

Pan Dorset Needs Assessment
for children and young people with
Special Educational Needs and Disabilities (SEND)
across Bournemouth, Dorset and Poole

December 2014

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1. Executive summary

Section 2: Introduction

- The way local authorities, education and health services provide support and services for children with SEND are the subject of significant government reform. This will be enacted through the Children and Families Bill and new legislation will come into effect in September 2014. The key areas of change are:
 - Replacing current SEN Statements and Learning Disability Assessments for those aged 0-19 with a new birth to 25 Education, Health and Care Plan;
 - Extension of rights and protections to young people in further education;
 - Offering families personal budgets to increase control;
 - Improving co-operation between services, particularly requiring local authorities and health authorities to work together; and
 - Requiring local authorities to involve children and young people.
- This Needs Assessment has been carried out to provide an understanding of the current and potential future levels of need of children and young people with SEN at both local authority and pan Dorset level. This will inform decision-making, and raise key issues for consideration by the PAN Dorset SEND Programme Board.

Section 3: Population Overview

- In 2014 there were 204,400 children and young people aged 0-24 living in Bournemouth, Dorset and Poole. 42,100 (20%) live in Poole, 56,800 (28%) live in Bournemouth, and 105,500 (52%) live in Dorset¹.
- The age distribution of children and young people varies between districts. Poole and Bournemouth have a high proportion of younger children aged 0-4 in particular, and Bournemouth has a high proportion aged 20-24. Dorset districts have a high proportion of children aged 10-19.
- The number of children and young people aged 0-24 is projected to increase by 2,100 between 2014 and 2019².
- There will be a significant shift in the age distribution of children across Dorset over the next 5 years. Estimates suggest the number of 5-14 years olds could increase by around 7,100 (9%) and 15-24 year olds could decrease by 5,000 (6%). The number of 0-4 year olds is projected to remain stable².
- SEND services will need to reflect this shift in the age distribution of children and young people across Dorset.

Section 4: Number and prevalence rates of children with SEND

- 8,500³ to 13,600⁴ (4-7%) children aged 0-24 in Bournemouth, Dorset and Poole has a long-term health problem or disability where day to day activities are limited.
- 6,230 (3%) children aged 0-24 had a Disability Living Allowance claim in August 2013⁵.

¹ HCSIS GP Registration data February 2014

² ONS 2012 based sub-national population projections

³ 2011 Census data

⁴ Estimate using 2011/12 Family Resource Survey prevalence rates applied to HCSIS GP Registration data Feb 2014

- An estimated 500 to 560 children aged 0-19 had life-limiting conditions, needing palliative care services. The highest burden of these conditions is in the first year of life⁶.
- 20,472 (20%) pupils attending schools in Bournemouth, Dorset and Poole were identified as having special educational needs. This compares to a national figure of 17.9%. 2,669 (2.6%) pupils had a SEN Statement in January 2014⁷, compared to 2.8% for England.
- There is some local variation in the proportion of pupils identified as having SEN across Bournemouth, Dorset and Poole. A higher proportion of pupils attending Dorset schools were identified as having Special Educational Needs (21% of pupils), than Bournemouth (17%) and Poole (19%)⁷.

Although Bournemouth has the lowest proportion of children with SEN overall, a higher proportion of these has a SEN Statement: 15% compared to 13% of children with SEN in Dorset and 14% in Poole.

- There are currently a high proportion of children with SEN living in the following areas⁷
 - Alderney (particularly around Bourne Valley); Creekmoor; and Hamworthy in Poole
 - West Howe; Kinson; and Boscombe in Bournemouth
 - Weymouth & Portland; Bovington; and areas in and around Beaminster, Bridport, Dorchester, and Sherbourne in Dorset
- The variation in the proportion of children with SEN may be the result of a number of factors, not just differences in actual SEN. These include:
 - individual authority policy and practice and differences in approach to the classification of children with SEN;
 - variations in local provision and access to services and support;
 - population characteristics, such as levels of deprivation.
- Weymouth & Portland has the highest rate of children with a long-term health problem, children with a disability living allowance claim and children with SEN.
- Beaminster, Bridport, Dorchester and Sherborne in West Dorset, and Weymouth & Portland, have a number of Special Schools and Special Bases clustered around them. This may draw families of children with SEN into these areas and account for some of the high prevalence of SEN in these areas.
- Bovington in Purbeck has an army base and a high number of children of Service personnel. It also has a high number and proportion of children aged 5-19 with SEN (37%). There are no Special Schools or Special Bases in this area.
- Pockets of significant deprivation in an authority can impact on rates of SEN. The correlation between deprivation and SEN is shown to be strongest in Weymouth & Portland and Poole.
- Local variation can be positive if it is a response to local circumstances, but undesirable if it reflects unmet need and inequalities in access to and level of services.

⁵ Department of Work and Pensions data August 2013.

⁶ National prevalence rates from Fraser et al. Paediatrics 2011-2846 applied to HCSIS GP Registration data Feb 2014.

⁷ SFR31/2014 LA Tables, School Census data Jan 2014.

Section 5: Past and future trends of children with SEND

- Evidence from the Family Resource Survey and 2001 and 2011 Censuses, suggests that overall prevalence rates for children with SEND have remained relatively stable over the past decade.
- The nature of difficulties recorded has shifted.
- Nationally a growing number of children and young people with SEN have profound and multiple learning difficulties, speech and language difficulties and autism⁸.
- Local data are limited due to the small number of children with some need types; however there is some indication of an increase in the number of children with autism and, speech and language difficulties across Bournemouth, Dorset and Poole⁸.
- National evidence suggests there has been an increase in the prevalence of life-limiting conditions among children aged 0-19 over the last decade to 2009/10⁹.
- Life limiting conditions have increased across all ages, with the most prominent increase in 16-19 year olds. This suggests increasing survival times, rather than rising incidence may be the cause.
- Congenital anomalies account for almost a third of life limiting conditions, and have experienced the largest increase in prevalence.
- Based on the assumption that prevalence rates will not change significantly over the next five years, estimates suggest the number of children with a long term health problem or disability may increase by around 100 to 150 by 2019 across Bournemouth, Dorset and Poole, as a result of population growth¹⁰.
- While the number of children aged 5-14 with a long term health problem or disability is estimated to increase, the number aged 15-24 will decrease, over the next five years to 2019.
- SEND services should consider this shift in the age distribution of children and young people with long term illness and disability across Dorset, and its potential impact on the number of children with specific need types.
- The number of children with speech, language and communication needs, which has a higher prevalence at younger ages 5-9, and autism, and behaviour and social difficulties which has the highest prevalence in the 10-14 age range are likely to continue to increase.
- The 5-14 age range has the highest prevalence of children with SEN, particularly boys, which could disproportionately impact on the number with SEN.
- Children with life-limiting conditions are estimated to increase by 20 children to 2019, if prevalence rates remain unchanged. However, if the prevalence of life-limiting conditions continues to increase at the rate seen over the last decade the number of children could increase by 100 to 2019, across Bournemouth, Dorset and Poole¹¹.

⁸ School Census data 2010-2013

⁹ Fraser L. K. et al, Rising national prevalence of life-limiting conditions in children in England. Paediatrics Volume 129, Number 4, April 2012

¹⁰ Prevalence rates from 2011 Census and 2011/12 Family Resource Survey applied to ONS 2012 sub-national population projections.

¹¹ Prevalence rates from Fraser et al. Paediatrics 2011-2846 applied to ONS 2012 based sub-national population projections

Section 6: Nature of SEN and disability

- Currently, data on the nature of SEN and disability are limited. Therefore, gaining an accurate understanding of the prevalence of specific disabilities/needs is a challenge.
- The School Census is the main data source, but some question its reliability to provide accurate prevalence data on the nature of disability as only Primary Need is identified in most cases. Determining a child's primary condition is not straightforward, particularly when a child has complex needs or where schools give prominence to learning needs and difficulties rather than the diagnosed condition.
- Overall the most frequent Primary Needs recorded for pupils with SEN, attending schools across Bournemouth, Dorset and Poole were: Speech, language and communication needs (2.1% of all pupils); Behaviour, emotional and social difficulties (2.0%); Specific learning difficulties (1.8%); Autism (1.0%); and Moderate learning difficulties (1.1%)¹².
- Primary needs vary by level of SEN; almost a quarter (23%) of Statemented children had Autistic Spectrum Disorder recorded as their Primary Need.
- Behaviour, emotional and social difficulties, Speech, language and communication needs, and Specific learning difficulties each account for a quarter of children at School Action Plus level – three quarters in all.
- The age profile of children with SEN differs by need types. Speech, language and communication needs have a younger age profile with the majority aged less than 8. Autistic Spectrum Disorder; Behaviour, Emotional and Social Difficulties; Specific Learning Difficulties; and Moderate Learning Difficulties have an older age profile with the majority aged 9-15. Physical disability, Hearing impairment, and Severe learning difficulty have a more balanced age distribution.

Section 7: Characteristics of children with SEND

- Both national and local research indicates a number of factors may increase the likelihood of a child having SEN. These factors include gender, poverty, ethnicity, and young people in specific circumstances including children in local authority care, children in need, young offenders and children of service personnel.
- Such information can aid in the early identification of children with SEN and the targeting of appropriate services. Local authorities have a duty to identify and provide for children with SEN, typically through school, early years settings or health services. The SEN Code of Practice emphasises the importance of early intervention.
- SEN has also been shown to be a strong predictor of poorer outcomes for children and young people, in particular with education and employment, mental health and social issues. The latest Poole Youth Survey for 2014, of children in Years 4 to 6, found a strong association between SEN and feeling uninformed, being bullied, feeling unsafe when out and about and, of ever having tried smoking.

¹² School Census January 2014

- Boys are almost twice as likely to be identified as having SEN as girls. Autism, Speech, language and communication needs and Behaviour, emotional and social difficulties have the most acute gender split.
- Overall, 17% of children with SEND in Bournemouth, Dorset and Poole, live in the most deprived national quartile of LSOAs, compared to only 13% of the overall population of children. Children with certain Primary Need Types appear to be more concentrated in areas of poverty than others. In particular, 21% of children with Speech, language and communication needs, and Severe learning difficulties live in the most deprived national quartile of LSOAs.

Section 8: Service use / provision

- Children with SEN may be educated in special or mainstream schools. In recent years government policy has encouraged inclusion; currently 52% of Statemented pupils across Bournemouth, Dorset and Poole attend mainstream schools, compared to 53% nationally. Of these 26% attend Primary schools, 25% Secondary schools and 1% all through schools.
- There is some variation between the three authorities. Poole has the highest proportion of Statemented children attending special schools 54%, compared to 52% in Bournemouth and 44% in Dorset.
- One principle underpinning the new 2014 SEN Code of Practice is “high quality provision to meet the needs of children and young people with SEN”.
65% of children with SEN in Bournemouth schools, 84% in Poole and 86% in Dorset attend schools with either an outstanding or good Ofsted grading. 22%, 13% and 14% respectively attend schools that have been graded as ‘Require improvement’ or ‘Inadequate’.
- A high proportion of Children Looked After, children on the CP Register and Children in Need have SEN, and a significant number will have Education, Health and Care Plans once the new 2014 SEN Code of Practice is implemented. Currently, 609 Children in Need, 82 Children Looked After, and 28 Children on the CP Register have an SEN Statement across Bournemouth, Dorset and Poole¹³.
- Both national and local evidence suggests these groups are more at risk of having SEN than the population as a whole. While 2% of children aged 0-19 living in Bournemouth, Dorset and Poole have a SEN Statement, 5% of children on the CP Register, 11% of Children Looked After and 12% of Children in Need have a SEN Statement.
- Limited local health data was accessible for the purposes of this analysis, on children with SEND or on access to health provision for this group in particular.
- 928 children aged 0 to 21 were shown as attending Poole Hospital Paediatric Outpatient Services with a diagnosis of a learning disability or a condition that might predispose them to having an Education, Health and Care Plan¹⁴. The service primarily covers children living in Poole, Bournemouth, East Dorset, Christchurch, and Purbeck.

¹³ Local Authority Social Care databases January 2014

¹⁴ Poole Hospital Trust data June 2014

- National evidence suggests children and young people with SEND are more at risk of mental health difficulties. 511 individuals aged 0-24 with a learning disability or other condition that might predispose them to having an Education, Health and Care Plan accessed DHCFT mental health services, across Bournemouth, Dorset and Poole over the year 2012/13¹⁵.
- 131 children and young people with mild, moderate or severe learning disabilities accessed DHCFT mental health services, of which 122 attended a CAMHS Learning Disability Service.

Section 9: Key issues

- Section 9 provides a summary table of the key issues, identified through this Needs Assessment and a workshop to deliberate the findings comprising a subgroup of the PAN Dorset SEND Programme Board.
- Seven key issues were identified:
 1. Ensure provision and services reflect local need;
 2. Focus on the quality assessment of individual needs to ensure appropriate identification & provision;
 3. Maintain a consistent approach to identification & provision for SEN across Bournemouth, Dorset and Poole;
 4. Strengthen early recognition of needs and intervention;
 5. Strengthen inclusion in mainstream settings;
 6. Focus on improving outcomes; and
 7. Address information gaps.
- For each of these seven issues, the summary table draws out key evidence from this needs assessment and suggests recommendations to the Pan Dorset Programme Board. Next steps include the formulation of Pan Dorset and Local actions to be taken forward.

¹⁵ DHCFT Mental Health System RIO (24.03.2014)

2. Introduction

2.1 Background

The way local authorities, education and health services provide support and services for children with SEND are the subject of significant government reform. The Department of Health and Department for Education share an objective to achieve integrated support, across education, health and social care, for this group in order to improve outcomes and experience of care. This will be enacted through the Children and Families Bill and the new legislation will come into effect in September 2014.

The key areas of change are:

- Replacing current SEN Statements and Learning Disability Assessments for those aged 0-19 with a new birth to 25 Education, Health and Care Plan;
- Extension of rights and protections to young people in further education;
- Offering families personal budgets to increase control;
- Improving co-operation between services, particularly requiring local authorities and health authorities to work together; and
- Requiring local authorities to involve children and young people.

The three local authorities of Bournemouth, Dorset and Poole will continue to have their own statutory duties around SEN provision for which they will need to plan and resource individually. There is however a commitment by all three local authorities to work in partnership with each other and the NHS in order to increase efficiency and prevent duplication in a way that will make sense to families. The delivery of these changes will be overseen by the Pan Dorset SEND Programme, which reports to the Pan Dorset Joint Commissioning Board, through the creation of 5 task and finish groups.

These changes are significant and the timescales are challenging. In order to succeed it is critical that agencies involved have a thorough understanding of these groups of children and young people, in particular modelled estimates of numbers likely to be effected and the types of needs they may have.

This Needs Assessment for Children with Special Educational Needs and /or Disabilities has been carried out to provide an understanding of the current and potential future levels of need of children and young people with SEN at both local authority and pan Dorset level, to inform decision-making, and to raise key issues for consideration by the PAN Dorset SEND Programme Board.

2.2 Main objectives of the needs assessment

The main objectives of the needs assessment are set out below.

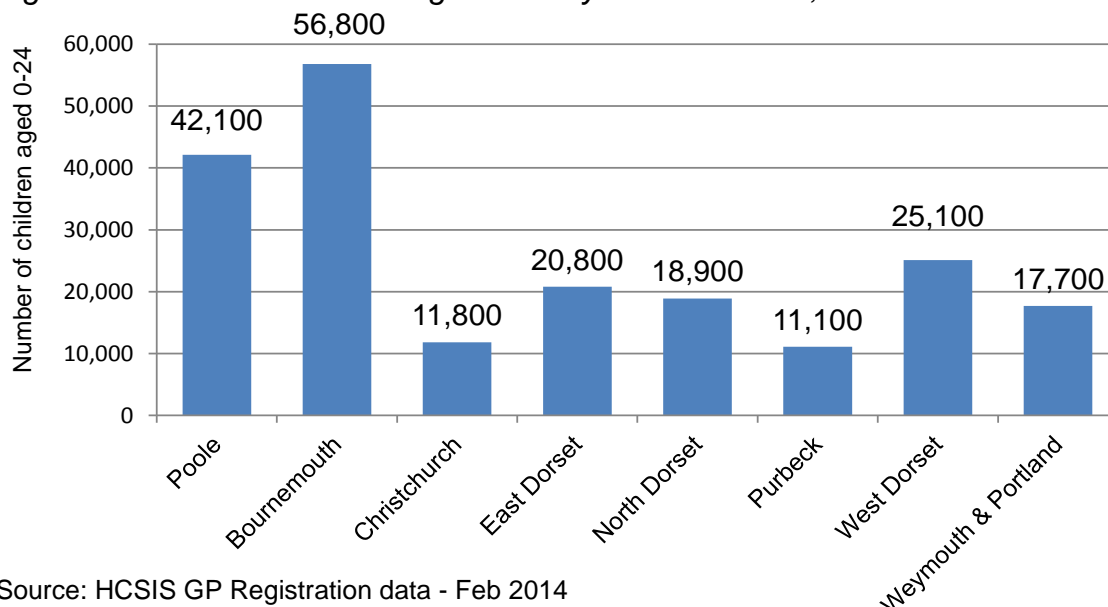
1. To provide an understanding of the education, health and social care needs of children and young people with SEND, at both local authority and Pan Dorset level;
2. To understand both current and projected needs for the next 5 years;
3. To understand the prevalence of specific disabilities/needs;
4. To map existing service provision and use;
5. To raise key issues for consideration by the PAN Dorset SEND Programme Board.

3. Population overview

3.1 Number of children by district

In 2014 there were 204,400 children and young people aged 0-24 living in Poole, Bournemouth and Dorset¹⁶. 42,100 (20%) of these children and young people live in Poole, 56,800 (28%) live in Bournemouth, and 105,500 (52%) live in Dorset (Figure 1). The distribution of children and young people by LSOA is shown in Map 2.

