Brighter Futures in Banbury, is a partnership across three deprived Wards in Banbury that works to break down the cycle of deprivation in these areas.

Brighter Futures is a long-term programme of projects designed to relieve deprivation by improving access and opportunity for individuals within Banbury's most disadvantaged areas.

The Brighter Futures partnership brings together the anchor organisations working within the three Wards – such as schools, sports providers, charities and the police, housing providers, as well as community groups and faith groups. The steering group brings together information from residents and service providers to support all the partners. They aim to support residents in building a strong and cohesive community. This group has an action plan based on evidence from the Brighter Futures Wards. Their current themes are:

- Stronger Communities and Volunteering
- Safer Communities
- Start Well
- Housing
- Physical Activity, Health and Wellbeing
- Employment, Education and Skills

Partners are encouraged to develop and deliver services in a way which makes communities feel part of the process of developing and delivering services.

Partners report increasing demand in both volume and complexity, at a time when they are receiving reduced funding. Working in partnership, with shared objectives, provides support for organisations and the individuals working in them. The longevity of the partnership means that trust has developed between the partner organisations leaving them well placed to create joint projects and to make combined bids for funding. [68]

FOOD POVERTY

Access to affordable, healthy food is a significant issue across England. There is no standard definition of 'food poverty'. However, in government statistics a household is defined as experiencing food poverty or 'household food insecurity' if they cannot (or are uncertain about whether they can) acquire "an adequate quality or sufficient quantity of food in socially acceptable ways". [69] In 2023/24 there were 7.5 million people, or 11 percent of the

UK population, in households experiencing food poverty, including 18 percent of children. [69] Some people are at higher risks of experiencing food poverty, including those with limiting health problems or disability, food sector workers, people from ethnic minority groups and households with children. Experiencing food insecurity as a child can affect development, mental health, wellbeing and educational attainment. [70]

Whilst food poverty data is not available at a local level, an estimated 9-14 percent of Oxfordshire's residents experience food poverty. [71] Food poverty is exacerbated by high living costs, which is a significant problem across Oxfordshire, particularly in Oxford due to high housing costs in the City.

Oxfordshire County Council in partnership with the District Councils launched a Good Food Strategy which identifies priority action areas to create a better, more equitable food environment across the County. These areas are: tackling food poverty and diet related ill-health, building food communities, growing the local food economy, stronger, short, transparent local food supply chains, and improving the health and sustainability of institutional catering. [71] The strategy highlights a whole systems approach, working across existing programmes

within the local authority and with community groups to deliver a more equitable and sustainable food landscape. Stakeholders also reported that there is a new model being developed with the County Council and partners to move away from food provision via food banks and towards community co-ops, enabling bulk purchasing and shared resources for communities. Some community pantries are open access and this has helped to reduce stigma and support people in a broader income range who still experience food poverty.

There are many community organisations working across different parts of Oxfordshire to help fight food poverty in the County and provide additional support to those who need it the most. One example is the OX4 Food Crew, which works to tackle food poverty in one of the most disadvantaged areas in Oxford.

Case study: OX4 Food Crew

OX4 Food Crew is a partnership of 9 small grassroots organisations in Oxford's OX4 postcode. Their aim is that everyone in OX4 has enough food, is well nourished and can thrive. This community includes some of the most disadvantaged areas of Oxford; four of the 10-20 percent most deprived Wards (nationally) are located in OX4. Formed at the beginning of the Covid-19 pandemic in response to local need, they have since developed and expanded to work with more local organisations and work towards system change to address the food inequalities that exist within the community.

In November 2022 OX4 Food Crew held a partnership research meeting to identify shared research priorities. [72] Three areas emerged from this:

- 1) Understanding unmet need in the community and gaps in existing food provision
- 2) Understanding routes to building community wealth and community power to improve capacity to address inequalities in accessing food
- 3) Understanding issues around perinatal and childhood nutrition affecting communities in OX4

A pilot intervention for Priority 3 has begun, combining cooking, nutrition education, and participatory research in an innovative 8-week programme for pregnant women and mothers with young babies called 'Starting Strong Together'. Between May-July 2023, the Starting Strong Together, Flo's, Waste2Taste, and City Farm worked in close partnership to run the first phase of a pilot place-based intervention and participatory research project. The aim was to learn more about what is needed to improve nutrition for babies in their first 1000 days of life (from conception till their second birthday) among mothers from diverse cultural backgrounds living in OX4. The feedback from this pilot was positive, resulting in increased confidence cooking, breaking social isolation, making connections with other mums across cultures, and becoming familiar with the City Farm. The next launch phase of this project ran from September 2023 onwards, but there is not an available assessment of its outcomes.

DIGITAL POVERTY

There are inequalities across the country in access, skills and use of digital technologies. Although there is no universally accepted definition, someone is generally considered in digital poverty when they lack the ability to interact with the online world, when, where and how they need to. This may be due to a lack of access or lack of digital literacy and skills. Older people tend to be the most at risk of digital exclusion, however digital poverty is also associated with deprivation, employment status, rurality, ethnicity and disability. Digital exclusion affects children and young people and their families and restricts

access to healthcare and other services and support and can lead to disengagement from an increasingly online world and increasing isolation among parents and carers.

Nationally, of all families, single parent families and those with more children are at the highest risk of digital poverty. Digital poverty is an issue for parents, particularly mothers from deprived communities and women are more affected by digital poverty than men in the UK. [73] Women from ethnic minority groups and recent migrants may also have lower digital proficiency and have greater

difficulty navigating healthcare technologies. [74] This is exacerbated in cases where language barriers are present, as technologies such as the NHS app are only available in English. Whilst there is limited research on how these groups are affected, particularly in accessing maternity care and information, it is an important area for further research in order to avoid exacerbating existing inequalities as more healthcare resources move online.

Whilst digital literacy levels are higher amongst young people, there are still inequalities in access. According to a 2023 survey, an estimated 14 percent of young people lack access to a learning device (desktop computer or laptop) and 15 percent of young people have no broadband access at home. The most common reason cited for not having a laptop was affordability.[75] During the pandemic digital inequalities for children worsened, as access to devices became necessary for education. Many digitally excluded children were from disadvantaged backgrounds, which in turn prevented their full participation in education, further exacerbating their disadvantage. Reasons cited for increased digital barriers during the pandemic included affordability, the need to share devices, and cramped living spaces. [76]

The percentage of the population who use the internet in Oxfordshire is higher than the UK average. In 2020, 96.5 percent of Oxfordshire residents said they had used the internet in the last 3 months, compared to 92.1 percent nationally. [77]

There is existing work in place in Oxfordshire to tackle digital poverty; Oxfordshire County Council published their Digital Inclusion Strategy in 2022, with subsequent annual action plans. [78] Two of the long-term ambitions focused on children and families are to ensure digital access is not a barrier to education, and that vulnerable children and families have access to support to raise household digital capacity and address digital disadvantage.

Voluntary sector organisations in Oxfordshire are also working to reduce inequalities in digital access in the County, such as the partnership 'Getting Oxfordshire Online'.

Case study: Getting Oxfordshire Online

Getting Oxfordshire Online, is a collaboration between three charities in Oxfordshire. They work to help people who haven't got access to technology to get online.

Their work focuses on three different elements including access to devices, connectivity and offering support for digital skills. They work with partner organisations to provide specific support based on need. This includes one-to-one training, support with disabilities, or introductions to technology and getting online.

They receive donated devices from individuals and organisations and have provided devices for Oxford Community Action (OCA), a local organisation working with people in East Oxford, who may need additional support. They collaborate have provided devices to children who have got no access to the internet at home, allowing them to stay connected through the school holidays and do their homework.

Devices were also given to Asylum Welcome, who are a refugee charity supporting people across Oxfordshire.

GOOD LEVELS OF DEVELOPMENT

This section highlights inequalities in levels of development during the early years, which lay the foundation for inequalities that continue throughout childhood and beyond. Socioeconomic inequalities in child development are already recognisable by the second year of life. [3, 11] These inequalities have an impact by the time children enter school and persist and deepen during their school years. [79]

National policy has a vital role to play in reducing these inequalities. For example, Sure Start, England's first large-scale programme supporting families with children under five, led to substantial improvements in educational performance among children from low-income backgrounds, including better GCSE results for free school meal (FSM) pupils living near a Sure Start centre compared to those without. [80] The Government's plan to expand Family Hubs into the new Better Start Family Hubs across all local authorities is a positive step towards re-establishing early years provision once delivered through Sure Start, however, on a much more limited scale.

Early years development relates to the social, emotional, and cognitive skills needed to successfully transition into formal education. Pupils eligible for FSM on average achieve a lower level of good level of development than children who are not eligible. Inequalities during this period of life translate into inequalities in health and in other social and economic outcomes throughout life. [81] In 2022 the

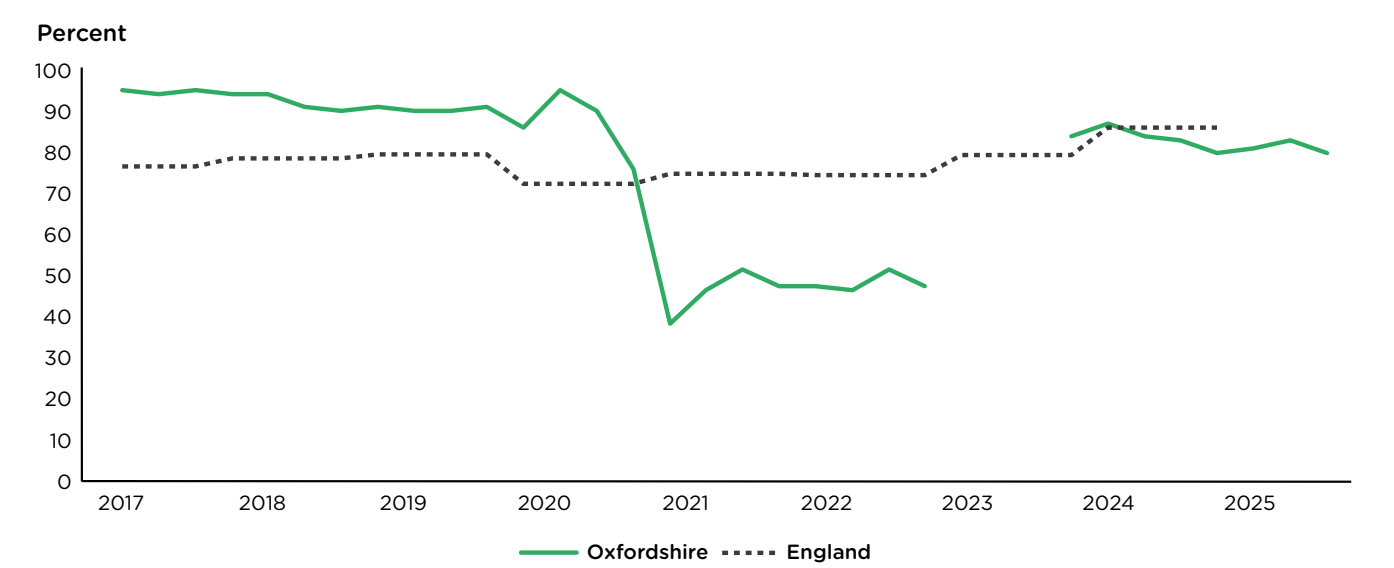
ONS showed the lasting impact of FSM status and eligible children earn less than their wealthier peers in adulthood, even with the same qualifications. At age 25, 23 percent of people who had been eligible for FSM as children earned above the living wage, while the equivalent figure of those ineligible was 43.5 percent. [82]

THE 2-2½ YEAR CHECK

All children and families are entitled to receive a review when the child reaches around 2 to 2½ years to provide an assessment of their health and development. In addition, it is an opportunity to support parents with issues such as access to a nursery place (including free provision) and referrals to further support as needed.

In Oxfordshire the proportion of children receiving a 2 to 2½ year review fell significantly in 2020/21 from 93.6 percent in April-June 2017 to, at its lowest only 38 percent before increasing slightly to 47.2 percent in October-December 2022, figure 41, with such declines related to the pandemic. However, the reduction in the proportion of children receiving a visit is far greater than the slight fall seen at the national level. This is likely due to differences in reporting and local decisions surrounding health visiting during the pandemic. In Oxfordshire around half the health visiting workforce were redeployed to frontline services, meaning reduced capacity for health visiting. Post-pandemic the proportion receiving a 2 to 2½ year review increased to 86.5 percent in January-March 2024. However, it has since fallen below the national average, to 78.9 percent for July-September 2025.

Figure 41. Proportion of children who received a 2 to 2½ year review, Oxfordshire and England, 2017 to 2025



Source: Oxford Health and OHID, based on interim reporting data for universal health visiting services [83]
Note: Data missing for Oxfordshire for part of 2023

Stakeholders told us that in addition to meeting statutory targets, health visitors are spending an increasing amount of time on specialist and safeguarding concerns, leaving less opportunity for universal prevention and early intervention to support other households. Stakeholders reported that capacity limitations shift how services are provided and mean that families don't often receive continuous care which makes it more difficult for families who need additional support to access it. Some families who would benefit from support don't receive it and this means issues can be overlooked and escalate.

“About health visiting services - They’re doing so much more safeguarding and triage that there isn’t that sense of a relationship with a named health visitor.”

Voluntary sector stakeholder

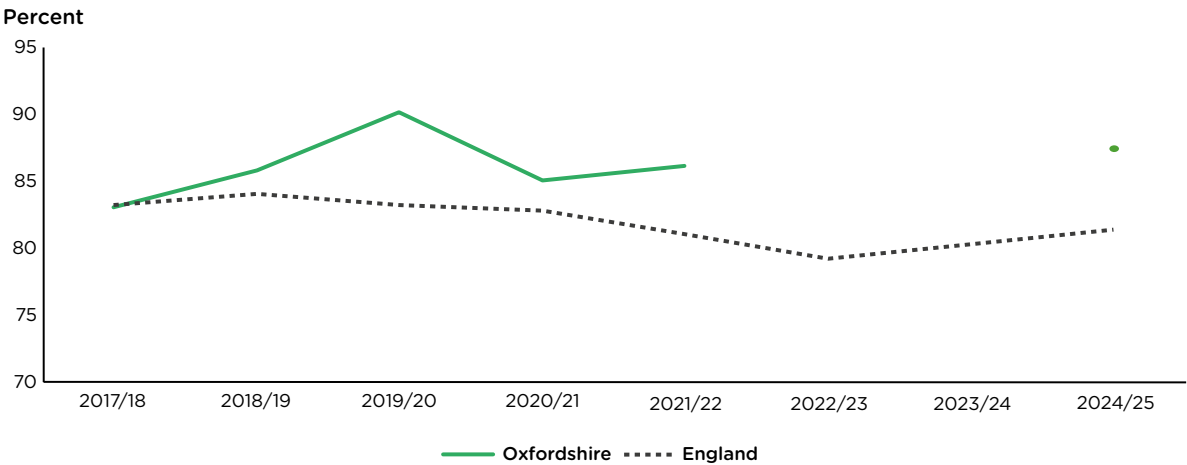
Stakeholders also referred to additional pressures on health visiting in rural areas of the County, as they have to spend time travelling, meaning they see fewer people with associated additional strains on their services. Stakeholders also mentioned difficulties in recruitment and retention within health services due to the high housing and living costs in Oxfordshire, without the benefit of the London weighting for pay. Given the constraints in both midwifery and health visiting services there is an important role for the VCFSE to provide further support for every new family in Oxfordshire, through information about early years development and parenting and referrals into activities and support for families with babies and young children. Referral into specialist statutory services can be made when more significant issues are identified, this would strengthen the universal delivery of support and information but with more specialised and targeted support offered by health visitors and midwives.

GOOD LEVEL OF DEVELOPMENT AT 2-2½ YEARS

The proportion of children in England achieving a good level of development at age 2-2½ fell between 2017/18 and 2022/23 and rising slowly since, although it is still below the 2017/18 level. In Oxfordshire rates increased slightly

between 2017/18 and 2021/22, dipping from a higher level in 2019/20. There is no Oxfordshire data available for 2022/23 and 2023/24. However, in 2024/25 the percent reaching a good level of development at age 2-2½ in Oxfordshire increased to 87.5 percent, above the England average of 81.4 percent. Across England there are differences in levels of development at this stage, related to deprivation, but the data is not available for Oxfordshire.

Figure 42. Children achieving a good level of development at 2 to 2½ years, Oxfordshire and England, 2017/18 to 2024/25

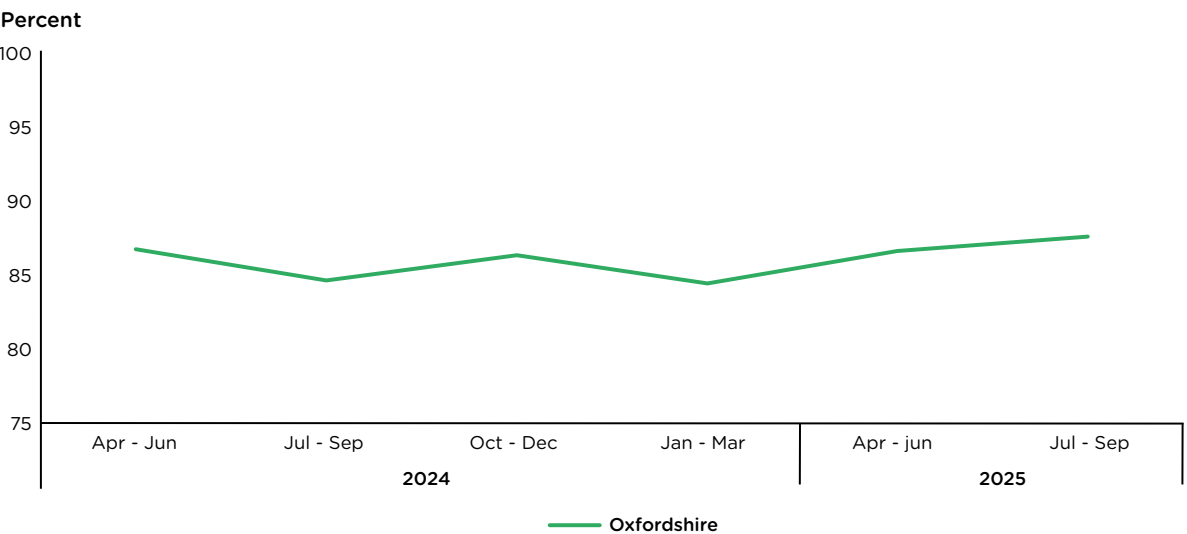


Source: OHID, based on interim reporting data for universal health visiting services [84]
Note: Oxfordshire failed data validation for the last two time periods.

Since 2024, Oxfordshire Health Visiting services have also collected data on the percentage of children who were at, or above the expected level in 5 areas of development (communication, gross motor skills, fine motor skills, problem solving skills and personal social skills) at their 2 to 2½ year review. As of July-September 2025 88.1 percent of children were at or above the expected level of development in these 5 domains. While this information is not available by level of deprivation of an area or by

household income, by the time children reach reception there are already significant inequalities related to household income which are the result of the cumulative impacts of deprivation and disadvantage during the earliest years. More comprehensive information about inequalities in the earliest years in Oxfordshire is needed and based on that greater family-based support to be offered in more deprived areas to reduce inequalities by the time children reach school.

Figure 43. Percentage of children who were at or above the expected level in all 5 areas of development, 2024-25



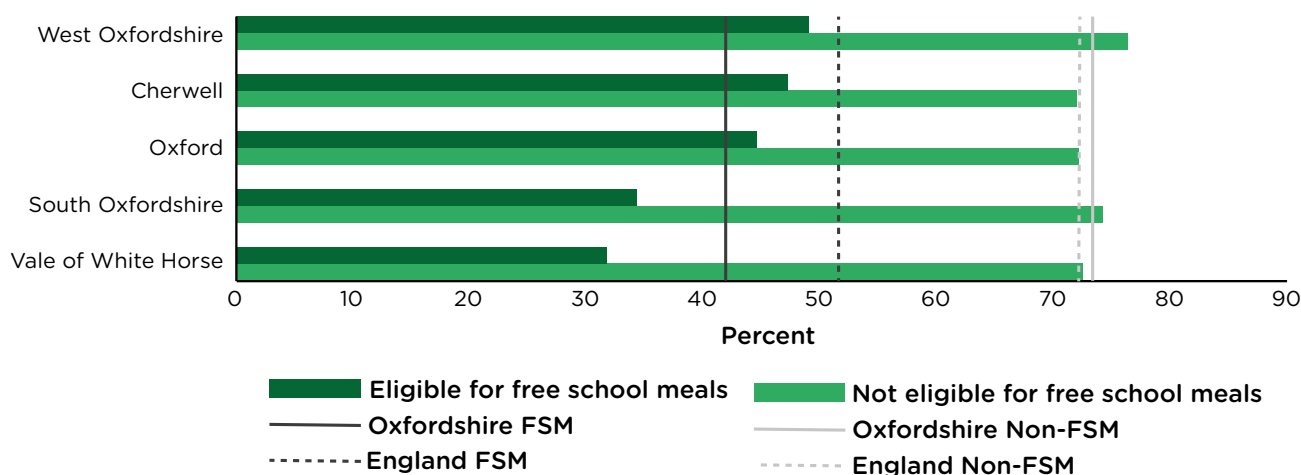
Source: Oxford Health and OHID, based on interim reporting data for universal health visiting services [83]

GOOD LEVEL OF DEVELOPMENT IN RECEPTION

As shown in figure 44, only 41.8 percent of children eligible for free school meals (FSM) achieve a good level of development at the end of Reception year in Oxfordshire, much lower than the England average of 51.5 percent and 31.4 percentage points lower than

children that are not eligible for FSMs in the County (73.2). The inequality between FSM and non-FSM pupils' development is particularly stark in Vale of White Horse and South Oxfordshire, both of which have a gap of 40 percentage points. These two Districts have the lowest percentage of children living in relative poverty, as seen in figure 39, indicating that pupils in receipt of FSM pupils in affluent areas do worse than those in more deprived areas.

Figure 44. Pupils achieving a good level of development at the end of reception, by FSM eligibility, Oxfordshire lower tier authorities, Oxfordshire and England, 2023/24

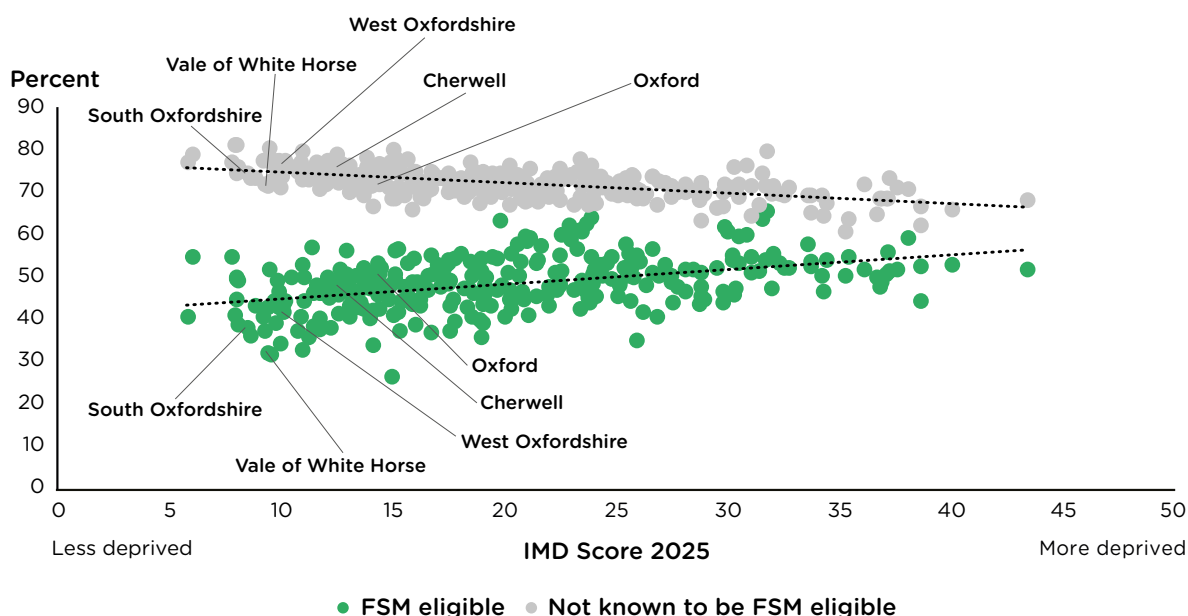


Source: Department for Education [85]

Children eligible for FSM in more deprived areas in England are more likely to achieve a good level of development than children eligible for FSM in less deprived areas, figure 45. This clear national disadvantage in wealthier

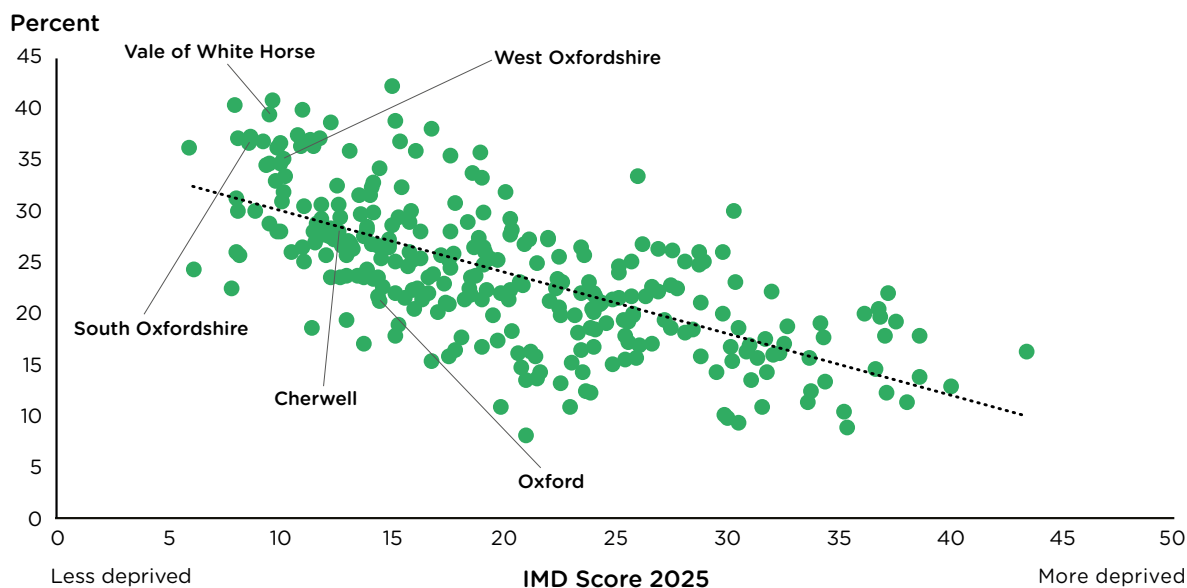
areas requires further exploration. Within Oxfordshire the least deprived areas report the widest inequalities and lowest levels of development which are among the lowest in England for children eligible for FSM.

Figure 45. Pupils achieving a good level of development at the end of reception, by FSM eligibility, by deprivation (IMD score 2025), English local authorities, 2024/25



Source: Department for Education [85]

Figure 46. Gap between FSM and Non-FSM pupils achieving a good level of development at the end of reception, by deprivation (IMD score 2025), English local authorities, 2024/25

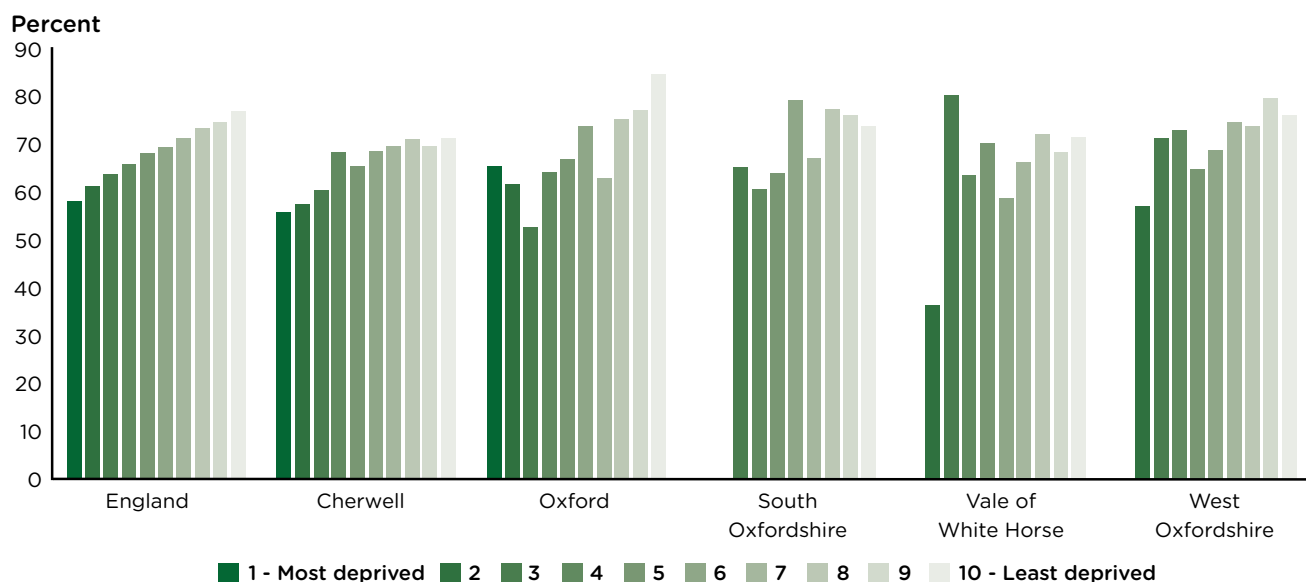


Source: Department for Education [85]

Looking beyond FSM eligibility as a marker of deprivation and using the Income Deprivation Affecting Children Index (IDACI) it is evident that there is a gradient related

to deprivation in achieving a good level of development at the end of reception in each Ward in Oxfordshire and in England as a whole.

Figure 47. Pupils achieving a good level of development at the end of reception, by IDACI decile, Oxfordshire Districts and England, 2023/24



Source: Department for Education [85]

REDUCING INEQUALITIES IN LEVELS OF DEVELOPMENT DURING THE EARLY YEARS

As highlighted throughout this section of the report, stakeholders across Oxfordshire have emphasised to us that they would like to see increasing focus and action on the early years, to prevent widening inequalities throughout life. Stakeholders within early years services and the voluntary sector are aware of these persistent and significant gaps in early childhood development.

There are many positive programmes in the County trying to reduce inequalities in early years development, however, persistent shortages of resources, siloed working and this age group not being prioritised have led to insufficient scale of implementation.

Stakeholders expressed a desire to move from highly targeted support, towards universally available but proportionate support for families from pregnancy through age five, focussing on whole family approaches, speech and language, parental mental health and home learning.

“You know where you’ve got, like, a very wide open front door for everybody, and then you’re able to kind of target resources for families where they need them and be able to see which resource or which service a family needs.”

Voluntary sector stakeholder

A common thread that ran through discussions about services available for families, babies and young children, was the impact of the closure of a majority of Oxfordshire’s Children’s Centres. Many stakeholders emphasised this had significantly undermined the support which was available, had led to worsening outcomes for children and families and overall led to a significant weakening in the priority and focus given to families, babies and children across Oxfordshire. Stakeholders also emphasised that decommissioning Children’s Centres had weakened partnerships with the voluntary and community sector and overall led to increasingly siloed provision and greater fragmentation, making engagement much harder. There were some transition funds available following the closure of the centres, which allowed for the VCFSE to step in and provide some community-based support for babies, parents and toddlers. However, VCFSE partners highlighted their ongoing struggle to secure adequate and reliable funding, which limited their capacity and potential to impact and improve experiences for children and families during the early years.

“(About Oxfordshire County Council) They lost that early years workforce, so then it meant that their discussions around early years were all focused on the education sector.”

Voluntary sector stakeholder

“There isn’t the access to services that are in the community, and I think in the early years that’s related to you know we had Sure Start and then Sure Start went away and Oxfordshire didn’t really do anything to replace it.”

Voluntary sector stakeholder

Difficult or complicated partnerships with the local authority and health services and the healthcare system were also highlighted and a need for businesses and other employers to become much more actively engaged in supporting their employees through maternity and with young children, to positively impact the communities where they are based and to support the VCFSE more.

Stakeholders also highlighted that support is mostly provided where other services are in place, and this excludes many families and households – support has become more individual focussed and lacks the whole family approach which is needed.

“We’re not seeing what needs to happen in families and communities when initiatives happen...they sort of orient towards nurseries, pre-schools, education settings without thinking where’s our point of opportunity for engagement within the family setting. Because if you change the family, you’ve got that intergenerational change.”

Voluntary sector stakeholder

Best Start Family Hubs provide an important route to developing support which is appropriate for families who may mistrust existing services and may have low levels of knowledge about what is offered and how to support healthy childhood development. The services should be developed in collaboration with the community voluntary sector who are often more trusted and closer to the community and understand their needs than health care and education services and support.

Case study: New Best Start Family Hubs – New Government Announcement

On 6 July 2025, the UK government announced a major expansion of family support through its Best Start Family Hubs programme, allocating over £500 million to roll out up to 1,000 hubs, with presence in every local authority in England by 2028. This initiative revives the legacy of Sure Start, aiming to reach an additional 500,000 children and enhance equity in early years support. Hubs serve as one-stop access points offering services like breastfeeding support, child development and early language help, housing and welfare advice, domestic abuse guidance, mental health and SEND support, stop-smoking programmes, and parenting classes.

There is a strong community voluntary sector in place to support residents through maternity and the early years; which provides vital support to families that is increasingly unavailable through public and statutory services. However, whilst some of this action is actively championed by local authority partners, these services need much more sustainable funding with less arduous and punishing grant funding and commissioning processes. Stakeholders emphasised that there needs to be greater partnership between the CVFSE sector and other services, aligning health, education and social care around the needs of young children and families.

Case study: Home Start

Home-Start Oxford is a charity which, through volunteer home-visiting and groups, has been supporting families in Oxfordshire since 1988. They provide free support to families in the Oxford and West Oxfordshire area who have at least one child under the age of 5. As part of the nationwide Home-Start UK network, they adhere to a national framework of standards which ensures high quality services.

In Oxfordshire Home-Start provide a one-to-one support service, and programme of groups, for families with at least one child under the age of 5. Volunteers work with families in need of support through home-visits. Group sessions are designed to engage and inspire both parents and children and feature guest speakers, themed activities, peer-to-peer support and confidential advice.

Their aim is to create relationships with families going through difficult times in order to work towards increasing parents' confidence, independence and resilience by:

- Providing emotional and practical support to families, respecting each family's dignity and identity
- Tailoring support to the needs of each family, working together to build confidence, strengthen relationships and have fun for the ultimate benefit of the children
- Encouraging parents' strengths, reassuring parents that challenges faced when raising children are not unusual, enabling a loving, fun and nurturing home
- Encouraging families to widen their network of relationships and to access community support and other services that can help.

Excerpts from parents supported by Home-Start:

"The support I've had from Home-Start has built up my confidence a hell of a lot. I wouldn't have been able to speak like this before. Wendy my Home-Start Coordinator said I seem totally different to when she first met me. It's changed me so much."

"Although I've had some help with the children in certain ways, it's been more support for me to be honest. But I guess that's what it's all about, if I'm not right, and not where I need to be as a person, then I can't be there for them. The support has given me a gentle push in the right direction. I've still got a way to go, but I now value myself much more as a person and as a mum."

"I'd felt excited about being a mum but I was so worried about if I was doing the right thing, like is this how you're meant to do it or could I do something this way? I was always worried if I was going to be a good mum because I didn't have a mum figure myself. The way I was brought up was not the way you should be brought up as a child. I thought because of my background I wouldn't be able to bring a child up and I'd be judged... Looking back I think if I hadn't have had Home-Start support maybe I would be on tablets to boost my mood and I reckon my toddler would still be in my bed and yeah I just feel it would have been completely different. The support has given the kids a different mum. At the start I didn't feel like I was good enough but now I know I'm a good mum and I love being a mum. It's who I am."

