

Disability Needs Assessment

Selection: Blackpool Geographies: Top level local authority

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Using this report

Health and social needs are inherently complex; it is unlikely that there will be a single factor which is responsible for the particular situation in your local area. For this reason, it is important that no single item of information is treated in isolation. Instead the various pieces of data and evidence should be used as pieces of a jigsaw which when linked together give you a picture of the needs of your local community.

As with all health data and intelligence, it is important to 'sense check' the findings with colleagues and compare it with your own local knowledge. Is the picture given by the data what you would expect? There can sometimes be anomalies in data which have been submitted for central collection or one-off events or changes, for example a new housing development, in a local area which have resulted in atypical results. The data may not be wrong but you should be sure that you understand the reasons why something is not as you might expect. Contact the National Child and Maternal Health Intelligence Network local specialist in your area if you need further advice - www.chimat.org.uk/default.aspx?QN=CHIMAT_LOCAL

This report is available for CCGs and local authorities. Most of the data shown in this report is available for both local authorities and CCGs, however a small number of indicators are not available for CCGs. Where this is the case, the related tables and charts are not shown.

This report is intended for you to cut and paste text, tables and charts and include them in your own local documents. Please acknowledge the National Child and Maternal Health Intelligence Network as the source and state the date on which you accessed the report.

Definition

Children with long-term disability are a diverse group. Some will have highly complex needs requiring multi-agency support across health, social services and education – the most extreme

example perhaps being those who are technology-dependent. Other children will require substantially less support, although nevertheless have a long-term disability.

There have been many attempts to provide accurate estimates of disability in children and young people. Some of these have provided condition based estimates based on the literature and others have utilised specific survey data. Information on self-reported (by the parent) long-standing illness or disability is provided from the General Household Survey.

Routine data are collected by local authorities on children with statements of Special Educational Needs, but this does not reflect the spectrum of disability and is only a weak proxy measure for severity. There is ongoing work to define disability in the context of the child's participation in usual activities, using questionnaires to families and children. If this approach were to be adopted nationally (for local implementation) then meaningful comparisons could start to be made.

Background

The Department for Education (DfE) has stated that:

- Disabled children and young people currently face multiple barriers which make it more difficult for them to achieve their potential, to achieve the outcomes their peers expect and to succeed in education.
- 29% of disabled children nationally live in poverty.
- The educational attainment of disabled children is unacceptably lower than that of non-disabled children and fewer than 50% of schools have accessibility plans.
- Disabled young people aged 16-24 are less satisfied with their lives than their peers and there is a tendency for support to fall away at key transition points as young people move from child to adult services.
- Families with disabled children report particularly high levels of unmet needs, isolation and stress.
- Only 4% of disabled children are supported by social services. A report by the Audit Commission in 2003 found that there was a lottery of provision, inadequate strategic planning, confusing eligibility criteria, and that families were subject to long waits and had to jump through hoops to get support.
- The prevalence of severe disability is increasing.

Prevalence of disability in children

Overall prevalence

The number of disabled children in England is estimated to be between 288,000 and 513,000 by the Thomas Coram Research Unit (TCRU). The mean percentage of disabled children in English local authorities has been estimated to be between 3.0 percent and 5.4 percent, through a survey of all Directors of Children's Services in England undertaken by the TCRU. If applied to the population of Blackpool this would equate to between 815 and 1,468 children experiencing some form of disability.

Chapter 10 (Disability) of The health of children and young people, Office for National Statistics (ONS), 2004 calculated prevalence rates using two sources – the General Household Survey (GHS) and the Family Fund Trust (FFT) register of applicants. Much of the following analysis and observation is taken from this document. The resulting age-specific estimates are as follows for Blackpool.

The table below shows estimated numbers for mild disability. Children aged 0 to 4 years display lower prevalence than children in the higher age groups. This can be contrasted with the data from the second table which indicates the estimated of severe disability and where the rates are higher for children in the 0 to 4 age group.

