

Children and Young People's JSNA (BCP)

January 2025



This Joint Strategic Needs Assessment identifies some of the current and future health and wellbeing needs experienced by our children and young people. It has been developed through analysis of local and national data, collation of qualitative information and through discussions with stakeholders. The broadest age definition has been chosen to encompass young people, and support services who work with this age group, including transition to adult services.

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BCP has 111,945 0–24-year-olds. This makes up 28% of BCP residents.

97% of 0–15-year-olds and 91% of 16-24 years say their health is good.



The percentage of children eligible for free school meals has been increasing.

There are areas of BCP that have higher rates of children experiencing deprivation



BCP has great environmental assets for CYP growing up. However, greenspace access is not equitable.

CYP rating their health as 'not good' is higher in rented households



Generally, CYP in BCP achieve academically. However, some groups do less well such as those eligible for free school meals.

Pupil absence remains high post-pandemic.



Generally, the health behaviours of our CYP compare favourably to England.

We do see variation – activity levels are lowest for Years 3-4, and some areas see higher rates of obesity.

Our Children and Young People (CYP)

Nationally 1 in 6 children are estimated to have a mental health disorder.

We have seen an increase in SEN pupils with Social, Emotional and Mental Health as their primary need.



Admissions for asthma have been improving, however there is variation in admission rates by PCN.

Children in care are identified as a priority group for oral health



Breastfeeding rates and mothers smoking at time of delivery have continued to improve.

There may be some needs around communication and fine motor skills in young children.



Some areas continue to see increasing demand for services including SEND and CAMHS.

Social Care referrals and children in need decreased in 2022/23.



Health needs for consideration in future planning include; smoking and vaping, digital wellbeing, growing mental health challenges, physical fitness and obesity prevention.



Thriving Communities and the building blocks of health

We want our children and young people to have the best opportunities in life and to be supported to flourish and grow. In the BCP area, there is a notable disparity in health and longevity; males from Broadstone have an average life expectancy of 83.4 years, in contrast to those from Boscombe West, who live almost 9 years less.

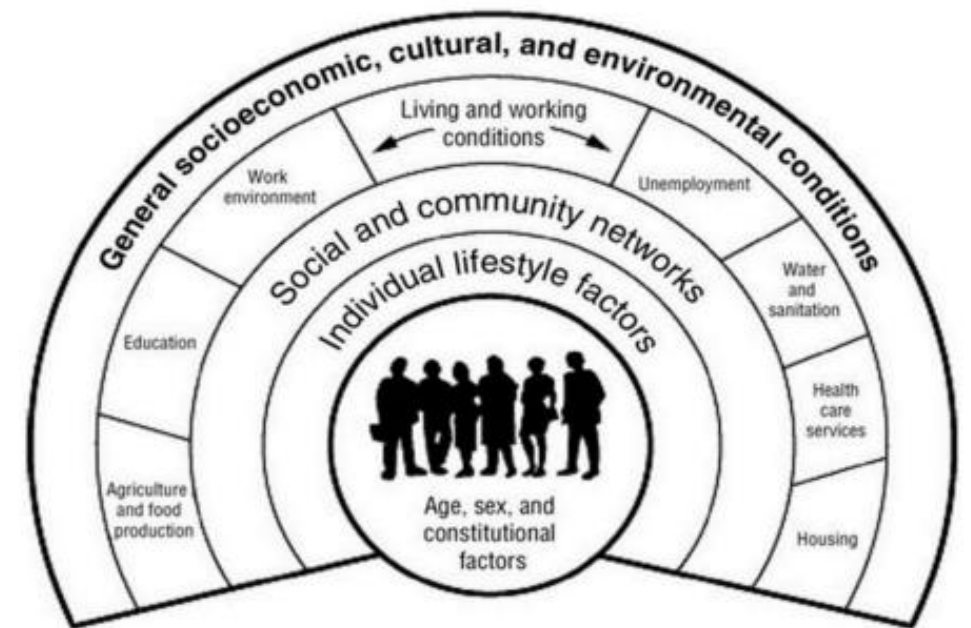
Bridging this life expectancy gap and fostering environments where our children and young people can thrive requires the right 'building blocks' to be in place - such as quality secure housing, good education, safe and healthy environments, and robust social connections.

These elements, termed the wider determinants of health, are crucial for maintaining our health and wellbeing. Children and young people experience huge changes as they mature into adulthood – from physical development to emotional and social development – which the wider determinants can impact.

For example, living in poor quality housing can mean that there are hazards or poor heating/insulation which can lead to damp and mould problems. Exposure to hazards at home increases the risks of accidents and injuries whilst damp and mould can impact respiratory conditions.

As well as the physical quality of housing, insecurity and homelessness can have physical and mental health impacts. Insecure housing can adversely impact or disrupt education and training for example.

The broad social and economic circumstances that together determine the quality of the health of the population are known as the 'social determinants of health'



Source: Dahlgren and Whitehead (1991)

What do children, young people and families say about their communities?

CYP Partnership Plan Respondents

“Coming back to school has made me happy – seeing my friends again. Seeing people face to face is better.”

“We want to help others and get involved in projects that make you feel useful – do things you wouldn’t get to do at school.”

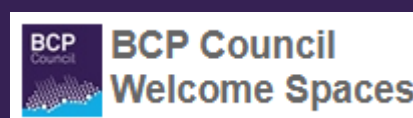
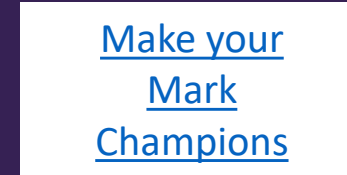
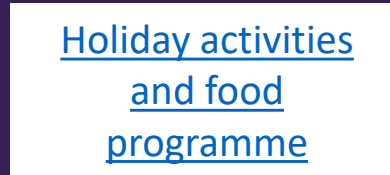
“It’s who you do activities with that make it important.”

“Sport – exercise with others. Brings people together. Forget about things and have a good time. Competitive too. Makes exercise more engaging and fun.”

“I am happiest when I watch the sunset with my mum and dad because it makes me feel calm.”

Create a safe and healthy place, where residents and visitors feel safe and welcome
BCP Corporate Strategy

BCP's Assets



Population

Just over a quarter (27.7%) of BCP's residents are children and young people (0-24). The population has increased by about 3,500 people since 2013 – the changing age profile of the population is shown on the right with a decrease in the younger population. Population projections estimate that the 0–15-year-old population will continue to decrease based on previous trends in fertility and migration.

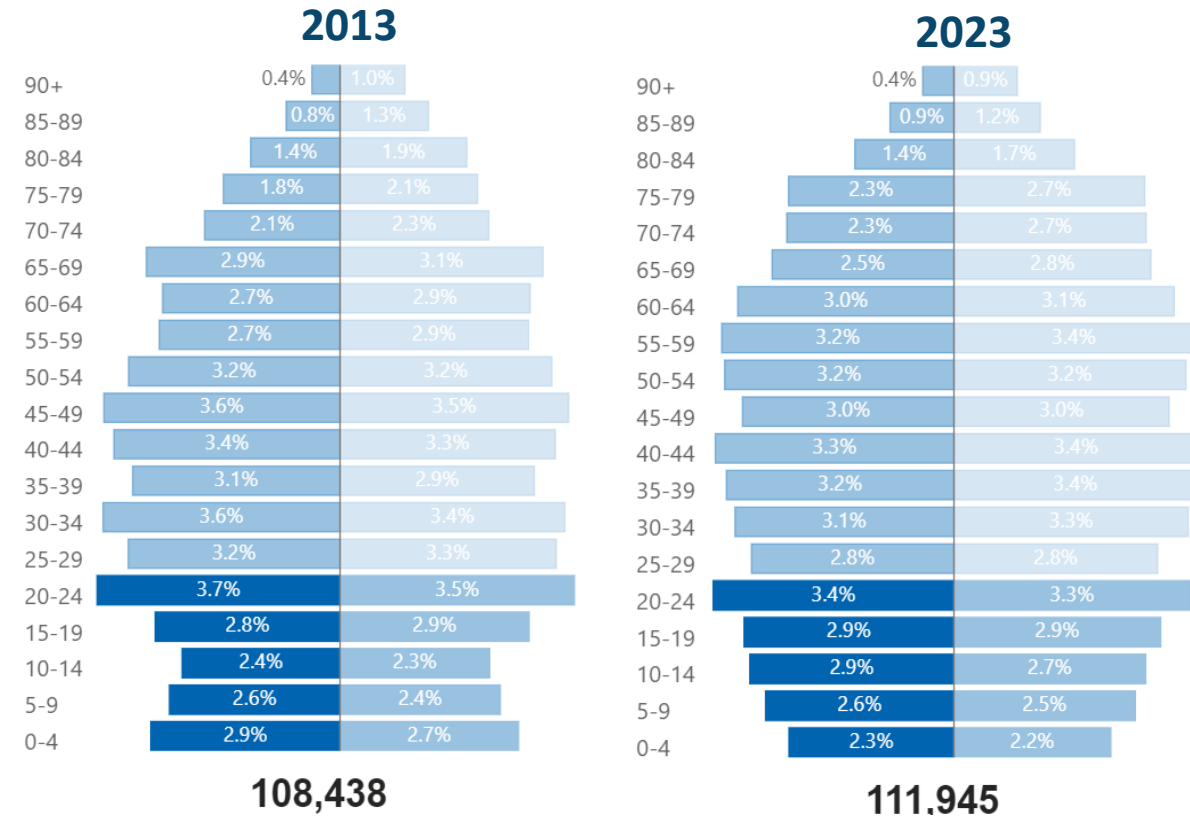
Nearly 25% of households in BCP have dependent children living in the household, with the majority being single family households. 2.2% are multiple family households with dependent children.

The population of BCP has become increasingly diverse – over 80 languages are spoken with the top 5 languages (excluding English) including Polish, Portuguese, Romanian, Spanish and Hungarian.

According to the January 2022 school census, 23% of pupils attending state-funded BCP schools identify as non-white British.

[BCP Population Dashboard](#)
[State of BCP \(bcpcouncil.gov.uk\)](http://bcpcouncil.gov.uk)

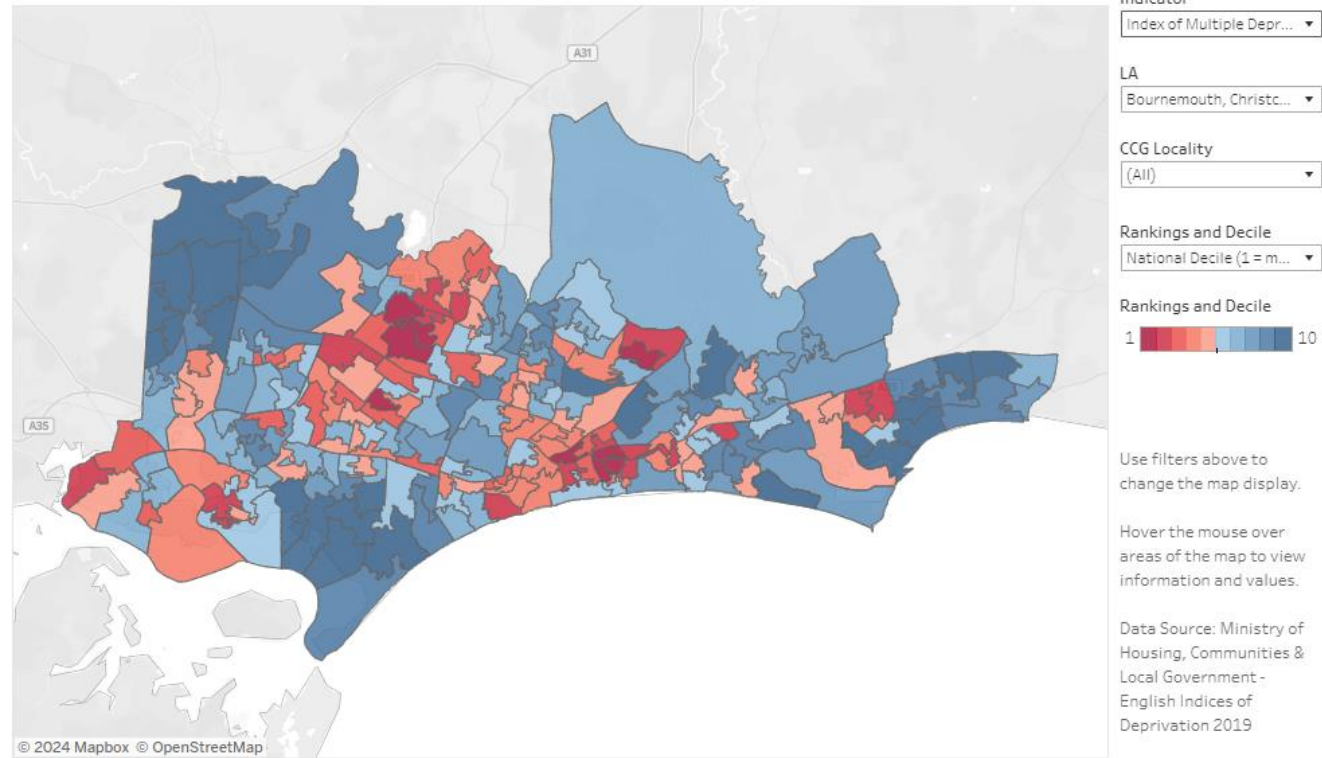
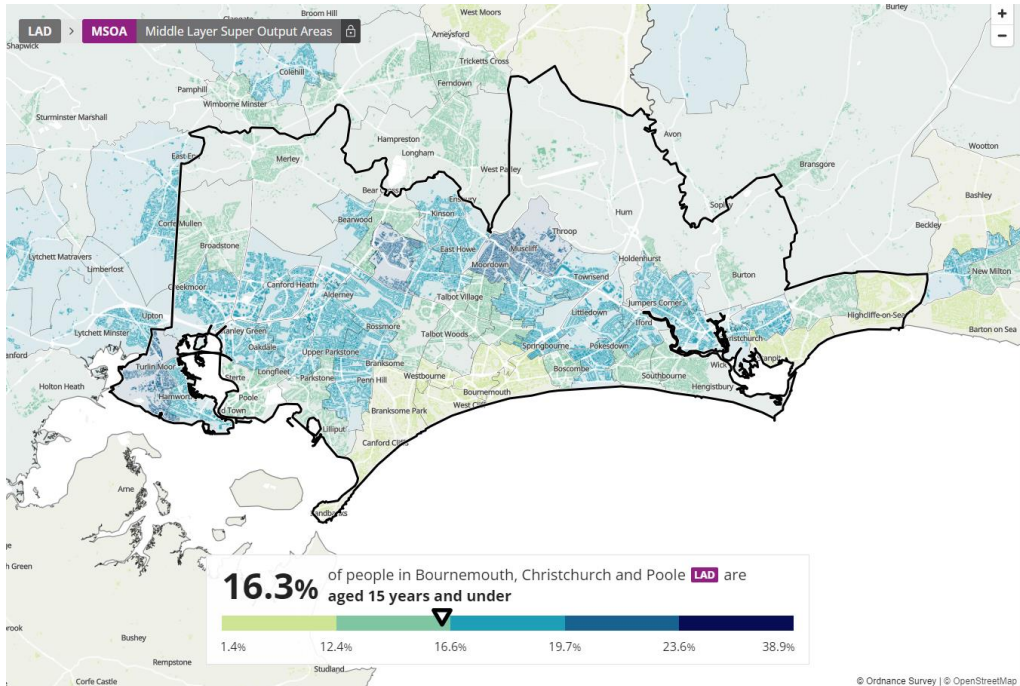
Age band	Population
0-4	18,185
5-9	20,892
10-15	26,826
16-17	8,382
18-24	37,660



Geography

Just over 16% of people in BCP are aged under 15 – the Census map below shows where they live. We have higher proportions of children in Hamworthy, through central Poole, Kinson, Moordown and Muscliff. When we compare this with our deprivation map (right), there are areas of higher deprivation in the Hamworthy, Central Poole and Kinson areas where we have the highest proportion of children.

Deprivation refers to unmet needs caused by a lack of resources, not just financial. Deprivation can have far-reaching effects on the health of children and young people, examples include increased risk of illness, chronic conditions in adulthood, lower quality nutrition, mental health impacts and insecure housing.



Created and maintained by the Public Health Dorset Intelligence Team
Last updated 18/02/2021

Income and Cost of Living

The UK's cost of living crisis, which began escalating in late 2021, has been characterized by a persistent rise in inflation outpacing wage and benefit growth, leading to reduced real disposable incomes. There is evidence that childhood poverty leads to premature death and poor health outcomes in adulthood. There is also evidence to show that children who live in poverty are exposed to risks that can have an impact on their mental health. 10.8% of under 16s in 22/23 live in low-income families (low income before housing costs).

What are the trends?

