

# Children & Young People's JSNA (Dorset)

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 aged 0-24. 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.

### Thriving Communities

Children's Views  
Population  
Geography  
Finances / Cost of Living  
Housing  
Education  
Environment

### Healthy Lives

Children's Views  
Physical Activity  
Childhood Obesity  
Nutrition  
Emotional Health and Wellbeing  
Smoking, Vaping and Alcohol Use  
Health Conditions

### Health and Care

Maternity  
Health Visiting  
School Nursing  
CAMHS  
Social Care  
SEND  
Sexual Health  
Immunisations  
Service Considerations  
Transport  
Transition Points  
Neurodivergence

### On the Horizon

Digital Wellbeing and AI  
Responding to growing mental health challenges  
Physical fitness and obesity prevention  
Smoke-Free generation  
Future Data Questions / forecasting needs





Dorset has almost 88,000 0–24-year-olds. This makes up just under a quarter of Dorset residents.

The population has decreased by about 6,600 since 2011, and estimates predict this trend will continue.



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

Some areas of Dorset have high deprivation, and overall, 16% of under 16's live in low-income families (before housing costs)



Dorset has some unique environmental features which makes it a special place. However, greenspace access is not equitable.

About 6,500 0-15 year olds live in overcrowded households.



In Dorset, CYP generally achieve well. The percentage of young people not in education, employment or training continues to improve.

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.



Hospital admission rates for CORE20Plus5 conditions have been improving, however some have increased in the last 2 years.

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 motor skills and fine personal-social skills in young children.



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

Social Care referrals remain below the England average 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 - the building blocks of health

The Dorset Council Plan sets out our vision of working together to create a fairer, more prosperous and more sustainable Dorset. We want Dorset to be the best place to be a child, where communities thrive, and families are supported to be the best they can be. In Dorset, there is a notable disparity in health and longevity; males from Cranborne and Alderholt have an average life expectancy of 84.6 years, in contrast to those from Melcombe Regis, 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.

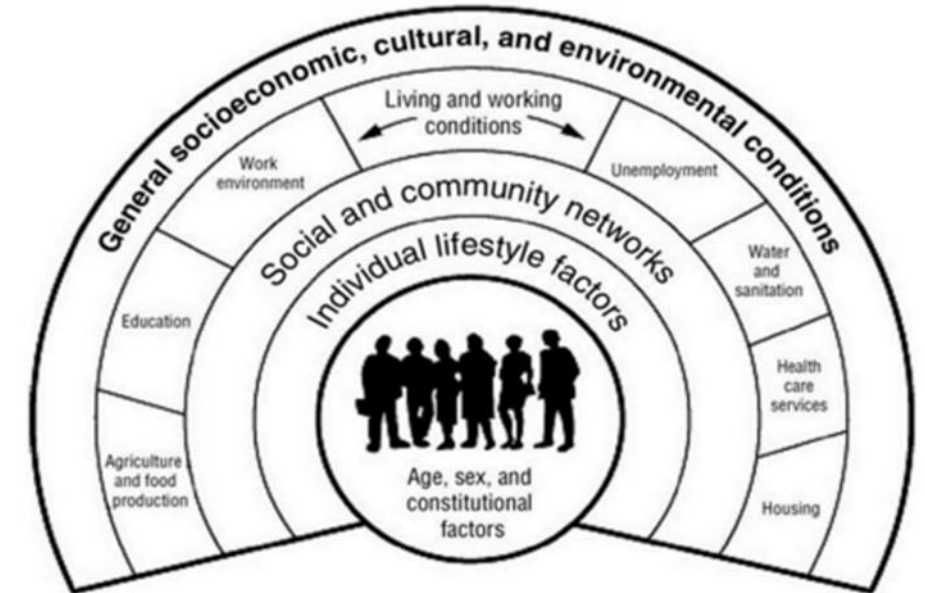
These elements, termed the wider determinants of health, are crucial for maintaining our health and wellbeing. Children and young people experience huge changes as they mature into adulthood – from physical to emotional and social development – which the wider determinants can impact.

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.

Organisations within health and care systems, such as Local Authorities, the NHS and VCSE can work together to address these building blocks of health and support thriving communities.

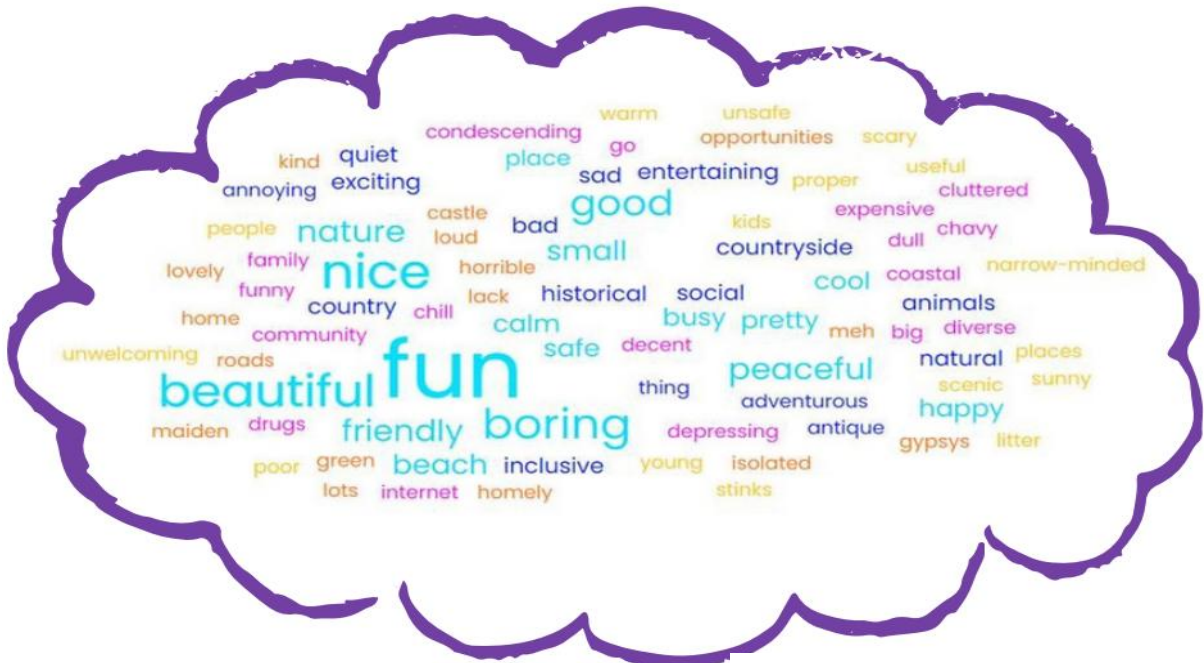
The broad social and economic circumstances that together determine the quality of the health of the population are known as the 'social determinants of health'



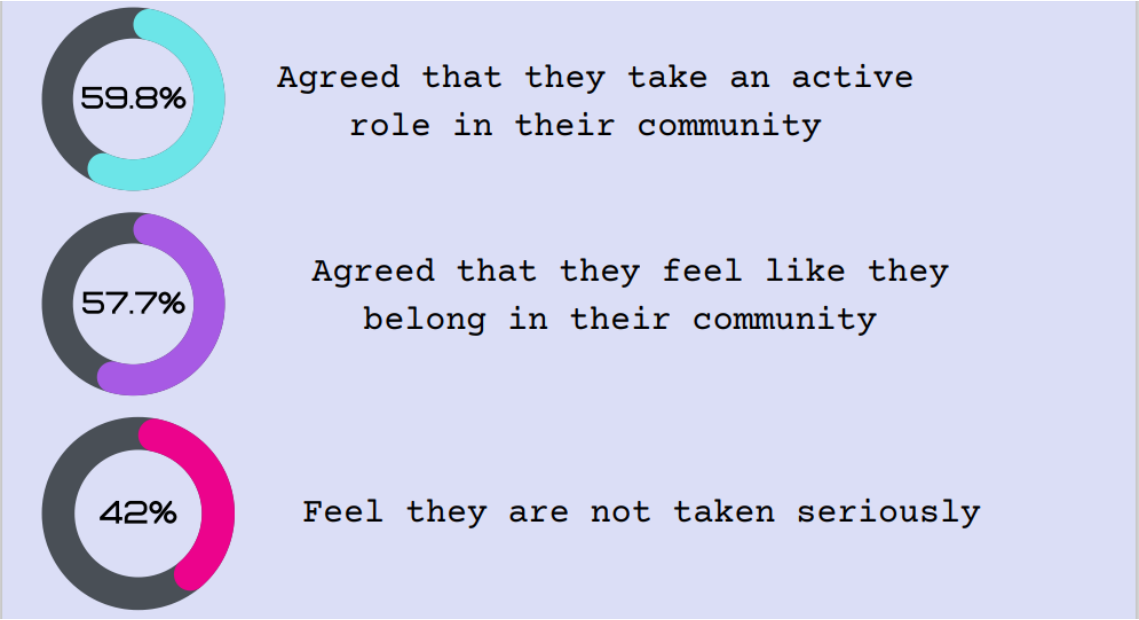
Source: Dahlgren and Whitehead (1991)



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



Dorset Youth Voice X Survey 2022



*Dorset's children and young people aspire to live, learn and grow in places where people are kind, honest and where they feel safe and belong*  
CYP Plan 2023 to 2033

*Young people are concerned about how prepared they are for work and wider adult life*  
CYP Plan 2023 to 2033

*Children and young people would like welcoming, fun and inclusive library spaces*  
#LetsTalkLibraries consultation

## Dorset's Assets



# Population

At the Census 2021 Dorset had a population of 379,584 residents. Just under a quarter (23.2%) of Dorset’s residents are children and young people (0-24). The population has decreased by about 6,600 people since 2011 – the changing age profile of the population is shown on the right. Population projections estimate that this decrease will continue based on previous trends in fertility and migration.

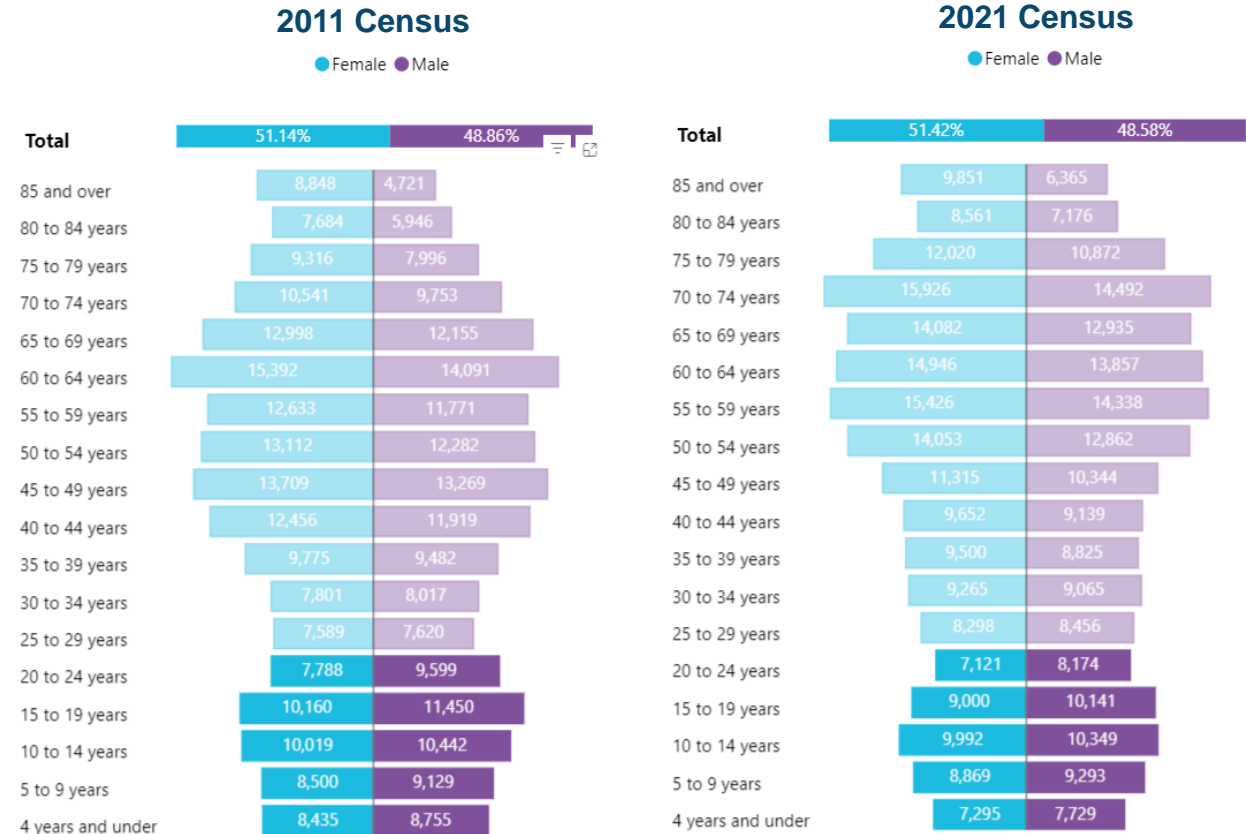
22% of households in Dorset have dependent children living in the household, with the majority being single family households. 1.6% are multiple family households with dependent children.

English is the main language in Dorset, however there are over 80 languages spoken across Dorset. The most common languages spoken are English, Polish, Romanian, Nepalese and Bulgarian.

