Needs Assessment:

Children and Young People in Lancashire – to support the Joint Strategic Needs Assessment (JSNA) Process

Please submit your contributions and comments to:
businessintelligence.jsna@lancashire.gov.uk

Version number	1

Contents

1. Initial needs assessment: purpose and summary

This document is an initial assessment of a range of needs associated with health, development, care and wellbeing of children and young people (CYP) in the Lancashire-12 area, written by Lancashire County Council's (LCC's) Public Health Intelligence team.

Its purpose is to inform a broad and collaborative – a 'Joint – consideration at the 'Strategic' level[1] of the 'Needs' of Lancashire's CYP *and how they can best be met* by services and other sources of support, both currently and over the next few years.

Following this needs assessment, the JSNA process requires the engagement of a broad range of relevant parties with its content, including all local authority provided and commissioned services and all NHS provided and commissioned services relevant to the children and young people of the 12 local authority areas referred to as the Lancashire-12 area.

The JSNA *process* also *requires* engagement with, commentary on and further *explicit* contributions to this initial assessment and its implications, from as wide a range of other relevant community, charitable, faith-based and voluntary groups, and from children and young people themselves, as are relevant.

The primary objectives of JSNAs are to promote the collective consideration of the needs identified and the strategic planning of services and supports for CYP across the range of associated parties. This includes the current context, and how these services and supports will be shaped, supported and delivered in response to these needs over the next few years.

The range of needs focused on is extensive and has, in part, been identified via several initial discussions with relevant parties and can be further extended during future collaborative considerations and discussions.

As we know, a high proportion of needs are variously affected by a range of wider determinants, but in 2024, data suggest, that both the longer-lasting impacts of the Covid pandemic on CYP, and the very significant rises in the cost of living we've seen since late 2021 onwards require particular consideration.

[1] '...at the 'Strategic' level....' - ie relating to the ways in which an organisation or an integrated group of organisations plans over a given period to achieve their primary objectives by using and developing their resources in particular ways.

The effects of health protection measures taken during the Covid pandemic (eg lockdowns, restrictions on movement and social contact, school closures) on the health and development of CYP, in the immediate and longer-term, may be expected to be significant, and are apparent within a range of data.

Some of the effects of the cost-of-living crisis on the needs of CYP are also apparent in various data, particularly so in the rising numbers and proportions of children living in families that have fallen into low-income, increased debt, fuel, food and housing insecurity, and poverty.

this assessment also takes account of trends both established and nascent prior to the development of these factors.

The first section of this needs assessment provides a detailed collation of a range of data that evidence the increased financial pressure on households, and households with children in particular, that were to degrees apparent before the significant rises we've seen to the cost of living since late 2021, and that have been amplified since.

The second section of this needs assessment proceeds with the above in mind and looks in detail at the data and insight available to us about a range of health, development and other needs amongst the CYP population at various life stages – pre-natal and birth, early (pre-school) years, primary, and secondary school age, and beyond. It is in this section where some lingering effects of the restrictions associated with the Covid pandemic are potentially visible in the data, for example in younger children's early development and older children's education and health needs.

Some aspects of CYP-related service and support provisions are addressed below. All relevant partners are required to further contribute their explicit responses, but particularly to this aspect of the ongoing JSNA *process*.

2. Background and introduction

2.1. Objectives and requirements of JSNAs

The JSNA process is informed by ongoing assessments of the current health, social and wellbeing needs of a particular population within the local community that can be supported by the relevant local authority's appropriate services, NHS services within the local integrated care partnerships and board, and by a range of other voluntary, charitable, faith and community groups and other sources of support.

The JSNA process is ultimately the responsibility of each locality's health and wellbeing board (HWB). HWBs need to ensure that each of these parties fulfil their responsibilities to individually and collectively consider the assessed needs of the relevant population, and to collaborate in their development of strategic plans that can best resource, steer and support services and supports to meet these needs over the next few years.

2.2. JSNA processes

Strategic needs assessments must be 'joint' endeavours because there are a wide variety of different bodies and organisations that provide wider range of services and supports in relation to the needs of the given population.

Of fundamental importance is how this range of bodies/organisations, services and sources of support can be best integrated so that, at the point of their use, they complement each other by joining-up in the right place, and around the children, young people and families they are intended to support, at the right time, in the right order, and without excessively long gaps in between.

It's important to understand that JSNA is less a product than it should be a *process* – where this range of organisations, services, and other sources of support, both individually and collectively feed into the identification and prioritisation of health, social care and wellbeing needs of a particular population that can be met.

This JSNA process began via the generation of this initial assessment of the health, care, wellbeing and educational needs of CYP in the Lancashire-12 area, in two ways.

By drawing upon a broad range of published data that provide indications of the levels of need geographically (across Lancashire as well as within its 12 districts and smaller areas still) and thematically or need-wise. Levels of needs vary across these geographies and their populations of CYP and are influenced by a range of factors or wider determinants – for example social and economic differences such as degrees of deprivation – that contribute to the generation of higher or lower prevalences of need.

By consulting with a variety of persons that represent some of the organisations and sources of services and other forms of support alluded to above. These initial consultations have helped to inform and structure this assessment.

It's intended that this assessment will function as a point around which subsequent *collective* discussions and strategic planning can be undertaken, both in identifying relevant issues that have not yet been included or that may require further detail, and

particularly how the variety of needs identified can best be responded to over the next few years.

Please use the contact details below to submit your individual responses – businessintelligence.jsna@lancashire.gov.uk

Your responses will then be integrated with this needs assessment as it broadens-out into a JSNA process.

Senior representatives of the relevant services and sources of support are required by JSNA guidelines to individually and collectively consider and explicitly contribute to this needs assessment and the broader, *ongoing* JSNA *process*.

The means by which these collective considerations and explicit contributions to this JSNA process also need to be ongoing and consistent in themselves, *rather than periodic as has often been the case in previous years*, for example centred around an interpretation of JSNAs as a *product* delivered every few years.

2.3. Current priority needs and associated factors

This document focuses on two broad areas of interest:

The socioeconomic context (in Lancashire and more broadly) and how this has developed over the last four years, significantly influenced, as it has been, by the Covid pandemic and the health protection measures imposed in a response to it, and by the very significant rises in the cost of living we have seen over the last 2-3 years

The range of health, development, educational, social and welfare needs of children and young people in Lancashire, and the trends associated with these needs, both as they stood before and as they have developed since and been affected by the former factors

2.3.1. The socioeconomic context

The socioeconomic context within Lancashire and nationally has deteriorated in some key respects over the last four years, adversely affecting much of the population to some extent and some of the population to a very significant extent.

Published data show substantial increases in the numbers and proportions of children in families pushed into low-income, and poverty.

Significant rises in the cost of living since late 2021 have exacerbated the experience of those families already living on low incomes and have added considerably to the existing numbers and proportions of those families within the total population.

Higher levels of deprivation, income deprivation in particular, and much higher costs of living are closely associated with higher levels of poor health (physical and mental).

Many Lancashire families were already on low incomes before the covid pandemic and the more recent (and ongoing) and significant rises in the cost of living, and these

families – and others previously not so hard-pressed – have been at risk over these last few years of falling not only into more generally difficult circumstances, but also into chronic fuel and food insecurity and indeed poverty, ever poorer health and lower educational achievement amongst children and young people.[2]

The extent and depth of current levels of income deprivation and poverty should not be seen as transient phenomena, likely to recede when or if the worst effects of 'the cost-of-living crisis' have passed.

A recent analysis by the Joseph Rowntree Foundation (September 2024) used the Office of Budgetary Responsibility's (OBR's) Economic and fiscal outlook report (March 2024) to model a range of scenarios for economic growth to 2028, from a weak economic growth scenario, through a 'central' scenario (ie using the OBR's current forecasts) and a 'strong economy' scenario, through to a 'very high employment and growth' scenario.

It concluded that, even if we see sustained economic growth over the intervening years to 2028 'relative poverty…is likely to remain broadly unchanged…even when accompanied by very high employment…poverty and deep poverty [will] remain broadly flat between October 2024 and October 2028'. This analysis concludes that there is therefore a 'need for a specific policy focus on the living standards and economic security of lower-income households if poverty is to be reduced'.

2.3.2. Health, development, care and wellbeing context

A range of health, development, care and wellbeing needs of children and young people in Lancashire have increased over the last four years.

Some health protection measures associated with the Covid pandemic – lockdowns, school closures – adversely affected and disrupted education and constrained normal developmental opportunities for children and young people through learning and socialising with others.

Greater pressures on families and on CYP have derived from the significant rises in the cost of living.

The prevalence of school-age children with special educational needs (SEN), and who were identified as having social, emotional and mental health as the primary type of need, or that self-harm, have each increased significantly over this period, through a combination of these factors and others.

[2] In 2022/21 there were 926 households in Lancashire with dependant children owed a duty under the Homelessness reduction Act. By 2022/23 there were 1,296 households in Lancashire with dependant children owed a duty under the Homelessness reduction Act.

3. Wider determinants

3.1. Children and young people: 'deprivation', 'households with relative' or 'absolute low income', 'poverty'…[3]

Peoples' understandings and uses of these terms vary considerably[4] and can be problematic.

The Income Deprivation Affecting Children Index (IDACI) shows there were 36,397 children in Lancashire, 16.7% of the 0-15 years age group, living in income deprived circumstances in 2019 – an increase from 15.1% in the 2015 IDACI (most apparent in Burnley, Hyndburn, Pendle, Rossendale, Lancaster, Preston, South Ribble and West Lancashire).

However, as no updates have been made either to the IDACI or to the Index of Multiple Deprivation (IMD) since 2019,[5] we can't use these measures to understand the levels of deprivation in subsequent years, and of course how levels of deprivation have been affected by the covid pandemic and the rises we've seen in the cost of living over the interim, so we must draw on other available measures published since 2019.

3.1.1. Low family income and eligibility for free school meals (FSMs)

The percentage of school-age children eligible for FSMs has been increasing across England and Lancashire since the 2017/18 academic year when the rate was at 10.7% in England and 10.3% in Lancashire.

This rate increased to 17.4% in Lancashire in 2020/21 (17.2% in England) and again increased to 23.8% in Lancashire (24.6% in England) in 2022/23:[6]

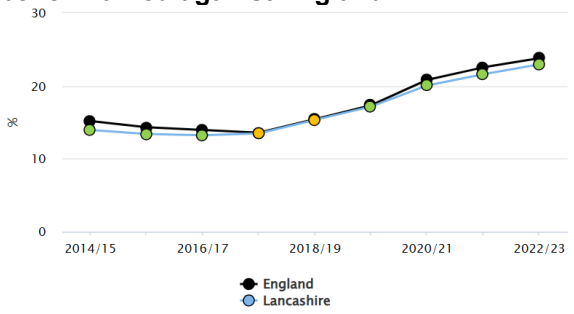
[3] 'Deprivation' – 'the state of being kept from possessing, enjoying, or using something'; 'Poverty' – 'the state or condition of having little or no money, goods, or means of support, the condition of being poor'; 'destitution' – 'the state of being without money, food, a home, or possessions' – in 2022/21 there were 926 households in Lancashire with dependent children owed a duty of protection (from homelessness) or relief (from homelessness) under the Homelessness reduction Act. By 2022/23 there were 1,296 households in Lancashire with dependent children owed either of these duties under the Homelessness Reduction Act.

[4] For a review of the various models of poverty, and of the overlaps and gaps in the understandings of poverty between 'experts and publics' – and within these groups – please see the Joseph Rowntree Foundation's (still very relevant) publication, 'Talking about poverty: how experts and the public understand UK poverty' (2016).

[5] Updates to these measures are not expected until late 2025.

[6] Figures relating to FSMs are from LG Inform, originally published by the Department for Education. For further detail please see: Department for Education: Academic year 2023/24 Schools, pupils and their characteristics.

Numbers and percentages of Lancashire children eligible for FSMs, 2014/15 to 2022/23, benchmarked against England:



Recent trend: ↑ Increasing & getting worse

Period		Lancashire Count	Value	95% Lower CI	95% Upper CI	England
2014/15		23,355	14.0%	13.8%	14.1%	15.2%
2015/16		22,782	13.4%	13.3%	13.6%	14.3%
2016/17		22,750	13.2%	13.1%	13.4%	14.0%
2017/18		23,395	13.5%	13.3%	13.6%	13.6%
2018/19		26,875	15.3%	15.2%	15.5%	15.4%
2019/20		30,354	17.2%	17.0%	17.3%	17.3%
2020/21		35,555	20.1%	19.9%	20.2%	20.8%
2021/22		38,520	21.6%	21.4%	21.8%	22.5%
2022/23		41,115	23.0%	22.8%	23.1%	23.8%

Source: Department for Education

This indicator provides an important measure ie of rising rates and numbers of children eligible for FSMs and is a useful (though partial) proxy measure of the numbers of children in families on low income.

But the FSM data don't provide insights into the questions of whether the eligibility criteria and threshold to qualify for FSMs ensure that all children in low-income families receive FSMs, or whether all families that would be eligible for their children's FSMs have applied/have registered their children for an FSM eligibility check (as they must before becoming eligible).

Children in reception year, year 1 and year 2 in England are provided with FSMs universally and automatically – families do not have to apply. Families of children in all other year groups do have to apply for FSMs – their eligibility is not automatic, as above – they must first 'be registered for means tested FSMs.[7] They must also be in receipt of at least one of a range of benefits, eg Universal Credit).