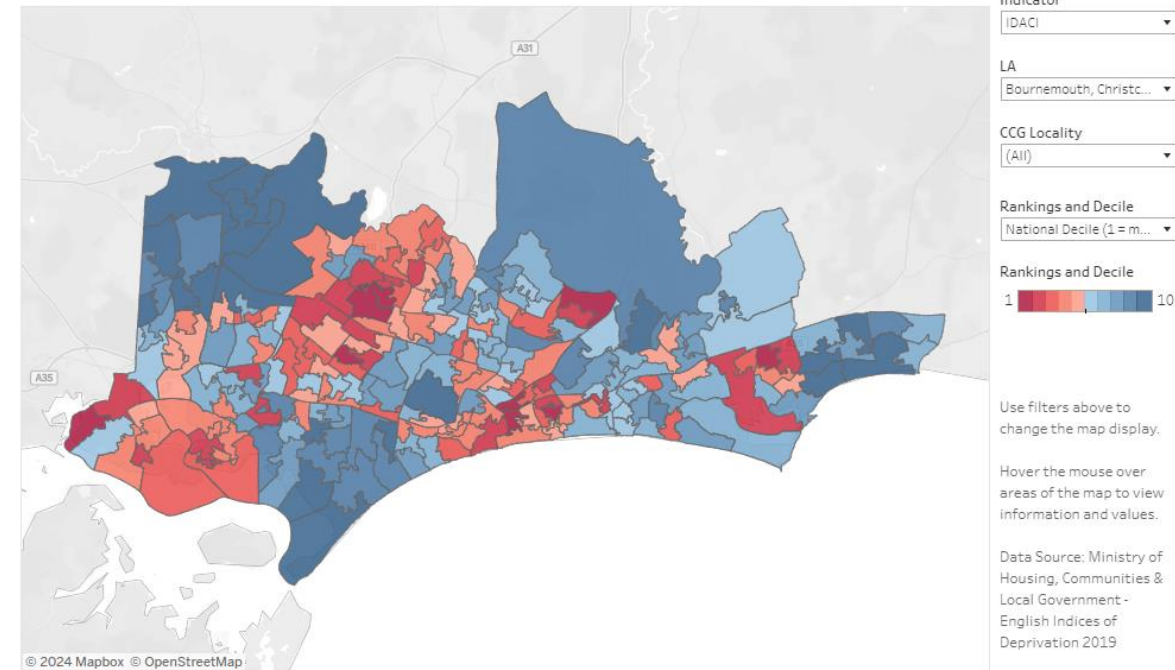
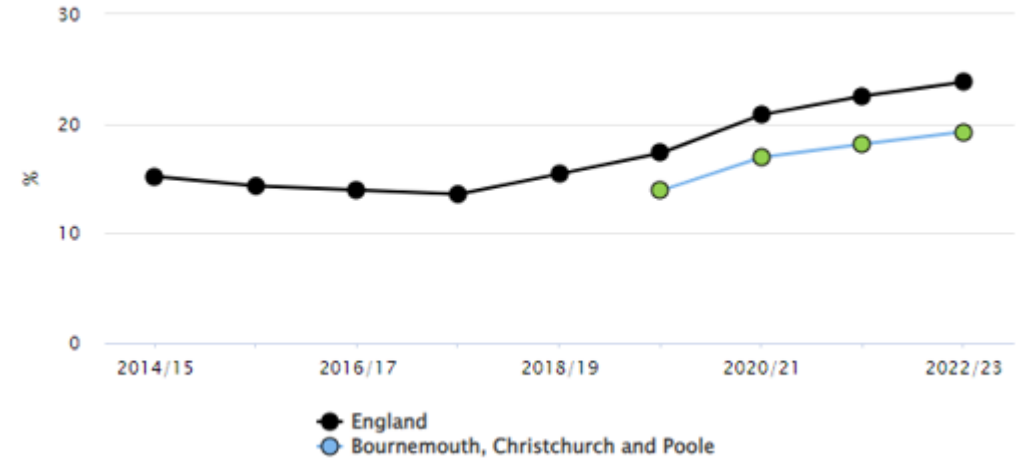
Children in state-funded schools are entitled to free school meals if a parent or carer has a low income and is in receipt of income related benefits such as universal credit. The proportion of free school meal eligible pupils has been increasing in BCP from 13.9% in 19/20 to 19.3% in 22/23.

Where are the areas of need?

The Income Deprivation Affecting Children Index (IDACI) 2019 measures the proportion of all children aged 0-15 living in income deprived households. The map to the right shows the areas of BCP where there are higher proportions of children experiencing income deprivation; areas in the 20% most deprived quintile include

- Turlin Moor
- Turbary Common, Wallisdown
- West Howe
- Rossmore
- Eastcliff and Holdenhurst Road
- Boscombe Central
- Townsend
- Somerford West

% of pupils eligible for free school meals



Housing

In the 2021 Census, 51% of residents aged 0-24 lived in owned households and 49% in rented households.

Housing issues that can impact children and young people’s health include overcrowding, poor housing conditions and non-decent homes. National research finds that more than 1 in 10 children living in non-decent housing in England.

In BCP, children and young people with ‘not good’ health is higher in rented households, particularly social rented. This might be for a variety of reasons including housing conditions.

What are the trends?

Homelessness affecting households with dependent children has decreased slightly from 2019/20 but remains above the England average. In 2019/20 the rate of households with children at risk of homelessness was 21.1 per 1000 households. This has decreased to 17.5 per 1000 in 2022/23.

Where are the areas of need?

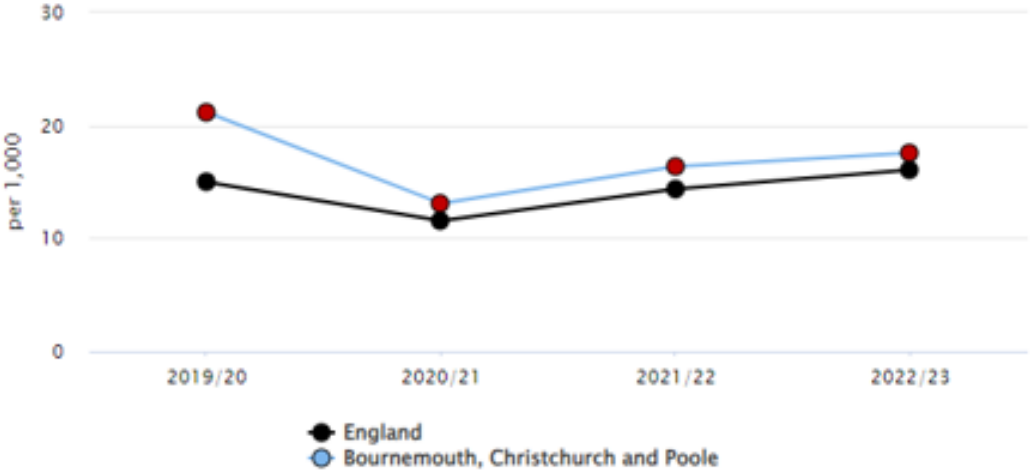
10% of households with dependent children (0-15 years old) were classed as overcrowded in the Census. This equates to just over 4000 households who are over occupied according to the bedroom standard (the household has fewer bedrooms than required. This varies by area

- Boscombe West (27.5% of households with dependent children)
- Bournemouth Central (27.1% of households with dependent children)
- East Cliff and Springbourne (19.1% of households with dependent children)
- Westbourne and Westcliff (17% of households with dependent children)

[Tenure of household - Census Maps, ONS](#)

Household Tenure	% CYP with good health	% CYP with not good health
Owned	97%	3%
Rented – Social rented	90%	10%
Rented – Private rented	94%	6%

Homelessness – households with dependent children owed a duty under the Homelessness Reduction Act



Education

We want our children and young people to fulfil their full potential in education, learning and future employment - education is crucial for economic growth, health and wellbeing and is a driver of social mobility.

Early Years Foundation Stage

In BCP, children and young people generally achieve well, however there are some differences. Whilst 70.4% achieve a good level of development at the end of reception (above national – 67.7%) children eligible for free school meals do less well.

Phonics

There is a strong performance in Phonics in BCP with 81.3% of children meeting the expected standard, an increase of 2.3pp. This is above national and South-West outcomes. In 2023, girls and non-FSM boys were in line with national data. In 2024, the only groups below national are now FSM. All FSM groups increased their attainment this year and are closing the gap to national.

Key Stage 2

Children reaching the expected standard at Key Stage 2 has been consistently above the national average. 63% of the cohort met expected or greater depth standard, a reduction of 0.8ppt. Disadvantaged children dropped by 1.6ppt and are below national by 2.2ppt.

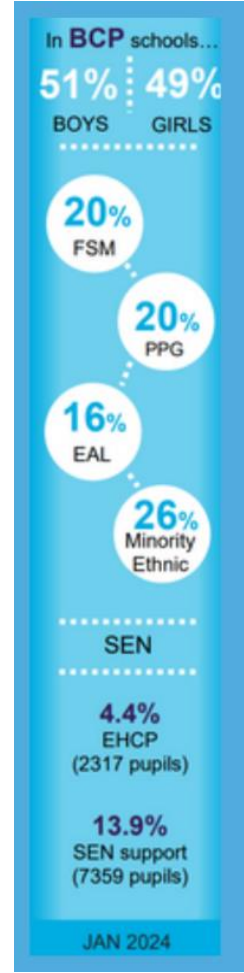
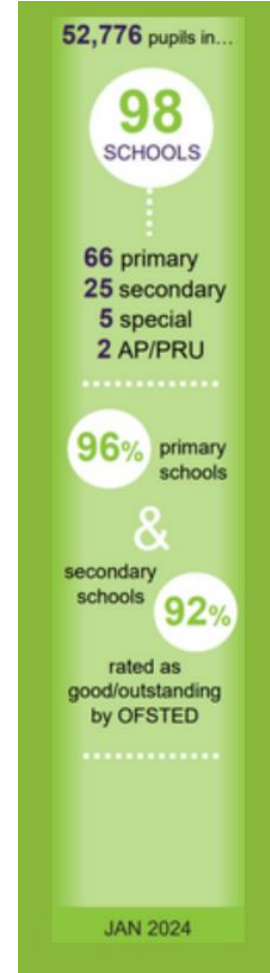
Key Stage 4

The Cohort of 2024 have improved performance, across most headline measures compared to 2023. An improvement of 2.9pp for a standard pass in English and Maths and 4.5pp for a Good pass in English and Maths. The average attainment 8 score of 50.1 (2024) falls in the best quintile in England. Differences remain at key stage 4, with children in care having a much lower attainment 8 score (18.9) than other pupils (50.1).

Key Stage 5

29.2% of BCP grades were graded A* or A which is above the emerging national data of 27.8% of all grades being A* or A grades • In 2019 17.4% of BCP students got AAB or higher. In 2024 27.5% of students achieved AAB or higher. • Course completion rates improved this year with 93% of students completing their A Level courses.

Schools, Settings and children in BCP



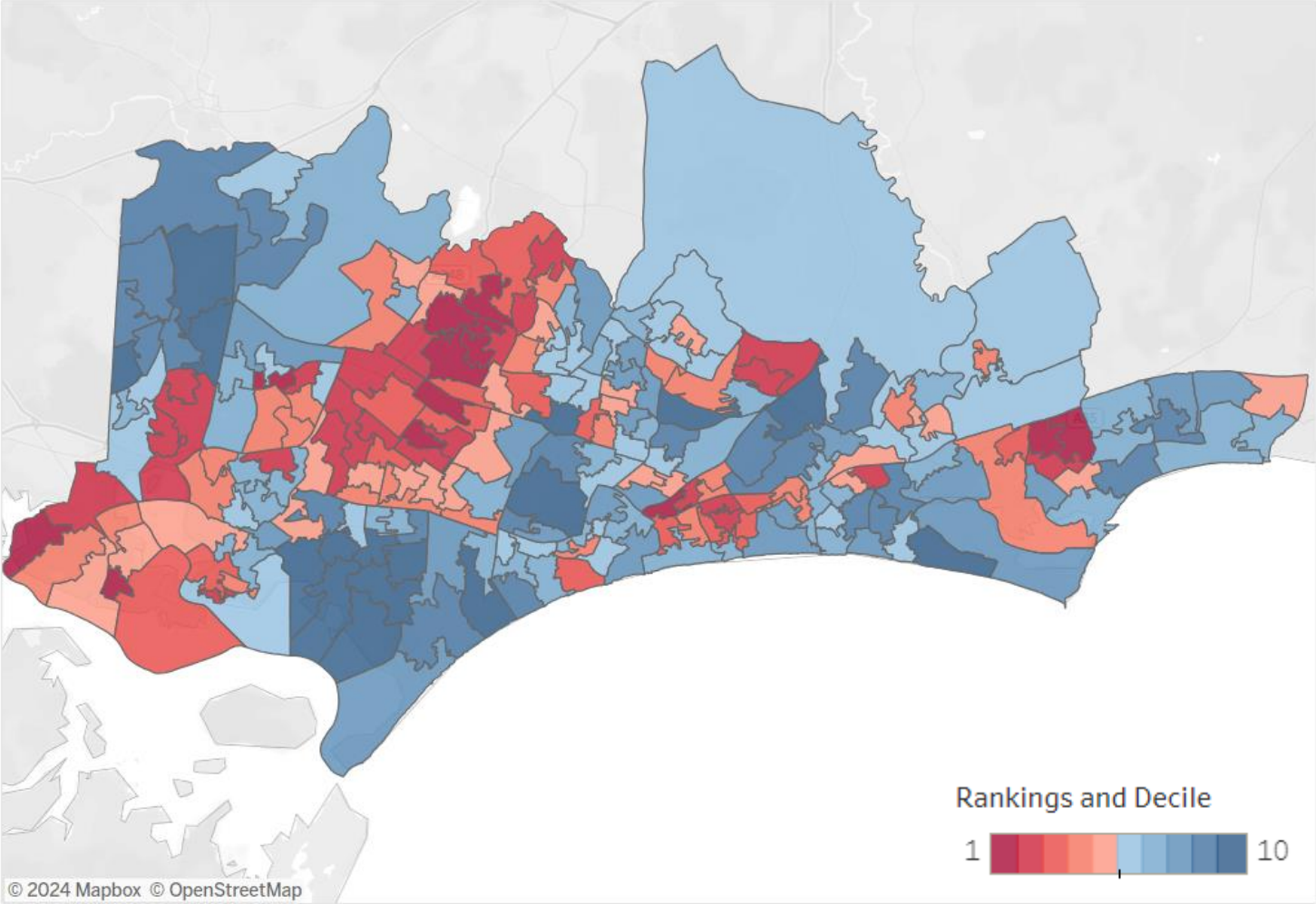
Education

Where are the areas of need?

The IMD Education, Skills and Training domain looks at the level of attainment and skills in the local population. The map to the right shows the areas of BCP where there are higher proportions of education related deprivation; areas in the 20% most deprived quintile include

- Parts of Hamworthy
- Part of Canford Heath
- Turbary Common, West Howe and Poole Lane
- Rossmore
- Holdenhurst Road
- Somerford

Education, Skills and Training Deprivation (2019)



Environment

BCP has unique features that makes it a special place for both residents and visitors – areas of outstanding beauty, heathlands and award winning coastline.

The environment we live in has important influence on our lives– there are several aspects that can affect our health. Exposure to air pollution can lead to respiratory issues, climate change can exacerbate health inequalities and limited access to greenspace can impact physical and mental health.

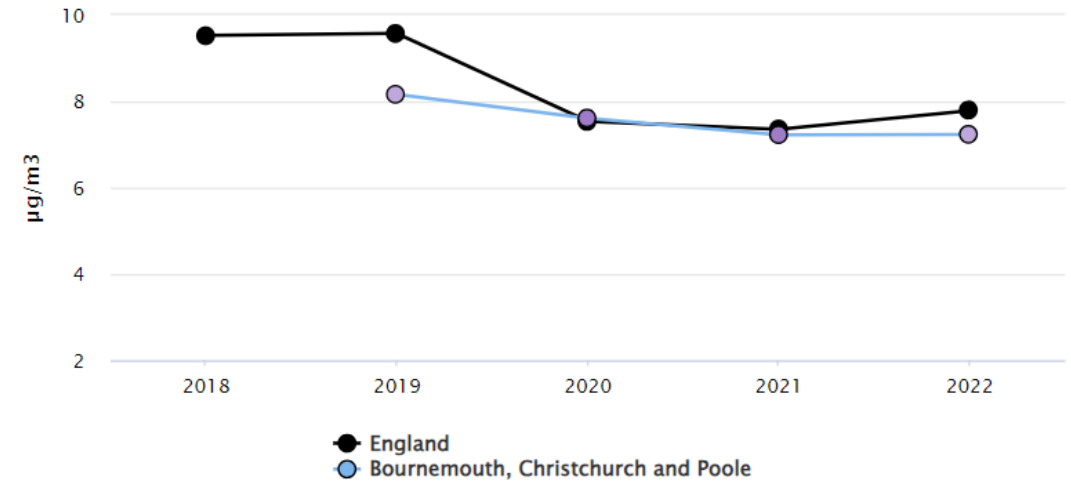
What are the trends?

The concentration of Particulate Matter (2.5) has been decreasing since 2019. PM2.5 refers to fine matter in the air, smaller than 2.5 micrometres, that is composed of various substances such as dust, dirt, soot, smoke and liquid droplets.

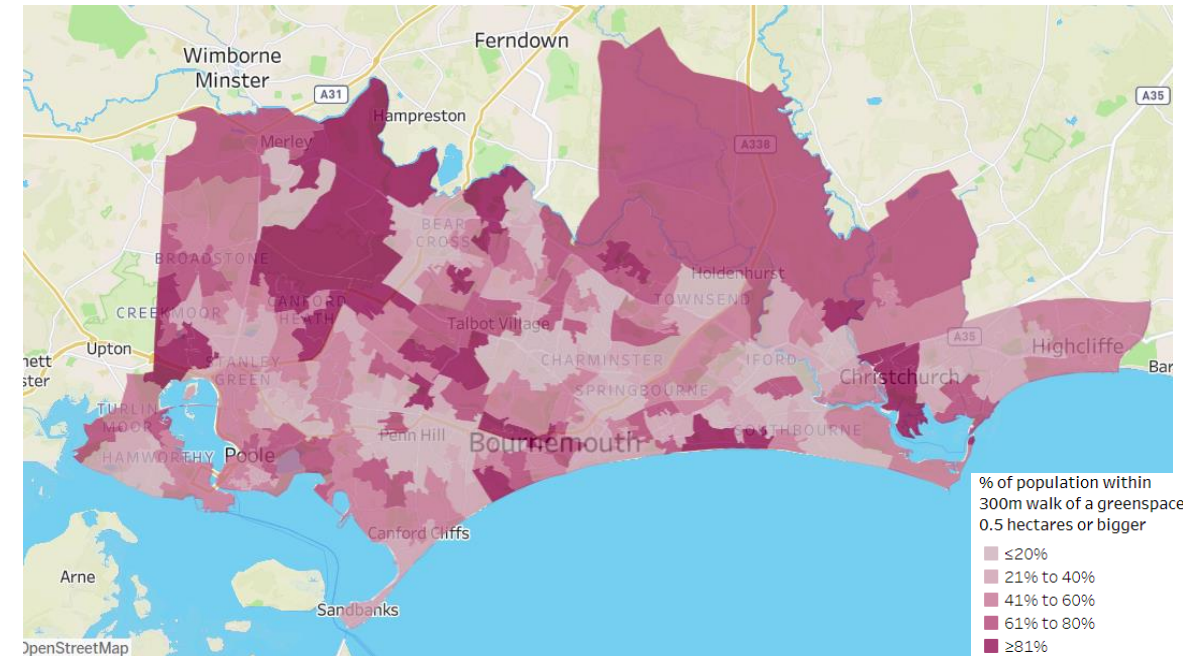
Where are the areas of need?