Figure 1: Number of children aged 0-24 by district - Poole, Bournemouth & Dorset

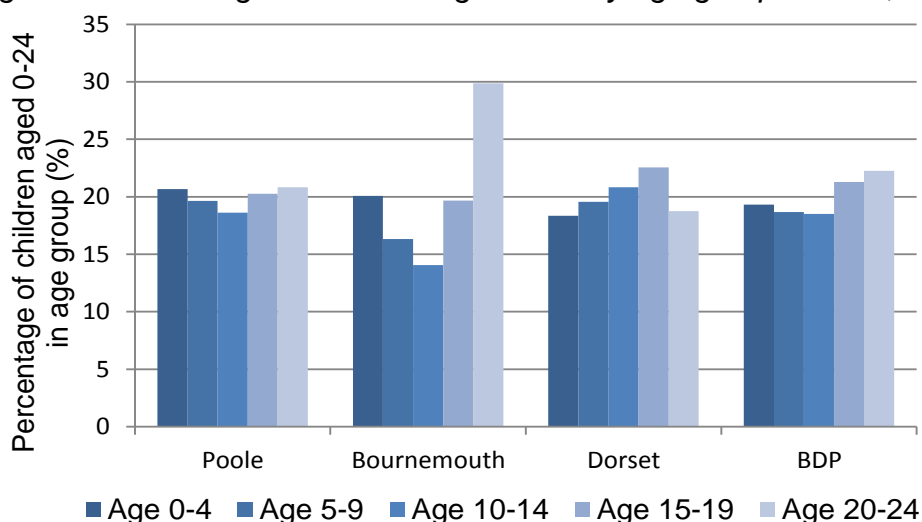


Source: HCSIS GP Registration data - Feb 2014

3.2 Number of children by age

For Bournemouth, Dorset and Poole as a whole the 15-19 and 20-24 age groups have the highest proportion of children and young people. The age distribution of children and young people varies between districts (Figure 3). Poole and Bournemouth have a high proportion of 0-4 and 20-24 year olds. Dorset districts have a more even distribution of children across age groups, but with a high proportion aged 10-19.

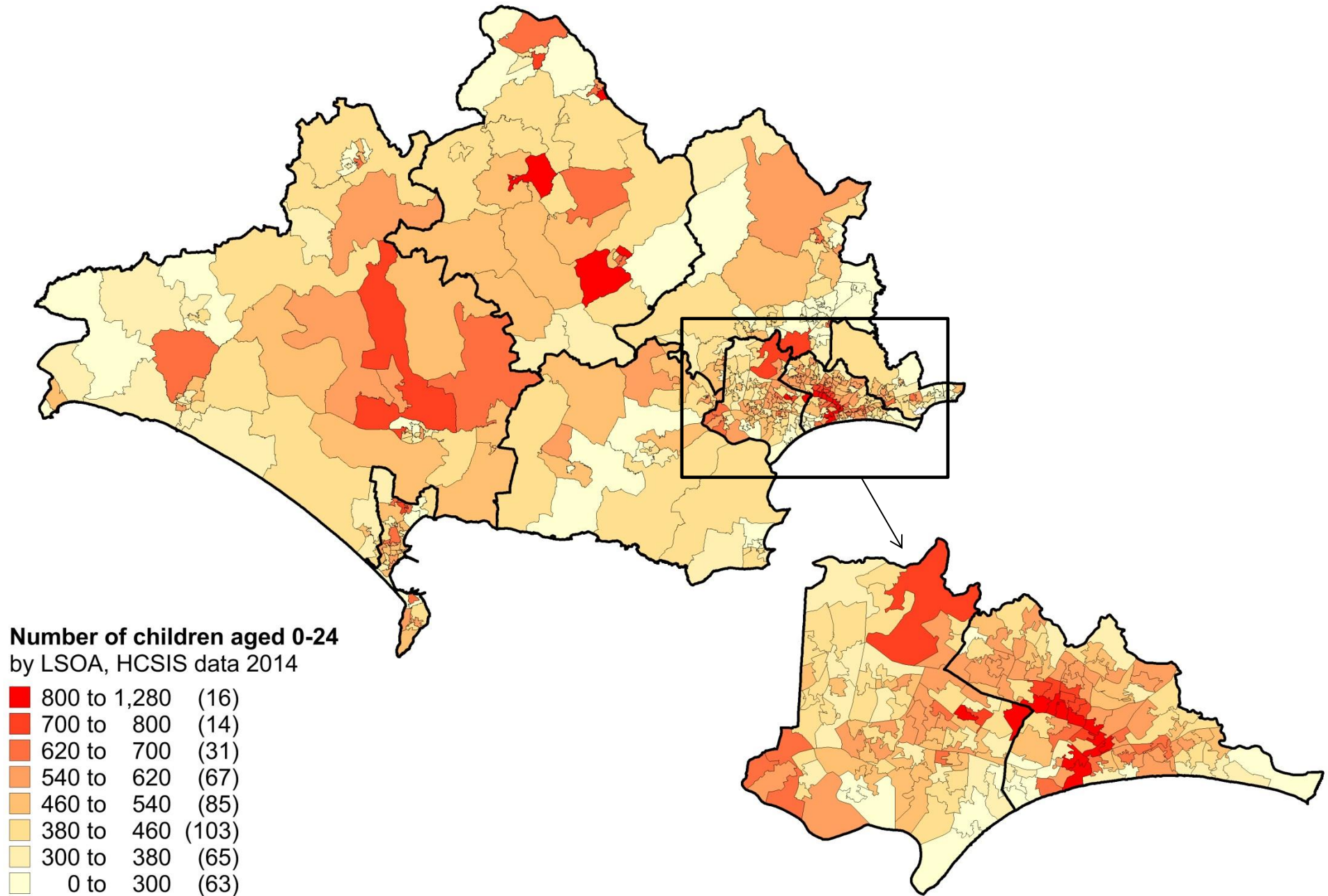
Figure 3: Percentage of children aged 0-24 by age group - Poole, Bournemouth & Dorset



Source: HCSIS GP Registration data - Feb 2014

¹⁶ HCSIS GP Registration data February 2014

Map 2: Number of children and young people aged 0-24 living in Poole, Bournemouth and Dorset by LSOA, February 2014



3.3 Future trends

The number of children and young people aged 0-24 across Poole, Bournemouth and Dorset is projected to increase by 2,100 over the next 5 years to 2019¹⁷. However, this increase will not be evenly distributed across age groups (Table 4).

The number of 5-14 year olds is projected to increase by 7,100 (9%) and 15-24 year olds are projected to decrease by 4,950 (6%).

Services will need to reflect this shift in the age distribution of children and young people across Dorset.

Table 4: Number and increase in 0-24 year olds in BD&P 2014-19, by age group²

Age group	2014	2019	Change in number 2014-19	% change 2014-19
0-4	39520	39510	-10	- 0.02%
5-9	38700	41730	+ 3030	+ 8%
10-14	37250	41320	+ 4070	+ 11%
15-19	42610	39430	- 3180	- 7%
20-24	45280	43520	- 1770	- 4%
All 0-24	203370	205500	+ 2140	+ 1%

Source: ONS 2012 based sub-national population projections

¹⁷ Based on Office of National Statistics - 2012 based sub-national population projections
<http://www.ons.gov.uk/ons/rel/snpp/sub-national-population-projections/2012-based-projections/stb-2012-based-snpp.html>

4. Number and prevalence of children with SEND

4.1 Prevalence rates and number of children with SEND across BDP

Given the variation in definitions of children with special educational needs and/ or disabilities, this report draws on a number of national and local sources of data to estimate a range for the number of children with SEND across Bournemouth, Dorset and Poole.

Rates of childhood SEN and disability and the estimated number of children, according to the source and definition applied are shown in Table 5.

Table 5: Prevalence rates and estimates of children with SEND across Bournemouth, Dorset and Poole, 2014

	Number	Prevalence rate	Source
Children aged 0-24 with a long term health problem or disability where day to day activities are limited	8,500 ¹ to 13,600 ²	4-7%	¹ 2011 Census data & ² Estimate based on prevalence rates from 2011/12 Family Resource Survey applied to HCSIS GP Registration data Feb 2014
Children aged 0-24 claiming Disability Living Allowance	6,230	3%	DWP Aug 2013
Children aged 0-19 with SEN Statement	2,591	1.6%	SEN2 Return Jan 2014
Children aged 0-19 with life limiting conditions	500 to 560 ³	32.2 to 35.2 per 10,000	³ Estimates based on prevalence rates from Fraser et al, Paediatrics 2011-2846 applied to HCSIS GP Registration data Feb 2014

Definitions

The most common definition of disability is based on the Disability Discrimination Act, and subsequently (from October 2010) the Equality Act. This focuses on physical and mental impairments that have a substantial and long term adverse effect on a person's ability to carry out normal day to day activities.

Parents can claim Disability Living Allowance for their child if their disability or health condition means they need more looking after than a child of the same age who doesn't have a disability, and/or they have difficulty getting about. They must have had these difficulties for at least 3 months and expect them to last for 6 months.

School age children are defined as having Special Educational Needs if they have a significantly greater difficulty in learning than the majority of children of their age, which calls for additional or different educational provision to be made for them¹⁸.

¹⁸ Education Act 1996, section 312

Relationship between disability and SEN

Recent research suggests the overlap between disability and SEN is not as extensive as was previously thought¹⁹. The research found correlations between measures of disability prevalence and proportions of pupils with SEN Statements was low.

This suggests the rate of statementing may depend less on the level of disability in an area, and is more influenced by individual local authority policy and practice and variations in local provision, but also by population characteristic such as levels of deprivation. This is reflected in local variations in the proportion of pupils with Statements across Bournemouth, Dorset and Poole (see Section 4.4), and is an important consideration in commissioning services and in understanding who may be covered by the new 0-25 Education, Health and Care Plan.

4.2 Children with Special Educational Needs

Prior to the new SEN Code of Practice 2014, children with SEN were grouped in to three progressively higher levels of need²⁰:

1. School Action (SA) – the school offers extra support.
2. School Action Plus (SAP) – is characterised by the involvement of external support, e.g. specialist teaching or LA educational psychologist.
3. Statement of Special Educational Need (SEN) – this occurs after a statutory assessment and outlines the special educational provision to be made.

According to the January 2014 School Census, 20,472 pupils had Special Educational Needs across Bournemouth, Dorset and Poole, 19.7% of pupils attending schools in the area. This compares to a national figure of 17.9%. Almost a tenth of all pupils in BDP had SEN at School Action level (9.3%), 6.6% at School Action+ and 2.6% of pupils had a SEN Statement (Table 6). Pupils with a SEN Statement represent only a small proportion of the overall SEN population.

Table 6: *Number and proportion of children with Special Educational Needs, Bournemouth, Dorset and Poole compared to England, January 2014*

	Total number (BDP)	% of all pupils (BDP)	% of all pupils (England)
Pupils with SEN Statement	2,669	2.6%	2.8%
Pupils with SEN at School Action + level	6,840	6.6%	5.6%
Pupils with SEN at School Action level	9,634	9.3%	8.7%
All pupils with SEN	20,472	19.7%	17.9%
Total pupils	104,105		

Source: SFR31/2014 LA Tables, School Census January 2014 (based on where pupils attend school) Note the proportion for *all pupils with SEN* does not equal proportion with Statements, SA+ and SA as a breakdown for SA & SA+ is not available for all schools.

¹⁹ Mooney, A. et al (2008) Disabled Children: Numbers, Characteristics and Local Service Provision - DCSF Research Report – RR042, Thomas Conran Research Unit, Institute of Education, University of London <http://webarchive.nationalarchives.gov.uk/20130401151715/http://www.education.gov.uk/publications/eOrderingDownload/DCSF-RR042.pdf>

²⁰ This categorisation will change under the new SEN Code of Practice 2014 <https://www.education.gov.uk/consultations/downloadableDocs/Draft%20SEN%20Code%20of%20Practice.pdf>

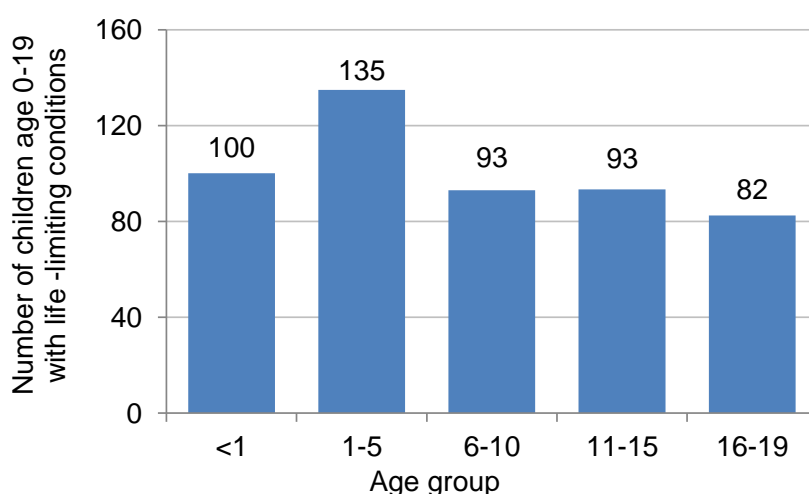
4.3 Children with life-limiting conditions

Life-limiting conditions describe diseases with no reasonable hope of cure that will ultimately be fatal. For children with these diseases palliative care services should be available²¹. No local data was available to estimate the burden of these conditions; therefore local estimates have been produced using national prevalence rates by age²¹.

The estimated number of children aged 0-19 with life-limiting conditions across Dorset, Bournemouth, and Poole is around 500 to 560. Appendix A provides data at district level.

The highest burden of these conditions is in the first year of life and decreases during childhood (Figure 7). Congenital anomalies account for almost a third of life limiting conditions.

Figure 7: Number of children with life limiting conditions by age group for Bournemouth, Dorset and Poole 2014



Source: Based on prevalence rates from Fraser L. K. et al, Paediatrics 2012 and February 2014 HCSIS GP Registration data

4.4 Local variation in the prevalence and number of children with SEND

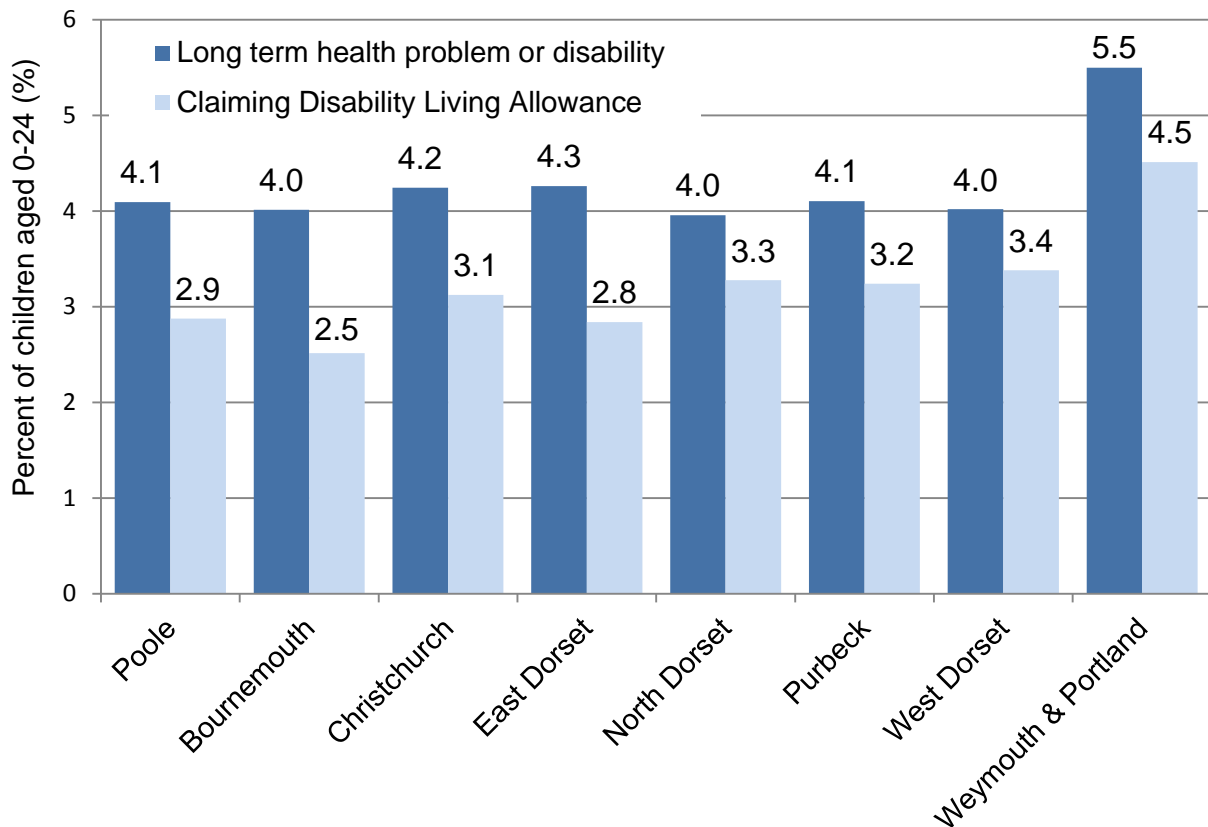
Appendix A provides a summary of the prevalence and number of children with SEND broken down by district for Bournemouth, Dorset and Poole.

Children with a long term health problem or disability

Across Bournemouth, Dorset and Poole the proportion of children aged 0-24 with a long term health problem or disability remains similar across all districts (between 4.0% and 4.3%) with the exception of Weymouth & Portland with 5.5%, Figure 8. This variation is also reflected in the proportion of children and young people claiming Disability Living Allowance, which again is highest in Weymouth & Portland at 4.5%.