Case study: The Oxford Parent-Infant Project (OXPIP)

OXPIP, funded by [Oxfordshire Community and Voluntary Action](#), is a charity that offers free, weekly therapeutic sessions for parents/carers and their new babies, addressing any difficulties in the parent-child relationship, which helps to prevent longer term patterns of negative mental health outcomes. They work with parents and babies to nurture positive relationship patterns, thus improving the outlook for future wellbeing of both the parents and the children. OXPIP work with parents and infants together to boost parental confidence and help the parents understand the needs of the baby. They use a variety of techniques:

- **Parent and infant sessions** - working with a therapist, to explore current feelings and influences of past and present relationship issues
- **Watch, Wait and Wonder sessions** - following the baby's lead, the parent can gain a greater understanding of what might be in their baby's mind
- **Video Interaction Guidance** - using video to help parents build confidence to interact with and understand their baby.

There is some evidence of the economic benefits of early psychotherapy interventions. For example, [research shows](#) that for every £1 spent on this type of early preventative work up to £13 can be saved on future interventions. OXPIP offers services across Oxfordshire, with online services available to those who cannot attend in person. [Of the families OXPIP works with](#), 39 percent have a background of severe childhood abuse, neglect or loss. From 2017-2022 they saw 707 families, for an average of 13 sessions of specialist intervention. OXPIP reports that where clients engaged with the therapy an improvement in the quality of the parent-infant relation was seen in 91 percent of cases.

Case study: Growing Minds

Oxfordshire Community Foundation created the Growing Minds project, launching in Littlemore and Berinsfield, two income-deprived communities in Oxfordshire, in January 2020. It is a collaborative project, led by a partnership of third sector organisations in Oxfordshire: Peeple, Home-Start Oxford and the Berin Centre. They work to improve school readiness and support young children's life chances.

Growing Minds services for families are delivered by established local service providers from education, health and family support. By June 2023 it had supported 685 children. Their birth to school pathway includes:

- 60 free books for each child to keep, delivered once a month from birth to age five, via the Dolly Parton Imagination Library. As of June 2025, Growing Minds families had received a total of 17,500 books.
- Sharing initial information with families via people and services that they already have contact with, such as midwives, birth registrars, nursery nurses and health visitors.
- Developing responsive and flexible relationships with families, ensuring their most urgent and basic needs are focussed on first.
- Peep Learning Together sessions – incorporated into groups, home visits and/or Stay and Play sessions, for parents and carers with their babies or young children. The Peep sessions share information and ideas with families that support their child's learning in day-to-day life. Ninety-two percent of parents surveyed reported doing more things with their child that they learned about in the sessions, and ninety-one percent felt more confident supporting their child's learning and development. Another important aspect is the further strengthening of relationships – with practitioners in their local communities where sessions are held (such as the Family Centre/ Hub, church, pre-school and school, which can include transition/ school-ready sessions), and also with other families, providing on-going friendship and support for each other.
- An evaluation of the service in 2022-2023 assessed progress in delivering project outputs, the effectiveness of the project in contributing to school readiness and positive change in the lives of families, the level of reach and engagement achieved across the two communities, and the key success, challenges and lessons learnt. [86] It found that the project is benefiting families considerably at all three levels of engagement: Imagination Library books, Peep Learning Together group sessions, and 1:1 sustained family support. All parents and community partners interviewed were positive and encouraging about the benefits of the project. These achievements are a start in improving school readiness and closing the disadvantage gap in the longer-term. Establishing systems to measure and monitor school readiness are needed to provide evidence of a model of effective practice which can be scaled up and replicated in other areas of Oxfordshire and beyond.



A lack of support and services for parents and families in rural areas was also identified which can increase exclusion, deprivation and social isolation in rural communities and harm the development of children. Stakeholders told us how there is often a focus on older people in rural areas with less focus on children and

families. They also highlighted how this is a particular issue for ethnic minority families living in predominantly White, rural areas. Stakeholders identified libraries as community assets which they suggested could be better utilised to provide broad range, family based support in rural areas.

3C. ACCESS TO GOOD QUALITY CHILD CARE

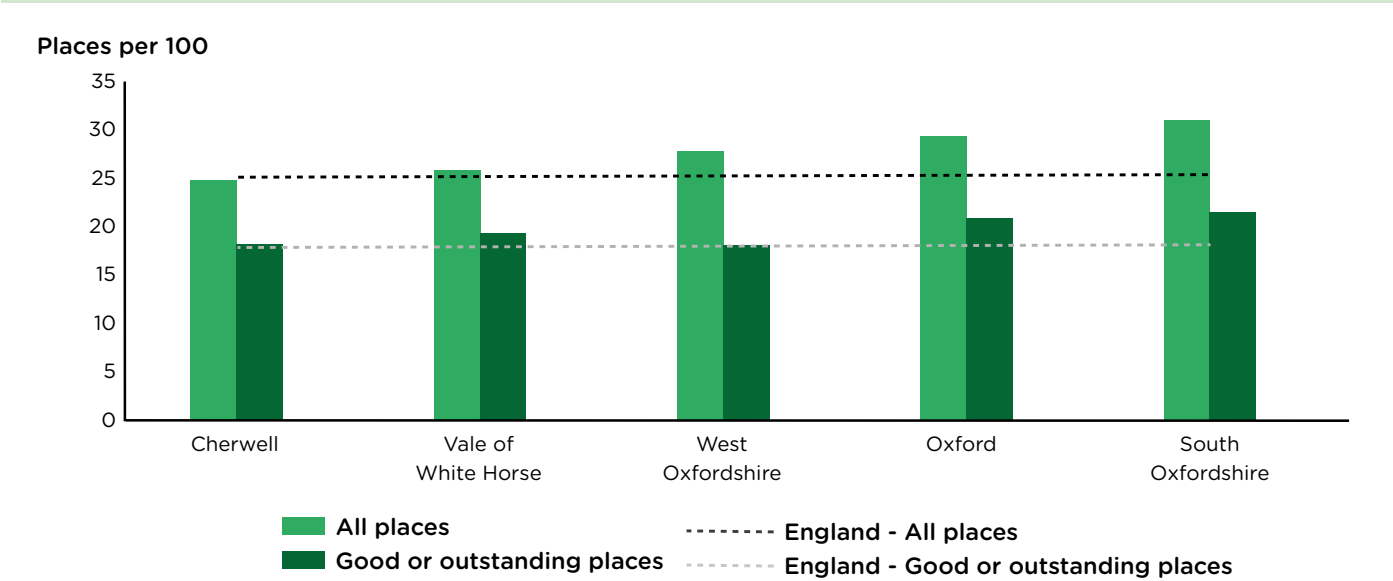
There is consistent evidence showing that participation in good quality early years services and childcare after the age of three is beneficial to development among young children, particularly for more disadvantaged children. Provision of these services universally, but proportionate to need is an important way to reduce inequalities in early years development. [87] Good quality and affordable childcare is also important to enable access to the labour market for parents, particularly for women in more deprived areas.

The accessibility of childcare relates to availability and affordability. Across the UK from September 2025, all eligible working parents in England can access up to 30 hours of free childcare per week for children aged nine months until they are four years old. To be eligible for the scheme, parents must earn more than £9,518 but less than £100,000 per year. [88] However, issues persist regarding the number of childcare staff and places available across the UK, with households with lower incomes having less access and areas with higher levels of deprivation having a lower number of childcare places and staff available than less deprived areas. [89] Children without working parents miss out on the additional 15 hours, even though

the benefits may be greater for children in low income households and there are concerns this will lead to widening inequalities. [90]

Across Oxfordshire Districts there are differences in the number of places available per 100 children, figure 48 for 2023. Cherwell has the lowest number of places available, 24.6 per 100 children, just below the England average of 25. Whereas, South Oxfordshire has the highest number of places per 100 children, at 30.7. Cherwell and West Oxfordshire have the lowest number of high-quality places, a similar level to England and South Oxfordshire the highest.

Figure 48. Childcare accessibility by quality of places, childcare places per 100 children, Oxfordshire LADs, and England, 2023

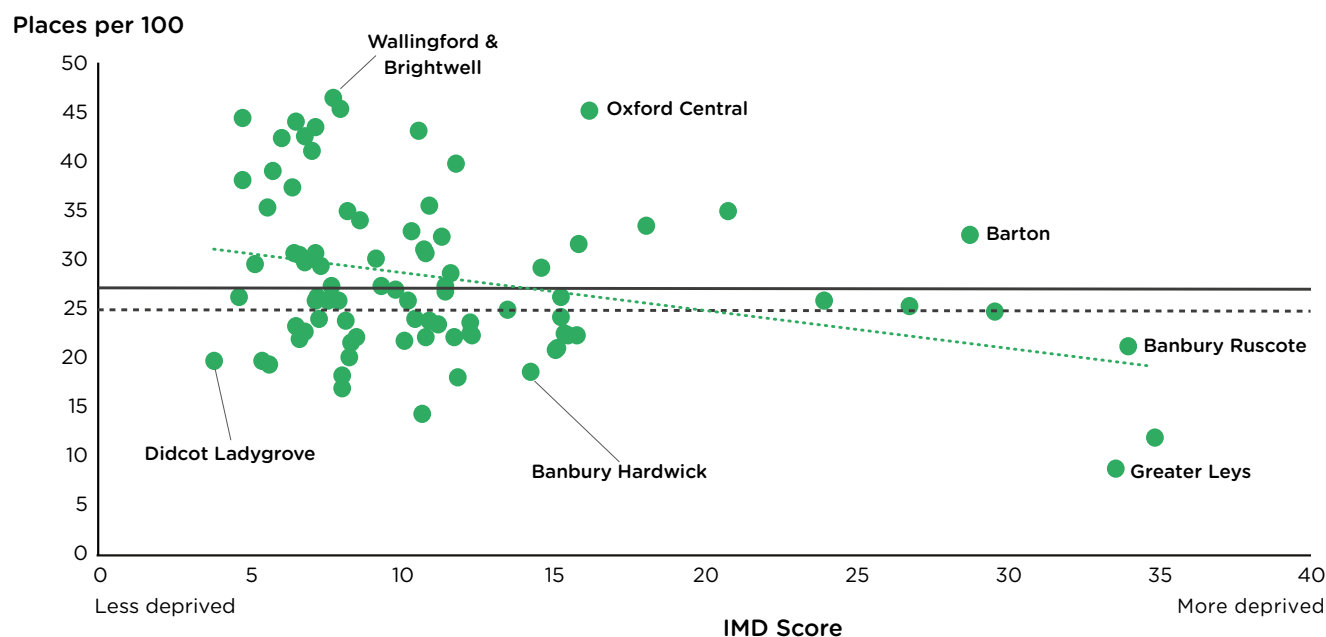


Source: ONS [91]

There is some association between level of deprivation and provision of places, shown in figure 49. Greater Leys and Blackbird Leys, the two most deprived areas in the County, have the lowest number of childcare places per 100 children, with 8.9 and 12 places per 100 children respectively. This is significantly fewer places than

Wallingford & Brightwell, less 10 miles away, which has 46.8 places per 100 children. The average for Oxfordshire is 27.4 places, slightly higher than the national average of 25, but there are many places with much lower childcare accessibility than in England as a whole. Rurality is also a significant factor reducing access to childcare across Oxfordshire.

Figure 49. Childcare accessibility and deprivation (IMD score 2025), childcare places per 100 children, Oxfordshire MSOAs, 2023



Source: ONS [91]

Stakeholders in Oxfordshire highlighted significant barriers to childcare in rural areas and deprived areas, due to affordability, lack of provision and additional barriers such as high costs, immigration status restrictions and language barriers. Transport is a significant barrier in accessing childcare and other early years services, due to cost, availability and suitability of transport. Additionally, stakeholders reported staffing problems within early years settings. As in other parts of the system, the high living costs in the County mean that people cannot afford to work in childcare roles in the area, leading to high staff turnover. Stakeholders recommended that there needs to

be improved funding for training and retention of early years practitioners, especially in areas of high need.

In Oxfordshire the faith sector provides additional support to families through provision of activities and groups for families and children; however, it is noted that these can be ad hoc, and are not well known about among service providers, or even the VCFSE and hence the opportunities they offer are overlooked. Stakeholders consistently highlighted that they do not have the information they need about support they could suggest to families.

Case study: Oxfordshire faith sector

Faith organisations across Oxfordshire provide a range of services for children, young people and their families. These provide crucial local community support for infants and their families, including in rural areas with less access to other early years settings. Oxfordshire is predominantly Christian, making up over 95 percent of the County's faith communities, so most of these are church based.

Over 40 local churches run weekly toddler groups, which are open to all and aim to provide friendship and support to parents and carers. Some have Christian content, whilst others simply have social/play activities. Activities and services offered within these groups include supporting families in need, providing meals for young families, creches, stay and plays and family socials.

Some mosques provide religious schools (madrassahs) for children aged 7+, whilst younger children are the responsibility of their mothers. In most Muslim-majority countries, the cultural norm has been for mothers to send their young children very locally to the home of a trusted woman (typically, on their street), to receive basic instruction. Such activities are discovered through word-of-mouth. However, families in Oxfordshire do not feel able to do this, due to the British cultural (and legal) expectations around safeguarding. Consequently, Muslim mothers in Oxfordshire almost always maintain direct responsibility for their children, until they enter a nursery or (if nursery places are found to be too expensive) they reach school age.

The high cost of property in Oxfordshire means that mosque premises are very small, and none have spacious ‘ladies rooms.’ So, the mosques are unable to provide space for women to connect with one another and to organise.

The Oxford Jewish Centre hosts a weekly playgroup, called ‘Playshul,’ which provides age-appropriate education in the Jewish faith for children aged 0-5, accompanied by a parent/carer. It is open to all and provides a point of connection and welcome for Jewish and interfaith (i.e. Jewish and another faith) families new to Oxford. It currently has 30 families on its list.

The community hub Flo’s in the Park, alongside offering many other activities, has a small nursery which provides government funded places for eligible children.

Case study: Flo’s – The place in the park

Flo’s is a community hub which provides local ethical opportunities for people to work, eat, play, learn and connect. Working both to improve equity and protect the planet. It provides a space to bring the community together, whilst focusing on providing support services to people and families who are experiencing social injustice, isolation or exclusion. They work in partnership with health and food enterprises to address drivers of poverty.

Examples of the work they do to improve equity in the early years include:

- Providing free food offers for children to help families during school holidays
- Monday Meals – weekly free or ‘pay as you can’ meal option
- A nature nursery, which places nature at the heart of children’s education and wellbeing, prioritising families in receipt of 2 year old state funding and providing flexible, affordable local childcare
- Host Early Lives Equal Start (ELES) which supports women and families in the global majority
- Providing a space for group activities for families and young children
- Community hub/café

In response to increasing demand, they opened new site for Flo’s Forest School Nursery at Barracks Lane Community Garden which offers space for additional funded childcare hours for local families.

According to their [2023/24 impact report](#) they delivered 2600 Monday Meals, 400 free meals for children during school holidays and offered 173 places to parents for pre-school Story Explorers sessions. Their work delivers benefits across multiple areas in the community. Flo’s collect data to measure their impact in areas including children and young people, adult social care, public health and inequalities and climate change. In 2023/24 they calculate that for every £1 generated at Flo’s they have been able to return £3.30 of social value.

RECOMMENDATIONS

GIVE EVERY CHILD THE BEST START IN LIFE IN OXFORDSHIRE

- Improve maternal health and support
- Ensure equitable access to services during maternity and for infants which incorporate the social determinants of health
- Reduce and mitigate the impacts of poverty
- Reduce inequalities in good level of development for children in Oxfordshire

CHAPTER 4

ENABLE ALL CHILDREN, YOUNG PEOPLE AND ADULTS TO MAXIMISE THEIR CAPABILITIES AND HAVE CONTROL OVER THEIR LIVES

Experiences during school years and early adulthood have lasting effects on health and on key social determinants of health, including education, skills building, social isolation, future employment and income opportunities and living conditions. Inequalities in health are already apparent at this age but widen throughout these years; in recent years the mental health of young people has deteriorated across England and inequalities have widened, however there are long waits for mental health services and other forms of support.

Tackling inequalities in educational attainment and in the experiences young people have during school years are some of the most effective ways to reduce health inequalities throughout life. Across England, educational attainment gaps between children and young people have grown wider since the pandemic. These inequalities are particularly stark in Oxfordshire and are wider than the average in England.

Nationally, there have been cuts to the education budget since 2010 and cuts to many services which were offered in school, such as tutors and school nurses, extra-curricular activity such as sport, music and drama have also contributed to widening inequalities, as wealthier families can afford to access these activities outside

school. Cuts to youth services and youth clubs have been particularly harmful to the health, wellbeing and prospects of young people, particularly those living in more deprived areas and have been associated with increases in crime, antisocial behaviours, lack of skills development and social mixing. [92]

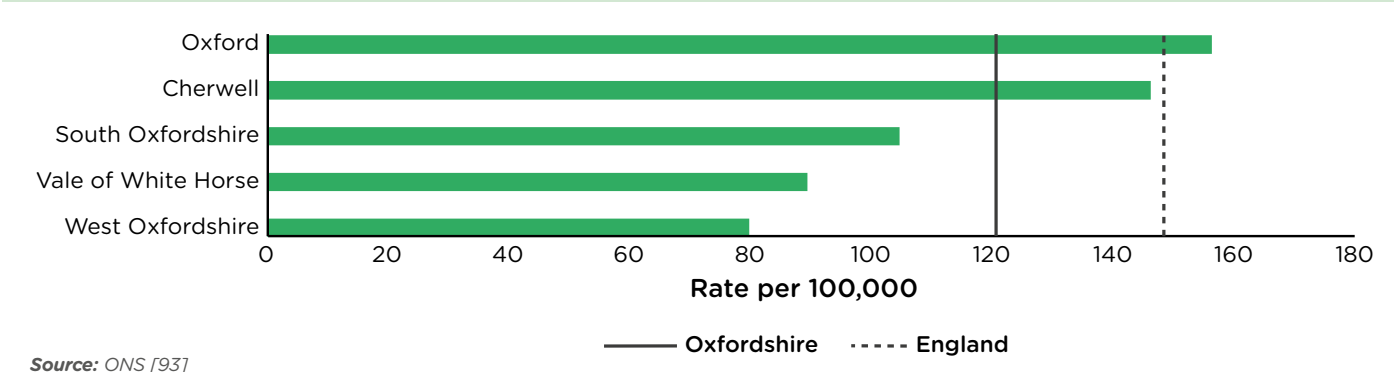
In this section we overview wide and persistent inequalities in levels of educational attainment and in experiences during school years in Oxfordshire. Inequalities that are evident in early years development and school readiness continue and deepen throughout children and young people's lives. In order to combat the inequalities in education it is essential to improve early years support to prevent the inequalities from developing in the first place.



4A. INEQUALITIES IN HEALTH AMONG YOUNG PEOPLE IN OXFORDSHIRE

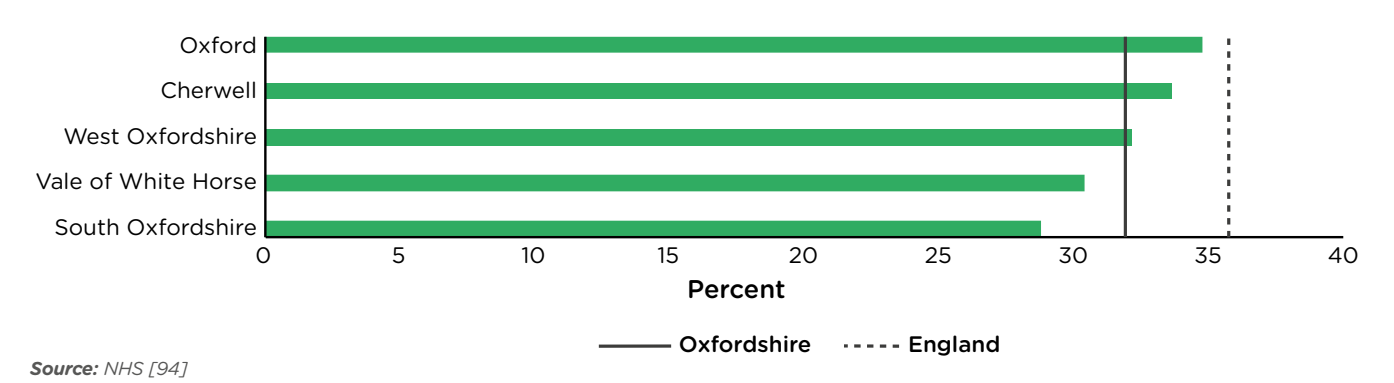
In this section we overview some data indicating health inequalities among school age children and young people in Oxfordshire, although as outlined in the previous section, data recorded by the health care system does not necessarily reflect prevalence of particular conditions but reports on healthcare activity. Nonetheless high rates of emergency hospital admissions for asthma for people under age 19 in Oxford and Cherwell, figure 50, may indicate particularly damaging respiratory conditions there, often linked with poor air quality and poor quality, damp and cold housing, as well as indicating that asthma management may be an issue.

Figure 50. Emergency hospital admissions for asthma aged 0-19, per 100,000, Oxfordshire lower tier local authorities, Oxfordshire, and England, 2023/24



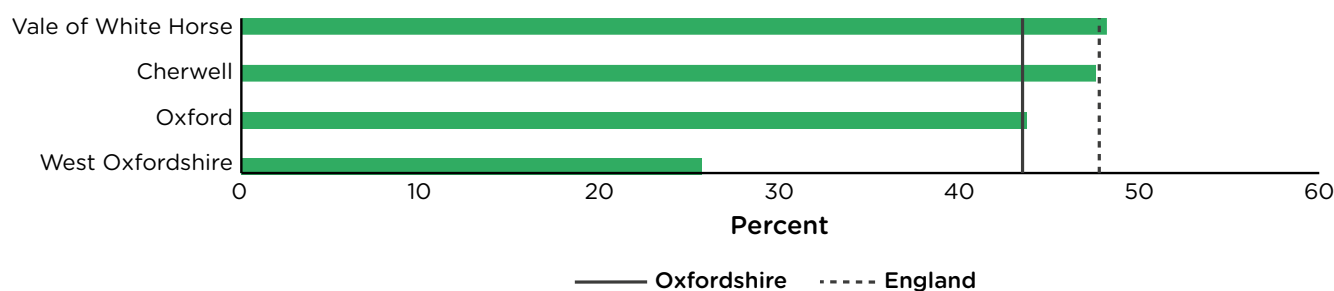
While overall rates of obesity among pupils in year 6 in Oxfordshire are lower than the national average there are differences between Districts and Oxford has the highest levels, near the average for England.

Figure 51. Overweight or obese pupils in year 6, Oxfordshire lower tier local authorities, Oxfordshire, and England, 2023/24



There are also low levels of physical activity among young people in West Oxfordshire, with less than a third of people aged 5-18 being physically active. Children are defined as physically active if they meet the CMO’s recommendations for physical activity, an average of at least 60 minutes moderate to vigorous intensity activity per day across the week.

Figure 52. Physically active children and young people, aged 5 to 18, Oxfordshire lower tier local authorities, Oxfordshire, and England, 2023/24

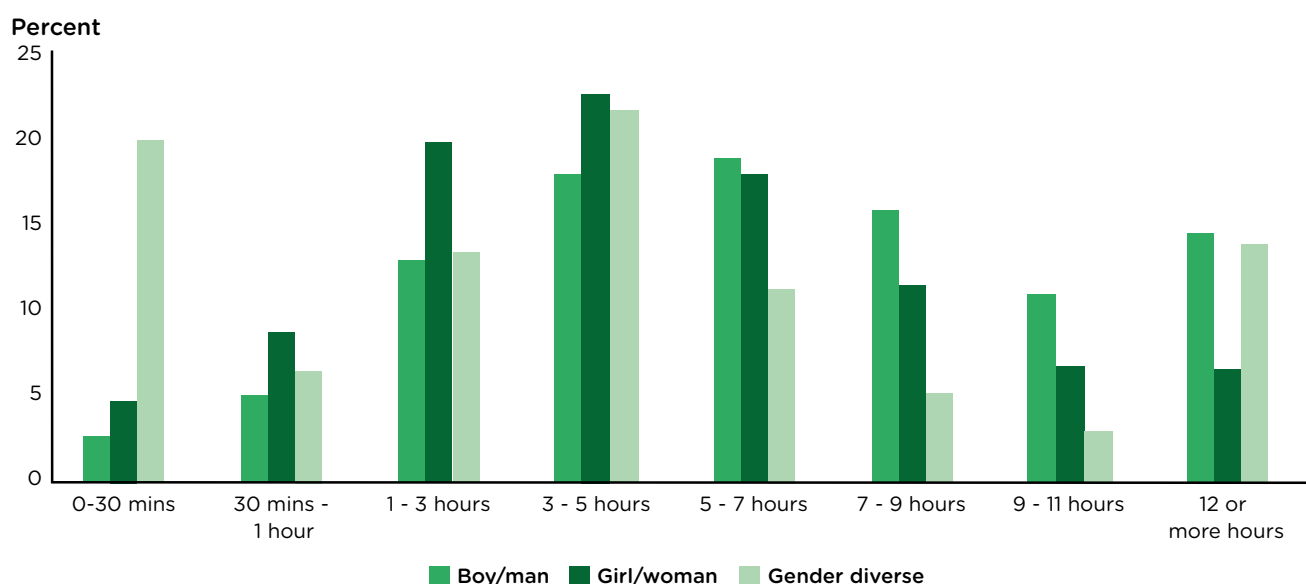


Source: OHID, based on Sport England Data [95]

Notes: no data available for South Oxfordshire

The OxWell Survey, a large-scale annual survey designed to measure the wellbeing (health and happiness) of children and young people aged 9-18 years old, shows that boys and young men do more exercise than girls and gender diverse young people.

Figure 53. About how many hours of physical activity or exercise do you do over a whole week (in and out of school during term-time), including getting to and from school? (Scale from 0 Hours to 12 or more)



Source: Oxwell survey [96]

We heard from stakeholders that within education there is too little emphasis on the importance of physical development and there is a need for prioritisation of physical activity provision within primary schools. They suggested that primary schools could be a valuable resource in promoting physical activity and learning through active play, supporting the health and development of young children. Opening school playgrounds and facilities during weekends and holidays and allowing universal access may be an important route to encouraging physical activity, building trust with education and supporting local community cohesion and socialising. Stakeholders also highlighted the importance of encouraging physical activity within the whole family, as lack of activity among older generations means a lack of role models within the family.

“Physical activity can be prevention, and that is prevention for so many different things, health as well as like, you know, social challenges. We need more awareness of the importance of physical activity, physical literacy and play for children, young people and how it can support other kind of developmental goals and milestones.”

Voluntary sector stakeholder

Case study: YouMove

YouMove offers free and low-cost activities for eligible children and their families, including those on benefits related free school meals or Universal Credit, refugee children, and children supported by early help services in Oxfordshire, enabling residents to continue to stay active and have fun along the way.

YouMove have expanded their programmes to include pregnant women, with professionals trained to support safe exercise during pregnancy, aiming to encourage change in perceptions around exercising whilst pregnant.

By 2025, nearly 14,000 residents had joined, benefiting from a wide range of low-cost or free activities. The program has significantly increased activity levels and improved overall wellbeing, with ninety-six percent of participants reporting positive impacts on their health and happiness. YouMove collaborates with 116 partners to offer diverse activities, including special provisions for children with SEND. The initiative also expanded to include activities for under-5s, further supporting family health and community engagement.

Oxfordshire has also developed a 'Whole Systems Approach to Physical Activity' incorporating programmes such as YouMove into a countywide approach to tackle health inequalities and increase physical activity.

Case study: Whole Systems Approach to Physical Activity (WSAPA)

THE WSAPA is a system wide collaboration jointly funded by Buckinghamshire, Oxfordshire and Berkshire West ICB, Oxfordshire County Council Public Health and City and District Councils and coordinated by Active Oxfordshire.

The programme included identification of target populations including:

- Inactive adults (over 16 years) living with or at risk of a Long-Term Health Conditions (LTHC)
- Adults with disabilities
- Eligible children and their families, including those on benefits related free school meals or Universal Credit and children supported by early help services or otherwise vulnerable.
- Pregnant and postnatal women.
- Residents from Oxfordshire's priority neighbourhoods.

The WSAPA is an example of joint commitment from partners across the system. The main programme of work organised by the approach includes YouMove, Move Together and Physical Activity Clinical Champions (PACC). YouMove, as highlighted in the previous case study provides activities for eligible families. Move Together is a pathway that provides support to inactive adults who may face barriers to physical activity. This included those who are pregnant or post-natal. PACC provides free peer-led training and resources to healthcare professionals on how to have effective conversations with patients about physical activity. The aims of this approach is to improve pathways between healthcare and the physical activity sector.

The approach has highlighted the need for system wide vision, with strong relationships between partners. It also highlights how long-term investment in working with voluntary sector partners, such as Active Oxfordshire can help build, manage and sustain partnership working. Learnings include the recognition of the need for a wide range of activity options, beyond traditional gym and exercise that suit a wide range of needs from residents, and the need for a person-centred approach that equips people with the tools to continue being active.

MENTAL HEALTH

Mental health problems among young people have been increasing nationally, and in Oxfordshire, over recent years. In Oxfordshire referrals to secondary mental health services have increased among children and young people and an estimated 11 percent of 0-19 year olds were referred to secondary mental health services in 2022/2023, one of the highest rates in the South East region. [97] The proportion of children receiving support in school for a special educational need, with social, emotional and mental health identified as the primary need, has also been steadily rising in Oxfordshire and nationally, with increases in Oxfordshire outpacing the national trend. [97]

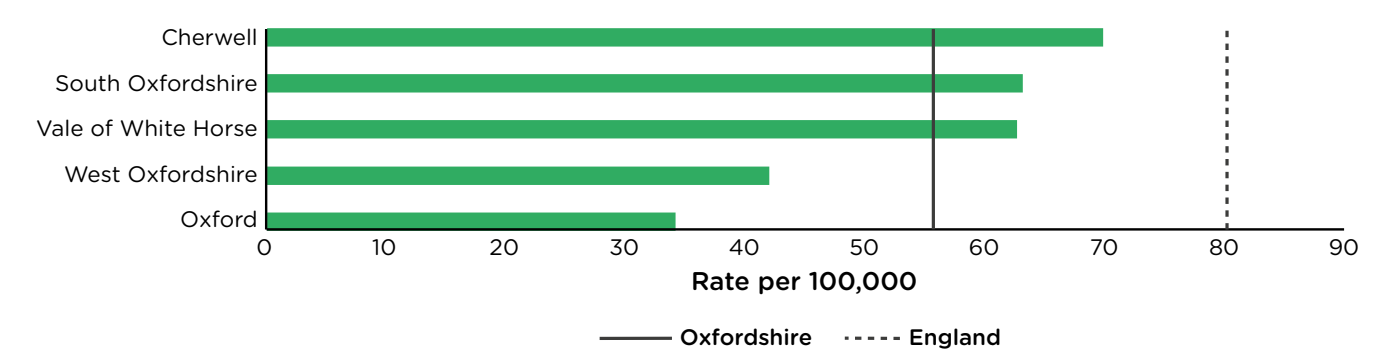
Nationally, there are clear inequalities in mental health, around a quarter of children aged 8-16 years with mental health problems have a parent who is unable to afford out

of school activities, compared with around 1 in 10 children who do not report mental health problems. [98]

Hospital admissions data only provides information about hospital admissions due to mental health problems, rather than prevalence and does not accurately capture the scale of the problem, nor capture low level mental health problems which many young people experience.

As seen in figure 54, Oxfordshire has lower rates of hospital admissions for mental health conditions for under 18s than the England average, at 55.7 and 80.2 per 100,000 respectively. However, there are wide differences between the Districts; Cherwell has the highest rate of 69.8 compared to Oxford which has the lowest rate, 34.1 per 100,000.

Figure 54. Hospital admissions for mental health conditions aged <18 years, per 100,000, Oxfordshire lower tier local authorities, Oxfordshire, and England, 2023/24



Source: OHID, based on NHS and ONS data [99]

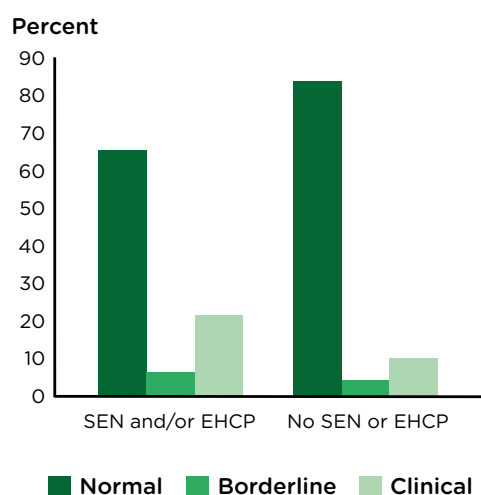
Stakeholders emphasised that emotional and mental healthcare resources and support should be increasingly focussed on the 5-11-year age group, where early intervention with parents and children can prevent escalation of issues in secondary school. There was a desire to see whole family support for mental wellbeing including through intervention at earlier ages to support parenting and prevent adverse childhood experiences, recognising that mental health struggles within families impact the wellbeing and mental health of children.

Stakeholders reported that a large proportion of school nursing activity is focused on emotional health, with inconsistent provision of mental health support teams

and school counsellors leading to gaps in care for children with moderate needs.

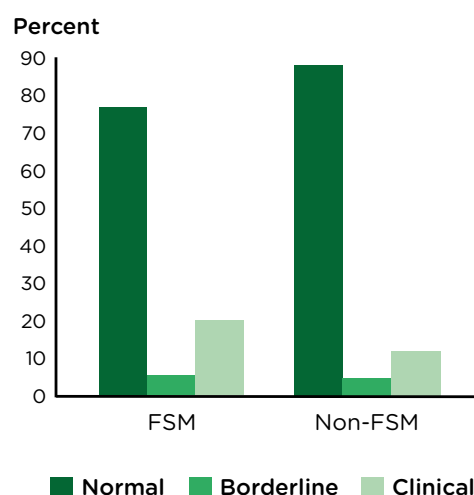
Figures 55 and 56 from OxWell survey data show that clinical depression and anxiety scores are higher for children with SEN and/or EHCP than those without, and higher for those eligible for FSM than those not eligible. This indicates more support is needed for these groups and that the support offered is designed with relevant groups to ensure appropriateness and that issues with trust and safety are addressed. Additionally, there are further inequalities in access by ethnicity, with young people from minority ethnic groups often struggling to access services.

Figure 55. Depression and anxiety score (RCADS25), by SEN status, Oxfordshire, OxWell Survey



Source: Oxwell Survey (2025) [96]

Figure 56. Depression and anxiety score (RCADS25), by FSM status, Oxfordshire, OxWell Survey



Source: Oxwell Survey (2025) [96]

Case study: AT The Bus

AT The Bus is a charity that provides school-based art as therapy in Oxfordshire and London to children and young people aged 5-16 who have a range of complex social and emotional needs and are struggling with their mental wellbeing. They use a bus to move between schools across Oxfordshire and London, in order to reach as many children and young people as possible. Their work builds self-esteem, confidence and independence through creativity, supporting improved educational, behavioural and relationship outcomes.

Since 2019, they have reached around 2,000 children and young people and established ten permanent studios on-site in schools. An ongoing evaluation of the programme found that:

- Their quantitative research has shown that AT The Bus sessions in primary schools result in a statistically significant improvement for children with emotional problems, hyperactivity, prosocial behaviour and peer problems. In secondary schools there is a statistically significant improvement in young people's wellbeing.
- Internal impact evaluations have demonstrated 95 percent improvement on SDQs (Strengths and Difficulties Questionnaires), with 71 percent of children moving from their 'at risk' category after a ten-week programme.

Case study: Oxfordshire Youth

Oxfordshire Youth is Oxfordshire's leading youth work charity. It works to ensure youth work is fully accessible and available to all young people. Oxfordshire Youth work with young people aged 8-25, and the grassroots leaders, volunteers, and youth organisations that support them. It works with over 1,800 young people, 1,300 youth workers, and 150 organisations collectively providing services for over 32,000 young people across the County. Their work covers a range of support for young people including through supported housing, skills programmes and mental health support.

Their goals are:

- Supporting the youth sector
- Driving system change through strategic partnerships
- Supporting young people

In 2023/24 they hosted 89 specialised training sessions reaching 1,421 youth work practitioners. They enrolled 29 youth works in training for a level 2 award in Youth Work Principles, encouraging young people and people with lived experience to work in the sector. Their project Youth in Mind brings together young people, representatives from the voluntary sector, local government, commissioners, education, independent practitioners and researchers to focus on improving outcomes for young people. 340 delegates participated in the annual Youth in Mind conference, hosted together with Oxfordshire Mind. Participants report strengthened skills to work for positive change around children and young people's mental health, increased confidence in working with young people with complex needs and experiencing disadvantages, and support from a peer-to-peer network. [100]



Stakeholders expressed concern about low aspirations among more deprived families and young people in Oxfordshire with steep increases in people feeling hopeless. Some stakeholders suggested that these low aspirations could be reinforced in education, with some groups being labelled as not having potential or a hopeful future.