Spending time in greenspace is good for our health and wellbeing – it's important that we have greenspace close by so that we can incorporate it into everyday life. In BCP access is not equitable distributed - 56% of people in BCP live more than about 3.5-minute walk from a space approaching the size of a football field. This is an estimate of the size of space likely to be usable for physical activity and access to nature. Gaps in access are seen in parts North Bournemouth and Townsend, which have higher proportions of children aged 15 and under (as seen on the deprivation page).

Air pollution: concentrations of total PM2.5



Access to greenspace of 0.5 hectares within 300 metres



Healthy Lives

Generally, most children and young people experience good health and thrive in BCP. In the 2021 Census, 97% of children aged 15 and under and 91% of young people aged 16-24 said they had good or very good health. We see variation at a local level – In areas like Broadstone, Littledown & Iford and Penn Hill 97% of children and young people have good health compared to 93% in Bournemouth Central, Kinson, Winton East and Poole Town.

Health behaviours are things we do that can affect our health – some things we do help us to stay healthy while others may have a negative impact on health. Our behaviours and lifestyles can be influenced by many things – as seen in the first section of this report.

The Health Behaviour in School Age Children (HSBC) study in England found that while nearly 80% of young people rated their health as good, this was a marked decline from 2018. Most young people in the study reported having difficulties in one or more areas that included; lack of proper sleep, nutrition, exercise and mental health. They also found inequalities – for example fruit and vegetable consumption demonstrated stark family affluence disparities.

We can support our children to thrive through prevention and early help opportunities - there are many benefits for people who have the tools and support to live and stay well. For those with a condition, introducing support at an earlier stage can help prevent it from worsening and help children, young people and families to feel more looked after. As children grow and develop, they may need different kinds of support.

This section sets out some of the key health behaviour and health issues experienced by children and young people in BCP.

What do children, young people and families say about health?

*R.e. support within schools
“I think the school, it was quite good
because if there was points when I was
feeling down, I’d head up there and knock
on the door and say, can I speak to you at
some point today?”*

100 Conversations

*“The after effect of that [Covid]... is that
their mental health and their wellbeing, a
lot of kids have suffered massively...
We’re talking about like 8, 10, 12 year old
kids have got anxiety or stress”*

100 Conversations

BCP's Assets

[Family Information Directory](#)

Healthy Movers

kooth

**RU
OK?**

Our Dorset 
A Movement for Movement

 **ChatHealth**

 **Dingley's Promise**
Transforming the Early Years for children with SEND

Physical Activity

Being physically active offers numerous benefits for children and young people, which contributes to their overall health and development. This includes cognitive and social benefits alongside improvements to their physical and mental health. Encouraging physical activity from a young age helps establish healthy habits that can continue into adulthood and reduce the risk of chronic health conditions. The recommended level of activity for children is 60 minutes a day.

Nationally activity levels dropped during the pandemic but have generally recovered since.

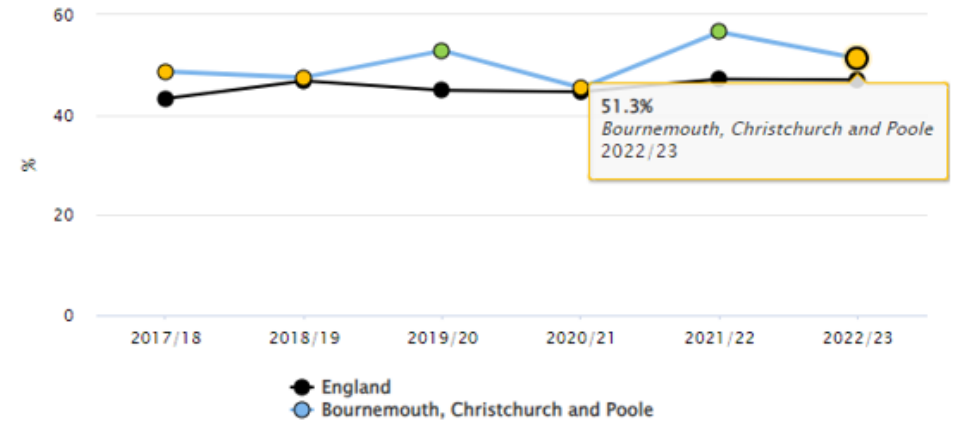
What are the trends?

In BCP, 51.3% of children are meeting the activity recommendations, and this has remained relatively stable. However, there is still a significant proportion (22% pan-Dorset) who are less active (29 minutes or less a day). Activity levels are lowest for some of our youngest children (Years 3-4), and activity levels drop as secondary school children get older. Children with SEND or long-term health conditions are more likely to be less active than children without SEND or a long-term condition.

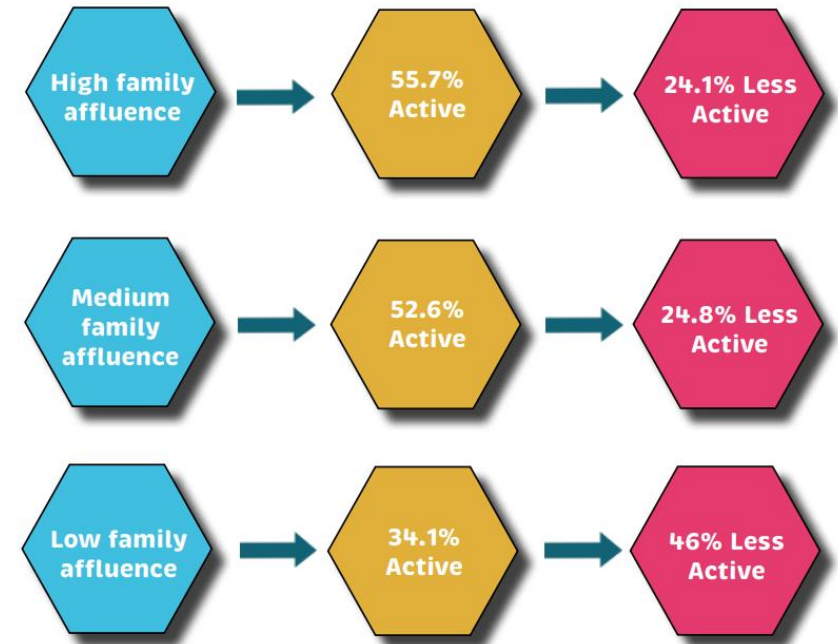
Where are the areas of need?

Children from the most affluent families are 21% more likely to be active compared to children from the least affluent families. The diagram to the right shows activity levels for our county – please refer to the income map for areas of highest need.

Percentage of children and young people who are physically active



Physical activity by family affluence (Pan-Dorset) – Active Dorset



Healthy Weight

Obesity in children can have serious and long-term consequences on their physical health, mental health and overall quality of life. It is estimated, if nothing is done, the proportion of overweight 11 year olds in England will reach 40% by 2040. Locally, preventing childhood obesity is a key ambition to support our children to thrive.

There is a complex interaction of factors that can influence a child's weight including; diet, physical activity, parental weight and behaviours, genetics, socioeconomic and environmental circumstances.

What are the trends?

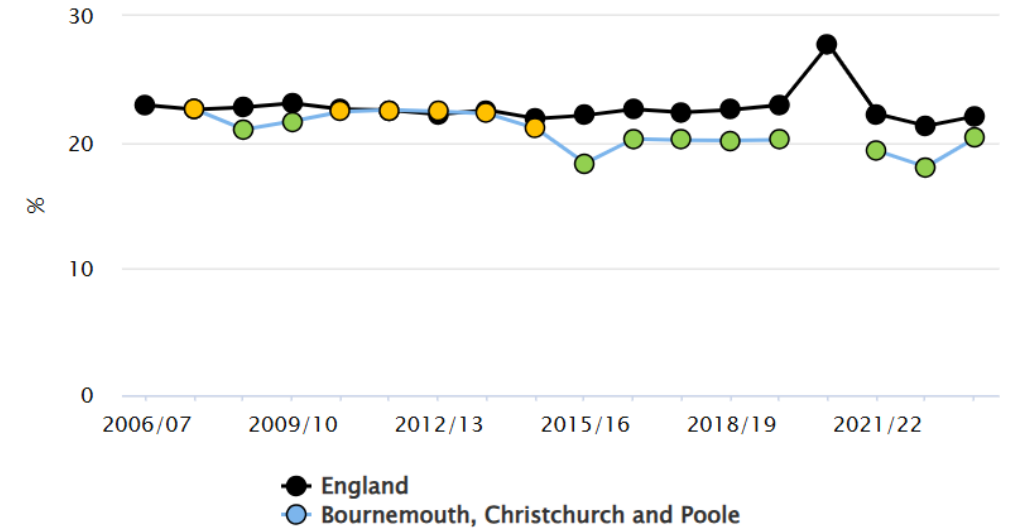
The National Child Measurement Programme measures the height and weight of children at reception and year 6. In 2023/24 20.3% of pupils in reception were overweight or obese and increases to 33.6% in Year 6. Whilst this is better than the England average, this is still a significant number of children experiencing excess weight.

The trends in children's weight at Reception have remained relatively stable over time. Although there was an increase in the most recent year, it is not statistically significant compared to the previous year.

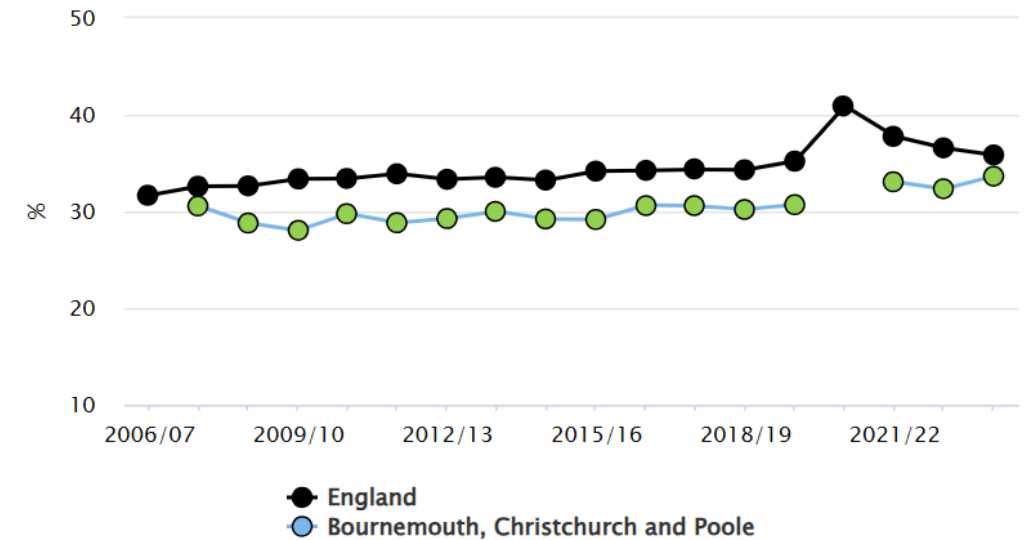
The trend in Year 6 is consistently below that of the England average. However, like at reception there has been no significant change in the trend over the last 5 years of data.

There are several local initiatives aimed to improve the trends in children's weight – including the Joint Forward Plans' ambition to prevent 55,000 children from becoming overweight by 2040.

Reception prevalence of overweight (including obesity) (4-5 years)



Year 6 prevalence of overweight (including obesity) (10-11 years)



Healthy Weight

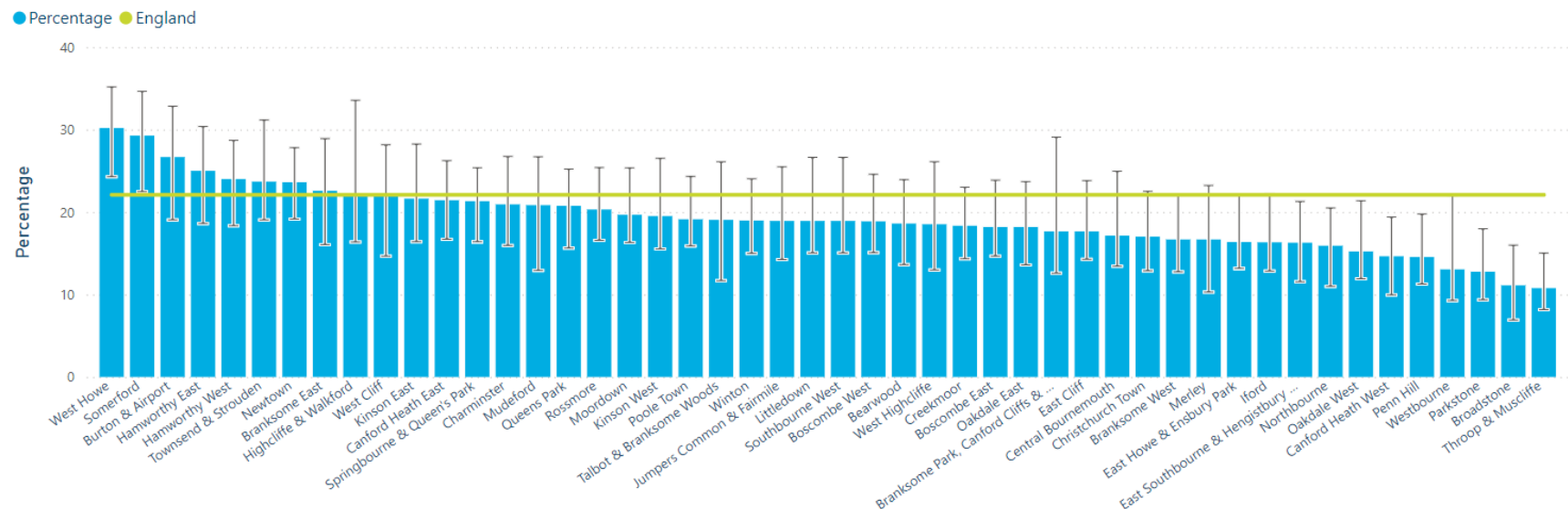
Where are the areas of need?

In most areas the prevalence of overweight (including obesity) is comparable to, or better than, the England average.

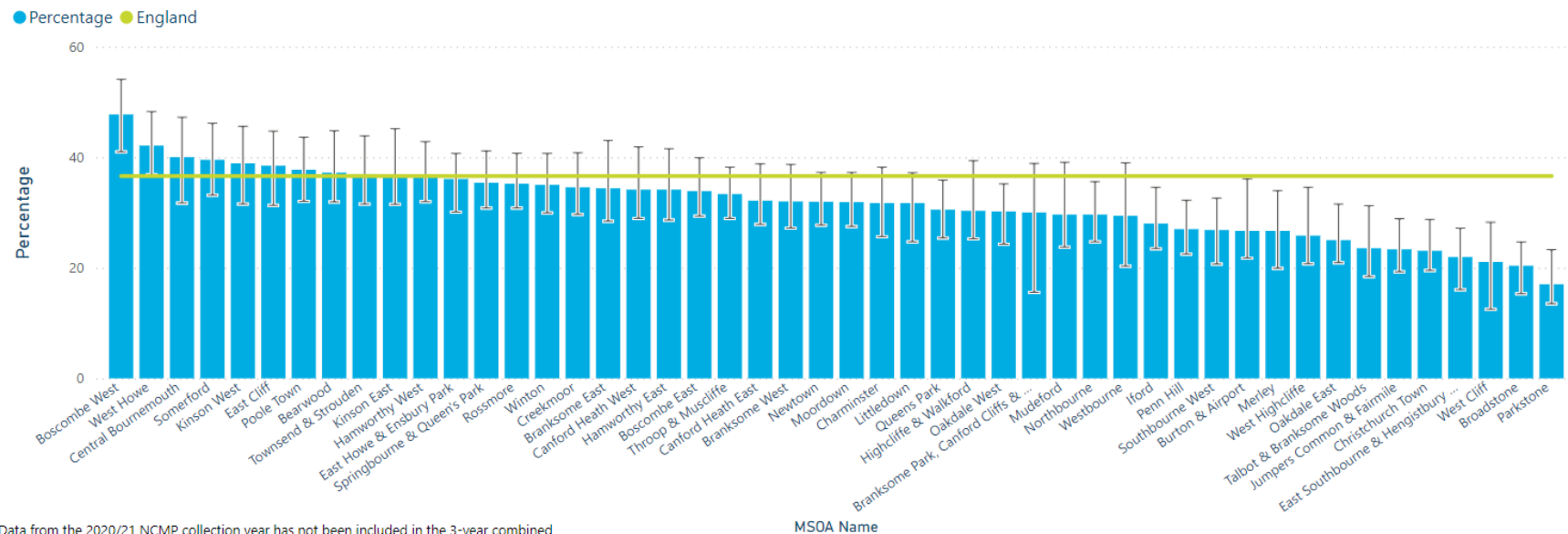
The charts to the right show that in 2020/21 – 2022/23 some areas have higher rates. West Howe has the highest proportion of children who are overweight in reception (above England), and the second highest proportion of Year 6 children.