Age-specific estimates (population aged 0 to 19 years) with long-standing illness or disability

	Blackpool
Boys age 0-4 living with longstanding illness or disability estimate (ONS) (2011)	588
Boys age 5-9 living with longstanding illness or disability estimate (ONS) (2011)	975
Boys age 10-14 living with longstanding illness or disability estimate (ONS) (2011)	800
Boys age 15-19 living with longstanding illness or disability estimate (ONS) (2011)	774
Boys age 0-19 living with longstanding illness or disability estimate (ONS) (2011)	3,137
Girls age 0-4 living with longstanding illness or disability estimate (ONS) (2011)	520
Girls age 5-9 living with longstanding illness or disability estimate (ONS) (2011)	648
Girls age 10-14 living with longstanding illness or disability estimate (ONS) (2011)	760
Girls age 15-19 living with longstanding illness or disability estimate (ONS) (2011)	704
Girls age 0-19 living with longstanding illness or disability estimate (ONS) (2011)	2,632

Age-specific estimates (population aged 0 to 19 years) of severely disabled population.

	Blackpool
Boys age 0-4 who are severely disabled estimate (ONS) (2011)	6
Boys age 5-9 who are severely disabled estimate (ONS) (2011)	5
Boys age 10-14 who are severely disabled estimate (ONS) (2011)	3
Boys age 15-19 who are severely disabled estimate (ONS) (2011)	1
Boys age 0-19 who are severely disabled estimate (ONS) (2011)	15
Girls age 0-4 who are severely disabled estimate (ONS) (2011)	3
Girls age 5-9 who are severely disabled estimate (ONS) (2011)	2
Girls age 10-14 who are severely disabled estimate (ONS) (2011)	2
Girls age 15-19 who are severely disabled estimate (ONS) (2011)	1
Girls age 0-19 who are severely disabled estimate (ONS) (2011)	7

Source: unpublished analysis of Family Fund Trust statistics

Prevalence rates by socio-economic background

The prevalence rates of children and adolescents with mild disabilities were found to be higher for those from semi-skilled manual and unskilled manual family backgrounds. The prevalence of

children with mild disabilities from professional family backgrounds were lower in comparison to the other socio-economic groups. The rate of severe disability was found to be greatest amongst children from semi-skilled manual family backgrounds, whilst the lowest rates were for children from professional and managerial family backgrounds.

Visual Impairment

Definition

The Royal National Institute for the Blind (RNIB) commissioned a review of the literature regarding visual impairment in the UK in 2005. The following estimates and observations are all taken from Chapter 5 of this review, which addressed the prevalence relating to Children. The text has been edited for the purpose of this needs assessment. The full document can be accessed through the RNIB website, available here www.rnib.org.uk/Pages/Home.aspx.

The study noted that:

“There are no agreed definitions of visual impairment among children. Terms such as visual impairment and visual disability have been used to mean different things in different studies and contexts.”

Most of the available data about visual loss in children comes from registers or from surveys of providers of health care, social care or educational services to children with visual loss. Thus the available estimates rely on children with visual loss being known to the relevant services. This may be a reasonable assumption for children, because substantial visual loss is very likely to be detected, particularly at school.

Variation in definitions and service provision means that great caution is required in interpretation of any single estimate of the prevalence of visual impairment or blindness among children in the UK. However, using a broad and pragmatic definition of visual loss of sufficient severity as to mean a child is identified as being in need of special educational or social services, the existing data suggest a prevalence of visual impairment in the region of 10-20 per 10,000 children.

Around half the children receiving support from visual impairment services may have additional disabilities, and this proportion may be even higher for children with severe visual loss. In the study by Rahi and Cable 77% of children newly diagnosed with severe visual impairment or blindness had additional non-ophthalmic disorders or impairments.

A re-analysis of the 1989 Office of Population Censuses and Surveys (OPCS) child disability survey used cluster analysis to group together the children into different groups or clusters according to shared characteristics, with the aim of taking into account and “make(ing) more visible the type, severity and combination of all the disabilities experienced by a child”. The study showed that children were likely to either have a mild to moderate visual impairment with few other disabilities, or to have visual impairments of a more severe nature, along with several other disabilities also of a severe or profound nature.

