



Early Years: Health and care needs of under-5s and their families report

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Healthwatch Kingston collaborated with Kingston Voluntary Action to deliver this community engagement.



Early Years: Health and care needs of under-5s and their families report

1. Introduction and recommendations

We know that setting the foundations for health and wellbeing during pregnancy and in the early years of life is crucial to ensure every child has the best start in life.

As your local health and social care champion, [Healthwatch Kingston upon Thames](#) worked collaboratively with [Kingston Voluntary Action](#) to deliver this 'Early years: Health and care needs of under-5s and their families' community engagement.

This report highlights the lived experiences of parents, carers, and other adults involved in the care of children aged 0-5 living in Kingston upon Thames and neighbouring areas. Collectively, our online survey and paper surveys used during engagement workshops at community-based organisations (such as [Kingston Welcare](#)), received 100 complete responses and 31 partial submissions. Insights were gathered on health and care service use, family needs, emotional and physical wellbeing, and areas for health and care system improvement.

1.1 Context

Healthwatch Kingston undertook a community engagement scoping exercise via its formal decision-making process. Our prioritisation process clearly identified a need for us to gather experiences of and demand for local early years services.

To maximise outreach to communities, we agreed to collaborate with Kingston Voluntary Action. We also set up an Advisory Group of Early Years health and care providers and commissioners to assess the scope of services for 0-5s in Kingston and to also understand the issues faced by people delivering services.

Since the Healthwatch Kingston Board approved our community engagement exercise, public health bodies in England/health commentators have shared

some further illuminating national data about early years services and health and social care inequalities.

It is particularly worrying therefore, that under 1's are the highest users of A&E and there has been a decline in Health Visitor numbers:

- 'In [London](#) there are 908 attendances per 1,000 infants... almost every child.'
- 'National [figures](#) show A&E attendances for the 0-4 year olds rose by 42% over the past decade.'
- '[Short stay emergency admission](#) for infants rose by a third.'
- 'In the year 2023/24, [there were](#) 464,017 emergency admissions of children aged 0-4, babies under 14 days saw around 45,538 admissions in the same period.'
- 'Children under five accounted for 74,400 (roughly 10%) of [attendances in Type 1 & 2 emergency departments](#), daily.'
- "There has been a 40% decline in Health Visitor numbers between 2015 and 2023 because of:
 - Cuts to the public health grant (from 2015 onwards)
 - Devolution of responsibility to local authorities
 - Broader workforce pressures and policy drift." (National health commentator, June 2025)

1.2 Executive summary and recommendations

Healthwatch Kingston upon Thames, in partnership with Kingston Voluntary Action, engaged with over 130 parents, carers, and community members to understand the health and care needs of children aged 0-5 and their families. Our community engagement project identified key strengths, challenges, and areas for improvement across early years services in Kingston.

Key findings included:

- **Mental and physical health impacts:** Many parents reported emotional strain, isolation, and exhaustion. 59% experienced some mental health impact, while 50% reported physical health effects.

- **Access challenges:** Long waits for speech therapy, child and adolescent mental health services (CAMHS), special educational needs and disabilities (SEND) assessments, and autism diagnosis were common. Families had to organise, manage and coordinate the care their children were receiving.
- **Service experiences:** While some praised GPs, dentists, and children's centres, others faced issues with referrals, dismissive attitudes, and inconsistent care.
- **Child wellbeing concerns:** 20% expressed worries about emotional, behavioural, or developmental issues, with many facing barriers to timely support.
- **Financial strain:** A third of families reported struggling financially, particularly single-parent households.

The NHS, Kingston Council and other decision makers, are requested to consider the following **Healthwatch Kingston recommendations** during future service development opportunities.

Healthwatch Kingston Early Years Recommendations:

1. **Integrated care coordination** for families managing multiple health and care pathways.
2. **Prioritise early years family mental health** – perinatal, postnatal, and childhood trauma support (such as ensure trauma-informed care for birth and postnatal health – listen to mothers).
3. **Improve wait times** for speech and language therapy, CAMHS, SEND assessment, and autism or ADHD diagnosis.
4. **Ensure inclusive, culturally sensitive services**, especially around dietary, faith, and parenting norms.