Stakeholders also referred to domestic abuse within families and family conflict which led to trauma, poor mental health and disengagement. Additionally, multiple stakeholders mentioned the cyclical nature of intergenerational trauma and subsequent mental health challenges. They discussed how these difficulties impacted people's ability to provide quality parenting, citing a need for family support to prevent continuation of the cycle. Poverty stigma, racism and discrimination were felt to further exacerbate poor mental health for young people.

4B. INEQUALITIES IN EDUCATIONAL ATTAINMENT

Inequalities evident during the early years continue and can amplify through school years. There are many important and effective interventions needed throughout these years to improve health and wellbeing, educational outcomes and experiences for young people at school.

Inequalities in educational attainment and experiences during school years are particularly wide in Oxfordshire, and as noted these do need addressing urgently in order to reduce inequalities in health and a wide range of social determinants of health including employment, income and living conditions. This section sets out the extent of these inequalities, but does not provide a picture of the efforts which are being made to address these within schools and by the education sector. It is important that public health and education and a range of other sectors join forces to address the wide inequalities during these formative years for young people.

Across Oxfordshire, there are very wide inequalities in educational attainment related to eligibility for FSM and this gap widens throughout education. When children from more deprived backgrounds in Oxfordshire start school, they are on average 5.5 months behind their peers. By the time they are 16 the gap is more than 21.5 months. [101]

Oxfordshire Education Commission's 2023 report emphasised the scale of the inequality between more and less-disadvantaged pupils. Looking at 2021/22 data they found that disadvantaged pupils in the County perform less well than their peers nationally at all key stages, and across most measures, the FSM and disadvantage gap had widened more in Oxfordshire compared to increases nationally. [102] This suggests that more effective support at a local level to explore the causes of these inequalities and take action to reduce them.

There is ongoing work between schools, OCC and wider system partners to prioritise inclusion in education. The Council has developed the Oxfordshire Education Partnership and there is a forthcoming strategy on education and inclusion for 2026-2030. The Education Partnership has representation from schools, and will work closely with all associations, schools and education settings across the county. The aims of the strategy are:

1. To support every child and young person to feel a sense of belonging and inclusion in their local education setting and community
2. To enable children and young people to thrive in all aspects of their lives
3. For us to be connected and feel supported through relationships with our partners.
4. We are committing to work as leaders across our system to implement change and improvement

5. Schools and education settings will be celebrated at the heart of local communities, where children feel they belong, are safe and ready to learn, and families work in trust and confidence with professionals, collaborating confidently together to be places where success is built and ambitions achieved.
6. As curious and well-informed education leaders we will work with partners, collaborating together to generate energy and synergy delivering sustainable, high -quality services and working together to remove any barriers to achieving this vision.
7. Every setting and school is ambitious for improvement, our system connected through strong relationships and our Partnership, everyone connected, ready for Local Government Reorganisation

These aims align with recommendations in this report to improve partnership work across the system and encourage use of schools as community spaces, building trust with local families and increasing feelings of belonging for young people. They have identified priority areas to achieve these aims, which are:

- Early years: best start in life
- Improve attendance for all: reducing barriers
- Improve education outcomes for all: inclusive and reducing inequalities
- Develop local inclusive provision for all children
- Post-16 learning and skills: from education to employment, for all

This collaborative system working within education is essential to reduce the inequalities highlighted in this chapter.

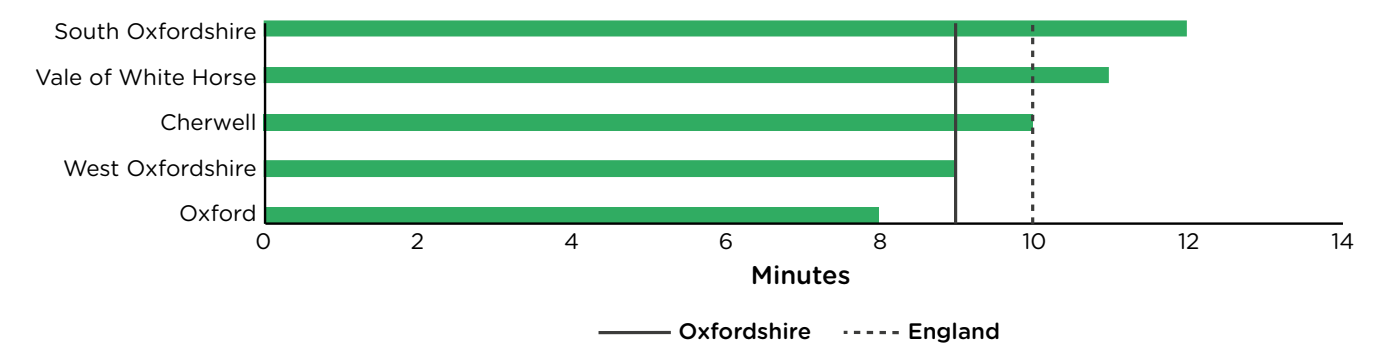
ACCESS TO EDUCATION

In some areas of Oxfordshire access to education settings can be difficult. Stakeholders referred to rurality and poor transport being a significant barrier to people accessing education, and that high absence rates and disengagement from education were partly related to that. Access to secondary school and further education colleges was cited as particularly difficult. Access to primary education is considered easier due to primary school locations in many villages in the County.

There is a variation in the average time it takes to reach primary schools by public transport or walking across Oxfordshire, figure 57. The average for Oxfordshire is lower than the England average, despite the rural nature of the County. However, this varies somewhat between the

Districts, with access within Oxford City only 8 minutes on average, and 12 in mostly rural South Oxfordshire. As data is not available at a small area level this will not capture longer travel times for those living in the most rural areas of the County.

Figure 57. Average time to primary school by public transport or walking, Oxfordshire lower tier local authorities, Oxfordshire, and England, 2019

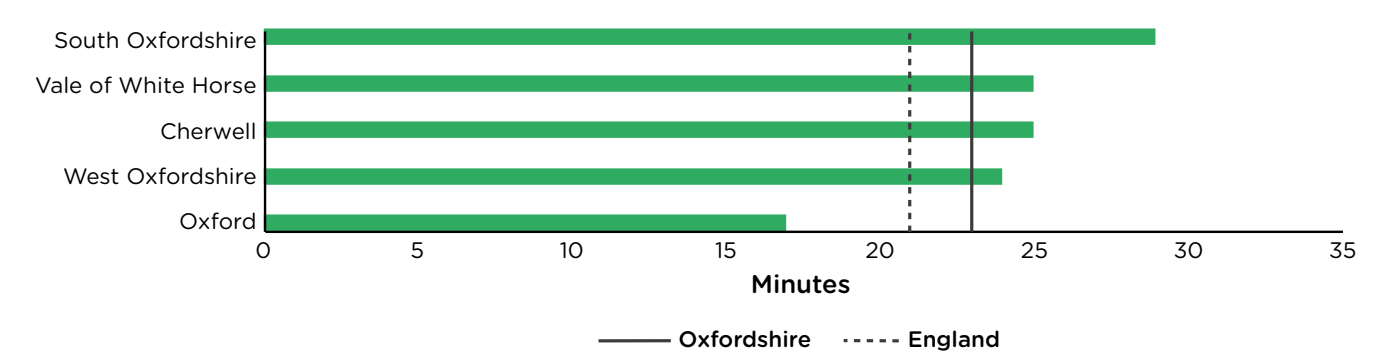


Source: Department for Transport [103]

Access to further education college is more difficult than access to primary schools, evident in figure 58. It takes a student in Oxfordshire on average 23 minutes to travel to college by walking or public transport. This is higher than the England average of 21 minutes. However, this

Countywide figure is skewed by the much shorter travel times in Oxford, where it takes on average 17 minutes. As with primary education, South Oxfordshire has the longest travel times, 29 minutes on average.

Figure 58. Travel time to further education college, by public transport or walking, minutes, Oxfordshire lower tier local authorities, Oxfordshire, and England, 2019



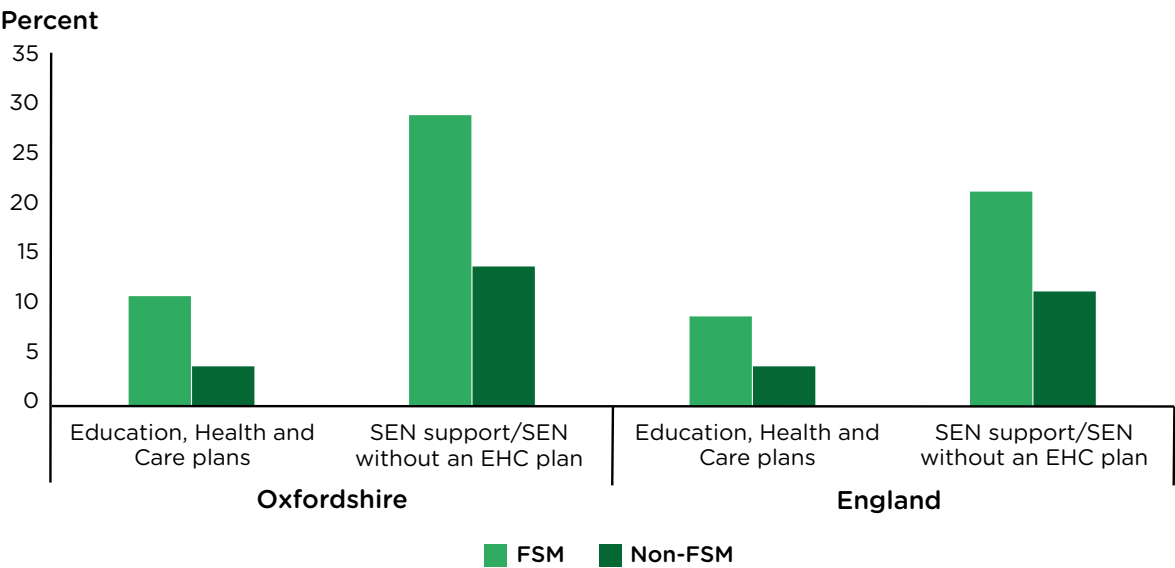
Source: Department for Transport [103]

EDUCATIONAL ATTAINMENT KEY STAGE 2

Figure 59 shows that a higher percentage of children eligible for FSM in Oxfordshire have been diagnosed with SEN than among those not eligible; 29 percent of children in Oxfordshire who are eligible for Free School Meals have SEN or in receipt of SEN support other than Education,

Health and Care Plans (EHCPs) and 11 percent have EHCPs. These percentages are higher than the national average, indicating the significant number of children who face a double disadvantage within education having a SEN diagnosis and coming from a low income household.

Figure 59. FSM status by SEN support received, Oxfordshire and England, 2024/25

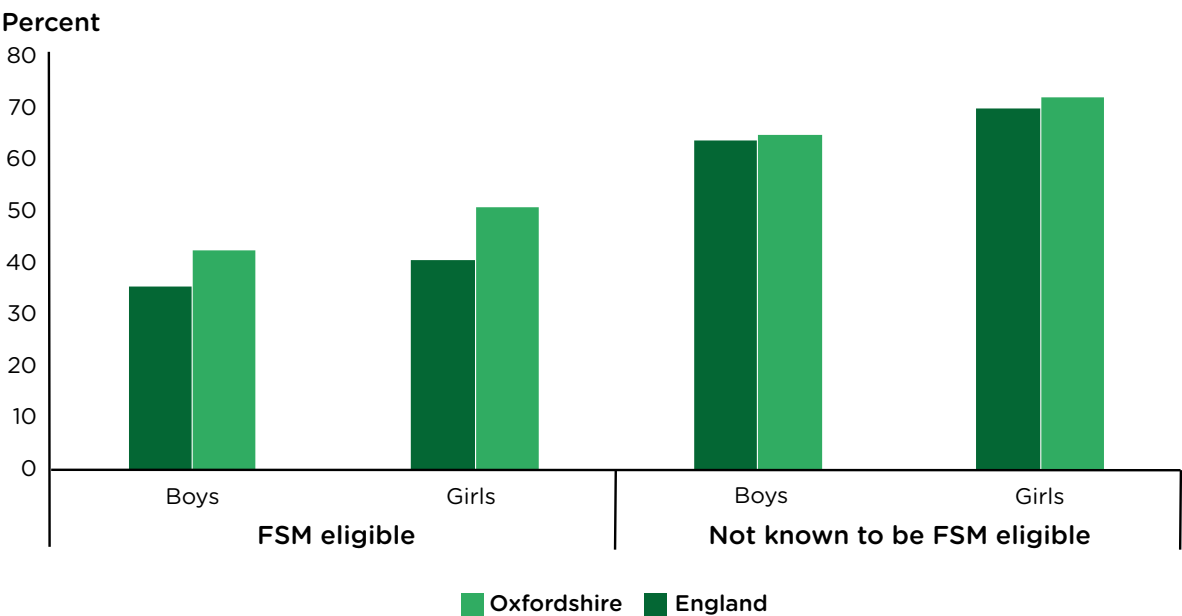


Source: Department for Education [104]

The percent of pupils reaching the expected standard in reading, writing and maths in KS2 in Oxfordshire is similar to the England average for pupils ineligible for FSMs. However, inequalities are particularly wide in Oxfordshire

and for those eligible for FSM the proportion reaching the expected standard are 10 percentage points lower for girls and 7 percentage points lower for boys than among similar groups in England.

Figure 60. Pupils reaching the expected standard in reading, writing, and maths in KS2, by FSM eligibility and sex, percent, Oxfordshire, and England, 2023/24

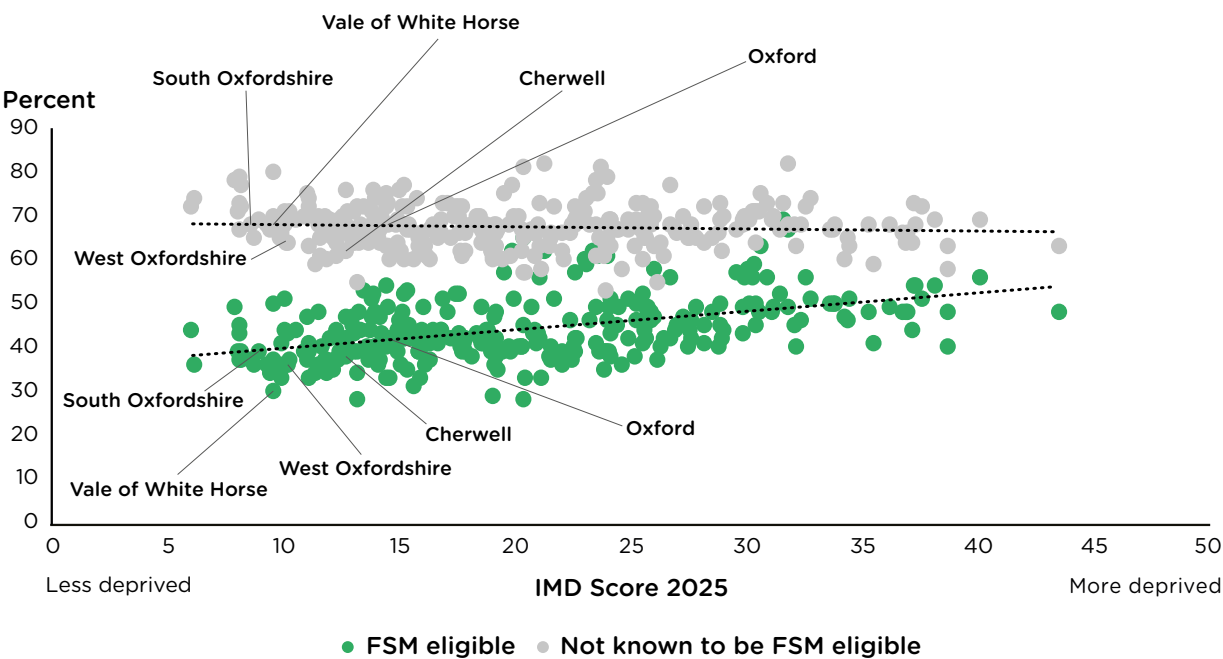


Note: Department for Education [105]

As with levels of development at the end of reception Figure 61 shows that among pupils eligible for FSM in England, living in a less deprived area is a significant disadvantage. Oxfordshire has some of the widest gaps and lowest levels of FSM pupils reaching the expected

standards at the end of KS2. This difference is not driven by higher levels among pupils not eligible for FSM, where rates are broadly similar across England, instead the large difference is mostly a result of pupils having low levels of attainment in the least deprived areas.

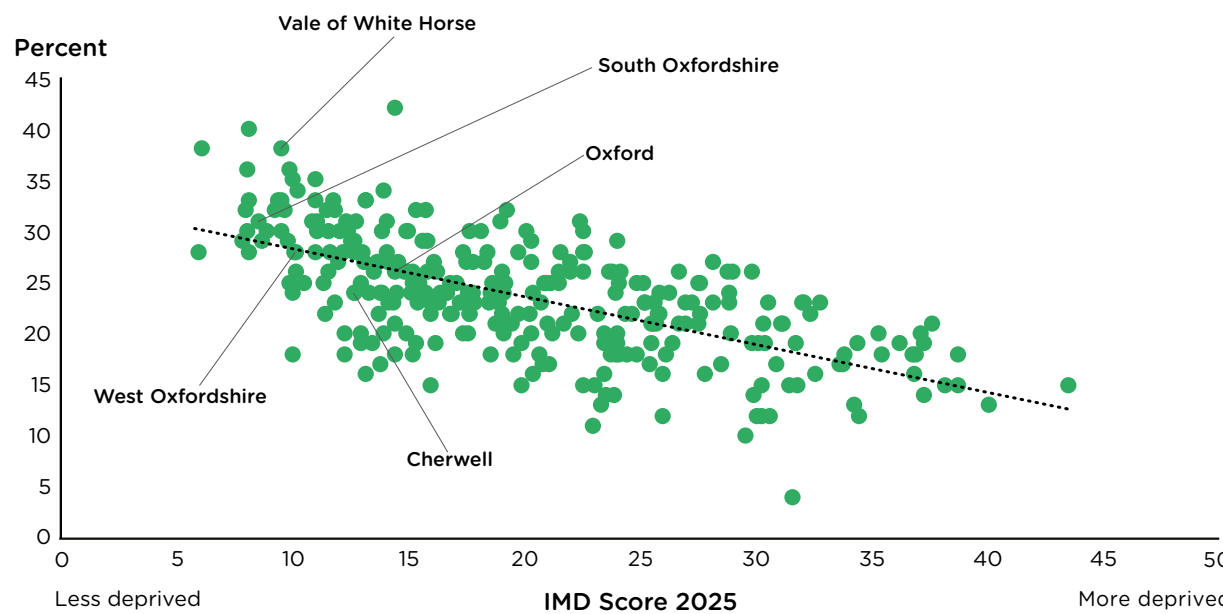
Figure 61. Pupils achieving the expected standard in Reading, Writing, and Maths at the end of KS2, by FSM eligibility and deprivation (IMD score 2025) English unitary and lower tier local authorities, 2024/25



Source: Department for Education [105]

Figure 62 indicates the widest gaps are in Vale of White Horse and in South Oxfordshire, which have gaps of 38 and 31 percentage points between FSM eligible and non-eligible pupils respectively.

Figure 62. Gap in FSM and non-FSM pupils achieving the expected standard in Reading, Writing, and Maths at the end of KS2, by deprivation (IMD score 2025) English lower tier local authorities, 2024/25

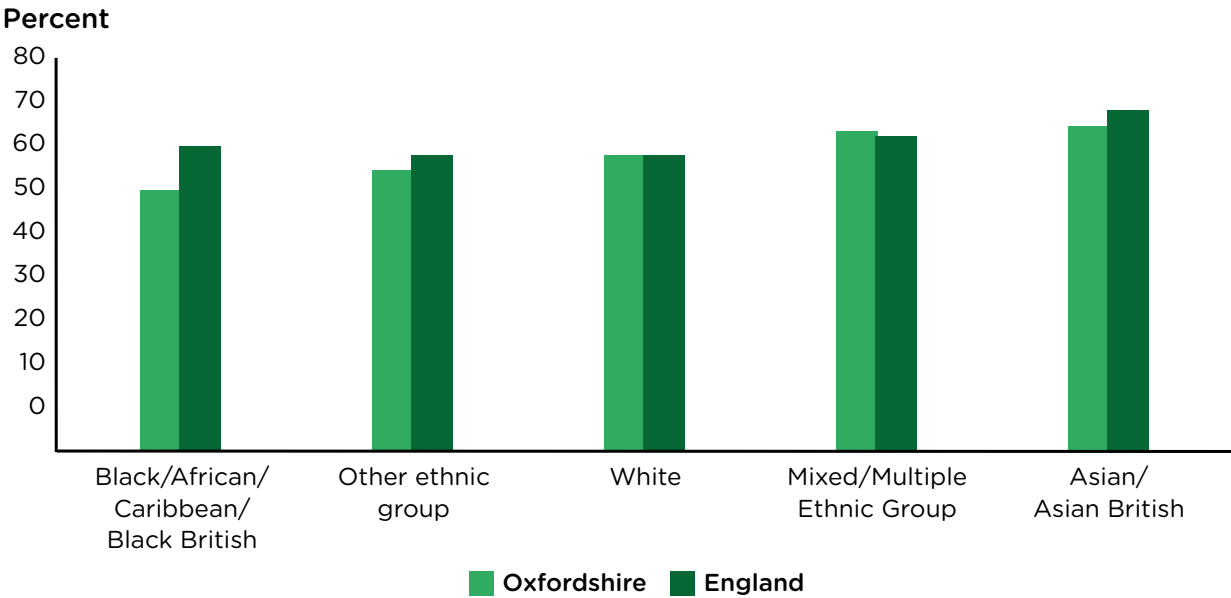


Source: Department for Education [105]

Figure 63 shows ethnic inequalities in pupils meeting the expected standard in reading, writing and maths at Key Stage 2 in Oxfordshire. There is a greater difference between ethnic groups in Oxfordshire than in England, with only 53 percent of Black pupils meeting the expected

standard, compared to 62 percent in England. Asian pupils are most likely to reach the expected standard in Oxfordshire, at 66 percent, but this is still slightly below the England average of 69 percent.

Figure 63. Percentage of pupils meeting the expected standard in reading, writing and maths KS2, by ethnic group, Oxfordshire and England, 2023/24



Source: Department for Education [105]

Stakeholders expressed that there is a clear need for more and strengthened intervention and family support in maternity and during the early years to prevent inequalities developing before children reach school.

“You know, even midway through primary school, there’s there might still be chances of intervention, but once you get to the end of primary school, you get into secondary school, you’ve lost a lot for the majority of people.”

Healthcare stakeholder

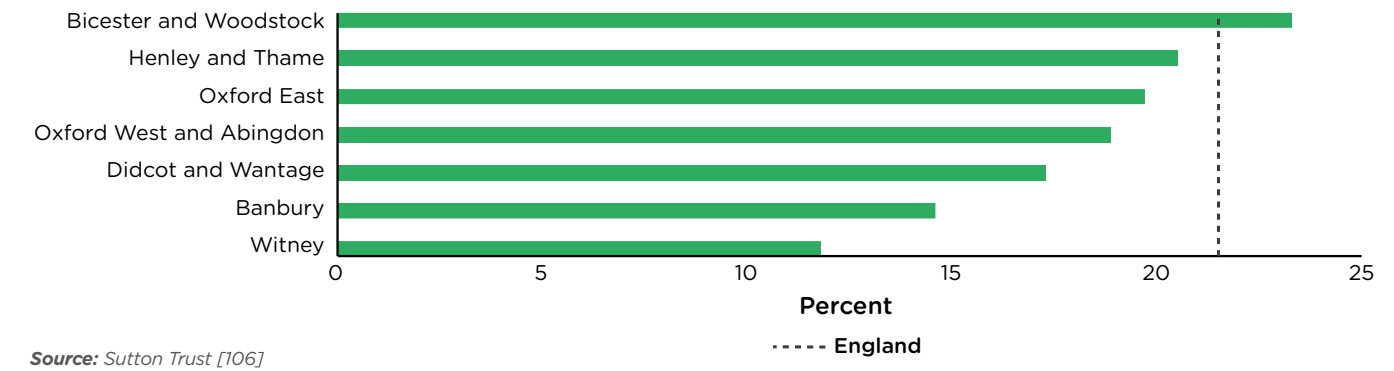
Primary schools were seen as underused resources and that they should be assets for communities to support communities and households more broadly. Stakeholders also emphasised that schools should invest more in community and family engagement with the school, in ways which are identified as appropriate by communities. Stakeholders also emphasised the entrenched nature of the inequalities that are seen in schools, with families that have had poor experiences with education themselves. They highlighted the need to work with the whole family to raise trust, aspirations and self-belief.

EDUCATIONAL ATTAINMENT AT AGE 16

As with other data indicating particularly low rates of attainment among children eligible for FSM, there are low levels among FSM pupils who pass English and Maths

GCSE in Oxfordshire, figure 64. All constituencies other than Bicester and Woodstock are below the national average and rates are particularly in low in several constituencies.

Figure 64. FSM Pupils achieving a pass in English and Maths, Percent, Constituencies within Oxfordshire County Council, 2018/19 to 2023/24



The average Attainment 8 score for non-FSM students in Oxfordshire is similar to the national average. However, the score for FSM eligible students is lower, 31.1 in

Oxfordshire compared to 34.7 in England. At the District level, Oxford City has widest difference, with a gap of 19.8 between FSM and non-FSM scores.

Figure 65. Attainment 8 average score by FSM status, Oxfordshire lower tier authorities, Oxfordshire and England, 2023/24

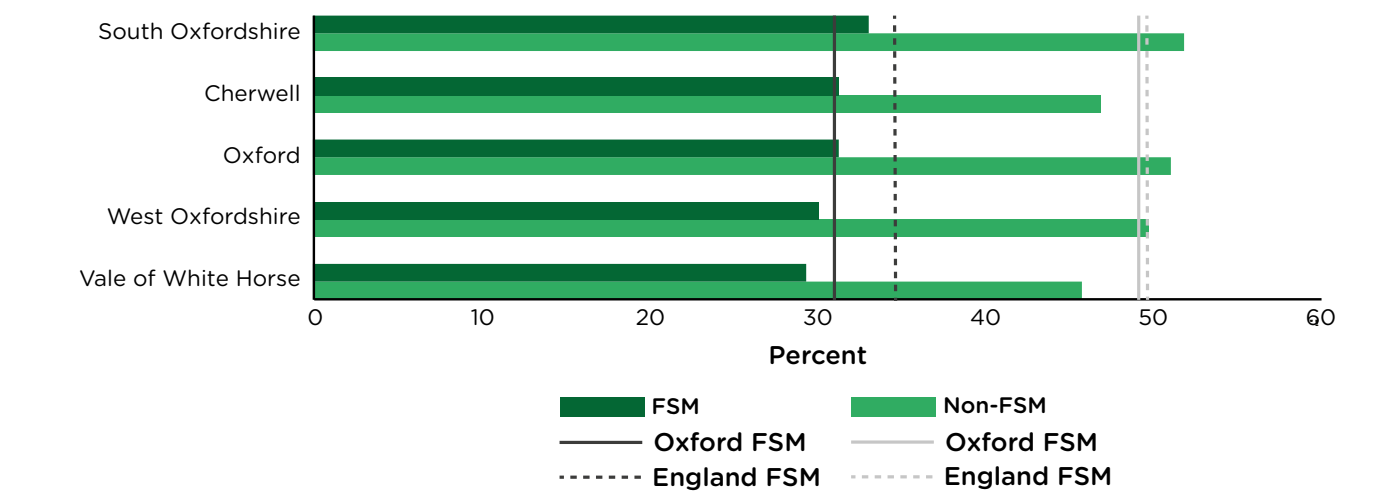
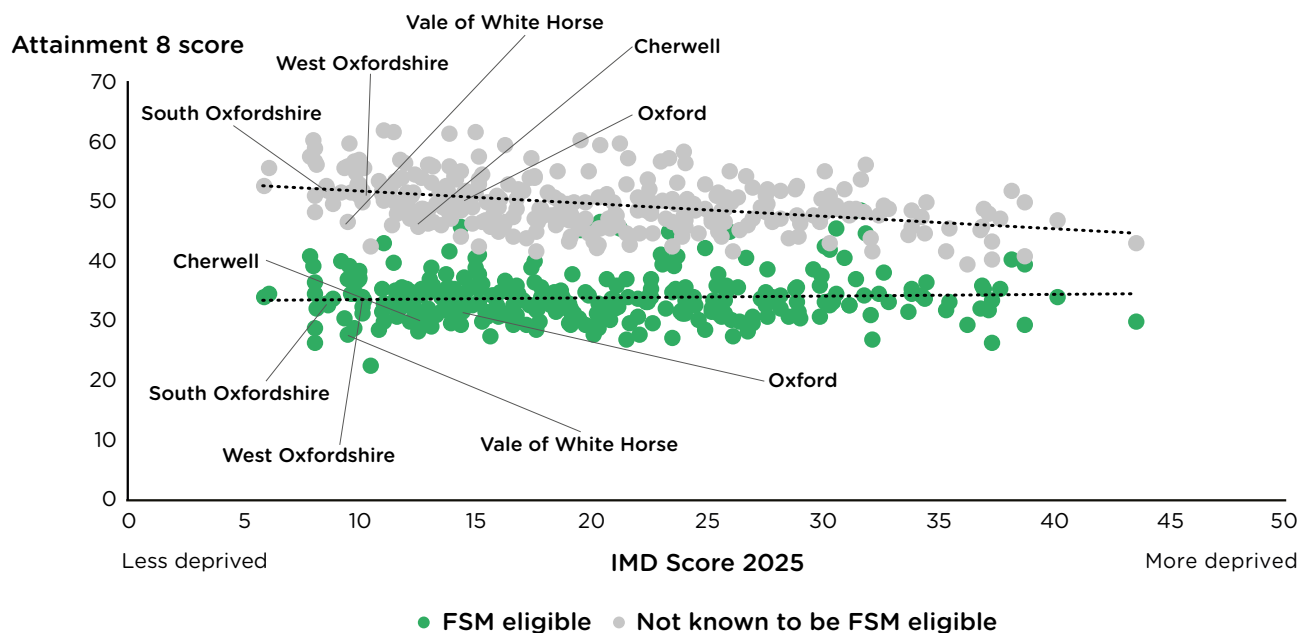


Figure 66, shows this differences in more detail compared to other District and Unitary Councils in England. As with early years development and Key Stage 2 attainment there are notable differences between local areas in attainment 8 levels. Again, in less deprived Councils or Districts the inequality between pupils eligible for FSM and those not eligible is much wider than it is in more deprived areas

and some of the wealthiest areas in England have the widest differences in educational attainment, figure 66. In comparison to Key Stage 2 measures, the inequality at this stage is driven by better performance among pupils not eligible for FSM rather than lower performance of pupils eligible for FSM where rates are broadly similar across England.

Figure 66. Attainment 8 score, FSM and Non-FSM pupils, by deprivation (IMD score 2025), English unitary and lower tier local authorities, 2024/25

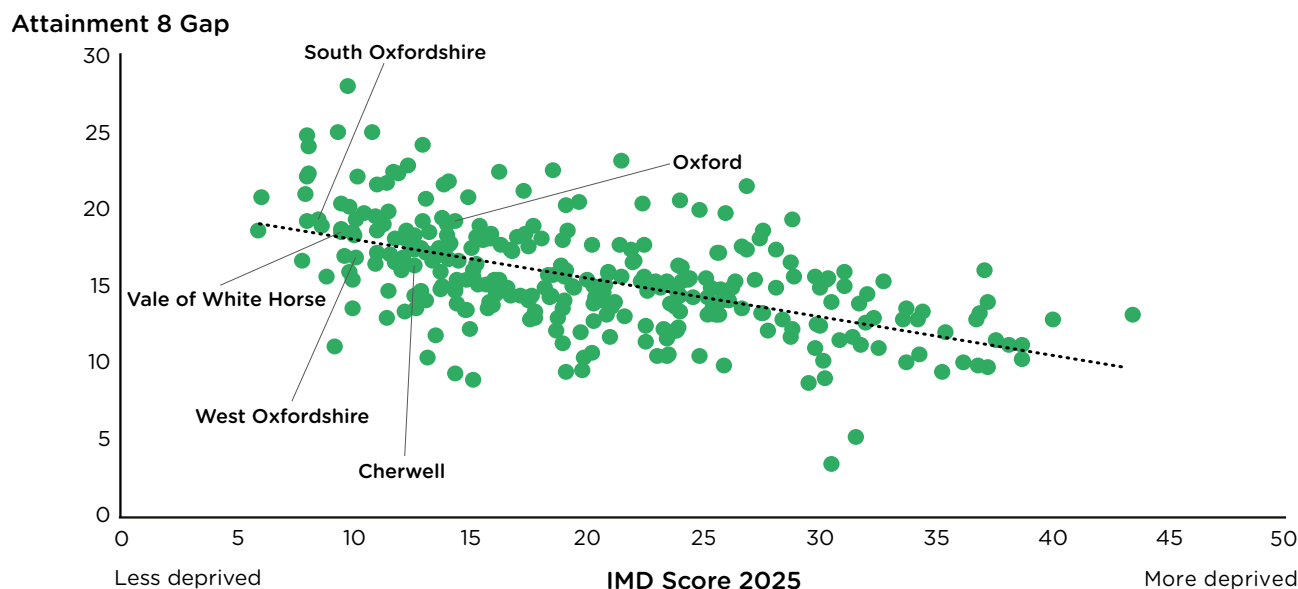


Source: Department for Education [107]

Figure 67 shows the size of the gap for Attainment 8 for each Council, including District Councils by level of deprivation of the Council (IMD score). The gap is largest in Oxford, at 19.8 points and smallest in Cherwell, at 15.6

points. The wide gap in attainment 8 score in Oxford compared with other Districts is a difference from key stage 2 and readiness for school when the gap was lower in Oxford than in other Districts.

Figure 67. Gap in attainment 8 score between FSM and Non-FSM pupils, by deprivation (IMD score 2025), English Unitary and lower tier local authorities, 2024/25

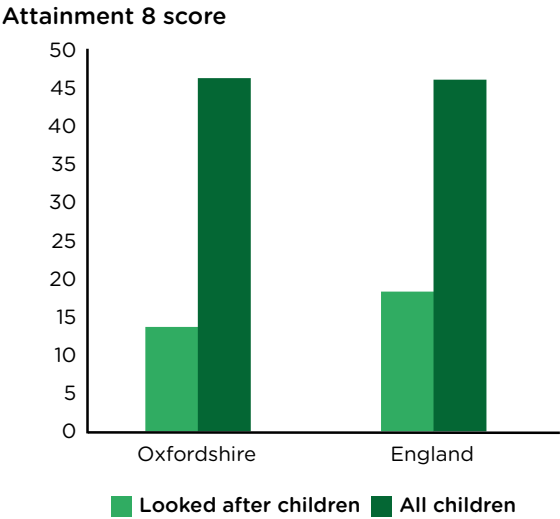


Source: Department for Education [107]



There are other important dimensions in inequalities in educational attainment, including for pupils with SEND, looked after children and by ethnic group. Figure 68 shows inequalities between looked after children and all children in Oxfordshire and England in Attainment 8 scores. There are stark inequalities across the country, However, the gap is slightly wider in Oxfordshire, with a difference of 35.2 points, compared to 27.8 for England.