Recent Child Poverty Action Group (CPAG) analyses (February 2024)[8] estimated that, although a further 15,000+ Lancashire children were by then in low-income families – in addition to the 41,115 children already eligible for FSMs in 2022/23 – they were not in receipt of FSMs.

CPAG recommend that – in addition to their existing work in this regard – schools and local authorities work proactively and in collaboration via a range of methods to 'improve take-up of FSMs under current eligibility criteria' (see CPAG analysis, February 2024, p 7).

Both schools[9] and a greater proportion of their pupils would benefit from increasing the proportions of their children eligible for FSMs by:
ensuring that the maximum number of children are first registered for FSM eligibility (eligibility checks will not be undertaken until a child is registered)

[7] (CPAG) Child Poverty Action and the Greater Manchester Poverty Action Groups' (February 2024) - 'Free school meals in the North West', p 5. See also 'Free school meals: Guidance for local authorities, maintained schools, academies and free schools' (March 2024).
[8] See report at previous footnote ie 'Free school meals in the North West'. See also CPAG (2023) – 'Free School Meals, third of kids in poverty miss out'. The methodology beneath these analyses has been reviewed and is robust.
[9] Schools receive a 'pupil premium' for each child eligible for FSMs. For the period 2023-24 this amounted to £1,455 per each primary-aged pupil, and £1,035 for each secondary-aged pupil eligible for FSMs (for 2024-25 the pupil premium amounts to £1,480 and £1,059 respectively).

checking if any of their pupils that had been eligible for FSM within the last six years, but who had at some point since become, potentially temporarily, ineligible[10]

Such initiatives have previously been instigated within Lancashire, most recently in 2015/16, when a total of 308 primary and 103 secondary school age pupils were newly registered and found eligible for FSMs, and £406,560 and £96,305 in additional pupil premium was generated for their primary and secondary schools, respectively.[11]

CPAG also recommend that central Government move FSMs to a model of universal provision for all school year ages, such is the extent of unmet need.[12]

Post script (June 2025): On the 4th of June, 2025, a UK Government announcement made it clear that the FSM eligibility extension (ie via the removal of the current £7,400 per year income cap, above which families currently become ineligible for their children's FSMs) will not take effect until Sept 2026 .

Thus, FSM eligibility rates will not increase as a result of this change until that date: any efforts to expand FSM eligibility rates independent of that policy change, and in time for the start of the 2025-26 school year, must therefore be in place before the start of the 2025-26 school year.

Note there are no plans from central Gov to introduce auto-enrolment, either now ie in time for the start of the 2025 school year, or alongside the 2026 expansion of FSM eligibility.

Related, an article in the Times Education Supplement (TES) (4th June, 2025) noted that transitional (to Universal Credit) protections of existing FSM eligibility status will not be continued (or more specifically, will see phase 1 of such phased out) after Sept 2026 – the TES article notes that a substantial proportion of the increased eligibility for FSMs may well be lost for some children who were previously eligible for free school meals under the old criteria, under the new criteria (to be introduced in Sept., 2026), and after the phasing out of phase 1 of that protection.

The TES article also warns that:

'The DfE said that schools and local authorities will continue to receive pupil premium and home-to-school transport extended rights funding “based on the existing free school meals threshold” rather than the expanded criteria' – in other words that the pupil premium will continue to be paid in-line with current criteria rather than in-line with the expanded provision that'll kick-in in Sept 2026.

[10] Note that transitional protection (ie the in-effect automatic protection of children’s FSMs eligibility status in circumstances where their family income exceeds the eligibility cut-off point - even for a short period, and often before that income falls back beneath that cut-off point) ended on 31 March 2025.
[11] Anecdotally, we have heard that several schools in Lancashire (particularly in the East of the county) have recently purchased (at a cost of around £700 per year) access to a DWP and Inland Revenue online FSMs eligibility checker.
[12] See also the briefings by The Food Foundation, ‘Why the Government must extend Free School Meals to more children’ (March 2024), here, and by CPAG, ‘Free school meals: A third of kids in poverty miss out (July 2023), here.

3.1.2. Children in relative low-income (RLI) families[13]

'Relative' low-income (RLI) families are households with income of less than 60% of the median household 'disposable' income within the current period, which in 2022/23 – before housing costs (BHC) – equated to around[14]:

£16,900 per year for a single adult household with one child
£20,800 per year for a single adult household with two children, and
£27,200 per year for a two-adult household with two children.[15]

By this measure we can see that, in 2022/23 roughly 57,200 (25.5%) of children aged under 16 in Lancashire were living in relative low-income (RLI) families (ie approximately 16,000 more children than were in receipt of FSMs in 2022/23). That is one in four children, a significantly higher proportion than the England average (19.8% or one in five), and a statistically significant increase in Lancashire from 21.9% in 2018/19.

68% or just over two in three of relative low-income families in 2022/23 were 'working families' (ie had at least one working adult) and 32% had no working adult
52% were two-adult families
48.5% were single-adult families

The RLI data show that, after rising steadily since 2014/15 there was a statistically significant drop in the numbers and proportion of children living in families in RLI in 2020/21 (down to 46,122 and 20.8% respectively), before they began rising again in 2021/22 and afterwards (see table below):

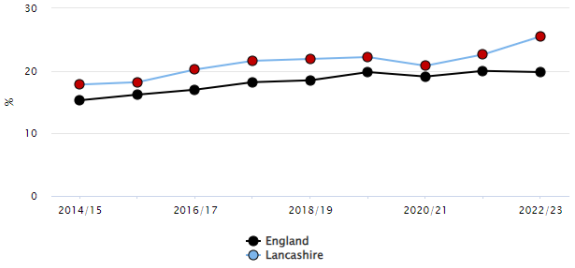
---

[13] *Relative* low-income is a 'relative' measure of low-income because the point at which families are classified as being in RLI – ie as having an annual income that is less than 60% of the median household 'disposable' income *for the current period – can and does change year on year*. This contrasts with *'absolute* low-income' (ALI) (see below) because the point at which families are classified as being in ALI – ie as having an annual income of less than 60% of the median household disposable income *in 2010/11 – which of course is a fixed point that cannot and does not change.* ALI is an 'absolute' measure *in this sense only.* RLI and ALI *should not*, therefore, be regarded as being synonymous with 'relative' and 'absolute *poverty'* as these concepts are based on the distinction between income levels that are in the case of relative poverty sufficient to support a fairly basic existence but that without (arguably) more peripheral needs being met, such as (again arguably) an annual holiday, and income levels which, in the case of absolute poverty, are *not* sufficient to support access to the more fundamentally basic needs being met, for example sufficient "food, clothes and shelter".

[14] These figures (rounded to the nearest £100) are derived from: DWP (updated August 2023) 'Households Below Average Income: an analysis of the UK income distribution: FYE 1995 to FYE 2022'; DWP (updated Sept. 2016: note the formular has not changed since that time) 'How low income is measured in households below average income'; and DWP (Nov. 2016) 'People in low income households'.

[15] The level below which a household is considered to be in the relative low-income category is calculated at 60% of that year's median 'disposable' household income before housing costs which in 2023 was £32,500 per year ('median' income is the point at which an equal number of households have a higher income as those that have a lower income). The median 'disposable' household before housing costs (BHC) including contributions from earning, pensions, and state support ie benefits which vary in relation whether the family has one or two adults or children. Note, no additional benefits are awarded for three or more children. Source: DWP, Households below average income: an analysis of the UK income distribution: FYE 1995 to FYE 2003, March 2024. See also ONS Average household income, UK: financial year ending 2023.

Numbers and percentages of Lancashire children living in families in relative low-income between 2014/15 to 2022/23, benchmarked against NW and England:



Recent trend: ↑ Increasing & getting worse

Period		Lancashire Count	Value	95% Lower CI	95% Upper CI	North West	England
2014/15	●	38,357	17.8%	17.5%	18.0%	18.2%	15.3%
2015/16	●	39,440	18.2%	18.0%	18.4%	18.9%	16.2%
2016/17	●	44,102	20.2%	20.0%	20.4%	20.7%	17.0%
2017/18	●	47,558	21.6%	21.4%	21.9%	22.4%	18.2%
2018/19	●	48,479	21.9%	21.7%	22.2%	22.8%	18.5%
2019/20	●	49,169	22.2%	21.9%	22.4%	22.9%	19.8%
2020/21	●	46,122	20.8%	20.5%	21.0%	21.5%	19.1%
2021/22	●	50,272	22.6%	22.4%	22.9%	23.7%	20.0%
2022/23	●	57,194	25.5%	25.2%	25.8%	26.7%	19.8%

Source: OHID, based on Department for Work and Pensions and Office for National Statistics data

The anomalous figures from 2020/21 (above), showing a fall in the percentage and number of children in RLI families, could be explained by reference to the positive impacts on family incomes of the £20 per week temporary uplift in Universal Credit (UC) payments implemented during the Covid pandemic between 20 March 2020 to 30 September 2021, which amounted to a maximum additional UC payment of approximately £1,600 per claim over that period.

The 25.5% average (one in four) for Lancashire children 0-16 living in relative low-income families in 2022/23, was considerably higher in some districts.

Numbers and percentages of children in relative low-income families: Lancashire-12 districts & England, 2022/23 (plus post-script 2023/24)[16]:

Area	Count 2022/23	Value/percentage 2022/23	Post-script 2023/24: Count	Post-script 2023/24: Value/percentage
Pendle	8,836	43.2	9,190	44.6
Hyndburn	6,538	39.2	6,789	40.2
Burnley	7,472	38.3	7,851	40.0
Preston	8,708	29.1	9,530	30.8
Rossendale	3,356	24.7	3,492	25.8
Lancaster	4,958	21.4	5,265	22.7
West Lancs	4,003	20.5	4,313	22.0
England	2,091,929	19.8	Not available	Not available
Wyre	3,371	18.9	3,553	19.6
Fylde	2,072	16.9	2,333	19.0
South Ribble	3,183	16.2	3,567	18.0
Chorley	3,425	16.1	3,572	16.9
Ribble Valley	1,272	12.2	1,342	12.7
Lancashire totals	57,194	25.5%	60,797	26.0%

Source: 2022/23 figures from OHID; 2023/24 figures from DWP

[17]43.2% in Pendle – which has 'the highest proportion of children aged under 16 in relative low-income families' in England
39.2% in Hyndburn
38.3% in Burnley
29.1% in Preston

[16] Post-script figures in the table immediately above regards 2023/24 were released 27th March 2025 and were added into this document in April, 2025.
[17] These percentages (at district level), and the percentages and counts below (at ward and LSOA level) are based on the figures for 2022/23. The 2023/24 figures (above) – which in all cases are higher still – were added as a post-script in early April 2025, ie after the initial distribution of this document.

Within the smallest geographic areas for which data is available (ward and LSOA level[18]), the percentages of children living in relative low-income families in 2022/23 were much higher.

At ward level

69.8% (1,522 children) in Daneshouse with Stoneyholme ward in Burnley
66.2% (1,192 children) in Central ward in Hyndburn
63.2% (1,567 children) in Bradley ward in Pendle
62.9% (2,015 children) in Whitefield and Walverden ward, also in Pendle

And at LSOA level[19]:

82.3% (394 children) in Hyndburn's 006G LSOA (in Spring Hill ward)
78.9% (371 children) in Burnley's 003D LSOA (in Daneshouse with Stoneyholme ward)
74.4% (541 children) in Hyndburn's 006B LSOA (in Central ward)
73.1% (384 children) in Pendle's 013A LSOA (in Brierfield East and Clover Hill ward)

There was an increase of 8,715 in children living in RLI in Lancashire between 2018/19 and 2022/23. At district level, this rise in addition to the number of children already living in relative low-income families was apparent across all of Lancashire's 12 districts.

Additional numbers and percentage increases of children in Lancashire districts in relative low-income families between 2018/19 and 2022/23, ranked highest (left) to lowest by number

Increase by:	Pendle	Burnley	Preston	Hyndburn	West Lancashire	Lancaster	South Ribble	Wyre	Chorley	Rossendale	Fylde	Ribble Valley
number of children	1403	1214	1214	891	753	742	477	454	449	410	362	346
% change	18.9%	19.4%	16.2%	15.8%	23.2%	17.6%	17.6%	15.6%	15.1%	13.9%	21.2%	37.4%

If we separate these additional 8,700 children aged 0-16 yrs into 3 age bands (0-4, 5-10, and 11-16) and assign each to a closest relevant group size – nursery groups for 0-4s, primary school classes for 5-10s, and secondary school classes for 11-16s,[20] – this breakdown of additional children in families pushed into living in relative low income between 2018/19 and 2022/23 equates to approximately:

18 nursery groups of 0-4-year-olds (228 children)
142 primary school classes of 5-10-year-olds (3,683 children)
209 secondary school classes of 11-16-year-olds (4,809 children)

[18] LSOAs or 'Lower Super Output Areas' are an analytical category that represents a geographic area comprised of between 400 and 1,200 households and a usually resident population between 1,000 and 3,000 persons.
[19] Please see Appendix 1, where the LSOAs with the highest percentages of children living in relative low-income families are provided alongside the percentages of the 2 main ethnicities there (2022/23).
[20] The figure for nursery group size (13) is an average figure drawn from a variety of recommendations pertaining to the ratios of children to childminders, nursery group sizes, and reception and key stage 1 classes. Figures for primary and secondary school class sizes (26 and 23 respectively) are drawn form 'Class sizes - state-funded primary and secondary schools'…'Schools, pupils and their characteristics' at GOV. UK, (September 2024).