Estimates of prevalence

Data collected from local authority advisory services tend to show prevalence at about 20 children per 10,000. However, the prevalence rate reported by the DCSF based on the individual pupil data collected from schools finds 10.5 per 10,000 whose primary special educational need is a visual or multi-sensory impairment. The table below shows the estimates for Blackpool.

Visual Impairment estimates 5-15 years old

	Blackpool
Visual impairment lower estimate (10.5 per 10,000) (2011)	18
Visual impairment upper estimate (20 per 10,000) (2011)	34

The discrepancy between local authority and DCSF data is that the DCSF only includes children whose primary disability is sight problems which means that DCSF data is likely to under-represent the size of the population of pupils with a visual impairment.

The only reliable national epidemiological estimate of prevalence in children only covers children at the most severe end of the visual acuity spectrum (Rahi and Cable). Children were included only if they:

- had corrected visual acuity of worse than 6/60 in the better eye or
- were eligible for notification to the national registers of blindness or
- were unable to fix on or follow a light (but whose acuity could not be measured formally).

National active surveillance schemes were used to identify children newly diagnosed with severe visual impairment or blindness during 2000. The annual incidence was highest in the first year of life, being 4.0 (95% CI 3.6-4.5) per 10,000, with a cumulative incidence by 16 years of age of 5.9 (95%CI: 5.3-6.5) per 10,000. The study was restricted to those children with a severe visual impairment or blindness. The table below shows the estimates of the number of children, by age, newly diagnosed with severe impairment or blindness.

Estimates of the number of children, by age, newly diagnosed with severe impairment or blindness.

	Blackpool
Age-group specific incidence - age 0 (2011)	1
Age-group specific incidence - age 1-4 (2011)	
Age-group specific incidence - age 5-15 (2011)	

Please note, estimates are rounded and should not be summed

The same study observes that the characteristics of the population of children with severe sight problems or blindness is changing. This is because:

- There has been a decline in the incidence of treatable or preventable disorders such as retinopathy of prematurity and congenital cataract.
- There has been an increase in untreatable disorders such as cerebral sight problems, the inherited retinal dystrophies, optic nerve atrophy and hypoplasia.

- The decline is linked with improvements in primary prevention, early detection and medical and surgical management.
- The increase is linked with changing trends in childhood chronic disease and disability that are themselves linked with increased survival of premature and very low birth weight babies and children with major anomalies, complex neurological and metabolic diseases and malignant disease.

The consequences of these changes are that:

- Proportionally more children with severe sight problems and blindness now have additional - often very complex - disabilities. 77% of children in the study had additional non-ophthalmic disorders or impairments.
- Very premature and low birth weight babies are at particular risk of severe sight problems and blindness.
- There is an increased rate of severe sight problems and blindness in children from ethnic minorities. There is also an association with socio-economic deprivation. These two factors may also be correlated, although with certain ethnic groups where inter-cousin marriages are common, autosomal recessive disorders are found.

The researchers also noted that their finding of a higher than expected proportion of children with additional disabilities reflects partly the changing nature of the population at risk. They speculate that it may also partly reflect the fact that other studies which rely on ophthalmic sources alone under-represent the number of children with additional disabilities.

A comparison of 1958 and 1970 British birth cohorts and the British national registers for blindness show that:

- in the 1958 birth cohort the prevalence of blindness in 10 - 11 year olds was one per 10,000.
- for the 1970 birth cohort this had increased to 4 per 10,000 children aged between 10 and 11.

Other survey and administrative data

In addition to epidemiological studies, data on childhood sight problems and blindness is collected via social surveys such as the 1985 OPCS disability surveys and RNIB surveys of local authority visual impairment advisory services. DCSF also collects statistics on different special educational needs groups as part of its Annual Schools Census in England and Wales. The prevalence review concluded that; "there are no agreed definitions of sight problems among children. Terms such as sight problems and visual disability have been used to mean different things in different studies and contexts". Consequently prevalence estimates vary between surveys.