Figure 68. Attainment 8 score, looked after children* and all children, Oxfordshire and England, 2023/24

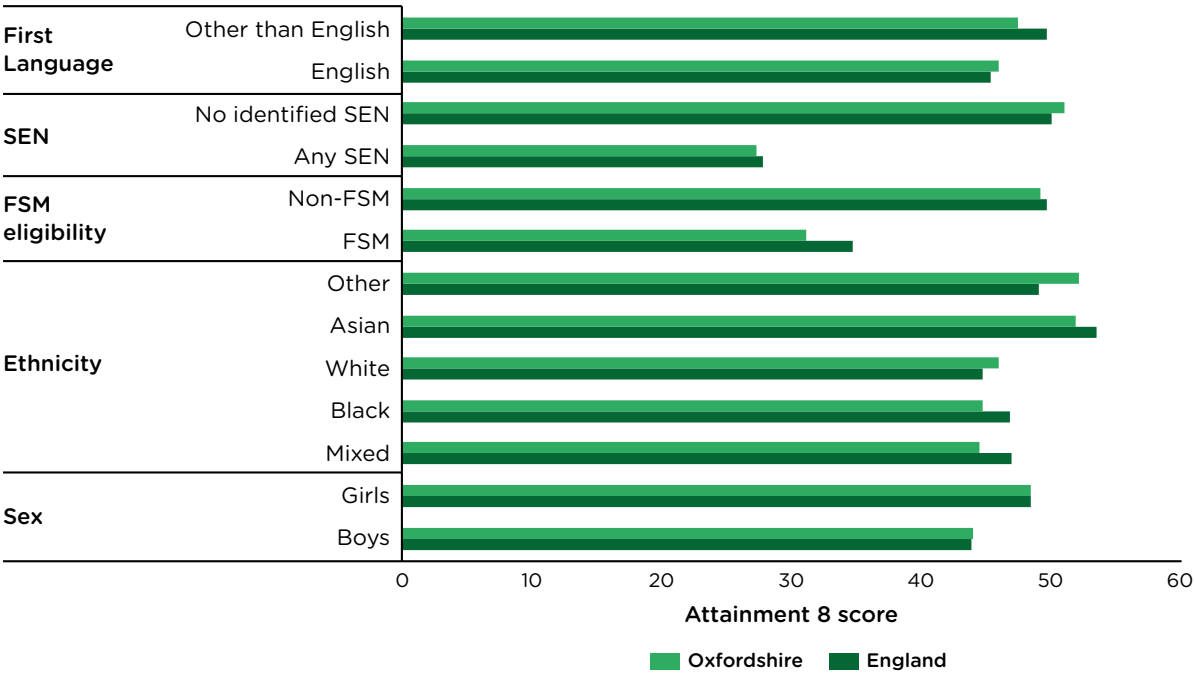


Source: Department for Education [107]
Note: *Children who have been in care for at least 12 months as of 31st March

Among pupils eligible for FSM, Oxfordshire has lower levels of Attainment 8 scores among students, from Asian, Black and Mixed ethnic groups and among those with a first language which is not English and those with

SEN, Figure 69. The difference between the average for Oxfordshire compared to England is most pronounced amongst pupils eligible for FSM.

Figure 69. Average attainment 8 score, by sex, ethnicity, FSM status, SEN, first language, Oxfordshire, and England, 2023/24

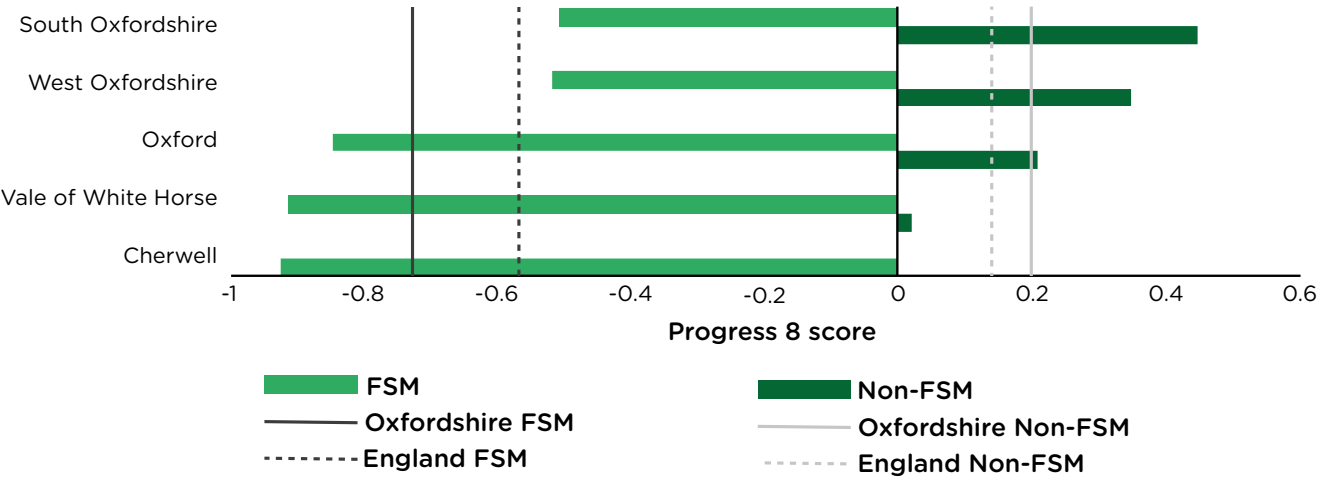


Source: Department for Education [107]

Figure 70 shows Progress 8 scores, a measure to identify the progress a student makes between ages 11 and 16 compared with other students with similar starting points. It compares their Attainment 8 score, a measure of performance at the end of KS4 (GCSEs) across eight core subjects, to a national average of children with similar Key Stage 2 results. There are wide differences between the Districts, average scores for FSM students in

Cherwell, Vale of White Horse and Oxford are particularly low, -0.93, -0.92 and -0.85 respectively, meaning on average FSM eligible pupils made less progress than children across the country who achieved similar results at the end of Key Stage 2. Oxford has the largest gap between scores for FSM eligible and non-FSM eligible pupils, of 1.06 points.

Figure 70. Average progress 8 score, by FSM status, Oxfordshire lower tier local authorities, Oxfordshire, and England, 2023/24



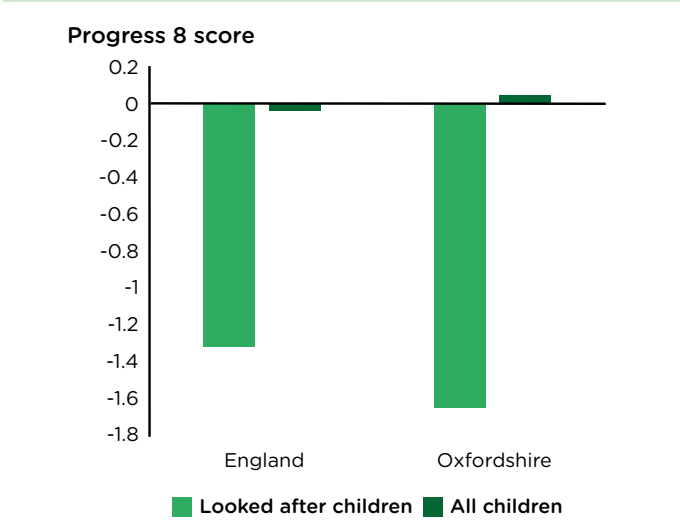
Source: Department for Education [107]

Note: Progress 8 is a measure collected by the Department for Education, to identify the progress a student makes between ages 11 and 16 compared with other students with similar starting points. It compares, their Attainment 8 score, a measure of performance at the end of KS4 (GCSEs) across eight core subjects, to a national average of children with similar Key Stage 2 results.

Progress 8 scores for looked after children in Oxfordshire are also very low compared to the average for all children, with an average score of -1.64 compared to 0.05, figure 71. This is a larger difference than the England average, highlighting the scale of inequalities in attainment in Oxfordshire.

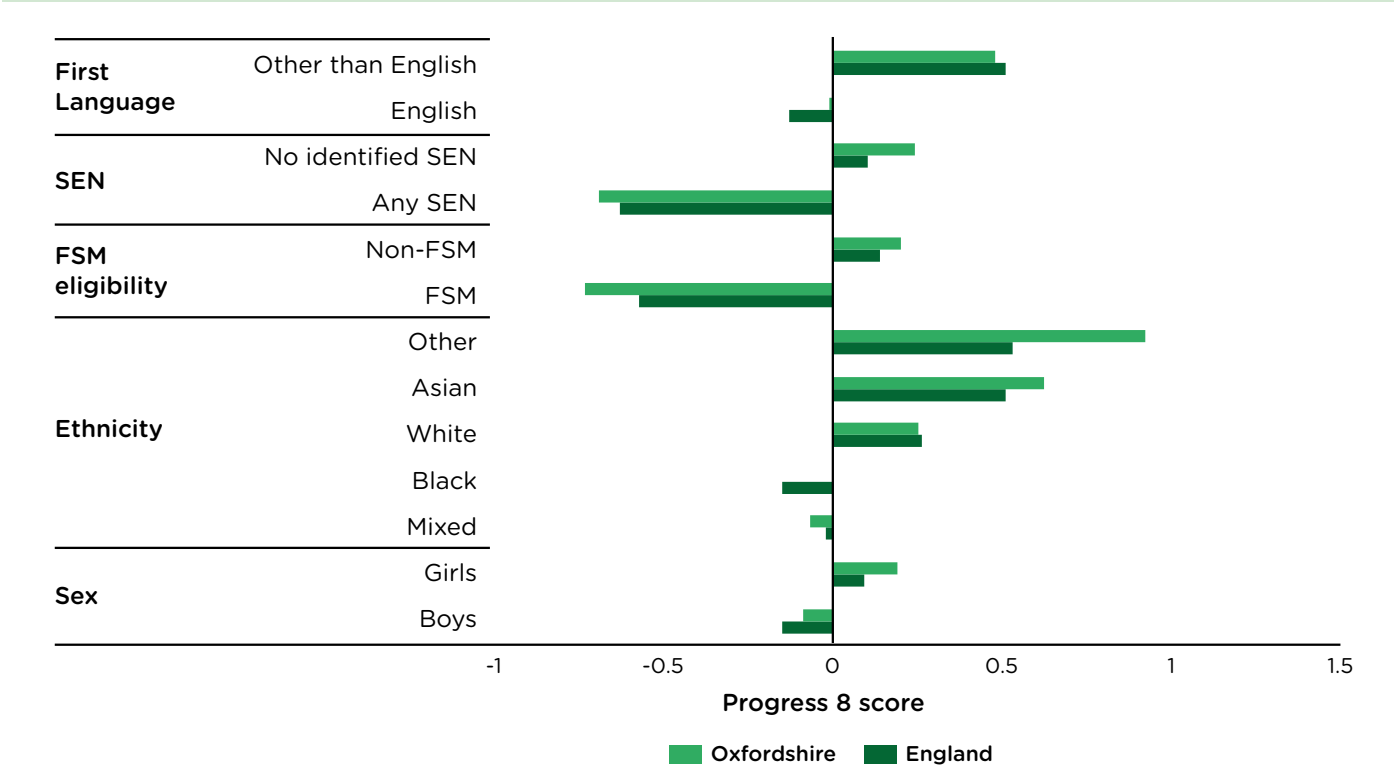
Inequalities in Progress 8 score are also seen across other groups; the average score for SEN students in Oxfordshire is lower than the England average, with similar inequalities seen between SEN students and those with no identified SEN issues. Pupils who do not have English as a first language make more progress in Oxfordshire than in England and more progress than those who do have English as a first language, figure 72.

Figure 71. Progress 8 score, looked after children* and all children, Oxfordshire and England, 2023/24



Source: Department for Education [107]
 Note: *Children who have been in care for at least 12 months as of 31st March

Figure 72. Average progress 8 score, by sex, ethnicity, FSM status, SEN, first language, Oxfordshire, and England, 2023/24



Source: Department for Education [107]

It is clear from the data presented that the most pronounced educational inequalities in Oxfordshire are among poor children living in relatively wealthy areas and also among some ethnic minority groups and children identified as SEN. There are many reasons underpinning these wide attainment inequalities including schools in more deprived areas being better set up to support pupils, and higher levels of funding in areas where there are more FSM eligible pupils. Across England in large urban areas, with high levels of ethnic diversity, pupils from ethnic minority groups tend to have relatively high levels

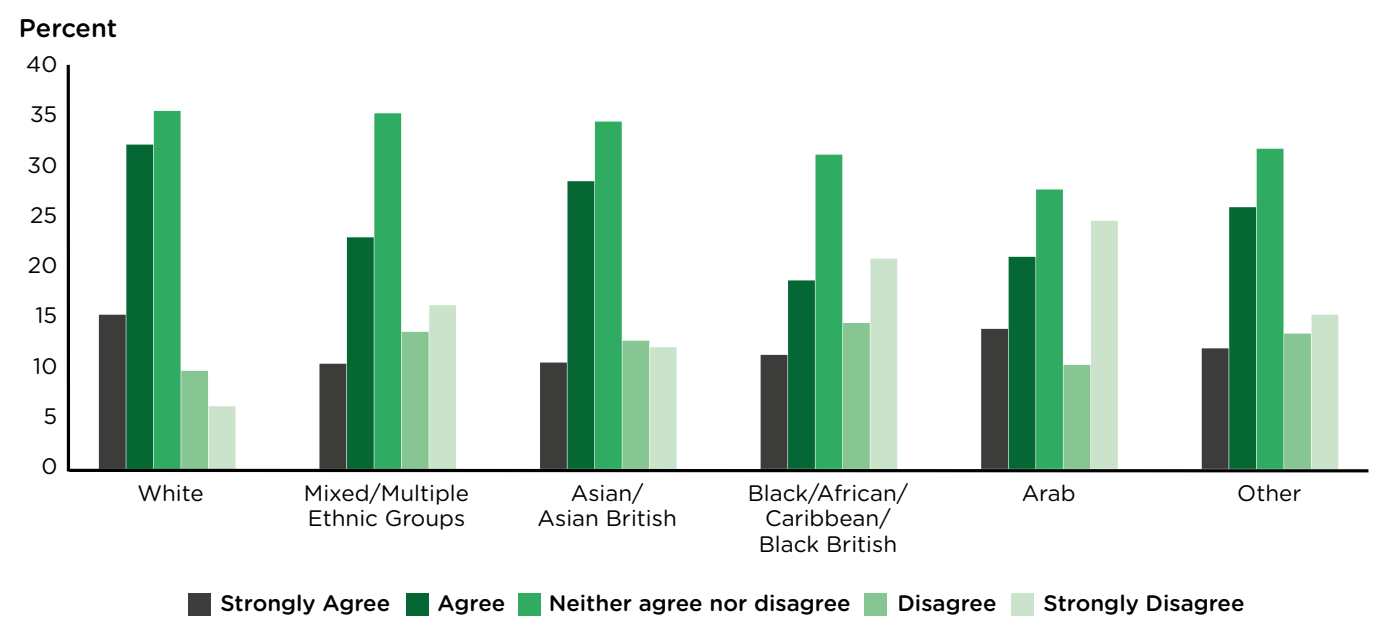
of attainment, including those pupils from low-income households. We also heard from stakeholders that this data supported what they knew from their work, but that there are additional difficulties that these children face in education, that are not adequately captured in the data. As highlighted earlier in the report, the needs of poorer children in wealthier areas may not be met in schools and pupils often face stigma which can impact their attainment in school and lead to disengagement and non-attendance. Additionally, multiple stakeholders reported experiences of racism and discrimination among families and children

from ethnic minority groups both in more deprived areas and wealthier areas, which are not seen in the data and not widely understood or acknowledged, leading it to go unreported and unaddressed in local services.

Data from the OxWell survey shows that children from ethnic minority groups are less likely to report that their school deals well with racism. 24 percent of Arab respondents and 21 percent of Black respondents reported that they strongly disagreed with the statement “my school deals well with racism”. This survey data, along with the reports from stakeholders, shows that some children

from ethnic minority groups are experiencing racism and discrimination at school. Racism in schools can manifest in many ways, including conscious or unconscious differential treatment as a result of stereotyping and labelling by teachers. [108, 109] This affects a teacher’s perceptions of children’s behaviours and personalities, including the educational expectations teachers have. [109] In turn, incidents of racism and discrimination affect a child’s self-esteem, mental health, aspiration and attainment, impacting their behaviour, which can become more disruptive or contribute to an increase in school absences and exclusions. [109, 110]

Figure 73. Percentage reporting “my school deals well with racism”, by ethnic group, Oxfordshire, OxWell Survey



Source: Oxwell Survey (2025) [96]

However, stakeholders in Oxfordshire emphasised that stigmatising low expectations of pupils were not only due to ethnicity, but deprivation too.

Gypsy, Traveller and Roma groups are often very small percentages of the school population and are not included in a separate ethnic category in education and attainment data; thus, it is difficult to have accurate and up-to-date estimates of their level of educational participation and attainment. The data that are available show that Gypsy, Traveller and Roma children leave school at a much earlier age than children from other ethnic groups and have low rates of participation in universities. In the eight academic years to July 2018, the percentage of pupils going into education, apprenticeships or employment increased in every ethnic group except for white Gypsy and Roma. When implementing interventions to improve educational outcomes across all pupils and increase a sense of belonging for young people within school it is imperative to consider ethnicity and build anti-racist approaches into this by working to build trust and relationships between ethnic minority pupils and communities, and teachers and schools.

“There’s assumptions that all these kids are going to be drug dealers when they grow up, they’re either going to be drug dealers or in the mental health institutions, you know?”

Voluntary sector stakeholder

“When you have that such low expectations that is making the children not feel welcome, and it’s not just black kids either. It’s all this. It’s a kind of working class, areas of high deprivation. The kids are really unhappy in the schools.”

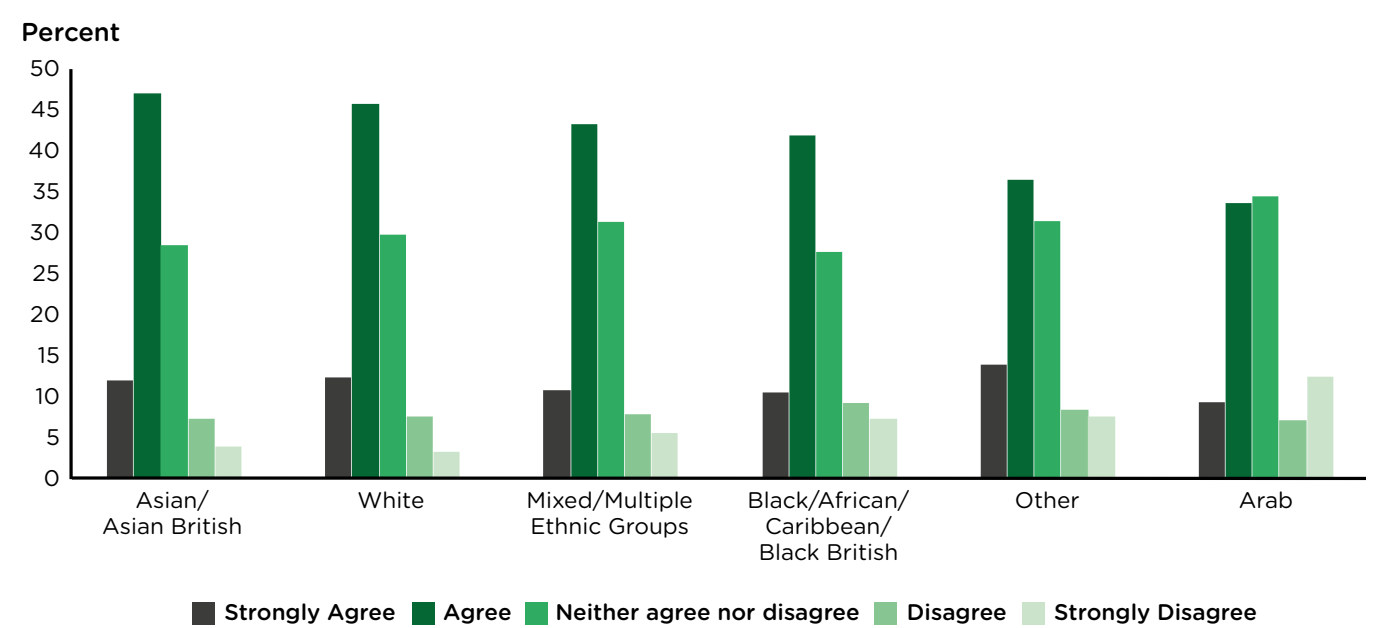
Voluntary sector stakeholder

As in the early years, stakeholders emphasised that alongside support for pupils at school there needs to be greater emphasis on supporting families and that often families can be made to feel as though they are the problem, leading to tension and hostility towards schools, contributing to pupils and their families’ disengaging from education and other services. Tackling entrenched intergenerational deprivation and exclusion cannot be undertaken by any one sector or organisation, but schools

can strengthen partnerships with other sectors, including families to build trust and support aspirations.

This stigma and sense of isolation that some children face in school is identified in the OxWell Survey, which as seen in figure 74 show that there are clear ethnic inequalities in the percentage of children who report that they feel like they are part of their school, with Arab students the most likely to strongly disagree that they feel part of the school.

Figure 74. Percentage reporting “I feel like I am part of my school”, by ethnic group, Oxfordshire, OxWell Survey

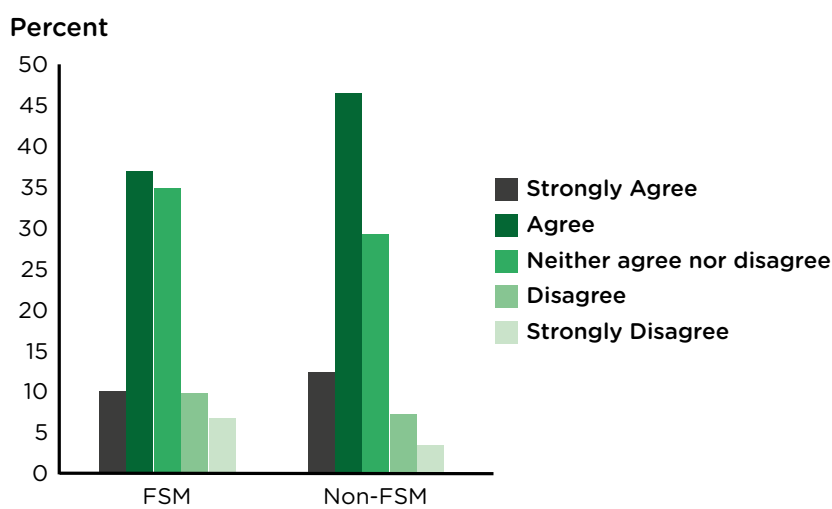


Source: Oxwell Survey (2025) [96]

There are also inequalities between pupils reporting in the Survey that they feel part of their school and this is related to FSM eligibility, figure 75. There are higher levels

of FSM eligible pupils reporting that they either disagree or strongly disagree with the statement “I feel like I am part of my school”.

Figure 75. Percentage reporting “I feel like I am part of my school”, by FSM status, Oxfordshire, OxWell Survey



Source: Oxwell Survey (2025) [96]

Stakeholders at the University of Oxford reported that they are keen to work with other partners to address the deep educational inequalities in Oxfordshire and have developed several programmes to do this. The University of Oxford published a report in 2025 outlining its ambitions to improve opportunities for those in Oxfordshire through increased local engagement and reflection on its role as an anchor institution. [111] This report features several existing initiatives within the County, such as their Twinning programme, and IntoUniversity.

However, several stakeholders emphasised the divide between the University of Oxford and children in the schools, suggesting that they did not view the University as part of their world.

“The kids here don’t even know Oxford University exists, let alone do they feel like they could get into it. It’s a world apart, even though it’s 5 miles apart.”

Voluntary sector stakeholder

“Miles, miles and miles apart. And you know, people walk around the city, they come into the City and they don’t even see the university as having a front door, which it kind of doesn’t.”

Voluntary sector stakeholder

It is important that Oxford University and other organisations based in the City extend their positive impacts across Oxfordshire, and support young people who are not just academically gifted but who could have better experiences and outcomes at school with additional support.

“Oxford University are doing so much better working with schools - they are delivering.”

Education stakeholder

Oxford Brookes University also emphasises the importance of their role as a partner within the community. They have multiple programmes to support children, adult learners, and young people. Alongside the University of Oxford they have partnered with Oxfordshire County Council to form the Local Policy Lab. The goals of the Policy Lab are to bridge the gap between research and local policy, strengthening links between the universities and the local community. [112]

Case study: Oxford Hub - Twinning Programme

At the start of 2022, the Oxford Hub, along with Trinity, New, Somerville, St John’s and Exeter Colleges took part in a pilot Twinning Programme, with the aim of tackling educational inequality and help close the attainment gap in the City. The programme partnered each Oxford college with one of five local primary schools in Cowley, Blackbird Leys, and Rose Hill—areas where the attainment gap is widest.

For the 2024-25 academic year, ten Oxford colleges have already been paired with ten primary schools, of which nine are in the highest priority category (with high numbers of students on free school meals and low achievement rates in reading, writing, and maths). With Oxford Hub’s guidance, these partnerships provide students with tutoring and enrichment activities that broaden their learning experiences. The programme’s goals include:

- Closing the attainment gap in Oxford.
- Raising students’ aspirations and fostering a connection with higher education.
- Providing access to enrichment activities that might otherwise be unavailable.
- Strengthening ties between the university and the local community.
- Building long-term relationships between colleges and primary schools.

In 2023/24 over 1,000 local pupils visited Colleges, spoke to undergraduates, received one-to-one tuition, visited local cultural institutions and took part in College-led activities in school.

One of the schools involved in the programme reported that it has had positive impacts on the students involved, raising the aspiration of the children and allowing them to feel a part of something.

Case study: Abingdon DAMASCUS Youth Project

Abingdon DAMASCUS Youth Project (ADYP) supports young people aged 10-25. Their mission is to empower and give opportunities to young people to drive positive change. ADYP is based in the rural villages of Drayton, Appleford, Milton, Sutton Courtenay and Steventon, and work throughout South and Vale in Oxfordshire.

Their work is rooted in the communities and supports young people to bridge the gap between home and school and get involved in the local community. Their services help support children from rural villages moving from local primary schools to larger secondary schools. In 2022, funded in part by Didcot Powerhouse Fund Support, ADYP worked in schools to deliver workshops to children in Year 6 to improve feelings of independence, responsibility and provide support for the challenges that might come from transitioning from primary to secondary school. They also provided summer activities, such as travelling on the bus, getting used to navigating in unfamiliar places and activities to encourage team building and making friends. Once in Year 7, youth workers met with young people off the school bus to discuss any needs or issues they might have.

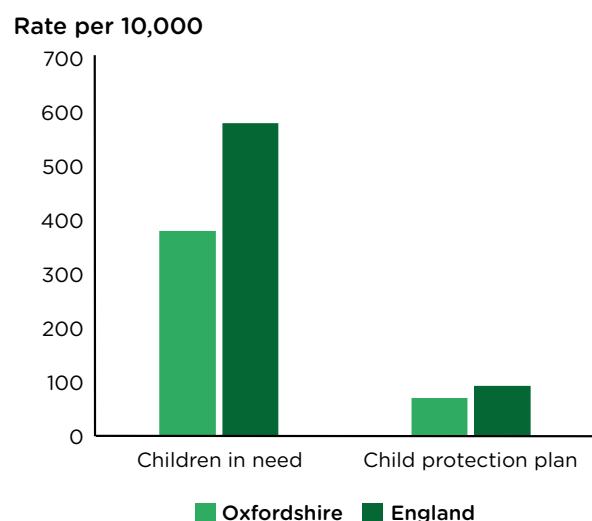
At each village site ADYP offers a space for young people to spend time, with games, activities and support from youth workers. If they don't have access to local buildings, they use gazebos and public outdoor spaces to offer drop-in sessions. The Caldecott Ward where most of their work is held sits in the top 10% of most deprived areas of the UK and ADYP have expanded their work in the area to try and reach the most disengaged young people more often.

CHILDREN IN NEED AND LOOKED AFTER CHILDREN

Children in need, including looked after children (children in care), are a particularly disadvantaged cohort of children. The legal definition is that 'children in need' have been assessed by a social worker and found to need help and protection because of risks to their development or health, such as neglect, domestic abuse in the family, or because they are disabled. Nationally, the percentage of pupils in most of the key social care groups (children in need, children on a child protection plan, and looked after children) meeting the expected standard in reading, writing and mathematics (combined) at Key Stage 2 is roughly half that of the overall pupil population. There are also significantly higher rates of pupil who have SEN and are eligible for FSM eligibility amongst this group. [113]

Figure 76 shows the proportion of children who are identified as in need or subject to a child protection plan under the Children Act 1989. This includes children who require additional support from social services due to vulnerability, neglect, abuse, or other safeguarding concerns. Oxfordshire has a lower rate per 10,000 of children in need and children on a child protection plan than the England average. However, stakeholders told us that there had been an increase in referrals to children's services, which was partly due to a lack of family support and alternative services, with most referrals not meeting the threshold for risk. They reported that there were problems of domestic abuse, abuse, neglect and poor parenting, and suggested that there needs to be more focus on prevention and working with perpetrators of abuse to prevent repeated patterns. Stakeholders indicated that supporting parents to more effective parenting needs to begin during maternity and continue throughout the early years and when children are in school.

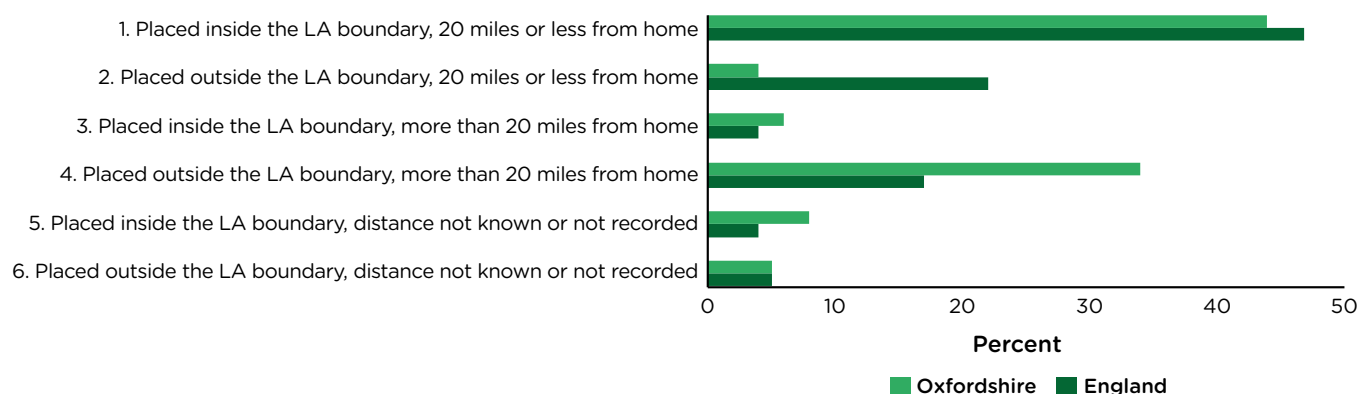
Figure 76. Children in need or on a child protection plan at any point during the year, rate per 10,000, Oxfordshire and England, 2024/25



Source: Department for Education [114]

The percentage of looked after children in Oxfordshire placed outside their local authority and more than 20 miles from home is double the national average, at 34 percent compared to 17 percent for England. This is due to insufficient local provision, rather than because of complex needs. Reducing the number of young people placed outside the local authority has been identified by the County Council as a priority. [115] According to a 2019 Children's Commissioner review, children placed 'out of area' are more likely to be older, have more complicated histories, and have experienced multiple moves while in care. Reports from young people who have experienced being placed out of area report social isolation and that moving affected friendships, relationships and consistency of education and mental health support. They sometimes perceived it as a punishment, and many reported that they felt voiceless in the system. [116]

Figure 77. Placement of looked after children by distance from home, Oxfordshire and England, 2024



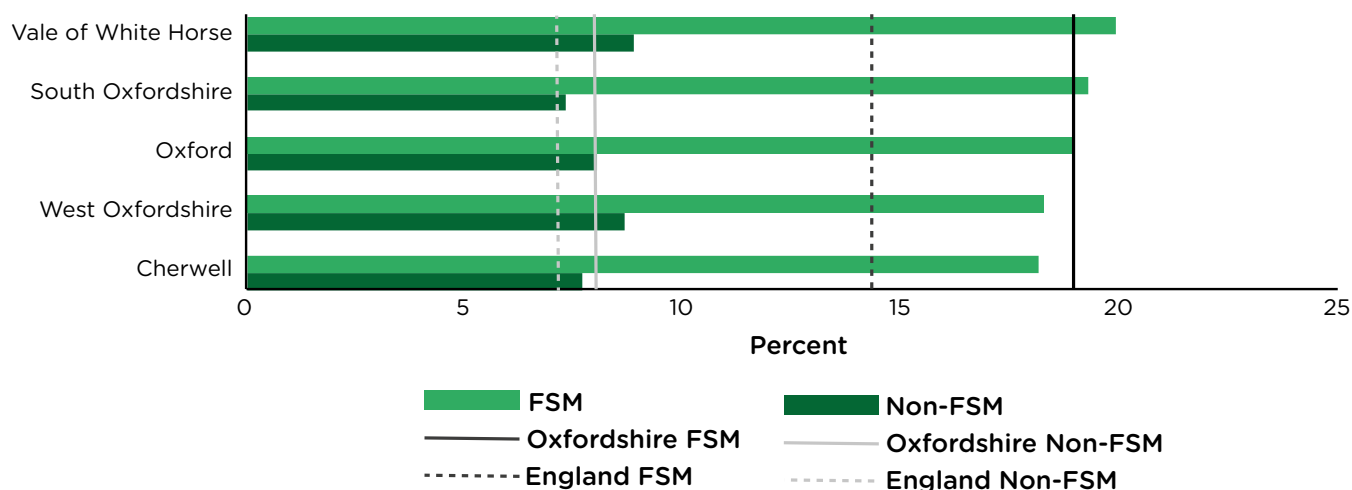
Source: Department for Education [117]

ABSENCE FROM SCHOOL

Prolonged or frequent school absence undermines the prospects for children and young people to reach their potential in education and has associated implications, such as lower employment rates and income throughout life. [118] Nationally school absence rates have increased since the pandemic and there are inequalities in absence related to deprivation, lower income households and among looked after pupils and pupils with additional support needs.

The absence rate is the total number of sessions missed due to absence for all pupils as a percentage of the total number of possible sessions for all pupils. As seen in figure 78, there are large inequalities in absence rate between FSM and non-FSM students in Oxfordshire, with a gap of 10 percentage points. Rates of absence among pupils eligible for FSM and those not are both higher than the England average, but the FSM absence rate in Oxfordshire is wider than the England average, at 18.8 percent compared to 14.2 percent respectively.

Figure 78. Overall absence rate, authorised or unauthorised, state-funded secondary schools, by FSM status, Oxfordshire lower tier local authorities, Oxfordshire, and England, 2023/24



Source: Department for Education [119]

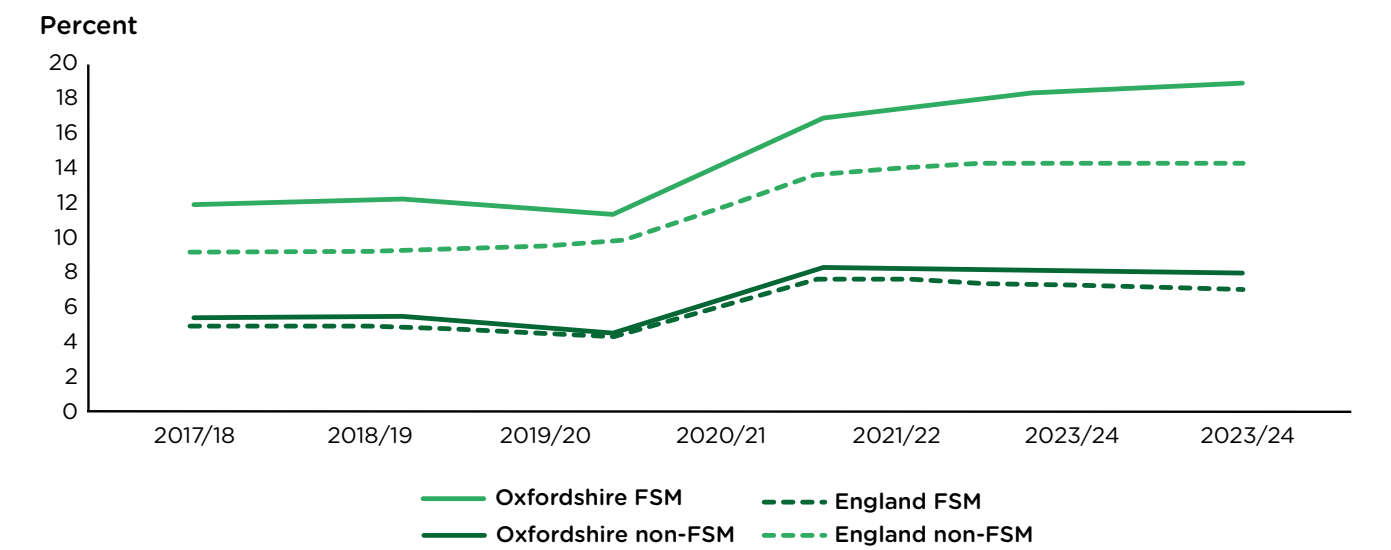
Notes:

- 1) The absence rate is the total number of sessions missed due to absence for all pupils as a percentage of the total number of possible sessions for all pupils. One session is equal to half a day.
- 2) Authorised absence is absence with permission from a teacher or other authorised school representative - including absences where a satisfactory explanation has been provided. For example, through illness.
- 3) Unauthorised absence is absence without permission from the school. This includes all unexplained or unjustified absences and arrivals after registration has closed.