Boscombe West has the highest proportion of Year 6 children who are overweight, and this is also higher than England.

Reception: Prevalence of overweight (including obesity), 3-years data combined



Year 6: Prevalence of overweight (including obesity), 3-years data combined



Data from the 2020/21 NCMP collection year has not been included in the 3-year combined indicators. Data for 2019/20-21/22 use 2018/19 data instead of 2020/21.

MSOA Name

Where data is missing for an area the values are suppressed for disclosure control reasons

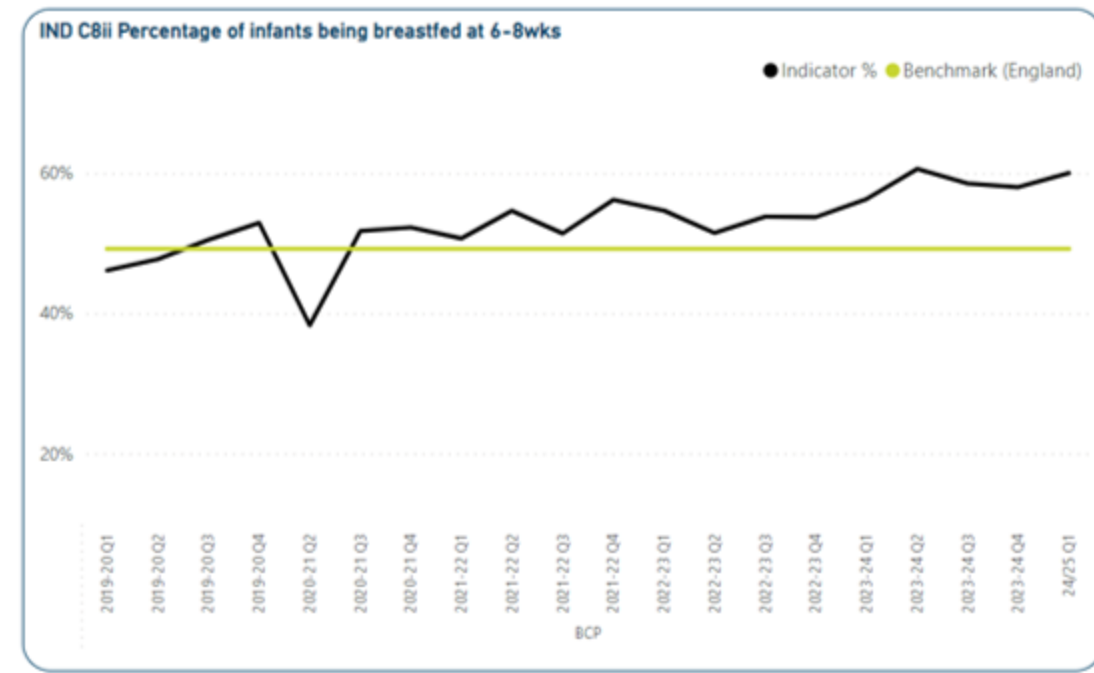
Nutrition

Children need the right foods at the right time to grow and develop to their full potential. The most critical time for good nutrition is during the 1,001-day period from pregnancy until a child's second birthday. Meeting children's nutrient needs in early life can be challenging, and many parents face barriers to securing enough nutritious, safe, affordable and age-appropriate food for their children. Poor diets in early childhood can lead to deficiencies in essential vitamins and nutrients such as vitamin A deficiency, which weakens children's immunity.

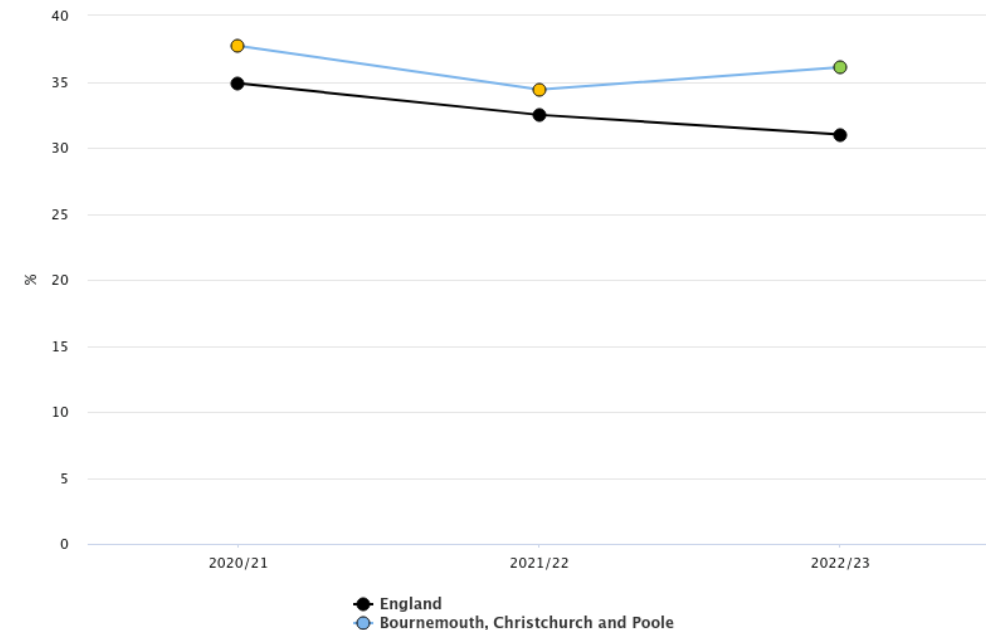
What are the trends?

Between May 22 and April 24 78% of babies had a first feed of breast milk pan-Dorset. Breastfeeding rates have been increasing with babies being breastfed at 6-8 weeks reaching close to 60%, higher than the England average. There are no reach areas that fall below the England average; however Kingsleigh, Kinson and West Howe have consistently had the lowest rates of breastfeeding across BCP for the last 3 years.

Young children's diets are frequently comprised of grains with little fruit, vegetables, eggs, dairy, fish or meat. Many are increasingly being fed sugary drinks and packaged snacks high in salt, sugar and fat. The National diet and Nutrition survey found consumption of fruit and vegetables was below the 5 a day recommendation across all age groups. Children aged 11-18 ate an average 2.8 portions of fruit or vegetables a day (2020 – diet may have been affected by the COVID pandemic). Mean intakes of saturated fats and free sugars exceeded maximum recommendations.



Percentage of adults meeting the '5-a-day' fruit and vegetable consumption recommendations (new method) for Bournemouth, Christchurch and Poole



Nutrition

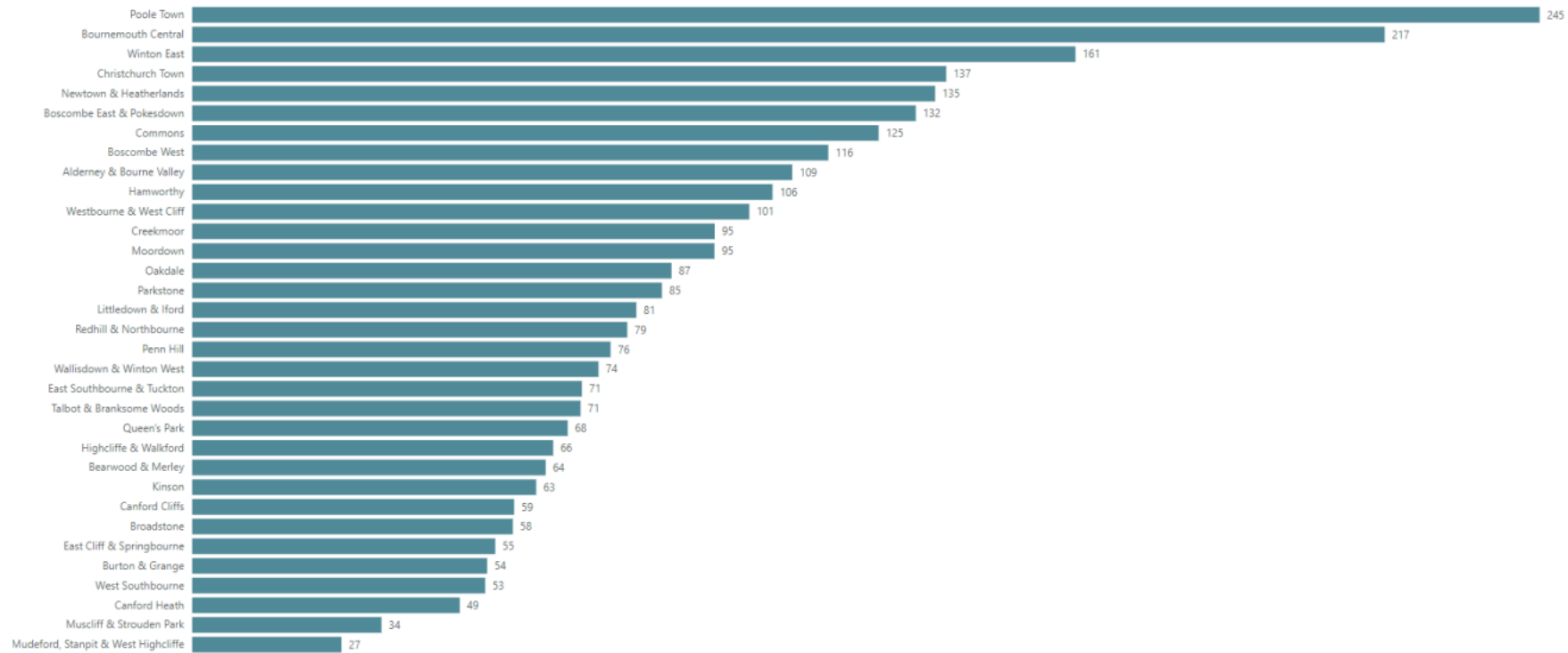
Where are the areas of need?

Families' ability to afford healthy food is a key factor in the nutritional quality of their diets and contributes to the differences in dietary health between the most and least deprived people. The Income Deprivation Affecting Children Index highlights a number of areas across BCP where there are higher proportions of children experiencing income deprivation. A national food insecurity tracker found that 13.6% of all households experienced moderate to severe food insecurity in June 2024. This had decreased from 18.4% about a year previously, but is still as high as the first 2 weeks of lockdown in early 2020.

Another influence on the nutritional quality of our diets is the availability of healthy food - creating healthier food environments can support adequate nutrition and maintaining a healthy weight.

Hot Food Takeaways (HFTs) are premises that sell hot food primarily for consumption off premises. Food prepared outside the home, at takeaways for example, tends to be higher in fat, sugar and salt and is more energy dense. Wards with the highest rates of HFTs include Poole Town and Bournemouth Central where there is influence from the nighttime and visitor economy. However, it should be noted some additional wards have high HFT rates and may be less influenced by visitor economy – some of these are in our most deprived communities in BCP.

Rate of hot food takeaways per 100,000 people in BCP Council Wards (November 2022)



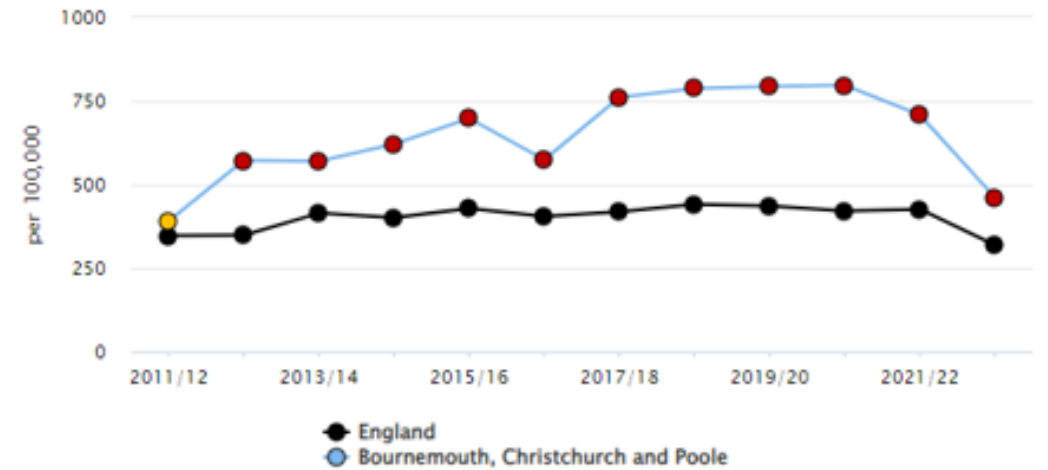
Emotional Health and Wellbeing

Having good emotional health and wellbeing is important for children and young people's overall development and long-term mental health. The increasing prevalence and presentation of mental health issues is a key national issue in both adults and children. The possible factors behind the increase in children is a complex picture – the COVID pandemic, with isolation and disruption has had an impact, changing lifestyles alongside the rise of social media which can lead to stress and anxiety. There is also growing awareness and reducing stigma around mental health which leads to more people seeking help. Nationally, it is estimated 1 in 6 children aged 7-16 have a mental health disorder, rising to 1 in 4 at 17-19 years.

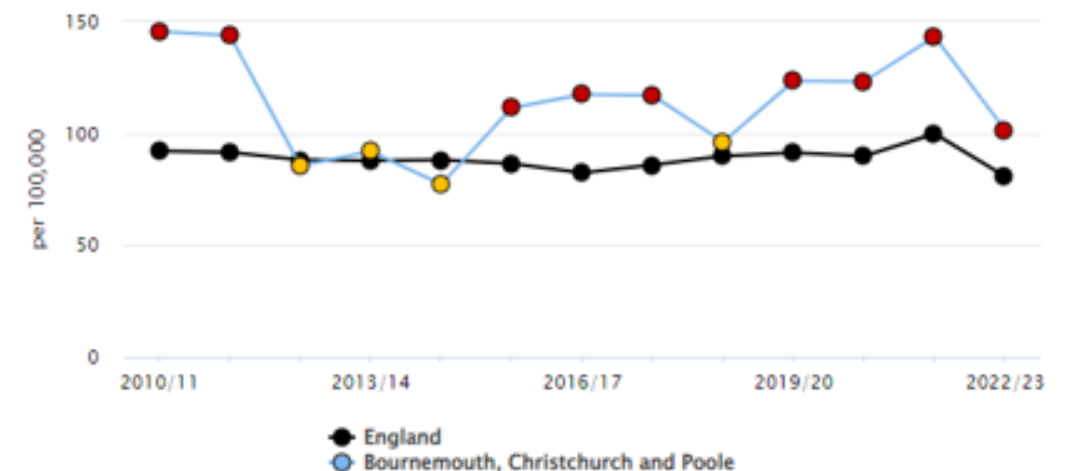
What are the trends?

The mental health of children is a priority – the rate of hospital admissions are worse than England for both admissions for self-harm and admissions for mental health conditions. However, admissions because of self-harm have reduced over the last 2 years of data and the trend is improving.

Hospital admissions as a result of self-harm (10-24 years)



Hospital admissions for mental health conditions (<18 years)



Emotional Health and Wellbeing

What are the areas of need?

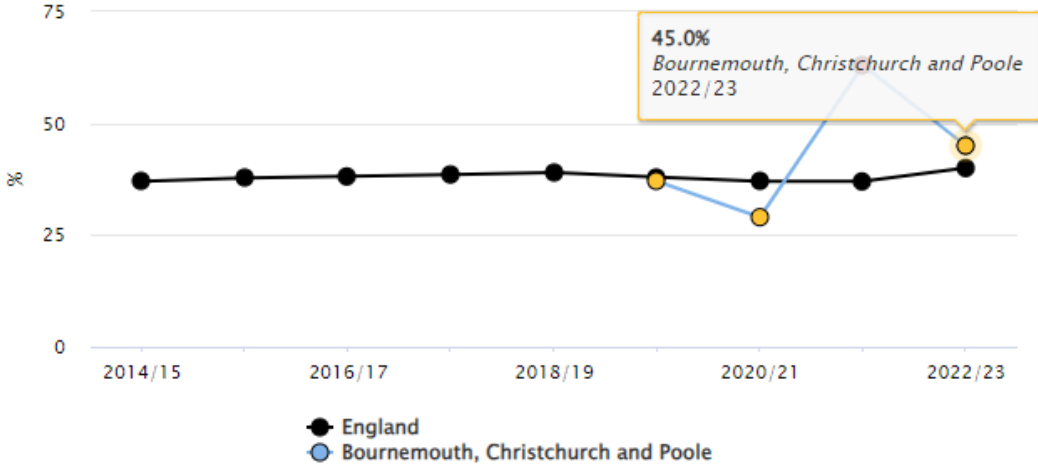
Although no one is immune from poor mental health, some children and young people are more likely to need help than others. National research identifies the following cohorts

- Experience some form of adversity e.g. living in poverty, parental separation or financial crisis
- Young people who identify as LGBTQT
- Looked After Children
- Children who have been sentenced
- Children with learning or physical disabilities

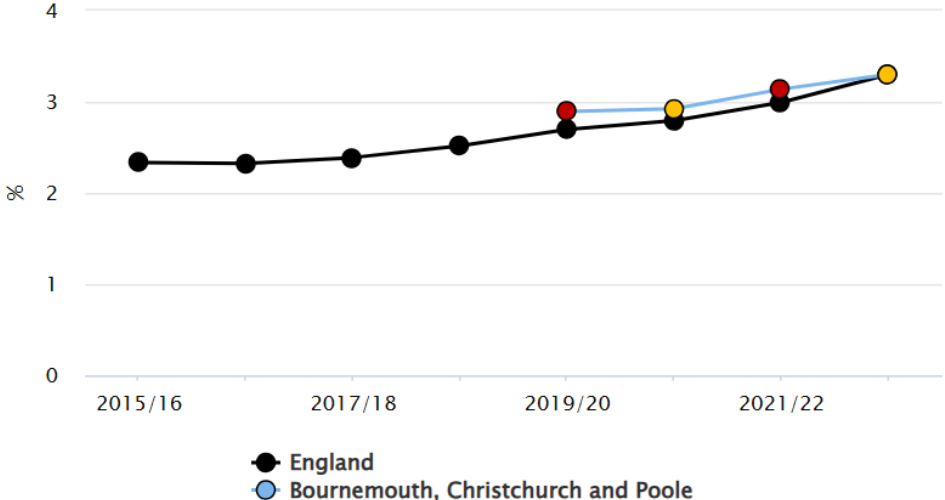
Although improved from 2019/20, the proportion of looked after children (aged 5-16) who are affected by poor emotional wellbeing remains slightly above England.