5. **Expand accessible children's centre provision**, especially in '[deprived areas](#)' (such as Norbiton, Chessington and Hook and Tolworth).
6. **Ensure continuity of care** where possible to ease emotional burden on families.
7. **Invest in staff training** about neurodiversity, disabilities, and long-term conditions.
8. **Include parents in decisions about the care of their child** to ensure they don't feel dismissed.
9. **Strengthen communication systems** between services (such as, one point of contact per family).

1.3 Community engagement methodology

We wanted to better understand the health and care needs of children under-5 and their families in Kingston.

We created an 'Early years: Health and care needs of under-5s and their families' survey that we ran online via Survey Monkey and provided paper versions that supported community-based survey engagement workshops at Kingston Welcare, and the Jolly Toddlers playgroup as well as being shared directly to group members by various playgroups in Kingston between 18 December 2024 and 10 March 2025.

Healthwatch Kingston raised awareness about our community engagement through:

- Healthwatch Kingston website, social media and our e-news mailing list
- Kingston Voluntary Action and other local VCSE newsletters
- Healthwatch Kingston Open Meetings
- Printed information at other community engagement and outreach events
- Kingston All Age Learning Disability Partnership Board
- Kingston Mental Health and Wellbeing Group

- Kingston and Richmond Communications and Engagement Group.

In addition, Kingston Voluntary Action Community Outreach team socialised the community engagement, during their door-to-door work with people living in the Cambridge Road Estate.

We incentivised participation with a chance to be one of three people to win a non-cash participation voucher. We requested participants provide their consent, name and email, so we could contact them if they were a winner.

Responses to our survey also informed the development of under-5s community services in Kingston and across south west London.

1.4 South West London Integrated Care Board – community services

Our original online survey was created to better understand the health and care needs of children under-5 and their families in Kingston.

Before we launched our engagement, Healthwatch Kingston agreed to add a few South West London Integrated Care Board (SWL ICB) questions, which extended time to complete surveys. The anonymised responses provided were shared with SWL ICB to help inform under-5s stakeholders exploring a new community services service specification for south west London.

2. Who we heard from

Unless otherwise stated, percentages provided in this report are based on the 100 complete responses to our survey (100 people = 100%).

2.1 Geographic reach:

- 78% of the respondents said they lived in Kingston; the most represented local areas were Kingston Town (22%), Surbiton (15%) Chessington and Hook (15%), New Malden (6%) and Norbiton (6%)
- 14% lived outside of SWL and use services outside of Kingston
- 3% lived in a different SWL Borough, and use services outside of Kingston
- 5% said they live outside of Kingston but use Kingston services.

2.2 Family roles:

- 75% of the respondents were mothers, 7% said they were fathers, and One person told us they were a grandparent of a child under 5 years old.
- Additionally, 3% shared that they worked or cared for children under 5, and 11% said they had older children but wanted to reflect on services received in previous years. Some people shared with us that they had both older and younger children:
 - *"I had excellent service when I was a young mother in the 70s."*

2.3 Number of and age ranges of children cared for:

- Survey respondents shared that they were either parents or were carers for children of varying ages:
 - 36% cared for children that were 3-5 years old
 - Two people shared that they were pregnant
 - 34% said they have / cared for one child
 - 51% said they have / cared for 1-2 children
 - 9% said they have / cared for 3-4 children
 - One person told us they have more than 5 children
 - Three people told us about 'other' circumstances
 - 7% cared for children under 6 months
 - Two people cared for 6 months – 1 year
 - 16% cared for children from 1-2 years
 - 20% cared for children from 2-3 years
 - 36% cared for children from 3-5 year
 - 19% Cared for children older than 5 Years.

2.4 Demographics of community engagement participants:

54 people completed the demographic section of the survey, 30% of which were non-white British and therefore this sample is reflective of our borough ethnicity. Below is a summary of what respondents told us:

- 91% (49/54) were aged 25–49, three respondents were aged between 50–64, one respondent 18–24 and one was aged over 65.
- 87% (47/54) identified as women; 9% (5/54) identified men; one respondent identified as non-binary, and one said 'Unknown'
- Responses to the survey question on ethnicity displayed we had feedback from a diverse group of people:
 - Asian/Asian British: Chinese, 2% (1)
 - Asian/Asian British: Indian, 2% (1)
 - Asian/Asian British: Any other Asian/Asian British background, 2% (1)
 - Black/Black British: African, 2% (1)
 - Black/Black British: Any other Black / Black British background, 2% (1)
 - Mixed/Multiple ethnic groups: Black African and White, 4% (2)
 - Mixed/Multiple ethnic groups: Asian and White, 2% (1)
 - Mixed/Multiple ethnic groups: Any other Mixed / Multiple ethnic background, 2% (1)
 - White: British/English/Welsh/Scottish/Northern Irish, 59% (32)
 - White: Irish, 4% (2)
 - White: Any other White background, 7% (4)
 - Eastern European, 4% (2)
 - Any other ethnic group, 4% (2)
 - Prefer not to say, 4% (2)
 - Other (please specify), 2% (1)
- 11% (6/54) identified as unpaid carers.
- 17% (9/54) lived with a long-term condition
- 6% (3/54) identify as Disabled

- 87% (47/54) said they were Heterosexual, two identified as Bisexual, one person said they were Lesbian and one shared that they were Sapiosexual
- 57% (31/54) said that they did not follow a religion; 28% (15/54) were Christian, two respondents said they were Hindu, and one person said they were Jewish
- 100% of respondents (53/53) reported that they were either very confident or comfortable with the English language.

3. Marital and partnership status and financial circumstances

We asked, 'How would you best describe your marital or partnership status?' and about financial circumstances.

- 80% of respondents were either married or cohabiting, and 18% said, they were single parents, divorced, separated or widowed. Two did not answer our question. 2 people preferred not to answer the question.
- 32% of respondents reported they had just enough for basic needs, or did not have enough for necessities and sometimes ran out of money.
- Most respondents who said they were single, separated or divorced, reported they had just enough for basic needs or ran out of money regularly, compared to those that were married, cohabiting or widowed.
- Financial challenges impacted decisions around employment, childcare, and access to services:
 - *"Even on good salaries, it's very difficult – we both need to work to be able to afford life."*
 - *"Not enough support can make it hard, as well as financial strains."*

4. Mental health impact on parents

We asked, '**Has caring for young children negatively impacted your mental health?**'

92 people answered this question. 18% (17/92) said that their mental health had been negatively impacted and 41% (38/92) said that their mental health had been somewhat impacted by having young children.

Parents described isolation, burnout, anxiety, unresolved birth trauma and lack of support as key factors.

4.1 Common themes:

- **Mental health struggles are prevalent** among parents and carers, including postnatal depression, stress, anxiety, and burnout. Several parents described feeling overwhelmed, and working parents shared that juggling work and care responsibilities can be challenging.
- **Single parents and carers of neurodiverse children** reported increased emotional strain, and issues accessing support and assessments.
- **Gaps in mental health care**, particularly after traumatic births or failed referrals, were often cited. Several mums shared experiences of the difficulties in managing PND (Postnatal Depression) and PPD (Post Partum Depression)

4.2 What people told us:

- [Postnatal depression](#) and birth trauma:
 - *"I had postnatal depression after both children. My Mum recognised I was struggling, and my GP was very supportive."*
 - *"Traumatic birth, ended up with postnatal depression/trauma... referred for a psychiatric assessment but the referral was rejected without any screening."*
- Struggles of lone parenting and neurodiverse children:
 - *"Being a single parent with two neurodiverse children and health issues is a challenge."*
 - *"No support whatsoever. That support only comes when mums are at breaking point."*
- Emotional toll:

- *"Having a second baby was harder than I'd anticipated – I've been overwhelmed and resented my second at times."*
- *"I feel anxious often, overwhelmed. I tend to stress and worry about my kids and future."*
- *"I had a breakdown and was off work for one year."*
- *"My daughter's energy made me smile on the worst of days."*
- Accessing support:
 - *"Received some mental health support."*
 - *"Health visitor I have is really supportive and I know I can call them when I need help."*

5. Physical health impact on parents

We asked, '**Has caring for young children negatively impacted your physical health?**'

92 people answered this question. 14% (13/92) said that their physical health had been negatively impacted and 36% (33/92) said that their physical health had been somewhat impacted by having young children.