While overall rates of absence are high they have been slowly decreasing for non-FSM students both in Oxfordshire and nationally, figure 79, However, the rate of absence for pupils eligible for FSM in Oxfordshire

has continued to increase since the spike during the pandemic, widening the gap between those on FSM and those not.

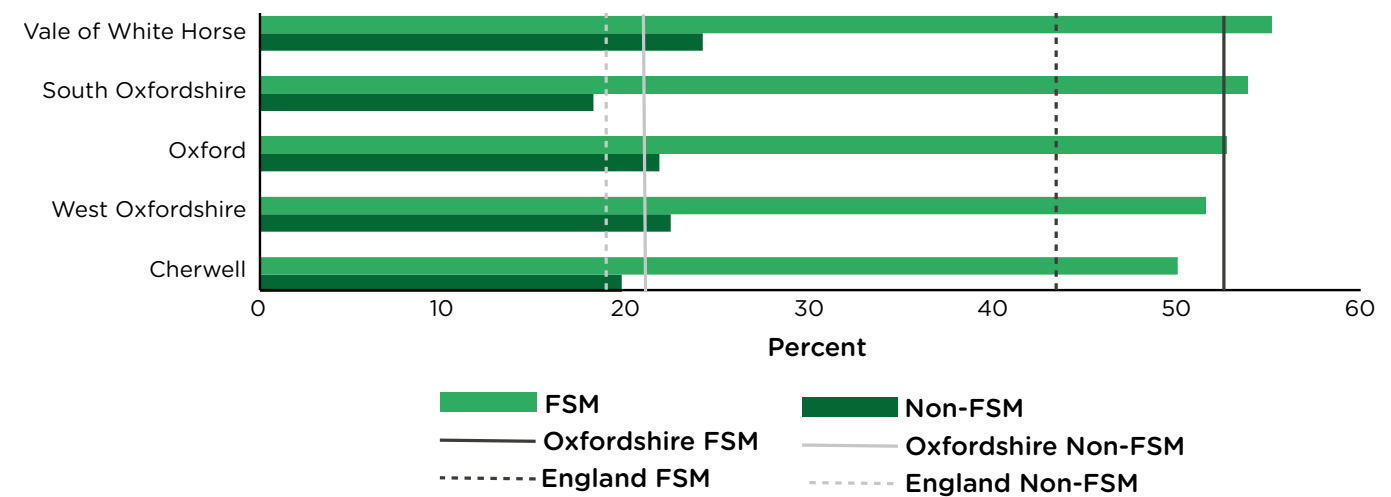
Figure 79. Overall absence rate, state-funded secondary schools, by FSM status, Oxfordshire, and England, 2017/18 to 2023/24



Persistent absence is when a pupil enrolment’s overall absence is 10 percent or more of their possible sessions and is particularly damaging to health and wellbeing in the immediate and longer term. There are many programmes set up by schools to try and reduce persistent absence but there have been increases since the pandemic and there are clear inequalities related to household income.

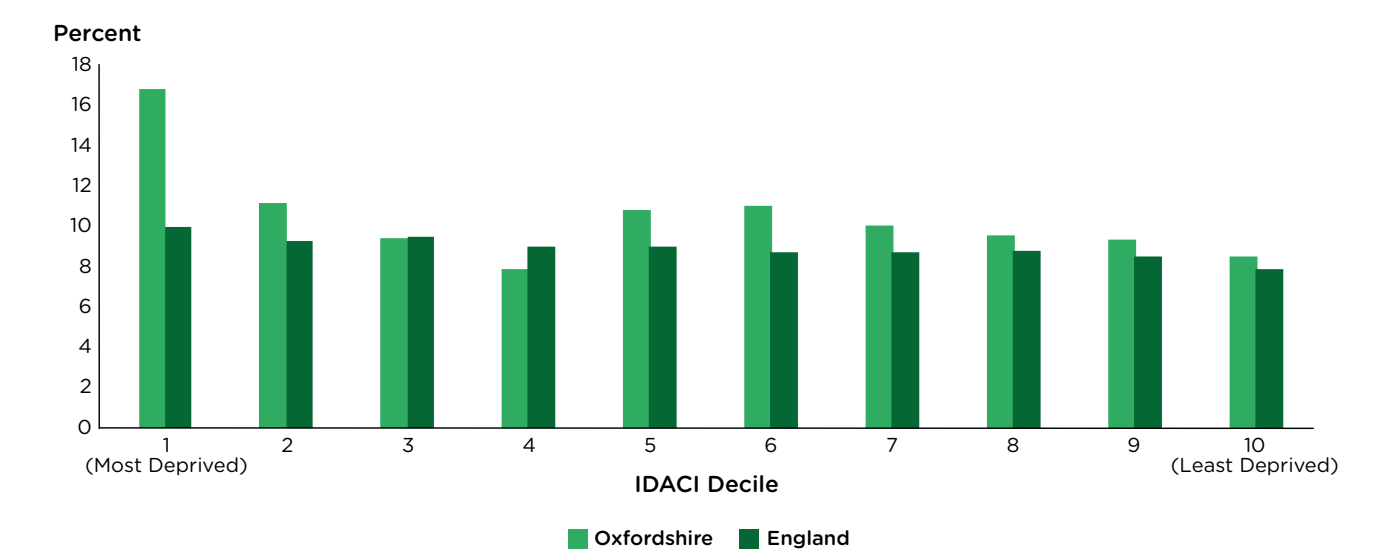
The percentage of FSM students who are persistently absent is significantly higher in Oxfordshire than the average for England and there are large inequalities between non-FSM - 20.9 percent and FSM students - 52.5 percent of pupils who are persistently absent, figure 80.

Figure 80. Persistent absentees, state-funded secondary schools, by FSM status, Oxfordshire lower tier local authorities, Oxfordshire, and England, 2023/24



As figure 81 shows, there is a not a significant gradient in absence rates related to level of deprivation nationally and in Oxfordshire, but absence rates are notably higher in the most deprived areas of the County, whilst all other areas have fairly similar rates of absence.

Figure 81. Overall absence rate, state-funded secondary schools, by IDACI band of school location, Oxfordshire lower tier local authorities, Oxfordshire, and England, 2023/24

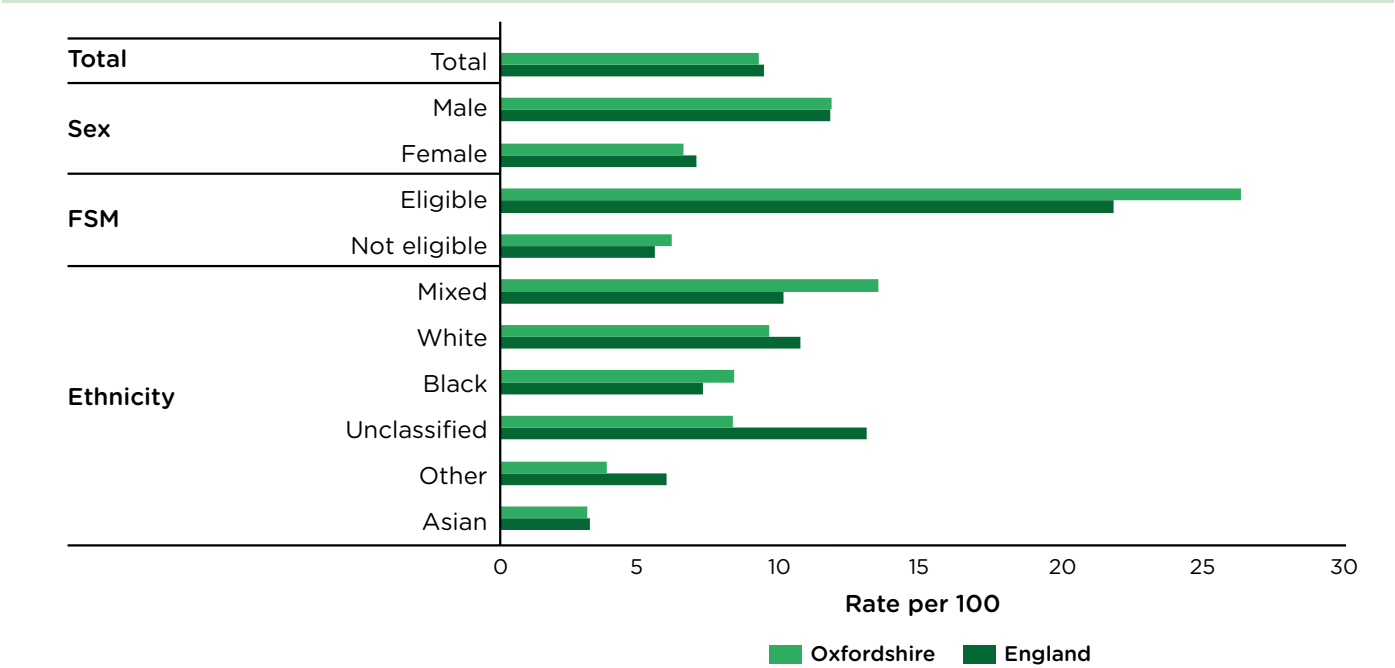


Source: Department for Education [119]

SUSPENSIONS AND EXCLUSIONS

The overall suspension rate in Oxfordshire is similar to the rate for England, however, the suspension rate for FSM eligible students in Oxfordshire is 26.2 per 100, compared to 21.7 for England. Rates of suspension for mixed ethnicity and Black pupils are also higher in Oxfordshire than in England.

Figure 82. Suspension rate in state funded schools, by sex, ethnic group and FSM status, percent, Oxfordshire, and England, 2022/23

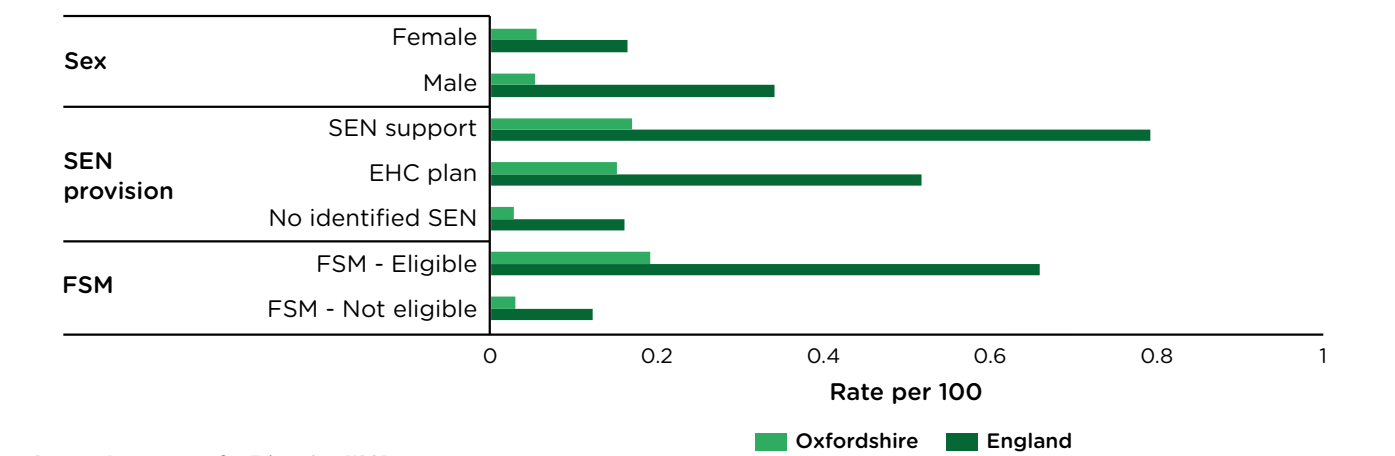


Source: Department for Education [120]

Oxfordshire has a significantly lower rate of permanent exclusions across than the average for England. The low rates of permanent exclusion are a positive sign, as school exclusion has negative impacts on health, wellbeing

and opportunities both in the short and long term. [121, 122] However, there are still clear inequalities in rates of exclusions in Oxfordshire, with the highest rates amongst SEN students and FSM eligible students.

Figure 83. Permanent exclusions, secondary schools, by sex, FSM eligibility, and SEN provision, Oxfordshire and England, 2023/24



Source: Department for Education [120]

Case study: The Targeted Youth Support Service (TYSS)

Oxfordshire County Council's Targeted Youth Support Service (TYSS) works with young people to reduce problems in their lives and build aspirations and develop resilience among young people. TYSS offers group work and one to one support to any young person aged between 11-18 seeking support with social and emotional development. The support extends to anyone aged up to 25 with an EHCP or has been part of Children We Care For. The young person is seen as an equal partner in the work and the young person's engagement in the work is voluntary. Through this partnership a worker helps a young person to build life skills, develop healthy relationships and make decisions that are right for them.

Services include:

- Working with young people in small groups, focusing on particular difficulties
- Working with young people on a one-to-one basis
- Working with communities in addressing wider issues relating to young people

TYSS also work with schools and other services to address problems like Anti-Social Behaviour, lack of local youth provision, responding to violence in a community or other sudden trauma.

In 2025 TYSS hosted a peer review facilitated by the National Youth Agency and funded through DCMS. There were 7 reviewers, two young reviewers, a former Director of Children's Services, a Team Manager from another local authority, and three staff/ experienced youth workers from the national youth agency. The review highlighted strong political commitment, cross-party support, and effective leadership in youth services. [123] Staff and partners report a positive working culture and confidence in leaders. They found the service has a clear model and a committed workforce. Recommendations include improving school access for youth workers, enhancing youth participation, formalising youth work career pathways, creating a consistent youth work framework, and establishing a youth alliance to strengthen collaboration and resource sharing across the sector.

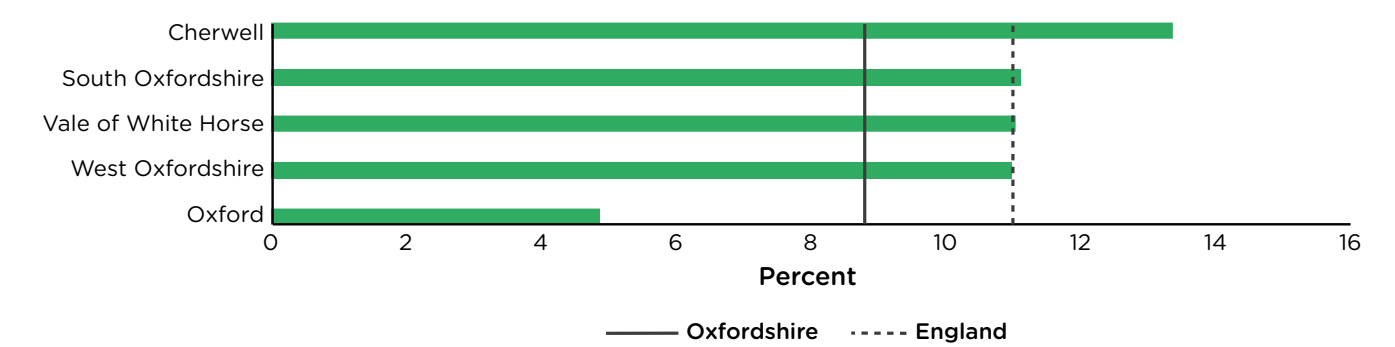
4C. ACCESS TO HIGHER EDUCATION

University graduates earn more money in their lifetime, are less likely to be unemployed and live longer and have better health than those without a university education. University may also be a catalyst for social mobility, with young people from more deprived households who attend university more likely to move into higher income bracket than their peers who did not attend University. [124]

On average Oxfordshire has a lower percentage of young people with no qualifications than the average for England figure 84. However, the far lower percentage in Oxford City, is a result of the presence of the Universities in the

City and this skews the County average, with all other Districts having a higher similar or higher proportion of young people with no qualifications compared with the average for England.

Figure 84. 16-24 year olds with no qualifications, Oxfordshire lower tier local authorities, Oxfordshire, and England, 2021

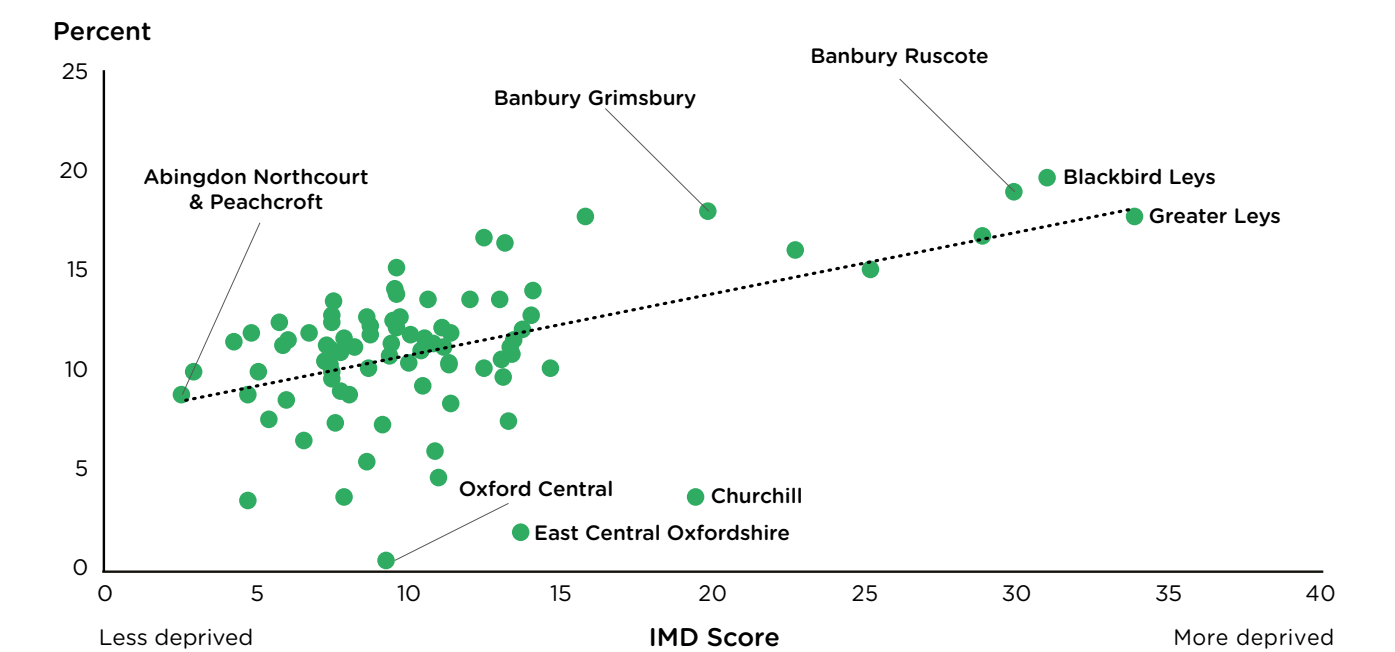


Source: Census 2021 [125]

The highest percentages of young people with no qualifications live in some of the most deprived local areas in Oxfordshire; Blackbird Leys and Banbury Ruscote, where 19.7 and 19 percent of young people

have no qualifications respectively. Figure 85 shows the close association between an areas level of deprivation and proportions of young people without qualifications across Oxfordshire.

Figure 85. 16-24 year olds with no qualifications and deprivation (IMD 2025), Oxfordshire MSOAs, 2021



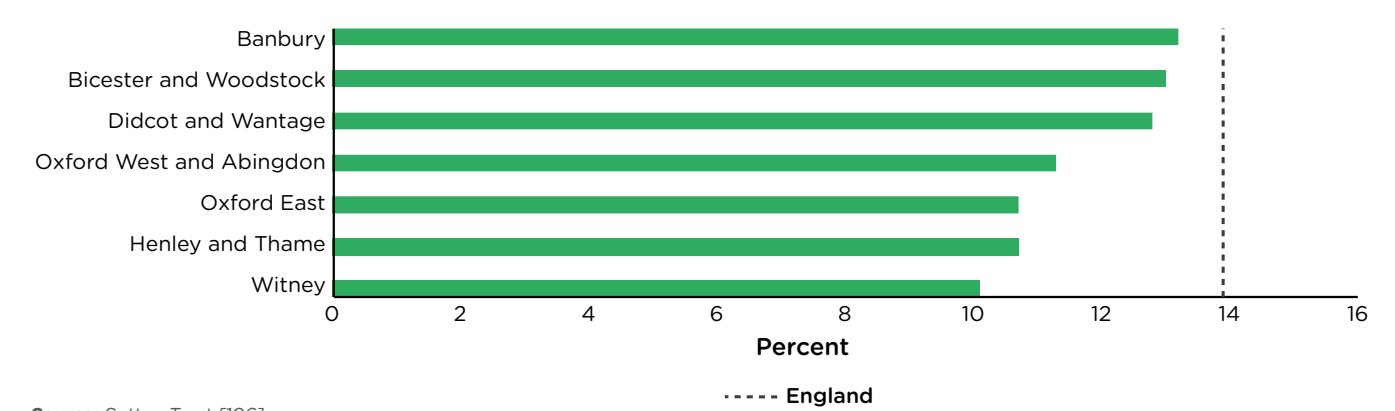
Source: Census 2021 [125]

Note: Cowley North, and Lye valley and Cowley East excluded as IMD data is not available.

All the constituencies within Oxfordshire have lower levels of FSM pupils completing a degree by the age of 22 compared with pupils not eligible for FSM figure 86. However, the differences between the constituencies are not related to levels of area deprivation, with the

most deprived constituency, Banbury, having the highest percentage of FSM pupils completing a degree, at 13.2 percent, which is consistent with earlier data showing that FSM eligible pupils often do better in more deprived areas.

Figure 86. FSM Pupils completing a degree by age 22, Percent, Constituencies within Oxfordshire County Council, 2018/19 to 2023/24



Source: Sutton Trust [106]

Case study: University of Oxford – IntoUniversity Oxford South East

The University of Oxford has a learning centre in one of the City’s most deprived Wards. Launched in 2014 and based in Blackbird Leys, the IntoUniversity Oxford South East is a collaboration between the University of Oxford and Christchurch College; and the charities IntoUniversity and The King’s Trust.

The centre provides mentoring, academic support and aspiration-building programmes for 900 students. They work with local schools and community organisations to support pupils aged seven and upWards with their homework and to provide guidance and advice on university applications and subject choices for GCSE and A-level. Up to 80 student volunteers from Christ Church and the University contribute to the project as mentors, tutors and role models.

The programme consists of:

- **Academic Support** – for both primary and secondary students. This includes after-school help with homework, coursework, literacy and numeracy from trained tutors. They offer one-to-one support with choosing subjects at GCSE, A-level and degree level, coursework, revision, exam techniques, UCAS forms, interview techniques, and gap years.
- **FOCUS** - which offers young people learning experiences which aim to immerse them in a single topic or subject area. It school workshops, and holiday and weekend activities.
- **Mentoring** - Students on the IntoUniversity scheme may have the opportunity to join the mentoring programme. They are paired with undergraduates from the partner university, who provide help with school work, social and interpersonal skills, and confidence-building. The scheme gives young people role models who have already made it into higher education, who encourage them to think about their futures and raise their aspirations.

The centre works with five local secondary schools; Cheney School, The Oxford Academy, Oxford Spire, St Gregory the Great and North Oxfordshire Academy. The team also supports four primary schools; Pegasus, Windale, Rose Hill and Wood Farm School.

An additional programme known as Into Oxford supports gifted students from IntoUniversity centres between years 10-13 with sustained support focused on study skills, critical thinking and guidance on making a competitive applications to a selective university.

Case study: Oxford Brookes University – Brookes Engage

Brookes Engage is a fully funded Year 12 access programme. It's open to young people from across Oxfordshire - from backgrounds under-represented in higher education - studying in the first year of a Level 3 qualification (A Level, BTEC etc). The eighteen month-long programme aims to support pupils to make a successful transition to university whilst also providing them with experiences that will develop skills and attributes that will be beneficial in the world of work.

Those that complete the programme, and choose to study at Oxford Brookes, will qualify to apply for the Brookes Community scholarship of £1,000 in their first year.

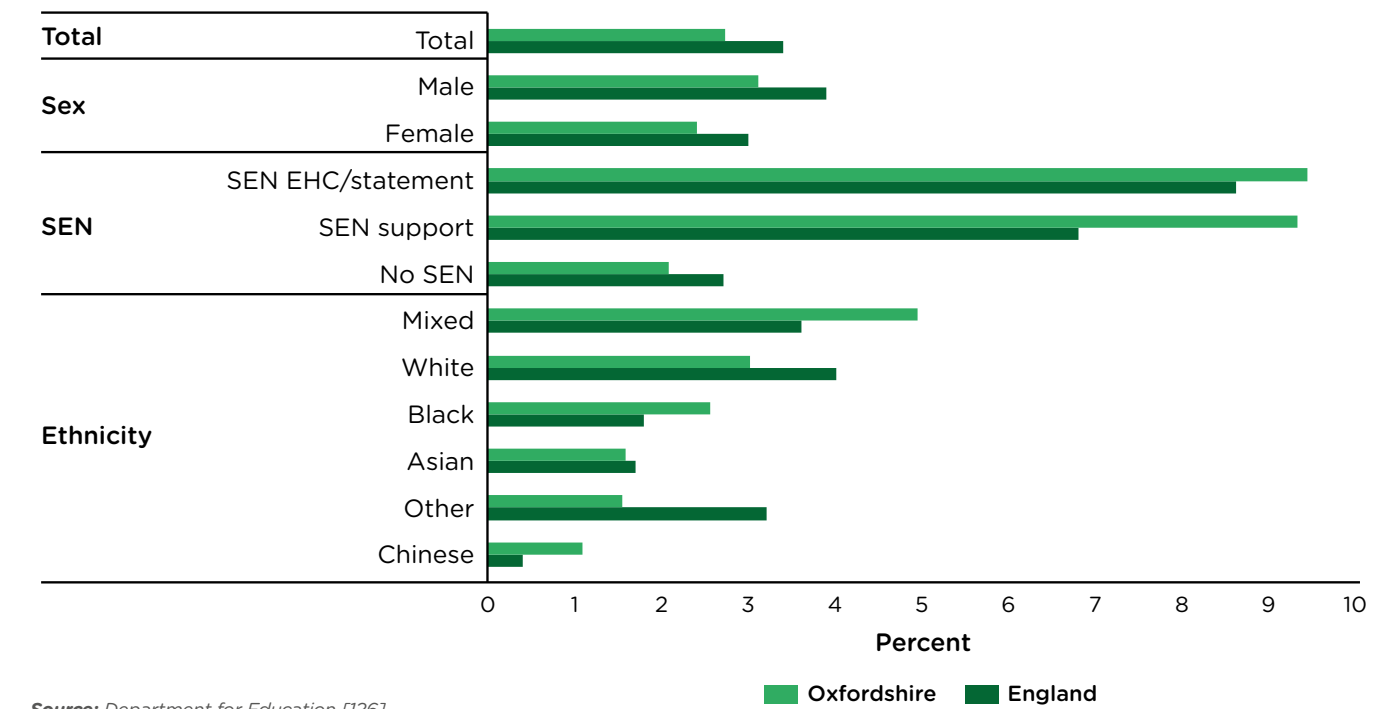
At the end of the programme, participants should feel confident in making the next step in their education career, be that in work or at university. The programme is completely free of charge to participants and bursaries for travel are available.



4D. NEET

Oxfordshire has a lower percentage of young people not in education, employment or training (NEET) than the England average. However, there are clear inequalities in who is likely to be NEET in Oxfordshire. The proportion of young people needing SEN support or with an SEN EHC/statement who are NEET is significantly higher in Oxfordshire than nationally, figure 87.

Figure 87. Not in Education Employment, or Training (NEET), aged 16 to 17, by sex, ethnicity, SEN, Oxfordshire, and England, 2023/24



Source: Department for Education [126]

Stakeholders from further education indicated that many of the learners in FE colleges from more deprived households had SEN, with issues around poor mental health. They discussed the higher risks for some of these young people becoming NEET as schools are not always set up to adequately support them. However, they did report successful programmes to try to support school avoiders aged 14-16 and prevent NEET for those most at risk through which is provided in partnership with schools. Programmes include students maintaining education in school, with 1 day a week following a vocational pathway at college. However, they emphasised that more needed to be done earlier in education to create school environments that are more flexible to the different needs and strengths of students and their future training and employment opportunities. There are many schools that are working to improve the experiences and opportunities for all their pupils, including those with SEN. However, this is not consistent throughout all schools. We also heard about how low aspirations can impact young people's progression, as they cannot see the range of opportunities available to them.



Case study: The Oxfordshire Supported Internship Programme

The **Oxfordshire Supported Internship** is a partnership between:

- Activate Learning
- Abingdon and Witney College
- Oxfordshire Employment

The Supported Internships provide a structured study programme for 16- to 24-year-olds with learning difficulties and/or disabilities (LDD) who have a statement of special educational needs, LDA or EHCP, who want to move into employment and need extra support to do so. The programme's primary aim is to support young people to move into paid employment with the employer at the end of the programme.

Alongside this are the following aims:

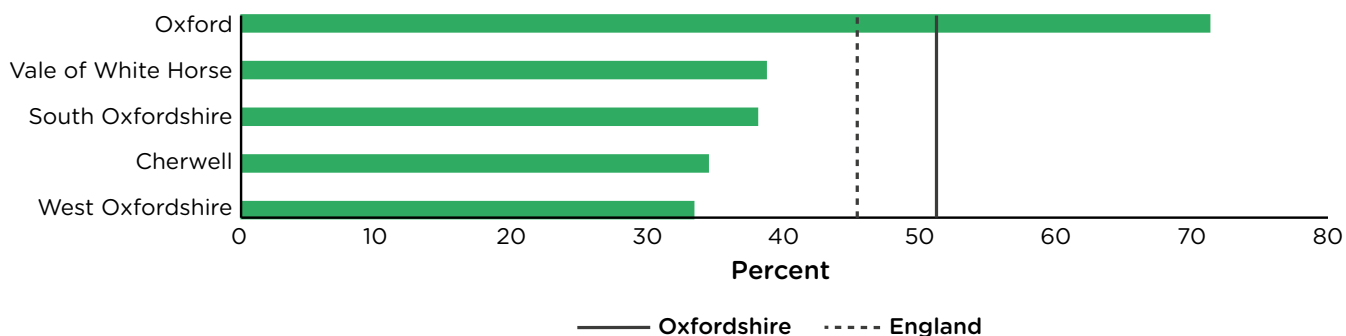
- Equip interns with the skills they need for work, through learning in the workplace
- Where interns do not move into paid work, ensure relevant agencies are able to continue job searching and employment support

The programme usually runs for one year. However, this is flexible depending on the intern's individual needs. The service works closely with the interns, their circle of support, and host employers to ensure optimal opportunity for successfully gaining paid employment.

4E. ECONOMIC INACTIVITY AMONG YOUNG PEOPLE

Oxfordshire on average has higher levels of economically inactive 16-24 year olds than England, skewed by much higher levels in Oxford City primarily due to the number of students in the city. All the other Districts within Oxfordshire have a lower percentage of economically inactive young people than the national average, with little variation between Districts.

Figure 88. Economically inactive 16-24 year olds, Oxfordshire lower tier local authorities, Oxfordshire, and England, 2021

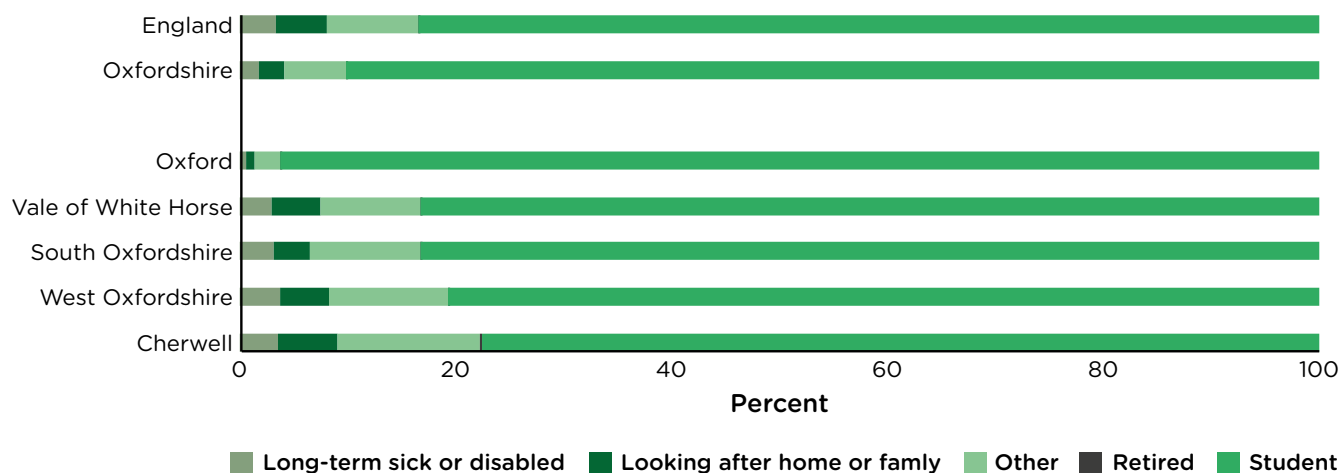


Source: Census 2021 [125]

As suggested above, figure 89 shows that the primary reason for high levels of economic activity in Oxfordshire is studying, making up 96.4 percent of all economically inactive 16-24 year olds in Oxford City compared to 83.5 percent across the country. The percentage of economically inactive young people who cite studying as

the reason for economic inactivity is similar to or lower than the national average in the other Districts. Being long-term sick or disabled as a reason for economic inactivity among 16-24 year olds is higher than in England in Cherwell and West Oxfordshire.

Figure 89. Reason for economic inactivity, 16-24 years, Oxfordshire lower tier local authorities, Oxfordshire, and England, 2021

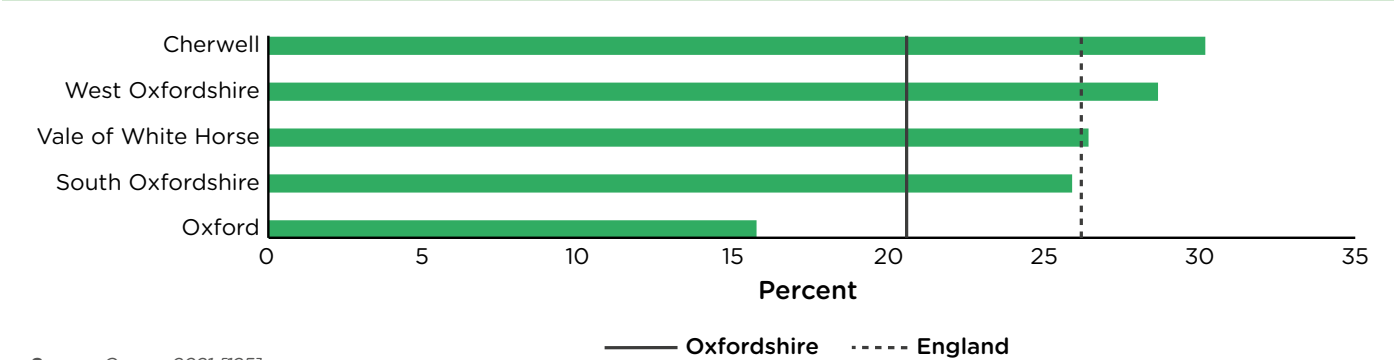


Source: Census 2021 [125]

There are also lower numbers of economically active students in Oxford than in other Districts within Oxfordshire and nationally, unsurprising given Oxford University's official guidance regarding work for undergraduate students is, "term-time employment is permitted only under exceptional circumstances and always with the explicit agreement of your tutor and senior tutor. During vacations you will have academic work, and this should

take priority among your other commitments." [127] Similar advice against engaging in term-time employment is given to post-graduate students. While the university does have available grants for students experiencing financial hardship, policies advising against work could limit the ability of poorer students to attend the university, especially given the high living costs in the city.