Local authority administrative data from visual impairment advisory services is such that:

- Individual services have their own criteria for deciding whether or not a child with sight difficulties will be included on their caseload. This means that in some areas the threshold for definition as visually impaired (hence receiving support from a specialist teacher of the visually impaired) will be lower than in others.
- The Welsh Assembly has observed that; " ... In some areas the service for visually impaired children and young people has included children and young people with a slight reduction in visual acuity who may only be seen by them twice-yearly or annually. In other areas, these children / young people would not meet the descriptors for intervention".

- Specialist teachers are often cautious about using rigid criteria for referrals because individual children vary so much in terms of their visual functioning. Two children with the same diagnosis and visual activity may function very differently and require quite different levels of specialist support.
- Local authority visual impairment advisory services vary in the degree to which they are able to offer support to children with a sight problems and who have additional severe and / or complex disabilities and who are being educated in special schools. Hence there is likely to be a wide variation between LAs in reporting the incidence of this group of children.

Children with Acute/Additional Needs

The key available outcome indicator for disabled children is the parental experiences of provided services undertaken in 2009/10 for which the overall score for Blackpool was 57. The table below shows the individual scores for Blackpool.

Parental experiences of Services Provided to Disabled Children

	Blackpool
Overall Score (2009/10)	57
Information - Health (2009/10)	60
Information - Education (2009/10)	67
Information - Care and Family Support (2009/10)	56
Assessment - Health (2009/10)	74
Assessment - Education (2009/10)	76
Assessment - Care and Family Support (2009/10)	-
Transparency - Health (2009/10)	91
Transparency - Education (2009/10)	92
Transparency - Care and Family Support (2009/10)	-
Participation - Health (2009/10)	48
Participation - Education (2009/10)	39
Participation - Care and Family Support (2009/10)	-
Feedback - Health (2009/10)	8
Feedback - Education (2009/10)	21
Feedback - Care and Family Support (2009/10)	10

The tables below shows information on pupils with special educational needs at schools.

% of pupils with a statement of special educational needs

	Primary - Pupils with statements (%) (2012)	Primary - Pupils with statements (%) (2013)	Secondary - Pupils with statements (%) (2012)	Secondary - Pupils with statements (%) (2013)	All - Pupils with statements (%) (2014)	All - Pupils with statements (%) (2015)
Blackpool	0.80	0.70	0.90	0.90	2.30	2.40

Pupils at primary school with special educational needs

	Blackpool	England
Primary - Specific Learning Difficulty per thousand school population (2012)	5.20	7.50
Primary - Moderate Learning Difficulty per thousand school population (2012)	24.30	17.20
Primary - Severe Learning Difficulty per thousand school population (2012)	1.00	1.10
Primary - Profound & Multiple Learning Difficulty per thousand school population (2012)	x	0.40
Primary - Behaviour, Emotional & Social Difficulties per thousand school population (2012)	20.90	14.60
Primary - Speech, Language and Communications Needs per thousand school population (2012)	26.70	22.90
Primary - Hearing Impairment per thousand school population (2012)	3.10	1.80
Primary - Visual Impairment per thousand school population (2012)	1.70	1.00
Primary - Multi- Sensory Impairment per thousand school population (2012)	0.30	0.10
Primary - Physical Disability per thousand school population (2012)	5.90	3.20
Primary - Autistic Spectrum Disorder per thousand school population (2012)	4.50	5.80
Primary - Other Difficulty / Disability per thousand school population (2012)	2.10	3.30

Pupils at secondary school with special educational needs

	Blackpool	England
Secondary - Specific Learning Difficulty per thousand school population (2012)	10.00	13.00
Secondary - Moderate Learning Difficulty per thousand school population (2012)	24.70	18.40
Secondary - Severe Learning Difficulty per thousand school population (2012)	0.50	0.70
Secondary - Profound & Multiple Learning Difficulty per thousand school population (2012)	x	0.10
Secondary - Behaviour, Emotional & Social Difficulties per thousand school population (2012)	24.80	23.60
Secondary - Speech, Language and Communications Needs per thousand school population (2012)	6.90	7.50
Secondary - Hearing Impairment per thousand school population (2012)	2.80	2.20
Secondary - Visual Impairment per thousand school population (2012)	1.70	1.20
Secondary - Multi- Sensory Impairment per thousand school population (2012)	x	0.10
Secondary - Physical Disability per thousand school population (2012)	3.10	3.00
Secondary - Autistic Spectrum Disorder per thousand school population (2012)	3.90	7.00
Secondary - Other Difficulty / Disability per thousand school population (2012)	11.30	N/A