It should be emphasised that – despite population declines for some age bands, the 5-10s, and particularly the 0-4s – all age bands saw increases in the number of children living in RLI between 2018/19 and 2022/23 (see table below).

Within the 0-19 years of age population, the 11-15 years age band shows the largest percentage and numerical increase of children in RLI families between 2018/19 and 2022/23, with the size of this cohort growing by 31.4% (4,809 children) during this period, despite only an 8.6% increase of this age band within the total population during this same period.

The 0-4 years age band shows the smallest percentage and numerical increase of children in RLI families between 2018/19 and 2022/23, with the size of this cohort growing by only 1.5% (228 children) during this period, but this despite an actual fall of 3.7% or 2,430 children within this age band amongst the total Lancashire population during this period.

Lancashire population of children (0-19), children living in relative low-income families, and children in RLI as a proportion of the population – by age band and change between 2018 and 2022

	0-19 Lancashire population by age bands - and numbers and percentage change, 2018 to 2022				Lancashire children in relative low-income families by age bands - and numbers and percentage change, 2018 to 2022				Percentages of children in relative low-income by age bands - and percentage change, 2018 to 2022		
	2018	2022	change	% change	2018/19	2022/23	change	% change	2018/19	2022/23	change
Aged 0-4	65,799	63,369	-2,430	-3.7%	15,359	15,587	228	1.5%	23.3%	24.6%	1.3% Higher
Aged 5-10	86,109	86,042	-67	-0.1%	17,832	21,515	3,683	20.7%	20.7%	25.0%	4.3% Higher
Aged 11-15	69,001	74,918	5,917	8.6%	15,295	20,104	4,809	31.4%	22.2%	26.8%	4.7% Higher
Aged 16-19	55,229	60,194	4,965	9.0%	10,537	13,169	2,632	25.0%	19.1%	21.9%	2.8% Higher
Total 0-15 children	**220,909**	**224,329**	**3,420**	**1.5%**	**48,486**	**57,206**	**8,720**	**18.0%**	**21.9%**	**25.5%**	**3.6% Higher**
Total 0-19 children	**276,138**	**284,523**	**8,385**	**3.0%**	**59,023**	**70,375**	**11,352**	**19.2%**	**21.4%**	**24.7%**	**3.4% Higher**

Source for 0-19 population is Mid year estimates, children living in relative low income families LG inform

3.1.3. Children in absolute low-income (ALI) families[21]

'Absolute' low-income families are households with income of less than 60% of the median household 'disposable' income in 2010/11, which in 2023 – and again *before housing costs* – equated to around:[22]

[21] 'Absolute' low income is an *alternative* (to 'relative') measure of families on low income – it is *not* an additional measure of low income families – and *neither* should be seen as being synonymous with the concepts of 'relative' or 'absolute' poverty: the 'absolute' measure of low income families is 'absolute' in the sense that low incomes in any given year or period are calculated in the same way as 'relative' low income, ie as families with an income below 60% of the median income – *but this as it stood in 2010/11* (sometimes described as 'the base year'); 2010/11/the 'base year' provides a *fixed reference point* (and is in this sense 'absolute' because that income level in 2010/11 of course does not change) from which to calculate family income that involves some adjustments for inflation, and which, like the calculations for 'relative' low income families, do *not* include housing costs, but do include contributions from earnings, pensions, and state support eg benefits, which of course vary for example in respect to whether the family has 1 or 2 children (no additional benefits are awarded for 3 or more children) or is a single or 2 adult family.

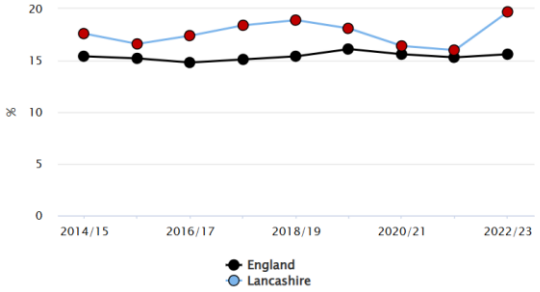
[22] First, please see the previous footnote. Second, as above, although the measures of 'relative' and 'absolute' low income should not be conflated with the concepts of 'relative' and 'absolute *poverty*', the reader may notice that the annual incomes noted in respect to absolute low income (ie '£15,000 per year for a single adult household with one child….' etc) are slightly lower than they are within the calculations made in order to categorise a family in relative low income (see further above). Although this also might be interpreted as inferring that the concepts of relative and of absolute low income are synonymous with the concepts of relative and absolute poverty readers are again advised *not* to regard these concepts as being synonymous with each other. The estimates of annual income given above in £s sterling are derived from: DWP (updated August 2023) 'Households Below Average Income: an analysis of the UK income distribution: FYE 1995 to FYE 2022'; DWP (updated Sept. 2016 - note the

£15,000 per year for a single adult household with one child
£18,000 per year for a single adult household with two children
£24,000 per year for a two-adult household with two children

By this measure we can see (in the table below) that in 2022/23 an estimated 44,232 children aged under 16 in Lancashire were living in absolute low-income families before housing costs[23] – the highest number since 2014/15, and at a rate of 19.7% in Lancashire (15.6% in England) of the relevant population, which equates to around one in five children under the age of 16 years.

65.1% (two in three) of these were working families (ie had at least one working adult)
34.9% had no working adult
53.8% were two-adult families
46.2% were single-adult families

Numbers and percentages of Lancashire children living in families in absolute low income between 2014/15 to 2022/23, benchmarked against NW and England



Recent trend: No significant change

Period		Lancashire Count	Value	95% Lower CI	95% Upper CI	England
2014/15		37,929	17.6%	17.4%	17.8%	15.4%
2015/16		36,103	16.6%	16.4%	16.9%	15.2%
2016/17		38,059	17.4%	17.2%	17.6%	14.8%
2017/18		40,391	18.4%	18.2%	18.6%	15.1%
2018/19		41,781	18.9%	18.7%	19.2%	15.4%
2019/20		40,157	18.1%	17.9%	18.3%	16.1%
2020/21		36,321	16.4%	16.1%	16.6%	15.6%
2021/22		35,493	16.0%	15.8%	16.2%	15.3%
2022/23		44,232	19.7%	19.5%	20.0%	15.6%

The 19.7% average of Lancashire children 0-16 living in absolute low-income families in 2022/23 was considerably higher in some districts than the Lancashire average.

Numbers and percentages of children in absolute low-income families: Lancashire-12 districts & England, 2022/23 (plus post-script 2023/24)[24]:

Area	Count 2022/23	Value/percentage 2022/23	Post-script 2023/24: Count	Post-script 2023/24: Value/percentage
Pendle	7,316	35.8	8,389	40.7
Hyndburn	5,282	31.6	6,132	36.3
Burnley	5,984	30.7	6,966	35.5
Preston	6,646	22.2	8,447	27.3
Rossendale	2,589	19.1	3,007	22.2
England	1,645,057	15.6	Not available	Not available
Lancaster	3,596	15.5	4,483	19.3
West Lancs	2,998	15.4	3,690	18.8
Wyre	2,505	14.0	2,942	16.2
Fylde	1,536	12.5	1,986	16.2
Chorley	2,516	11.8	3,041	14.4
South Ribble	2,303	11.7	3,011	15.2
Ribble Valley	961	9.2	1,168	11.0
Lancashire totals	44, 232	19.7%	53,262	22.7

Source: 2022/23 figures from OHID; 2023/24 figures from DWP

formula has not changed since that time) 'How low income is measured in households below average income'; and DWP (Nov. 2016) 'People in low income households'.

[23] Source: DWP, Households below average income (HBAI), March 2024.

[24] Post-script figures in the table immediately above regards 2023/24 were released 27th March 2025 and were added into this document in early April, 2025.

[25]35.8% in Pendle
31.6% in Hyndburn
30.7% in Burnley

Within the smallest geographic areas for which data is available (ward and LSOA), the percentages of children living in absolute low-income families in 2022/23 were much higher.

At ward level

61.1% (1,331 children) in Daneshouse with Stoneyholme ward in Burnley
60% (1,081 children) in Central ward in Hyndburn
54.6% (1,355 children) in Bradley ward in Pendle
54% (1,730 children) in Whitefield and Walverden ward in Pendle.

And at LSOA level[26]:

72.2% (346 children) in Hyndburn's 006G LSOA (in Spring Hill ward)
66.6% (512 children) in Hyndburn's 006B LSOA (in Central ward)
66.6% (313 children) in Burnley's 003D LSOA (in Daneshouse with Stoneyholme ward)
60.9% (280 children) in Pendle's 009B LSOA (in Bradley ward)
Between 2018/19 and 2022/23 an additional 2,451 children were in families that fell into living in absolute low-income across Lancashire.

Additional numbers of children in Lancashire districts in absolute low-income families between 2018/19 and 2022/23, ranked highest (left) to lowest by number

Increase by:	Pendle	Burnley	Hyndburn	Preston	West Lancashire	Ribble Valley	Fylde	Lancaster	Rossendale	Wyre	South Ribble	Chorley
number of children	743	681	302	219	215	163	73	50	33	12	6	-46
% change	11.3%	12.8%	6.1%	3.4%	7.7%	20.4%	5.0%	1.4%	1.3%	0.5%	0.3%	-1.8%

3.1.4. Children in poverty after housing costs

As above, the calculations that categorise families as living in relative or absolute low income do not take housing costs into account.

Analysts at the Centre for Research in Social Policy at Loughborough University (that produce the End Child Poverty Coalition's reports) note that before housing costs calculations of relative low income 'do not provide a complete picture of how the disposable income of households with children varies geographically', especially during a period characterised by steeply-rising rates of inflation (not least including steep rent and mortgage rate rises), and therefore tend to 'underestimate poverty rates'.

These calculations – that take housing costs into account – show that although the percentages and numbers of children in families in relative low income before housing costs, for example in Pendle in 2022/23, were very high (43.2%, 8,836 children), as

[25] These percentages (at district level), and the percentages and counts below (at ward and LSOA level) are based on the figures for 2022/23. The 2023/24 figures (above) – which in all cases are higher still – were added as a post-script in early April 2025, ie after the initiation of discussions around this needs assessment.
[26] Please see Appendix 1, where the LSOAs with the highest percentages of children living in relative low-income families are provided alongside the percentages of the 2 main ethnicities there (2022/23).

they were within the alternative calculations made to determine the numbers in absolute low-income families (35.8%, 7,316 children), after housing costs they were higher still – 45.4%, 10,702 children in Pendle.

Lancashire-12 districts with numbers and percentages of children in relative, and absolute low-income *before* housing costs/BHC, and children in poverty *after* housing costs, ranked highest to lowest by *numbers* of children in poverty (furthest right column) after housing costs/AHC, 2022/23

District	Children in relative low-income families BHC	Children in absolute low-income families BHC	Children in poverty AHC
Preston	8,708 or 29.1%	6,646 or 22.2%	14,154 or 41.4%
Pendle	8,836 or 43.2%	7,316 or 35.8%	10,702 or 45.4%
Burnley	7,472 or 38.3%	5,984 or 30.7%	9,963 or 44.9%
Lancaster	4,958 or 21.4%	3,596 or 15.5%	9,168 or 34.8%
Hyndburn	6,538 or 39.2%	5,282 or 31.6%	8,515 or 45.3%
West Lancashire	4,003 or 20.5%	2,998 or 15.4%	7,524 or 33.6%
Chorley	3,425 or 16.1%	2,516 or 11.8%	6,990 or 28.3%
Wyre	3,371 or 18.9%	2,505 or 14.0%	6,698 or 31.9%
South Ribble	3,183 or 16.2%	2,303 or 11.7%	6,334 or 28.4%
Rossendale	3,356 or 24.7%	2,589 or 19.1%	5,846 or 37.6%
Fylde	2,072 or 16.9%	1,536 or 12.5%	4,193 or 29.3%
Ribble Valley	1,272 or 12.2%	961 or 9.2%	2,725 or 27.7%

Source: BHC figures OHID Fingertips (based on DWP and ONS data), AHC figures from Loughborough University's Centre for Research in Social Policy, here, are also based on the same DWP and ONS relative low-income data modelled against administrative data on rents for local authorities, combined with household-level data from the Understanding Society longitudinal survey[27]

It can be seen above that higher numbers and percentages of children in poverty after housing costs (than are apparent within the relative or absolute low-income measures) are apparent in all Lancashire's 12 districts.

Over the longer term, for example between 2015 and 2022, it can be seen in the table below that the rates of increase in the percentages of children in poverty after housing costs have varied across Lancashire's 12 districts.

Percentage increases – ie rather than totals – of children in families in poverty after housing costs over a long-term (2015 to 2022), Lancashire's 12 districts, ranked highest to lowest

District	Percentage increase since 2015
Pendle	14.2%
Hyndburn	13.2%
Burnley	12.9%
Preston	9.1%
Rossendale	7.0%
Fylde	6.6%
Lancaster	6.4%
West Lancashire	6.1%
South Ribble	5.7%
Chorley	4.9%
Wyre	4.9%
Ribble Valley	2.1%

[27] University of Essex, Institute for Social and Economic Research (2022). Understanding Society: Waves 1-13, 2009-2022 and Harmonised BHPS: Waves 1-18, 1991-2009. [data collection]. UK Data Service. SN: 6614, http://doi.org/10.5255/UKDA-SN-6614-16.