Nearly 8% of children and young people are from ethnic minorities, slightly higher than the whole population of Dorset at 6.1%

[Household composition - Census Maps, ONS](#)

Age band	2021 Census
0-4	15,024
5-9	18,162
10-14	20,341
15-19	19,141
20-24	15,295

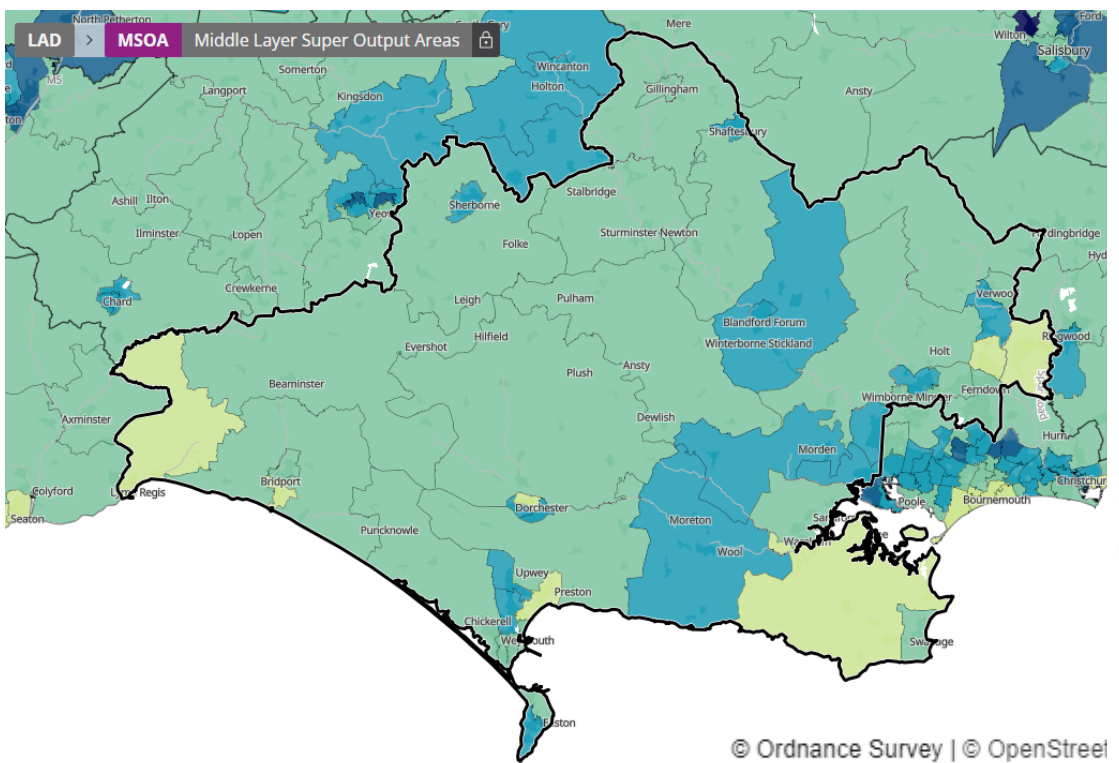


# Geography

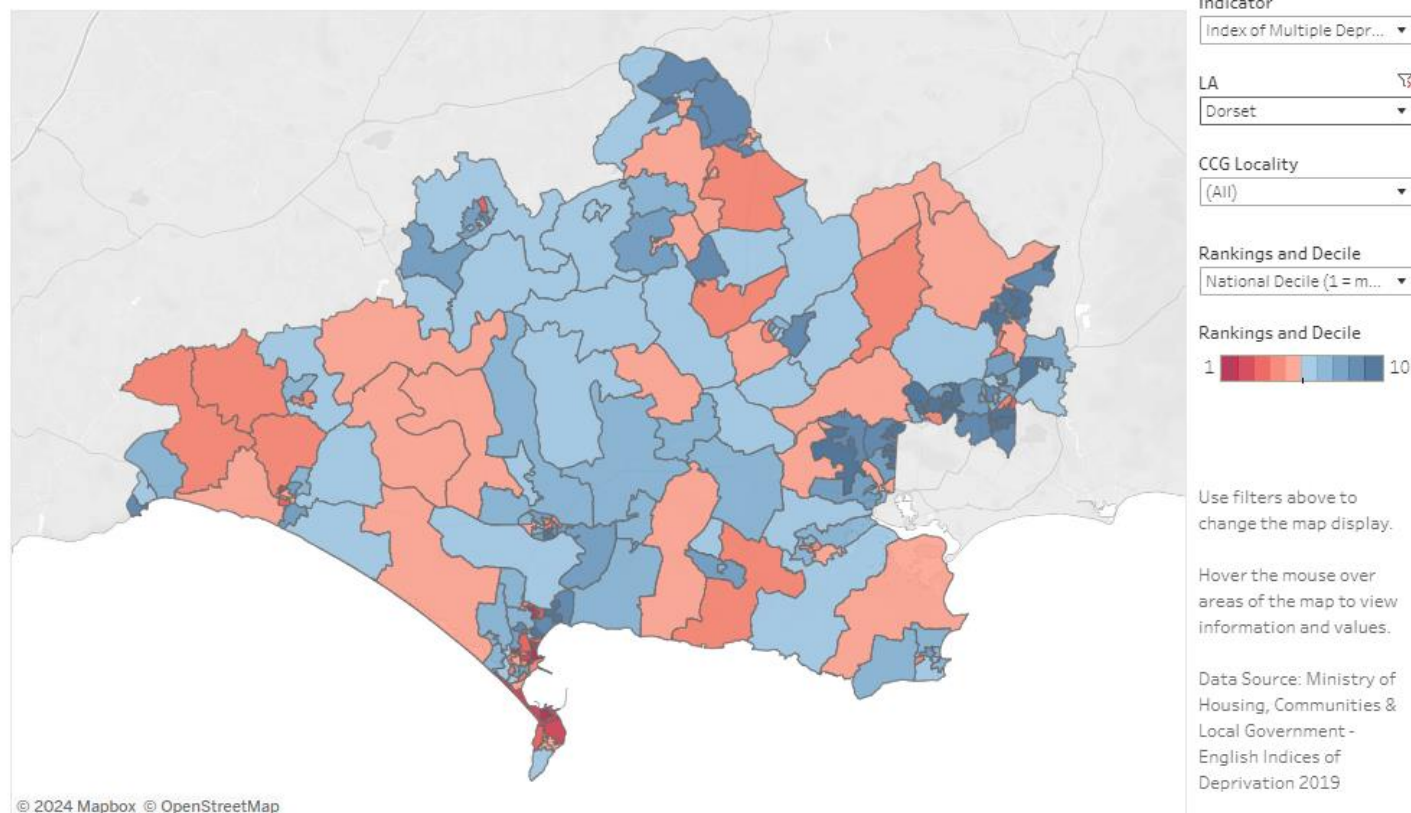
Just over 15% of people in Dorset are aged 15 and under – the Census map below shows where they live. We have higher proportions of children in South and Central Dorset, around towns in North Dorset and in several areas of Purbeck and East Dorset. The beautiful landscapes and areas of Dorset can conceal hidden challenges – there are some significant areas of deprivation.

When we compare this with our deprivation map, there are areas of higher deprivation, and higher proportions of children in Weymouth and Portland, parts of Dorchester, Sherborne and Shaftesbury, and in Purbeck around the Wool/Bovington area.

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.



**15.2%** of people in Dorset **LAD** are aged 15 years and under



Indicator  
 Index of Multiple Depr...  
 LA  
 Dorset  
 CCG Locality  
 (All)  
 Rankings and Decile  
 National Decile (1 = m...  
 Rankings and Decile  
 1 10  
 Use filters above to change the map display.  
 Hover the mouse over areas of the map to view information and values.  
 Data Source: Ministry of Housing, Communities & Local Government - English Indices of Deprivation 2019

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. 16% of under 16s in 22/23 live in low-income families (relative low income before housing costs). The End Child Poverty coalition estimate that, after housing costs, 25.7% of children experience relative poverty.

## What are the trends?

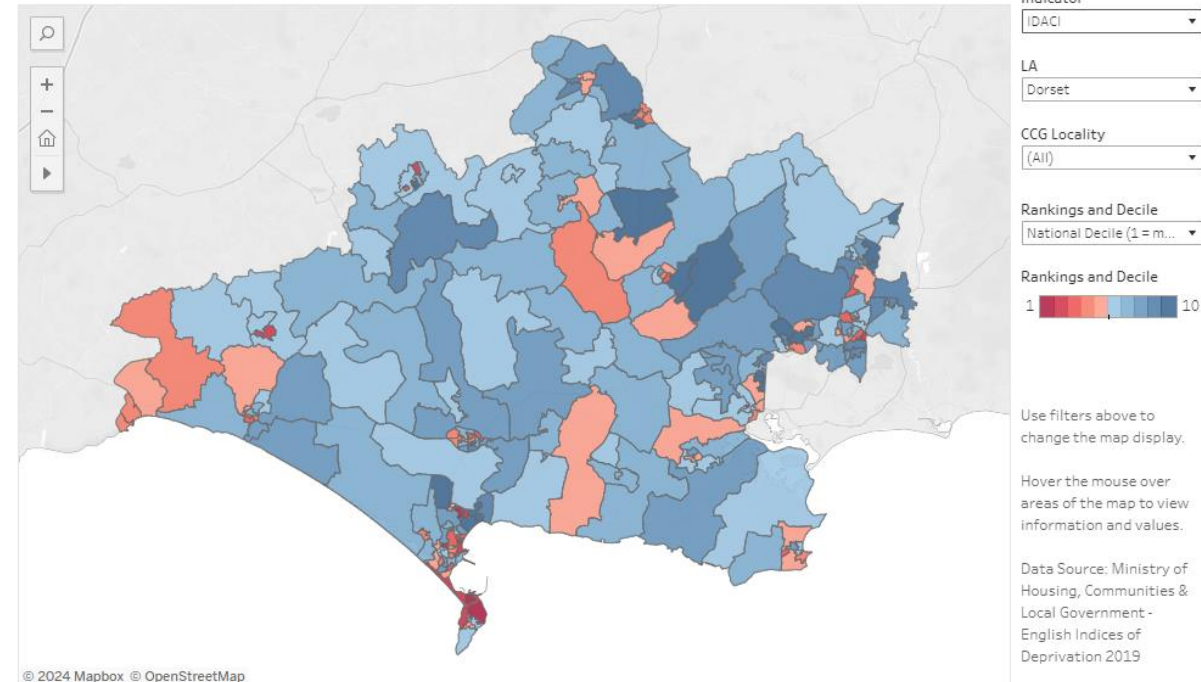
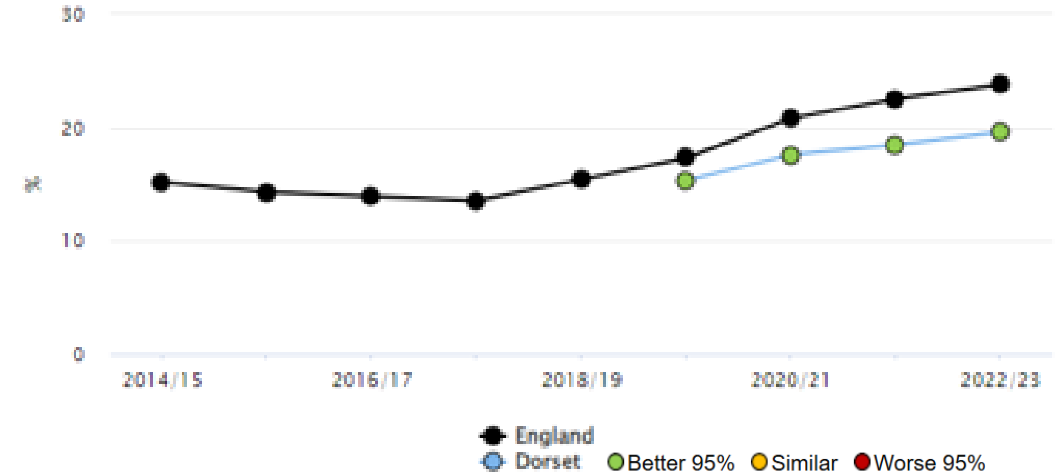
Children in state-funded schools are entitled to free school meals if a parent or carer has a low income and is in receipt of income related benefits such as universal credit. The proportion of free school meal eligible pupils has been increasing in Dorset- from 15.4% in 19/20 to 19.6% in 22/23.

## 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 Dorset where there are higher proportions of children experiencing income deprivation; areas in the 20% most deprived quintile include

- Parts of Weymouth and Portland
- Beaminster South
- Sherborne East Gryphon
- Ferndown Tricketts Cross East

% of pupils eligible for free school meals





# Housing

In the 2021 Census, 57% of residents aged 0-24 lived in owned households and 43% 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 Dorset, children and young people with 'not good' health is similar between owned and rented households, slightly higher in social rented accommodation.

## What are the trends?

Homelessness is affecting a number of households with dependent children. In 2019/20 the rate of households with children at risk of homelessness was 12.1 per 1000 households. This increased to 14.3 per 1000 in 2022/23. However, more recent data is showing a decrease in households owed a duty and households in temporary accommodation.

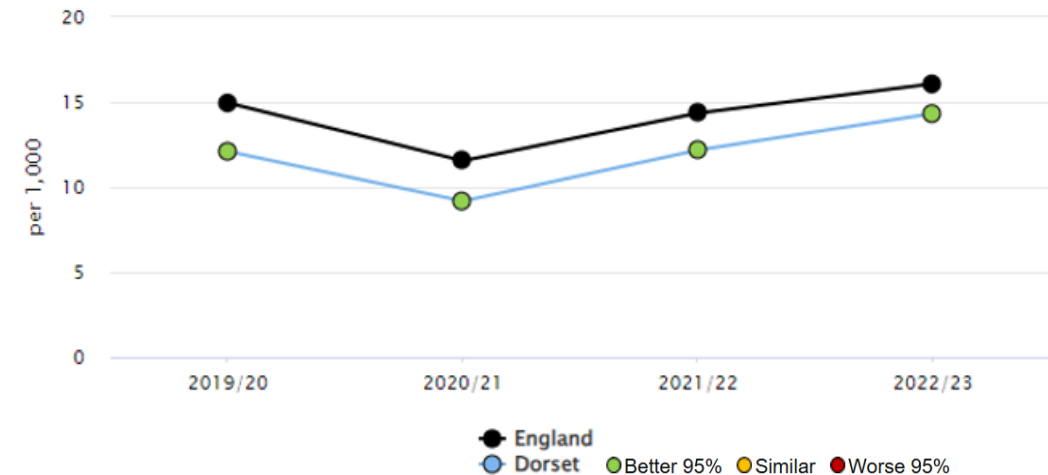
## Where are the areas of need?

Six percent of households with dependent children (0–15 years old) were classed as overcrowded in the Census. This equates to just over 2000 households who are over occupied according to the bedroom standard (the household has fewer bedrooms than required). This varies by area;

- Melcombe Regis (16.8% of households with dependent children)
- Westham (9.8% of households with dependent children)
- Littlemoor and Preston (9.7% of households with dependent children)

Household Tenure	% CYP with good health	% CYP with not good health
Owned	97%	3%
Rented – Social rented	92%	8%
Rented – Private rented	95%	5%

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



# Education

In the 2021 Census, 15.4% of people aged 5 and above (including adults) were full-time students. Our children and young people have a right to good education and education is crucial for economic growth, health and wellbeing and is a driver of social mobility.

In Dorset, children and young people generally achieve well, however there are some differences. Whilst 67.5% achieve a good level of development at the end of reception (school readiness), children eligible for free school meals do less well (46%).

Differences remain at key stage 4, with children in care having a much lower attainment 8 score (14.6) than other pupils (44.7).

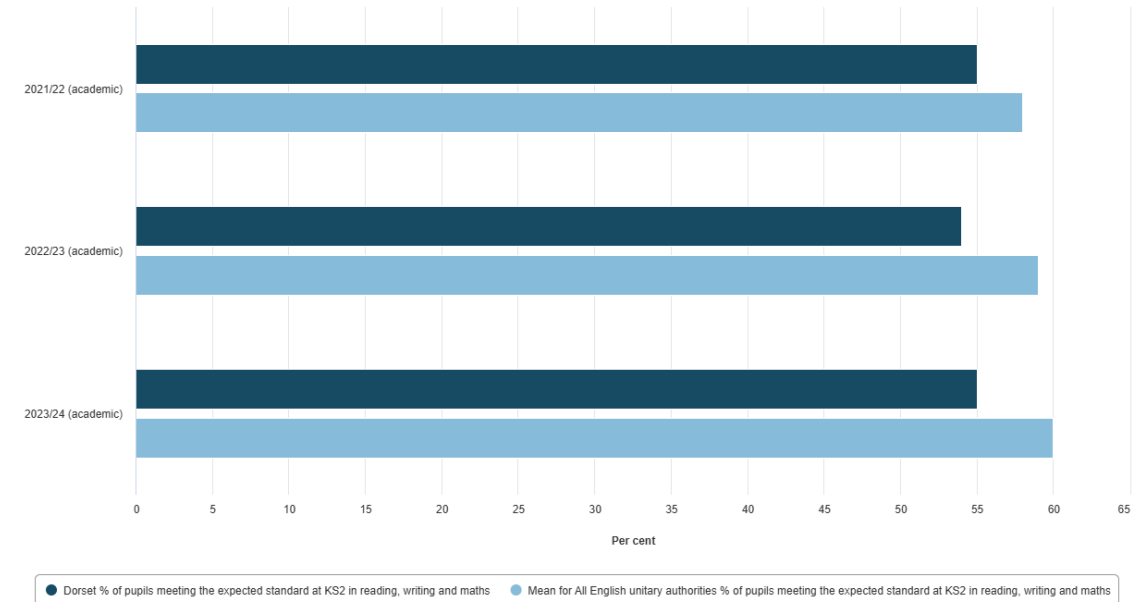
## What are the trends?