²¹ Fraser L. K. et al, Rising national prevalence of life-limiting conditions in children in England. Paediatrics Volume 129, Number 4, April 2012 <http://www.ncbi.nlm.nih.gov/pubmed/22412035>

Figure 8: Proportion of children aged 0-24 who have a long term health problem or claim Disability Living Allowance, by district



Source: 2011 Census & DWP Aug 2013

North Dorset and West Dorset also have higher rates of children claiming disability Living Allowance, especially when compared to their overall rates of children with a long-term health problem.

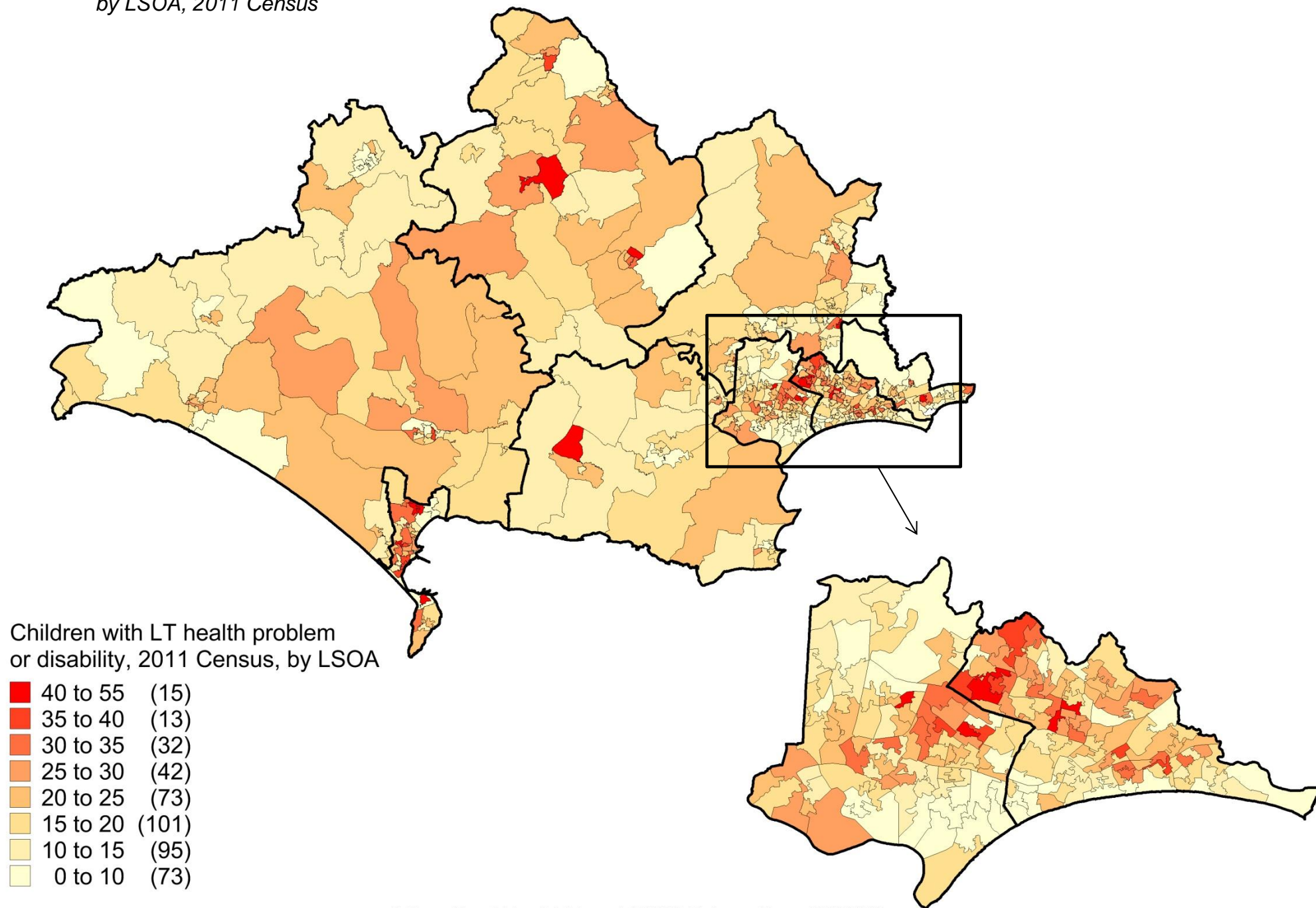
In both these districts over 80% of the number of children with a long term health problem claimed DLA. This compares to an average of 74% for Bournemouth, Dorset and Poole overall.

The distribution of children with a long-term illness or disability at Lower Super Output Area (LSOA)²², Map 9 shows a higher number in the following areas:

- Alderney (particularly in Bourne Valley); Canford Heath; and Newtown in Poole
- West Howe; Kinson; and Boscombe in Bournemouth
- Weymouth & Portland; Bovington; and areas in and around Dorchester, Blandford, Shaftesbury and Sturminster Newton in Dorset

²² Lower Super Output Areas (LSOAs) are built from groups of contiguous Output Areas and have been automatically generated to be as consistent in population size as possible, and typically contain from four to six Output Areas. The Minimum population is 1000 and the mean is 1500.

Map 9: Number of children and young people aged 0-24 with a long-term health problem or disability whose day-day activities are limited by LSOA, 2011 Census



Children with Special Educational Needs

Dorset has a higher proportion of pupils attending its schools with Special Educational Needs (21%), than Bournemouth (17%) and Poole (19%) Table 10.

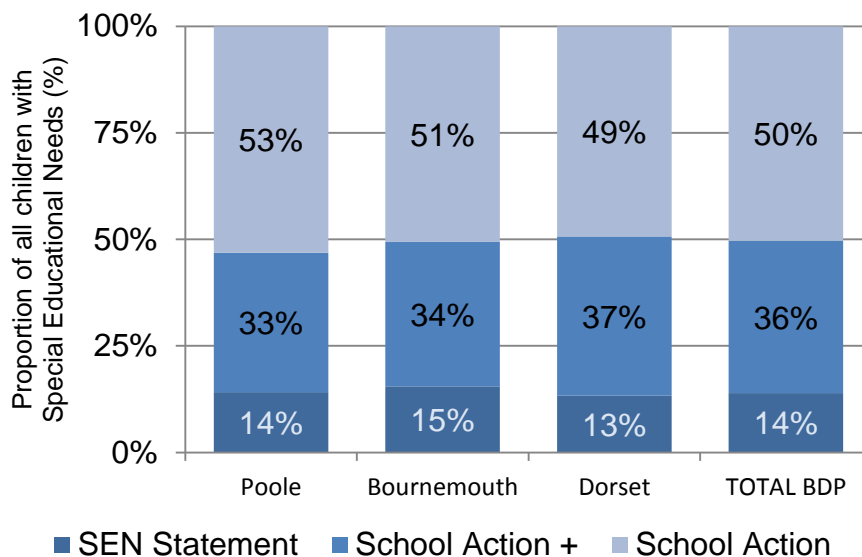
Table 10 Proportion of pupils with SEN across Bournemouth, Dorset and Poole

	Poole	Bournemouth	Dorset	TOTAL BDP
All pupils with SEN	3,808	4,094	12,570	20,472
Overall % of pupils with SEN	18.8%	17.4%	20.8%	19.7%

Source: SFR31/2014 LA Tables, School Census January 2014 (based on where pupils attend school)

Figure 11 shows the split of all children with SEN by level of SEN - with a Statement, at School Action + and School Action level, by local authority.

Figure 11: Pupils with Statements, at School Action+ and School Action level as a proportion of all pupils with SEN by Local Authority



Source: 2014 School Census (based on where pupils attend school)

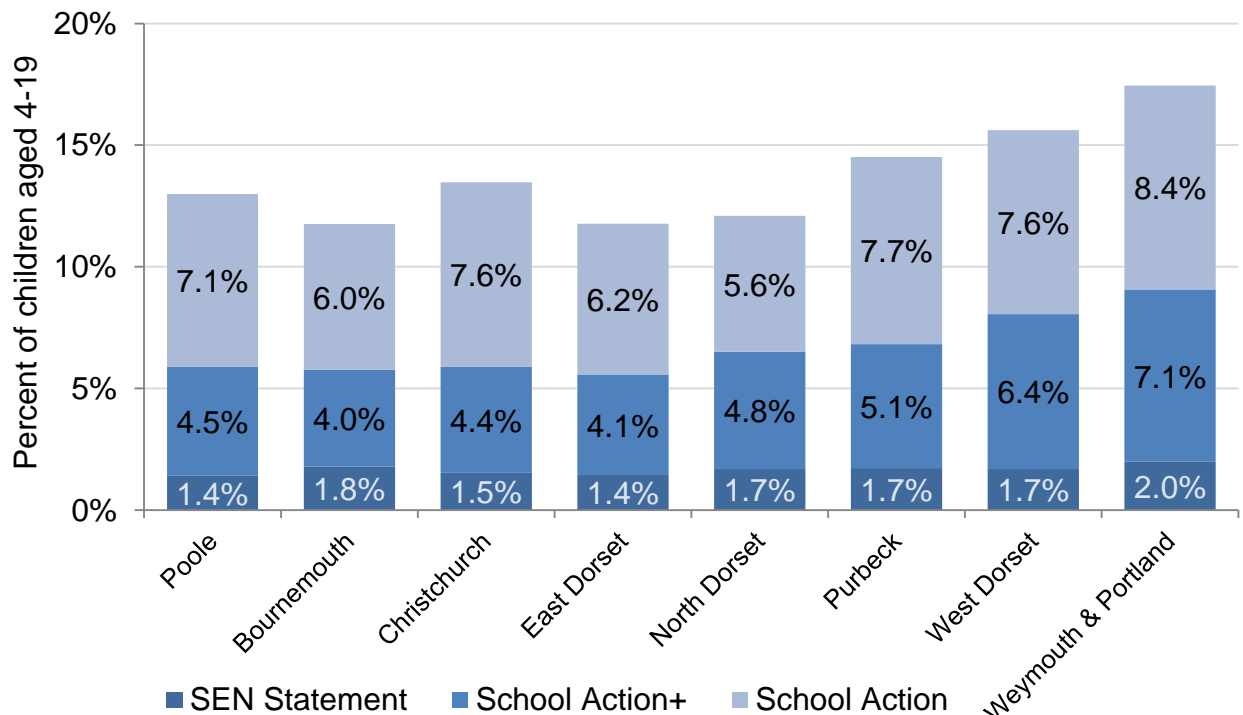
The percentage of pupils with SEN who have a statement is lower in both Poole (14%) and Dorset (13%), but is higher in Bournemouth (15%).

Although Bournemouth has the lowest proportion of children with SEN overall, a higher proportion of these has a SEN Statement (15% of children with SEN). This may suggest a higher threshold for SEN is being used in terms of access to school based services and support.

Dorset has the highest proportion of children at School Action+ level (37%) and Poole the highest levels of children at School Action level (53%). This may indicate some variation between authorities in support provided for lower level SEN in schools.

The most significant variation in the prevalence of children with SEN is between the Dorset Districts. Figure 12 shows Weymouth & Portland, West Dorset and Purbeck have the highest proportions of children with SEN living in these areas.

Figure 12: Proportion of children aged 4-19 with SEN Statements, at School Action+ and School Action level, by District (based on where the children live)



Source: School Census January 2014 and HCSIS GP Registration data Feb 2014
(Based on where children live NOT where they attend school)

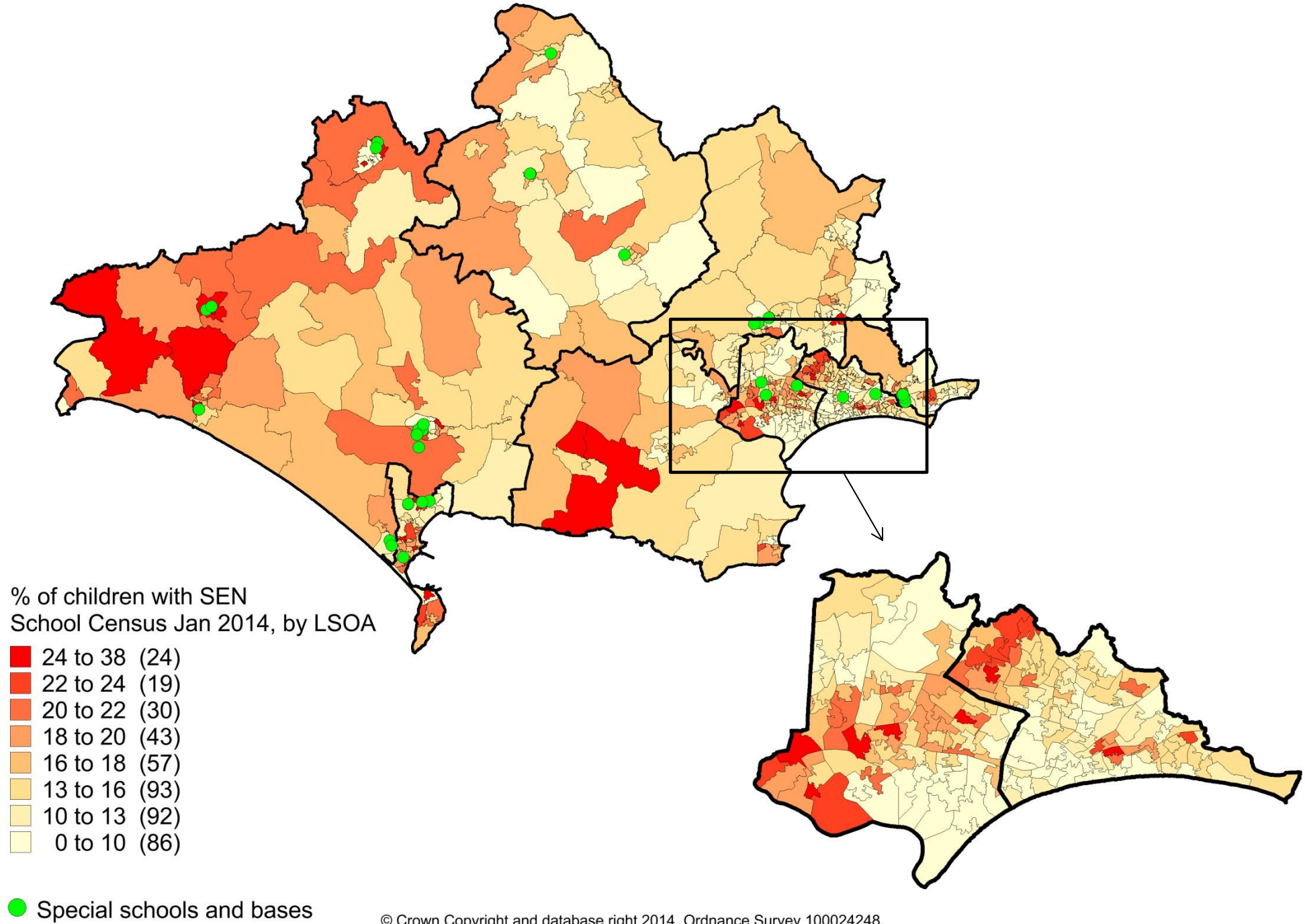
The proportion of children with SEN at Lower Super Output Area (LSOA)²³ Map 13a shows, there are currently a high proportion of children with SEN living in the following areas:

- Alderney (particularly Bourne Valley); Waterloo Estate; and Hamworthy in Poole
- West Howe; Kinson; and Boscombe in Bournemouth
- Weymouth & Portland; Bovington; and areas in and around Beaminster, Bridport, Dorchester, and Sherbourne in Dorset

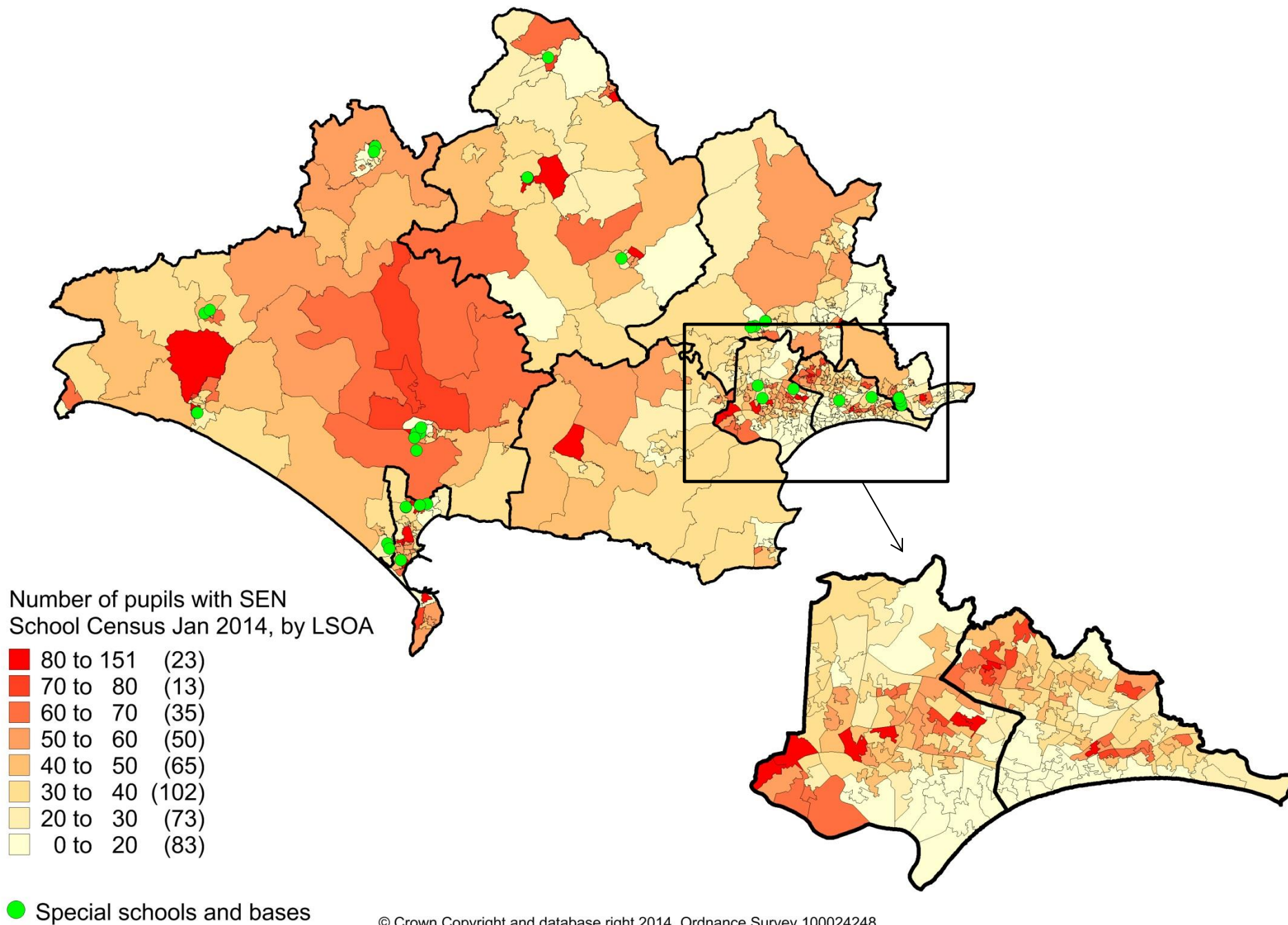
Map 13b gives the number of pupils with SEN by LSOA.