Pupils at special schools with special educational needs

	Blackpool	England
All special schools - Specific Learning Difficulty per thousand school population (2012)	13.4	11
All special schools - Moderate Learning Difficulty per thousand school population (2012)	228.2	182.6
All special schools - Severe Learning Difficulty per thousand school population (2012)	275.2	241.3
All special schools - Profound & Multiple Learning Difficulty per thousand school population (2012)	63.8	87.9
All special schools - Behaviour, Emotional & Social Difficulties per thousand school population (2012)	57	138.1
All special schools - Speech, Language and Communications Needs per thousand school population (2012)	73.8	49.2
All special schools - Hearing Impairment per thousand school population (2012)		15.6
All special schools - Visual Impairment per thousand school population (2012)		8.2
All special schools - Multi- Sensory Impairment per thousand school population (2012)		2.2
All special schools - Physical Disability per thousand school population (2012)	90.6	37
All special schools - Autistic Spectrum Disorder per thousand school population (2012)	198	200
All special schools - Other Difficulty / Disability per thousand school population (2012)		7.4

Attainment of pupils with special educational needs

Key Stage 2

This section shows how well pupils in Blackpool did in key stage 2 and key stage 4 exams.

Key stage 2 attainment in English and mathematics

	Pupils with no identified SEN: % achieving at level 4 or above in Key Stage 2 (2012)	Pupils at School Action: % achieving at level 4 or above in Key Stage 2 (2012)	Pupils at School Action Plus: % achieving at level 4 or above in Key Stage 2 (2012)	Pupils with a statement of SEN: % achieving at level 4 or above in Key Stage 2 (2012)	Pupils with SEN but without a statement: % achieving at level 4 or above in Key Stage 2 (2012)	All pupils: % achieving at level 4 or above in Key Stage 2 (2012)
Blackpool	94.00	58.00	41.00	11.00	52.00	80.00
England	92.00	52.00	38.00	17.00	47.00	80.00

Key stage 4 attainment

	Pupils with no identified SEN: % achieving 5+ A*-C grades inc. English & mathematics GCSEs (2012)	Pupils at School Action: % achieving 5+ A*-C grades inc. English & mathematics GCSEs (2012)	Pupils at School Action Plus: % achieving 5+ A*-C grades inc. English & mathematics GCSEs (2012)	Pupils with a statement of SEN: % achieving 5+ A*-C grades inc. English & mathematics GCSEs (2012)	Pupils with SEN but without a statement: % achieving 5+ A*-C grades inc. English & mathematics GCSEs (2012)	All pupils: % achieving 5+ A*-C grades inc. English & mathematics GCSEs (2012)
Blackpool	55.30	10.50	N/A	N/A	N/A	47.90
England	69.50	27.80	20.50	8.40	25.30	59.00

Next steps

- Find out more about the commissioning and delivery of services for children and young people with disabilities and their families in the knowledge hub.
www.chimat.org.uk/disability
- Read ChiMat Needs Assessment Reports: What do the reports tell you about your local area?
atlas.chimat.org.uk/IAS/profiles/aboutdynamicreports
- Find out more about the general population for your area by looking at its demographic profile
atlas.chimat.org.uk/IAS/profiles/needsassessments
- If data in this report suggest a priority for your area, we recommend that you also read the needs assessments
atlas.chimat.org.uk/IAS/profiles/needsassessments

- Sign up to an eBulletin
www.chimat.org.uk/default.aspx?QN=CHMK9
- Contact your local specialist for further advice and support
www.chimat.org.uk/default.aspx?QN=CHIMAT_LOCAL

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