Whilst children in Dorset have good educational outcomes in the early years and at Key Stage 4, Dorset is lower than the average across other Local Authorities for combined Reading, Writing and Mathematics at the expected standard at Key Stage 2 (55% of pupils achieved in 23/24).

The percentage of young people who are not in education, employment and training (NEET) continues to improve (3.8% of 16–17-year-olds).

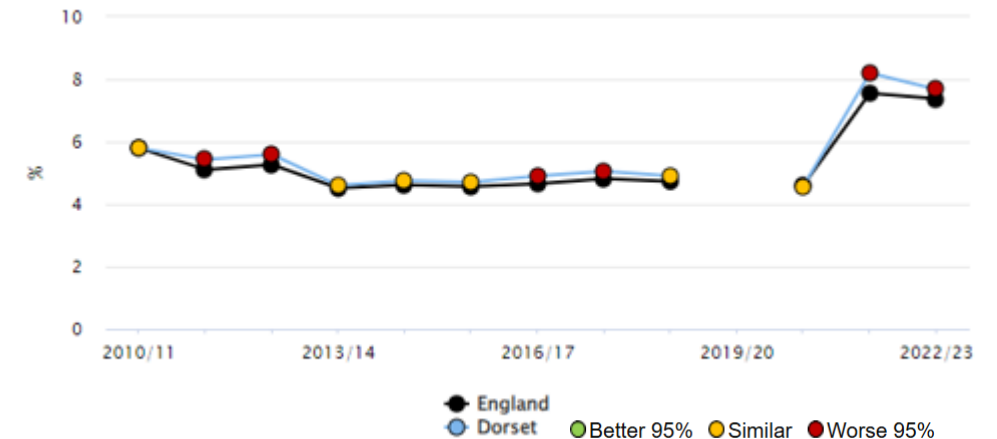
Rates of pupil absence remain high following the pandemic and are above the England average. In 21/22 17% of primary school pupils and 29.5% of secondary pupils were persistently absent. This is a trend being seen across the UK, and is influenced by several factors, including; mental health issues, shifting attitudes towards physical attendance, social anxiety, financial pressures, challenges supporting return to school following the pandemic.

Percentage of pupils meeting the expected standard at the end of key stage 2 in reading, writing and mathematics (from 2021/22 (academic) to 2023/24 (academic)) for Dorset



Source:  
Department for Education

Pupil Absence (% of sessions missed in the academic year)



# Education

## What are the trends? (Cont.)

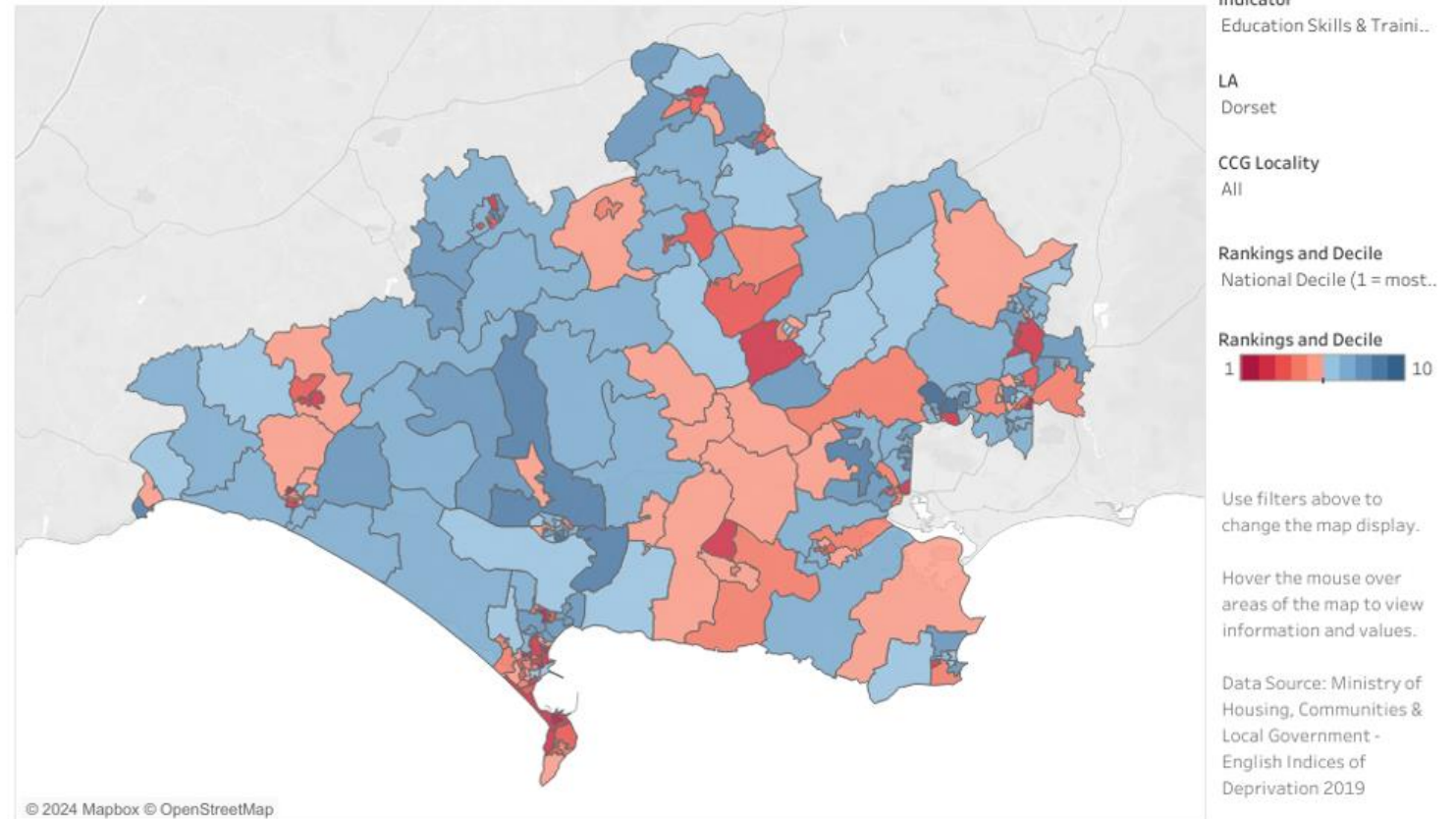
Nationally, there has been a growing preference among parents for home education, which could be influenced by many factors such flexibility and personalization, or the impact of COVID-19. Elective home education does not include children unable to attend school because of illness, or children missing education. 600 Dorset children were receiving home education in the autumn term of 2023/24, compared to 500 children the year before.

## Where are the areas of need?

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

- Parts of Weymouth and Portland
- Bridport
- Beaminster
- Sherborne (East Gryphon)
- Gillingham (Lodborne)
- Portman
- Verwood and Three Legged Cross
- Ferndown (Tricketts Cross East)
- Wimborne (Leigh Park)
- Upton Wood
- Bovington Camp

Education, Skills and Training Deprivation (2019)



# Environment

Dorset has some unique features that makes it a special place for both residents and visitors – areas of outstanding beauty, heathlands and the Jurassic Coast.

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.

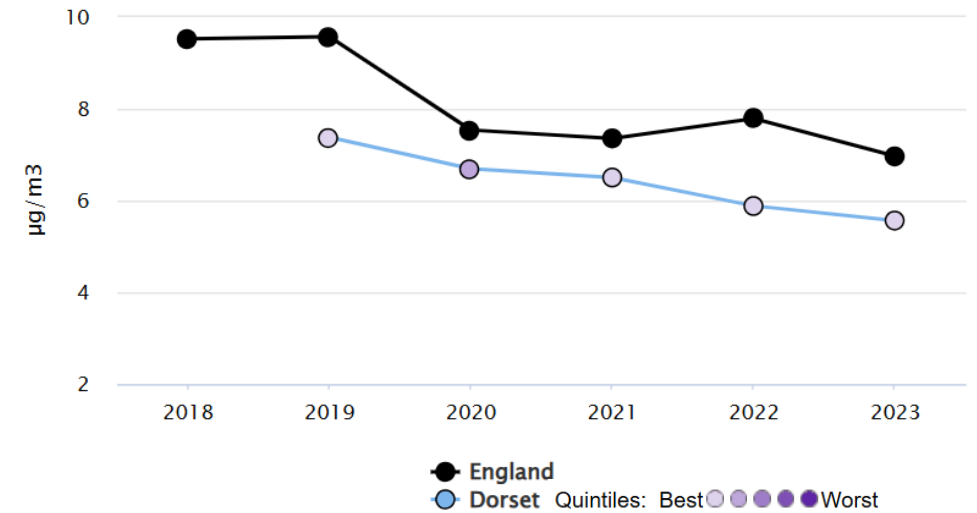
## What are the trends?

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 micrometers, that is composed of various substances such as dust, dirt, soot, smoke and liquid droplets.

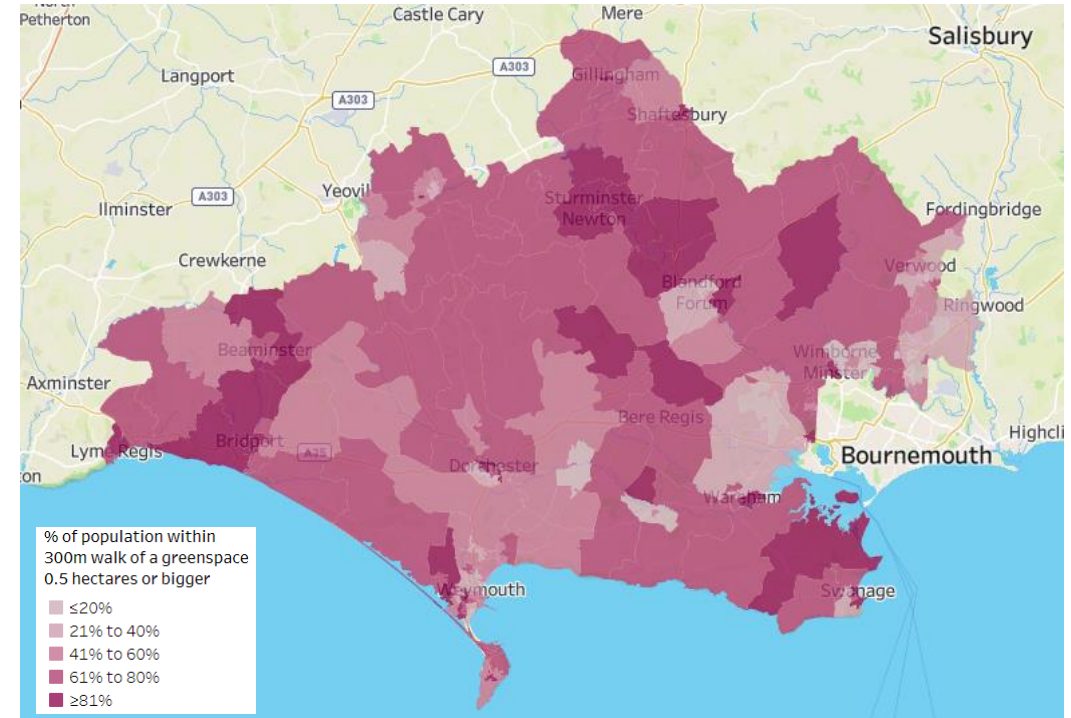
## Where are the areas of need?

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 Dorset access is not equitable distributed - 49% of people in Dorset 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 of East and Mid Dorset, 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. 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. The majority of 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 health 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 Dorset.



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

Of 371 9–25-year-olds;

- 92% feel always or sometimes happy
- 76% feel always or sometimes confident
- 32% enjoyed spending more time with family during the pandemic
- 29% enjoyed spending more time outdoors

Dorset Youth, Voice X Survey 2022

*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

*Feeling tired, stressed or bored were some of the common feelings currently.*

Dorset Youth, Voice X Survey 2022

*The top 3 topics that are important to young people:*

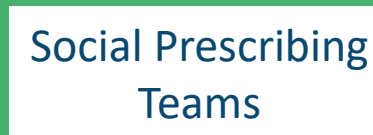
1. *Mental Health*
2. *Social Media*
3. *Body Image*

Dorset Youth, Voice X Survey 2022

*“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

## Dorset's Assets



# 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.

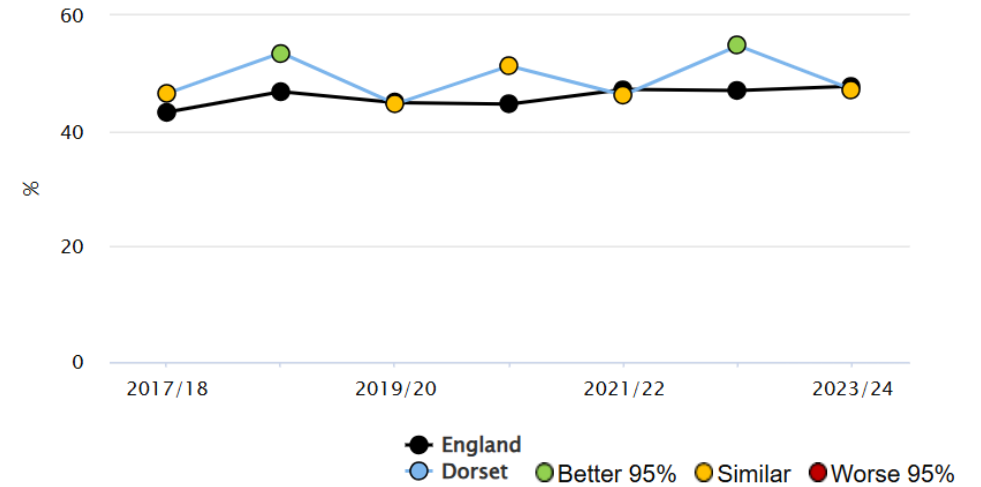
## What are the trends?

In Dorset, 47% of children are meeting the activity recommendation for physical activity, continuing a fluctuating trend. There are 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.