Figure 90. Economically active 16-24 year old students*, Oxfordshire lower tier local authorities, Oxfordshire, and England, 2021



Source: Census 2021 [125]
Note: *Economically active students are either in work, waiting to start a job already obtained, or seeking a job ready to start within two weeks.

Related to youth employment, stakeholders referred to significant difficulties accessing work in rural areas. They highlighted that local work is often seasonal, and young people face challenges in finding affordable transport to access opportunities further away, with reports of young people turning down jobs because it would cost them too much to travel to make low-paid work worthwhile.

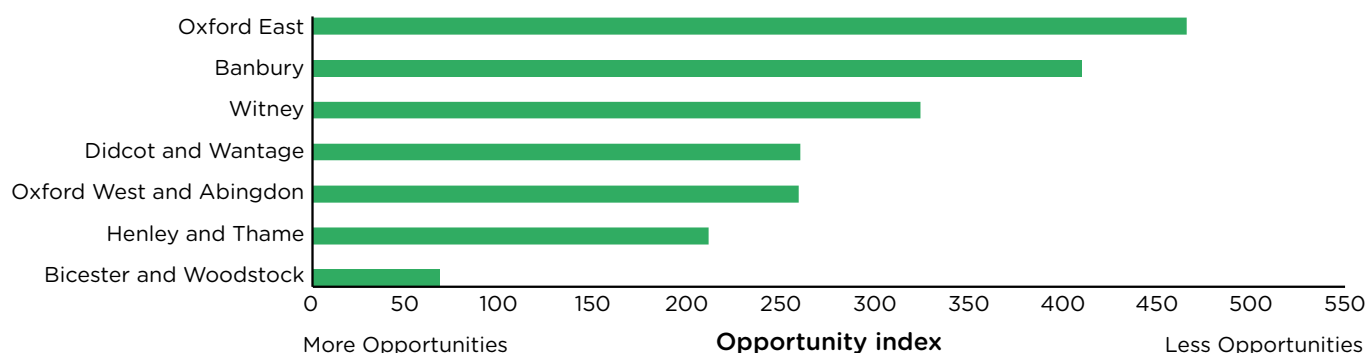
OPPORTUNITIES

The Sutton Trust Opportunity Index is a tool developed by the Sutton Trust, a UK-based educational charity, to measure social mobility and opportunities for young people across the UK. [128] The Index focusses on constituencies in England. The Opportunity Index highlights the extent to which a young person's background affects their opportunities and lives, by linking educational data for all pupils in state schools in England, to earnings and benefits records in adulthood. The Opportunity Index is calculated by considering six key indicators of social mobility across the life course:

- School: Attainment 8.
- Post-16: A Level result.
- Post-16: Percentage in sustained education/employment.
- Post-18: Percentage with degree by age 22.
- Employment: average earning at age 28.
- Employment: Percentage in sustained employment at age 28.

There are stark differences in the Opportunity Index ranking between Oxfordshire constituencies. Bicester and Woodstock, assessed to have more opportunities is ranked 68th out of 543 constituencies in England, whereas Oxford East is 466th. Oxford East and Banbury, the two lowest ranked, are the two most deprived constituencies in Oxfordshire. This highlights the low levels of social mobility and opportunity within these two constituencies in Oxfordshire.

Figure 91. Sutton Trust Opportunity Index, Constituencies within Oxfordshire County Council, 2018/19 to 2023/24*



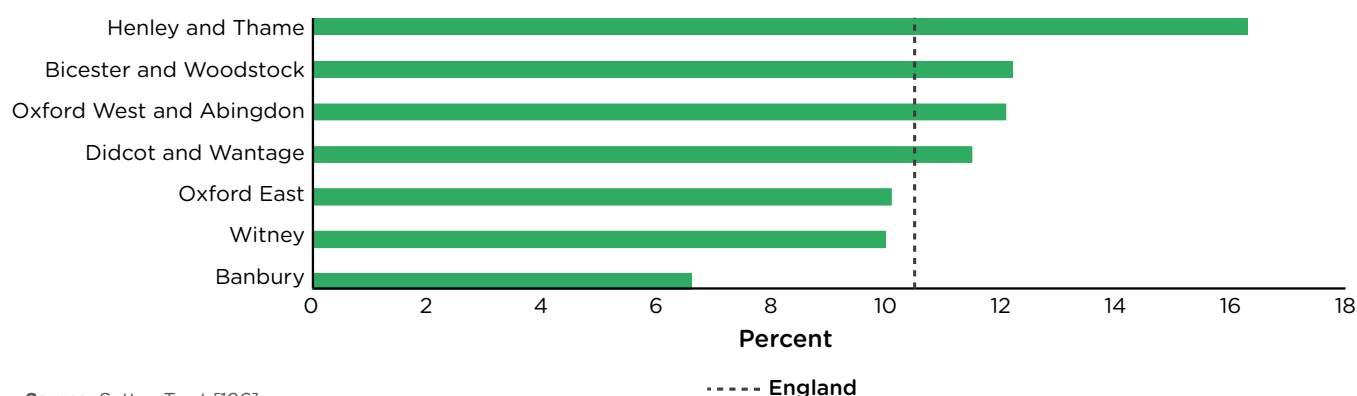
Source: Sutton Trust [106]

Note: *The opportunity index rank score is calculated by a mixture of indicators – spanning different years

The Opportunity Index shows clear differences between Oxfordshire constituencies in the percent of FSM pupils who are in the top 20 percent of earners by age 28, with Banbury, Witney and Oxford East falling below the England average, and a gap of almost 10 percent between Banbury and Henley and Thame. Henley and

Thame is one of the least deprived constituencies in the Country, ranked 533 out of 543 constituencies, whereas Banbury is the most deprived constituency in Oxfordshire, suggesting associations between area deprivation and employment outcomes in Oxfordshire. .

Figure 92. FSM Pupils in the top of 20% of earners at age 28, Percent, Constituencies within Oxfordshire County Council, 2018/19 to 2023/24



Source: Sutton Trust [106]

Case study: Enterprise Oxfordshire Skills – Social Contract Programme

The Social Contract Programme, launched in Spring 2022 with initial funding from central government and run by Oxfordshire County Council through Enterprise Oxfordshire, is a £1.7m initiative addressing the impacts of the pandemic related to unemployment, and barriers to employment, education, and training. Its target groups are those aged 16-24, ethnic minority groups, those farthest from the labour market and over 50s. It is a partnership between the County Council, the District Council and local voluntary sector organisations.

Through ‘Apprenticeship Support for Employers’, the ‘No Limits’ Programme, Community Employment Plans (CEPs), and the OxGROW Virtual Mentoring Platform, the programme aims to create pathways to sustainable employment and personal development. The programme has been extended to address employment challenges during the Cost-of-Living Crisis. Partnerships with SOFEA and Aspire Oxford have been crucial in delivering the ‘No Limits’ initiative, providing tailored support to economically inactive individuals across Oxfordshire.

The Levy Optimisation Scheme supports local businesses and fosters skills development. Large, local and national employers can pledge unused apprenticeship levy funds to help smaller businesses, charities, and social enterprises in Oxfordshire. The programme has generated over £5M in pledges, creating new apprenticeship positions and providing opportunities for small businesses to upskill their staff. They have Advisors who provide fully-funded, expert, and impartial support for employers.

Up to December 2024 the Apprenticeship Levy Scheme has resulted in £3.66M levy funds pledged, 250 new apprenticeship starts and an estimated £5M+ in social value impact. Their OxGROW Mentoring Platform has supported 99 mentees. They have supported 47 community employment plans, with 69 apprenticeships started and, their 'No Limits' employability programme has supported 600 individuals, secured 110 people employment and helped progress moves into work for 262 individuals.

Case study: Business Guardians

Business Guardians is a three-year initiative from Oxfordshire Youth, launched in summer 2025, to bring together senior leadership from some of Oxfordshire's large employers to reduce inequalities in opportunities for skills and employment for Oxfordshire's youth. Business partners involved include BMW Group's Oxford MINI Plant, ARC Oxford, Blenheim Palace, Lucy Group, Ebbon Group, David Lloyd Oxford, Freeths and Cleenol. The campaign is focused on action on:

1. Poverty and inequality of opportunity
2. Supporting youth services struggling to provide opportunities and support young people
3. Education, employment, and skills/training.

The Business Guardians will collaborate with Oxfordshire Youth to:

1. Unlock employability opportunities for young people facing multiple barriers to work, including access to apprenticeship pathways, work placements, employability workshops, and mentorship.
2. Invest in multi-year core funding, thereby releasing critical resources to enhance OY's impact.
3. Form a leadership Council composed of the CEOs of the Businesses involved who will meet annually to support the advancement of OY's strategic goals, including establishing a permanent office and youth space for OY housing other organisations working with young people – The Oxford Centre for Youth Innovation.

Oxfordshire County Council granted Oxfordshire Youth £50,000 annually for three years. The funding will enable its Business Guardians programme to engage with more companies and support more young people across the county.

By 2028, the grant should enable Business Guardians to reach 500 additional disadvantaged young people in the county – including care leavers – who are most at risk of being excluded from the labour market.

RECOMMENDATIONS

ENABLE ALL CHILDREN, YOUNG PEOPLE AND ADULTS TO MAXIMISE THEIR CAPABILITIES AND HAVE CONTROL OVER THEIR LIVES IN OXFORDSHIRE

- All partners should focus on improving mental health, reducing stigma and building aspiration for children young people and their families
- Support all children to access the right services, at the right time, in the right place focussing on those children who are experiencing inequalities due to SEND, poverty, health or care needs
- Prioritise action to reduce inequalities in educational attainment across all key stages
- Ensure that all children have the skills and opportunities they need to continue into education training or employment

CHAPTER 5

INEQUALITIES IN HOUSING AND THE ENVIRONMENT IN OXFORDSHIRE

Places characterised by good quality, affordable housing, access to good quality green and other public spaces, clean air, affordable and active travel and community cohesion all support good health. Across Oxfordshire there are many areas which have all these characteristics, however, many do not. Poor housing quality and affordability are significant challenges across Oxfordshire. In rural areas there are particular issues related to access to services and other forms of support, transport and levels of social isolation.

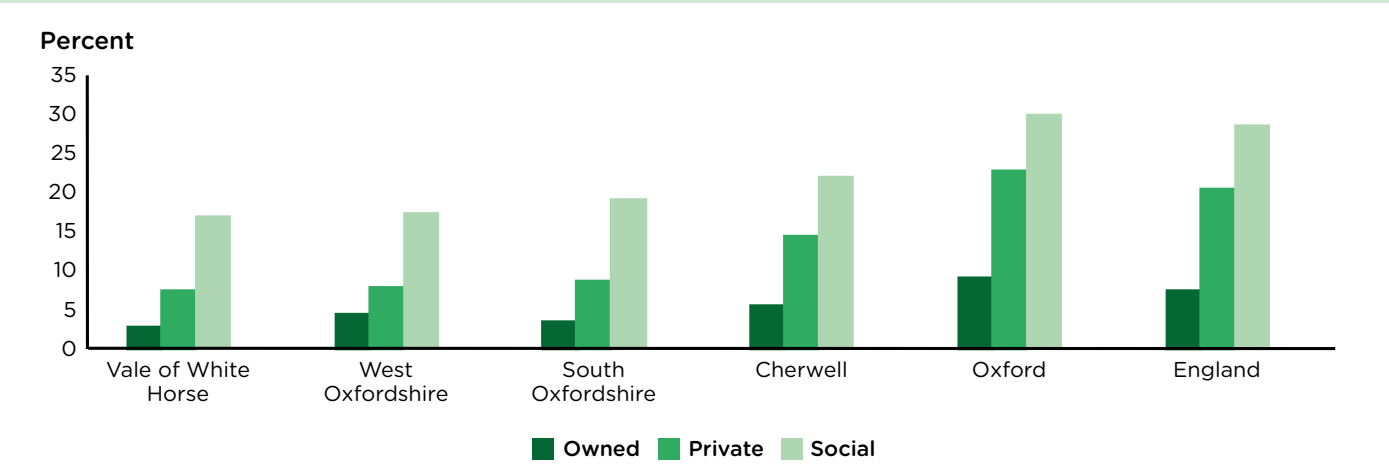
5A. HOUSING

Good quality housing is essential for health, while poor housing conditions are a major driver of ill health and premature mortality. Cold, damp homes, insecure tenures, high rents, disrepair and overcrowding all drive poor health and health inequalities. Children are particularly at risk, with evidence that experiencing poor housing conditions during childhood and early adulthood increases the risk of developing ill-health and disability later in life as well as increasing the risk of respiratory problems, impaired physical growth, delayed cognitive development and mental health problems including anxiety and depression during younger years. [129]

Households living in social housing are far more likely to experience at least one dimension of four deprivation characteristics (health, housing, education and employment) recorded in the Census than those living in either owner-occupied or private rental housing. A notable exception is the percent of households with dependent children who are living in private rented housing who are

deprived in the housing dimension in Oxford City which is almost as high as those living in social housing and higher than all forms of housing in other Districts in Oxfordshire, figure 93. [125] A household is classified as deprived in the housing dimension if the household's accommodation is either overcrowded, in a shared dwelling, or has no central heating.

Figure 93. Percent of households with dependent children which are deprived in the housing dimension, by tenure type, Oxfordshire local lower tier authorities and Oxford, 2021



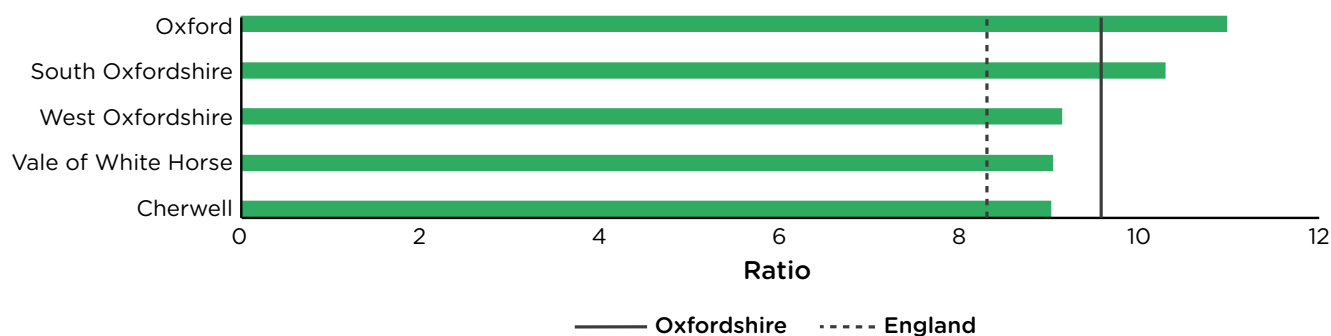
Source: Census 2021 [125]
Note: A household is classified as deprived in the housing dimension if the household's accommodation is either overcrowded, in a shared dwelling, or has no central heating.

HOUSING AFFORDABILITY

The affordability ratio shows housing affordability in local areas, with a higher ratio indicating more unaffordable housing and is calculated by comparing earnings from mid-April each year with the prices of homes that sold in the corresponding 12-month period. As seen in figure 94 the housing affordability ratio is higher in all Districts of Oxfordshire than the national average with Oxford City having the most unaffordable housing in Oxfordshire, with a ratio of 11 compared to the England average of 8.3. This figure only looks at house prices, rather than

rental costs, so it does not fully capture the high costs of living in Oxfordshire. For affordability in private rented accommodation, ONS refers to areas as unaffordable if private rent prices are above 30 percent of gross income. According to ONS estimates of the percentage of gross household income spent on rent by private renters, Oxford is the only District in Oxfordshire that is above this 30 percent threshold, with median private rent prices at 37 percent of median gross earnings.

Figure 94. Housing affordability ratio, Oxfordshire lower tier local authorities, Oxfordshire, and England, 2024



Source: ONS [130]

Note: Affordability ratios calculated by dividing house prices by gross annual workplace-based earnings. Based on the median and lower quartiles of both house prices and earnings in England and Wales. A high ratio means less affordable housing.

The unaffordability of housing in Oxfordshire, and particularly in Oxford, was repeatedly referred to by stakeholders, who outlined the many negative impacts of high housing costs on poverty, health, on the ability of organisations to recruit and retain employees and for residents to access all the opportunities and assets in Oxford. Stakeholders outlined how high housing costs and poor-quality housing affect family stability and resilience and undermine children and young people's health wellbeing.

“The housing situation, we’re just seeing families who are paying so much more for private rental on top of housing benefit that it makes a huge impact on their resources. And it’s a kind of hidden thing.”

Voluntary sector stakeholder

HOMELESSNESS AND TEMPORARY ACCOMMODATION

Oxfordshire has lower rates of households with dependent children owed a duty under the Homelessness Reduction Act (HRA) than England, 10 percent compared to 16 percent nationally. Whilst there is a variation between Districts, as seen in figure 95, all of these are considerably lower than the England average. Nonetheless for those children who are living in temporary accommodation there is an urgent need to find secure housing and support children to mitigate the impacts. Many VCFSE organisations work with families at risk of homelessness and in temporary accommodation, but the sector is best by funding shortages and resulting inability to effectively meet need.

Figure 95. Households with dependent children owed a duty under the Homelessness Reduction Act, Oxfordshire lower tier local authorities, Oxfordshire, and England, 2023/24



Source: DHLUC [131]

Nationally there is a rising need for temporary accommodation. Temporary accommodation is short-term housing to support households when they become homeless. However, it is often used for years in absence of access to a more permanent home, due to the shortage of social and affordable housing. Temporary accommodation provision is frequently unsuitable for families, with hazards including lack of cooking facilities, damp, mould, cold, and vermin. Housing of such poor quality poses a significant risk to children’s health as well as adults. [132]

Rates of households in temporary accommodation are lower in every District of Oxfordshire than the England average. However, Oxford has a considerably higher rates than the other Districts, with a rate of 3.6 households per 1,000, South Oxfordshire has the lowest rate at 0.3 per 1,000. Higher levels in Oxford are a result of high demand and low availability of housing in Oxford and Oxford is among the least affordable places for housing in the UK, figure 94.

Stakeholders also described how people being treated for poor health were discharged back to the damp houses that often contributed to poor health without any additional support, leading to a continuation of the problem.

Figure 96. Households in temporary accommodation, rate per 1,000, Oxfordshire LADs, Oxfordshire, and England, 2022/23



Source: OHID, based on Ministry of Housing, Communities and Local Government and Office for National Statistics data [133]

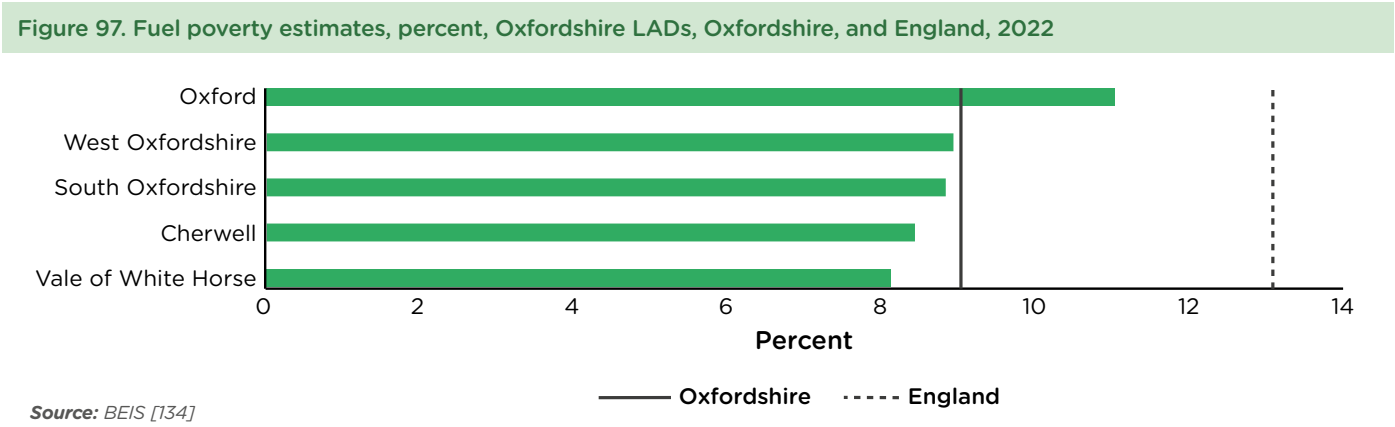
Stakeholders have reported issues with families being placed in unsuitable and poor quality temporary housing, in particular those fleeing domestic abuse, including accommodation which lacks basic fittings, leading to insecurity and risk of returning to abusive situations.

“An example of a mum who’d moved [into temporary accommodation]. It was very close to Christmas. There was no curtain. She was in a ground floor flat, no carpet. The only appliance was a kettle, and she’d come out of an abusive situation. And so she was very fearful of her abuser being able to find her in that very obvious sort of location and then the charity went and supplied lots of, you know, tried to help get it fitted out at the cost to them and charitable funds, but then that mum will be either moved or obviously there’s a risk of her going back to abusive partner.”

Voluntary sector stakeholder

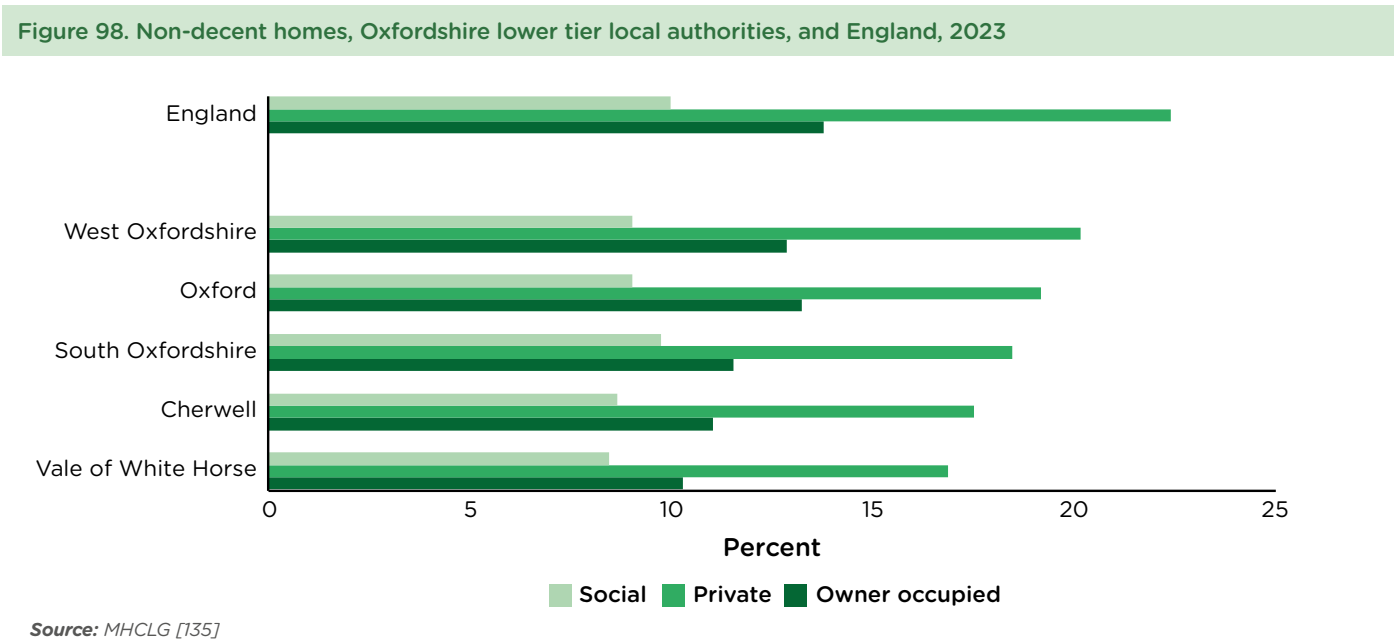
FUEL POVERTY

Figure 97 shows that Oxfordshire also has a lower percentage of people living in fuel poverty than the England average. However, Oxford has higher levels than the rest of the County, at 11 percent compared with the County average of 9 percent.



HOUSING QUALITY

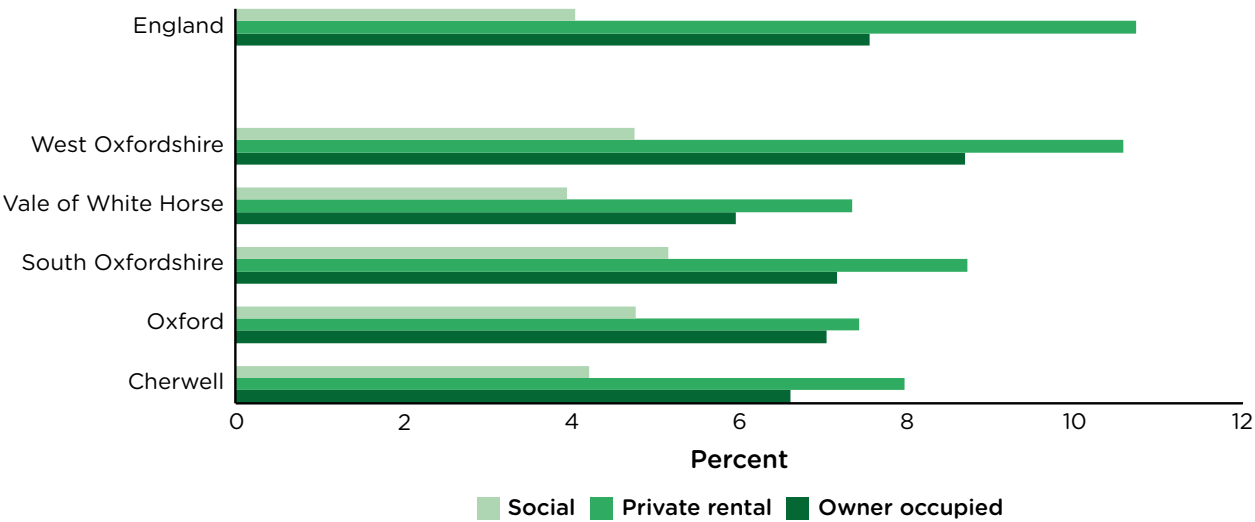
Across Oxfordshire Districts, as in England, private rented housing is more likely to be poor quality compared with other tenures, with high levels of non-decent homes, damp homes and hazardous conditions and over a fifth of private rental homes in West Oxfordshire and Oxford are assessed as non-decent, figure 98.



Of the different housing types, private rental homes in Oxfordshire are also most likely to be assessed as having a Category 1 hazard, which is a hazard deemed a serious and immediate risk to a person’s health and safety. Rates

in private rented accommodation are far higher than either social or owner occupied housing and over 10 percent of private rental homes in West Oxfordshire have a Category 1 hazard, figure 99.

Figure 99. Homes with category 1 hazards, Oxfordshire lower tier local authorities, and England, 2023

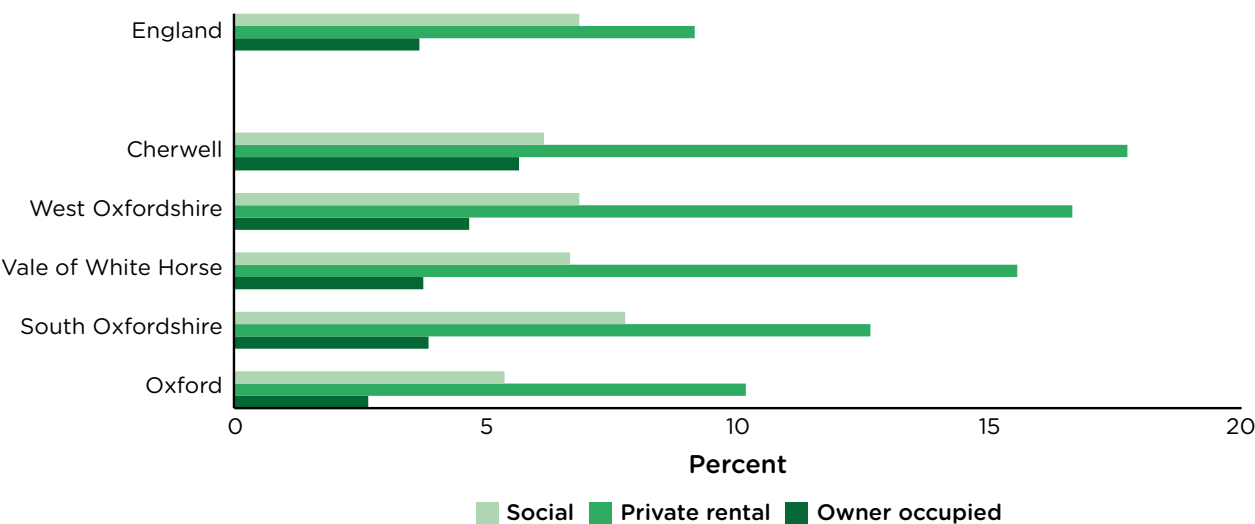


Source: MHCLG [135]
Note: A hazard is classed as Category 1 if it is deemed a serious and immediate risk to a person’s health and safety.

Damp housing in private rental accommodation is higher in all Districts of Oxfordshire than the England average. Damp housing is a particular risk for children and young people, both to their physical health, through increased risk of developmental delays and respiratory problems, and mental health and educational attainment. UK children miss more school days due to disease burden from damp

than any EU member state, with rates over 80 per cent higher than the EU average. [136] Across Oxfordshire there are high rates of damp homes, particularly in the private rental sector and every District, except Oxford, has higher rates of damp owner occupied housing than average for England.

Figure 100. Damp homes, Oxfordshire lower tier local authorities, and England, 2023



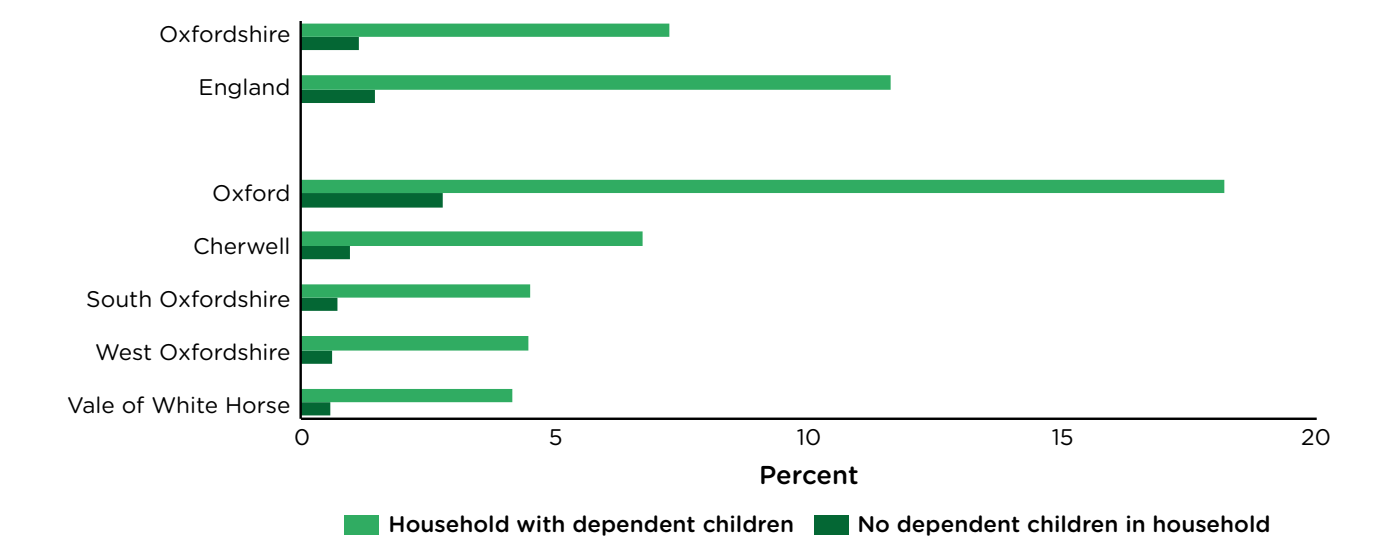
Source: MHCLG [135]

OVERCROWDING

In Oxfordshire, 7.3 percent of households with overcrowded bedrooms have dependent children in the household, 4.4 percent lower than the England average. However, the percent of households with overcrowded bedrooms with

dependent children in Oxford is significantly higher than other Districts in Oxfordshire and the national average, at 18.2 percent, again highlighting the significant housing supply and affordability problems within the City.

Figure 101. Households with overcrowded bedrooms, by whether there are dependent children in household, Oxfordshire lower tier local authorities, Oxfordshire and England, 2021



Source: Census 2021 [13]

Oxfordshire’s 2025 Housing Health Needs Assessment recommended a ‘health in all home, home in all health, policies’ approach. [137] They found that the costs of unhealthy homes in Oxfordshire were higher than indicated by the data and particularly emphasised that resources are not always targeting those who need it the most, including the East Timor community, who would benefit from more culturally aware support, and the increasing number of people living in ‘mobile’ home settings. The report also named *Give every child the best start in life* as one of the three priorities for their approach including improved governance, an identified strategic ‘best start in life’ housing lead, a working group and development of improved access to information, advice and support for families and services. To inform the report stakeholders reported widely on the impact of poor housing on children and families’ health and wellbeing. [137]

The property industry - investors, developers and operators - have important roles in improving health and health equity, yet they are rarely involved in plans to improve health and reduce inequalities. Potential positive impacts from the property sector include increasing supply of good quality, affordable housing and shaping child friendly neighbourhoods, including opportunities to play, nearby amenities, and supporting the local community. The property sector needs to work alongside communities, and

with local government in more productive collaborations, to ensure that the right type of development is happening in the right places. Stakeholders have also reported many new housing developments in rural areas do not adequately consider the needs of the local community and lead to overwhelmed public services and negative impacts on transport. Developers’ financial and other contributions should be influenced by community considerations and oriented towards the social determinants of health.

The Oxfordshire Housing and Growth Deal, announced in the Budget Statement 2017, aims to provide £60 million for affordable housing and £150 million for infrastructure improvements, including road and rail. It also supports Oxfordshire’s ambition to build 100,000 new homes between 2011 and 2031. As part of the deal, Oxfordshire committed to encouraging new market investment to help deliver the deal and ensure Oxfordshire is an attractive place for investment, building on its existing plans for growth. The Warm Homes Plan, announced by the Government in 2026, aims to reduce costs of household bills, tackle fuel poverty, create additional jobs and deliver energy security. The £15 billion public investment includes investment in low-income schemes, consumer loans, boiler upgrades, heat networks, home upgrades. The investment will prioritise low-income and fuel poor households.

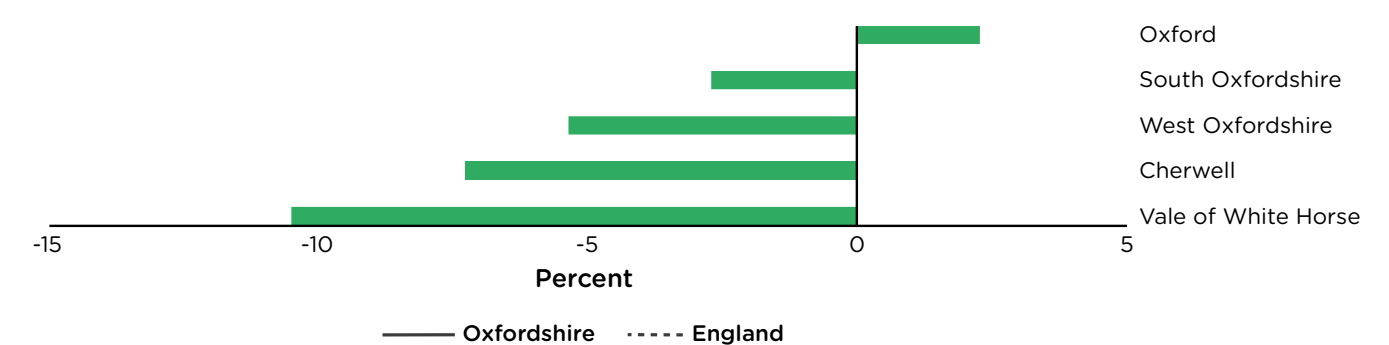
5B. GREEN SPACE

Access to safe, accessible green spaces is important for supporting health and wellbeing and is associated with better mental health and improved quality of life for both children and adults. Green spaces also bring communities together, reduce loneliness, and mitigate the negative effects of air pollution, as well as providing a free space for physical activity. Across England there are inequalities in access to and quality of local green spaces, with fewer green spaces of good quality in more deprived areas. [138] For children and young people green spaces also provide space to spend time outdoors, play and socialise, benefitting their physical, mental and social development.