More recently (April 2025), a House of Common's Library publication, 'Poverty in the UK: Statistics'[28], lent further legitimacy to the Loughborough University analyses quoted above by citing the same (p.60) within one of their a Research Briefing series[29] that reported on those same analyses at National and regional levels, and which also included useful breakdowns of other related factors including factors associated with entering poverty, poverty by family size, housing tenure, and ethnicity, as well as persistent poverty, poverty and material deprivation, and poverty entry and exit rates (again at National and regional levels).

3.1.5. Fuel poverty

The numbers and rates of households in poverty after household costs will obviously have a bearing on the ability of their occupants to afford to heat their homes and their water, and cook their food – especially so if, as has been the case since late 2021 in particular, they are experiencing a period where the prices of energy, food and other household necessities have risen at high rates.

The percentages of households experiencing fuel poverty[30] were estimated by the Department for Businesses, Energy and Industrial Strategy to have risen in Lancashire to 14.5% in 2022, or 78,157 households (England rate 13.1% in 2022), though these figures (the latest published at local authority level) are based on 2021 data – which only partially reflect the significant energy price rises we have seen since late 2021, meaning that current rates of fuel poverty in Lancashire (and England) are likely to be considerably higher than these figures suggest.

These same data show that seven of Lancashire's 12 districts had a higher percentage of households in fuel poverty than the Lancashire average and higher proportions of energy inefficient[31] homes.

Percentages of Lancashire districts' households experiencing fuel poverty and that are energy inefficient, 2021:

Local Authority	Percentage households in fuel poverty	Percentage of energy inefficient homes
Pendle	19.7%	60%
Burnley	19.3%	64%
Hyndburn	18.4%	66%
Rossendale	15.3%	67%
Lancaster	15.1%	61%
Preston	14.7%	60%
West Lancashire	13.3%	61%
Wyre	13.3%	62%
England	13.1%	60%
Ribble Valley	12.8%	58%
Fylde	12.6%	62%
Chorley	11.1%	59%
South Ribble	10.2%	57%

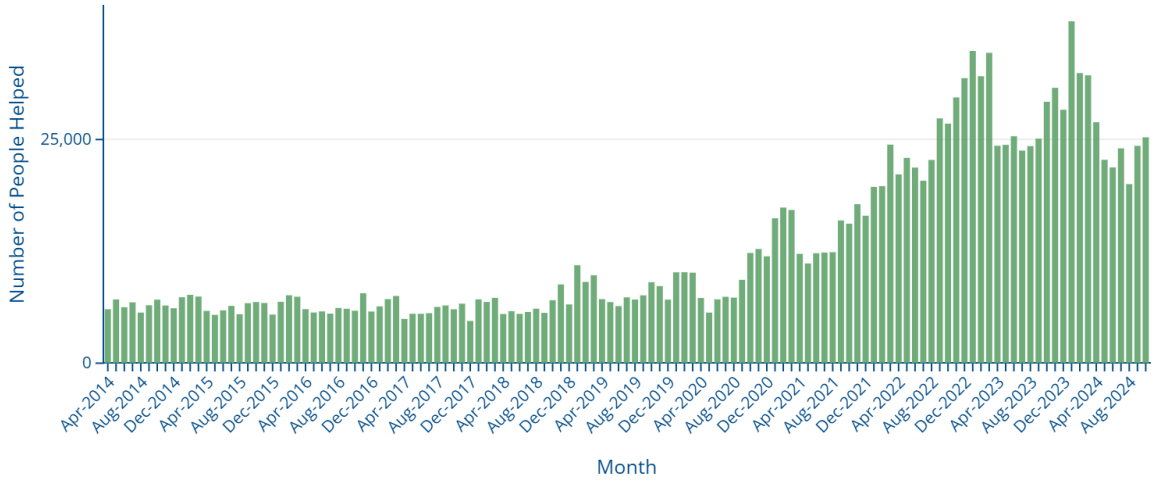
[28] Francis-Devine, B. (4 April 2025) 'Poverty in the UK: Statistics': Pub. House of Commons Library.
[29] This Research Briefing also cites works in the same series of Joseph Rowntree publications as that noted above ('Economic growth and poverty', Sept. 2024) which contains the latter's economic forecast for growth for the period Oct. 2024 – Oct. 2028).
[30] OHID state here that: 'A household is considered to be fuel poor if they are living in a property with a fuel poverty energy efficiency rating of band D or below **And** when they spend the required amount to heat their home, they are left with a residual income below the official poverty line'.
[31] ONS here. Energy inefficient homes are those with an energy efficiency rating of Band D or below.

Source: Fuel poverty percentages from Lancashire Insight, here. Energy inefficiency percentages are from ONS, here.

Related, the Citizens Advice data dashboard provides another indication of the rising extent of fuel poverty, though at a national (England and Wales) level, by showing the rise in the number of people presenting with energy debt problems.

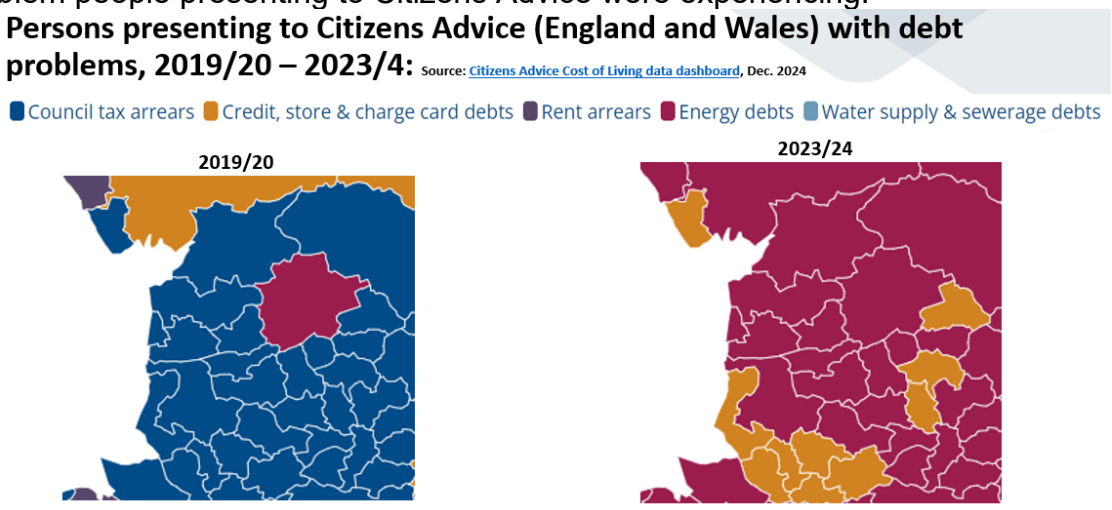
These can be seen in the graph below to have risen from a largely consistent range of approximately 6,000 to 10,000 every 3 months between April 2014 and March 2020, before climbing after that point to a maximum of over 34,000 in early January 2023, and although some fluctuations are apparent after that point, the number of persons presenting to Citizens Advice has remained at well over 20,000 throughout 2024.

Numbers of persons presenting to Citizens Advice (England and Wales) with energy debt problems, 2014-2024:



Citizens Advice note that **energy debt problems** (highlighted below left in **Ribble Valley**, 2019/20) had by 2023/24 (below right) overtaken **council tax arrears** in all Lancashire-12 districts except **Pendle** and **Rossendale** (also below right) where **credit, store & charge card debts** by then predominated as the primary type of debt problem people presenting to Citizens Advice were experiencing.

Persons presenting to Citizens Advice (England and Wales) with debt problems, 2019/20 – 2023/4: Source: Citizens Advice Cost of Living data dashboard, Dec. 2024



Finally in this section, it's worth noting that an article from the Fuel Poverty Research Network notes that fuel poverty has 'tended to be studied at the household level' more

than it has in terms of how 'it may impact different members within…households in different ways', and amongst these, children especially (see Marmot Review Team Report, 2011), and those in households of particular compositions' – particularly single parent households with female adults, and households where there are more than two children.

3.1.6. Food insecurity

Existing levels of food insecurity have also been exacerbated by the recent and significant rises in the cost of living. Data on food insecurity and related matters are, however, varied and in some ways problematic. For example, data supplied by the UKs biggest food organisation, the Trussell Trust (see below), though valuable in some senses, is not available at geographies lower than the regional level and does not provide estimates of food insecurity per se, but instead on the use of emergency food parcels.[32]

Nevertheless, and obviously, these data are closely related to the issue of food insecurity (they can be understood for example as indications of chronic food insecurity) and show clearly that the use of emergency food parcels has been increasing in Lancashire (as in England) both before the Covid pandemic and, at a more significant pace, particularly since the large rises we've seen in the cost of living from late 2021 onwards.

These data also provide some estimates of the numbers of households with children that are using emergency food parcels:

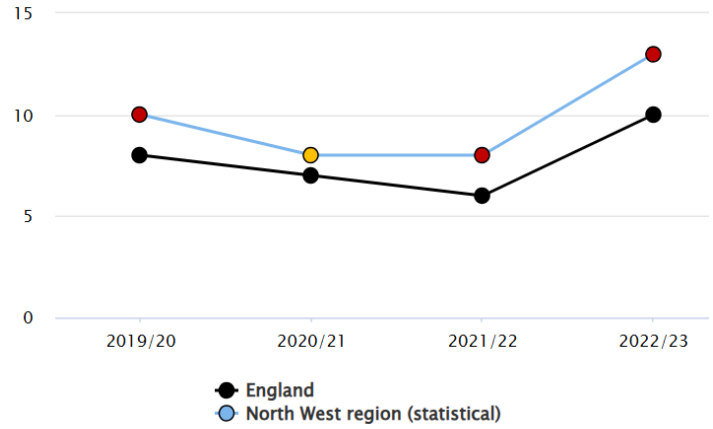
Numbers of emergency food parcels distributed by Trussell Trust food organisations in England, and in the North West – to households with adults only, and to households that included one or more children, 2017/18 to 2023/24

	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
England	1,047,118	1,236,172	1,489,531	2,128,143	1,189,130	2,467,364	2,581,092
North West - Adults	198,818	225,198	254,220	313,754	253,006	348,727	355,830
North West - children	75,246	8,3981	100,386	120,773	97,677	134,584	131,827

Source: Trussell Trust, here

Department of Work and Pensions (DWP) figures based on data drawn from the 'Family Resources survey [since] 2019/20' do provide a means by which households facing food insecurity can be estimated, but again this only down to regional level.

[32] Which might best be understood as chronic 'food insecurity' because, as OHID note, 'data on food bank usage…is not an appropriate proxy for food insecurity' because 'evidence suggests that fewer people use food banks than are vulnerable to food insecurity'.

Percentages of NW region and England housholds experiencing food insecurity, 2019/20-2022/23	Period	NW%	England %
	2019/20	10%	8.0%
	2020/21	8.0%	7.0%
	2021/22	8.0%	6.0%
	2022/23	13.0%	10.0%

Source: Department for Work and Pensions

Although the NW and England percentages in the table above are estimates based on responses to 'direct' survey questions focused specifically on food insecurity (eg rather than use of emergency food parcels), OHID advise that because of the survey's limited sample size (ie of 'around 20,000 households across the UK') its results should be treated with caution.

Other analyses, also based on DWP data[33], have sought to address the limitations associated with estimates of food insecurity at only national and regional level 'by providing local authority estimates of…food insecurity', although a limitation here is that this is an 'indirect' measure because it is focused on 'population *at risk* from' food insecurity (emphasis added; and see below):

Estimated numbers and percentages of population living in areas of highest risk of food insecurity in Lancashire's 12 districts, 2022:

Area	Count/number of persons	Percentage of population [34]
Lancashire	303,901	24.3%
Burnley	54,488	57.0%
Preston	54,306	35.8%
Pendle	43,323	45.1%
Hyndburn	39,011	46.9%
Lancaster	28,102	19.5%
West Lancashire	26,207	22.0%
Wyre	18,633	16.2%
Rossendale	15,990	22.5%
Chorley	12,550	10.6%
South Ribble	7,198	6.4%
Fylde	4,093	4.9%
Ribble Valley	0	0

None of these data are ideal, and we are left to piece together the data that are available and appear reasonably robust – for example in that the Trussell Trust's regional level data in the table above appears accurate and sensitive-enough to have illustrated a substantial (though temporary) decline in the numbers of emergency food parcels distributed at all levels of geography, during 2021/22 – a period within which

[33] Drawing on the Family Resources Survey and work from analysts at Southampton University to develop their Food Insecurity Risk Index.

[34] Percentage of the local authority population who live in Lower Super Output Areas (LSOAs) which score in the 20% at highest risk nationally on the Food Insecurity Risk Index.

we saw a range of government supports provided to households facing the significant rises in the cost of living at the time.

3.1.7. Homelessness, and children in households in temporary accommodation

The factors above – families with children in relative or in absolute low-income, and in poverty while facing increased housing and energy costs, increased levels of energy debt, fuel poverty and food insecurity – can, have and continue to combine to drive an increasing number of households, including households with children, towards the risk and actuality of homelessness, and as a means of alleviating such into temporary accommodation under their respective local authorities' duties of prevention of or relief from homelessness.

It can be seen in the table below that such increases are apparent across the Lancashire-12 area, between quarter 4 of 2020/21 and quarter 1 of 2024/25, and in some Lancashire-12 districts more than others.