²³ Lower Super Output Areas (LSOAs) are built from groups of contiguous Output Areas and have been automatically generated to be as consistent in population size as possible, and typically contain from four to six Output Areas. The Minimum population is 1000 and the mean is 1500.

Map 13a: Proportion of children and young people aged 5-19 with Special Educational Needs, by LSOA, January 2014 School Census



Map 13b: Number of children and young people aged 5-19 with Special Educational Needs, by LSOA, January 2014 School Census



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Possible reasons for variation in SEN prevalence

This variation in prevalence of SEN may be the result of a number of factors, not just differences in actual SEN²⁴. These include:

- individual local authority policy and practice and differences in approach to the classification of children with SEN;
- variations in local provision and access to services and support;
- population characteristics such as age distribution and levels of deprivation.

Weymouth & Portland was shown to have the highest rate of children with a long-term health problem, children with a disability living allowance and children with SEN (Figure 8).

Beaminster, Bridport, Dorchester and Sherborne in West Dorset, and Weymouth & Portland, have a number of Special Schools and Special Bases clustered around them (Map 13a&b). This may draw families of children with SEN into these areas and account for some of the higher prevalence of SEN in these areas.

Bovington in Purbeck has an army base and a high number of children of Service personnel. It also has a high number and proportion of children with SEN. There are no Special Schools or Special Bases in this area (Map 13a&b). Children whose parent(s) are Service personnel may face difficulties that are unique to the nature of their parents' employment. The 2014 new SEN Code of Practice specifically states that when commissioning services for children with SEN, local authorities and their partners should take accounts of the particular needs of any Service communities within their boundaries.

Pockets of significant deprivation in an authority can impact on rates of SEN. The correlation between SEN and deprivation is shown to be strongest in Weymouth & Portland and Poole. More detailed analysis on this is provided in Section 7.3.

Local variation can be positive if it is a response to local circumstances, but undesirable if it reflects unmet need and inequalities in access to and level of services. These are important considerations when implementing the new SEN Code of Practice²⁵ and ensuring equitable SEN services across Bournemouth, Dorset and Poole.

²⁴ Mooney, A. et al (February 2010) Special Educational Needs and Disability: Understanding Local Variation in Prevalence, Service Provision and Support – DCSF Research Summary RB211 ES

²⁵ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/319639/Code_of_Practice-Final-10June2014.pdf

5. Past and future trends of children with SEND

5.1 Past trends

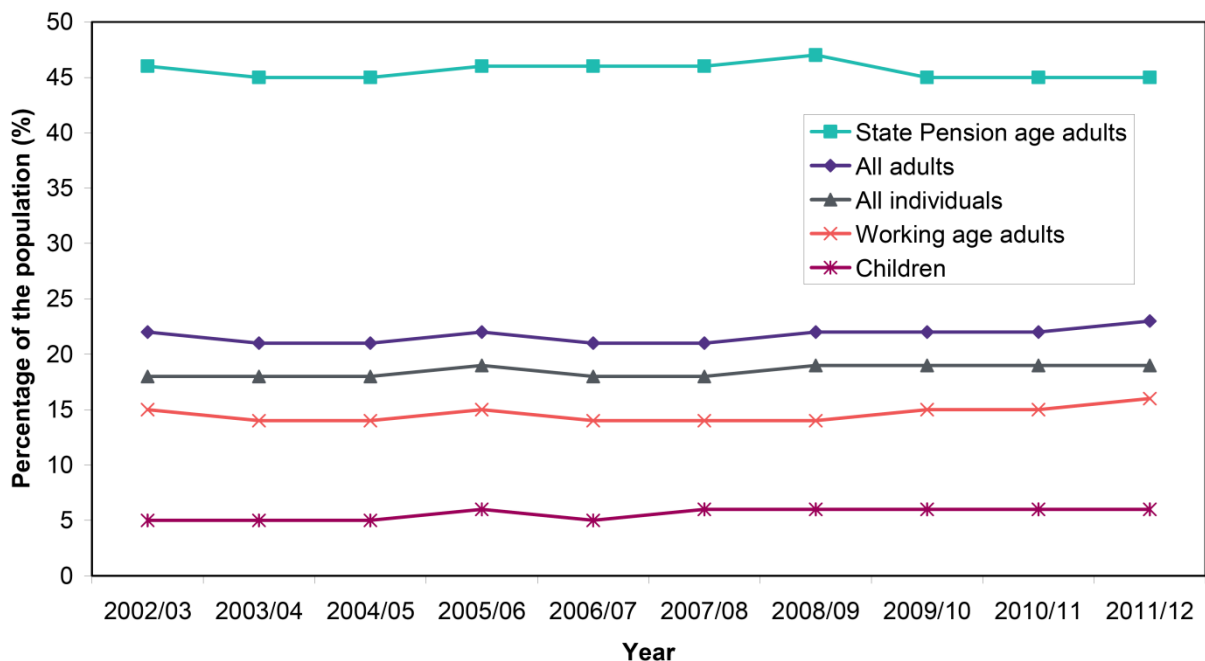
Evidence from the Family Resource Survey, 2001 and 2011 Census, and School Censuses suggest that overall prevalence rates for children with SEND have remained relatively stable over the past decade

Trends in prevalence of children with long-term health problems or disability

The Family Resources Survey (FRS), administered by the DWP, now stands as one of the key sources of information on the population of disabled adults and children. FRS 2011/12 covered a sample of around 20,000 households in the UK.

According to the FRS the estimated percentage of children with a long term health problem or disability remained relatively constant over the decade to 2011/12, Figure 14.

Figure 14: UK disability prevalence, by population group, 2002/03 to 2011/12



Source: DWP Family Resource Survey

While there was some change in the wording of the long-term illness and disability question between the 2001 and 2011 Censuses, the two measures are broadly comparable²⁶. The prevalence rates of long term illness and disability for 0-24 year olds did not change significantly between 2001 (4.6%) and 2011 (4.2%).

Trends in prevalence of life-limiting conditions

Life-limiting conditions describe diseases with no reasonable cure that will ultimately be fatal. The prevalence of life-limiting conditions in children aged 0-19, has increased steadily over the past decade to 2009/10, across all areas of England²⁷.

²⁶ ONS (December 2012) 2011-2001 Census in England and Wales Questionnaire Comparability

²⁷ Fraser L. K. et al, Rising national prevalence of life-limiting conditions in children in England. Paediatrics Volume 129, Number 4, April 2012 <http://www.ncbi.nlm.nih.gov/pubmed/22412035>

Table 15: Prevalence of children with life-limiting conditions by age group, 2000-2010

Prevalence of LLC per 10,000 population		
Age	2000/01	2009/10
<1	116.7	125.7
1-5	29.1	34.1
6-10	18.8	24.8
11-15	17.4	24.0
16-19	16.3	23.6

The overall prevalence in England increased from 24.9 per 10,000 in 2000/01, to 32.2 per 10,000 in 2009/10.

The most significant increase in life limiting conditions occurred in 16-19 year olds, which suggests increasing survival times, rather than rising incidence may be the cause¹².

Congenital anomalies account for almost a third of life limiting conditions, and have experienced the largest increase in prevalence.

Trends in prevalence of Children with Special Education Needs

The method used to record SEN has changed over time making comparisons with older figures difficult. Recent data for Bournemouth, Dorset and Poole from the School Census, on pupils attending schools with SEN between 2009 and 2014, show no clear or consistent trend in the prevalence of children with SEN, or with a SEN Statement, Figures 15 and 16. National data indicate the prevalence of pupils with SEN Statements has remained relatively stable since 2009, and the prevalence of SEN overall has dropped slightly since 2012.

As already shown in Section 4.5 any variation in prevalence of SEN can be due to a number of factors and not just differences in actual SEN, such as individual local authority policy and practice and differences in approach to the classification of children with SEN, and variations in provision and access to services and support. This makes estimating the future number of children with SEN problematic.

Figure 15: Trends in the percent of pupils attending schools with SEN Statement, 2009 to 2014

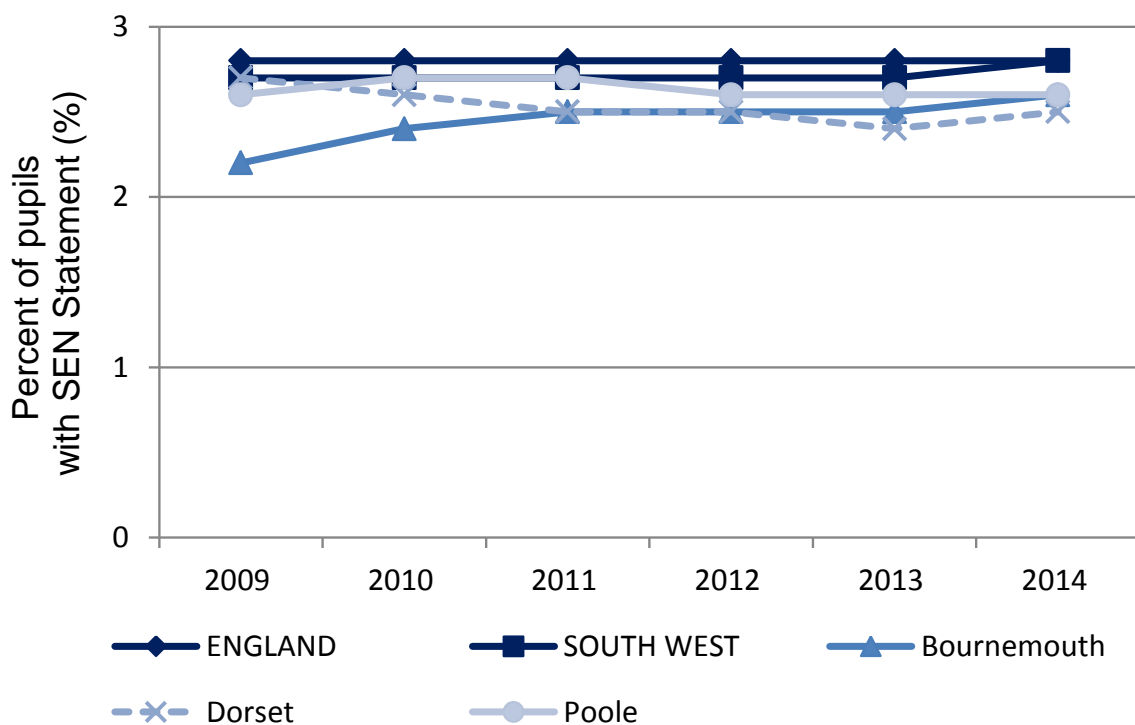
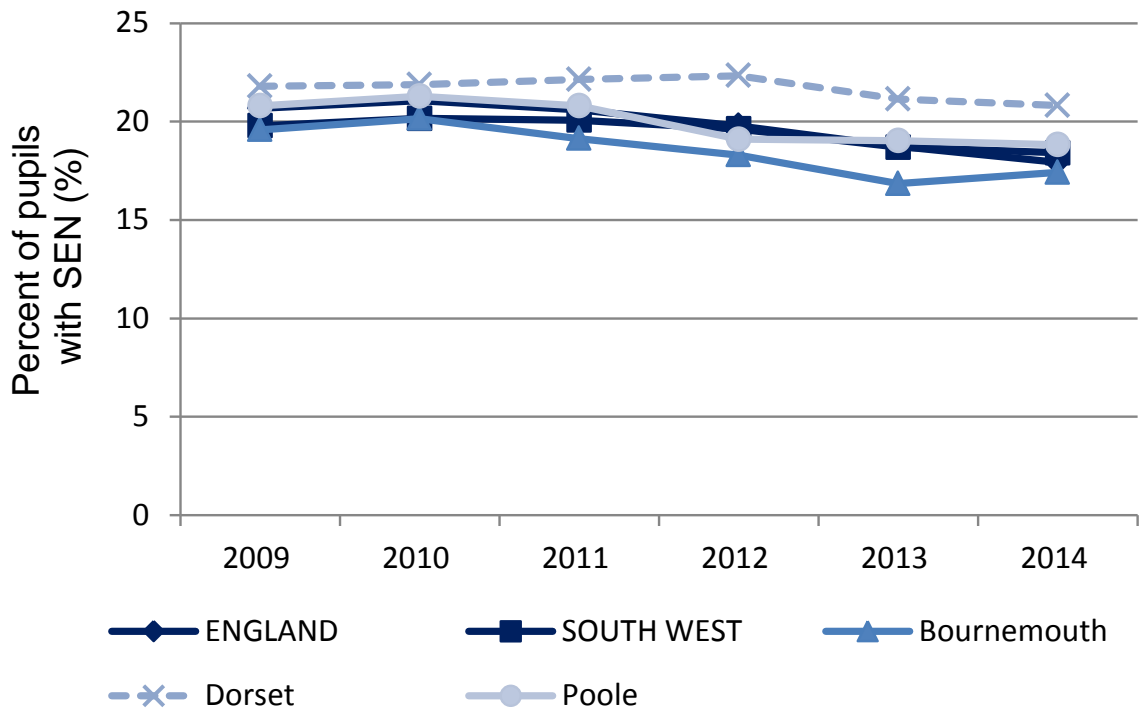


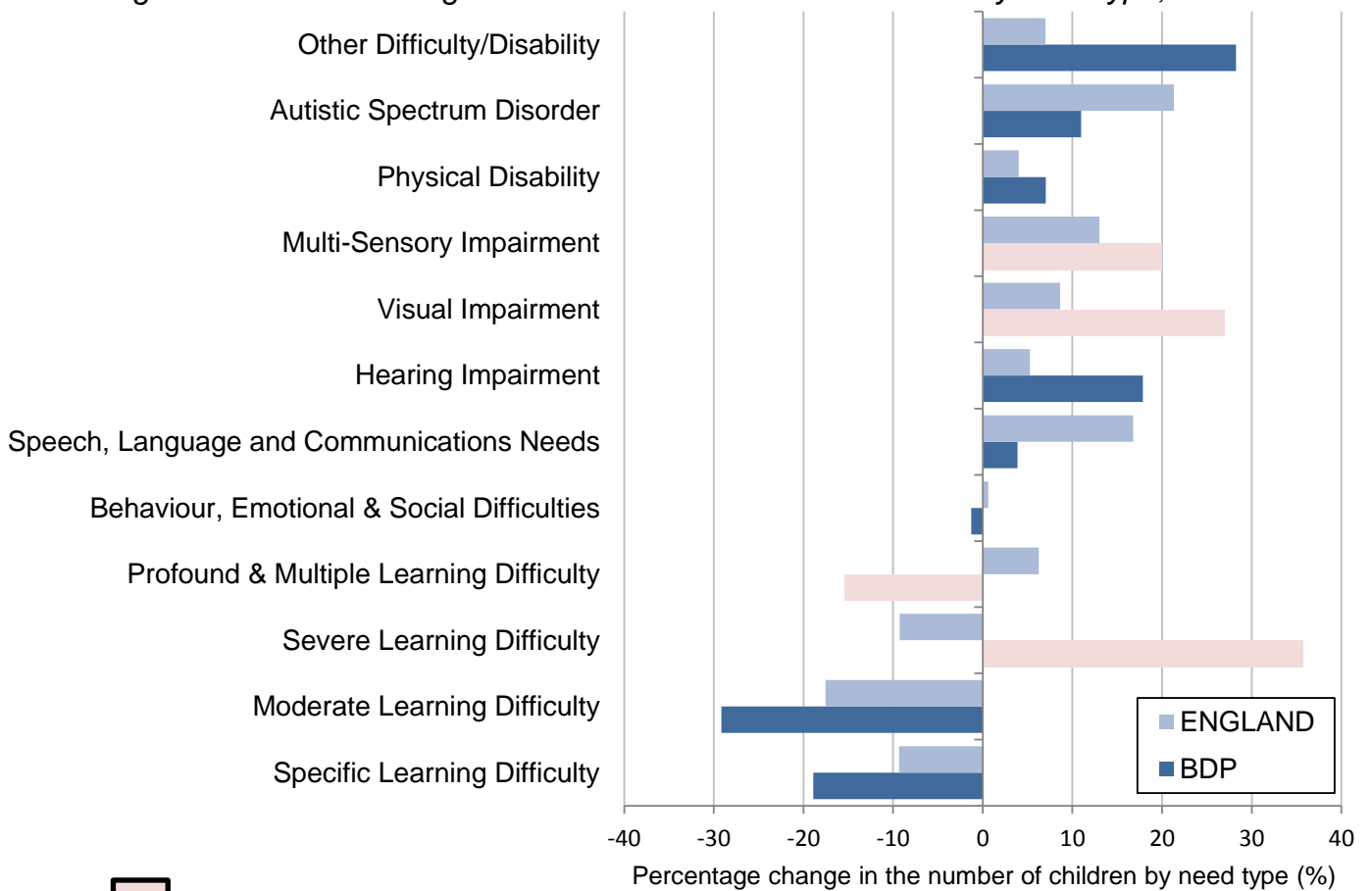
Figure 16: Trends in the percent of pupils attending schools with any SEN, 2009-2014



Source: School Census data 2009-2014

Change in the nature of SEN

Figure 17: Percent change in the number of children with SEN by need type, 2010-2013



These BDP rates are based on a very small number of children

Source: School Census data 2010 and 2013

Data on the nature of SEN and disability is limited, and some question the reliability of the School Census to provide accurate prevalence data on the nature of disability as only Primary Need is identified in most cases. Determining a child's primary condition is also not straightforward, particularly when a child has complex needs or where schools give prominence to learning needs and difficulties rather than the diagnosed condition.