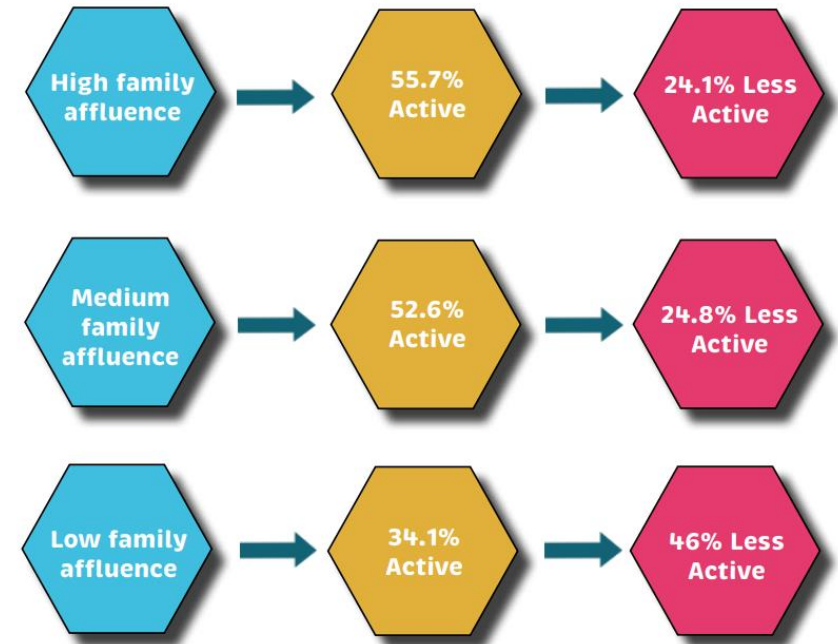
## Where are the areas of need?

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 2023



# 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.

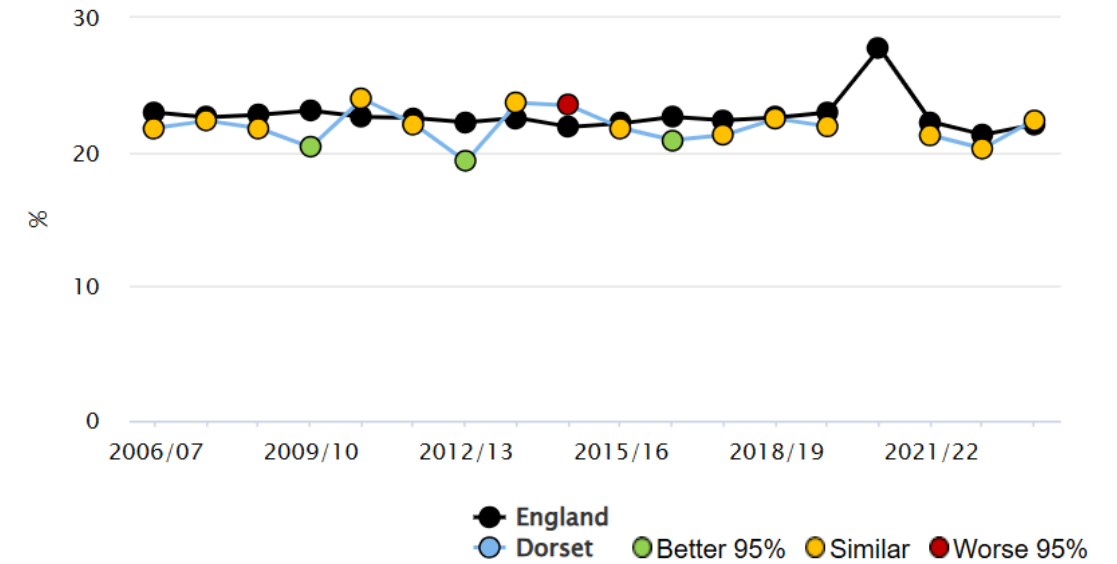
## What are the trends?

The National Child Measurement Programme measures the height and weight of children at reception and year 6. In 2023/24 1 in 5 pupils in reception were overweight or obese and this increased to nearly 1 in 3 pupils in Year 6. Whilst this is similar (reception) and better (Year 6) than the England average, this is still a significant number of children experiencing excess weight.

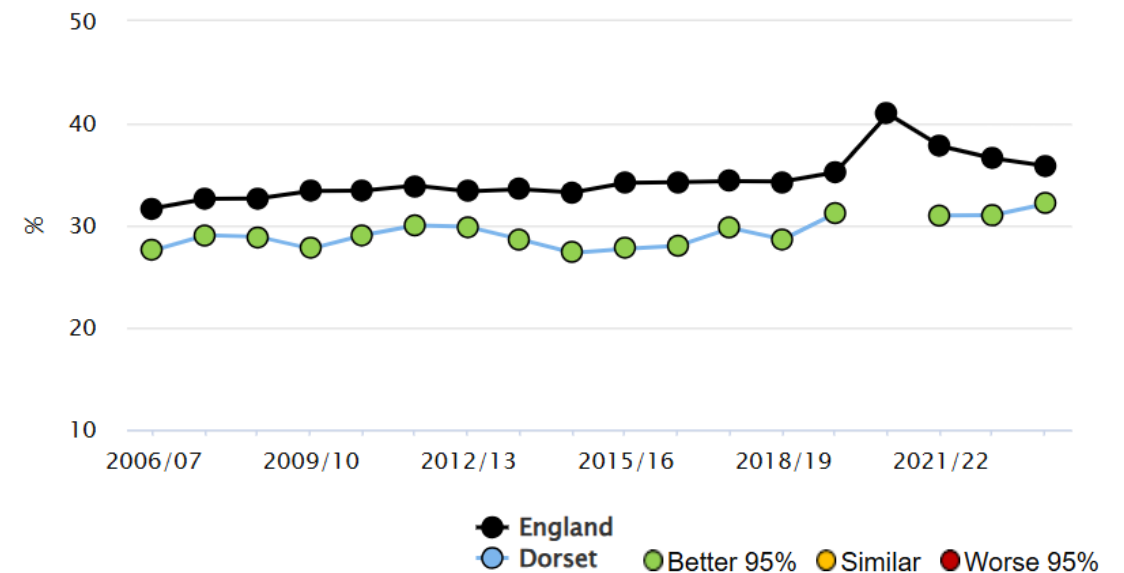
The trends in children's weight at Reception has remained relatively stable over time – fluctuating around 20-23%, with no significant change in trend over the last 5 years.

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.

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



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





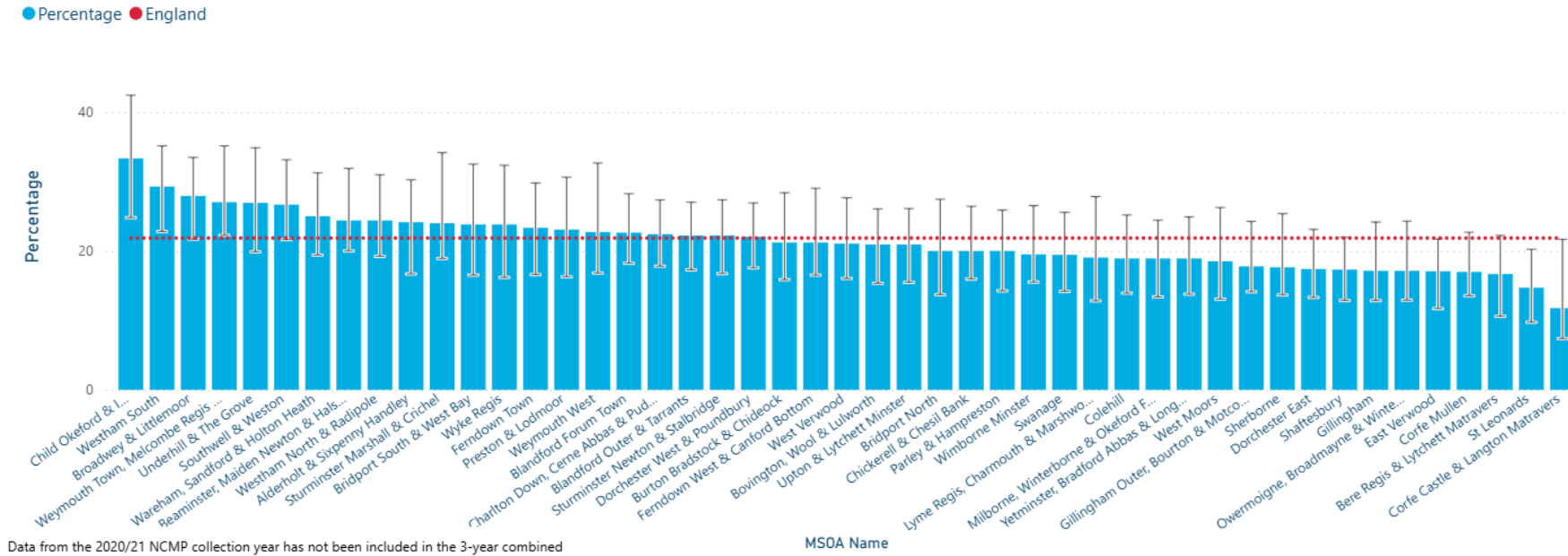
# Healthy Weight

## What 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 2021/22 – 2023/24 some areas have higher rates. Child Okeford & Iwerne Minster has the highest proportion of children who are overweight in reception (above England). Underhill and the Grove has the highest proportion of Year 6 children who are overweight, and this is also higher than England.

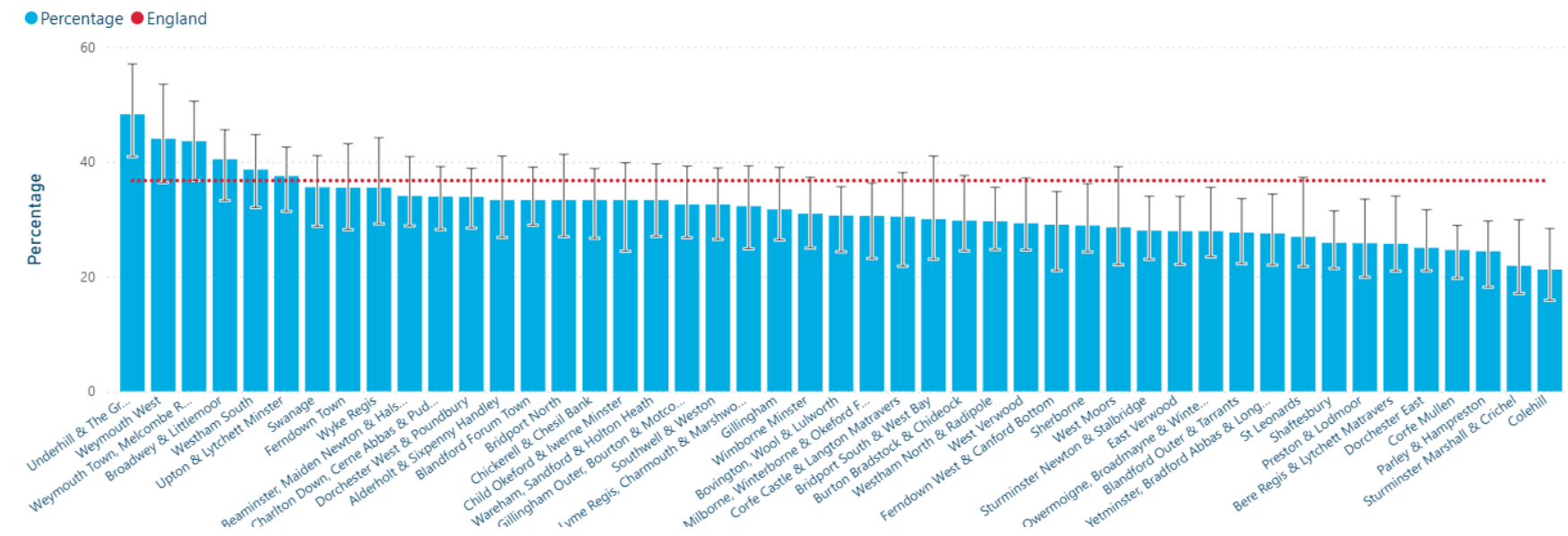
Reception prevalence of overweight (including obesity) (4-5 years)



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.

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

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



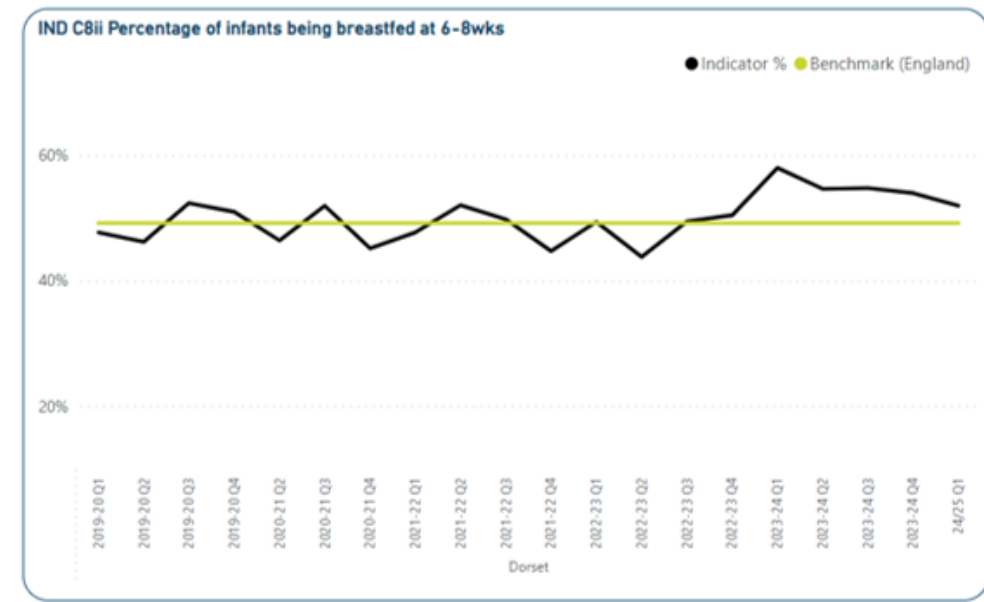
# Nutrition

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.

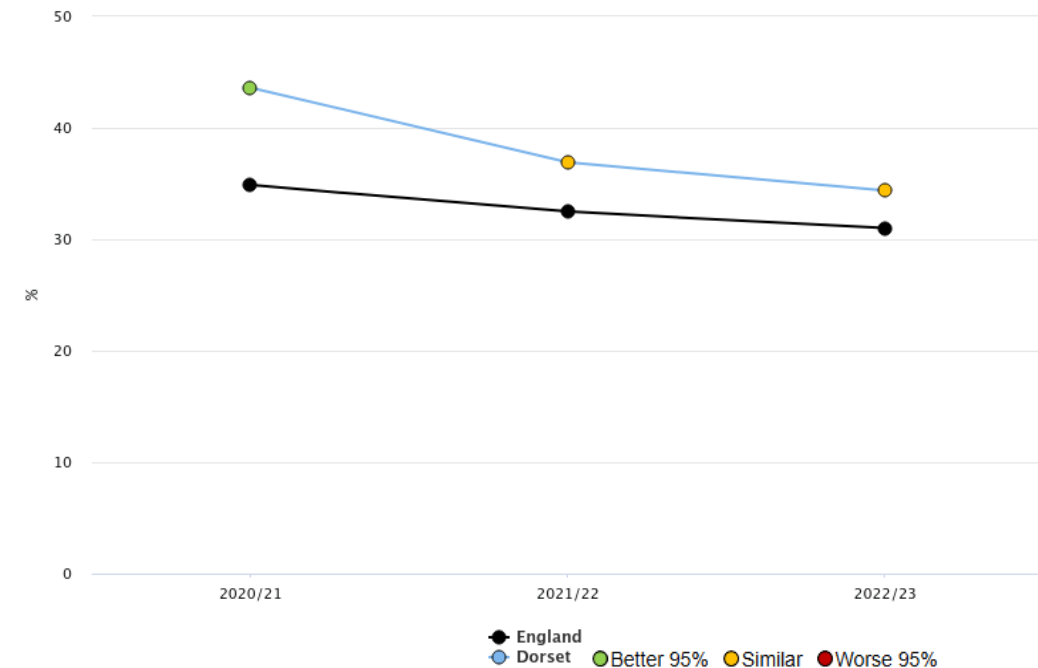
## What are the trends?