Total number of children in Temporary Accommodation 2022/23 Q4 to 2024/25 Q1

Period	2020/21 Q4	2021/22 Q1	2021/22 Q2	2021/22 Q3	2021/22 Q4	2022/23 Q1	2022/23 Q2	2022/23 Q3	2022/23 Q4	2023/24 Q1	2023/24 Q2	2023/24 Q3	2023/24 Q4	2024/25 Q1
Lancashire	101	107	122	124		204				318	250		299	309
Burnley	6	2	3	12	23	16	10	8	20	17	17	21	32	21
Chorley	8	4	5	16	18	15	15	10	22	21	21	24	18	27
Fylde	0	8	14	8	4	12	7	15	15	16	19	18	25	13
Hyndburn	3	3	2	3	10	4	13	13	3	14	19	10	19	10
Lancaster	13	18	12	10	17	30		28	60	62	48	55	63	62
Pendle	0	0	6	3	3	4	7	6	2	2	1	4	7	5
Preston	29	31	36	27		25	39			79	31	35	34	67
Ribble Valley	0	0	1	4		18	15	6	9	5	2		2	3
Rossendale	3	4	3	5	8	16	17	17	6	15	12	10	30	26
South Ribble	35	35	37	36	31	47	62	48	38	52	54	56	49	46
West Lancs	2	2	3	0	10	12	6	6	10	23	21	12	18	29
Wyre	2	0	0	0	3	5	1	0	2	12	5	9	2	0

Source: Department for Levelling Up, Housing & Communities.

More detailed analyses show variation amongst Lancashire's districts in the sources of temporary accommodation used in such circumstances (B&B, local authority (LA) or housing association stock, the private sector, out of area, ie where a duty of prevention or relief from homelessness is owed by the LA, but either no accommodation is offered or the type of accommodation acquired by the household is not known to the LA).

Households without and with children in temporary accommodation, by Lancashire district and by main source of accommodation, quarter 1 (to June) 2024 – ranked highest to lowest by number of households with children[35]:

A	B	C	D	E	F	G	H
District	**Homeless households with children**	**Total number of homeless households**	**B&B**	**LA or housing association**	**Private sector**	**Out of area**	**Duty owed but no accommodation provided by LA**
Preston	35	91	28 (31%)	0	15 (17%)	3 (31%)	0
Lancaster	27	40	26 (65%)	11 (28%)	0	0	3 (8%)
South Ribble	23	42	19 (45%)	20 (48%)	2 (5%)	9 (21%)	15 (36%)
Chorley	16	32	6 (19%)	16 (50%)	0	6 (19%)	0
West Lancs	15	39	3 (8%)	36 (92%)	0	3 (8%)	0
Rossendale	11	18	17 (94%)	1 (6%)	0	17 (94%)	0
Burnley	9	29	10 (35%)	10 (35%)	5 (17%)	4 (14%)	0
Fylde	7	16	9 (56%)	5 (31%)	0	6 (38%)	1 (6%)
Hyndburn	6	8	2 (25%)	5 (63%)	0	2 (25%)	0
Pendle	5	15	14 (93%)	0	0	15 (100%)	0
Ribble Valley	2	6	3 (50%)	3 (50%)	0	0	0
Wyre	0	5	3 (60%)	0	2 (40%)	3 (60%)	0

It can be seen in the table above that the numbers of households with children in temporary accommodation (column B) varies from its highest in Preston, Lancaster and South Ribble, to their lowest in Wyre and Ribble valley.

Some of the figures also reflect varied patterns of sourced accommodation, eg Pendle provides no LA owned or housing association accommodation within its district boarder (column E) and instead sources B&B accommodation for 93% of its homeless households (column D)[36], 100% of which are sourced from outside of its district boarders (column G); Rossendale's pattern is essentially the same.

West Lancashire, South Ribble, Lancaster, and Burnley (and some other districts) appear to make the most use of either LA owned or housing association accommodation (column E),

[35] For districts where the figures in columns D, E, F, G & H do not total to the figures in column C (total number of homeless households), this is because some of the figures in columns D - H are duplicated eg Rossendale's column D figure of 17 (households in B&B accommodation) refers to the same 17 households noted in column G (Out of area accommodation).

[36] ...with 1 homeless household (not included in the table provided) being recorded in the full data as being housed in 'any other type of accommodation (including private landlord and [households who's status is] not known' to the LA. Several other districts have similar, relatively small discrepancies (see previous footnote).

while Preston (the district with the highest number of homeless households in the period noted) provides no LA or housing association owned stock and instead relies more on a mixture of:

B&B accommodation (column D, 31% = 28 households),

private sector accommodation (column F, 17% = 15 households),

out of area accommodation (column G, 3% = 3 households),

and for the remainder of homeless households (not shown in the table above) a mixture of 'nightly paid, privately managed accommodation (self-contained)' (43% = 39 households),

'any other type of accommodation (including private landlord and not known)', 9% = 8 households),

and 'hostels (including reception centres, emergency units and refuges)' (1.1% = 1 household).

It can also be seen in the table above that, in South Ribble, 36% of its homeless households (column H = 15 households) that were owed either a duty of protection from or relief of homelessness by the LA, had 'no accommodation secured' by the LA.

3.1.8. Temporary accommodation and ill-health

'Temporary accommodation' is a broad category that, as alluded to above, can include a range of accommodation types (from "regular" houses or flats, through hotel rooms and B&Bs, to hostels, refuges, and even caravans) and are sourced from a range of providers including local authorities and housing associations, charitable organisations, and the private sector.

Hotels and B&Bs, often used as temporary accommodation for homeless households owed a duty of prevention of or relief from homelessness by their household's local authority, may not provide a sufficient number of bedrooms to avoid inappropriate sharing[37], or easily accessible cooking facilities – they were not designed to. Overcrowding and poor diets can result.

These and other factors can combine to promote a range of physical and mental health conditions (from respiratory conditions through to stress or anxiety and depression), or worse:

In January 2025, a report based on analysis conducted by NHS-funded National Child Mortality Database, based at Bristol University was published by the All Party Parliamentary Group (APPG) for Households in Temporary Accommodation, and highlighted that: '[b]etween 1st April 2019 to 31st March 2024, 74 children have died

[37] Section 325 of the Housing Act 1985 states that overcrowding exists where there are so many people in a house such that any two or more of those persons, being ten or more years old, and of opposite sexes, not being persons living together as husband and wife, have to sleep in the same room.

with temporary accommodation as a contributing factor to their vulnerability, ill-health, or death. Of these 74 children, 58 were under the age of 1'.

These 'latest findings are an increase from the 55 deaths of children living in temporary accommodation (42 under 1) with homelessness listed as a contributory factor towards their death, highlighted by the All-Party Parliamentary Group for Households in Temporary Accommodation in March 2024'.

The report notes that:

> 'Child deaths are more likely to occur when homelessness is combined with environmental influences including overcrowding, mould and a lack of safer sleep options, for instance, cots and Moses baskets',
>
> 'a disproportionate number of children from deprived areas [were] represented in the figures, with 72% of deaths affecting families living in the 1st and 2nd deprivation quintiles',
>
> and that '[c]hildren from [minority ethnic communities] are disproportionately represented in the data, with 38% of deaths coming from within non-white families, despite making up only 27% of the population'.

3.1.9. Young people who are Economically Inactive and Not in Employment, Education or Training (NEET) *(please see ONS report, Feb, 2025, here)*

Since 2019 numbers and rates of 16-17 yrs age who are 'NEET'/Not in Employment, Education or Training' have shown a modest fall across the Lancashire-12 area.

However, also since 2019, numbers and rates across England of those who were NEET within the slightly broader 16-24 yrs age band have increased[38], although breakdowns at local authority level within this band are not published but are likely to have increased similarly;

Amongst the 16-24 yrs band who were NEET the proportion of those with no health condition has decreased between 2019 and 2023/the numbers and rates of those with a medical condition has increased;

The largest increases in health conditions amongst 16-24 yr olds who were NEET between 2019 and 2022 are apparent in reference to non-mental health conditions; there was a smaller rise in the rate of 16-24 year olds who were NEET with mental health conditions;

In England, between 2019 and 2023 the largest increases in numbers of long-term sickness amongst the economically inactive population was due to 'other [ie miscellaneous] problems and disabilities', followed by those with 'problems with back of neck', then by those with 'mental illness and nervous disorders',

[38] Source: ONS estimates

Of the various state benefits potentially available to persons that are economically inactive due to the various types of long-term illness apparent, the most significant rise in claimants has been in reference to Personal Independence Payments/PIPs,

the number of which with 'Psychiatric disorders' are similar across the Lanncashire-14 area for the 16 to 24, 25 to 34, and 35 to 44 age groups – and are highest within the 25-34 age group, followed by the 35-44 yrs age group, which is slightly higher than within the 16-24 yrs age group,

however, it is within the 16-24 yrs age group where we see the **largest proportion** – not number – of 'psychiatric conditions' out of all other conditions.

We now turn to the remaining sections of this document which report on a range of measures relating to the development and educational, health and welfare needs of children and young people in Lancashire over the life course, the majority of which are closely associated with and are indeed aggravated by higher levels of deprivation, starting with the pre-natal and birth stage.

4. Prenatal and birth (0-4 years)

This section summarises some of the key early health indicators for babies in Lancashire. Data within this section is primarily sourced through the Office for Health Improvement's and Disparities child health profiles[39].

4.1. Births

Similar to England, Lancashire's birth rate (number of live births per 1,000 people in the population) has declined over the last 10 years (by 10%). There are two primary measures for births: general fertility rate (GFR) and total fertility rate (TFR):

The GFR shows the number of live births per 1,000 women between 15-44 years old, whilst the TFR shows the average number of live children that women would be expected to bear over their lifespan.

The GFR has declined from 61.9 in 2012 per 1,000 to 57.1 in 2019 and then down to 52 per 1,000 in 2022. Lancashire's GFR is currently similar to England's.

The TFR has also seen an overall decline and in the 10 years up to 2023 reduced from 1.9 (2013) to 1.4 (2023).

In 2023, 1 in 3 children were born living within the 20% most deprived areas in Lancashire compared with 1 in 6 in the 20% least deprived.

4.2. Infant mortality

The number of infant deaths has declined over the years. Currently Lancashire's infant mortality rate (IMR) is similar to England (as has been the case since 2016-18). In 2020/22, 140 children aged under 1 died, and 65% of these deaths were of babies aged under 28 days (neonatal deaths).

[39] Child and Maternal Health - Data | Fingertips | Department of Health and Social Care (phe.org.uk)

Many factors contribute to, or are associated with, infant mortality, such as low birth weight, maternal age of under 20 or over 40, and deprivation are all linked to higher rates of infant mortality[40].

Local analysis of infant deaths between 2012 and 2022 showed that in Lancashire, the IMR in the most deprived 20% areas is significantly worse than in the least deprived 40% areas in Lancashire overall and shows a very strong corelation between IMR and being born into a more deprived area.

The pan-Lancashire annual Child Death Overview Panel report[41] from 2022/23 found that of 91 deaths reviewed (out of 136 notifications):

30% of were due to chromosomal or genetic or congenital abnormalities
30% of were due to perinatal/neonatal events
2 in 3 deaths were expected

over 50% of deaths reviewed had modifiable risk factors recorded as being present (the prominent modifiable factors which were not related to treatment or health care included smoking by parent/carer (39%), high maternal BMI (29%) and alcohol/substance misuse issues (16%)

just over half the total number of deaths were of White British heritage (White children make up around 82% of Lancashire's population children aged under 18), and 26.2% of South Asian heritage (Asian children make up 12.5% of Lancashire's population)

4.2.1. Modifiable risk factors

4.2.1.1. Smoking

The numbers and average proportions of Lancashire mothers smoking at time of delivery (SATOD) have steadily declined since 2010/11[42]. However, in 2023/24 980 (9.6%) of Lancashire women were SATOD, which was significantly worse than for England (7.4%). In seven of Lancashire's 12 districts the percentages of mothers SATOD exceeded the national average: Wyre (9.5%), West Lancashire (9.7%), Ribble Valley (10.5%), Burnley, Hyndburn, Pendle, and Rossendale (all 11.4%). The remaining districts had a rate similar to England[43]. Four Lancashire districts are seeing a declining trend (Pendle, West Lancashire, Wyre, Preston) whilst the remaining districts have seen no significant change.

4.2.1.2. Obesity

2018/19 data showed that nearly one in four women were obese in early pregnancy in Lancashire. More up-to-date data for pregnant women are unavailable. However overweight and obesity prevalence is significantly higher in Lancashire than in England, and national data show a significantly higher proportion of the population are obese within the 40% most deprived areas.

[40] Child and infant mortality in England and Wales - Office for National Statistics (ons.gov.uk)
[41] cdop_annual_report_22_23.pdf (lancashiresafeguardingpartnership.org.uk)
[42] SATOD is a risk factor related to many pregnancy and neo-natal complications including stillbirth and sudden unexpected death in infancy.
[43] SATOD figures are based on NHS England data and drawn from OHID's Fingertips and LG Inform.

4.2.2. Under-18 conception rates

The overall trend in the rate of conception amongst girls aged under 18 in Lancashire has been declining over the last two decades but in 2021 (latest available data) remains worse in Lancashire (15.5 per 1,000 under 18-year-old girls) than the England average (13.1 per 1,000). However, the proportion of under 18 conceptions that lead to abortion in 2021 (latest available data) was significantly higher in Lancashire (58.8%) than the England average (53.4%)[44].