Nationally a growing number of children and young people with SEN are categorised as having autism and speech and language difficulties. The number of children with profound and multiple learning difficulties is also increasing, but overall numbers are small.

Analysis of trends at a local level is difficult as the number of children for some need types is extremely small. Data for 2010 and 2013 do indicate noteworthy increases in the number of children with autism and speech, language and communication needs. It is unclear whether the rise is due to changes in awareness and identification of children, or is a true rise in incidence. The 'Other Difficulty/Disability' category experienced the largest percentage increase across Bournemouth, Dorset and Poole, Figure 17.

5.2 Future trends

Given the past trends in children with SEND shown in Section 5.1, estimates of the future number to 2019 have been produced using the following assumptions.

Children with a long term health problem or disability

Prevalence rates remain unchanged to 2019.

Lower and upper limits have been calculated based on the current range of prevalence rates (4-7%), shown in Table 5.

Children with life-limiting conditions

Lower limit based on prevalence rates remaining unchanged to 2019

Upper limit based on a continuing increase in prevalence as seen between 2001- 2010

The prevalence rates are applied to the 2012 based sub-national population projections produced by the Office of National Statistics.

The number of children and young people aged 0-24 across Bournemouth, Dorset and Poole is projected to increase by 2,100 over the next 5 years to 2019²⁸.

The number of children with a long term health problem or disability is estimated to increase by between 100 and 150 children to 2019, Table 18.

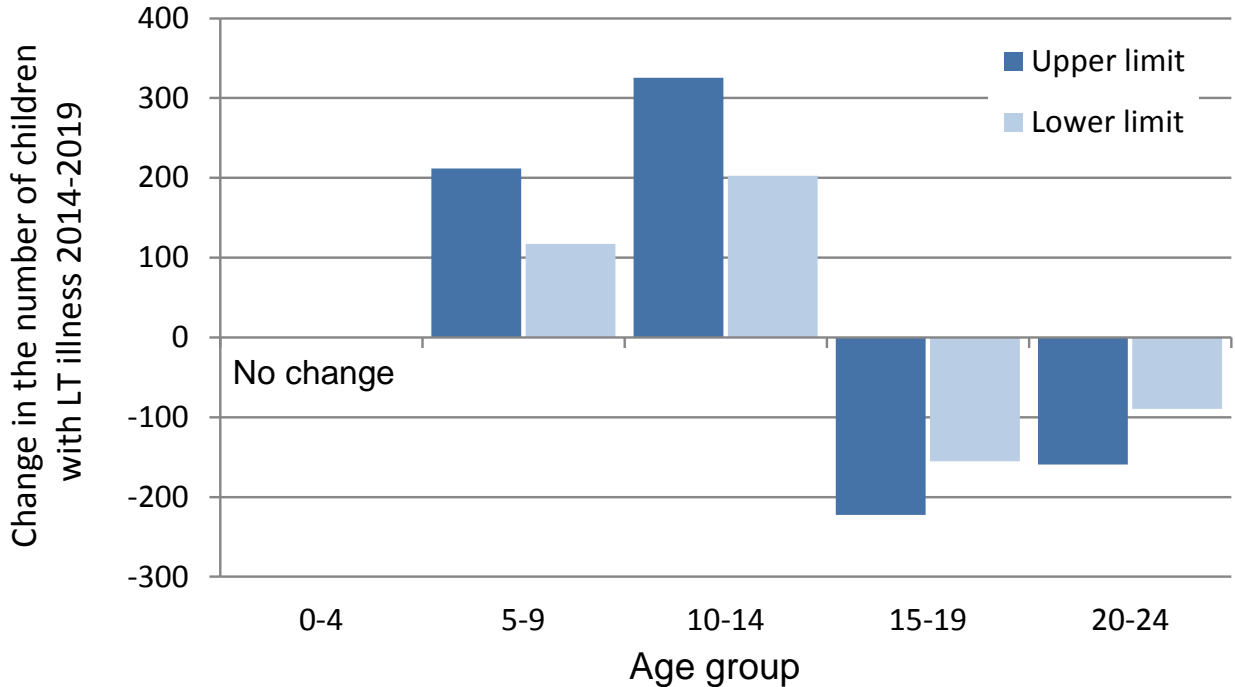
Table 18: Estimated number of children with SEND 2014 to 2019 across Bournemouth, Dorset and Poole

	2014		2019		Change 2014-19
	Lower	Upper	Lower	Upper	
Children with long term health problem or disability (aged 0-24)	8,500	13,600	8,600	13,750	+100 to +150
Children with life-limiting conditions (aged 0-19)	500	560	520	660	+20 to +100

²⁸ Based on Office of National Statistics - 2012 based sub-national population projections <http://www.ons.gov.uk/ons/rel/snpp/sub-national-population-projections/2012-based-projections/stb-2012-based-snpp.html>

This increase will not be evenly distributed across age groups. The number aged 5-14 with a long term health problem or disability is estimated to increase by between 320 to 540, while the number aged 15-24 will decrease by 240 to 380, over the next five years to 2019, Figure 19.

Figure 19: Change in the number of children with a LT health problem or disability by age, 2014 to 2019 for Bournemouth, Dorset and Poole (lower & upper range)



SEND services should consider this shift in the age distribution of children and young people with long term illness and disability across Dorset, and its potential impact on the number of children with specific need types in particular.

The number of children with speech, language and communication needs, which has a higher prevalence at younger ages 5-9, and autism, and behaviour and social difficulties which has the highest prevalence in the 10-14 age range are likely to continue to increase, see Section 6.

The 5-14 age range also has the highest prevalence of children with SEN, particularly boys, see Section 7.2. Therefore, the increase in the number of children aged 5-14 could disproportionately impact on the number of children with SEN and those with a statement in particular.

Estimating the future number of children with SEN is more subjective, as prevalence is more influenced by factors relating to individual local authority policy and practice and differences in approach to the classification of children with SEN.

Local rates for Bournemouth, Dorset and Poole from the School Census, show no clear or consistent trend in the prevalence of children with SEN, or with a SEN Statement. Therefore, future estimates for children with SEN have not been produced at this time.

6. Nature of SEN and disability

6.1 Children with SEND by diagnosis/ need category

Available data on the nature of SEN and disability are limited. Therefore, gaining an accurate understanding of the prevalence of specific disabilities/ needs is a challenge.

The following data are presented, however, all have limitations and comparison between sources is difficult due to the variation in the diagnosis/ need categories.

The School Census collects data on children with a SEN Statement and at School Action+ level by Primary Need type. However, some question the reliability of this data to provide accurate prevalence data on the nature of disability as only Primary Need is identified in most cases.

Determining a child's primary condition is not straightforward, particularly when a child has complex needs or where schools give prominence to learning needs and difficulties rather than the diagnosed condition.

Data on the main disabling condition for children claiming disability allowance is also presented; however, this covers only a subset of children with SEND, and all data are rounded, Figure 21.

The only health data currently available locally is from Poole Hospital Trust. This was for children seen by the Community Paediatric Outpatient Department during the period August 2013 to June 2014, Figure 22. It primarily covers children living in Poole, Bournemouth, Christchurch, East Dorset and Purbeck.

Children by Primary Need Type - School Census (January 2014)

The number of pupils by Primary Need Type for Bournemouth, Dorset and Poole is shown in Figure 20a. The most common Need Types for pupils attending schools across these authorities were:

- Speech, language and communication needs;
- Behaviour, emotional and social difficulties;
- Specific learning difficulties;
- Moderate learning difficulties; and
- Autism

There is large variation in Primary Need Types between Statemented pupils and pupils at School Action + level. Pupils with statements are more likely to have autistic spectrum disorder; severe learning difficulties; physical disabilities; and profound and multiple learning difficulties, Figure 20b.

Almost all pupils with Profound and Multiple Learning Difficulties (97%) and Severe Learning difficulties (93%) had a SEN Statement. Around half of pupils with Autism (55%), Multi Sensory Impairment (50%) and Physical Disabilities (47%) had a SEN Statement, Figure 20a.

Pupils at School Action + are more likely to have specific learning difficulties; Speech, language and communication needs; or Behaviour, emotional and social difficulties. These three groups account for almost three quarters of children at this level, Figure 20b.

Figure 20a: Number of pupils attending schools in Bournemouth, Dorset and Poole at School Action+ or with a Statement, by Primary Need Type, January 2014

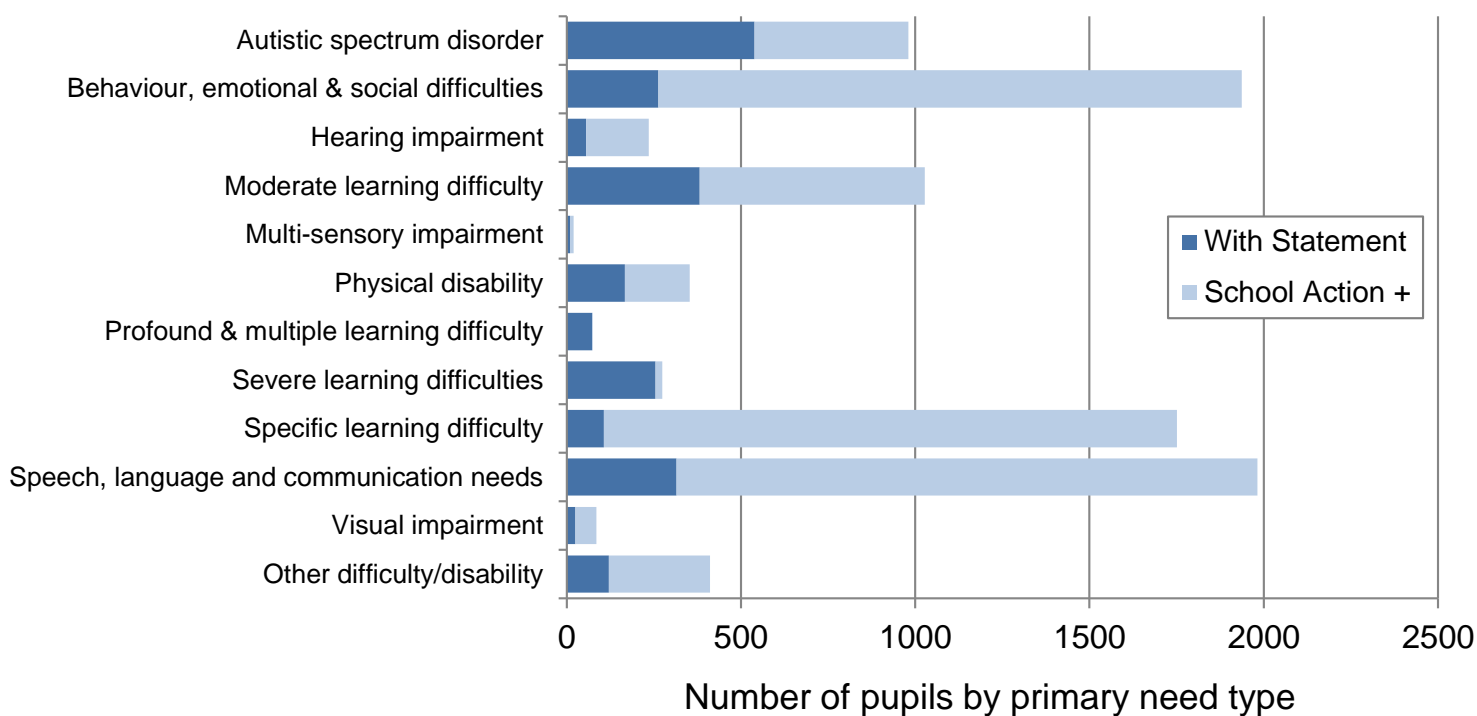
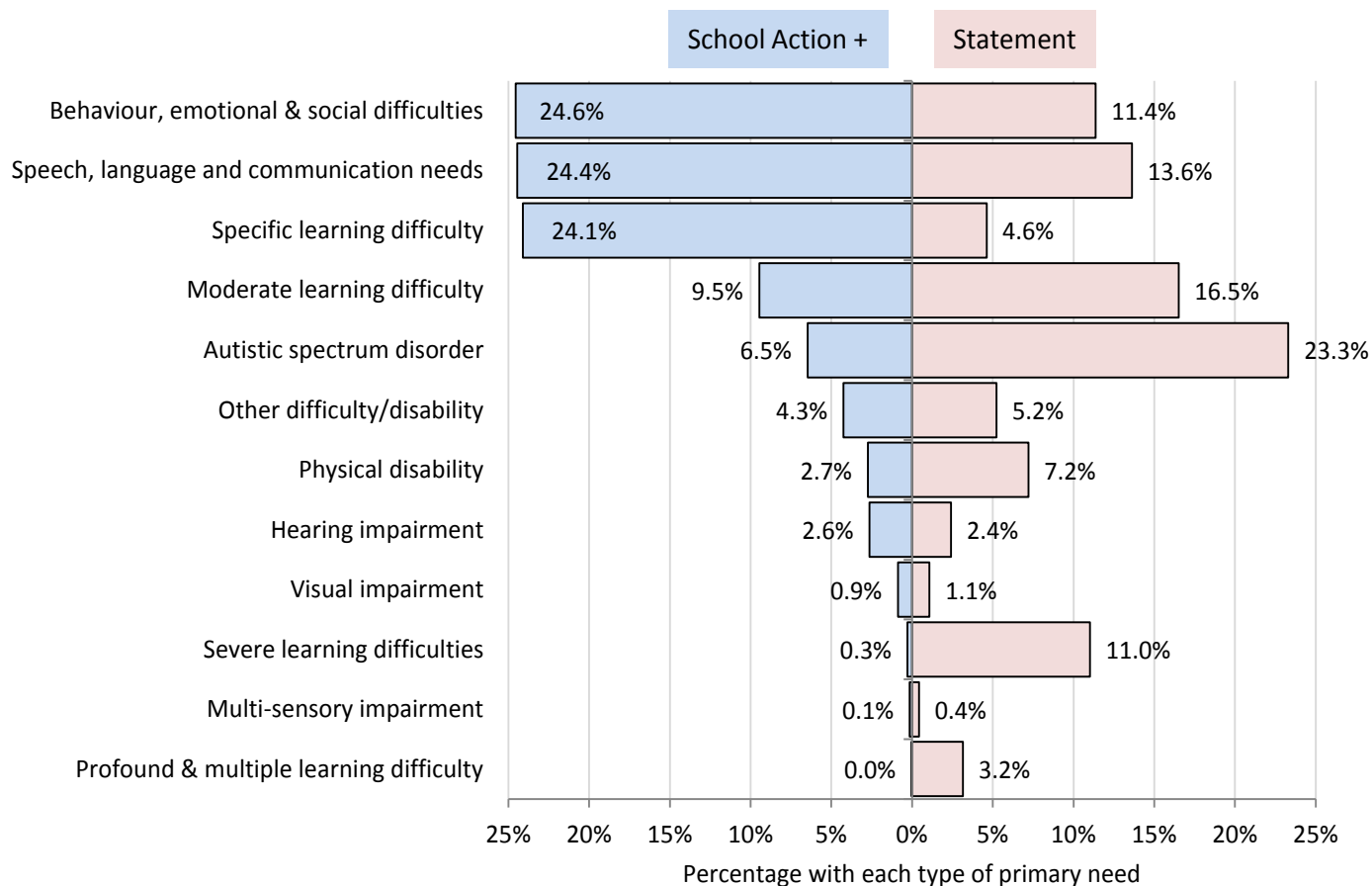


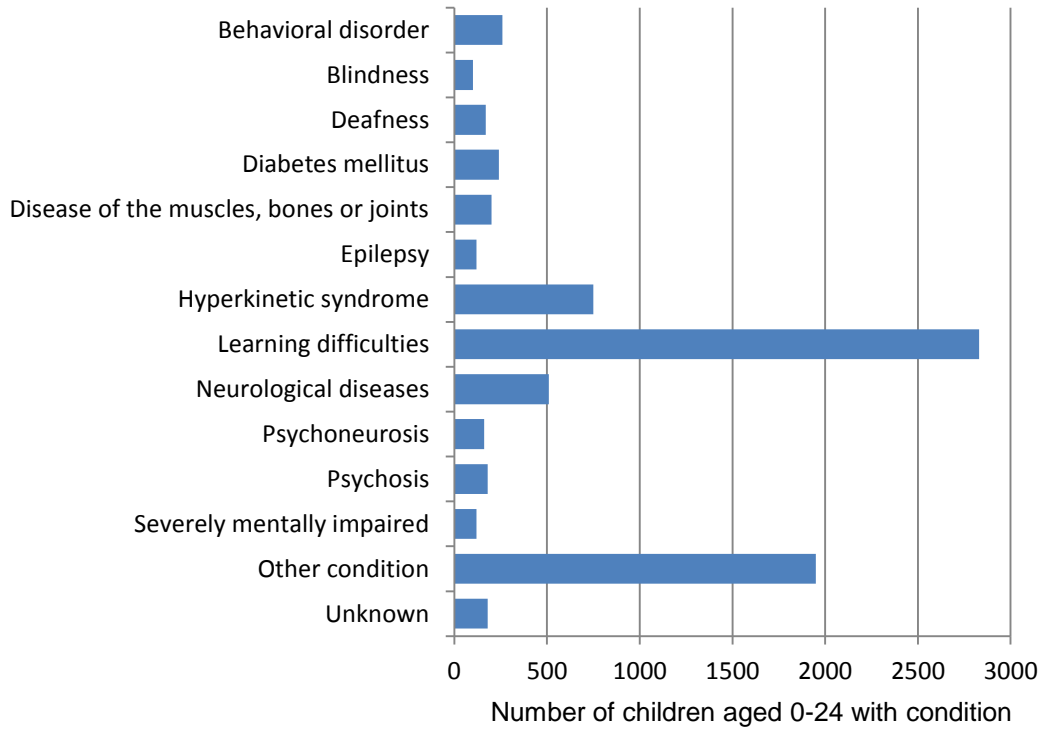
Figure 20b: Proportion of Stated pupils and pupils at School Action+ with each Primary Need Type - Bournemouth, Dorset and Poole, January 2014