The Green Space Index is a measure developed by Fields in Trust measuring whether an area meets a minimum level of park and green space provisions, where a score of 1 demonstrates a minimum standard of provision. [139] Oxford's green score index (GSI) is projected to increase

by 2.3 percent up to the year 2043. All other Districts in Oxfordshire are projected to experience a decrease in their GSI, from 10.5 percent in Vale of White Horse, to 2.7 percent in South Oxfordshire.

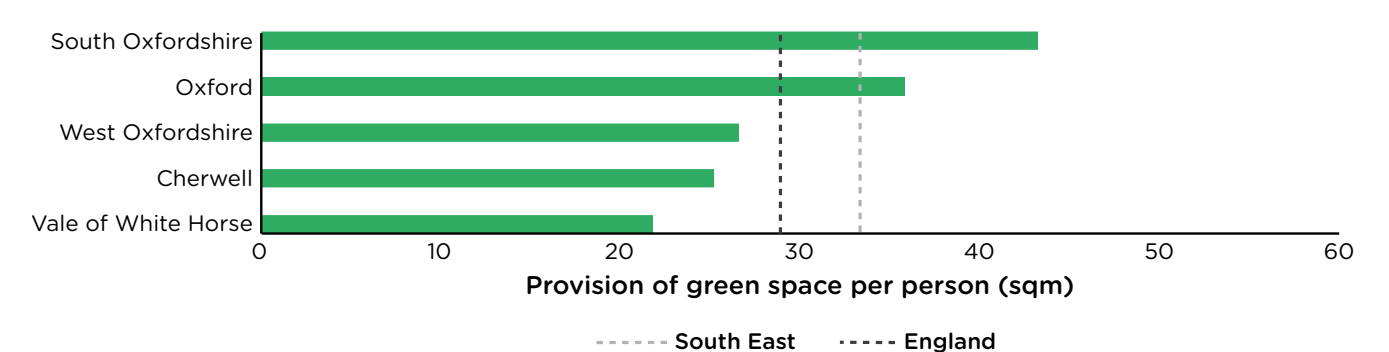
Figure 102. Green Space Index - future projection, percent, Oxfordshire lower tier authorities and England, 2024



Source: Fields in Trust [139]
Note: The Green Space Index is a unique measure developed by Fields in Trust measuring whether an area meets a minimum level of park and green space provisions, where a score of 1 demonstrates a minimum standard of provision.

Figure 103 shows there is a wide range of green space availability across the Districts; South Oxfordshire has the most (43.2 sqm), whereas Vale of White Horse only has 21.8 sqm of green space per person, lower than the UK average of 30 sqm per person.

Figure 103. Green space provision per person in sqm, Oxfordshire lower tier authorities, South East of England, and England, 2024

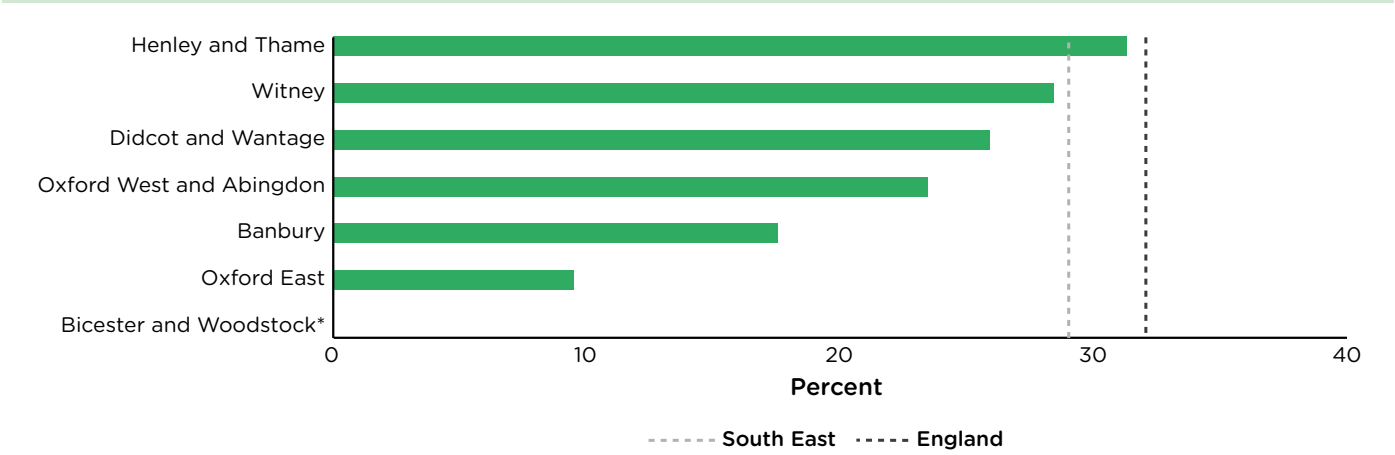


Source: Fields in Trust [139]



All the constituencies in Oxfordshire have a lower percentage of children up to age nine who do not live within 10 minutes of a playground than the England average, as seen in figure 104. Henley and Thame has the highest percentage in Oxfordshire, 31.3 percent, above the regional average of 29 percent.

Figure 104. Children up to 9 not within 10min to playground %, Constituencies within Oxfordshire, South east of England, and England 2024



Source: Fields in Trust [139]
Note: *data unavailable for Bicester and Woodstock

There is work in Oxfordshire to identify where there is need for more green space across the County. Oxfordshire Local Nature Partnership commissioned a report in 2024 from Oxford University, which looks at multiple indicators of green infrastructure and identifies priority neighbourhoods with low access to greenspace and higher levels of socioeconomic deprivation. [140] The report identified 16 Oxfordshire neighbourhoods which are ranked in the most deprived 30 percent in England, according to IMD, and lack access to greenspace according to multiple metrics; these are all in urban areas with clusters in Banbury and Oxford. They recommended seven areas for action based on these findings:

1. In collaboration with local communities, increase knowledge of accessible greenspace before taking action.
2. Consider diversity within and between accessible greenspaces, in terms of both biodiversity and diversity of function.
3. Protect existing accessible greenspaces, while looking for innovative opportunities to increase the quantity of accessible greenspace.
4. Explore green infrastructure opportunities to increase neighbourhood “greenness”.
5. Increase connectivity of accessible greenspace for nature and people.
6. Ensure policy instruments support development to have a positive gain on accessible greenspace.
7. Investigate the potential for an Oxfordshire sub-regional sized publicly accessible greenspace (> 500 ha) that is accessible by active travel and public transport.

Whilst there are limitations to the research, such as an inability to identify rural inequalities, and lack of insight into quality of greenspace there are efforts to understand these details through further research projects from the partnership. Further, there are inequalities in opportunities for children and young people to engage and connect

with nature in a way which goes beyond visiting a park. There are inequalities in the availability of community-based initiatives such as community gardens and city farms, forest school provision. Connecting with nature is important to physical and mental health, with potential to reduce inequalities in health, the impacts go beyond proximity to, and time spent in greenspace.

Some schools within the County are working to prioritise access to and time spent in nature for their pupils, such as The Cherwell School.

Case study: The Cherwell School Ecology Garden

In 2022, using a grant from the local Community Infrastructure Levy fund, Wytham Woods worked with Cherwell School to support planting projects within the school. The school has developed an ecology garden, a young ecologists after school club and use of the garden to support students with additional needs.

Initially 600 plants were planted along school boundaries, which have been added to since. The ecology garden and growing garden has been developed in an unused part of the playing field and features a large pond, an orchard and raised growing beds. A young ecologists club is run and supported by teachers, parents and local volunteers. The schools is working on developing a set of termly certificates for the attendees of the club to recognise their learning and engagement.

Since the development of the garden the school has used it for activities with students who receive extra support in schools. Their plans are to increase the use of the garden for wellbeing interventions, including creating secluded areas for student counselling and parent teacher meetings.

5C. TRANSPORT

Regular, reliable and affordable transport enables access to work, education, social networks, and a range of services and is an important social determinant of health. [3] Conversely, not having good transport access increases inequalities in a range of the social determinants of health. [141] Access to good and affordable transport is even more important in rural areas, where people may have to travel further to access essential services.

Bus services are a fundamental part of good transport infrastructure, particularly in rural places and for more deprived groups. Despite this in England, provision of bus services outside London declined between 2008-2023, with a decrease of 48 percent for urban bus services (except London), and 52 percent for rural bus services. [142]

Recent national surveys have found that young people make fewer trips than older groups, with young people without a car, and those in the lowest income quartile having even lower mobility than others. [143] Young people cite affordability and infrequency of transport as reasons for turning down jobs, training or social activities. Young people in Oxfordshire report cost, accessibility and safety as significant factors influencing their decision to use public transport. Concerns about lack of integration between modes of transport, particularly cycling and public transport were also cited. More bike racks or allowing bicycles on public transport would improve the accessibility of these transport methods. [144]

The County’s Bus Service Improvement Plan and Enhanced Partnership strategy aims to improve Oxfordshire’s bus network: improving infrastructure, making services faster and more reliable, improving access and understanding and reducing congestion and emissions. [145] This strategy has led to the introduction of some new bus services in rural areas. MyBus Oxfordshire tickets allow travel all over Oxfordshire by bus. The tickets provide one day or one week’s unlimited travel on nearly all local bus services in the County, improving links between transport across the Districts. A young person’s ticket costs £3.50 for one day and £14.50 for a week.

Even so, inequalities due to limited access to appropriate transport are particularly stark for those in rural villages without cars, who continue to face difficulties accessing services, social opportunities, leisure facilities, education and employment opportunities, leading to an increase in

social isolation amongst these groups. Stakeholders have reported expensive transport as a barrier to accessing early years services for families and parents with young children and for young people to access education and employment opportunities. In addition to cost, those who have children additional needs report fear and anxiety over using transport, due to the stress of travelling and having faced stigma and judgement on transport.

The safety of bus travel was also highlighted, meaning even when services are in place, they are not always used. For example, stakeholders mentioned bus stops placed on roads that were inaccessible or unsafe to access by foot, or bus stops that were poorly lit and overgrown.

“Is it safe? Is there lighting there? Can you actually get to it? Because this there’s one like in a village and you have to go through almost like a field and go in between the plants to get down to the bus stop.”

Voluntary sector stakeholder

In Oxfordshire there are over 80 community transport schemes to help meet unmet transport needs. These operate across both rural and urban areas, however, there is not widescale take up of community services. Further work with communities is needed to understand why these services are underused. Developing and designing community transport schemes with the people most likely to benefit and in response to concerns about reliability, regularity and safety at the heart of the approaches.



5D. SAFETY AND YOUNG PEOPLE

CRIME AND FEAR OF CRIME

Safety is an area of particular concern for young people in Oxfordshire, as in other parts of the country. According to Oxford Youth's 2025 report on the issues faced by young people in Oxford's disadvantaged areas the prevalence of crime was a priority. [148] There was a belief among

participants that youth crime has increased in recent years and most young people involved reported that they would feel unsafe walking around their neighbourhood in the evening due to poor lighting and a fear of crime.

Case study: **SAFE! Project**

SAFE! is an independent charity providing support to children and families around the Thames Valley who have been affected by crime or abuse through one-to-one and group sessions. SAFE! was established in 2008 from a recognition that experiencing a crime can have significant and damaging impacts and that it can be especially devastating for children and young adults, who may struggle to cope and recover without appropriate support. SAFE! provide open access, inclusive, and free services for young people and families affected by crime and abuse, helping them overcome the effects of what has happened to them and regain their quality of life. This includes a range of strategies based upon protective behaviours and restorative approaches that are designed to increase confidence, build resilience and improve future safety.

Through all of the varied services provided under the SAFE! umbrella they are working towards the common goal that 'children and young people feel safe, thrive and achieve their potential'. They are child-centred, independent (non-statutory) and collaborative, promote and practice kindness and respect, dedicated and passionate, preventative and restorative, advocate and empower, and are non-blaming.

According to their [latest impact review](#) service users report increased confidence, reduction in anger and a greater feeling of safety at home. Children supported in their domestic and sexual abuse service report that they feel more supported and informed, they understand their rights better, and that they have a better recognition of abusive relationships.

Families affected by child and adolescent on parent violence and abuse (CAPVA) who received support reported improvement in their child's behaviours, with children able to identify ways they enjoyed family time, and carers cited a decrease in physically violent behaviour.

YOUTH SERVICES

The Marmot 10 Years On report documented the cuts to Council youth service budgets since 2014, finding that the areas suffering the greatest cuts saw the biggest increases in knife crime. [146] A report in 2024 from the Institute of Fiscal Studies provided causal estimates of the effects of austerity-related cuts to youth services on education and crime. Two key findings were that teenagers whose nearest youth club closed did worse in school, and that youth club closures led to an increase in offending. In addition to this, the research estimates that for every £1 saved by closing youth clubs, there were

societal costs of nearly £3, as initial savings are offset by reduced tax revenues from lower educational attainment, and higher spending on criminal justice. [147]

Local community and voluntary sector organisations emphasised that cuts to youth services across the County have had a damaging impact on Oxfordshire's young people. According to Oxfordshire Youth, 19 out of 25 youth centres operated by Oxfordshire County Council closed between 2011 and 2023. [100]

Case study: Oxford United in the Community

Oxford United in the Community (OUITC) is the official charity of Oxford United football club. They offer a range of support programmes and local activities for people of all ages across Oxfordshire.

They have offered a **Premier League Kicks** service funded by the Premier League since 2020, available for young people aged 8-18. Premier League Kicks uses football and sport to inspire young people to reach their potential by creating opportunities for young people who are at risk of anti-social behaviour, youth violence and/or from high-need areas to regularly engage in football, sport, mentoring and personal development. Free and for all, regardless of ability or background, the programme. In 2023/24, OUITC increased their venues from 2 to 4, enabling over 300 participants to benefit from the programme. They have worked in partnership with Oxfordshire Youth and Thames Valley Police. 54 participants have engaged with workshops in 2023/24 covering a range of topics including knife crime, gambling, and mental health awareness.

Premier League Primary Stars uses the appeal of football and the Oxford United badge to inspire children aged 5 to 11 to be active and develop essential skills. In 2023/24, they worked in 4 primary schools via the programme, supporting pupils who needed additional focused time with 13 targeted 1:1 pupil intervention, plus delivering PE and increasing teacher confidence in PE delivery. Through this programme, OUITC deliver a range of activities; the physical delivery of PE lessons within the National Curriculum, extra-curricular clubs, PSHE workshops, Literacy and Numeracy support, as well as assemblies focusing on values and behaviours in the playground.

OUITC have a 'hub and spoke' engagement strategy which aims to engage with a wider range of people and increase connection between communities. Through this they have partnered with local community football clubs, such as Kidlington Youth Football Club and Easington Sports FC, based in Banbury.

RECOMMENDATIONS

CREATE HEALTHY AND SUSTAINABLE PLACES IN OXFORDSHIRE

- Improve access to affordable housing which meets the decent homes standard
- Improve access to good quality green space
- Improve access to affordable, regular transport and work with communities to identify transport needs
- Extended opportunities for youth engagement and recreation including youth groups

CHAPTER 6

DELIVERING GREATER HEALTH EQUITY FOR FAMILIES, CHILDREN AND YOUNG PEOPLE

The collaboration between IHE and Oxfordshire has involved stakeholders from organisations which shape health across the County including the County and District authorities, the VCFSE, businesses, healthcare organisations, early years providers, education and other public services, and the wider community. Together with residents, they form the foundation of the County's health equity system and all partners are needed, working together, to help reduced health inequalities, no one sector can do this alone.

6A. FAMILIES AND COMMUNITIES

As highlighted throughout our engagement with stakeholders and communities, there are many strong assets across Oxfordshire, particularly in Oxford with world class cultural and sporting facilities, universities and a global economy. Too often the benefits of these do not ‘trickle down’ and are often inaccessible, or unavailable to residents across Oxfordshire.

Additionally, stakeholders mentioned a wealth of other community assets, such as schools, libraries and greens spaces, which could be better utilised for families, children and young people in communities where other services are lacking. Much more is needed to ensure that the benefits are felt equally, or in a more concentrated way in more deprived communities.

Families and communities play a vital role in shaping health and wellbeing at all stages of life. Families provide emotional support, care, and guidance, influencing behaviours and attitudes toward health, employment and education. Supportive family relationships help build resilience, reduce stress, and promote positive mental and physical health, while instability or conflict within families can have long term negative effects on both physical and mental health. Communities also contribute significantly to overall health by creating networks of support, building family resilience and providing shared assets, resources and opportunities for social connection. Together, families and communities create strong foundations for health, contributing to the wellbeing of both individuals and society as a whole.

Stakeholders repeatedly emphasised the importance of involving communities in decisions about the type of services and programmes which are available for them. Families need to be at the heart of development and delivery of programmes and services and that without family-based support sustained improvements for babies, children and young people will not be delivered. The importance of strong families and communities was emphasised by stakeholders and community members at community engagement events and ensuring the meaningful and impactful involvement of communities and families in the design and delivery of programmes and services must be further strengthened across Oxfordshire.

We were told that there are sometimes difficulties in communication between partners from the local authority and frontline services and communities, with senior staff often struggling to spend time with service users due to the demands of commissioning, which can limit their understanding of on-the-ground challenges. Having senior leaders attend community events and partnership meetings is impactful, as it allows them to hear challenges directly and helps build relationships across the system.

Stakeholders referenced tendencies for some services to view families as a problem, rather than a partner in supporting better outcomes and emphasised that the

most effective way to support families and young people is by taking a whole family approach and empowering caregivers and parents to be able to advocate on behalf of their children. They cited programmes, such as Parent Power, which work with local people and local families to encourage parental advocacy.

Case study: Parent Power [149]

Parent Power is programme run out of Oxford Hub, which brings parents together to support each other, enabling families to achieve their goals. They work in Blackbird Leys, Northfield Brook, Cowley and Temple Cowley. Parent Power works directly with families who are keen to lead changes in their own lives – helping themselves, their children and their communities to thrive. Drawing on the experience of other projects in the UK and the US, Parent Power supports families to set their own goals, access opportunities in the community, and shape services around them.

Their Parent Advocates (local parents) support other parents and caregivers with:

- Practical and emotional peer support, such as helping sign children up to the dentist, library or dance classes.
- Connecting with children’s schools or local organisations, such as attending parents’ evening alongside parents.
- Learning and developing, such as through English classes or helping parents apply for employment.
- Connecting parents to a network of parents so they can support each other.

We were also informed about the complex challenges that families seeking support from community and voluntary sector organisations were experiencing, with combinations of high costs of housing, childcare, mental health and social isolation frequently referenced. Stakeholders reported that low confidence amongst parents, alongside a lack of reliable support, meant that parents were not able to provide their babies and young children with the support they needed. They reported how positive programmes such as Home Start and Growing Minds, highlighted in Chapter 3, built confidence, and provided parents a social network and community support as well as helping teach parents about the essential needs for early childhood development.

Parental mental health and intergenerational trauma were also repeatedly highlighted, with stakeholders reporting challenging childhoods and/or experience of trauma, which can lead to a cycle of trauma and poor mental health within families, and many parents did not have the capacity or knowledge to parent in the best way. Stakeholders recommended that support needs to be provided for families and communities during maternity and infancy to support parent-child relationships and cognitive and physical development before children get to school.

TRUST

As touched on in earlier sections in the report many low-income and ethnic minority households do not trust statutory services and therefore often avoid them. Stakeholders within healthcare mentioned how systemic issues with data sharing and communication between different parts of the system lead to poor handover and continuation of care, exacerbating a lack of trust. Stakeholders also highlighted that the closure of most of the County's children's centres had undermined trust that the community had in services and the impacts of this on participation, engagement and hope that services would help were continuing to be felt. Many community and voluntary sector stakeholders emphasised how in the voluntary sector is often more trusted than statutory services.

"Those trusted relationships are so key to the delivery of effective family support... Communities need to know that organisations are there for them and they're not here one minute and gone the next."

Voluntary sector stakeholder

"And it's all around the trusted relationships. If [the local authority] provide the service, it's not going to be accessed in the same way. People don't often have the confidence to go there or and when they do get there, they need that kind of interpreting support, a lot of kind of hand holding if you like, that is needed to kind of get people through the door initially and then you can hopefully let them go and then carry on that relationship."

Voluntary sector stakeholder

Stakeholders also reported that in order to develop the trust between voluntary sector organisations and the community, they need more resources and capacity to build meaningful relationships, which would lead to better engagement with services and improve outcomes in health and a range of social determinants of health.

"Some of the issues that families face, they're not going to talk about when they first walk across the door and you know, it's only through having the capacity and the skill to build those relationships with families."

Voluntary sector stakeholder

Stakeholders in education highlighted how there was entrenched mistrust of schools in certain parts of the community due to parents and caregivers own experiences, which could lead to poor attendance among themselves and their children and a lack of engagement in learning. Schools that had successfully engaged with their local communities emphasised that it was important for schools to invest time in their relationships with families and parents to break cycles of mistrust and poor experience in education.

"They don't want to feel done to, they want to be part of the solution...it's about getting in as early as possible and working alongside the families."

Education stakeholder

6B. PARTNERSHIPS

Reducing health inequalities requires strong partnerships between sectors and organisations that have an impact on health including local government, public services including healthcare, the education sector, the police, the VCFSE sector, the faith sector, businesses and communities.

We have consulted with stakeholders from many sectors which the Marmot approach considers to be part of the broad health equity system in Oxfordshire in order to understand where partnerships within the County are working well and what changes are identified to develop partnerships that better supports and helps reduce inequalities for families, children and young people. This requires all partners working collaboratively, prioritising health equity and strengthening the whole 'health equity system'. Without system-wide actions developed in partnerships, inequalities in Oxfordshire will worsen. In existing Marmot places, partnerships have been formed to address inequalities. Coventry has a broad, cross sector 'Marmot' working and delivery group and in Cheshire and Merseyside's 'All Together Fairer programme' a range of organisations from universities, local authorities and health are represented to analyse progress against recommendations, share problems and good practice.[150]

Stakeholders reported that there have been recent changes across Oxfordshire, with more joined up working and prioritisation of health inequalities led by Oxfordshire County Council. Whilst some leaders from across the system are involved in partnerships, such as inclusion of representatives from the voluntary sector, healthcare and higher education on the Early Years Board stakeholders indicated, it is often the same people around the table. There needs to be increased meaningful partnership including having representation from business on the Early Years Board. Additionally having different partnerships established for different age stages of maternity, early years and through schooling and transitioning into young adulthood leads to siloed thinking. A partnership representing maternity through to the 0-19 year age group is needed.

SILOED WORKING

Stakeholders repeatedly referred to siloed working within the County Council and within healthcare and education and other services, with little communication between teams within these sectors, resulting in duplication of work and inefficiencies, emphasising that there needs to be greater collaboration between all teams working collaboratively across maternity, the early years and children and young people. Stakeholders told us that different teams within both the County Council and District Councils may be working on projects to achieve very similar goals, but without sight of each other's work, leading to disjointed approaches and prioritisation of different areas.

"[There needs to be] a whole-system approach that aligns health, education, and social care around the needs of young children and families"

Education stakeholder

"I would like to see more collaboration between the teams, and I think better use of the resource that we already have."

Local authority stakeholder

LACK OF INFORMATION SHARING

There is widespread consensus that both residents and professionals often lack awareness of available activities and services, with examples given of stakeholders being unaware of key community organisations and programmes. We were repeatedly told that there is a need for improved data and information sharing between services to identify gaps and coordinate support. The lack of knowledge of services and programmes that exist across the system from partners means that services are unaware of what support and services which are available and don't refer people to that support as a result.

To address this, stakeholders emphasised the need for a regularly updated, easily accessible directory of services and assets and better information sharing between organisations. Ensuring that both professionals and families can clearly see what support exists would help people navigate the system and access appropriate support which suits them. Promoting better collaboration and communication from the start would improve how services are received by families in Oxfordshire, reducing confusion over what is available as well as improving efficiency within the Council.

"[There needs to be] better awareness and better information and dissemination of information of what services are available, especially now that they're developing the family hubs."

Local authority stakeholder

6C. THE ROLE OF THE VOLUNTARY, COMMUNITY AND SOCIAL ENTERPRISE SECTOR

Stakeholders emphasised that there is a lot of existing action in Oxfordshire to support families during the early years and for children and young people, much of which is provided by the VCFSE. The VCFSE sector is vital to the success of actions on the social determinants of health but can often be excluded from partnerships with public services and Councils and not adequately resourced so that it can participate and contribute to these actions. Whilst voluntary sector leaders might get a seat at the table, stakeholders often feel that this engagement is limited or tokenistic and there is a lack of trust in the voluntary sector to take on shared responsibility and accountability.

Stakeholders championed the strength of Oxfordshire's VCFSE sector and the important role it played in the system, particularly in the early years and in supporting parents and families in the face of service cuts and rising need. However, we heard repeatedly that whilst these organisations often provide outstanding and vital support, the funding available to them did not reflect the role they are playing.

"Please ensure that these really, really important charities aren't scraping around year to year looking for funding because at the moment they are the glue that's holding many families in need together because of the crisis in social care."

Healthcare stakeholder

"Partnership working takes time, capacity, and funding, for us to be the glue in the system."

Voluntary sector stakeholder

Stakeholders also noted that whilst the VCFSE support is strong it is not always available widely across the County. As discussed earlier in the report, households and young people who may need support in areas that are generally more affluent, rural or older, often do not have access to the same voluntary and community support that those in urban areas do.

"There's a sense that we'll do all right, because Oxford is quite a generous place. We've got some good strong charities, but and that might be the case in certain areas, but it's not necessarily in every community."

Voluntary sector stakeholder

Voluntary sector stakeholders emphasised that cross-sector collaboration is needed to overcome a sense of fatalism about the inequalities in the early years in Oxfordshire. Collaboration with the VCFSE sector is increasing and there are some strong partnerships. For example the Oxfordshire Inclusive Economy Partnership supported Growing Minds in expanding their impact, including through feasibility studies and helping them try to secure funding and engaging with the health sector to advocate for funding for maternity and the early years. This work has encouraged further focus on the early years within the OIEP. Growing Minds has frequently been cited as an example of good practice within the voluntary sector that could be scaled up and partners from education who have been involved in the project highlighted the positive impact it has had on outcomes for pupils. However, this strong partnership and engagement between different sectors is limited.

Stakeholders from community and voluntary organisations noted that short-term funding and punitive commissioning practices threatened the sustainability of their support for communities and capacity to build trusted relationships. Current contracting processes can be overly bureaucratic, with rigid evidence requirements and performance metrics that don't capture the impacts of the work being done by VCFSEs which is often not visible in the data. Stakeholders called for a more flexible approach, that recognises the strengths of local organisations and empowers communities to lead and deliver the work that most meets their needs.

"Some [programmes of work] are described as partnerships, but really someone holds the power."

Voluntary sector stakeholder

Stakeholders told us that the County had a 'transition fund' for charities to take on services when children's centres closed. Whilst many of these groups are still surviving, they have low levels of resilience and security. They suggested reinstating such a fund to participate in building an effective cross-sector early years system in

Oxfordshire, with the VCFSE sector playing a prominent part. This would allow for VCFSE groups, who know the communities they support, to bring the perspectives of local families and build capacity and build trust with them.

“There hasn’t been a stronger link with the voluntary sector and with all the groups that were initially funded by transition funds, when the children’s centres closed to try and carry on community based provision.”

Voluntary sector stakeholder

FAITH SECTOR

The faith sector in Oxfordshire offers a range of services and support for families and children across the County. Stakeholders have told us about the strengths of these organisations and their important role in the community, particularly in rural areas. We highlighted the positive work that these organisations do to support families

within communities in Section 2. However, faith based organisations often work in isolation, and do not always have links with other organisations across Oxfordshire. There have been efforts to bring together these organisations and improve links with the County Council, for example through participation in Oxfordshire’s Community Research Network, launched in 2023 as a collaborative initiative to tackle health inequalities by involving communities directly in their work. [151]

Renew Oxford, a partnership of churches set up by Oxford Community Church, works to positively impact on social challenges in Oxford. Renew Oxford has mapped programmes offered by Oxford’s churches, the work that they do in the community and their insight into the needs of their communities. [152] Their report found that children, youth and families were one of the priority groups that churches in the City identified and proposed that there should be better collaboration between churches, across denominations, education and the local authority, recommending that services within the system are more informed about offers of charitable support and work to support families, to allow for better signposting for families to access suitable help. [152]



Case study: Oxfordshire's Faith Sector [153]

'Faith communities' differ in their nature. They may:

- (a) Be most strongly identified with a place of worship (e.g. parish church, synagogue, temple)
- (b) Enjoy a well-organised shared life, but rely on rented rooms and have no physical home (e.g. most diaspora Christian congregations)
- (c) Simply meet together and lack any legal structure (e.g. some Islamic Friday prayer gatherings, some newer churches).

Mapping in Spring 2025 identified around 630 faith communities across the County, of which over 95% are Christian. Non-Christian faith communities in Oxfordshire are concentrated in the cities and towns in the County. Around 80 of the identified faith communities have a majority membership with non-British membership, with many practicing in languages other than English. These faith communities are also predominantly concentrated in the urban areas in the County, although their members live across the County. Many residents will travel to the nearest city or town for religious purposes.

Faith communities across the County engage in social action. Some of the support faith organisations provide in the early years is outlined earlier in the report. Additionally, many faith-based organisations offer services including:

- Housing
- Education
- Youth work
- Support for families in need
- Debt advice
- Cross-cultural engagement
- Pastoral support for students
- Social spaces
- Warm spaces (in winter)
- Tree planting
- Food banks and 'soup kitchens'
- Support for victims of domestic abuse

Given the wide presence of faith communities across the County, and the diverse populations that they serve the report raises questions as to how involvement with the faith sector could be explored:

- How to uncover how much untapped volunteer resource there is here?
- How can existing faith-based social action be made more effective?
- With what needs would it be most strategic to engage the faith sector?
- What can we learn from collaborative faith-based action in other UK cities?
- What can we learn from national leaders?
- A role for faith groups in social prescribing in Oxfordshire?

6D. THE ROLE OF THE HEALTHCARE SECTOR

Across England, there are many urgent demands on the NHS and the leadership and workforce are under significant pressures. There has also been a focus on adult health, particularly older adults in healthcare organisations. In this context, the case for the health care system to make improvements in the social determinants of health among children and young people can be challenging and despite their significance for health, the social determinants of health and prevention more broadly are not sufficiently prioritised in health care organisations.

Recent policy changes, such as the requirement for Integrated Care Boards (ICBs) to address health inequalities, has led to health equity being prioritised in strategies, although delivering action on the social determinants remains challenging. There are examples of work taking place within Oxfordshire and across the country however, these need to be further extended to support and lead action to tackle structural inequalities in places.

Stakeholders reported that it can be difficult to partner and work collaboratively with the health service, partly due to overlapping geographies, competing demands from central government and the continuing lack of resources and capacity within all parts of the healthcare system.

Stakeholders working in healthcare also noted siloed working between different parts of the healthcare system, including within hospitals, between hospitals and community and mental health services and primary and community care which lead to highly fragmented service-delivery, lack of coordination and information sharing. Many expressed a desire for more effectively joined-up healthcare system. They also outlined difficulties working in partnership with local authority teams.

NEIGHBOURHOOD HEALTH CENTRES

The development of Neighbourhood Health Centres and neighbourhood health approaches offer opportunities to embed social determinants of health approaches are through partnership working, and referrals offered to families for the conditions in which they are living and which shape their health as well as offering accessible health care services. In developing neighbourhood health services, healthcare leaders should prioritise system-wide partnerships, working with local communities, and draw on local assets and knowledge such as the voluntary and community sector.

Stakeholders called for innovative approaches to be developed in the implementation of neighbourhood health approaches. For example, co-locating a range of services for pregnant women, including midwives, obstetricians, and health visitors with support from the VCFSE to reduce siloed working, missed appointments and provide referrals for support with living and working conditions and advice on parenting. Similarly, a range of services and support can be offered for children and young people, enabling much needed joined up support across primary care, children services education, youth services and VCFSE organisations.

“Silos need to break down so that we can actually either bring some of the midwives back into those facilities or create those community hubs. We need to think about bringing some of our hospital team to that.”

Voluntary sector stakeholder

HEALTH CARE ANCHOR ORGANISATIONS

Local hospitals are important anchor-institutions which can lead the way in having positive impacts on health of local communities through good quality employment, advocating for better conditions in key social determinants, procuring locally, and working with voluntary and community sector organisations, education providers, and the Council. There are many excellent examples of NHS anchor organisations across the UK. Some examples of this approach in Oxfordshire, such as the work in maternity services in Oxford University Hospitals, is highlighted in Section 3 of the report. All health care settings need to do far more to strengthen prevention of ill health, which must include supporting and taking action on the social determinants of health for employees, services users and in local communities.

PRIMARY CARE SETTINGS

Primary care plays a vital role in improving population health and reducing health inequalities. GPs, as the first point of contact for many patients, witness first-hand, the health and social issues experienced by the communities living in areas of high deprivation. Beyond delivering healthcare, general practice is well positioned to play a part in addressing the broader social determinants of health for children and young people. The Royal College of General Practitioners has emphasised that “a strong, properly resourced general practice service is essential if the UK is to reduce and eventually end health inequalities.” [155] There are many approaches which primary care have developed which are relevant to Oxfordshire including Trailblazer programmes, Deep End GPs and rural health approaches. [155]

As part of the Marmot programme of work, a GP template is being developed, to encourage primary care settings to understand and take action on the social determinants of health.

6E. THE ROLE OF BUSINESS

The IHE report *The Business of Health Equity: The Marmot Review for Industry* examined the ways in which businesses shape the conditions in which people live and work and, through these, their health. However, businesses are not always included in efforts to reduce inequalities in key social determinants of health and there are important opportunities to strengthen their contributions through employment, goods and services and their social value and community contributions.

Businesses affect the health of their employees and suppliers through the pay and benefits they offer – hours worked, job security and conditions of work. As outlined earlier in the report, businesses can implement policies for their employees that support parents, through improved maternity, paternity and postnatal leave, flexible working and supporting access to childcare.

The Oxfordshire Inclusive Economy Partnership (OIEP) are making progress in involving business partners in work that supports the early years and contributes to reduced health inequalities. Their partnership includes Unipart, BMW, Thames Water, Raw Workshop, as well as social value leads, and anchor institutions including Oxford University, Oxfordshire County Council, and Oxford City Council. In early 2025 the OIEP brought together partners from the universities, early years services,

public service leadership and businesses to discuss early years challenges at a summit, discussing what is needed businesses and outlining examples of best practice. This engagement from businesses in partnerships that emphasise their role in reducing inequalities for families, children and young people in Oxfordshire is encouraging but more coordinated, large-scale programmes are needed to expand their positive impacts.

Other stakeholders from the voluntary sector outlined difficulties in engaging with businesses and large anchor institutions such as the University of Oxford. They noted that efforts to engage in corporate partnerships have resulted in minimal returns, often resulting in short-term unsustainable support, rather than institutional commitment.



6F. RESOURCES

Cuts to services and resulting workforce shortages and pressures mean that many children and young people are simply not receiving access to services or the kind of support that they and their families urgently need. There are shortages of money, staff and time in every sector and pressures have intensified over the last 15 years, with many services unable to meet increasing levels of need. While these shortages beset every area in the UK, they are particularly felt in areas with mixed rural/urban and seemingly relatively wealthy areas where poverty and need can be overlooked or 'hidden'.

It is important to acknowledge that reducing health inequalities requires effective national policies, actions and effective and equitable distribution of resources. Nevertheless, there is still work that can be done at a local level to ensure that resources are effectively and efficiently used to implement action on the social determinants of health. Weak partnerships and even lack of awareness about what services and support are available mean that there can be duplication as well as gaps. Sharing information and joint planning can help reduce this waste and inefficiencies.

Proportionate universalism with universal approaches, designed to be proportionate to the scale of need, must be an integral element in resource allocation as well as service design and delivery and help ensure services are based on level of deprivation, not just population size or location.

Throughout the report we have highlighted services within the system, many of which have experienced funding cuts and resource constraints. This research was carried out in 2025 and the examples included are relevant to that time period, but may have changed since.

As highlighted in Section 3, stigma is a significant contributor to inequalities in wealthier areas. Services which are available for specific target groups, based on strict in/out eligibility frequently stigmatise participants. An impact of this low uptake of some services as people avoid being identified as 'poor' or 'at risk'. Moreover, strict in/out eligibility criteria frequently miss many families and individuals who need some support, as they may be ineligible. Free school meals is one example of support with strict eligibility criteria, which has some damaging impacts on equity. Stakeholders emphasised the importance of open access services, without strict eligibility criteria and removing barriers such as fees.