Between May 22 and April 24 78% of babies had a first feed of breast milk pan-Dorset. Breastfeeding rates have been increasing locally, in most recent year over 50% of babies being breastfed at 6-8 weeks, higher than the England average [1]. Across the Dorset area, Chesil reach area has significantly lower breastfeeding rates that other areas in Dorset Local Authority.

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 a mean 2.8 portions of fruit or vegetables a day (2020 – data 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 Dorset

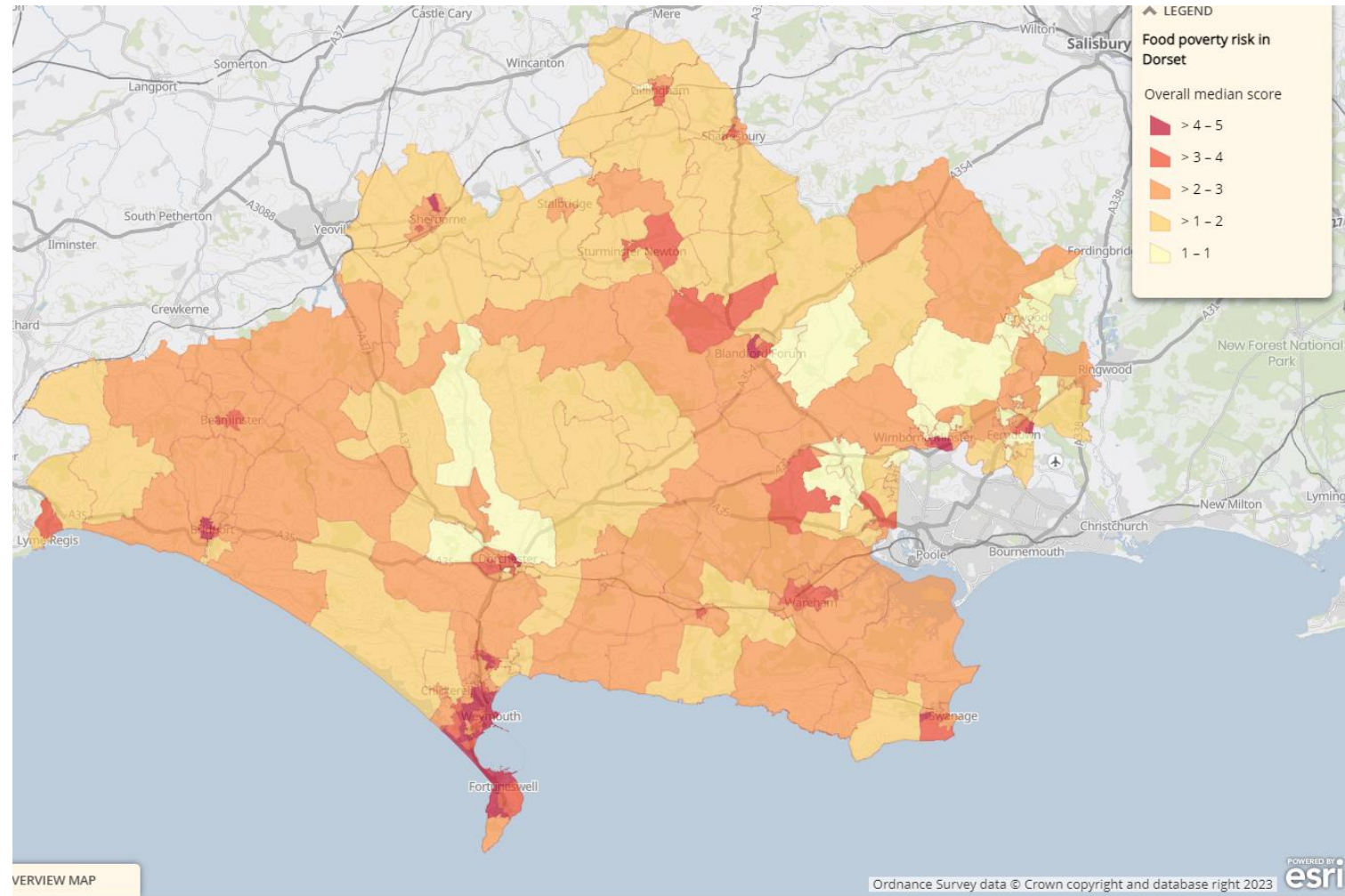


# Nutrition

## What 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. 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. Mapping produced by Our Dorset (right) highlights some of the areas in Dorset where there is higher risk of food poverty, including parts of Weymouth and Portland, Dorchester, Bridport, Blandford, Wimborne and Swanage.

Areas at risk of food poverty – median score <https://arcg.is/S8auv0>



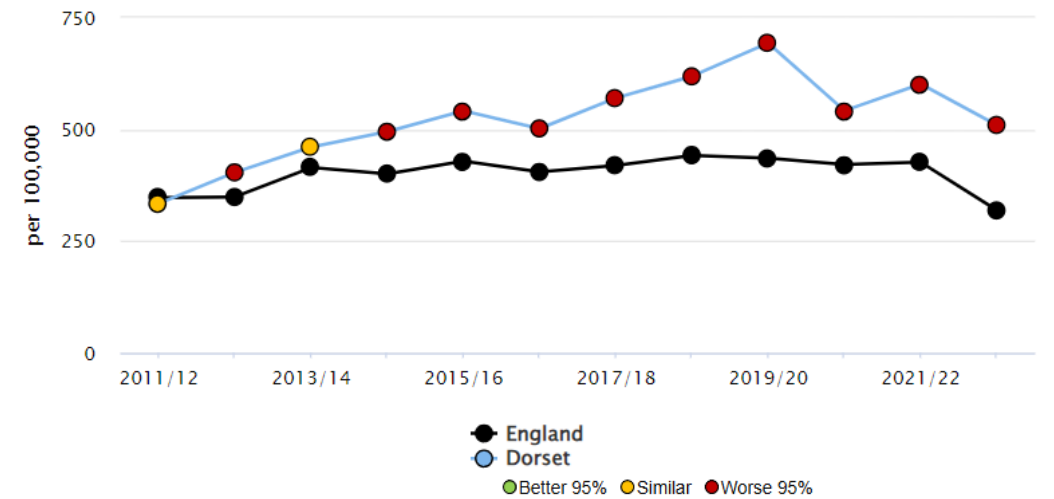
# Emotional Health and Wellbeing

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.

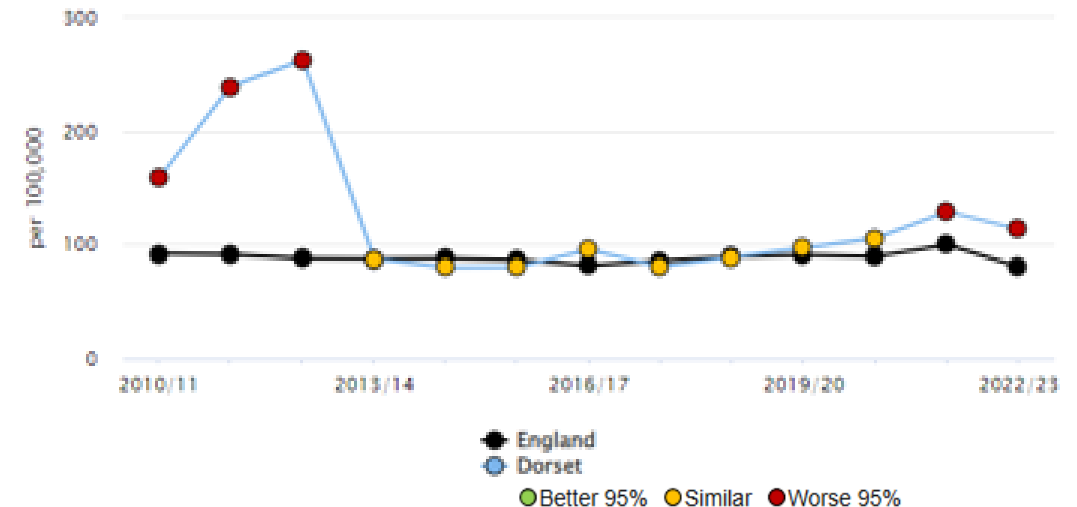
## What are the trends?

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. Admissions because of self-harm have reduced from the high seen in 2019/20 and are following a similar trend to England, when previously local rates had been rising.

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?

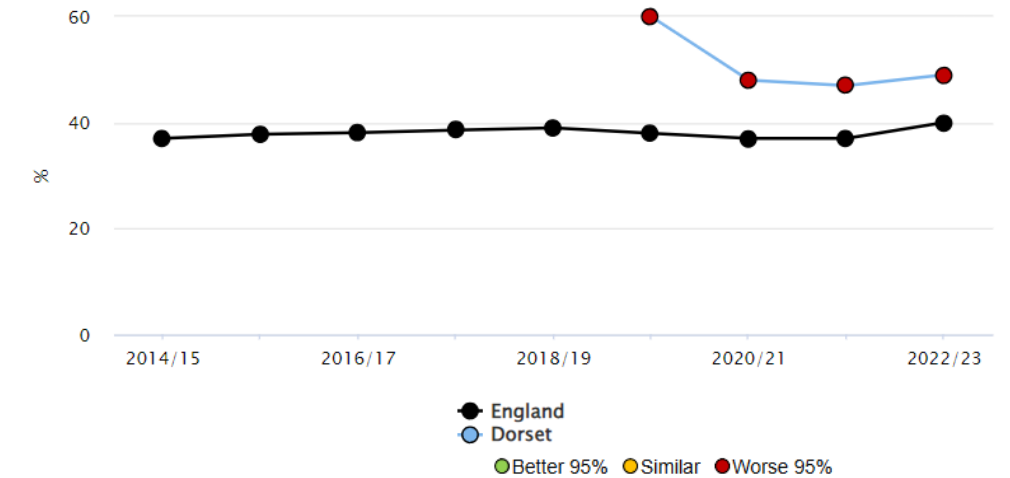
Although no one is immune from poor mental health, some children and young people are more likely to need help than others. National research identifies the following cohorts

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

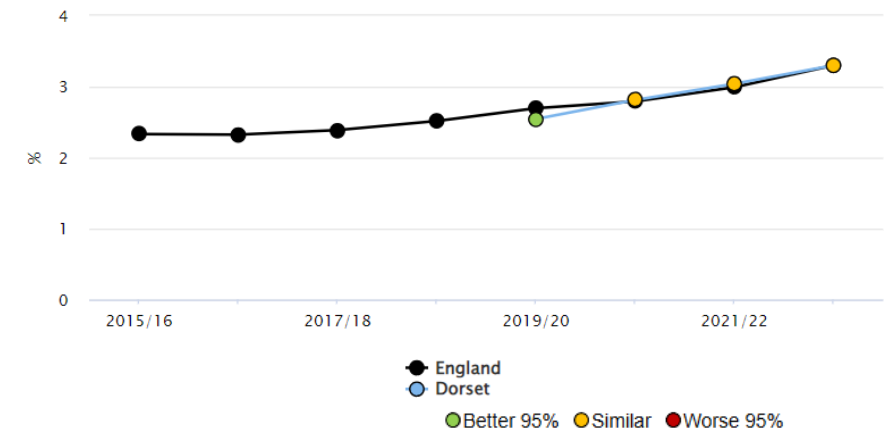
Although improved from 2019/20, the proportion of looked after children (aged 5-16) who are affected by poor emotional wellbeing remains above the England average.

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), in line with England increases.

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 reducing and due to nicotine reducing and 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.

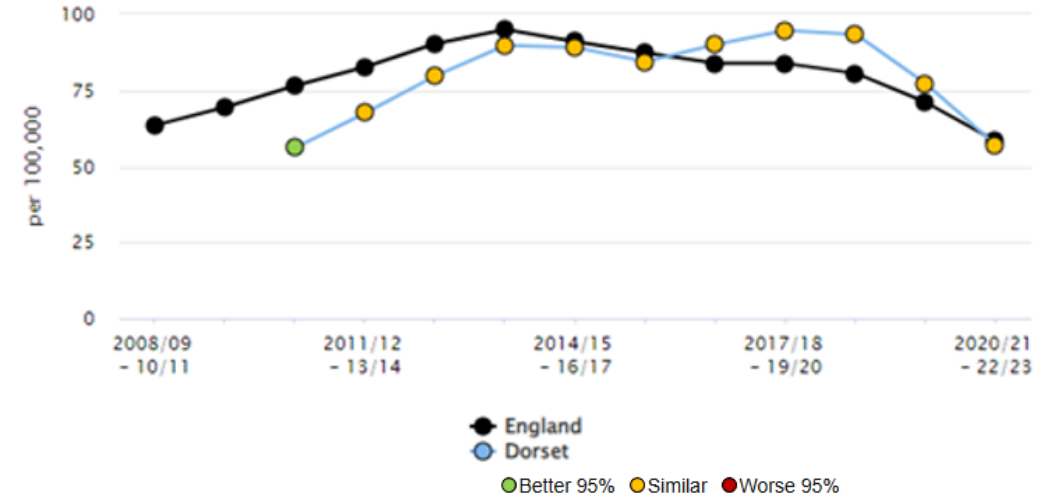
Young people being admitted to hospital due to substance misuse has been reducing, with the latest rate being 57 per 100,000, from a high of 94.7 per 100,000.

## Smoking in the home

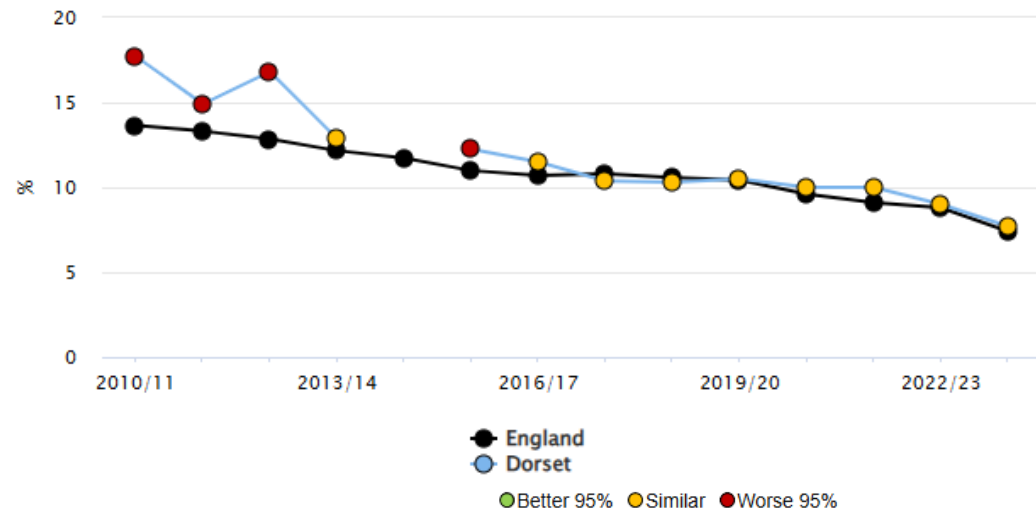
Smoking in the home is a major cause of exposure to second-hand smoke. For infants and children exposure to second-hand smoke can increase the risk of respiratory issues. Children who grow up in smoke-free homes are less likely to start smoking themselves.