Source: School Census January 2014

Disabling conditions of children with a Disability Living Allowance claim

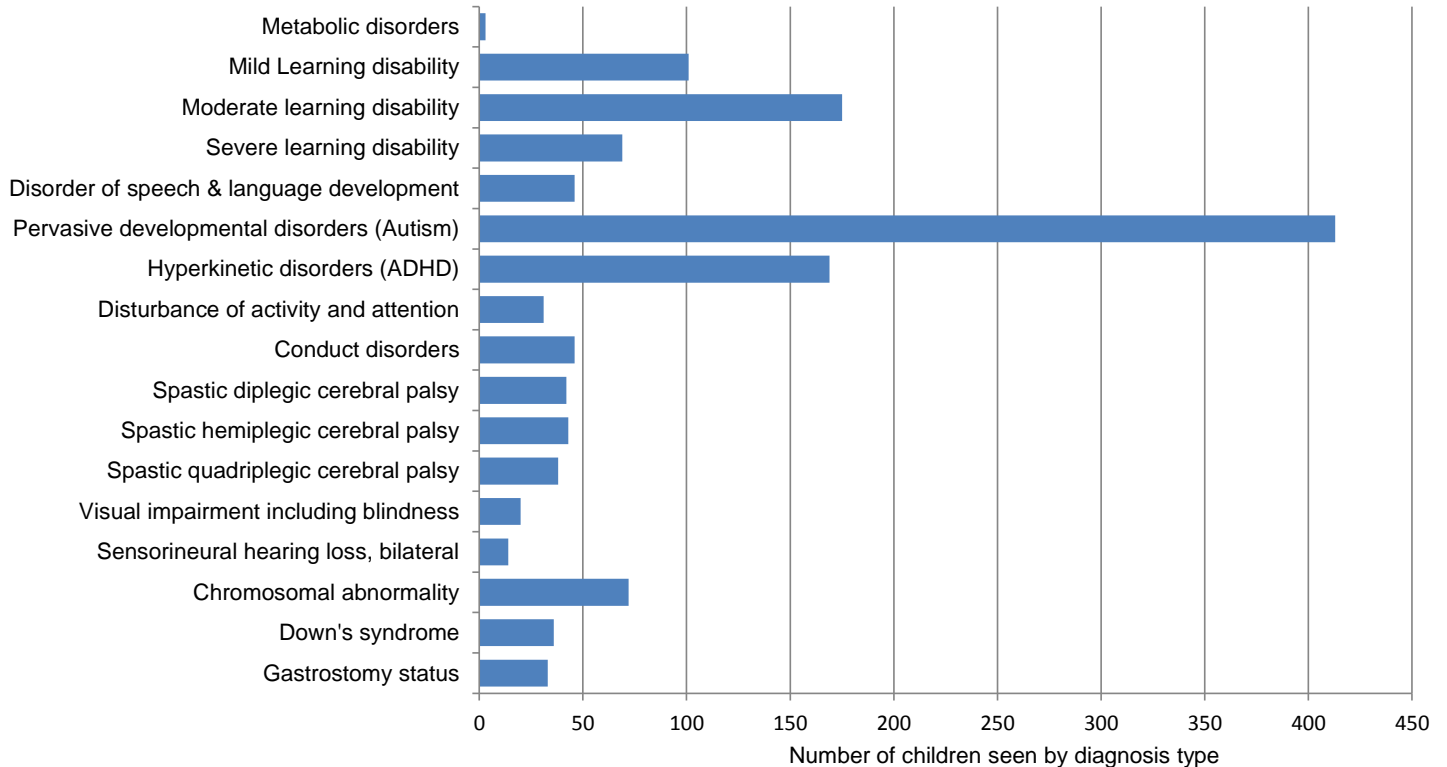
*Figure 21: Children with a Disability Living Allowance claim by main disabling condition
Bournemouth, Dorset and Poole - August 2013*



Source: DWP August 2013 (Rounded to the nearest 10)

Community Paediatric Outpatient Diagnosis - Poole Hospital Trust

*Figure 22: Children attending Poole Hospital Paediatric Outpatient Department
by diagnosis type - August 2013 to June 2014*



Source: Poole Hospital NHS Foundation Trust - June 2014

6.2 Local variation in Primary Need

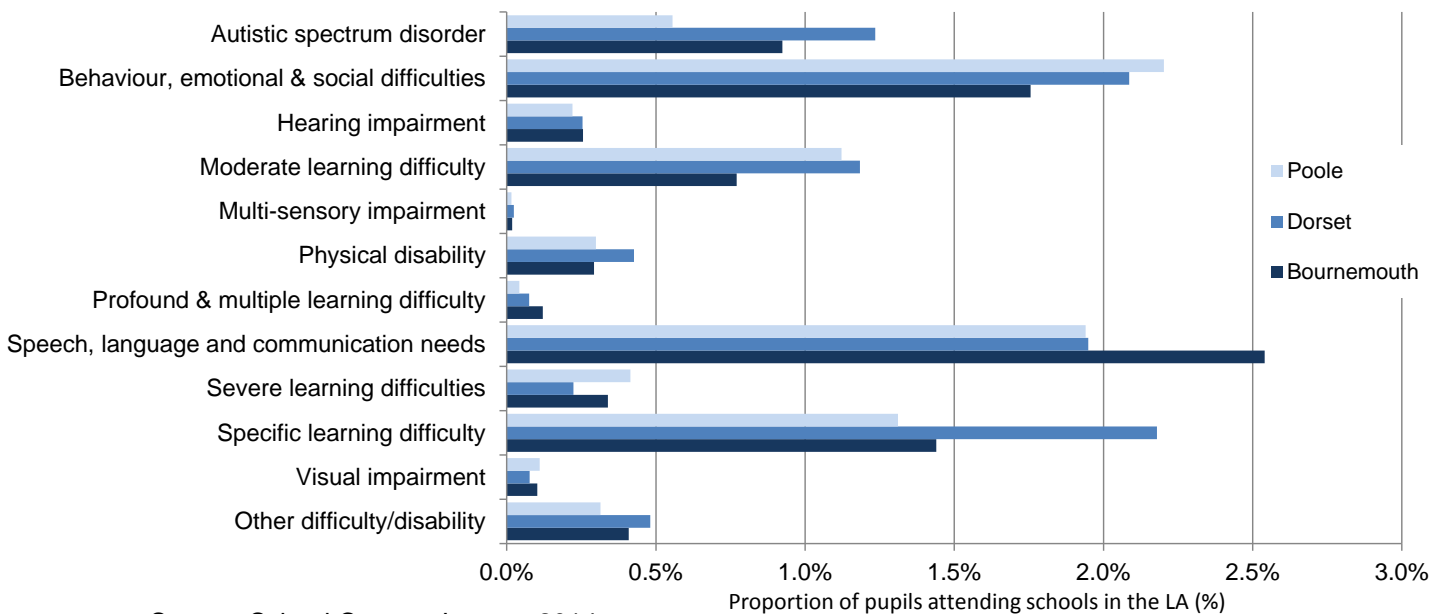
While overall the most common need types remain similar across all three authorities - Bournemouth, Dorset and Poole, there is some variation in the proportion of pupils by Primary Need, Figure 21.

Bournemouth has a higher proportion of pupils with speech, language and communication needs (2.5%) compared to Dorset and Poole both with 1.9%.

Dorset has a higher proportion of pupils with specific learning difficulties (2.2% compared to 1.4% Bournemouth and 1.3% Poole) and autism (1.2% compared to 0.9% Bournemouth and 0.6% Poole).

Poole has the higher proportion of pupils with behaviour, emotional and social difficulties (2.2% compared to 1.8% in Bournemouth and 2.1% in Dorset), and severe learning difficulties (0.4% compared to 0.3% Bournemouth and 0.2% Dorset).

Figure 21: Proportion of pupils attending schools in Bournemouth, Dorset and Poole, by Primary Need Type, January 2014



Source: School Census January 2014

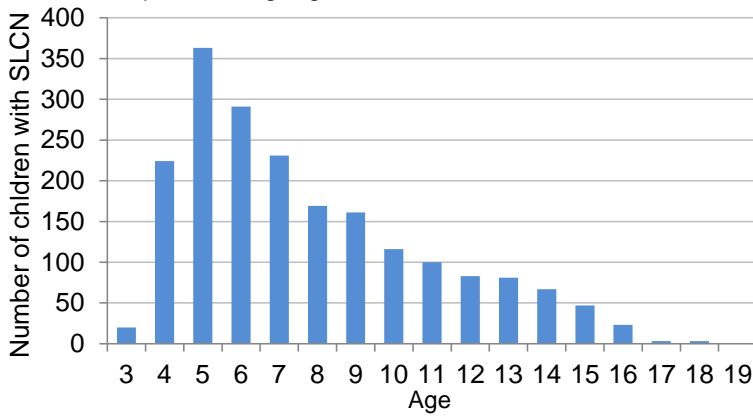
6.3 Variation in Primary Need by age

The age profile of children with SEN differs for some types of need. The following page presents age profiles for the main Need Types, for Bournemouth Dorset and Poole. These fall into 3 main patters:

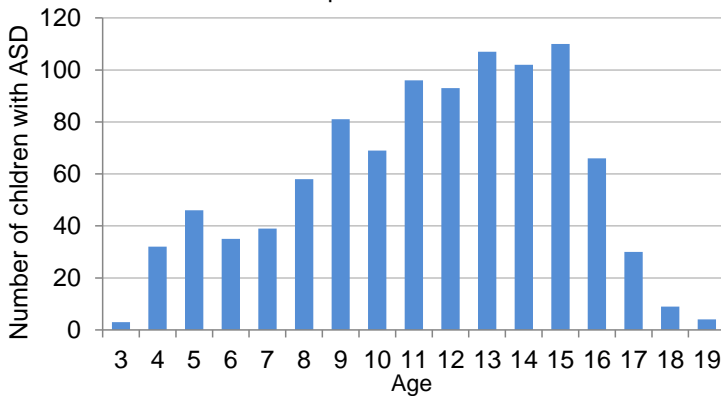
1. Younger age profile (majority Primary age <8)
 - Speech, language and communication needs
2. Older age profile (majority age 9-15)
 - Autistic Spectrum Disorder, Behaviour, Emotional and Social Difficulties, Specific Learning Difficulties and Moderate Learning Difficulties
3. More balanced age distribution
 - Physical Disability, Health Impairment, and Severe learning Difficulty

Age Profiles of the main Primary Need Types for pupils with SEN attending schools in Bournemouth, Dorset and Poole, January 2014

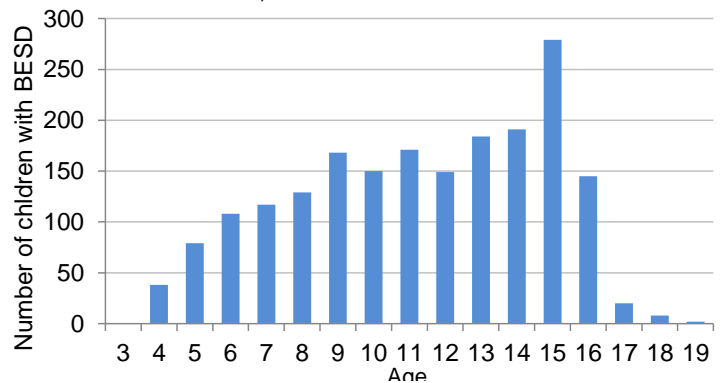
Speech, language and communication needs



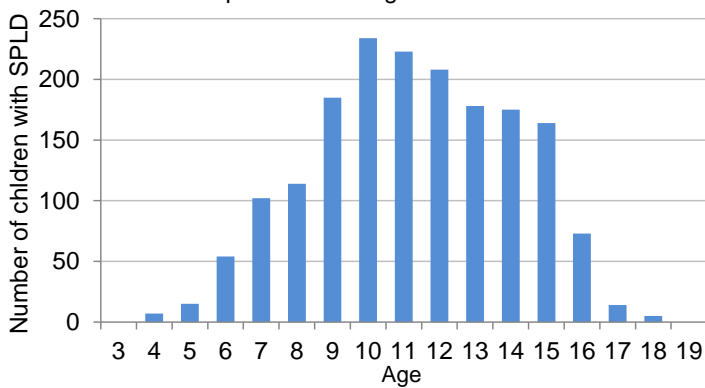
Autistic Spectrum Disorder



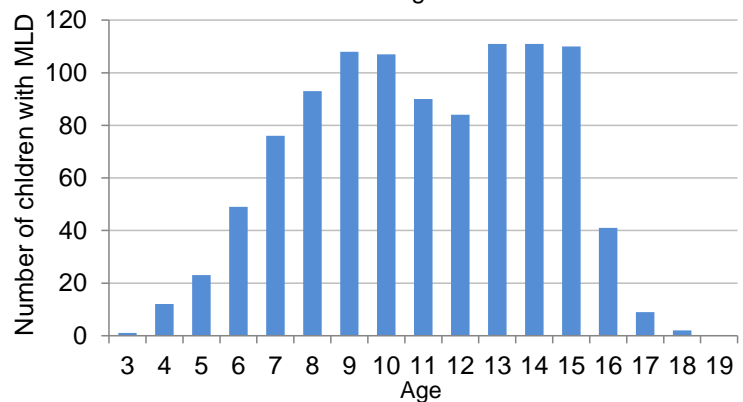
Behaviour, emotional & social difficulties



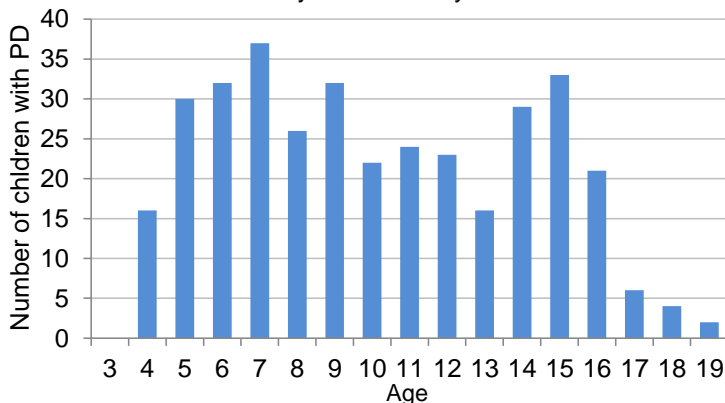
Specific Learning Difficulties



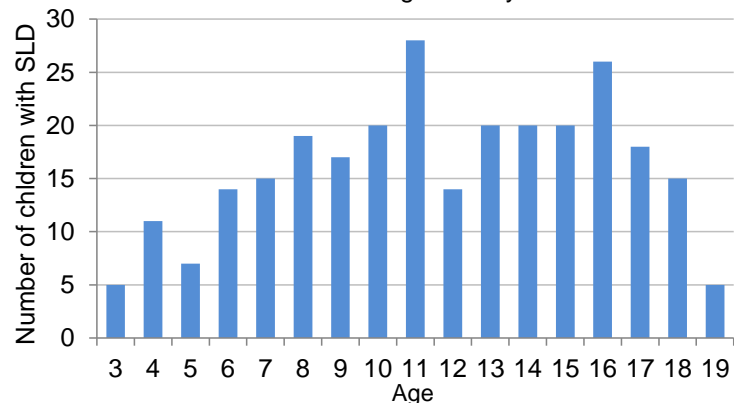
Moderate Learning Difficulties



Physical disability



Severe Learning Difficulty



7. Characteristics of children with SEND

7.1 Risk factors for SEN

Both national and local research indicates a number of factors may increase the likelihood of a child having SEN. These include gender, poverty, ethnicity, and young people in specific circumstances including children in local authority care, children in need, young offenders and children of service personnel.

Such information can aid in the early identification of children with SEN and the targeting of appropriate services. Local authorities have a duty to identify and provide for children with SEN, typically through school, early years settings or health services. The SEN Code of Practice emphasises the importance of early intervention.

SEN has also been shown to be a strong predictor of poorer outcomes for children and young people, in particular with education and employment, mental health and social issues.

The latest Poole Youth Survey for 2014, of children in Years 4 to 6, found a strong association between SEN and feeling uninformed, being bullied, feeling unsafe when out and about and, of ever having tried smoking²⁹.

7.2 Age and gender

Boys are almost twice as likely to be identified with SEN as girls. The gender split for pupils with SEN attending schools across Bournemouth, Dorset and Poole is 65% male and 35% female. Over a quarter of boys attending schools in Bournemouth, Dorset and Poole aged between 8 and 14 receive support for SEN, compared to only 15% of girls, Figure 23³⁰.