5.1 Common themes:

- **Sleep deprivation, back pain, physical exhaustion**, and neglect of self-care were frequently mentioned.
- Several respondents reported **chronic pain or postpartum recovery issues** worsened by lack of support.
- **Positive acknowledgment** of children bringing joy, but significant physical toll.
- **Time is a challenge**, people reported struggling to find time between caring for young children and/or juggling work especially when both the parent and the child have health issues. Parents reported sacrificing their personal health and/or emotional needs to manage the juggle of work and caring responsibilities.

5.2 What people told us:

- Exhaustion:
 - *"I sleep less than ideal and don't eat very healthily."*
 - *"Being tired and drained has caused me to feel physically unwell at times."*
- Chronic pain:
 - *"I developed [postnatal] arthritis with my first child."*
 - *"I live with fibromyalgia and rare disease... it made pregnancies very difficult."*
- Reduced mobility:
 - *"Caring for my 3-year-old who isn't walking has wrecked my back and wrist."*
- Lack of time for exercise:
 - *"Very clingy second child meant no time for self-care."*
 - *"No spare time to recuperate either mentally or physically."*
 - *"Although running around after both kids can be a workout, going to the gym for me is a thing of the past. I no longer have the time or finances to do this."*
 - *"When you become a parent, you instantly lose some of the time you had for yourself. I used to go to the gym far more than I do now. I am in good health, so not complaining but there is no point pretending it isn't hard to find time to go for runs or to the gym. It can be hard to find a balance between the responsibility you have as a parent, making time for friends, your relationship with your partner, other family, partner's family, gigs and other hobbies and still maintain being active. My mental health hasn't suffered because I have chosen the things I need to maintain good mental health, my physical health has dropped a little because of how I choose to use my time, but I would not say I am worried about it."*

6. Concerns about child wellbeing

We asked, **'Do you have concerns about your child's wellbeing?'**

20% (19) of respondents had concerns about their child's wellbeing (emotional, behavioural, or physical).

6.1 Common themes:

- Concerns around **sleep disturbances, anxiety, tantrums**, and **suspected neurodivergence** ([ASD](#) – autism spectrum disorder, [ADHD](#) – attention deficit hyperactivity disorder, sensory processing disorder).
- **Frustration with diagnosis delays** and inaccessibility of mental health or neurodevelopmental support.
- Some noted **positive support** from nurseries and selected charities.

6.2 What people told us:

- Sleep disruption:
 - *"Both my children are autistic and both of them struggle to sleep enough hours."*
 - *"My daughter has ADHD and anxiety... it impacts her sleep and causes emotional outbursts."*
 - *"My daughter's pain affects her sleep and enjoyment of life."*
- Emotional regulation:
 - *"My daughter is in her toddler years and has weird behaviours, but I'm unsure if it's just a phase."*
 - *"Sensory issues, tantrums, anxiety."*
 - *"It's hard to watch your child so unhappy."*
- Suspected neurodiversity (ASD/ADHD):
 - *"Suspected ASD [autism spectrum disorder] and SPD [sensory processing disorder] – but SALT [speech and language therapist] hasn't seen my child yet to support our application."*

- *"We are still waiting for an ASD diagnosis... denied occupational therapy... only help we've had was through nursery."*
- Uncertainty:
 - *"Sometimes worry about both children's development."*
 - *"I think my child is fine... but I worry I'm missing something."*
 - *"I worry that the stress in our lives might be having an impact."*
- Frustration about support:
 - *"ELSA [emotional learning support assistant] support in Reception [year] was utterly pointless – child didn't feel safe with the staff."*
 - *"Sleep consultant helped, but general school support is lacking."*

6.3 SEND (special educational needs and disabilities), physically Disabled children, and long-term conditions:

We asked about their child's health conditions. A significant number of participant's children had undiagnosed or suspected conditions (e.g., autism, ADHD, [Down syndrome](#), [Tourette syndrome](#)). EHCP delays, a lack of appropriate referrals, and parent-led navigation of complex systems were highlighted. There was also an identified need for reduced waiting times, and for better coordination and clarity between services.

- 13% (11) reported their children had SEND, with an additional 4% (3) awaiting diagnosis:
 - *"We're doing everything ourselves – no support."*
 - *"He has ADHD and is awaiting assessment for autism."*
 - *"No one helped me with anything. I did it all on my own."*
- 7% (6) of respondents care for physically Disabled children:
 - *"My daughter is deaf – not sure if that counts as physically Disabled."*
- 7% (6) reported long-term conditions, including asthma, epilepsy, Down syndrome, or Tourette syndrome.