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)



Smoking status at time of delivery



# 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.

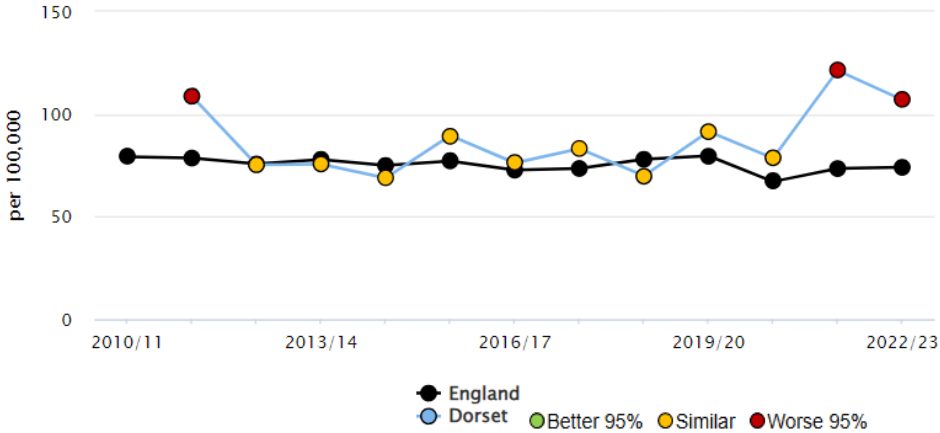
### What are the trends?

- The prevalence of Asthma in Dorset (people aged 6+) has increased slightly from 7.8% in 2020/21 to 8.2% in 2022/23. Hospital admissions for asthma were decreasing but have increased in the 2 most recent years data (following the England trend).
- Hospital admissions for diabetes under 19 years are above the England average at 71.3 per 100,000 in Dorset. This is slightly lower than pre-covid levels, which were showing an increasing trend.
- Increasing numbers of children and adolescents being diagnosed with type 2 diabetes, and they have worse outcomes than type 1 diabetics. 7% of diabetics aged 24 or under are type 2 [DiIS]. There is a national focus on early onset type 2 diabetes, which traditionally was diagnosed in later life (45+, increasing with age). Overweight, ethnicity and deprivation all increase risk of type 2, and of early type 2. More info at [NHS England » Children and young people diabetes toolkit](#)
- Admissions for epilepsy in under 19's has been relatively stable historically but increased in the previous 2 years data in Dorset. This does not follow the England trend.

### What are the areas of need?

- We see variation in admissions to hospital for asthma by PCN [right].
- Oral health - Children in care are identified as a priority group, and plans are in development to improve access for this group. In Dorset, 60.7% of children in care for at least 12 months had their teeth checked by a dentist (2022/23).

Admissions for epilepsy (under 19 years)



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 health and wellbeing issues. The words are in various shades of blue and are arranged in a roughly rectangular shape. 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'.

[Dorset Children, Young People and Families Plan 2023 to 2033](#)

[Dorset Children Thrive](#)

[Families First for Children Pathfinder](#)

[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 Dorset 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 2,615 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 59.6 births per 1,000 women in 2012 to 49 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 Mothers smoking at the time of delivery Locally, Smoking at time of delivery has now reduced to 9%, from a high of 17.7%.

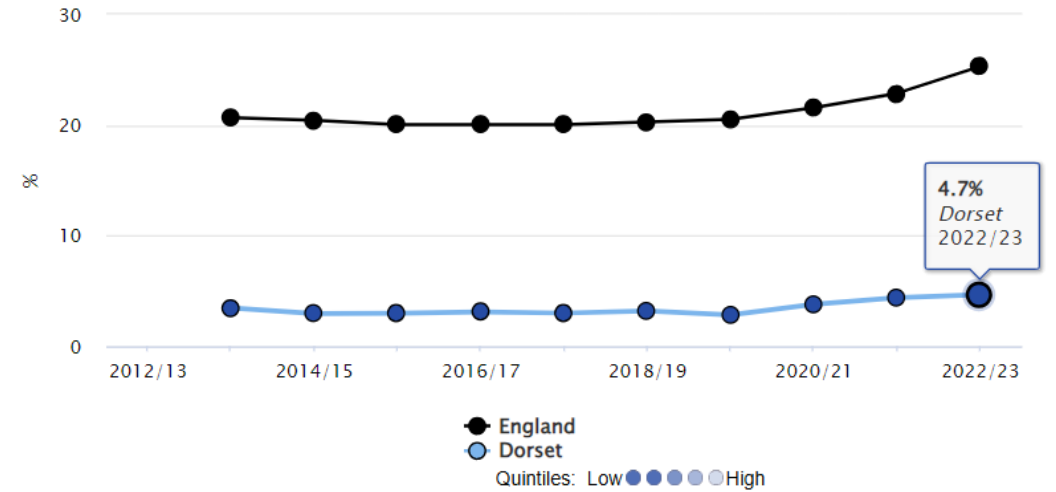
The admissions of babies under 14 days has started to fall following the pandemic but has not yet reached pre-covid levels. Admissions soon after birth can suggest issues with either the timing or quality of health assessments, or with postnatal care once the mother is home. Dehydration and Jaundice are common reasons for re-admissions and are often linked with feeding problems.

## Further Resources

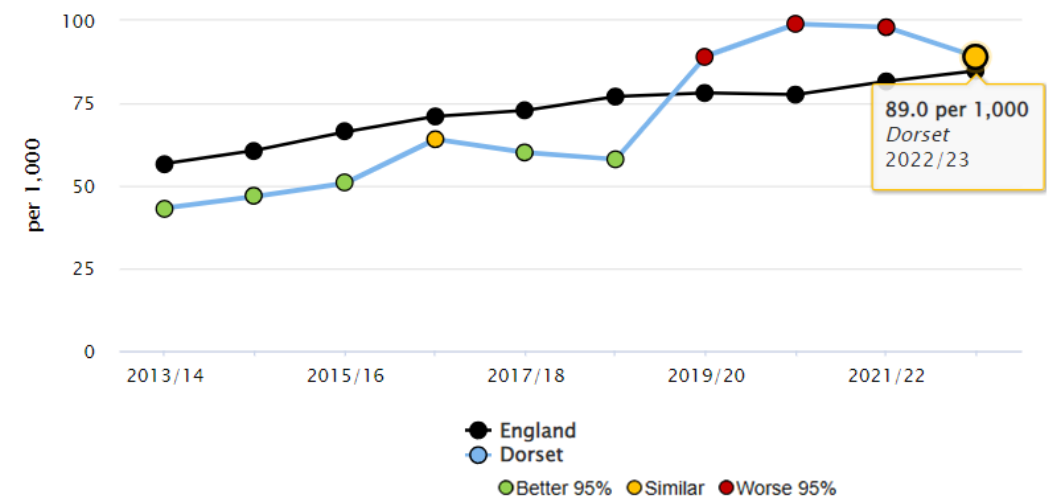
[Child and Maternal Health - Data - OHID \(phe.org.uk\)](https://phe.org.uk)

[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.

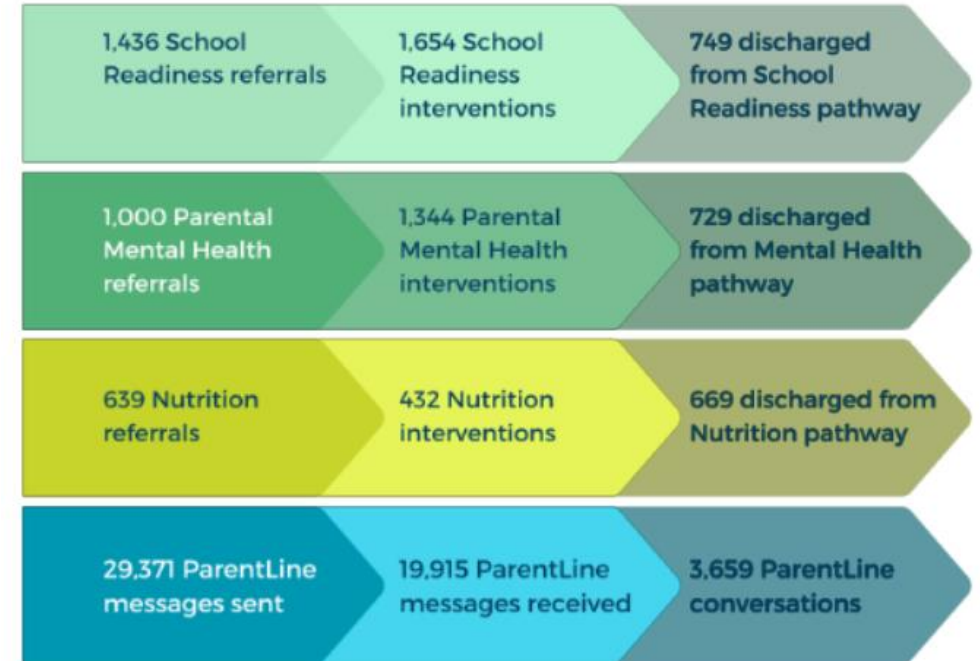
## What are the trends?

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 Dorset, most areas of development are close to the England average. Gross motor skills and personal-social skills had the lowest levels of achievement of the 5 domains in most recent data (87.2% and 87.4% 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. School nurses offer support year-round in and out of school settings - at school age, suggested contacts are at key development stages or periods of transition (right) such as a digital survey at school entry (4-5 years).

## What are the trends?

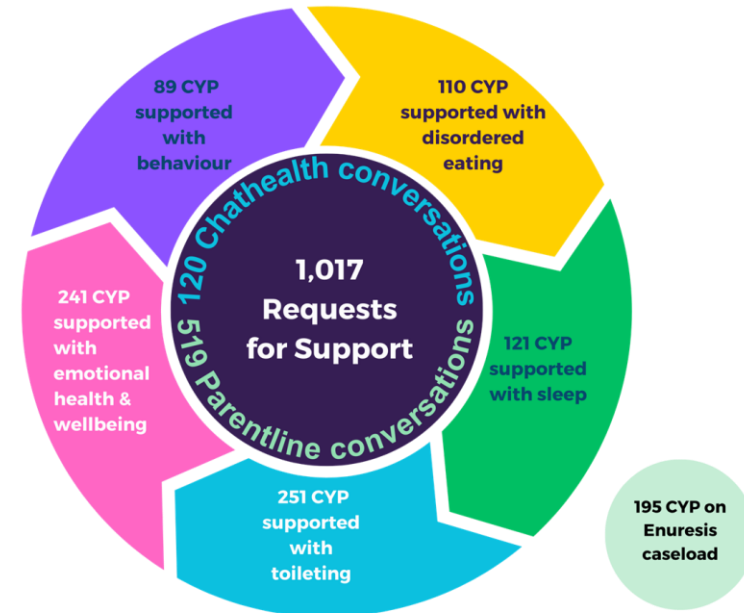
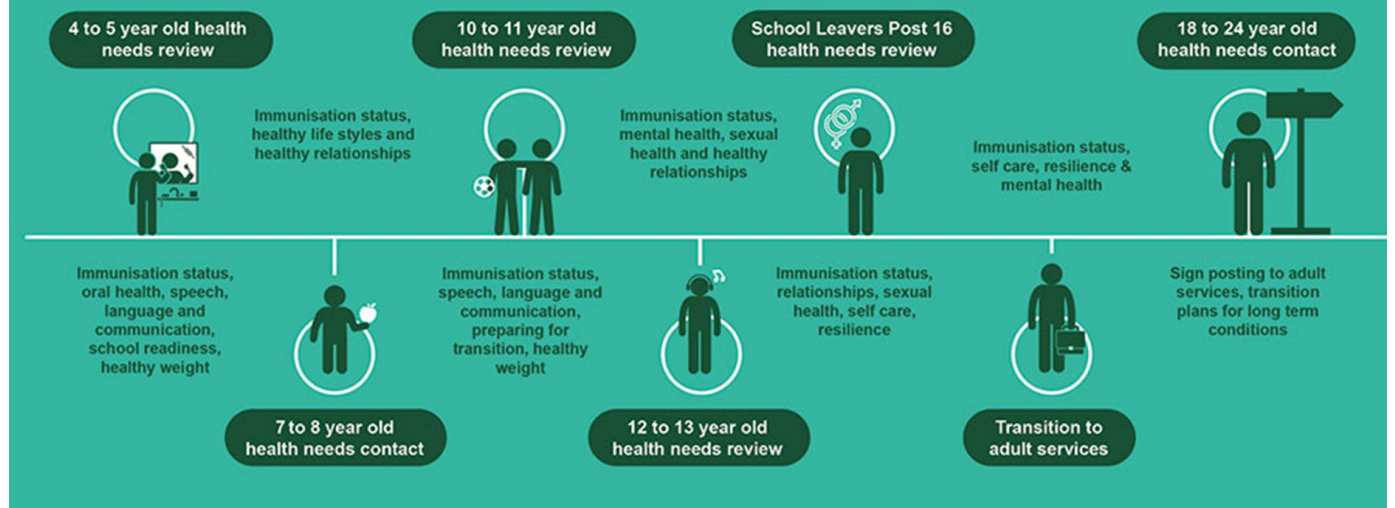
The school age period covers a range of health behaviours and health outcomes - see the childhood obesity, physical activity, emotional wellbeing and immunisation pages for more detail.

In 2023, there were 1,017 request for support across Dorset and BCP (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



# Family Help

Dorset Children's Services aim to deliver a whole system approach that strengthens families' ability to care for and support their children, with families receiving the right support at the right time so that children thrive.

Some children live in difficult family circumstances and without early help, difficulties can worsen. A system approach to prevention and early help that focuses on supporting the whole family is helpful to meet needs and reduce abuse and neglect. In Dorset, multi-disciplinary teams work in Localities, reflecting our Family Partnership Zones.