Autistic spectrum disorder has the most acute gender split, with 83% of pupils presenting with the condition being male. Speech, language and communication needs and behaviour, emotional and social difficulties also have a particularly high number of males, accounting for 71% and 70% of pupils with these conditions.

In some cases it has been suggested this gender difference may be due to girls' needs being less obvious since they are less likely to display poor behaviour compared with boys³¹. The age/ gender distribution of children and young people with a long term illness or disability according to the 2011 Census, Figure 22, shows a more even burden of long-term illness and disability between males and females particularly from age 15-24. This is not reflected in the school SEN data.

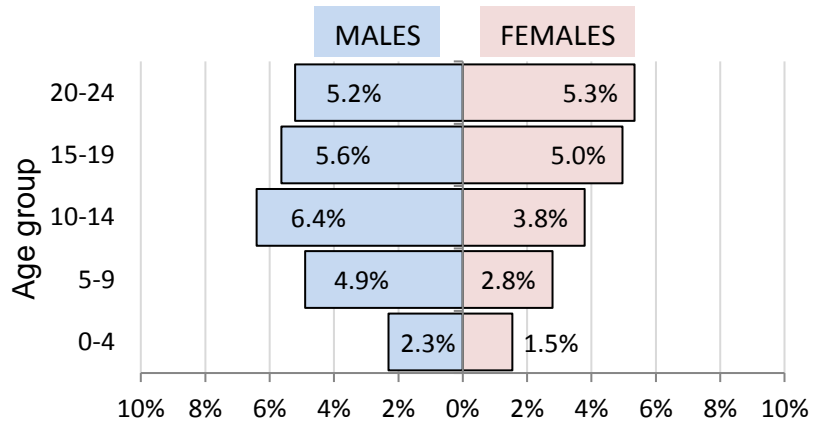
Older age groups are more likely to have SEN Statements. The proportions are highest for 11 to 15 year olds. For all SEN the proportions are highest for 9 to 13 year olds, Figure 23.

²⁹ Pool Young People's Survey 2014 – Years 4 to 6

³⁰ School Census Jan 2014

³¹ Vardill and Calvert, Gender imbalance in referrals to an educational psychology service. *Education Psychology in Practice* 16, 213-223, 2000

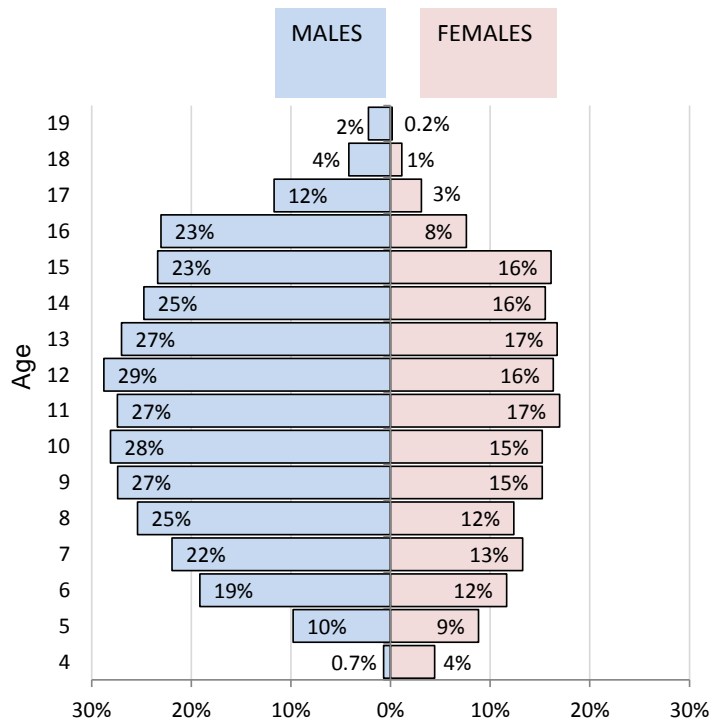
Figure 22: Age/ gender profile of children and young people with a limiting long term health problem or disability across Bournemouth, Dorset and Poole, January 2014



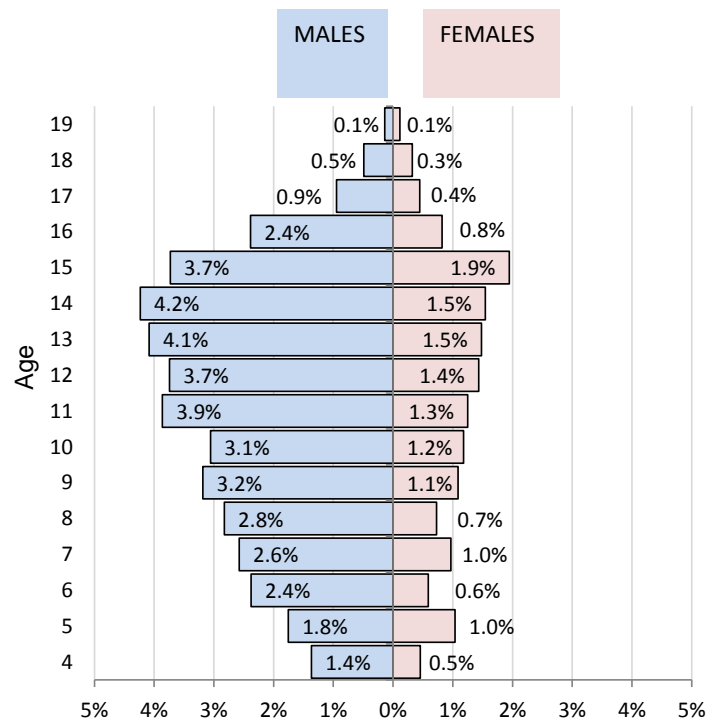
Source: 2011 Census

Figure 23: Age/ gender profile of pupils receiving support for SEN attending schools across Bournemouth, Dorset and Poole, January 2014

All pupils with SEN



Pupils with SEN Statement



Source: School Census Jan 2014

7.3 Poverty

Research suggests children with SEND in the UK experience higher levels of poverty and personal and social disadvantage³². Overall, 17% of pupils receiving support for SEN in schools across Bournemouth, Dorset and Poole, live in the most deprived national quartile of LSOAs³³, compared to only 13% of the overall population of children, Table 24.

The impact of deprivation was shown to be strongest for children with SEN at School Action and School Action+ levels. The association between SEN and poverty is strongest in Weymouth & Portland and Poole.

Children with certain Primary Need Types appear to be more concentrated in areas of poverty than others, Table 24.

In particular, 21% of children with Speech, language and communication needs, and severe learning difficulties live in the most deprived national quartile of LSOAs. This is a higher proportion than the overall population of children (13%), and all children with SEN (17%). Children with Behaviour, emotional and social difficulties and Moderate learning difficulties, also have higher proportions living in the most deprived areas (18%).

Table 24: Proportion of pupils attending schools in Bournemouth, Dorset and Poole, by Primary Need Type and national IDACI quartile, January 2014

	Total Number	% distribution by IDACI Quartile			
		Most Deprived		Least Deprived	
		IDACI Quartile 1	IDACI Quartile 2	IDACI Quartile 3	IDACI Quartile 4
Autistic spectrum disorder	980	12%	33%	35%	17%
Behaviour, emotional & social difficulties	1,938	18%	33%	30%	15%
Hearing impairment	236	17%	28%	32%	19%
Moderate learning difficulty	1,027	18%	33%	31%	14%
Multi-sensory impairment	20	15%	40%	30%	15%
Other difficulty/disability	411	11%	30%	35%	18%
Physical disability	353	12%	32%	35%	18%
Profound & multiple learning difficulty	75	12%	23%	37%	21%
Speech, language and communication needs	1,982	21%	33%	30%	13%
Severe learning difficulties	274	21%	29%	28%	18%
Specific learning difficulty	1,751	17%	29%	35%	15%
Visual impairment	85	13%	26%	31%	24%
All SEN	18,792	17%	31%	31%	16%
Total Population aged 4-19	127,333	13%	30%	34%	23%

Source: School Census January 2014 and Index of Income Deprivation Affecting Children (IDACI)

³² Blackburn et al, Prevalence of childhood disability and the characteristics and circumstances of disabled children in the UK: secondary analysis of the Family Resource Survey. BMC Pediatrics 2010, 10:21

³³ The most deprived LSOAs are Lower Super Output Areas with the highest proportions of children living in poverty as measured by the Income Deprivation Affecting Children (IDACI) Index, from the Indices of Multiple Deprivation (2010).

8. Service use / provision

The way local authorities, education and health services provide support and services for children with SEND are the subject of significant government reform. The Department of Health and Department for Education share an objective to achieve integrated support, across education, health and social care, for this group in order to improve outcomes and experience of care. This is set out as a key principle in the new SEN Code of Practice, and the legislation will come into effect in September 2014.

This section sets out available evidence on the current service use of children with SEN across education, social care and health for Bournemouth, Dorset and Poole, in order to inform the implementation of the changes.

8.1 Schools

Type of school provision for children with SEN

Children with SEN may be educated in special or mainstream schools. In recent years government policy has encouraged inclusion; currently 52% of Statemented pupils across Bournemouth, Dorset and Poole attend mainstream schools, compared to 53% nationally. 26% attend Primary schools, 25% Secondary schools and 1% all through schools.

There is some variation between the three authorities. Poole has the highest proportion of Statemented children attending special schools 54%, compared to 52% in Bournemouth and 44% in Dorset, Figure 25.

At School Action and School Action+ levels virtually no pupils are educated in Special schools. At School Action level the split is roughly 50/50 between mainstream Primary and Secondary. At School Action + level the split is around 60/40 with more children in the Primary than Secondary Sector.

OFSTED Grading of school provision for children with SEN

One principle underpinning the new 2014 SEN Code of Practice is “high quality provision to meet the needs of children and young people with SEN”.

65% of children with SEN in Bournemouth schools, 84% in Poole and 86% in Dorset attend schools with either an outstanding or good Ofsted grading. However, 22%, 13% and 14% respectively attend schools that have been graded as ‘Require improvement’ or ‘Inadequate’, Figure 26. Note no grading was available for schools attended by 13% of pupils in Bournemouth.

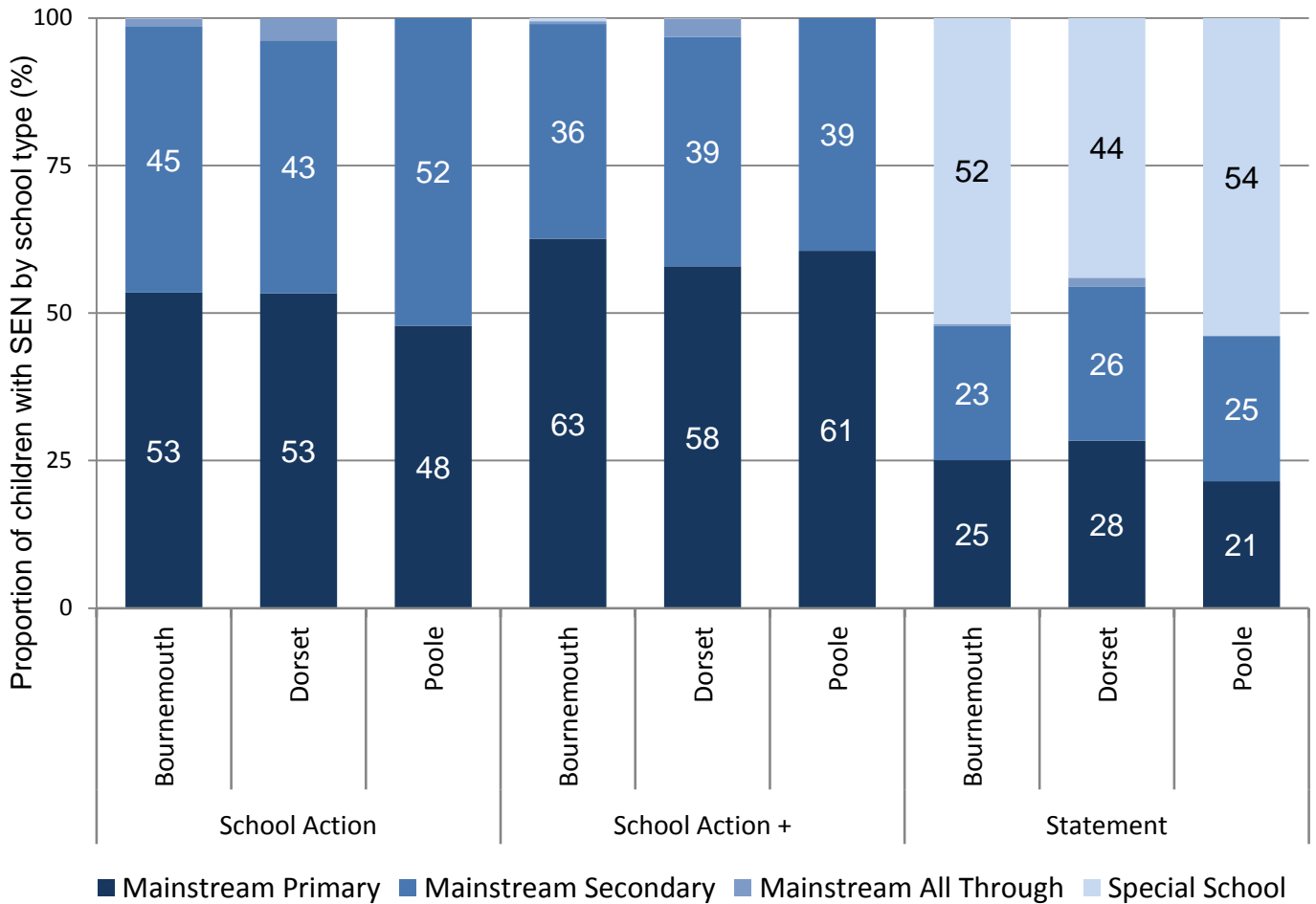
Children with SEN Statements who are home educated, educated out of area or in PFUs

Within the new 2014 SEN Code of Practice particular groups of children and young people have been highlighted, whose specific circumstances require additional consideration by those who work with and support their SEN.

Children who are home educated, educated out of area or in Pupil Referral Units (PFUs) are three such groups. The table below sets out the number of these children with SEN living in Bournemouth, Dorset and Poole.

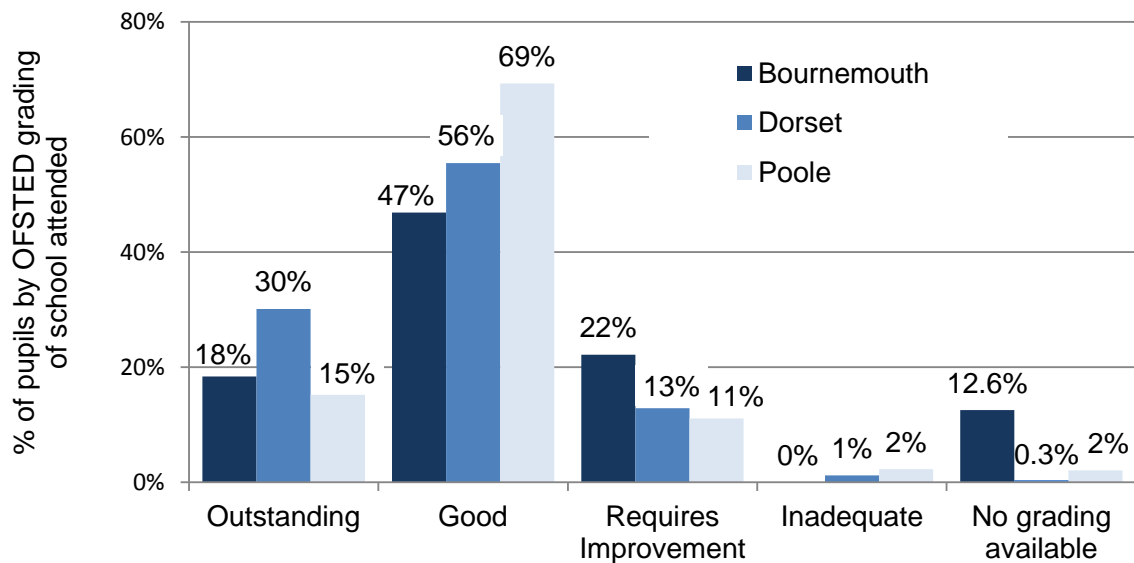
Note that Bournemouth does not have a Pupil Referral Unit (PRU). Instead it funds places at the Tregonwell Academy for the pupils that would have previously gone to a PRU.