- *"My daughter has Down syndrome and does not walk yet at 3 years old."*

We also asked if NHS and social care services understood their child's needs. Experiences varied significantly and participants reported dismissive attitudes when conditions were complex or didn't fit typical patterns. There was a desire expressed for more consistent recognition and tailored advice:

- *"This completely depends on the service... some GPs are beyond incredible, others dismissive."*
- *"We had zero support and were constantly dismissed."*
- *"Better help and tailored advice regarding sensory issues [is needed]."*

7. Access to and experience of health and care services

We asked our survey participants to rate over 25 services for under-5s and their families. Not all had used all services on our list, but responses included both positive and negative experiences.

7.1 Common themes:

- **Mixed service experiences**, though General Practice (GPs, nurses etc.), dentists, paediatrics, immunisations and children's centres were generally rated positively.
- **Delays in referrals and assessments**, especially for speech and language therapy, CAMHS (Child and Adolescent Mental Health Services), and SEND support.
- **Children's centres praised**, though limited access and staffing changes affected service delivery.
- **Health visitor** experiences were praised by some, but others saw some HVs as outdated or dismissive to those they were there to support.

7.2 What people told us:

- Children's Centres and Stay and Play (praise and problems):

- *"The classes and support at Chessington Children's Centre are just incredible."*
- *"Stay and play sessions – brilliant support and chance to talk with staff."*
- *"Chessington Children's Centre is amazing."*
- *"Children's Centre refused access post-lockdown unless involved in social care."*
- *"Staff changes led to decline in service."*
- *"Course at [Chessington] Children's Centre was outdated and inappropriate – I was upset by assumptions about single parenting."*
- Health Visitors (HVs):
 - *"Some are amazing – supportive and kind."*
 - *"The health visitor I have is one of the most amazing humans I've ever met."*
 - *"Some HVs are dismissive or poorly trained – for example, one couldn't weigh my baby correctly."*
 - *"Advice on breastfeeding and sleep was outdated."*
 - *"Couldn't help with neurodiverse concerns."*
- General Practice (GPs, nurses etc.):
 - *"My GP is very supportive."*
 - *"Appointments are hard to get."*
 - *"Dismissive when I raised concerns – later diagnosed with preschool wheeze."*
 - *"GP and dentist have both been good with our daughter."*
 - *"Our GPs are very kind and helpful whenever I have worries or need my daughter to be checked. I'm so grateful for how caring they are, even when the issue turns out to be something small or nothing to worry about."*
 - *"GPs prioritise small children and are kind and helpful."*
- CAMHS and other mental health support:
 - *"CAMHS rejected us without screening."*

- *"No real postnatal mental health support."*
- *"Adult services inaccessible – only self-referral available."*
- *"CAMHS only helpful once under a psychiatrist – huge wait to get there."*
- *"Waiting times are awful. No help unless your child is in crisis."*
- *"CAMHS referred us to generic services that weren't appropriate."*
- Speech and language therapy (SALT):
 - *"Got someone else's letter – no communication."*
"Receptionist was rude when I followed up."
 - *"Waiting list for speech and therapy is awful. Left waiting with no communication or advice."*
 - *"My son has been waiting for speech therapy for over 15 months – no updates."*
"Awful waiting lists, no communication."
- SEND Support:
 - *"SEND provision in school is poor."*
"He masks his tics, so no one believes he needs help."
"No one helped me – I did it all alone."
 - *"No support for my undiagnosed children... [they are] high achieving [and this] masks issues."*
"We're still fighting for an EHCP [Education, Health and Care Plan]."
- Hospital (Urgent and Emergency Care):
 - *"Paediatric team at Kingston Hospital was excellent during emergency care."*
 - *"Parking is horrendous."*
 - *"Over-medicalisation and inconsistent messages from hospital teams."*
 - *"Paediatrics at Kingston Hospital were amazing during our child's IV antibiotic treatment."*
- Social care services:

- *"Social services dropped us as soon as they saw we needed CAMHS."*
- *"Completely useless when I needed perinatal support."*

8. Service coordination, continuity of care, involvement, cultural awareness and communications

We asked people about the coordination of their care. Did they feel involved in decision-making? Did they feel that services were culturally aware? We also asked if having the same health professional was important to them and about service communication.