We have seen an increase in pupils with social, emotional and mental health as their primary SEN need (expressed as a percentage of all pupils), although not as steep an increase as England.

Percentage of looked after children whose emotional wellbeing is a cause for concern



Percentage of school pupils with social, emotional and mental health (identified as their SEN primary need)



Smoking, Vaping and Alcohol use

Smoking is a leading cause of preventable illness and death – it's associated with numerous health issues. Data from the last 5 years shows most smokers want to quit, but cannot due to nicotine addiction which started in their teens. Over 80% of current smokers started before the turned 20.

Alcohol consumption in young people can interfere with development, increase the risk of accidents or injuries. Early alcohol use is associated with other risky behaviours.

What are the trends?

There is limited local data available on smoking, vaping and alcohol use in children and young people. The [England Health in School-aged children study](#) found

- Between 2018 and 2022 there was an increase in young people drinking regularly. Older girls and those from the most affluent families reported drinking more often.
- Cigarette smoking remained relatively stable between 2014 and 2022. Regular vaping was around three times as prevalent (10% vs 3%). Older girls from the least affluent families were more likely to smoke and vape regularly.
- A more recent study in 2023 found 20.5% of children had tried vaping which had increased from 13.9% in 2020.

Young people being admitted to hospital due to substance misuse has been reducing, with the latest rate being 98.7 per 100,000, from a high of 142.8 per 100,000.

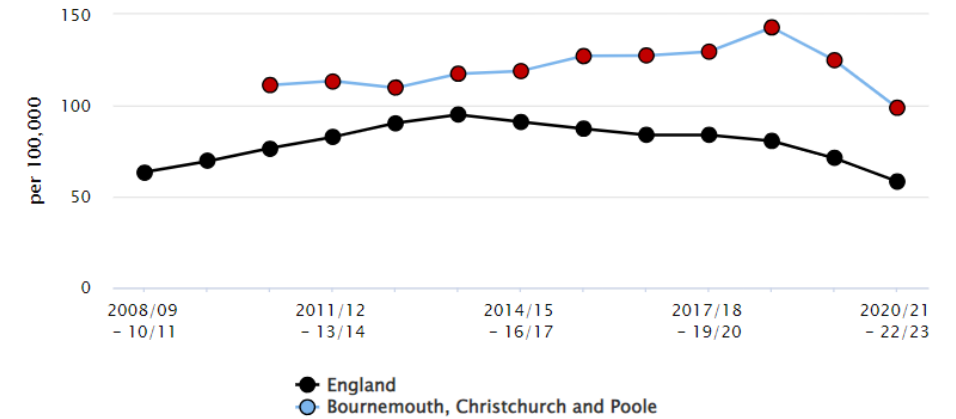
Smoking in the home

Smoking in the home is a major cause of exposure to second-hand smoke. For infants and children exposure to second-hand smoke can increase the risk of respiratory issues. Children who grow up in smoke-free homes are less likely to start smoking themselves.

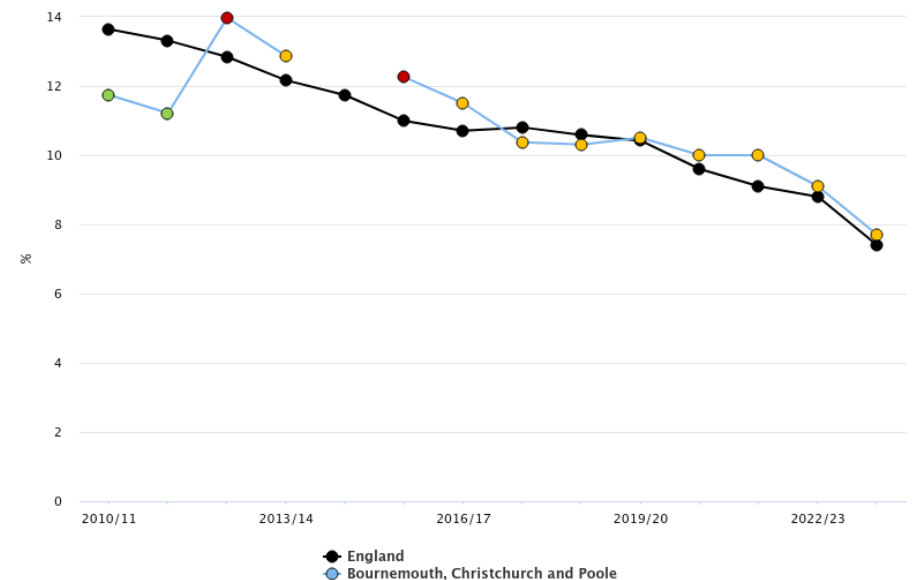
One key support point is during pregnancy – encouraging women to stop smoking during pregnancy can help them kick the habit for good and reduces exposure to second-hand smoke for the child. Our smoking rates during pregnancy have been reducing, and are now below 10%.

Hospital admissions due to substance misuse (15 to 24 years)

[Show confidence intervals](#) [Show 99.8% CI values](#)



Smoking status at time of delivery for Bournemouth, Christchurch and Poole



Health Conditions - Core20PLUS5

The Core20PLUS5 is a national NHS initiative aimed at reducing health inequalities in children. It focuses on the most deprived 20% of the population and includes additional groups experiencing poor health outcomes. The 5 clinical areas of focus for children are Asthma, Diabetes, Epilepsy, Oral Health and Mental Health.

- The prevalence of Asthma in people aged 6+ has increased slightly from 6.8% in 2020/21 to 7.1% in 2022/23.
- Local data estimates diabetes prevalence is 0.3% in under 18's (<500 patients pan-Dorset).

What are the trends?

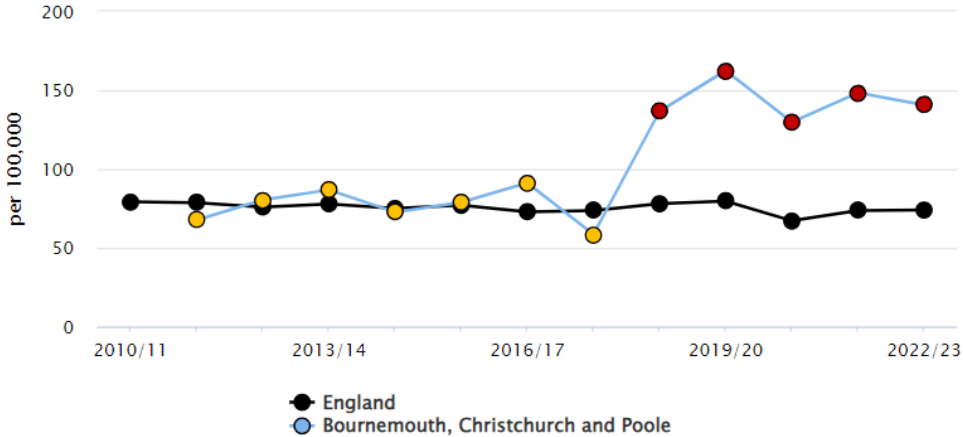
- Hospital admissions for asthma in under 19's have been decreasing (following the England trend).
- Hospital admissions for diabetes under 19 years are similar to the England average at 51.1 per 100,000. There was an increasing trend until 2019/20 but this now looks to be declining.
- Admissions for epilepsy in under 19's increased in 2018/19 and have remained well above the England average. This trend does not follow that of England.

What are the areas of need?

- We see variation in admissions for asthma, with higher rates in Poole Central PCN, North Bournemouth PCN and South Coast Medical Group PCN.
- Oral health - Children in care are identified as a priority group, and plans are in development to improve access for this group. In BCP, 59.4% of children in care for at least 12 months had their teeth checked by a dentist (2022/23).

Admissions for epilepsy (under 19 years)

[Show confidence intervals](#) [Show 99.8% CI values](#)



Admissions for asthma (under 19 years) by PCN, 3 years combined

Area	Recent Trend	Count	Value
England	-	41,185	106.1
NHS Dorset Integrated Care Board - QVV	-	440	97.3
Poole Central PCN	-	55	188.8*
Blandford PCN	-	20	132.1
North Bournemouth PCN	-	40	130.7
South Coastal Medical Group PCN	-	25	129.8
Mid Dorset PCN	-	30	119.2
Crane Valley PCN	-	20	111.1
Poole North PCN	-	35	108.6
Jurassic Coast PCN	-	20	102.2
Wimborne & Ferndown PCN	-	20	90.3
Shore Medical PCN	-	30	89.7
Christchurch PCN	-	20	80.3
Poole Bay & Bournemouth PCN	-	15	74.6
Sherborne Area PCN	-	10	73.0
Weymouth & Portland PCN	-	30	72.6
Bournemouth East Collaborative PCN	-	20	67.1
The Vale PCN	-	15	66.8
Central Bournemouth PCN	-	15	51.9
Purbeck PCN	-	-	*

Health and Care

Many organisations across our health and social care system are working to support our children, young people and families to thrive and experience better health outcomes. This section highlights some of the statutory and key milestones of support for children and young people such as maternity services, health visiting and social care.

The Integrated Care Partnership Strategy “Working Better Together” sets out how the NHS, Councils and other Integrated Care Services work together to make the best possible improvements in the health and wellbeing of local people and tackle health inequalities.

We know that there is increasing demand for many services, and that the needs of children, young people and families can be complex. The diagram below shows some of the health and wellbeing concerns raised by professionals, and some of the local strategies addressing these are linked on the right.

Professional views on local health and wellbeing issues

A word cloud of professional views on local health and wellbeing issues. The words are arranged in a roughly rectangular shape, with varying sizes and colors (shades of blue and purple). The most prominent words are 'health', 'mental', 'needs', 'school', 'support', 'services', 'understanding', 'work', 'family', 'care', 'complex', 'challenges', 'changing', 'child', 'commissioning', 'communities', 'belonging', 'belonging', 'care', 'challenges', 'changing', 'child', 'commissioning', 'communities', 'complex', 'consistent', 'data', 'diagnosis', 'different', 'due', 'early', 'education', 'emotional', 'family', 'health', 'hear', 'help', 'impact', 'inactivity', 'increasingly', 'inequalities', 'isolation', 'lack', 'language', 'lead', 'levels', 'link', 'mental', 'mh', 'needs', 'opportunity', 'parent', 'pathways', 'physical', 'poor', 'positive', 'problems', 'rates', 'risk', 'routes', 'rural', 'school', 'self', 'send', 'sense', 'services', 'severe', 'social', 'space', 'start', 'support', 'system', 'together', 'tools', 'trend', 'understanding', 'vaping', 'waiting', 'wellbeing', 'work'.

[BCP Children and Young People Plan](#)

[Strengthening Families, Building Communities – Early Help Strategy](#)

[Local Maternity and Neonatal System Dorset Equity and Equality Plan](#)

[Working Better Together - ICP](#)

[Your mind, your say](#)

[All Age Neurodevelopmental Review](#)

[Joint Forward Plan – Healthy Weight](#)

[Infant Feeding and Child Nutrition Strategy](#)

Maternity

We want all children in BCP to have the best start in life. A healthy pregnancy sets up the unborn baby for a healthy life. The Local Maternity and Neonatal System (LMNS) have undertaken a health equality audit and identified the following priorities; Continue to reduce smoking cessation, focus on health prevention behaviours pre-conception and during pregnancy, and support families experiencing perinatal mental health issues.

What are the trends?

In 2022, there were 3,332 live births. The number of births has been declining, reflected by the general fertility rate (the number of births per child-bearing age population). This has decreased from 61.2 births per 1,000 women in 2011 to 43.4 births per 1,000 in 2022. We have also seen the mean age of mothers increasing, as well as the proportion of deliveries to women from minority ethnic backgrounds.

There have been improvements in several indicators. Mothers smoking at the time of delivery has continued to fall (see the Smoking page). In 2020/21 79% of babies had a first feed of breast milk. Infant mortality rates continue to improve, currently 2.6 per 1,000 births (2020 – 22)

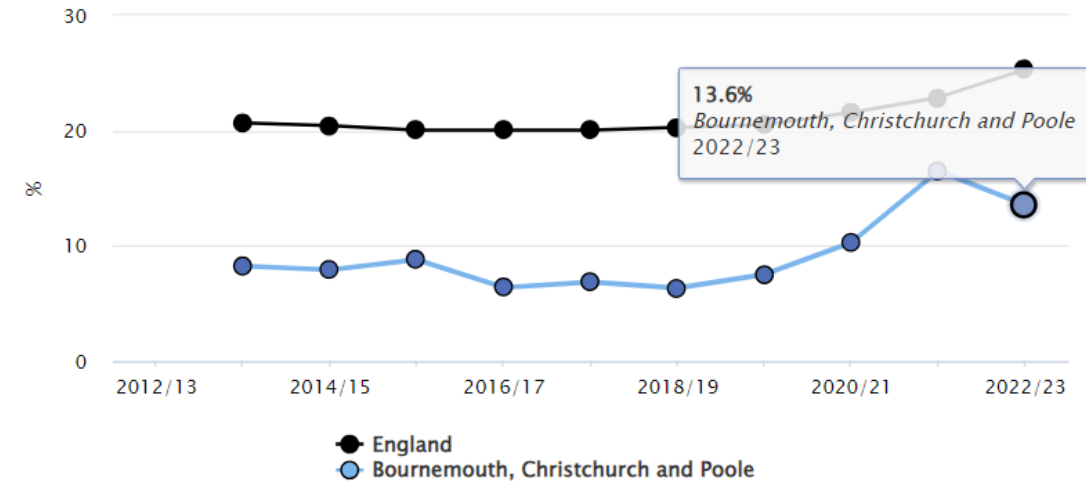
The admissions of babies under 14 days has fallen in the most recent year after an increase. Admissions soon after birth can suggest issues with either the timing or quality of health assessments, or with postnatal care once the mother is home. Dehydration and Jaundice are common reasons for re-admissions and are often linked with feeding problems.

Further Resources

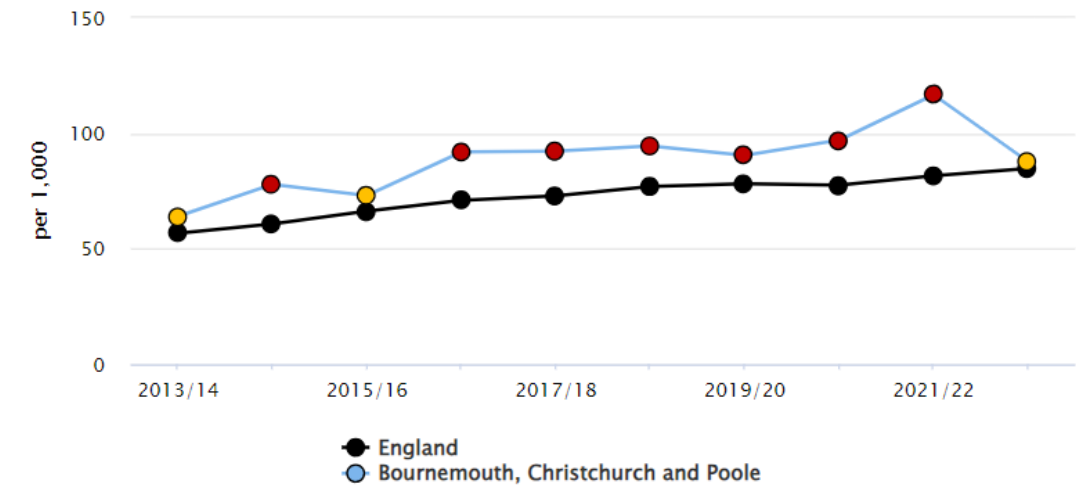
[Child and Maternal Health - Data - OHID \(phe.org.uk\)](#)

[Maternity Services Data Set](#)

Percentage of deliveries to women from ethnic minority backgrounds



Admissions of babies under 14 days



Health Visiting

The first 1001 days of a child's life is a unique period where the foundations for health, growth and neurodevelopment are established. To support children and families during this period, there are 5 mandated review periods, which are offered to all families pan-Dorset. Additional contacts are considered where health visitors could respond to a family's identified needs, as shown in the diagram on the right.

The chart on the bottom right highlights some of the key intervention areas delivered during 2023, when 24,680 mandated checks were undertaken across the 0-5 population pan-Dorset. ParentLine is a confidential text messaging service that parents and carers can use to seek advice about a range of issues. In 2023 there were just over 3,500 conversations supported.