Figure 25: Proportion of pupils attending schools in Bournemouth, Dorset and Poole, by school type and SEN level, January 2014



Source: School Census January 2014

Figure 26: OFSTED grading of schools attended by pupils with SEN across Bournemouth, Dorset and Poole, January 2014



Source: School Census January 2014
 (Note for a small number of schools no OFSTED grading was available)

Table 27: Children with SEN living in Bournemouth, Dorset and Poole, who are home educated, educated out of area or in a Pupil Referral Unit

	Bournemouth	Dorset	Poole	Total BDP
Educated in PRUs	0	114	52	166
Home educated	6	6	3	15
Educated out of area	149	156	97	402

Source: School Census 2014 & SEN Services databases, January 2014

8.2 Social Care

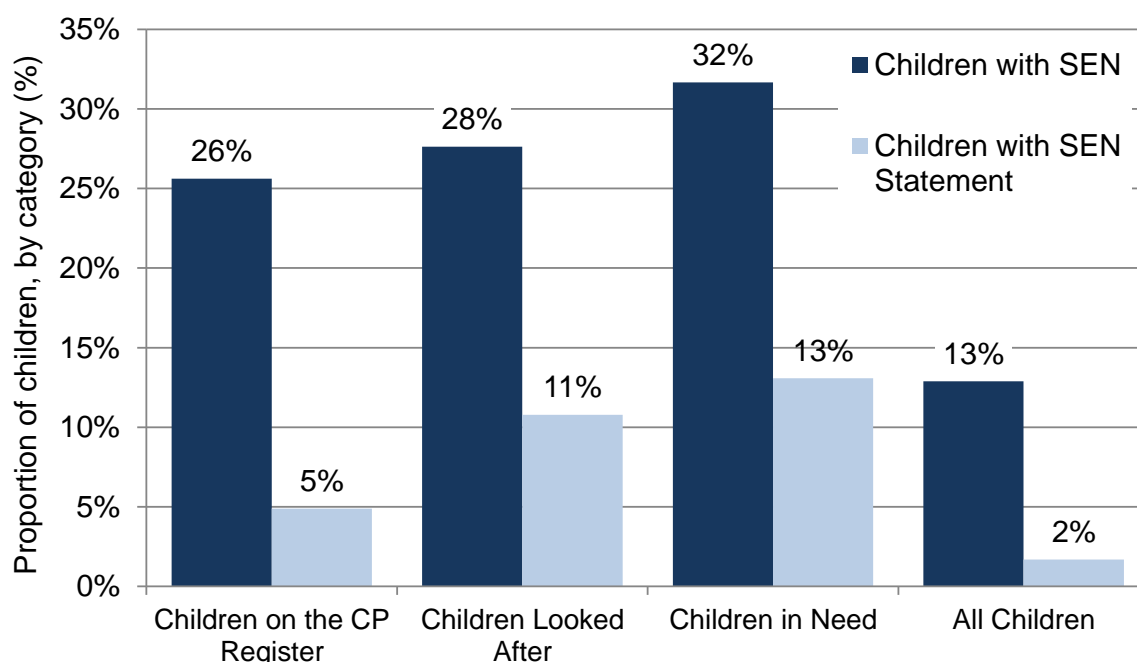
A high proportion of Children Looked After, children on the Child Protection Register and Children in Need (including disabled children) have SEN, and a significant number will have Education, Health and Care Plans once the new 2014 SEN Code of Practice is implemented. Currently, 609 Children in Need, 82 Children Looked After, and 28 Children on the CP Register have a SEN Statement across Bournemouth, Dorset and Poole.

Both national and local evidence suggests these groups are more at risk of having SEN than the population as a whole, Figure 28.

While 13% of children aged 0-19 living in Bournemouth, Dorset and Poole have SEN, almost a third of Children in Need (32%), over a quarter of Children Looked After (28%), and Children on the CP Register (26%) have SEN. And while 2% of all children have an SEN Statement, 5% of children on the CP Register, 11% of Children Looked After and 13% of Children in Need have an SEN Statement.

The 2014 SEN Code of Practice highlights these particular groups as requiring additional consideration due to their specific circumstances. The number of children affected in each authority is shown in Table 29.

Figure 28: Proportion of children aged 0-19 with SEN or SEN Statement by specific circumstances, for Bournemouth, Dorset and Poole



Source: Social Care Databases January 2014

Table 29: Number of Children in Need, Children Looked After, and Children on CP Register with SEN and SEN Statement, Bournemouth, Dorset and Poole – January 2014

	Bournemouth			Dorset			Poole			BDP		
	All children	Children with SEN	Children with SEN Statement	All children	Children with SEN	Children with SEN Statement	All children	Children with SEN	Children with SEN Statement	All children	Children with SEN	Children with SEN Statement
Children on the CP Register ¹	215	49	10	243	76	13	116	22	5	574	147	28
Children Looked After ¹	265	51	18	350	118	50	145	41	14	760	210	82
Children in Need ¹	1,406	345	122	2,181	833	346	1,068	296	141	4,655	1,474	609
All children aged 0-19 ²	39,859	4,094	608	85,754	12,570	1,536	33,304	3,808	525	158,917	20,472	2,669

Sources: ¹SFR45/ 2013 LA Tables <https://www.gov.uk/government/publications/>

²HCSIS GP Registration data - Feb 2014, matched data from School Census January 2014, SEN Service's databases January 2014, Social Care databases January 2014

8.3 Health

Limited local health data was accessible for the purposes of this analysis, on children with SEND and on access to health provision for this group in particular.

Poole Hospital Trust Paediatric Outpatients

Data was obtained from Poole Hospital Trust on children attending Poole Hospital Paediatric Outpatient Department between August 2013 and June 2014, by primary diagnosis, Figure 22.

928 children aged 0 to 21 were shown as attending Poole Hospital Paediatric Outpatient Services with a diagnosis of a learning disability or a condition that might predispose them to having an Education, Health and Care Plan (see Appendix B for diagnosis list). The service primarily covers children living in Poole (347 children), Bournemouth (267 children), East Dorset (140 children), Christchurch (75 children), and Purbeck (72 children).

Dorset Health Care Foundation Trust (DHCFT) Mental Health Services

National research suggests children and young people with SEN are more at risk of mental health difficulties³⁴. The new SEN Code of Practice acknowledges the importance of this relationship, with the removal of the behaviour, social and emotional category of SEN, replacing it with social, mental and emotional health.

Data was obtained on patients aged up to 25 with SEND, seen by any DHCFT mental health service from 1 April 2013 to 27 March 2014. This again covered diagnoses that could predispose a child or young person to potentially requiring an Education, Health and Care Plan (Appendix B).

511 individuals aged 0-24 accessed a service over the year, across Bournemouth, Dorset and Poole. A breakdown by diagnosis and Service is shown in Table 30.

³⁴ Rose, R., Howley, M., Fergusson, A. and Jament, J. (2009) Mental health and special educational needs: exploring a complex relationship. *British Journal Of Special Education*. 36(1), pp. 3-8. 1467-8578.

ADHD was the most common primary diagnosis, accounting for between 70-90% of patients attending all Services, bar the CAMHS Learning Disability Service. 131 patients with mild, moderate or severe learning disabilities accessed DHCFT services, of which the majority (122) attended a CAMHS Learning Disability Service.

Table 30: Number of patients aged less than 25 with specific diagnosis attending DHCFT Services between 1 April 2013 and 27 March 2014

Diagnosis	Adult Mental Health Services (AMH)	Child Adolescent Mental Health Services (CAMHS) T2	Child Adolescent Mental Health Services (CAMHS) T3	Child Adolescent Mental Health Services (CAMHS) Learning Disability	Child Adolescent Mental Health Services (CAMHS) Other
Mild Learning Disability	<5	0	<5	70	<5
Moderate Learning Disability	0	0	<5	28	0
Severe Learning Disability	0	0	0	24	0
Speech and Language Development Disorder	<5	<5	11	5	<5
ADHD	127	8	163	10	21
Autistic Spectrum Disorder	0	0	<5	0	<5
Other diagnosis (including conduct disorder, cerebral palsy, Down's syndrome)	<5	<5	14	<5	<5
All diagnosis	136	10	196	139	30

Source: DHCFT Mental Health System RIO (24.03.2014)

9. Key issues

This Needs Assessment was carried out to provide an understanding of the current and potential future levels of need of children and young people with SEN at both local authority and pan Dorset level, and to draw out some key issues to be presented to the Pan Dorset SEND Programme Board.

The table below summarises the seven key issues, identified through this Needs Assessment and a workshop to deliberate the key findings comprising a sub-group of the PAN Dorset SEND Programme Board.

Key issues	Evidence from Needs Assessment	Recommendations
<p>1. Ensure provision and services reflect local need</p>	<ul style="list-style-type: none"> • Projected increase in the number of children with SEN to 2019 due to population increase. • Shift to a younger age distribution with an increase in children aged 5-14 in particular. • Change in the nature of SEN, with a growing number of children with Speech Language & Communication Difficulties (SLCD), Autistic Spectrum Disorder (ASD) and Profound & Multiple Learning Difficulties (PMLD). • Increase in the prevalence of life limiting conditions, especially for the 16+ age range. • Identified priority areas with highest need. • A disproportionate number of children with SEN live in the most deprived areas, especially for children with Speech Language & Communication Difficulties (SLCD), Severe Learning Difficulties (SLD) and Behaviour Emotional & Social Difficulties (BESD). 	<ul style="list-style-type: none"> • Ensure services change and develop in response to local needs and the changing make up of the population. • Ensure appropriate provision is available in priority areas with the highest need and areas with high levels of deprivation in particular. • Acknowledge that a disproportionate number of children with SLCD, SLD & BESD in particular, live in the most deprived areas. • Monitor trends and review issues, and link this into the SEND outcomes framework being developed on a Pan Dorset basis.

Key issues	Evidence from Needs Assessment	Recommendations
<p>2. Focus on the quality assessment of individual needs to ensure appropriate identification & provision</p>	<ul style="list-style-type: none"> • A fifth of pupils in schools across Bournemouth, Dorset & Poole were classified as having SEN in January 2014. The same proportion as the Lamb Enquiry found to be ‘underperforming against the current definition of performance and outcomes we apply’. • An estimated 4 to 7% of children aged 0-24 have a long term health problem or disability across Bournemouth, Dorset & Poole. 3% claim Disability Living Allowance. • The correlation between the prevalence of SEN and disability is low. • Almost a quarter of Statemented children are classified as having Autism as their Primary Need, across Bournemouth, Dorset and Poole. • Anecdotal evidence suggests high levels of ASD diagnosis across Dorset. 	<ul style="list-style-type: none"> • Ensure appropriate identification and provision through quality individual assessment. • Acknowledge there may be vulnerabilities impacting on learning outcomes that can be misunderstood as SEN. • Take a strategic view on any over-identification of SEN, and provide clarity across stakeholders (including parents) on what is SEN. • Clarify the local authorities’ role in advising and enabling schools, to ensure appropriate identification, support and intervention is available for lower level SEN within the ‘Additional SEN Support’ category. • Provide clear outcome based triggers & gateway to additional resources. • Recognise that SEN and limiting long term illness & disability are not the same, but there is some overlap. • Question whether the level of Statemented children with Autistic Spectrum Disorder (ASD) is appropriate, and link with anecdotal evidence of disproportionate levels of ASD diagnosis across Dorset.
<p>3. Maintain a consistent approach to identification & provision for SEN across Bournemouth, Dorset and Poole</p>	<ul style="list-style-type: none"> • Polarised pattern of children with SEN by area across Bournemouth, Dorset & Poole, and a variation in the proportion of pupils with SEN across mainstream schools. 	<ul style="list-style-type: none"> • Ensure elements of individual local authority systems & funding arrangements do not lead to variations in identification, provision and outcomes for children with SEN across Bournemouth, Dorset and Poole. • Provide transparent information on funding for SEN.

Key issues	Evidence from Needs Assessment	Actions & recommendations
<p>3. Maintain a consistent approach to identification & provision for SEN across Bournemouth, Dorset and Poole (continued)</p>	<ul style="list-style-type: none"> • Polarisation is not simply a reflection of differences in level of need, but may be due to a combination of factors including: individual authority policy & practice; differences in approach to classification; variation in local provision; and population characteristics. • National research has shown there to be a parental perception of inconsistency. 	<ul style="list-style-type: none"> • Explore local variations in levels of SEN and carry out focused work in individual schools that are outliers.
<p>4. Strengthen early recognition of needs and intervention</p>	<ul style="list-style-type: none"> • Older age groups are most likely to be classified as SEN. The prevalence of Statements peaks between ages 11-15. • The largest increase in the proportion of children with a Statement is between age 10 and 11. • 0.3% of children aged <5 has a Statement across Bournemouth, Dorset and Poole. • 132 children aged <5 has an SEN Statement compared to 460 who claim Disability Living Allowance. • Risk factors for SEN include gender, ethnicity and specific vulnerable groups: children in local authority care; children on the CP register; children in need; young offenders; and children of armed forces personnel. 	<ul style="list-style-type: none"> • Identify and evaluate at what age requests for assessments are being made. • Ensure pathways for access to early diagnosis are clear and understood, in particular the notification model from health. • Make sure the new Medical Officer Role contributes to improved identification in the early years. • Highlight the issue around transfer to Secondary school, and the increase in Statements at Secondary level. • Ensure early recognition and appropriate intervention for children from at risk groups, through a timely and integrated assessment process. • Strengthen early recognition and intervention for children within the 'Additional SEN Support' category, particularly with BESC & SLCD living in deprived areas.

Key issues	Evidence from Needs Assessment	Actions & recommendations
5. Strengthen inclusion in mainstream settings	<ul style="list-style-type: none"> • There is variation in special school placement across LAs. • Poole has experienced a rise in its special schools placements between 2007 to 2013. • Bournemouth and Dorset show a decrease in the special school population from 2011-13. 	<ul style="list-style-type: none"> • Understand the reasons for rising special school placements in Poole. • Maintain and strengthen inclusion in mainstream settings.
6. Focus on improving outcomes	<ul style="list-style-type: none"> • SEN is a strong predictor of poorer outcomes • Poole Youth Survey 2014 showed a strong association between SEN and feeling uniformed; being bullied; feeling safe when out and about; and having tried smoking. • A high number of children and young people with SEND accessed DHCFT mental health services. • Specific vulnerable groups were shown to be more at risk of having SEN. 	<ul style="list-style-type: none"> • Look at the number of Statements discontinued and reasons for ending Statements. Ensure we are doing reviews and evaluating interventions. • Link to Young Researchers Project to provide a qualitative element to understanding issues and how they can best be addressed. • Acknowledge the close relationship between SEN and mental health issues.
7. Address information gaps	<ul style="list-style-type: none"> • Information gaps highlighted in this analysis: <ul style="list-style-type: none"> - Cross border movement of children with SEN being educated out of area; - Children accessing individual health services e.g. speech & language therapy; - Data on diagnosis type across Dorset from health, in particular evidence on variations in diagnosis specific to ASD; - Cross reference data with Youth Offending Team for Bournemouth & Poole; - Impact of children with EAL on SEN support. 	<ul style="list-style-type: none"> • Address information gaps highlighted in this analysis. • Develop a data agenda & link this with the Pan Dorset outcomes framework being developed.

Appendix A: Summary data on children with SEND across Bournemouth, Dorset and Poole

Source	Data description	Poole	Bournemouth	Dorset	TOTAL BDP	Christchurch	East Dorset	North Dorset	Purbeck	West Dorset	Weymouth & Portland
ONS Mid Year Estimates 2012	Children and young people aged 0-24	40,700	55,379	105,659	201,738	11,538	20,960	19,421	11,566	24,484	17,686
GP Registration data Feb 2014	Children and young people aged 0-24	42,064	56,839	105,522	204,425	11,842	20,783	18,917	11,110	25,140	17,730
2011 Census	Children and young people aged 0-24 with long term health problem or disability where day to day activities are limited a lot or a little	1,669	2,210	4,590	8,469	488	893	765	470	989	985
	% Children and young people aged 0-24 with long term health problem or disability where day to day activities are limited a lot or a little	4.1%	4.0%	4.3%	4.2%	4.2%	4.3%	4.0%	4.1%	4.0%	5.5%
	Children and young people aged 0-24 with long term health problem or disability where day to day activities are limited a lot	629	753	1717	3099	207	336	247	193	369	365
	Children and young people aged 0-24 with long term health problem or disability where day to day activities are limited a little	1040	1457	2873	5370	281	557	518	277	620	620
Family Resource Survey 2011/12	Estimated children and young people aged 0-24 with a long-standing illness, disability or impairment which causes substantial difficulty with day-to-day activities based on FRS 2011/12 prevalence rate (6.7%) and ONS 2012 Mid Year Estimates	2,727	3,710	7,079	13,516	773	1,404	1,301	775	1,640	1,185
	Estimated children and young people aged 0-24 with a long-standing illness, disability or impairment which causes substantial difficulty with day-to-day activities based on FRS 2011/12 prevalence rate (6.7%) and Feb 2014 GP Registration data	2,818	3,808	7,070	13,696	793	1,392	1,267	744	1,684	1,188
DWP August 2013	Children and young people aged 0-24 claiming Disability Living Allowance	1,210	1,430	3,590	6,230	370	590	620	360	850	800
	% Children and young people aged 0-24 claiming Disability Living Allowance	2.9%	2.5%	3.4%	3.0%	3.1%	2.8%	3.3%	3.2%	3.4%	4.5%
SEN2 Return Jan 2014	Children aged 0-19 with SEN Statement (Children living in the Borough)	486	679	1,426	2,591						
	% Children aged 0-19 with SEN Statement (Children living in the Borough)	1.5%	1.7%	1.7%	1.6%						
School Census Jan 2014	Children aged 0-19 with SEN Statement (Children attending school in the Borough)	525	608	1,536	2,669						
	Children aged 0-19 with School Action + (Children attending school in the Borough)	1,216	1,332	4,292	6,840						
	Children aged 0-19 with School Action (Children attending school in the Borough)	1,975	1,989	5,670	9,634						
	Total children aged 0-19 with SEN (Children attending school in the Borough)	3,808	4,094	12,570	20,472						
	% of pupils attending schools	19%	17%	21%	20%						
Fraser et al, Paediatrics 2011-2846	Children aged 0-19 with life-limiting conditions based on prevalence of 32.2 per 10,000 and Feb 2014 GP Registration data	107	132	265	504	30	51	49	28	63	45

Appendix B: Diagnosis list with ICD 10 codes

ICD10 Code	Diagnosis
F91	Disorder of Conduct
F84.0	Pervasive Developmental Disorder (Autism Spectrum Disorder)
F90	Hyperkinetic Disorder (ADHD)
F90.9	ADHD without hyperactivity
F70	Mild learning disability (Mild mental retardation)
F71	Moderate learning disability (Moderate mental retardation)
F72	Severe learning disability (Severe mental retardation)
F80.9	Disorder of speech and language development
F81	Specific developmental disorder of scholastic skills
E88.9	Metabolic disorders
Q99.9	Chromosomal abnormality
Q90.9	Downs syndrome
Z93.1	Gastrostomy status
G80	Cerebral palsy
H54.2	Moderate visual impairment, binocular (low vision both eyes)
H90.3	Sensorineural hearing loss, bilateral