Lancashire's under-18 birth rate of 4.0 per 1,000 (2022) and the proportion of births to teenage mothers of 0.7% of all births (2022/23) are similar to England. For the latter, this has previously always been significantly higher in Lancashire than for England. Despite significant declines from historic rates, recent trend data shows no significant change for either indicator.

4.2.3. Low birth weight

317 (2.9%) of all term babies (at least 37 weeks gestation) born in Lancashire in 2022 were categorised as having a low birth weight (birth weight under 2500g). Low birth weight has been linked to increased risk of childhood mortality, developmental problems, and poorer health in later life[45]. Lancashire's rate is in line with England's (2.9%) with no significant change in trend. Most districts in Lancashire see a similar rate of low birth weight to England. However, in Preston the percentage of low-birth-weight babies has been significantly higher (4%+ of term babies) in 2020, 2021 and 2022 while the England rate has been below 3% during these same years.

4.3. Breastfeeding

Current guidance recommends exclusive breastfeeding for the first six months of a child's life. Research suggests there are many benefits to breastfeeding, such as reduced instances of illness in early life as well as longer term impacts such as lower levels of childhood obesity. Early initiation of breastfeeding support through maternity and health visiting services can improve rates of uptake and continuation.

Breastfeeding data is collected at first feed, at new birth visits, and at the 6-8 week review. Gaps between these figures can help identify where additional support is required to families in specific geographies.

First feed data for 2023/24 (based on the NHS's Maternity Services Data Set) show that 67.9% of babies (2 in 3) in Lancashire received breastmilk as their first feed. However, this rate is significantly lower than for England where 71.9% of babies had a first feed of breast milk. These data further show that in the least deprived district in Lancashire, Ribble Valley, nearly 80% of newborns received breastmilk as their first feed, which is significantly higher than observed for England. However, in seven Lancashire districts (Preston, Burnley, South Ribble, Chorley, Lancaster, Wyre, West Lancashire) the rate is significantly worse than England.

Though trend data is not available for all districts, where it is the data show that Pendle, Rossendale, and Lancaster are seeing an increase in breastfeeding prevalence at birth.

[44] OHID based on ONS data.
[45] Low birth weight (who.int)

Higher levels of deprivation (living in the 30% most deprived areas) is not the only wider determinant affecting rates of breastfeeding at birth. Nationally, breastfeeding prevalence at birth is also shown to be significantly lower among white populations and amongst mothers aged under 30[46]. The table below shows the percentage of babies breastfed at birth by district of mother's residence alongside the proportion of babies born to mothers against each of these 3 wider determinants.

Proportion of babies receiving breastmilk at first feed (2023/24) by Lancashire districts, the proportion of births by mother's demographics (deprivation and age, 2023/24), and the ethnicity populations (2021)[47]

Geographic Area	First feed of breast milk (% of babies)			Mother's demographics, births in 2023/24				Population data (Census 2021)	
	First feed of breast milk (% of babies)	benchmark against England	benchmark against Lancashire	Proportion of births to mothers living in 30% most deprived	compared to Lancashire Average	Proportion of births to mothers aged under 30 years	Compared to Lancashire Average	% of population who are White	Compare to Lancashire average
Lancashire	**67.9**	**Worse**		**43.9%**		**46.0%**		**88.9%**	
Ribble Valley	79.7	Better	Better	0.0%	Lower	34.7%	Lower	96.3%	Higher
Pendle	72.7	Similar	Better	64.2%	Higher	50.9%	Higher	70.6%	Lower
Rossendale	71.4	Similar	Better	44.5%	Similar	44.4%	Similar	92.4%	Higher
Fylde	69.7	Similar	Similar	7.7%	Lower	39.3%	Lower	96.3%	Higher
Hyndburn	69.5	Similar	Similar	74.3%	Higher	52.9%	Higher	82.7%	Lower
Preston	67.7	Worse	Similar	58.6%	Higher	46.5%	Similar	72.6%	Lower
Burnley	67.6	Worse	Similar	78.2%	Higher	51.0%	Higher	82.5%	Lower
South Ribble	67.1	Worse	Similar	16.9%	Lower	44.9%	Similar	95.4%	Higher
Chorley	66.5	Worse	Similar	24.8%	Lower	40.9%	Lower	95.6%	Higher
Lancaster	65.2	Worse	Worse	42.8%	Similar	47.1%	Similar	93.1%	Higher
Wyre	63.3	Worse	Worse	26.0%	Lower	47.3%	Similar	97.5%	Higher
West Lancashire	60.6	Worse	Worse	30.2%	Lower	41.0%	Lower	96.9%	Higher

Source: Internal births data, Census population data, Maternity Statistics via Fingertips

Benchmarked against England (in 2023/24) only one of Lancashire's 12 districts, the least deprived district of Ribble Valley, shows a higher proportion of babies receiving a first feed of breast milk (79.7%, England 71.9%).

When benchmarked against Lancashire (67.9%), Pendle (72.7%) and Rossendale (71.4%) also have higher rates of first feed of breast milk. However, these districts have very different demographics when compared with Ribble Valley.

Ribble Valley in 2023/24 saw no births to women living in the most deprived areas and a significantly lower proportion of births to mothers aged under 30 (34.7%): the higher proportions of older, and less deprived mothers in this district are likely to contribute to the high breastfeeding at first feed rates.
Conversely, though Pendle saw significantly higher rates of births to mothers living in the most deprived areas (64.2%) and births to mothers aged under 30 years (50.9%), the rate of breastmilk at first feed is nevertheless similar to England (71.9%) and better than for Lancashire (67.9%) at 72.7%. A considerably higher proportion of the population in Pendle are of Asian or British Asian ethnicity, so it is highly likely that so too were the mothers whose breastfeeding initiation contributed to these higher rates.

The higher proportions of ethnic minority groups in the wider population (and likely the cohort of mothers) appears therefore to somewhat counteract the influence of deprivation and younger maternal age on breastfeeding in the area.

[46] Inequalities in breastfeeding at birth in England (2023/24) Fingertips | Department of Health and Social Care
[47] Mother's ethnicity is not available through births data and therefore population ethnicity proportions have been used as a proxy figure

Areas like Fylde and South Ribble, where demographics are more similar to Ribble Valley, would be expected to have higher rates of breastfeeding, but both are statistically worse than Ribble Valley (though similar to Lancashire).

The local data above is suggestive of the same links between age, deprivation and ethnicity as identified in the national data, and of some interplay between these demographic factors when considering breastfeeding uptake:

Higher levels of deprivation and younger maternal age appear to adversely influence breastfeeding initiation, and all the more so when the district has higher proportions of White persons (therefore likely more births to white mothers) in the population, which is another factor that appears to adversely influence breastfeeding at first feed rates.

In other words (and to switch the polarity and emphasis), these data may suggest that these factors (higher levels of deprivation and younger maternal age) are less influential or are in part compensated for when combined with a higher proportion of persons from an ethnic minority in the general population.

It is important to understand the rate of breastfeeding initiation in an area, and the role of the factors that influence them, because they can provide insight into both how and where initial breastfeeding may be better supported at the time, and up to and beyond breastfeeding at 6-8 weeks.

Annual data for 2023/24 show a breastfeeding rate at 6-8 weeks of 42.8% across the Lancashire-12 area which is significantly lower than the England rate of 52.7%, and which is notably well below the 67.9% babies who received breastmilk at birth.

Lower-tier local authority level data is unavailable for this measure, but national inequalities data shows that breastfeeding rates at 6-8 weeks are significantly lower than England average in all deciles bar the 10% and 20% least deprived, where rates are higher, and the 30% least deprived where they are similar to the average.

5. Early years 0-4 years

For many children in Lancashire the higher levels of deprivation experienced in their early years threatens to impede their long-term development and results in poorer health outcomes compared to their peers in the less deprived areas. Data within this section are sourced through the Office for Health Improvement's and Disparities child health profiles[48] or gathered from the DFE school census data on pupils and their characteristics[49] and their special education needs[50].

As above, on average nearly one in four children aged 0-4 in Lancashire were living in relative low-income families in 2022/23, and in some smaller areas there are more children in such circumstances than those who are not.

[48] Child and Maternal Health - Data | Fingertips | Department of Health and Social Care (phe.org.uk)
[49] https://explore-education-statistics.service.gov.uk/find-statistics/school-pupils-and-their-characteristics#:~:text=Department%20for%20Education.%20This%20release
[50] Special educational needs in England, Academic year 2023/24 - Explore education statistics - GOV.UK (explore-education-statistics.service.gov.uk)

5.1. Health visiting – child health and development reviews

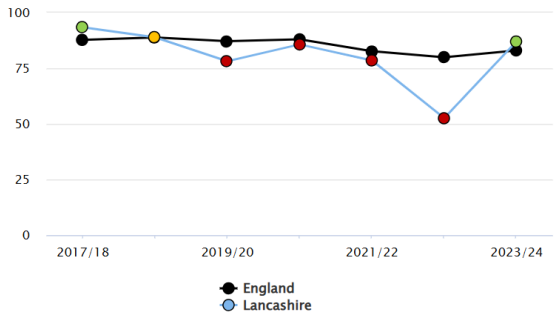
In Lancashire in 2023/24, the proportion of 2-2.5-year health and development checks completed on time was similar to England, but trend data show that this is getting worse (see below). However, the proportions of children receiving their earlier visits on time (new birth visit, 6-8-week review, and 12-month reviews) were higher than the England average.

5.1.1. New birth visits

The purpose of the new birth visits (NBVs) is to identify any problems early so that supports can be provided at the time they are needed, for example in reference to sustaining breastfeeding initiated just after birth, and outcomes improved.

87.1% of Lancashire babies received their NBV within 14 days in 2023/24 (higher than observed for England, 83%). However, in 2022/23 just 52.6% of babies received their new-born visit by 14 days (which was much lower than the England average of 79.9%). Lancashire performed significantly lower than England for the periods spanning 2019/20 – 2022/23, before recovering to a level slightly above the England average in 2023/24:

Proportion of Lancashire new birth visits benchmarked against England average, 2017/18 to 2023/24:



Source: OHID, based on interim reporting data

Recent trend: No significant change

Period		Lancashire Count	Value	95% Lower CI	95% Upper CI	England
2017/18		11,787	93.4%	93.0%	93.8%	87.7%*
2018/19		11,133	88.9%	88.4%	89.5%	88.8%*
2019/20		9,338	78.2%	77.4%	78.9%	87.1%*
2020/21		10,001	85.7%	85.1%	86.3%	88.0%*
2021/22		9,570	78.5%	77.8%	79.2%	82.7%
2022/23		6,246	52.6%	51.7%	53.5%	79.9%*
2023/24		10,113	87.1%	86.5%	87.7%	83.0%*

Source: OHID, based on interim reporting data

5.1.2. 6-8 week review

The proportion of children receiving their 6-8 week review (before they are nine weeks old) was higher in Lancashire in 2022/23 (82.3%) than the England average (79.6%), and in Lancashire increased to 89.8% in 2023/24 (81.8% in England), which shows an improving trend, though not on the levels seen in 2017/18 (96.4%, in England 84.3%) and 2018/19 (94.8% in Lancashire, 85.4% in England).

5.1.3. 12 month review

The proportion of children receiving their 12-month review (by the time they turn 15 months) has consistently been higher in Lancashire than the England average with no significant change to the trend in recent years. In Lancashire in 2023/24, 92.1% of children received this review, which was again higher than the England average (86.5% in 2023/24).

5.1.4. 2-2.5 year review

A key focus of the reviews is to assess children's development and identify any of a broad range of areas (personal, social, and problem-solving skills, fine and gross motor skills, and communications skills) where their development might be delayed[51] so that tailored supports and/or referrals to a number of specialist services or sources of support can be provided.

Since 2017/18, data show (see below) an overall decline in the proportions of children in Lancashire whose health and development were reviewed between the age of two to two-and-a-half years old – from 92.9% of all children of the relevant age being assessed in 2017/18, down to 59% in 2022/23, increasing to 78.7% in 2023/24.

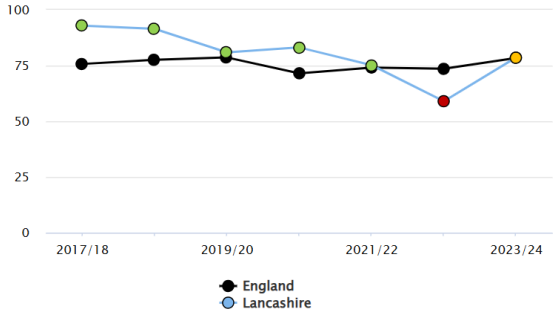
Within this longer term decline, these data show a significant decrease in the proportion of Lancashire children whose health and development was assessed at this stage between 2020/21 (83.1%, England 71.5%) and 2021/22 (down to 75.2%, England 74.1%). However, it should be emphasised that it was during this period that public restrictions on social contacts (of varied severity) were imposed in response to the Covid pandemic (between March 2020 and July 2021)[52].

But these restrictions were not in place at the end of the 2021/22 period and therefore cannot account for the further decline in the proportion of children receiving these health and development reviews at 2-2.5 years of age. These fell again in Lancashire, from

75.2% in 2021/22 (74.1 in England) to just 59% (7,399 children) in 2022/23 (73.6% in England) – the largest decline apparent at any point since 2017/18,

before increasing in 2023/24 to 78.7% or 9,919 children (78.4% in England).