"[We need services] where you've got, like, a very wide open front door for everybody, and then you're able to kind of target resources for families where they need them and be able to see which resource or which service a family need."

Voluntary sector stakeholder

Workforces across different organisations need greater capacity to address the social determinants of health. Providing training and resources would support this, and the VCFSE sector has the potential to make significant contributions, if adequately funded. There is a large network of voluntary sector organisations, with strong leadership and expertise, acknowledged by most stakeholders as filling gaps left by statutory services. However, funding is the overriding limitation for the VCFSE, with short-term funding and punitive commissioning practices, undermining long-term planning and capacity to build relationships and deliver reliable support.

"So I don't think there's been as much integrated working or support, you know, not nearly enough as the financial support was really stripped away."

Voluntary sector stakeholder

"Everyone is asked to do more, with less funding."

Voluntary sector stakeholder

Oxfordshire County Council provides a small amount of statutory funding to Home Start, which stakeholders told us has resulted in positive outcomes. However, this is still only a small proportion of the funding needed to sustain this work.

Voluntary sector stakeholders also noted how there must be a shift in the way commissioners and funders manage contracts with these partners. Complex processes and bureaucracy were cited as significant barriers in applications for funding and in commissioning and contracting which are a drain on VCFSE resources.

Some commissioners and funders require evidence of impacts which are not achievable given the scale of funding, or not visible in the data – for example, VCFSE building trust or social cohesion among communities. Commissioners and funders need to consider different forms of evidence of impact, including qualitative

reports or understand the evidence from other settings which shows that support provided is likely to have positive impacts.

Stakeholders within healthcare also noted how changes in service commissioning and workforce reductions had fundamentally undermined capacity for prevention and early intervention and that this needs to be further prioritised in every sector and organisation.

“With so much wealth actually in the County and so many resources that are available, it feels like we are massively letting down our population by not using those resources.”

Voluntary sector stakeholder



6G. LEADERSHIP AND ACCOUNTABILITY

Strong, accountable and identifiable leadership on health equity within organisations is required to ensure reducing health inequalities is prioritised. Reducing inequalities in health can be ‘lost’ in a complex system with other sector priorities dominating and crises escalating. As noted above Integrated Care Boards do have responsibility for reducing inequalities in health, but accountability can be weak and reorganisations and resource constraints mean this is not prioritised sufficiently and service delivery enable workforces in different organisations to build capacity to act on the social determinants of health

It is up to leaders in Oxfordshire to take the recommendations outlined in this report and implement changes that will reduce health inequalities. Many stakeholders expressed an urgent need for this change to be meaningful and long-lasting, with a shift in power and trust. We have been told that there are good intentions, and a desire to implement strategies that support health equity for babies, children and young people, but that this vision is not always executed.

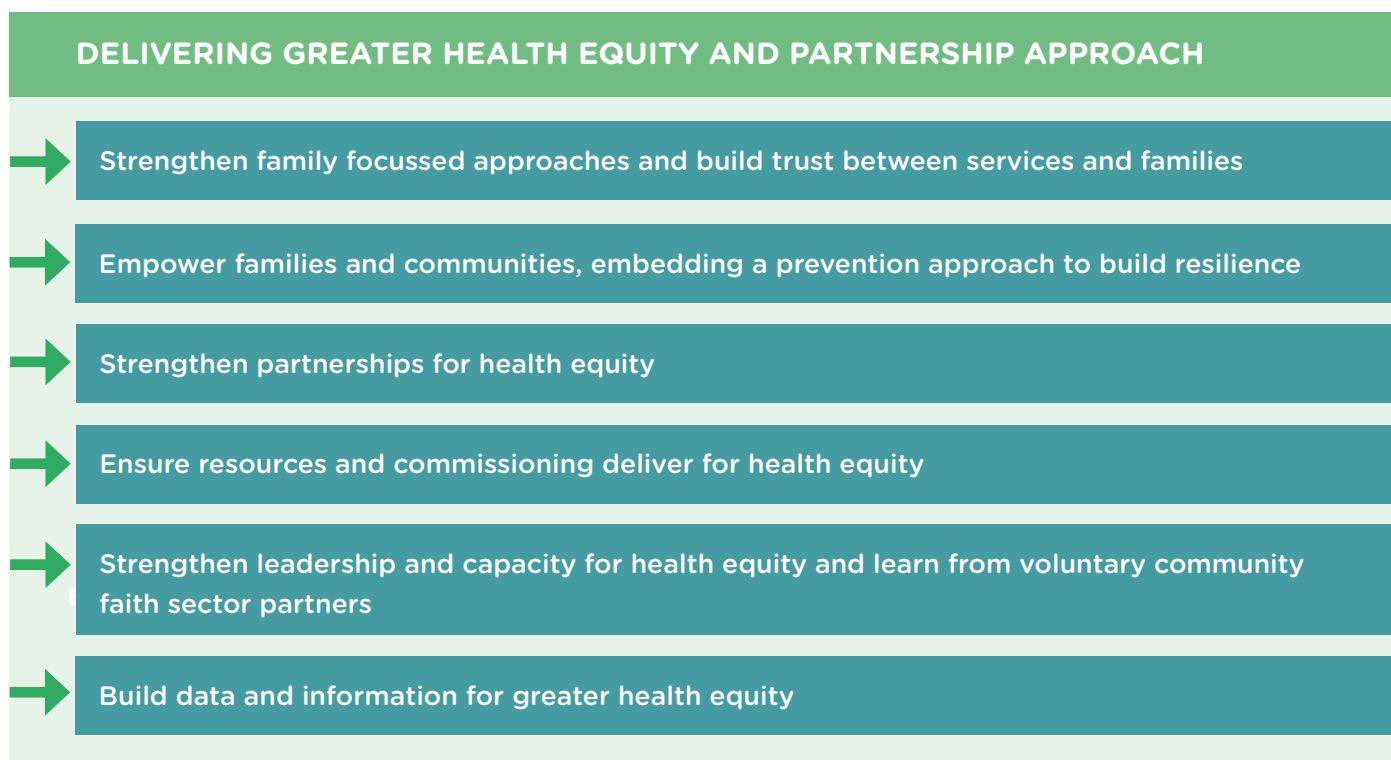
Strong leadership on health equity across a range of partners is crucial to driving meaningful action on health inequalities. Every organisation with a role in shaping health outcomes has a responsibility to contribute to this agenda. System-wide leadership and coordination are required to ensure consistent, sustained progress in reducing inequalities. Stakeholders repeatedly told us that while the ambition and leadership are behind action to tackle the social determinants of health, but that when more immediate challenges and the impacts of cuts and decommissioning services is felt, the ambitions do not translate into action.

This lack of translation into action is compounded by a ‘practice’ gap, where workforces are not aware of what they can do in their roles to reduce health inequalities even when motivated to do so. Effective leadership for health equity requires that workforce at all levels know how to take meaningful action on the social determinants of health, while ensuring accountability for progress. Providing training and resources would support this, and the VCFSE sector has the potential to make significant contribution to this, if adequately funded.

Strategies which are jointly developed with partners and with clear responsibilities and accountabilities are needed, but lacking in Oxfordshire, as in many places. Such cross-sector partnerships need to be developed collaboratively, drawing on the strengths and insights of partners across all sectors.

Our analysis of data to overview inequalities in health and the social determinants of health for children and young people highlighted some significant gaps and challenges in relation to both quantitative data and the availability and use of qualitative information and consultations with communities.

RECOMMENDATIONS



CONCLUSIONS AND RECOMMENDATIONS

The Marmot programme in Oxfordshire has been developed to advise on actions to reduce persistent and widening inequalities in health and the social determinants of health within the County. As across England, there are challenges to this ambition, including cuts in funding which reduced service capacity, including discrimination and stigma and deteriorations in many important social, economic and environmental factors which shape health. There are also hidden pockets of deprivation in rural areas, which often go unseen with inadequate support to residents as a result.

Many of these challenges relate to national context, but even so, across Oxfordshire there is enthusiasm and appetite to reduce inequalities and a great deal of excellent practice and much to build on. While there are world class assets and organisations in Oxfordshire, including businesses, public services, the universities and many outstanding VCFSE organisations these do not necessarily 'trickle down' to residents living in more deprived areas or experiencing discrimination. One of the challenges is not just to ensure more access to such assets but to proactively ensure those assets are appropriate and designed to reduce inequalities in the social determinants of health. Another important challenge is to ensure much more developed partnership working and integration among all the stakeholders which impact on the lives and health of babies, children and young people and their families in Oxfordshire.

This report covers the first Marmot principle 'give every child the best start in life' and the second principle 'enable all children, young people and adults to maximise their capabilities and have control over their lives in Oxfordshire'. In all these areas we found wide inequalities and worse outcomes among mothers, babies, children and young people who are living in poverty and relative disadvantage and deprivation. Stigma and discrimination were also highlighted as driving poor health and disengagement from the services and support on offer.

We were also repeatedly told about capacity and resource constraints in the public sector with hugely negative impacts on the support which can be offered during maternity and the early years and in health care, education, youth services and skills building. While some recent policy announcements may help somewhat with some of these capacity issues, the Marmot programme has focused on how to reduce inequalities with existing resources. We

also emphasise the positive roles that businesses and other employers can have, contributions which are not always drawn on by local authorities and public services. The engagement with leaders and a range of sectors and organisations has been outstanding and provides great encouragement that commitments will be made and actions for greater health equity will be delivered.

The report highlights the need for strong leadership and accountability; much strengthened partnership working; improved data in rural areas, and a system-wide understanding and prioritisation of the social determinants of health. Action should be grounded in the principle of proportionate universalism, ensuring that services are universal but delivered at a scale and intensity that reflects differing levels of need. This will reduce health inequalities across the socioeconomic gradient and reduce stigma. Families, children and young people must be involved in the identification, design and delivery of support, with trusted, community-based organisations recognised and resourced to work in partnership with services. The combined efforts of businesses, the VCFSE sector, healthcare, education, housing, County and District Councils and Universities will pay dividends but stronger levers and relationships to enable this integration and focus on equity are needed.

Building on the evidence and the views of the many stakeholders we consulted with, the report sets out high-level recommendations for action for the many sectors and organisations which shape health across the County. The next phase of the programme involves organisations developing practical ways forward, with specific commitments and implementation. Action plans will be developed and adopted by the local system. There is a great deal that can be achieved to ensure greater health equity for all the residents of Oxfordshire.

GIVE EVERY CHILD THE BEST START IN LIFE IN OXFORDSHIRE

- Improve maternal health and support
- Ensure equitable access to services during maternity and for infants which incorporate the social determinants of health
- Reduce and mitigate the impacts of poverty
- Reduce inequalities in good level of development for children in Oxfordshire

ENABLE ALL CHILDREN, YOUNG PEOPLE AND ADULTS TO MAXIMISE THEIR CAPABILITIES AND HAVE CONTROL OVER THEIR LIVES IN OXFORDSHIRE

- All partners should focus on improving mental health, reducing stigma and building aspiration for children young people and their families
- Support all children to access the right services, at the right time, in the right place focussing on those children who are experiencing inequalities due to SEND, poverty, health or care needs
- Prioritise action to reduce inequalities in educational attainment across all key stages
- Ensure that all children have the skills and opportunities they need to continue into education training or employment

CREATE HEALTHY AND SUSTAINABLE PLACES IN OXFORDSHIRE

- Improve access to affordable housing which meets the decent homes standard
- Improve access to good quality green space
- Improve access to affordable, regular transport and work with communities to identify transport needs
- Extended opportunities for youth engagement and recreation including youth groups

DELIVERING GREATER HEALTH EQUITY AND PARTNERSHIP APPROACH

- Strengthen family focussed approaches and build trust between services and families
- Empower families and communities, embedding a prevention approach to build resilience
- Strengthen partnerships for health equity
- Ensure resources and commissioning deliver for health equity
- Strengthen leadership and capacity for health equity and learn from voluntary community faith sector partners
- Build data and information for greater health equity

REFERENCES

1. ONS. Life expectancy for local areas of the UK, single-year periods 2025; Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/datasets/lifeexpectancyforlocalareasoftheuksingleyearperiods>.
2. ONS. Healthy life expectancy, UK: between 2011 to 2013 and 2022 to 2024. 2026; Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/healthstatelifeexpectanciesuk/between-2011to2013and2022to2024>
3. Marmot M, et al., Health equity in England: The Marmot Review 10 years on. 2020, Institute of Health Equity: London.
4. ONS. Healthy life expectancy by national area deprivation, England and Wales: between 2013 to 2015 and 2022 to 2024. 2026; Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthinequalities/bulletins/healthylifeexpectancybynationalareadeprivationenglandandwales/between2013to2015and2022to2024>.
5. Jessica Holden, Ten actions the government can take to improve children's health. 2025: The King's Fund.
6. UK Government. Policy Paper - 10 Year Health Plan for England: fit for the future. 2025; Available from: <https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future>.
7. UK Government. Young Futures Hubs to launch offering vulnerable young people lifeline. 2025; Available from: <https://www.gov.uk/government/news/young-futures-hubs-to-launch-offering-vulnerable-young-people-lifeline>.
8. UK Government. Policy Paper - Giving every child the best start in life. 2025; Available from: <https://www.gov.uk/government/publications/giving-every-child-the-best-start-in-life>.
9. Carneiro, P., et al., The short-and medium-term effects of Sure Start on children's outcomes. The Institute for Fiscal Studies, 2025.
10. UK Government. New National Youth Strategy to break down barriers to opportunity for young people. 2024; Available from: <https://www.gov.uk/government/news/new-national-youth-strategy-to-break-down-barriers-to-opportunity-for-young-people>.
11. Marmot M, et al., Fair Society, Healthy Lives: The Marmot Review. 2010, Institute of Health Equity: London.
12. Office for National Statistics. Census - Statistical geographies Available from: <https://www.ons.gov.uk/methodology/geography/ukgeographies/statisticalgeographies>
13. Office for National Statistics. Census 2021; Available from: <https://www.ons.gov.uk/census>.
14. ONS, Age structure. 2021. Available from: <https://www.ons.gov.uk/census/2011census/2011censusdata>.
15. ONS. How life has changed in Oxford: Census 2021. 2023 [cited 2025 04/09]; Available from: <https://www.ons.gov.uk/visualisations/censusareachanges/E07000178/>.
16. Marmot M, et al., Structural racism, ethnicity and health inequalities in London. 2024, Institute of Health Equity: London.
17. ONS, Ethnic Group. 2022. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/ethnicity/bulletins/ethnicgroupenglandandwales/census2021>
18. Butcher, F., East Timorese Population Health Needs Assessment for Oxfordshire. 2018, Public Health Team, Oxfordshire County Council. Available from: https://data.oxfordshire.gov.uk/wp-content/uploads/2024/12/2018_East-Timor-HNA.pdf
19. Kirk-Wade E and Barton C. Asylum statistics. 2025 [cited 2025 04/09]; Available from: <https://commonslibrary.parliament.uk/research-briefings/sn01403/>.
20. Department for Environment, Food and Rural Affairs, F.a.R.A. Key findings, Statistical Digest of Rural England. 2025 [cited 2025 04/09]. Available from: <https://www.gov.uk/government/collections/statistical-digest-of-rural-england>
21. Office for National Statistics. 2021 Rural Urban Classification. 2025; Available from: <https://www.ons.gov.uk/methodology/geography/geographicalproducts/ruralurbanclassifications/2021ruralurbanclassification>.
22. ONS, 2021 Rural Urban Classification. 2025. Available from: <https://www.ons.gov.uk/methodology/geography/geographical-products/ruralurbanclassifications/2021ruralurbanclassification>.
23. Ministry of Housing, Community and Local Government. English indices of deprivation 2025. 2025; Available from: <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2025>.
24. Berinsfield Health and Wellbeing Group, Berinsfield Community Insight Report 2024. 2024, South Oxfordshire District Council. Available from: https://data.oxfordshire.gov.uk/wp-content/uploads/2025/03/Berinsfield_CommunityProfile_Insight.pdf
25. Community Glue CIC, Central Oxford Community Profile. 2023, Oxford City Council. Available from: https://data.oxfordshire.gov.uk/wp-content/uploads/2025/03/CentralOxford_CommunityProfile_Insight.pdf
26. Community First Oxfordshire, Witney Central Community Insight Report. 2025, Oxfordshire County Council. Available from: https://data.oxfordshire.gov.uk/wp-content/uploads/2025/02/WitneyCentral_CommunityProfile_Insight.pdf

27. Community First Oxfordshire, Littlemore Community Insight Report. 2023, Oxfordshire County Council. Available from: https://data.oxfordshire.gov.uk/wp-content/uploads/2025/01/Littlemore_CommunityProfile_Insight.pdf
28. Community First Oxfordshire, Grimsbury and Hightown Community Insight Project. 2023, Oxfordshire County Council. Available from: https://data.oxfordshire.gov.uk/wp-content/uploads/2025/01/BanburyGrimsburyandHightown_CommunityProfile_Insight.pdf
29. Community First Oxfordshire, Ruscote and Banbury Cross and Neithrop Community Insight Project: Winter 2022-23. 2023, Oxfordshire County Council. Available from: https://data.oxfordshire.gov.uk/wp-content/uploads/2025/01/BanburyRuscoteand-Neithrop_CommunityProfile_Insight.pdf
30. Oxford City Council, Barton Community Profile Community Insight Report 2023. 2023. Available from: https://data.oxfordshire.gov.uk/wp-content/uploads/2025/03/Barton_CommunityProfile_Insight.pdf
31. Oxford Hub, The Leys Community Profile. 2022, Oxfordshire County Council. Available from: https://data.oxfordshire.gov.uk/wp-content/uploads/2025/01/TheLeys_CommunityProfile_Summary_2024.pdf
32. Oxford Hub, Rose Hill Community Profile. 2023, Oxford City Council. Available from: https://data.oxfordshire.gov.uk/wp-content/uploads/2025/01/RoseHill_CommunityProfile_Summary.pdf
33. Oxfordshire County Council, Abingdon Caldecott Community Profile. 2022. Available from: https://data.oxfordshire.gov.uk/wp-content/uploads/2025/01/Abingdon_Caldecott_CommunityProfile_Summary_2024.pdf
34. National Audit Office, Spending power and its components 2010-11 to 2020-21. 2022.
35. National Audit Office, Change in spending power per capita by local authority type in England 2010-11 to 2020-21. 2022.
36. ONS, Life expectancy at birth. 2025.
37. ONS, Healthy life expectancy at birth. 2025.
38. ONS, Self-reported health. 2022.
39. OHID, Mortality from all causes (aged under 75). 2025. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/avoidablemortalityinenglandandwales/2023>.
40. Oxfordshire County Council, Oxfordshire Children and Young People's Plan 2024-2028. 2024. Available from: <https://mycouncil.oxfordshire.gov.uk/documents/s72680/14c.%2024-0203%20Childrens%20strategy%20-%20final.pdf>
41. OHID, Early access to maternity care. 2025.
42. Department of Health and Social Care. 14 NHS trusts the focus of national maternity investigation. 2025; Available from: <https://www.gov.uk/government/news/14-nhs-trusts-the-focus-of-national-maternity-investigation>.
43. Barnes, H., Britain's next maternity scandal, in The New Statesman. 2025. Available from: <https://www.newstatesman.com/politics/health/2025/11/britains-next-maternity-scandal>
44. Department of Health and Social Care, National maternity and neonatal investigation: terms of reference. 2025. Available from: <https://www.gov.uk/government/publications/independent-maternity-and-neonatal-investigation-terms-of-reference/national-maternity-and-neonatal-investigation-terms-of-reference>
45. Royal College of Obstetricians and Gynaecologists. RCOG Position Statement: Equitable access to maternity care for refugee, asylum seeking and undocumented migrant women. ND [cited 2025 04/09]; Available from: <https://www.rcog.org.uk/about-us/campaigning-and-opinions/position-statements/position-statement-equitable-access-to-maternity-care-for-refugee-asylum-seeking-and-undocumented-migrant-women/>.
46. Stein, A. et al., Maternal Cognitions and Mother-Infant Interaction in Postnatal Depression and Generalized Anxiety Disorder. Journal of Abnormal Psychology, 2012. 121(4): p. 795-809.
47. Felker, A., et al., Saving Lives, Improving Mothers' Care 2024 - Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2020-22. 2024, University of Oxford: Oxford: National Perinatal Epidemiology Unit.
48. ONS. Child and infant mortality in England and Wales: 2023. 2025; Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/childhoodinfantandperinatalmortalityinenglandandwales/2023>.
49. Oxfordshire Tobacco Control Alliance, The Final Push: A Tobacco Control Strategy for a smokefree society in Oxfordshire 2020-2025. 2020. Available from: <https://mycouncil.oxfordshire.gov.uk/documents/s50519/Item%209.2%20-%20OTCA%20Tobacco%20Control%20Strategy%2020-25%20FINAL.pdf>
50. Oxford University Hospitals. Maternity tobacco dependency service. Available from: <https://www.ouh.nhs.uk/maternity/antena-tal/smoking/>.
51. NHS England. Smoking status at time of delivery. 2025; Available from: <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-women-s-smoking-status-at-time-of-delivery-england>.

52. OHID, Percentage active smokers G.P. Survey, Editor. 2024.
53. OHID. Health Inequalities Dashboard: statistical commentary, March 2023. 2023 [cited 2025 04/09]; Available from: <https://www.gov.uk/government/statistics/health-inequalities-dashboard-march-2023-data-update/health-inequalities-dashboard-statistical-commentary-march-2023>.
54. ONS, Low birth weight of live babies. 2025.
55. ONS, Infant Mortality Rate. 2025.
56. NHS, Baby's first feed breastmilk. 2024.
57. Oxford Health NHS Foundation Trust. Children and Young People (0-19). Available from: <https://oxfordhealth.nhs.uk/cyp-0-19/>.
58. Home Start Oxford. Home-Start Oxford Annual Report 2023-24. Available from: <https://homestartoxford.org.uk/annual-report-2023-24/>.
59. OHID, Proportion of New Birth Visits (NBVs) completed within 14 days. 2024. Available from: <https://www.gov.uk/government/statistics/health-visitor-service-delivery-data-for-2024-to-2025>.
60. OHID, A&E attendances (0 to 4 years). 2025. Available from: <https://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/>.
61. OHID, Emergency Admissions. 2025. Available from: <https://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/>.
62. OHID, Emergency hospital admissions: all causes (aged under 5). 2022.
63. UNICEF Innocenti – Global Office of Research and Foresight, Report Card 18: Child poverty in the midst of wealth. 2023, UNICEF Innocenti: Florence.
64. Department for Work and Pensions, Children in low income families: local area statistics 2014 to 2024. 2025. Available from: <https://www.gov.uk/government/statistics/children-in-low-income-families-local-area-statistics-2014-to-2024>. 65. End Child Poverty. Local Child Poverty Statistics 2025. 2025; Available from: <https://endchildpoverty.org.uk/child-poverty-2025/>.
66. Francis-Devine, B., Which children are most likely to be in poverty in the UK? 2025, House of Commons Library.
67. HM Government, Our Children, Our Future: Tackling Child Poverty. 2025. Available from: <https://www.gov.uk/government/publications/our-children-our-future-tackling-child-poverty>
68. Cherwell Local Strategic Partnership, Brighter Futures Annual Report 2023-24. 2024.
69. Francis-Devine B, Malik X, and Foley N. Food poverty: Households, food banks and free school meals. 2025 [cited 2025 04/09]; Available from: <https://commonslibrary.parliament.uk/research-briefings/cbp-9209/>.
70. Hartgen-Walker and Lally C, Child food insecurity and Free School Meals. 2023. Available from: <https://post.parliament.uk/research-briefings/post-pn-0704/>
71. Good Food Oxfordshire, Oxfordshire Food Strategy. 2022. Available from: <https://res.cloudinary.com/ddcqlg6tr/image/upload/v1673346547/jia8wz0vzuzklnrluglj.pdf>
72. OX4 Food Crew, Our Impact, 2022-23. 2023. Available from: <https://static1.squarespace.com/static/62580d673ae7d45845fbd-c81/t/656da0886e947c107a9928ed/1701683346645/OX4+FC+2223+Impact+Report+%282%29.pdf>
73. ONS. Internet users, UK: 2020. 2021 [cited 2025 04/09]; Available from: <https://www.ons.gov.uk/businessindustryandtrade/itandinternetindustry/bulletins/internetusers/2020>.
74. Raleigh V. The health of women from ethnic minority groups in England. 2025 [cited 2025 04/09]; Available from: <https://www.kingsfund.org.uk/insight-and-analysis/long-reads/the-health-of-women-from-ethnic-minority-groups-england>.
75. Nominet Social Impact, Digital Youth Index, 2023. 2023. Available from: <https://digitalyouthindex.uk/wp-content/uploads/2023/11/Digital-Youth-Index-2023-report.pdf>
76. British Academy, Understanding digital poverty and inequality in the UK. 2022, The British Academy: London. Available from: https://www.thebritishacademy.ac.uk/documents/4427/Understanding_Digital_Poverty_and_Inequality_in_the_UK_full_report_2.pdf
77. ONS, Internet access - households and individuals. 2020.
78. Oxford County Council, Digital Inclusion Strategy, 2022-2025. 2022. Available from: https://mycouncil.oxfordshire.gov.uk/documents/s61545/CA_JUL1922R12%20Annex%201%20Digital%20inclusion%20strategy.pdf
79. Department for Work and Pensions. Households Below Average Income: An analysis of the UK income distribution: 1994/95-2017/18. 2019. ND; Available from: <https://assets.publishing.service.gov.uk/media/5c9b763eed915d07a9736a1c/households-below-average-income-1994-1995-2017-2018.pdf>.

80. Carneiro P, et al., The short- and medium-term effects of Sure Start on children's outcomes. 2025, Institute for Fiscal Studies: London.
81. Marmot, M., et al., Health equity in England: The Marmot Review 10 years on. 2020, Institute of Health Equity: London.
82. Office for National Statistics. Education, social mobility and outcomes for students receiving free school meals in England: initial findings on earnings outcomes by demographic and regional factors. 2022; Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/educationandchildcare/articles/educationsocialmobilityandoutcomesforstudentsreceivingfreeschool-mealsinengland/initialfindingsonearningsoutcomesbydemographicandregionalfactors>.
83. OHID, Proportion of children who received a 2 to 2½ year review. 2024.
84. OHID, Child development: percentage of children achieving a good level of development at 2 to 2 and a half years. 2024.
85. Department for Education, Early years foundation stage profile results. 2025. Available from: <https://explore-education-statistics.service.gov.uk/find-statistics/early-years-foundation-stage-profile/results/2024-25>.
86. Gell, F., Summary of an evaluation of the impact and reach of the Growing Minds project. 2023. Available from: <https://www.peeple.org.uk/sites/www.peeple.org.uk/files/GM%20evaluation%20summary%20%287.23%29.pdf>
87. Hobbs A and Mutebi N, The Impact of Early Childhood Education and Care on Children's Outcomes, and the Sustainability of the Sector. 2021, UK Parliament: London.
88. UK Government. Free Childcare for Working Parents. 2025 [cited 2025 04/09]; Available from: <https://www.gov.uk/free-child-care-if-working>.
89. Ofsted, Changes in access to childcare in England. 2024. Available from: <https://www.gov.uk/government/publications/changes-to-access-to-childcare-in-england/commentary-changes-in-access-to-childcare-in-england>
90. Coram, Early education entitlements – the disadvantage gap. 2025. Available from: <https://www.coramfamilyandchildcare.org.uk/wp-content/uploads/sites/4/2025/09/Early-Education-Entitlements-Disadvantage-Gap-Sep25.pdf>
91. ONS, Childcare accessibility in England data. 2024.
92. Villa, C., How cuts to youth clubs affected teen crime and education. 2024: Institute for Fiscal Studies.
93. OHID, Hospital admissions for asthma (under 19 years). 2025.
94. NHS England, National Child Measurement Programme. Year 6 prevalence of overweight (including obesity). 2024.
95. OHID, Percentage of physically active children and young people. 2025.
96. Fazel, M., & Patel, S., Oxwell 2025. 2026, University of Oxford: Oxford.
97. Oxfordshire Director of Public Health, A.R., Children and Young People's Mental Health. 2025.
98. NHS England. Mental Health of Children and Young People in England, 2023 - wave 4 follow up to the 2017 survey. 2023 [cited 2025 04/09]; Available from: <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2023-wave-4-follow-up>.
99. OHID, Hospital admissions for mental health conditions (under 18 years). 2025.
100. Oxfordshire Youth, Oxfordshire Youth, Impact Report, 2024. 2024. Available from: https://oxfordshireyouth.org/wp-content/uploads/2024/11/Impact-Report_2023_211124_v3.pdf
101. Oxfordshire Inclusive Economy Partnership. Growing Minds. ND [cited 2025 04/09]; Available from: <https://www.oiep.org.uk/actions/growing-minds>.
102. Oxfordshire Education Commission, Time for Change: Improving Educational Opportunity for All Oxfordshire's Children and Young People. 2023.
103. Department for Transport, Travel time in minutes to nearest primary school by public transport/walking in Oxfordshire. 2021.
104. Department for Education. FSM, Ethnicity and Language, by type of SEN provision and type of need - 2016 to 2025. 2025; Available from: <https://explore-education-statistics.service.gov.uk/data-catalogue/data-set/fab0ef04-6a54-4c5b-9099-a669e111c116>.
105. Department for Education, Key Stage 2 Attainment. 2025. Available from: <https://explore-education-statistics.service.gov.uk/find-statistics/key-stage-2-attainment/2024-25-revised>
106. The Sutton Trust. Opportunity Index Interactive Map. 2025; Available from: <https://www.suttontrust.com/opportunity-index-interactive-map/>.
107. Department for Education, Key Stage 4 performance. 2025. Available from: <https://explore-education-statistics.service.gov.uk/find-statistics/key-stage-4-performance/2024-25>.

108. Demmie, F., The experience of Black Caribbean pupils in school exclusion in England. 2019.
109. Department for Education, School exclusion: a literature review on the continued disproportionate exclusion of certain children. 2019.
110. The Children's Society, Submission to the Timpson Review into school exclusions. 2019.
111. University of Oxford, Beyond Town and Gown: working towards a more inclusive Oxford. 2025.
112. University of Oxford. Local Policy Lab. Available from: <https://www.sdglab.uk/programme/local-policy-lab>.
113. Department for Education. Outcomes for Children in Need, including children looked after by local authorities in England. 2025.
114. Department for Education. Children in need. 2025.
115. Deputy Director for Corporate Parenting & Safeguarding, The Safeguarding and Corporate Parenting Service. 2025.
116. Children's Commissioner, Pass the parcel: Children posted around the care system. 2019.
117. Department for Education, Children looked after in England including adoptions. 2025. Available from: <https://explore-education-statistics.service.gov.uk/find-statistics/children-looked-after-in-england-including-adoptions/2025>
118. Department for Education, Working together to improve school attendance: Guidance for maintained schools, academies, independent schools, and local authorities. 2022.
119. Department for Education, Pupil absence in schools in England. 2025. Available from: <https://explore-education-statistics.service.gov.uk/find-statistics/pupil-absence-in-schools-in-england/2024-25-autumn-and-spring-term>.
120. Department for Education, Suspensions and permanent exclusions in England. 2025. Available from: <https://explore-education-statistics.service.gov.uk/find-statistics/suspensions-and-permanent-exclusions-in-england/2024-25-autumn-term>.
121. Obsuth, I., et al., The impact of school exclusion in childhood on health and well-being outcomes in adulthood: Estimating causal effects using inverse probability of treatment weighting. *British Journal of Educational Psychology*, 2024. 94(2): p. 460-473.
122. Joseph A and Crenna-Jennings W, Early adult outcomes for suspended and excluded pupils. 2024.
123. Oxfordshire County Council, Targeted Youth Support Service Peer Review Report. 2025, National Youth Agency.
124. The Sutton Trust, Universities and Social Mobility: Summary Report. 2021.
125. ONS, Census. 2021.
126. Department for Education, Participation in education, training and NEET age 16 to 17 by local authority. 2025.
127. University of Oxford. Skills and work experience. ND [cited 2025 04/09]; Available from: <https://www.ox.ac.uk/students/life/experience>.
128. Erica Holt-White, Carl Cullinane, and R. Montacute, The Sutton Trust - The Opportunity Index 2025, The Sutton trust.
129. Donkin, A., Reducing Inequalities By Improving Housing in Northumberland. 2025, Institute of Health Equity: London.
130. ONS, House price to workplace-based earnings ratio. 2025.
131. Department for Levelling Up, Housing and Communities. Homelessness - households with dependent children owed a duty under the Homelessness Reduction Act. 2024. Available from: <https://www.gov.uk/government/statistics/statutory-homelessness-in-england-financial-year-2020-21>.
132. Housing Communities and Local Government Committee, England's Homeless Children: The crisis in temporary accommodation. 2025.
133. OHID, Homelessness: households in temporary accommodation. 2025.
134. Department for Business, Energy and Industrial Strategy, Fuel poverty (low income, low energy efficiency methodology). 2025.
135. Ministry of Housing, Community and Local Government, English Housing Survey: local authority housing stock condition modelling, 2023. 2025. Available from: <https://www.gov.uk/government/statistics/english-housingsurvey-local-authority-housing-stock-condition-modelling-2023>.
136. Gehrt D, et al., Impacts of the Indoor Environment in Our Homes and Schools on Child Health. 2022.
137. Housing Vision, How well do homes in Oxfordshire support the population's health and wellbeing? Stakeholder insight. 2025.
138. Public Health England, Improving access to greenspace, A new review for 2020. 2020.
139. Fields on Trust. Green Space Index 2024. 2024; Available from: <https://fieldsintrust.org/insights/green-space-index>.
140. Crockett M., B.C., Gent J., Hirons M., McDermott C., Rowe R., Smith A. , Oxfordshire's greenspace-deprived neighbourhoods. 2024, University of Oxford: Leverhulme Centre for Nature Recovery.

141. Daly S and Allen J, Healthy High Streets - Good place-making in an urban setting. 2018, Public Health England and Institute of Health Equity.
142. Friends of the Earth, How Britain's bus services have drastically declined. 2023.
143. Collings S, et al., Transport to Thrive. 2023, UWE Bristol and Sustrans.
144. GOCR, GOCR youth transport report. 2025.
145. Oxfordshire County Council, Oxfordshire Bus Service Improvement Plan. 2024.
146. All-Party Parliamentary Group on knife crime. Links between knife crime and reductions in youth services. . 2019; Available from: <https://www.local.gov.uk/sites/default/files/documents/LGA%20briefing%20-%20Serious%20Violence%20-%20HoC%20150519%20-%20For%20Review%20WEB.pdf>.
147. Villa C, The effects of youth clubs on education and crime. 2024, Institute for Fiscal Studies.
148. Telford L and Sackey L, Young People in Oxford's Disadvantaged Areas: Understanding the Issues they Face and the Role of Youth Work. 2025.
149. Oxford Hub. Parent Power. Available from: <https://www.oxfordhub.org/parent-power>.
150. Boyce, T., All Together Fairer for Health Equity: Champs Public Health Collaborative and the IHE. 2025, Institute of Health Equity: London.
151. Healthwatch Oxfordshire. Oxfordshire Community Research Network. Available from: <https://healthwatchoxfordshire.co.uk/oxfordshire-community-research-network>.
152. Viva and Renew Oxford, The Church in Oxford: Mapping Social Perspectives & Actions. 2025. Available at: <https://renewoxford.org/wp-content/uploads/2025/10/renew-oxford-2025-draft-5.pdf>
153. Jones, S., Oxfordshire's Faith Sector. 2025.
154. Charters E, P.Y., Khaitan U, Krishnamoorthy T, Gustavsson J, Healthy Communities: University of Oxford Medical Humanities Phase One Evaluation of CHDO and WT Programmes 2024. Available at: <https://data.oxfordshire.gov.uk/wp-content/uploads/2025/04/ohh-chdowt-evaluation-phase1-full-report.pdf>
155. Boyce, T., Steen, R, Trailblazers: Primary Care and Health Inequalities. 2025, Institute of Health Equity.
156. Cabinet Office (2025) Our Children, Our Future: Tackling Child Poverty. Available at: <https://assets.publishing.service.gov.uk/media/696646bc99fbd498faecd98/child-poverty-strategy.pdf>
157. NHS England, Deliveries to women from ethnic minority groups. 2025