8.1 Common themes:

- Parents described **navigating multiple services with little integration**, leading to delays and miscommunication.
- Families had to **organise, manage and coordinate the care** their children were receiving.
- Experiences of **missed appointments due to admin errors** were common.
- **Continuity of care** was highly valued for emotional reassurance and service consistency.
- Many, however, were willing to **see a different professional if it meant shorter waiting times**.
- Most parents felt **partially or fully involved**, but some felt ignored or **pressured into specific decisions**.
- Cultural responsiveness varied – several respondents felt **judged or misunderstood due to their background**.
- Concerns were expressed around **service fragmentation and poor communication between service providers**.

8.2 What people told us:

76% (22/29) of respondents said having the *same health professional* was *extremely or very important* for trust and understanding.

66% (17/26) respondents said they would be interested in *seeing a different health professional if it meant they could access support sooner*:

- *"My child would feel more reassured with familiar faces."*
- *"Avoids having to repeat traumatic stories."*
- *"Children need reassurance and to build rapport with people over time."*
- *"Builds a consistent relationship."*

Participants shared a range of experiences and views about *being involved* in decisions about the care of their child:

- *"I feel my attitude to parenting was dismissed... just because I am more hands-on."*
- *"We need shared documents and time to read notes before appointments."*
- *"A medical professional who listens and works with you is priceless."*

87% (20 out of 23 that answered this question) felt that their cultural background was *respected* or only *respected to a limited degree*. Three respondents reported that they felt their cultural background wasn't acknowledged:

- *"When my little one had vaccinations, I wasn't told they contained pork – If I had had been told I could have chosen a different one. This was upsetting as it went against our beliefs."*
- *"I'm not English but was born here, I feel my attitude to parenting was dismissed as 'over-the-top', just because I'm more 'hands-on'."*

We asked, **'If you/your child received care from more than one team (for example a community nurse and a physiotherapist) how well did they communicate with each other?'**

50% (11 out of 22 that answered this question) said *very well* and *well*. 18% said *OK* and 33% said *not very well* or *not at all*.

We then asked, **'What more could be done to help different services communicate with each other to improve your experience?'** People said:

- *"If the Hospital discharges a patient due to a missed or cancelled appointment, they should let the patient know when they reschedule the appointment."*
- *"Patients shouldn't have to chase for test results!"*
- *"Ensure translators are available throughout the health and social care system."*
- *"Each child should have a care coordinator who helps the family to coordinate care."*
- *"There should be a shared database."*
- *"A central system... at the very least your GP and hospital should be talking to each other."*

9. Conclusion, recommendations and next steps

We know services cannot make improvements without hearing the views and experiences of the people that use them. As well as encouraging those that run local services to act on what matters to local people, we anonymise and share what we hear from local people with the NHS, Kingston Council and other decision makers, to provide insight for consideration in future service developments. Our recommendations, based on what we heard from local people about the health and care needs of under-5s and their families are provided below.

9.1 Early Years – Recommendations:

The NHS, Kingston Council and other decision makers, are requested to consider the following **Healthwatch Kingston recommendations** during future service development opportunities.

Healthwatch Kingston 'Early Years' Recommendations:

1. **Improve integrated care coordination** for families managing multiple health and care pathways.

2. **Prioritise early years family mental health** – perinatal, postnatal, and childhood trauma support (such as ensure trauma-informed care for birth and postnatal health – listen to mothers).
3. **Improve wait times** for speech and language therapy, CAMHS, SEND assessment, and autism or ADHD diagnosis.
4. **Ensure inclusive, culturally sensitive services**, especially around dietary, faith, and parenting norms.
5. **Expand accessible children's centre provision**, especially in '[deprived areas](#)' (such as [Norbiton](#), [Chessington](#) and [Hook and Tolworth](#)).
6. **Ensure continuity of care** where possible to ease emotional burden on families.
7. **Invest in staff training** about neurodiversity, disabilities, and long-term conditions.
8. **Include parents in decisions about the care of their child** to ensure they don't feel dismissed.
9. **Strengthen communication systems** between services (such as, one point of contact per family).