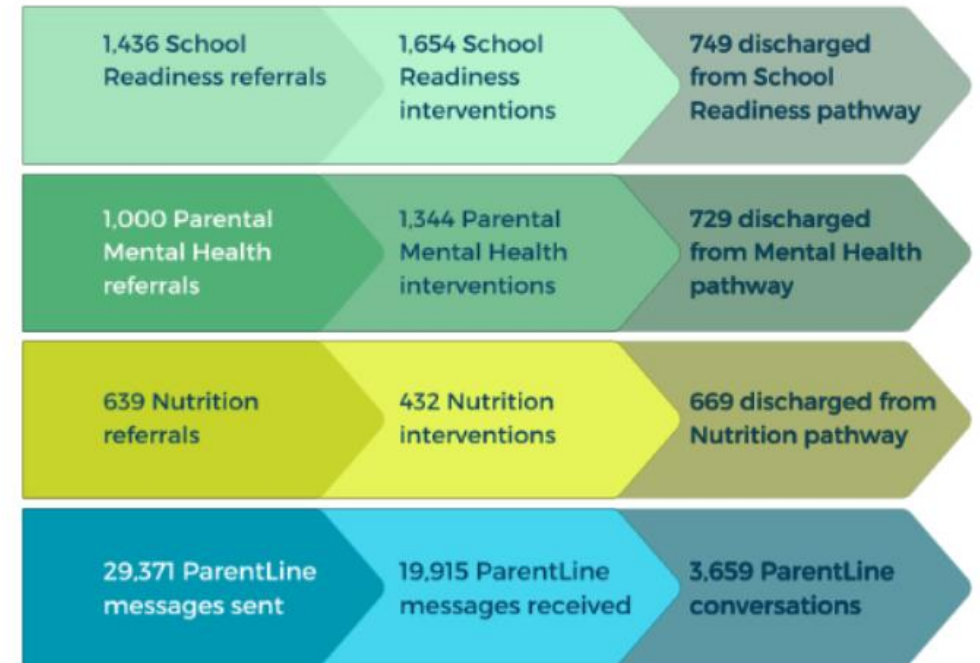
What are the trends?

Following the COVID pandemic, health visiting continues to maintain good performance and compares well to England benchmarks across all 5 mandated contacts.

Children's development is measured at the 2/2.5 year review using the Ages and Stages questionnaire. In BCP, most areas of development are close to the England benchmark. Communication and fine motor skills had the lowest levels of achievement of the 5 domains in most recent data (87% and 87% achieved expected levels respectively)

Further Resources

[Child and Maternal Health - Data - OHID \(phe.org.uk\)](https://phe.org.uk)



School Nursing

We want all children and young people to be resilient, enjoy positive emotional wellbeing and establish healthy habits to help them thrive into adulthood.

There are no mandated review points for school age children, apart from the National Child Measurement Programme in Reception and Year 6. At school age, suggested contacts are at key development stages or periods of transition (right) – school nurses offer support year-round in and out of school settings.

What are the trends?

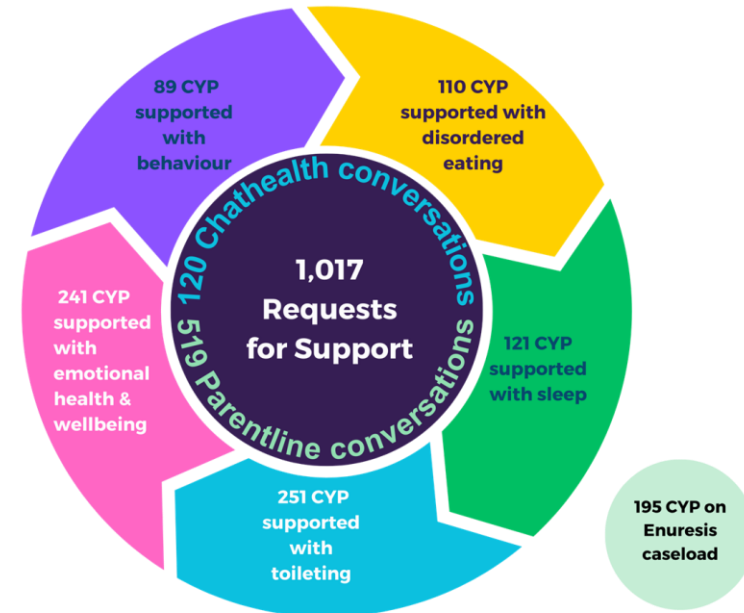
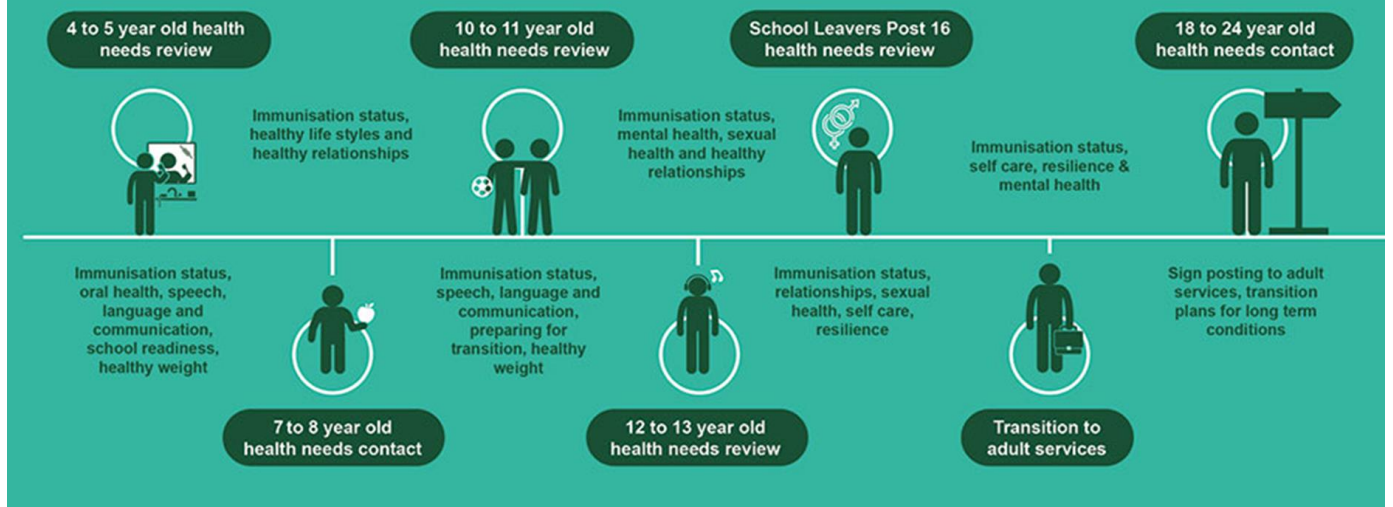
The school age period covers a range of health behaviours and health outcomes - see the childhood obesity, physical activity, emotional wellbeing and immunisation pages for more detail.

In 2023, there were 1,017 request for support (bottom right) – with children being supported with issues such as toileting, disordered eating and sleep through to behaviour and emotional wellbeing. Additionally, through the helpline services, there were 120 Chathealth conversations and 519 Parentline conversations.

Further Resources

[Child and Maternal Health - Data - OHID \(phe.org.uk\)](https://phe.org.uk)

Health and wellbeing reviews and contacts for 5-24



SEND

In BCP, 13.9% of pupils in BCP state schools have a SEN plan or are receiving SEN support (January 2024). The Local Area has witnessed increases in its Education Health and Care Plan (EHCP) numbers over the last 3 years. Currently there are c. 4,350 children with an EHCP. Accordingly, this increase has resulted in a greater use of specialist places.

What are the trends?

Over the next 4 years, the number of children with an EHCP is projected to increase by 11% in each year (equivalent to an additional 400 EHCPs per annum). This means that the number of EHCPs is expected to exceed 5,000 by 2026/27. The impact of a maximum growth scenario for nursery and primary age children shows a peak of numbers in 2025/26 and stable numbers thereafter. Growth across the secondary age range and Post 14 phase will take much longer to slow.

Prevalence Rates

Following annual increases in the number of EHCPs, the prevalence rate is much higher in 2024 than previously recorded. This highlights a growth in incidence across all phases in the last 4 years.

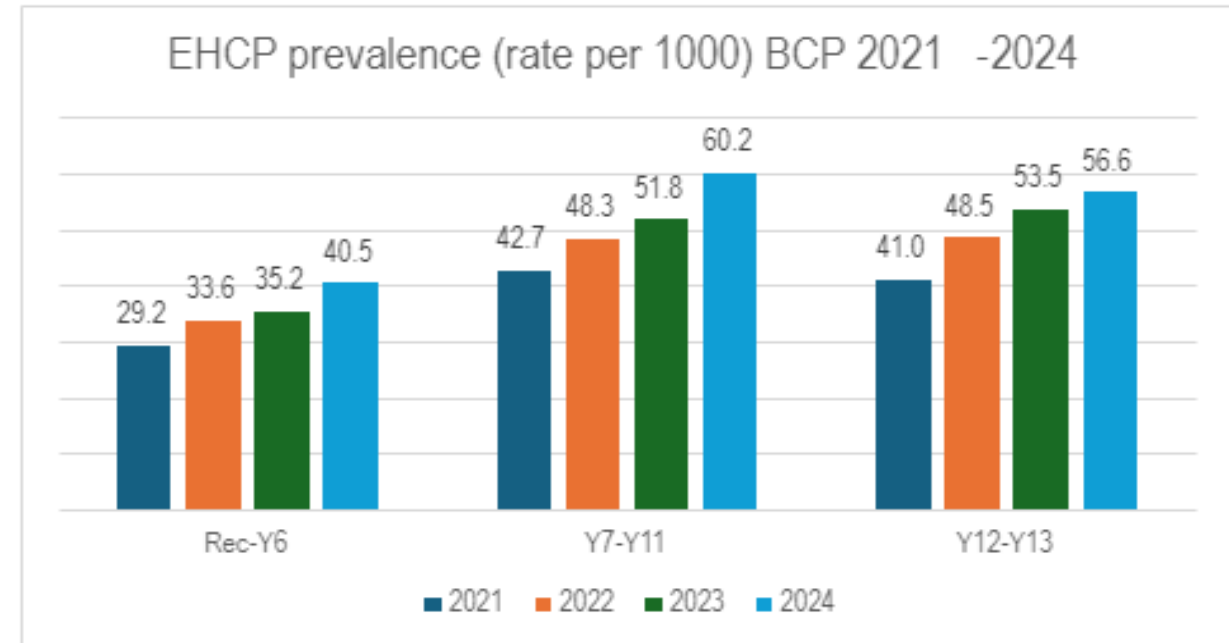
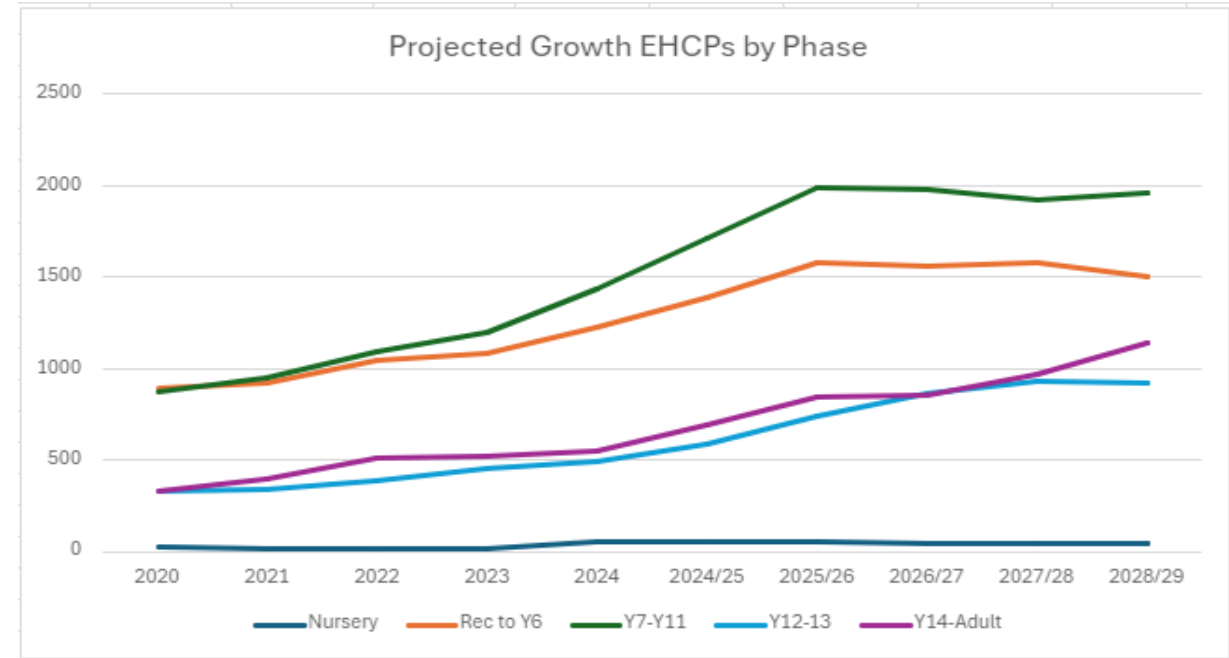
What are the areas of need?

At BCP primary schools, the main primary needs amongst children with SEN identified are autistic spectrum condition (28.6%), speech, language and communication (26.9%), social, emotional and mental health (21.3%) and learning difficulty (9.7%). At BCP secondary schools, the main primary needs are autistic spectrum condition (31.6%), social, emotional and mental health (31.2%) speech, language and communication (14.1%) and learning difficulty (9%).

Education Needs Assessment (EHCNA)

The rate of initial request for assessments per 10,000 0–24 year-olds for BCP has increased from 80.7 in 2023, to 104.2 for the last 12-month period. This is in line with Statistical Neighbour averages (103.6).

In 2024, 84.2% of assessments in the year went on to a plan being issued. This is lower than the comparator groups. The primary need for the vast number of EHCNA requests in November 2024 was SEMH (58), followed by SLCN (49) and ASD (32). This is an indicator that the primary need for children is changing to SEMH.



Inclusion

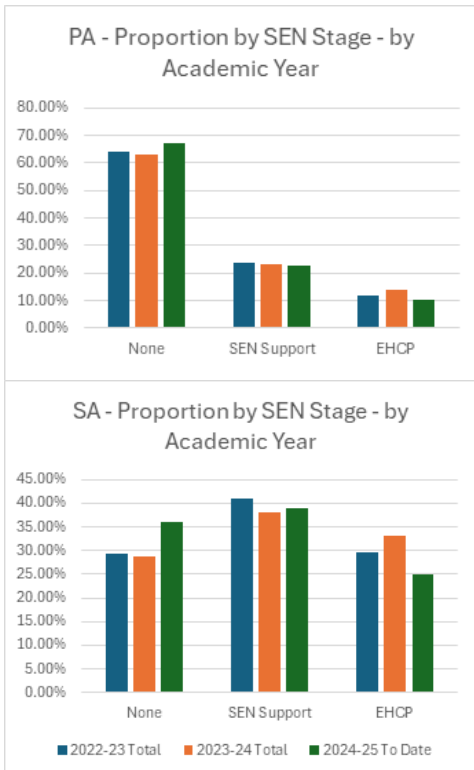
What are the trends?

Exclusions

PEX numbers overall are reduced for 2024-25 compared to 23-24 but proportion of pupils with SEND in the total has increased. Large amounts of work is being carried out by SEND and SI to avoid PEX where possible.

Suspensions

To date overall suspension numbers have decreased, including the number of sessions lost due to suspensions and the proportion of suspensions affecting children with EHCPs, with the proportion for SEND Support has increased slightly.

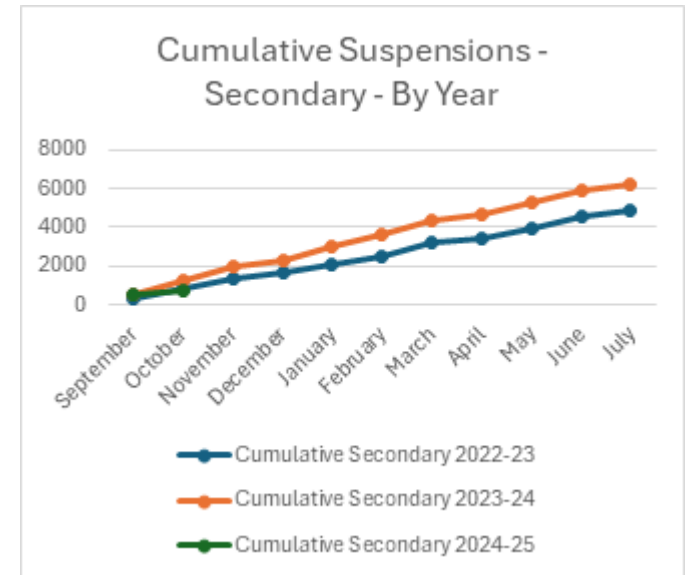
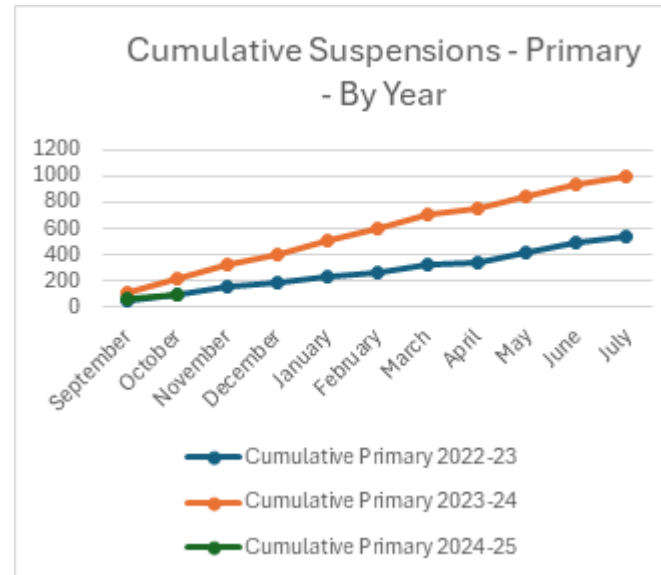
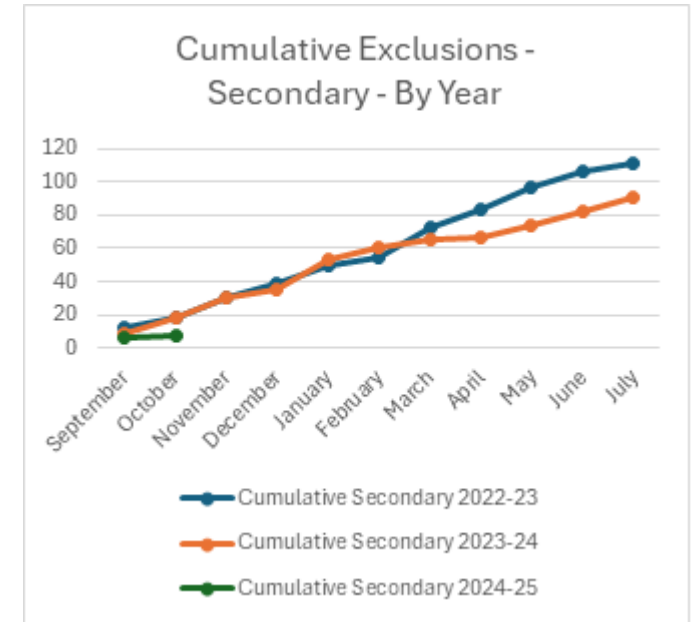
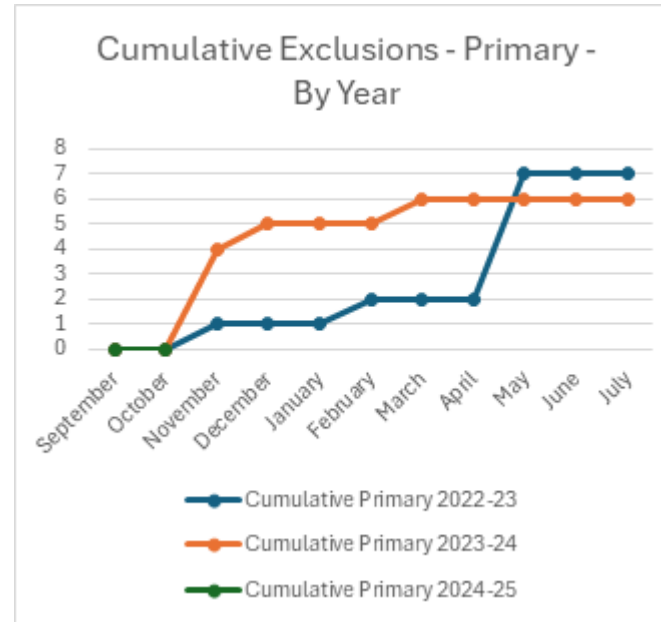


Attendance

Numbers of pupils classed as Persistently Absent (PA) and Severely Absent (SA) have both decreased in the current academic year compared to 23-24 figures: Persistent absence has decreased from 6,370 to 6,268 (down 1.6%) and Severe absence has decreased from 558 to 549 (also down 1.6%)

The proportion of pupils classed as PA has reduced for those on both SEN Support and with an EHCP, from 23.3% to 22.5% on SEN Support and from 13.9% to 10.2% for EHCPs.