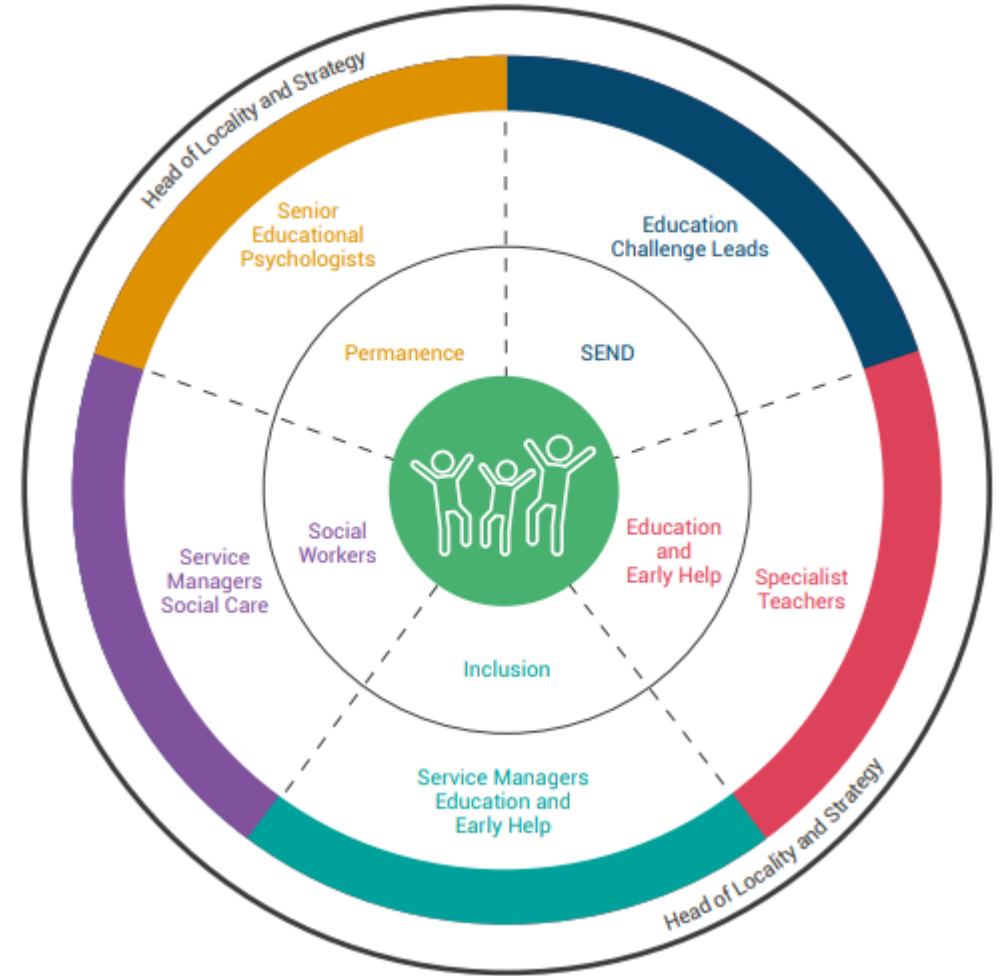
## Families First for Children Pathfinder

Dorset has been selected as one of the initial pathfinder programme sites to ensure families are better supported. Families First for Children will implement some of the most significant reforms to Family Help, Child Protection, Kinship care and safeguarding partners in recent years, implementing the Stable Homes Built On Love programme.

## Further Resources

<https://www.dorsetcouncil.gov.uk/w/children-young-people-and-families-plan-2023-to-33>

[https://moderngov.dorsetcouncil.gov.uk/documents/s25875/Appendix\\_1\\_Dorset\\_Children\\_Thrive\\_info\\_A4\\_JUL21.pdf](https://moderngov.dorsetcouncil.gov.uk/documents/s25875/Appendix_1_Dorset_Children_Thrive_info_A4_JUL21.pdf)



Dorset Children Thrive – Locality Teams

# Children's Social Care

Dorset's aim is to keep our children close to home – supporting families to stay together where they can, but where children and young people do need care, ensuring that this is family-based or extended family networks where possible. Reducing inequalities for children in care and care leavers is an important aim.

There were 2,454 referrals to Social Care during 2023/24 and the rate of referrals is better than the England average. As at 31 March 23/24 there were 2,167 Children in Need including 296 children subject of a Child Protection Plan (CPP) and 446 children being looked after (26% outside the Local Authority boundary and further than 20 miles from where they used to live).

## What are the trends?

The rate of children in need has decreased in Dorset and is below the average rate. Numbers, and rates, of children subject of CPP and children looked after has also decreased on the previous year.

## What are the areas of need?

The proportion of looked after children with special educational needs (SEN support or an EHCP) is 69.8%, which is greater than the average for England (22/23).

When a child becomes subject to a CPP, 43% were related to emotional abuse (23/24). The percentage whose emotional wellbeing is a cause for concern is above the England average (22/23).

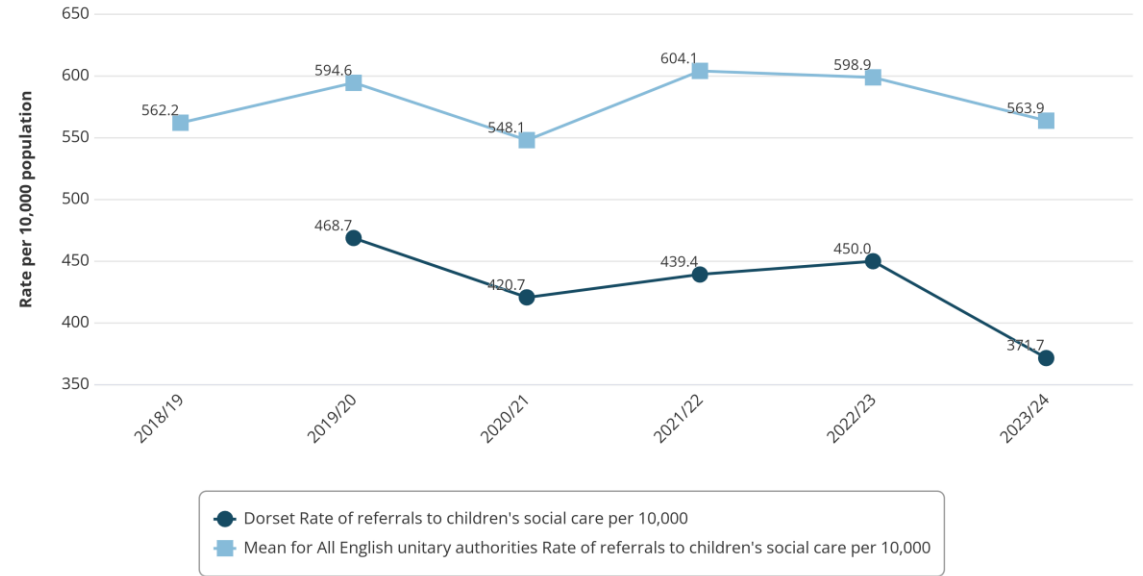
## Further Resources

[Children in Need and Care in Dorset | LG Inform \(local.gov.uk\)](#)

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

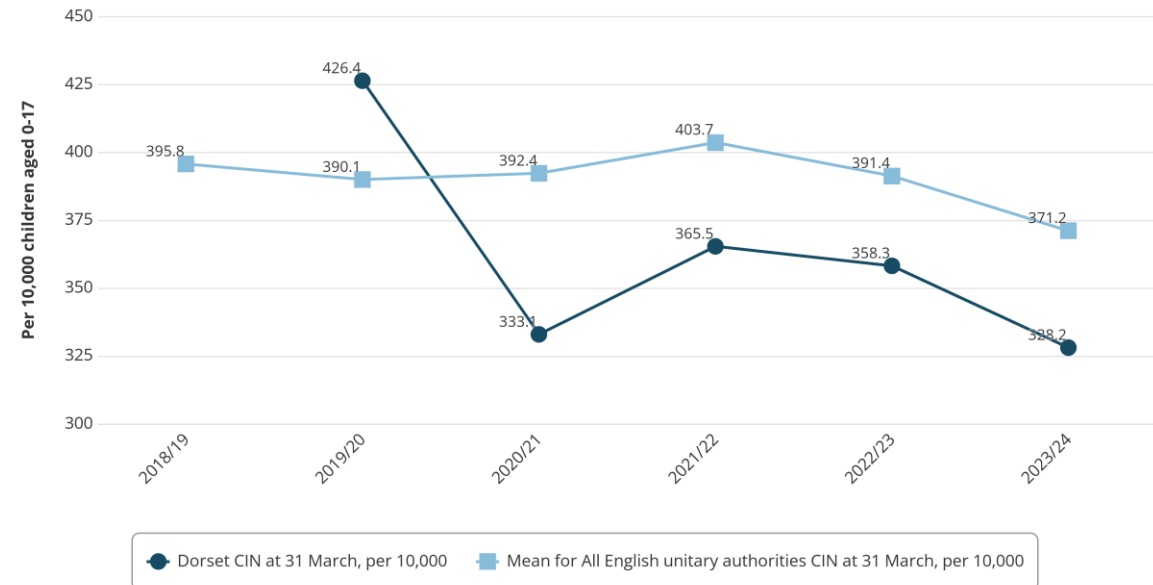
[Children, Young People and Families' Plan 2023 to 2033 - Dorset Council](#)

Rate of referrals to children's social care for Dorset & All English unitary authorities



Powered by LG Inform

Children in need as at 31 March for Dorset & All English unitary authorities



Powered by LG Inform

Source:

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

# Special Educational Need

In Dorset, 20% of pupils in Dorset state schools have special educational needs (2023/24). This compares to an average of 18% across England. CYP for whom Dorset is responsible but have placed out of the borough are not included in these figures.

## What are the trends?

The percentage of school pupils with SEN has been steadily increasing, in line with the England trend. In early years, 7% of children registered for 15 hours childcare entitlement and 2.4% registered for 30 hours entitlement had SEN (2024).

## What are the areas of need?

At primary school, the main primary needs amongst children with SEN identified are speech, language and communication (38.3%), social, emotional and mental health (19.3%) and learning difficulty (15.4%). The proportion with social, emotional and mental health needs has increased slightly in the latest year.

At secondary age, the proportion with learning difficulty is higher at 25.7%, 22% have social, emotional and mental health needs and 15.6% autistic spectrum disorder.

Primary need in special schools is autistic spectrum disorder (33%), learning difficulty (22.8% moderate, 7.4% severe) and speech, language and communication needs (14.3%)

Dorset has higher proportions of children in need and children looked after with SEN support or EHCP's compared to the England average (see report below for data).

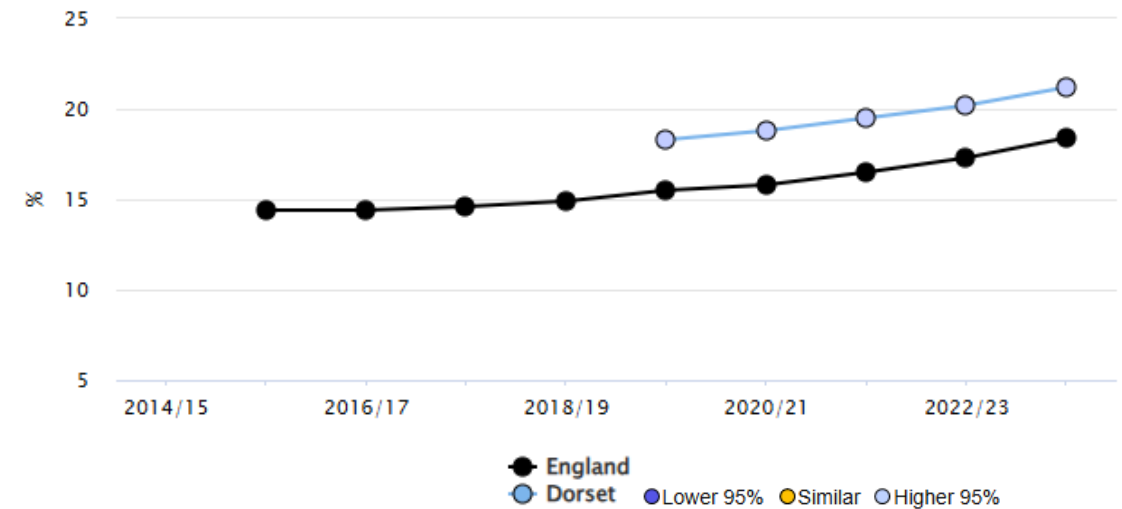
## Further Resources

[Local area Special Educational Needs and Disabilities report for Dorset Council | LG Inform](#)

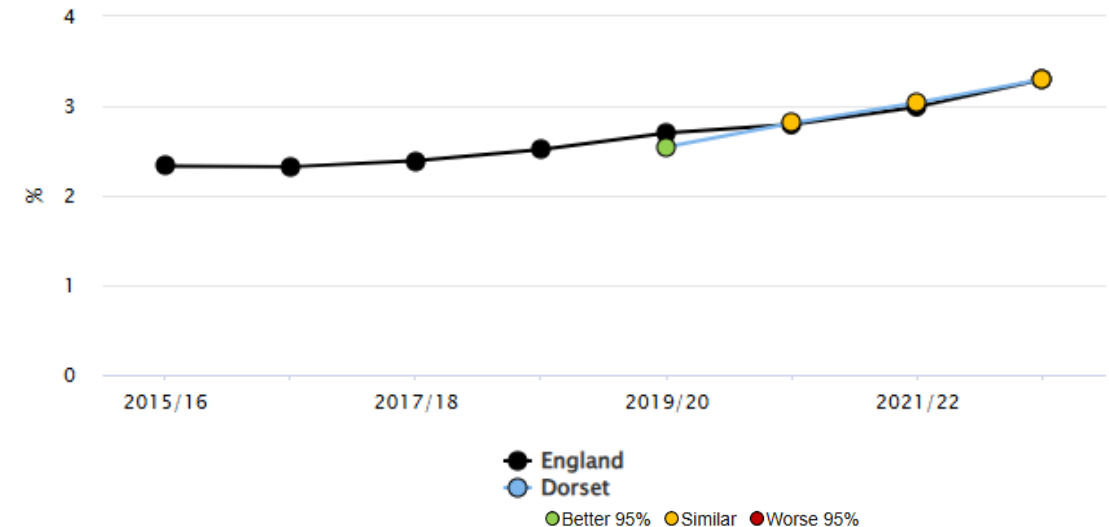
[Child and Maternal Health - Data - OHID \(phe.org.uk\)](#)

[Section 23 Notifications](#)

Pupils with special educational needs (SEN) as % of all school pupils



SEN pupils with social, emotional and mental health needs as % of all school pupils



# 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.

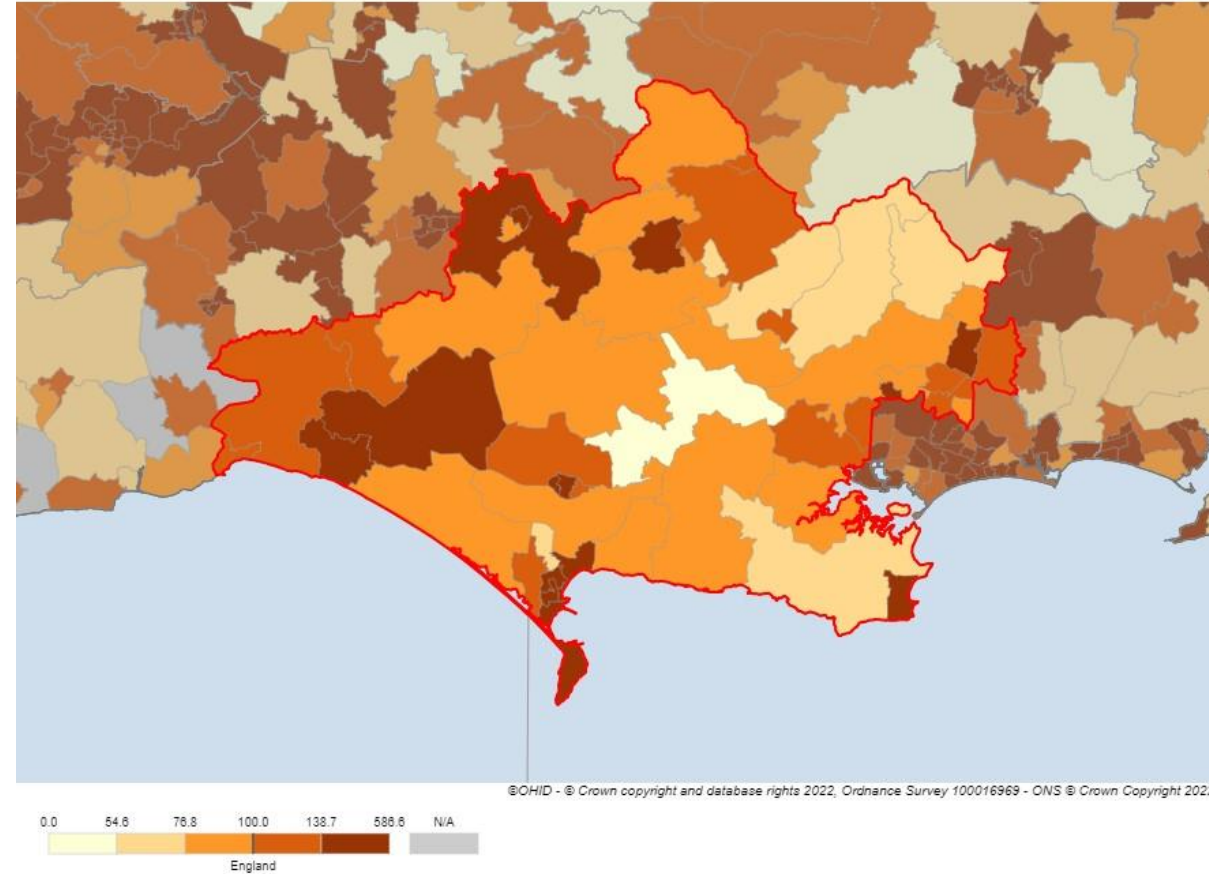
The map on the right shows emergency hospital admissions for self-harm for both children and adults in Dorset – there are several areas where admission rates are high.