9.2 Key community engagement insights include:

- Our survey reached a **diverse cross-section** of Kingston's families, and unsurprisingly, had a strong representation from women aged 25–49.
- **Financial strain** is a common theme, with 32% reporting little to no disposable income.
- **SEND and long-term conditions** affect a notable portion of families, often compounding challenges in accessing services.

- **Cultural diversity** is present, with respondents from varied ethnic and religious backgrounds.
- **Language barriers appear low**, but there is a need to ensure translator availability. Other factors like socioeconomic status, carer responsibilities, and health conditions present key challenges to accessing early years services.

9.3 Reflections about the inclusion of local communities:

- Feedback suggested a **wide range of parenting experience**, with many reflecting on both current and past early years care needs.
- Participants in our community engagement were **predominantly White British**, with **limited representation from specifically Asian, Black, and other ethnic minority communities** (although, as a combined total, the number of non-white participants does reflect local ethnicity).
- **Ethnic minority participants did express concerns** about cultural stereotyping or feeling dismissed, particularly when advocating for their children or navigating complex services.
- There were **no reports of language barriers** but **examples of miscommunication**, underpinned by a lack of cultural understanding.
- The **limited number of respondents from minority ethnic groups** may reflect wider access barriers or engagement challenges within the community.

9.4 Considerations to support inclusion:

1. **Targeted outreach** to underrepresented ethnic groups in Kingston is recommended to improve future engagement and service equity.
2. **Cultural competence training** for staff across early years, health, and social care services should be embedded and monitored.
3. **Co-production of services** with families from diverse backgrounds would support culturally responsive practices and build trust.

9.5 Thank you and next steps:

Healthwatch Kingston and Kingston Voluntary Action would like to thank everyone that participated in this community engagement exercise and all others that have supported our work.

As part of setting up our Advisory Group for 'Early Years' health and care providers and commissioners we asked members the following questions:

1. Describe your local service offer for under-5s and their families?
2. Describe the challenges to your provision of services for under-5s and their families?
3. What patient/service user experience data can you share with us to help inform our work?
4. Other than more resources to meet demand, what three changes to current service provision, would deliver a positive impact to the health and care of under-5s and their families?

Healthwatch Kingston will liaise further with our Advisory Group members to review their responses to our questions alongside the findings highlighted in this report. We will explore how, what local people told us during this community engagement, might help develop health and care services for 0-5s in Kingston and then we will publish an additional report on the outcome of our discussions.

Healthwatch Kingston acknowledge that there is additional, rich data not shared in this summary report. We will review this and consider how best to publish this as part of our planned 5-year data review. This review is scheduled to complete by the end of March 2026.

Healthwatch Kingston will also arrange one-to-one meetings with some NHS and social care providers to explore learning from this community engagement.



Healthwatch Kingston is an independent statutory service (not part of the NHS nor Kingston Council). You can find out more about us on the [Healthwatch Kingston website](#).

Healthwatch Kingston was set up by the [Health and Social Care Act of 2012](#) to be the independent champion for local NHS and social care.

We seek the views of patients, service users, carers and the public to help services work better for the people who use them. We play an important role bringing communities and services together. Everything we say and do is informed by what local people tell us.

As well as encouraging those who run local services to act on what matters to people, we also share local views and experiences with [Healthwatch England](#) and the [Care Quality Commission](#) who make sure that the government put people at the heart of care nationally.

Tell us what you think about your NHS and social care

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Kingston Voluntary Action is an infrastructure organisation that provides a wide range of support to the voluntary sector. We support local charities and community groups at all stages of their development.

Our Vision: Communities and people that KVA works with are empowered to drive social change towards a fairer, more inclusive, healthier and happier society.

Our Mission: Meeting the needs of community organisations and individuals by equipping them with relevant tools, skills, knowledge, confidence and voice to drive positive change.

Our Values: We are Collaborative, Resilient and Creative.

Our Strategy: [2025-2028: Stronger Organisations, Healthier Communities](#)

Our Role: KVA is part of a national network of over 250 local infrastructure bodies, known as Councils for Voluntary Service (CVS).

We believe that infrastructure has a crucial role in helping to build strong, connected communities.

We see infrastructure as based on three complementary and intertwined strands: capacity building, connecting and representation.

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Please visit the [KVA team page](#) to contact individual staff members.

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