The proportion of pupils classed as SA with an EHCP has dropped from 33.2% to 25.1% to date this academic year compared to 23-24.



Inclusion

Elective Home Education

EHE figures continue to rise. Nationally, there has been a growing preference among parents for home education, which could be influenced by many factors such flexibility and personalization, or the impact of COVID-19. Elective home education does not include children unable to attend school because of illness, or children missing education. 690 BCP children were receiving home education in the autumn term of 2023/24, compared to 580 children the year before.

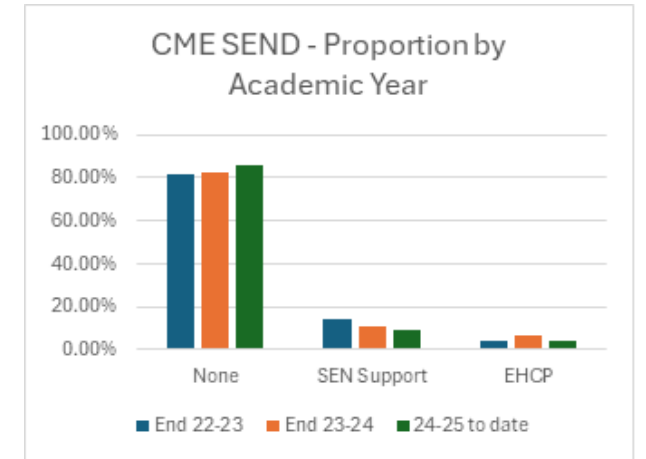
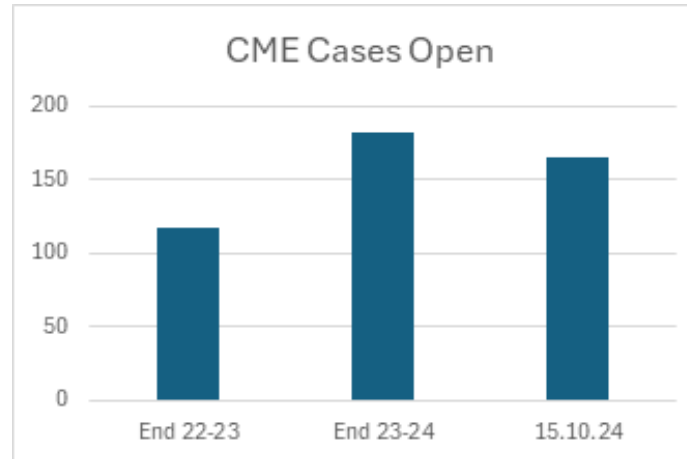
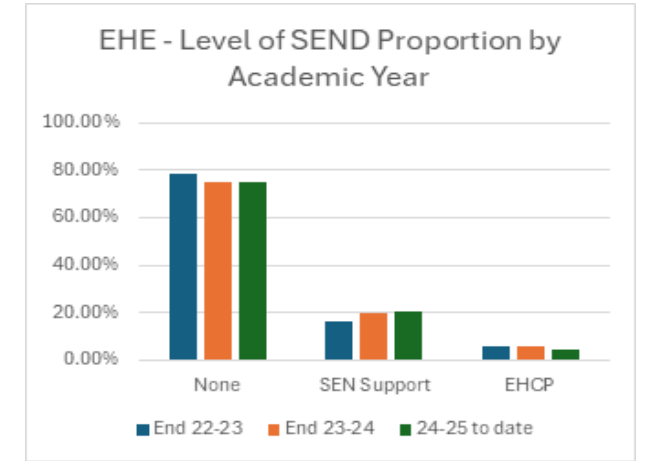
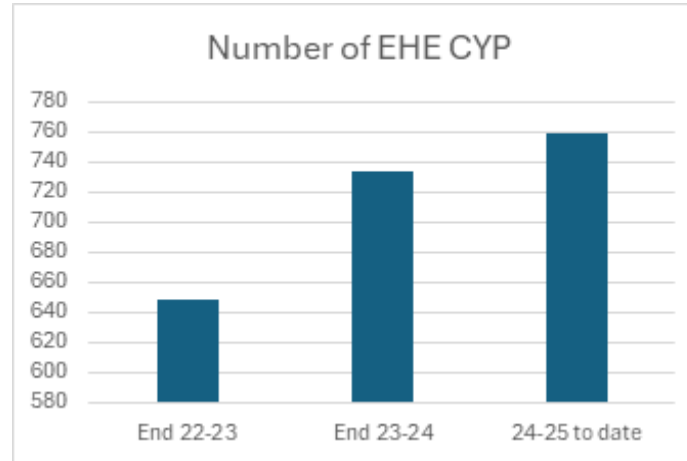
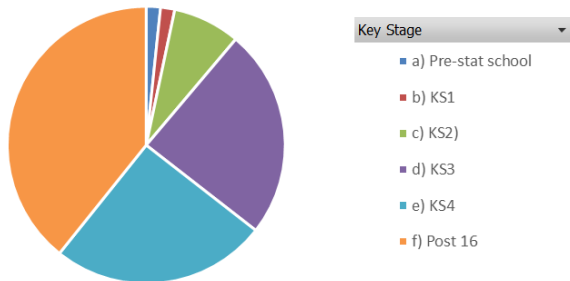
Children Missing Education

CME figures currently open has decreased from last academic year, however the numbers coming through the system will rise if the current rate continues.

Education Other than at school

Children in Education Other than at School has risen every month or the past 5 months and at 5.6% which is higher than South West (2.3%), national (1.5%) and statistical neighbours (2.2%). The majority of children recorded as EOTAS have a primary need of SEMH, with ASC is the second highest primary need for this cohort.

EOTAS Placements at 30th November 2024 by Key Stage



Children's Social Care

All of BCP children's services 'start with the child and stay with the child'. Children and Families First teams and Children in Care teams collaborate with multiple agencies, carers and families to provide the best possible care and support.

As at 31 March 22/23 there were 4,238 referrals to children's social services, which was a lower rate than England. There were 2,715 children in need, 497 subject to a child protection plan and 516 children being looked after by the Local Authority.

What are the trends?

In the most recent years published data the rate of referrals, and children in need have decreased after a period of several years growth. Both rates are below that of the England average.

Children subject of a Child Protection Plan have continued to increase, now higher than the England average.

What are the areas of need?

In the 22/23 academic year, 59.1% of looked after children had special educational needs. Looked after children achieved less well at Key Stage 4.

Whilst rates of children not in education, employment or training is good in BCP, 42% of care leavers in 22/23 were not in continued education, training or employment. This was higher than the England rate.

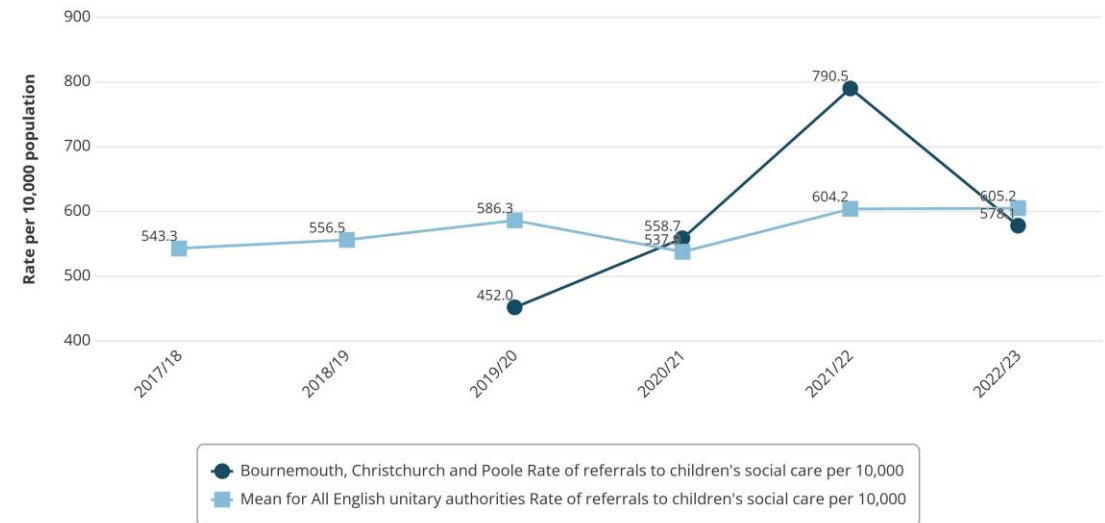
Further Resources

[Children and Young Peoples Plan \(bcpcouncil.gov.uk\)](http://bcpcouncil.gov.uk)

[Child and Maternal Health - Data - OHID \(phe.org.uk\)](http://phe.org.uk)

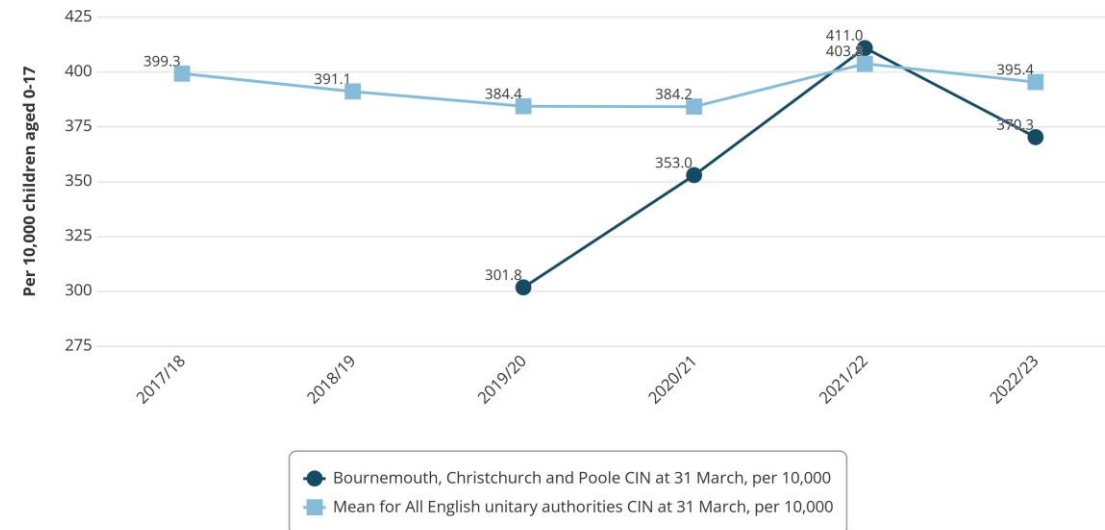
[Children in Need and Care in Bournemouth, Christchurch and Poole | LG Inform \(local.gov.uk\)](http://local.gov.uk)

Rate of referrals to children's social care for Bournemouth, Christchurch and Poole & All English unitary authorities



Powered by LG Inform

Children in need as at 31 March for Bournemouth, Christchurch and Poole & All English unitary authorities



Powered by LG Inform

Source:

Metric ID: 429, Children in need as at 31 March, per 10,000 children

Child and Adolescent Mental Health Services

CAMHS assess and treat children and young people up to the age of 18 who are suffering from significant mental difficulties. CAMHS also support families and carers who might need advice or help.

Historically, Child and Adolescent Mental Health Services have been resourced to meet up to 40% of the population need. Transformation plans are in place to enable local services to meet 100% of the need. There are those with lower-level need which could be supported with information, advice and evidence based lower-level interventions.

Healthwatch spoke to young people in 2023 about their [experiences of mental health services](#).

What are the trends?

The number of children and young people accessing mental health services has been increasing nationally. The pandemic and the following period have seen an unprecedented increase in demand for mental health care.

The increase in referrals has also been seen across the county of Dorset, with 4557 referrals made in 2019/20 pan-Dorset compared to 7550 in 2023/24 (a 65% increase). The majority of referrals in the most recent year were for 11-18 year olds.

What are the areas of need?

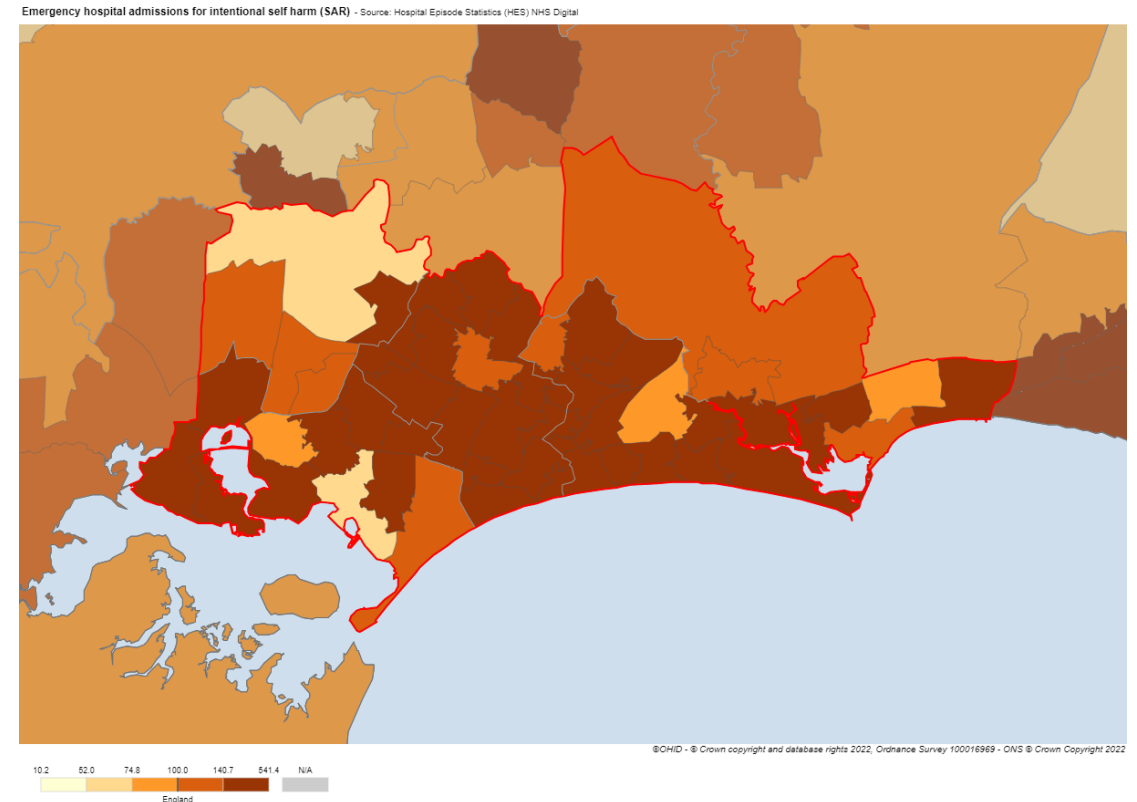
Children and young people using Child Adolescent and Family Mental Health Services is slightly higher in the most deprived areas than the registered population pan-Dorset. 6.1% of CAFMHS users live in decile 1 (most deprived) compared to 3.5% of the population.

The map on the right shows emergency hospital admissions for self-harm for both children and adults in BCP – there are several areas where admission rates are high.

Further Resources

[Mental Health Services Monthly Statistics \(National\)](#)

[Child and Maternal Health - Data - OHID \(phe.org.uk\)](#)



Immunisations

Children are offered different vaccines at various stages of childhood to protect against the most serious diseases. Achieving high levels of immunity through the [childhood vaccination programme](#) is important to reduce the spread of infection and prevent outbreaks, providing herd immunity (where protection from immunisation programmes extends to individuals who cannot be vaccinated).