Proportion of Lancashire children receiving health and development review at 2-2.5 yrs of age, benchmarked against England average, 2017/18 – 2023/24:



Recent trend: ⬇ Decreasing & getting worse

Period		Lancashire Count	Value	95% Lower CI	95% Upper CI	North West	England
2017/18		12,516	92.9%	92.5%	93.3%	83.7%*	75.7%*
2018/19		12,718	91.5%	91.0%	92.0%	83.3%	77.6%*
2019/20		10,803	80.9%	80.3%	81.6%	82.6%*	78.6%*
2020/21		10,648	83.1%	82.5%	83.8%	77.6%	71.5%*
2021/22		9,741	75.2%	74.4%	75.9%	79.9%	74.1%
2022/23		7,399	59.0%	58.1%	59.8%	76.8%	73.6%*
2023/24		9,919	78.7%	78.0%	79.4%	83.7%	78.4%*

Source: OHID, based on interim reporting data

Indicator Definitions and Supporting Information

Of the 78.7% (9,919 children) of Lancashire children aged 2-2.5 years that did receive a health and developmental screening review in 2023/24, most were assessed against the ASQ-3 (95.2%), and of those 83.5% were assessed as having achieved a good

[51] The 'ASQ-3' assessment tool – a questionnaire designed to guide and encourage parents or guardians to consider their child's developmental progress across these domains – is used in the majority of these reviews (91.4%), is usually mailed to parents or guardians in advance, and functions as a framework for discussion between parents or guardians and the representative of the health visiting service in attendance during that visit.

[52] During which the health visiting service increased the proportion of reviews conducted via the phone and internet.

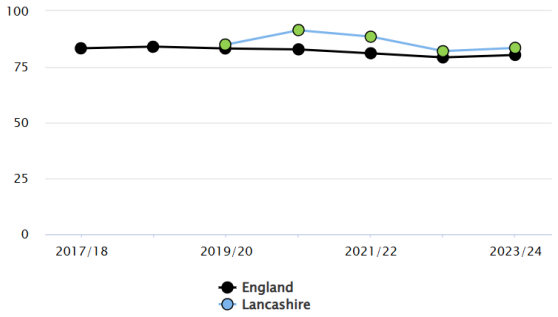
level of development (GLD) or being 'on track' to achieving school readiness (see line graph and table below).

The figures above for the number of 2-2.5 year old Lancashire children being assessed for developmental delays show a decline that could arguably be attributed to the effects of Covid health protection measures in 2021/22 (ie lockdowns and related).

However, the same factors cannot be attributed to the following period of 2022/23, during which a greater decline in the numbers of children being screened for developmental delays is apparent – by this time those restrictions had long been lifted. (Nor can those same factors explain the *increases* in the number and percentage (up to 78.7%) of Lancashire children receiving a health and development review in 2023/24 (England 78.4%).

Nevertheless, it could still be the case that any developmental delays part-caused at the time by the Covid related restrictions in place between parts of 2019/20 and 2021/22, would show themselves in the data either within those periods, or (as longer-term effects) in subsequent periods.

Proportions of Lancashire children achieving a good level of development (GLD) at 2-2.5 years, benchmarked against England average, 2017/18-2023/24:



Recent trend: ⬇ Decreasing & getting worse

Period		Lancashire Count	Value	95% Lower CI	95% Upper CI	North West	England
2017/18		-	*	-	-	79.0%	83.3%
2018/19		-	*	-	-	78.4%	84.1%
2019/20	●	7,092	85.0%	84.2%	85.7%	82.2%	83.3%
2020/21	●	7,767	91.4%	90.8%	92.0%	81.1%*	82.9%*
2021/22	●	7,633	88.6%	87.9%	89.3%	79.2%	81.1%*
2022/23	●	5,550	82.1%	81.1%	83.0%	79.3%	79.2%*
2023/24	●	7,888	83.5%	82.8%	84.3%	80.8%	80.4%*

Source: OHID, based on interim reporting data

Indicator Definitions and Supporting Information

The proportion of Lancashire children achieving a GLD at 2-2.5 years in 2022/23 (83.5%) (though note again that just over 20% of Lancashire children were not assessed) was above the England average (80.4%), and this has been the case for the Lancashire measure since 2019/20 (see below).

In the table above the data do show an overall decline between 2020/21 and 2023/24 in the proportion of Lancashire children aged 2-2.5 years achieving a GLD (that could potentially be related to any detrimental effects of the covid pandemic related restrictions noted), from their *highest rates* of 91.4% in 2020/21 – very much *within* the period where those restrictions were in place. Then down slightly to 88.6% in the very next period of 2021/22 – a period partly affected by those restrictions.

And then, falling slightly in the subsequent period of 2022/23 to 82.1% – a period not directly affected by those restrictions (although as above, this does not rule-out any potential longer-term effects *on children's development*).

And finally, a slight (but not statistically significant) increase in the latest period shown, 83.5% in 2023/24.

It should be noted that over these same periods, similar, though smaller declines in the England average for children at 2-2.5 years achieving a GLD were also apparent (see table above), ie from 83.3% in 2019/20, down to 79.2% in 2022/23, before a very slight rise in 2023/24 to 80.4%.

It's also relevant and useful to compare the GLD achievement percentages at 2-2.5 years with those seen at reception year amongst those aged 4-5 years, and to note at this point that any Covid pandemic-related detrimental effects on development amongst the younger groups would also be likely to have had similar effects on these slightly older children during the same periods, especially perhaps those at the very start of their school career, ie during the school reception year when assessments of children's levels of development are again carried out.

Historic data, now partially withdrawn,[53] show that for the penultimate period before the Covid pandemic the percentage of Lancashire children achieving a GLD at reception year stood at between 69.1 and 70.8% in 2017/18 (71.5% in England).

The data in the line graph and table below do show a slight fall between 2017/18 and the period for which the GLD data is still published, ie Lancashire GLD rates at school reception year age were down to 62.1% at 2021/22 (a period that had been affected by covid restrictions, and while the England average was 65.2%).

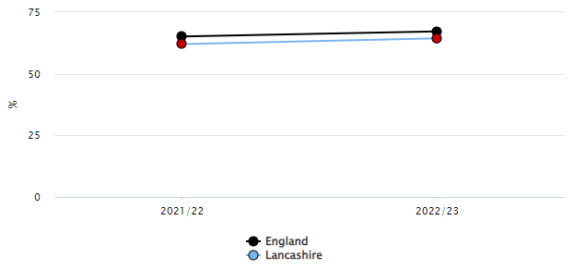
GLD at reception year was 64.4% in Lancashire in 2022/23 (a period not directly affected by covid restrictions, though longer-term effects of the pandemic restrictions on these children during that period can't be ruled-out), while the England average also increased slightly, to 67.2% in 2022/23[54].

Proportion of children achieving a GLD at the end of reception in Lancashire benchmarked against England (2021/22-2022/23)

School readiness: percentage of children achieving a good level of development at the end of Reception

Proportion - %

Show confidence intervals Show 99.8% CI values ▶ More options



Recent trend: Could not be calculated

Period		Lancashire Count	Value	95% Lower CI	95% Upper CI	North West	England
2021/22	●	8,355	62.1%	61.3%	62.9%	61.7%	65.2%
2022/23	●	8,501	64.4%	63.6%	65.2%	64.3%	67.2%

Source: Department for Education

Indicator Definitions and Supporting Information

Although the gaps in the readily available data noted above present an incomplete picture, it's worth noting that, using only the data that are readily available/freely

[53] The Department of Health and Social Care, here, note that: 'since the 2021 to 2022 EYFS reforms were introduced in September 2021...[and that as] part of those reforms, the EYFS profile was significantly revised. It is therefore *not possible to directly compare 2021 to 2022 assessment outcomes with* [the figures from] *earlier years'* (emphasis added), the figures for which have been withdrawn.

[54] During the pandemic (in respect to the 2019/20 and 2020/21 periods) the measures for GLD at reception year were 'cancelled'.

published[55] to calculate the average difference between achievement of GLD rates at reception year/age 4-5 and at age 2-2.5, there does appear to be a consistent and substantial gap – of approximately 23% percentage points – between these rates in Lancashire, with many more children on average being assessed as achieving a GLD at 2-2.5 years (average 86.1%) than those at reception year (average 63.2%).

The same calculation in respect to the England average percentages for GLD achievement at both ages shows a smaller gap – of 15.6% points – between the average GLD achievement at 2 to 2.5 years of age of 81.8%, and the higher average of 66.2% GLD achievement at reception year in England.

Of contextual relevance here, it's worth noting that a steady stream of papers, reports and surveys since around 2015 have highlighted a gradual loss of experienced health visitors from the service in England, and a related increase in the caseloads for those that remain.

In order to partly compensate for those problems, the health visiting service in Lancashire has acknowledged the increased use of 'family health practitioners' (FHPs) over recent years who, though they are not as highly qualified as health visitors, nevertheless undertake a significant proportion of the health and development reviews for children at the age of 2-2.5.

Although other factors are certainly relevant when attempting to detect development delays[56] at the age of 2-2.5, the greater use of FHPs may have a bearing on the lower average rates at which developmental delays are typically detected at age 2-2.5 than they are at school reception year. A recent National Institute for Health Research report (Jan. 2024)[57] focused on these development reviews and highlighted the importance of them being conducted by highly experienced and skilled representatives of the health visiting service that can support a qualitatively rich interaction between HV service provider and parent or guardian around the child.

5.2. Nursery provision

Uptake of funded early year education nursery provision for families in receipt of certain benefits, targets children who will likely be experiencing higher levels of deprivation over their life course. Such provision is supportive of these children to more fully engage in the Early Years Foundation Stage (EYFS).

[55] Which in respect to the GLD achievement percentages at reception year do not deviate significantly from those that are no longer published (but which are partially accessible via historic records – and which were *not* used to calculate the average GLD achievement percentage at reception year).

[56] For example: the greater difficulty associated with detecting developmental delays in children at 2 to 2 and a half years of age than are associated with detecting the same in children of reception year age; related, the greater time period over which assessments of reception year aged children's development are carried out compared to the same at 2 to 2 and a half years of age; and the utility of the ASQ-3 assessment tool used at the younger age, which has been found to be a useful tool for detecting more pronounced developmental delays than it is for detecting mild to moderate developmental delays (please see the National Institute for Health Research report, Jan. 2024).

[57] Please see: NIHR Policy Research Unit (2024) *'Measuring child development at the 2-2½ year health and development review: A review of available tools, stakeholder priorities, and learning to support successful implementation of a tool for routine health care use'*.

As of 2024, one in five of the two-year-olds eligible for funded early education in Lancashire are not accessing this provision, although there has been a general increase in uptake from 2021 to present after a decline in uptake between 2018 and 2021. Lancashire has consistently had a higher rate of uptake than England.

5.3. Routine vaccinations

Vaccination targets are benchmarked against a target for coverage, which is 95% for good coverage, whilst coverage below 90% is not adequate and significantly below target. Flu vaccination uptake targets are lower, at 65% for good coverage with below 40% being inadequate coverage.

Of the four vaccines administered at one year of age (PCV, Men B, rotavirus, and Dtap, IPV, Hib and HepB), none meet the target of 95% in Lancashire (2023/24).

Rotavirus coverage is significantly below target in Lancashire at 88.6%, and the uptake of the vaccination is generally declining.

PCV, Men B, and the Dtap, IPV, Hib and HepB vaccination coverage in Lancashire are all between 90% to 95% and therefore also do not meet the coverage target, with no significant change observed in the trend of uptake.

When benchmarked against England, Dtap, IPV Hib HepB has coverage in Lancashire that is significantly lower than England.

At age two years, again, of the recommended routine immunisations (MMR, Meb B booster, PCV booster, Hib and Men C booster, flu vaccination, and Dtap IPV Hib HepB), none meet the vaccination targets in Lancashire in 2023/24.

Men B booster, PCV booster, Hib Men C booster and flu vaccinations rates at two years of age are significantly below the target coverage in Lancashire, with all seeing a decline in coverage, although the rates for Hib and Men C booster, and the PCV booster at age 2 in Lancashire are significantly better than seen for England.

Men B coverage in Lancashire is similar to the England rate, but flu vaccine coverage is significantly worse than the England rate.

MMR first dose coverage at two years old is below target in Lancashire at 89.9% and does not meet the threshold required for population immunity, although Lancashire rates are higher than England.

However, MMR vaccination coverage for dose one at five years old is much higher at nearly 94.7% for 2023/24, although for the previous three periods the 95% target was achieved, which suggests that even if vaccinations are not given on schedule (at aged two), most children are receiving vaccinations before they reach compulsory school age.

For MMR dose two, however, coverage was under target at aged five (87.1%) in 2023/24, and this has consistently been the case over previous periods, although recent trend data suggests some improvement.

Overall, for the 1-18 years age band, during the rise in measles cases seen during 2024, temporary access to usually restricted data broken down by the areas covered by Lancashire's primary care networks showed that there were a large number of these areas where MMR first dose coverage was below 90% (and some below 80%).

As seen nationally, many children in Lancashire are not receiving vaccinations with trend data showing coverage declining for some immunisations. Without adequate levels of immunity in the population children in Lancashire are more at risk of outbreak of infectious diseases that these immunisation help protect against.

5.4. Hospital admissions

5.4.1. Under 14 days

Monitoring the rate of hospital admissions for children under the age of 14 days can help identify problems in the quality of support provided post birth, with it being noted that often admissions are due to dehydration or jaundice linked to issues feeding[58]. Rates of these admissions in Lancashire have been increasing, as has the national trend, but have been consistently significantly higher when compared with England. 2022/23 shows a rate of 129.9 per 1,000 for Lancashire compared with 84.8 for England.