## Further Resources

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

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

Emergency hospital admissions for intentional self harm (SAR) - Source: Hospital Episode Statistics (HES) NHS Digital



# 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 some areas of England have seen a resurgence of measles cases.

## What are the trends?

In Dorset LA the proportion of 5 year olds who have received two doses of MMR has declined slightly, and is below 95%. MMR for one dose has been more stable, but the most recent year for 2 year olds has dropped slightly below 95% (not statistically significant)

## What are the areas of need?

Although coverage is generally good, 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.

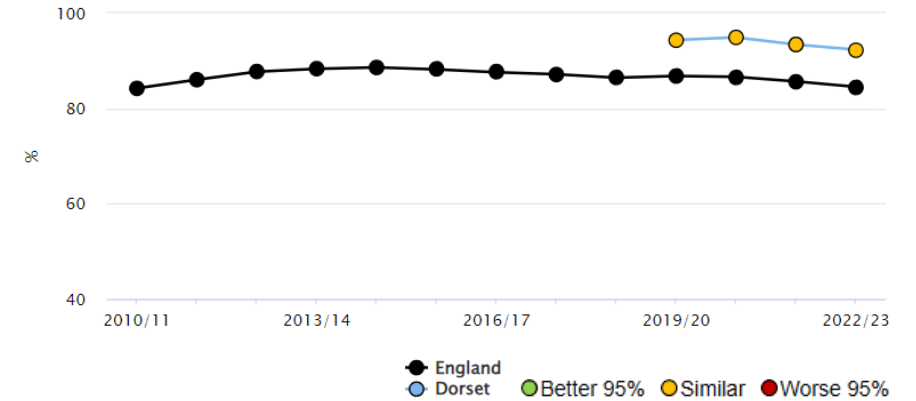
Some of our more vulnerable children also have lower immunisation rates – 77% of children in care in Dorset were up-to-date with vaccinations in 2023.

## Further Resources

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

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

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



## 5-year-olds who received a reinforcing dose of Dtap/IPV and 2 doses of MMR

Area	Recent Trend	Count	Value
England	-	545,939	81.5
NHS Dorset Integrated Care Board - QVV	-	6,644	89.0
Sherborne Area PCN	-	162	95.9*
Wimbome & Ferndown PCN	-	280	94.3*
Purbeck PCN	-	265	93.0*
Christchurch PCN	-	368	92.9*
Poole North PCN	-	461	92.6*
Blandford PCN	-	214	91.8*
Weymouth & Portland PCN	-	634	91.4*
Jurassic Coast PCN	-	244	90.4*
North Bournemouth PCN	-	402	90.3*
Mid Dorset PCN	-	377	90.2*
The Vale PCN	-	337	90.1*
Crane Valley PCN	-	313	89.4*
Poole Bay & Bournemouth PCN	-	127	87.6*
Central Bournemouth PCN	-	462	87.5*
Poole Central PCN	-	548	86.7*
Bournemouth East Collaborative PCN	-	408	85.7*
Shore Medical PCN	-	492	85.0*
South Coastal Medical Group PCN	-	391	80.1*



# 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 Dorset are low. Diagnoses of gonorrhoea (all ages) has been increasing from 36 per 100,000 in 2019 to 60 per 100,000 in 2023. This is still below the England rate of 149 per 100,000.

There were 417 cases of chlamydia diagnosed in young people aged 15-24 in 2023, a rate of 1,216 per 100,000. This has decreased slightly on the previous year, in line with the England trend. An estimated 20% 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 and the number of teenage mothers has continued to reduce. However, there is no significant change in the proportion of teenage conceptions leading to abortion (60.4% in 2021).

## What are the areas of need?

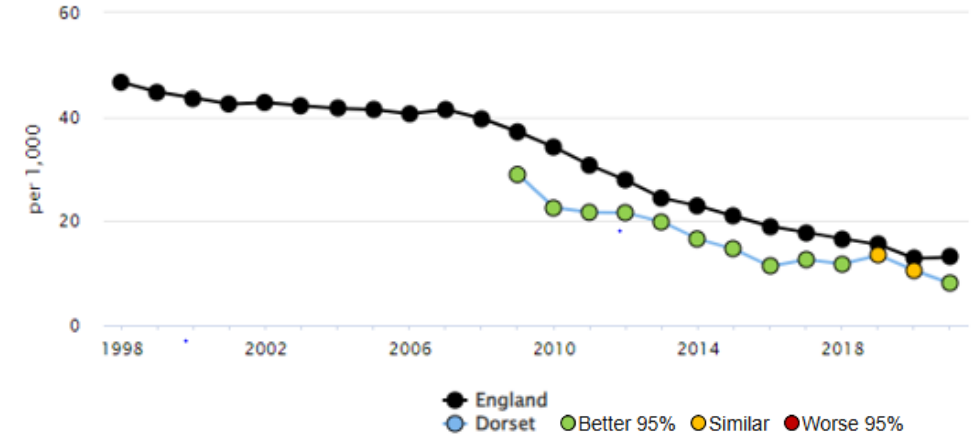
Whilst deliveries to teenage mothers is very low in most areas, there is a higher proportion of teenage mothers in Westham ward. There are higher rates of under 18 conceptions in some areas of Weymouth and Portland and Dorchester West. This correlated with some areas in the highest deprivation quintile nationally, but some of more mid-range deprivation.

## Further Resources

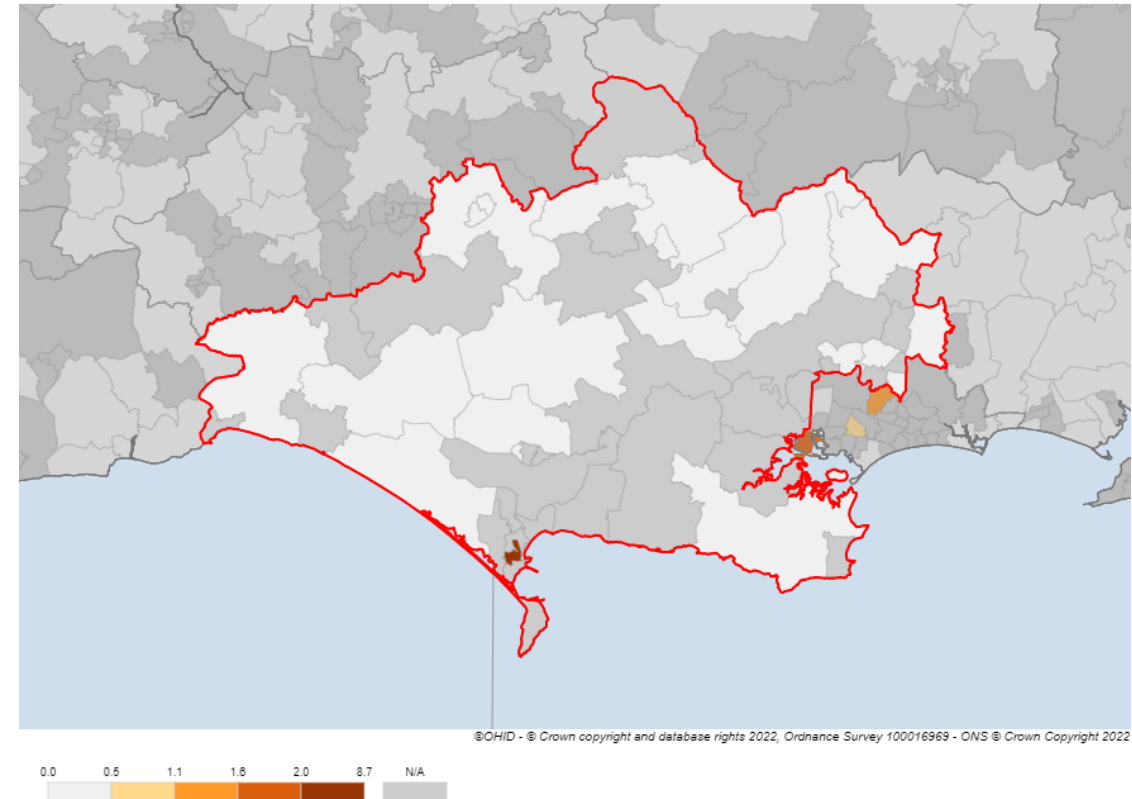
[Child and Maternal Health - Data - OHID \(phe.org.uk\)](https://phe.org.uk)

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

Under 18's conception rate per 1,000



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



# Service Considerations

## Transport Access

Given the rural environment of Dorset access to transport is an important consideration when planning services. We have 66 areas in Dorset that are significantly deprived for 'access to services' according to the Indices of Multiple Deprivation 2019. 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 town areas 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. Access to a GP surgery within 15 minutes public transport or walking is shown in the bottom right – darker areas have better access to public transport / walking.

## 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.

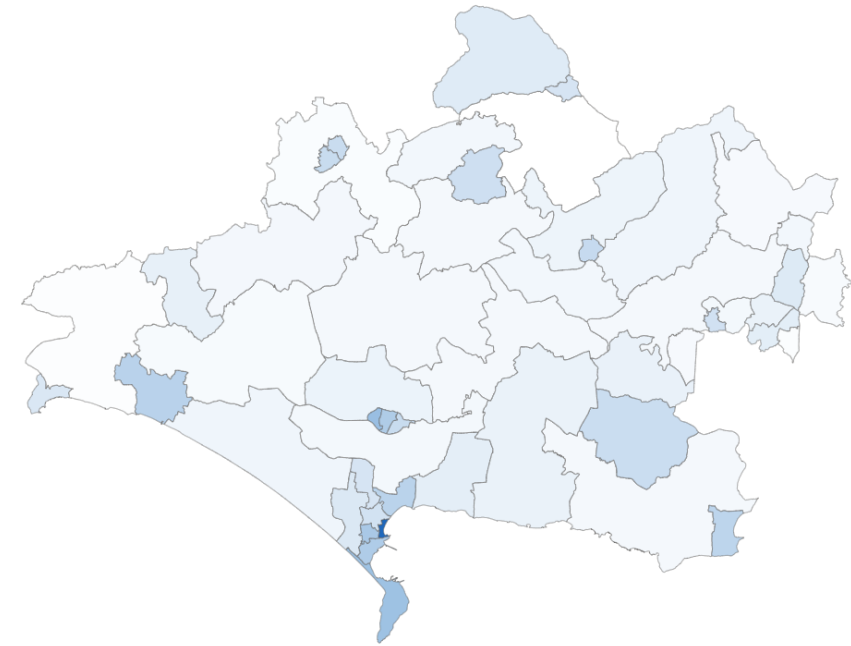
National and [local](#) feedback highlights some of the challenges that young people can experience transitioning from child to adult services or experiencing new issues in adulthood such as finding secure and suitable housing.

## Neurodivergence

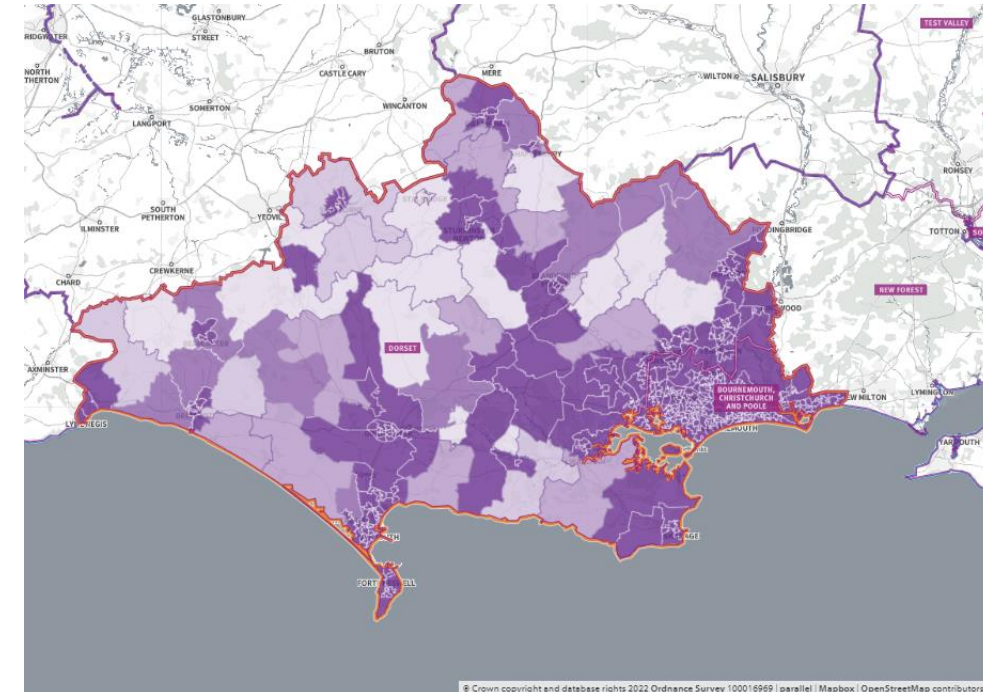
Services often comment on increasing complexity of needs, and one area of need that has been increasing is the diagnosis of Autism and ADHD. Using prevalence data and estimates from literature we estimate across Dorset county:

- 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 – epidemiology survey has been delivered; data due shortly