Nationally, coverage of all childhood vaccines is down from peak levels reached previously – whilst recent data is fairly stable, there has been a consistent decline over the last decade. In this section we have focused on MMR as this has historically seen lower uptake, and in some areas of England have seen a resurgence of measles cases.

What are the trends?

In Bournemouth, Christchurch and Poole the proportion of 5 year olds who have received two doses of MMR has been declining and is significantly below 95%. MMR for one dose at 2 years old has also been decreasing and below 95% target.

What are the areas of need?

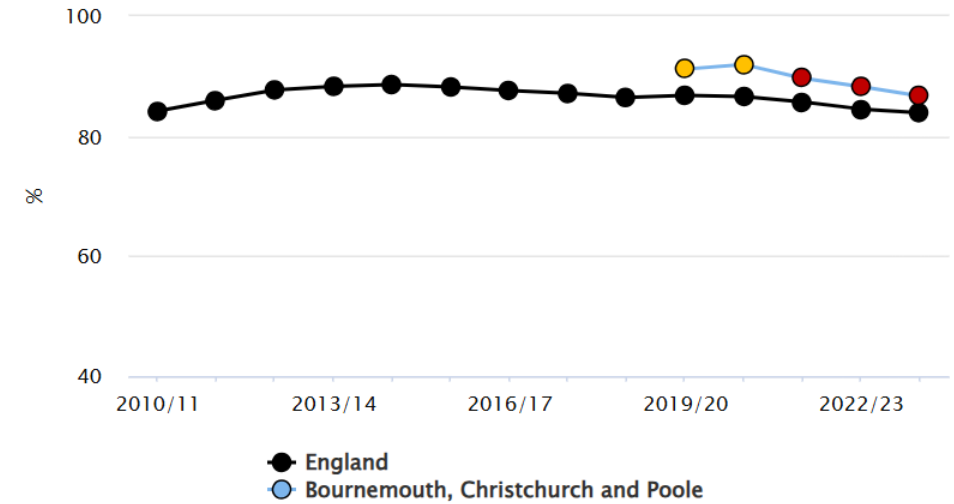
There is variation in vaccination levels by PCN. Across Dorset county, the % of children who are fully vaccinated at 5 years old varies by roughly 15 percentage points between PCN areas.

Some of our more vulnerable children also have lower immunisation rates – 32% of children in care in BCP were up-to-date with vaccinations in 2023, which is significantly below the England average .

Further Resources

[Child and Maternal Health - Data - OHID \(phe.org.uk\)](#)

Population vaccination coverage – MMR for two doses (5 years old)



[Children, aged 5, who received a reinforcing dose of DTaP/IPV and at least 2 doses of an MMR vaccine between the ages of 1 and 5 yrs. 2023/24](#) Proportion - %

Area	Recent Trend	Count	Value	99.8% Lower CI	99.8% Upper CI
England	-	552,221	83.8	83.6	83.9
Dorset ICB - 11J	-	6,339	87.9	86.7	89.0
Wimborne and Ferndown PCN	-	305	94.7*	89.4	97.4
Poole North PCN	-	491	93.9*	89.8	96.4
The Vale PCN	-	323	92.0*	86.4	95.5
Blandford PCN	-	220	91.7*	84.4	95.7
Weymouth and Portland PCN	-	550	91.4*	87.1	94.3
Crane Valley PCN	-	289	91.2*	85.0	95.0
Mid Dorset PCN	-	389	91.1*	85.9	94.5
Jurassic Coast PCN	-	238	90.8*	83.8	95.0
Sherborne Area PCN	-	162	89.0*	79.8	94.3
Purbeck PCN	-	258	88.7*	81.6	93.2
Christchurch PCN	-	308	88.3*	81.9	92.6
Poole Central PCN	-	631	86.7*	82.3	90.1
Poole Bay and Bournemouth PCN	-	124	86.1*	75.0	92.8
Central Bournemouth PCN	-	412	85.5*	79.8	89.7
North Bournemouth PCN	-	400	84.9*	79.1	89.3
Bournemouth East Collaborative PCN	-	429	83.3*	77.6	87.8
Shore Medical PCN	-	447	81.9*	76.2	86.4
South Coastal Medical Group PCN	-	363	79.1*	72.7	84.3

Sexual Health and Education

Nationally, there has been an increase of 4.7% in new STI's being diagnosed, particularly in gonorrhoea and infectious syphilis whilst chlamydia remains stable. One of the groups where the impact of STIs is greatest is in young people aged 15 to 24 years, amongst which rates of chlamydia are higher than any other age groups.

Children born to teenage mothers have higher rates of infant mortality and are at increased risk of low birthweight which can impact on health outcomes. Teenage mothers are also more likely to experience poor mental health.

What are the trends?

Numbers of syphilis cases in BCP are low. Diagnoses of gonorrhoea (all ages) has been increasing from 83 per 100,000 in 2019 to 414 per 100,000 in 2023. This is now close to the England rate..

There were 645 cases of chlamydia diagnosed in young people aged 15-24 in 2023, a rate of 2603 per 100,000. This has decreased slightly on the previous year, in line with the England trend. An estimated 25% of the female population aged 15-24 were screened for Chlamydia, a similar proportion to previous years.

The rate of conceptions in under 18's has levelled off in the most recent years, although remains low. The percentage of teenage mothers is also very low at 0.3%.

What are the areas of need?

Whilst deliveries to teenage mothers is very low in most areas, there is a higher proportion of teenage mothers in Hamworthy, Kinson and Newtown.

Further Resources

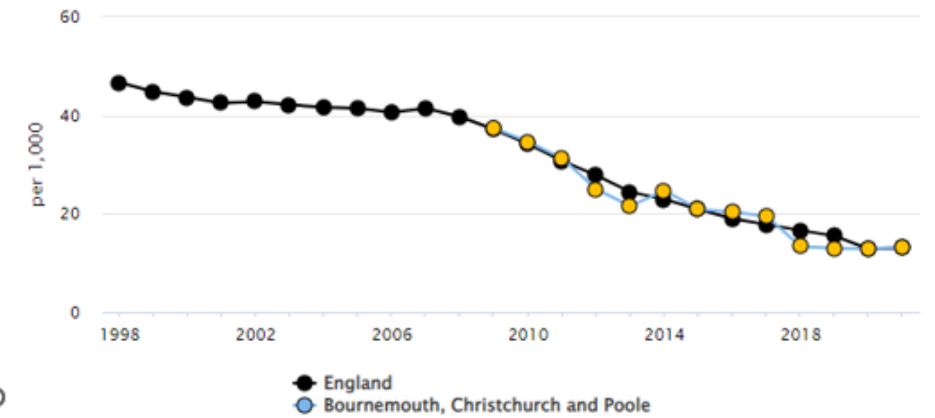
[Child and Maternal Health - Data - OHID \(phe.org.uk\)](https://phe.org.uk)

[Sexually transmitted infections and screening for chlamydia in England: 2023 report - GOV.UK \(www.gov.uk\)](https://gov.uk)

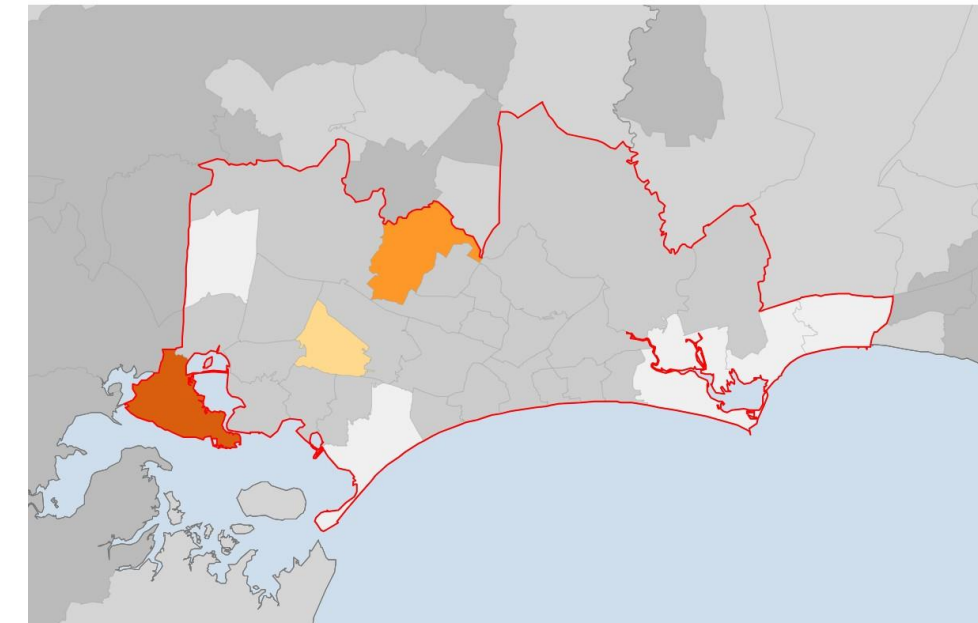
Under 18s conception rate / 1,000

[Show confidence intervals](#)

[Show 99.8% CI values](#)



Deliveries to teenage mothers (%) - Source: Hospital Episode Statistics (HES), NHS Digital



Service Considerations

Transport Access

Although BCP is a largely urban region, access to transport is an important consideration when planning services. The map on the right shows the rate of households who have dependent children and no access to a car or van – this is generally higher in the centre of Bournemouth and Poole Town Centre which likely have better public transport links, however, is an important consideration if families in these areas need to travel to other parts of Dorset to access services. There is also a higher rate of no car households in Kinson and Hamworthy.

Transition

Young people experiences a range of transitions – including biological and psychological changes, and social transitions. The World Health Organisation identifies 5 key transition points; Phases of education, transition into employment, becoming responsible for their own health, moving from family living to autonomy and transition to responsible citizenship.

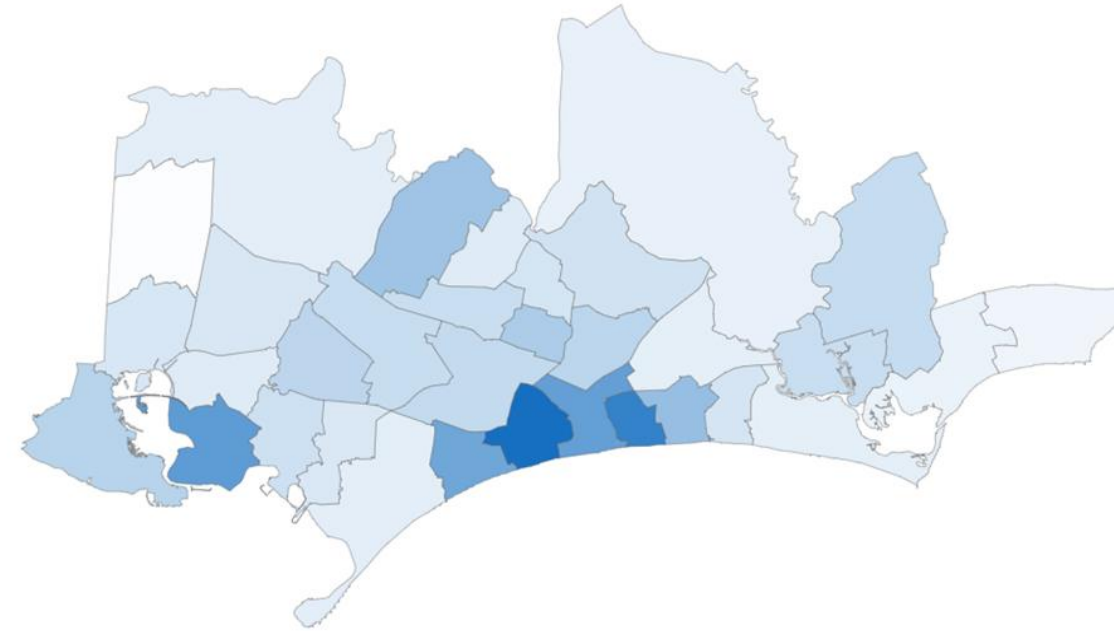
National and local feedback highlights some of the challenges that young people can experience transitioning from child to adult services or experiencing new issues in adulthood such as finding secure and suitable housing.

Neurodivergence

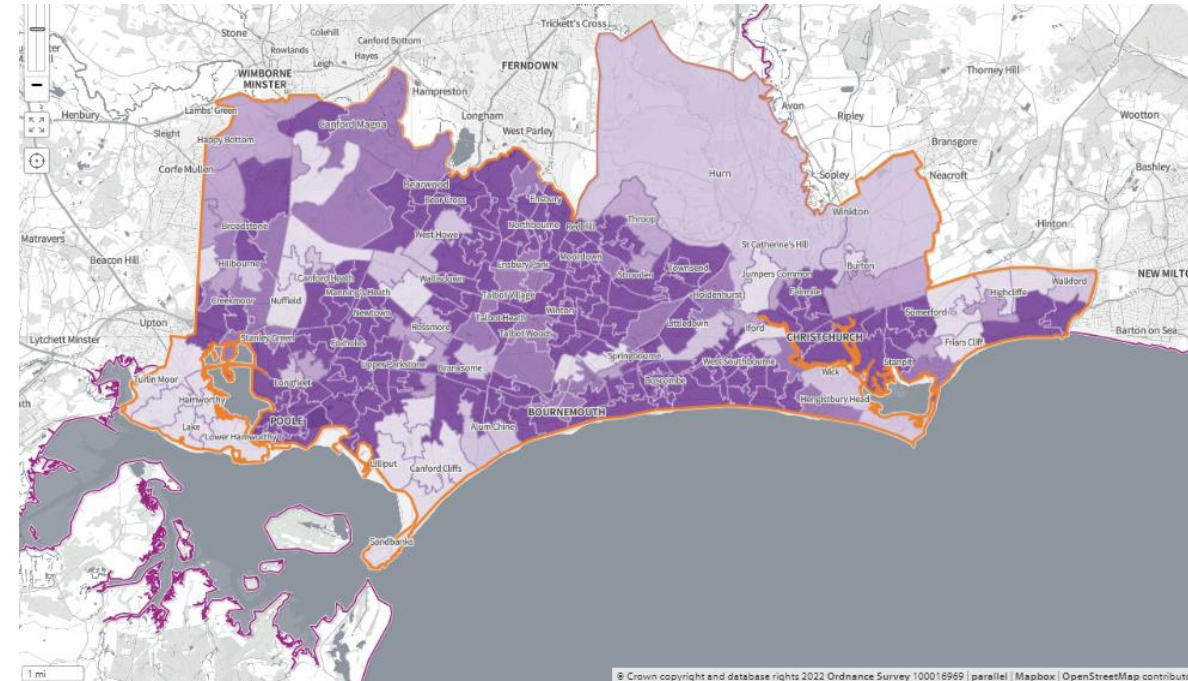
Services often comment on increasing complexity of needs, and one area of need that has been increasing is the diagnosis of Autism and ADHD. Using prevalence data and estimates from literature we estimate across Dorset county:

- Approximately 19,200 people age 5+ with ADHD
- Approximately 8,700 people of all ages with Autism

Further details are available [in the Pan-Dorset ADHD and Autism Needs Assessment](#)



Access to GP surgery by public transport or walking in 15 minutes



On the Horizon

Shaping Tomorrow is an AI driven horizon scanning tool that explores various global sources to identify potential future trends and issues. A scan of futures statements about children and young people's health and wellbeing identified the following potential themes for the future.

Smoke Free Generation

The UK government has announced several key measures aimed at establishing a smoke-free generation and curbing the rising trend of youth vaping. There are plans to introduce a law that will prevent a generation of children from ever being legally sold cigarettes in England. Measures will be implemented to regulate vaping - notably, there has been a definitive move to ban disposable vapes, a popular product among younger users, due to their environmental impact and appeal to minors. Whilst for adult smokers, vaping is a useful tool to help them quit smoking, non-smokers and children and young people should not vape.

Supporting smoke free measures and prevention of vaping for children and young people will be important to support the aims of improving health and reducing the prevalence of smoking to 5% by 2030.

Digital Wellbeing

With the exponential growth of technology and its integration into daily life, future scenarios predict an increased emphasis on digital wellbeing for children and young people. This scenario envisages an environment where schools, parents, and policymakers prioritize the mental and physical health implications of prolonged screen time and social media use. Educational curricula may include mandatory lessons on digital hygiene, cyberbullying awareness, and the importance of offline activities for mental health.

However, technology and social media also offers opportunities to support children and young people's health – such as increased use of apps for mental health support and integration of artificial intelligence for personalised medicine and treatment plans. Digital tools could be leveraged to engage with young people and to deliver health education remotely and innovatively.

Growing Mental Health Challenges and Responses

The prevalence of mental health issues among children and young people is expected to increase in future scenarios, particularly due to the stresses of modern life and potential global crises. This scenario anticipates a surge in mental health services, including accessible therapy options, support groups facilitated by technology, and community-driven initiatives designed to foster resilience and coping skills in young populations.

Societal attitudes towards mental health are projected to become more open and accepting in the future. This shift could lead to the destigmatization of mental health issues among children and young people, encouraging them to seek help without fear of judgment. An environment of understanding could foster greater peer support and community-based initiatives that prioritize youth mental health.

On the Horizon

Enhanced Focus on Physical Fitness and Obesity Prevention

A future scenario reveals a coordinated global response to the rising rates of childhood obesity and inactivity. In this scenario, preventive approaches that promote physical activity through urban planning, such as bike-friendly cities and interactive playgrounds, become widespread. Nutrition and physical education in schools might be bolstered by policies that favour active lifestyles, reducing the long-term impact of obesity-related health problems.

Future trends and forecasting needs

Discussions with stakeholders in shaping this JSNA paper identified some topic areas where there are knowledge gaps.

- Understanding children's smoking and vaping behaviours locally
- Understanding children with multiple vulnerabilities / in contact with multiple services
- Oral health – an epidemiology survey has been conducted; data due shortly