Further analysis of the admissions of babies under 14 days old in Lancashire for the most recent period (2022/23) shows that nearly 40% were documented as being attributable to infant feeding issues (jaundice or feeding problems of newborns).

5.4.2. Unintentional and deliberate injuries

Lancashire continues to have a significantly higher rate of hospital admissions for unintentional and deliberate injuries in children aged 0-4 years (145.1 per 10,000 in 2022/23) than England, though trend data shows this is declining (in line with the national trend). Nine districts have a rate of admissions that is worse than for England. The majority of Lancashire districts have seen no significant change in this rate.

5.4.3. Dental caries

The rate of hospital admissions for dental caries for Lancashire children aged 0-5 (2020/21-2022/23) is significantly higher than England at 389.7 per 100,000. The rate in Lancashire has been significantly higher than England since the 2015/16-2017/18 period. The number of admissions has more than halved between the two periods from 1,900 to 905.

6. Primary school years 5-10 years

Data within this section have been sourced through the Office for Health Improvement's and Disparities child health profiles[59] or gathered from the DfE school census data on pupils and their characteristics[60] and special education needs[61].

[58]Admissions of babies under 14 days definition Fingertips | Department of Health and Social Care (phe.org.uk)
[59] Child and Maternal Health - Data | Fingertips | Department of Health and Social Care (phe.org.uk)
[60] https://explore-education-statistics.service.gov.uk/find-statistics/school-pupils-and-their-characteristics#:~:text=Department%20for%20Education.%20This%20release
[61] Special educational needs in England, Academic year 2023/24 - Explore education statistics - GOV.UK (explore-education-statistics.service.gov.uk)

6.1. Children in low-income families and free school meals eligibility

One in four children aged 5-10 years in Lancashire live in relative low-income (RLI) families (2022/23), up from one in five in 2018/19. The number of children in RLI families increased by 3,683 (+20.7%) over this period despite little change in the population size. Furthermore, the proportion of children eligible for free school meals in primary schools has been increasing and most recent data (2023/24) suggest nearly one in four children are eligible, up from one in six in 2018/19.

National data show that for all children the proportion eligible for FSM has increased, but for those children in the most deprived areas the eligibility has increased from one in four children in 2018/19 to over one in three in 2022/23.

6.2. Education

6.2.1. Children achieving a good level of development (GLD) and 'school readiness' at the start of formal education

As detailed above, the percentage of Lancashire-12 children achieving a GLD at the end of reception (64.4%, 2022/23) is significantly worse than England (67.2%). Also as detailed above, this percentage of Lancashire children achieving a GLD at reception year age is significantly and consistently lower than the percentage of Lancashire children assessed as achieving a GLD at 2-2.5 years (82.1% in 2022/23) – see section above.

Over the periods for which GLD achievement rates at reception year are still provided, the Lancashire rate for 2021/22 (62.1%) was lower than that for England (65.2%), as it was again in 2022/23 (64.4% in Lancashire, 67.2% in England) .

For children in receipt of free school meals (nearly 1 in 4 children in Lancashire), in 2022/23 48.3% achieved a GLD at the end of reception, which was also significantly lower than the England average for such children (51.6%), and again/as a reminder – is significantly lower than the percentage of children whose family incomes are above the minimum to qualify for FSMs .

Nationally, the proportion of children attaining a GLD that live in the 40% most deprived deciles is also consistently lower than the England average attainment rate, and for those living in the 50% least deprived areas it is significantly higher than the average for Lancashire.

6.2.2. Special Educational Needs (SEN)

The most recent school census for 2023/24 identified that in 2023/24 15,274 (=15.3%) of all children in Lancashire state funded primary schools were receiving additional support in relation to their SEN, an increase 12.5% and an additional 2,642 children since 2018/19.

Additional help for such children is provided through either 'SEN support'[62] or Education Health and Care Plans[63] (EHCPs):

in 2023/24 there were 12,617 children receiving SEN support in state funded primary schools, an increase of 9.9% up from 11,471 children in 2018/19,

and 2,657 children within state-funded primary schools with an EHCP, an increase of 131.4% up from 1,309 children in 2018/19.

Speech, language and communication (SLC) needs continue to be the most prevalent SEN in primary school aged children at 4.6% of the full population, and nearly 30% of SEN population (2023/24). SLC has been the most prevalent need since 2019/20. When compared with 2018/19, 1,363 more children have this SEN primary need. Prior to 2019/20, moderate learning difficulties (MLD) was the most prevalent need, but this need has been declining since 2015/16.

The second most prevalent need is social, emotional and mental health (SEMH). The proportion of children in primary school with this need has increased to 2.6% in 2023/24 (17.3% of the total SEN cohort) from 1.8% in 2018/19, an additional 831 more children.

Other notable increases in SEN primary need categories are for children assessed as having autistic spectrum disorder (ASD), and children known to have SEN but are without a specialist assessment of need, both of which had nearly doubled in terms of their prevalence within the full/'All' cohort of children by 2023/24, with 632 and 402 more children respectively compared to 2018/19.

SEN primary need in Lancashire state funded primary schools as a proportion of full cohort and SEN cohort, 2018/19 and 2023/24

	2018/19			2023/24				
Children with SEN in Primary	Number of Children	% of all	% of SEN	Number of Children	% of all	% of SEN	Statistically significant change in full?	Statistically significant change in SEN?
No SEN	88806	87.5%		84600	84.7%		lower	
Speech, Language and Communications needs	3206	3.2%	25.4%	4569	4.6%	29.9%	higher	higher
Social, Emotional and Mental Health	1814	1.8%	14.4%	2645	2.6%	17.3%	higher	higher
Moderate Learning Difficulty	3368	3.3%	26.7%	2353	2.4%	15.4%	lower	lower
Specific Learning Difficulty	1314	1.3%	10.4%	1500	1.5%	9.8%	higher	similar
Autistic Spectrum Disorder	743	0.7%	5.9%	1375	1.4%	9.0%	higher	higher
SEN support but no specialist assessment of type of need	555	0.5%	4.4%	957	1.0%	6.3%	higher	higher
Other Difficulty/Disability	653	0.6%	5.2%	877	0.9%	5.7%	higher	similar
Physical Disability	394	0.4%	3.1%	375	0.4%	2.5%	similar	lower
Hearing Impairment	281	0.3%	2.2%	283	0.3%	1.9%	similar	similar
Visual Impairment	173	0.2%	1.4%	183	0.2%	1.2%	similar	similar
Severe Learning Difficulty	70	0.1%	0.6%	68	0.1%	0.4%	similar	similar
Multi- Sensory Impairment	32	0.0%	0.3%	46	0.0%	0.3%	similar	similar
Profound & Multiple Learning Difficulty	29	0.0%	0.2%	43	0.0%	0.3%	similar	similar
Total SEN	**12632**	**12.5%**		**15274**	**15.3%**			
Total children	**101438**			**99874**				

[62] Support given in school can include, for example, a special learning programme, extra help from a teacher or assistant, to work in a small group, observation in class or at break, help taking part in class activities etc.

[63] For children and young people aged up to 25 who need more support than is available through SEN support, EHC plans identify educational, health and social needs and set out the additional support to meet those needs.

6.2.2.1. Support for children with SEND in the context of funding, policy guidance and its application, and deprivation, predominantly amongst primary school-aged children [64]

Despite these long established and very significant increases in the numbers and proportions of primary school aged children assessed as requiring either SEN support or EHCPs, reports from as recently as December 2024 and January 2025 (respectively, from the Institute of Fiscal Studies[65] (IFS), and from the Parliamentary Public Accounts Committee[66]) have each emphasised that, although Department for Education (DfE) funding for children with SEN support and EHCPs increased over recent years, it 'has not kept pace with demand' following, for example, the '140% increase nationally in the number of children with education [with EHCPs]' (Published Accounts Committee report, Jan., 2025).

In addition to these funding issues, both the existing model of SEN provision – and its interpretation and application across the relevant sectors (eg local authorities and schools) – have each been criticised over recent years, eg:

an Ofsted research report into SEND provision from June 2021 ('SEND: old issues, new issues, next steps'[67]), researching the effectiveness of SEND provision in schools between 2009 to early 2021 (therefore spanning both the introduction of the 2014 Children and Families Act, and the period affected by the restrictions put in place during the Covid pandemic, most notably school closures), noted that *before* the pandemic:

'… many local areas have struggled to implement the…reforms [to SEND provision required by the 2014 Act] successfully. From their introduction in 2016 through to March 2020, we routinely found local areas that were not properly implementing the requirements laid out in the code of practice and related legislation', and that 'successive area SEND inspection reports have commented on:

a continuing lack of ambition for pupils with SEND

underachievement, sometimes due to a poorly designed or taught curriculum, [being] …sometimes wrongly labelled as 'SEND'

poor-quality education, health and care plans (EHC plans)

[64] In this section some reports cited are focused on SEN in reference to both children of primary school-age and children of secondary school-age, and it has not been possible to isolate the former from the latter though it is likely that the observations carried within these combined (ie primary and secondary-aged children) reports largely apply to each, with only degrees of variation between. Other research cited (eg LSE/Campbel, T., 2023) in this section is focused specifically on SEN amongst primary school-aged children.

[65] 'Spending on special educational needs in England: something has to change', IFS report no. R341, published December 2024.

[66] 'Support for children and young people with special educational needs (First Report of Session 2024–25)', Public Accounts Committee, published January, 2025.

[67] 'SEND: old issues, new issues, next steps' (Ofsted, June 2021), see Executive summary, here.

[and significant variation in] how well children's needs are identified from one local area to the next…[and] needs [being] missed or…not [being] identified correctly (Ofsted research report, June 2021).[68] [69]

This very significant variation in provision – and indeed in the accuracy of SEN assessment prior to provision – was also identified and highlighted by a study conducted in 2021 by the Education Policy Institute:[70]

'…which primary school a child attends makes more difference to their chances of being identified with SEND than anything about them as an individual, their experiences or what local authority they live in..., with more than half of the differences in identification explained by the school attended'.

The Ofsted research also addressed how such variation was affecting the assessment of more specific primary needs, and found that:

'…speech, language and communication needs…[were sometimes] identified as moderate learning difficulties', that.

'…underachievement, sometimes due to poorly designed or taught curriculum, is sometimes wrongly labelled as 'SEND'', and that,

'… Pupils who are not taught to read well in the early stages of their primary education are particularly susceptible to being wrongly identified as having SEND because they cannot access the curriculum'.

It's long been established that higher levels of SEND - as a whole/including all types of need - and lower levels of educational attainment are each strongly correlated with higher levels of deprivation (see Joseph Rowntree Foundation report from 2016[71]), which was still the case in 2024/25[72] (see further below for detail).

However, there are also some important differences between the provision 'SEND support' and EHCPs as well as differences in amongst certain types of SEND primary need, and how each are provided and assessed respectively, in that each appear to be skewed in relation to different levels of deprivation,

In respect to the provision of SEND support and EHCPs, that:

'Among all [primary school aged] children with any SEND, [nationally] about 17.5% have an EHCP in the most deprived areas, compared to 22% in the most affluent areas. This pattern holds for all children and FSM eligible children'. In other words, the

[68] 'SEND: old issues, new issues, next steps' (Ofsted, June 2021).
[69] Lancashire's most recent Ofsted SEND inspection report, here.
[70] Hutchison, J. (2021) 'Identifying pupils with special educational needs and disabilities', Education Policy Institute and Nuffield Foundation, page 7.
[71] On the close correlations between higher levels of SEN as a whole with higher levels of deprivation at the national level and 2016, see the Joseph Rowntree Foundation (2016) report, 'Special educational needs and their links to poverty'.
[72] On the close correlations between higher levels of SEN as a whole with higher levels of deprivation at the national level in 2024/24, see 'Academic year 2024/24, Special educational needs in England: Headline facts and figures'.

provision of SEND support is rather more associated with assistance for children in more deprived areas, while the provision of EHCPs is rather more associated with assistance for children in less deprived or more affluent areas.

There are also differences between varied levels of deprivation in respect to the assessment of primary needs, in that 'Children with SEND living in more deprived areas are also more likely to be recorded as having less well-defined, more commonly documented SEND conditions, such as 'Speech, Language and Communication Needs', 'Moderate Learning Difficulties', and 'Social, Emotional and Mental Health Difficulties', while,

'For 'Specific Learning Difficulties' (SPLD), which includes conditions such as dyslexia, dyspraxia, and ADHD…[a]round 15% of children with SEND living in the most affluent decile are recorded with SPLD, compared to about 6% in the most deprived'.[73]

These SPLDs, '…like autism, require diagnosis by professionals outside of the immediate school environment', and on a national level at least it is 'particularly clear' that children from less deprived or more affluent areas are more likely to have their primary needs assessed and categorised as such than are their peers in more deprived areas and circumstances.

Our own (ie LCC BI's) analyses of SEND provision combined (ie both SEND support and EHCPs) in Lancashire[74] evidences a very strong correlation between higher rates of such provision amongst pupils living in IMD quintile 1 areas (ie 20% most deprived areas) and lower rates amongst pupils living in IMD quintile 5 areas (ie 20% least deprived areas).

Further local analyses will be undertaken in order to ascertain whether the Lancashire data suggests similar variation between SEND support, EHCP provision, and deprivation, and between the different assessed categories of primary needs, and deprivation, as were evidenced in national the study referred to above.

The present government has indicated that it is currently consulting widely on reform of SEND provision, has established an expert advisory group and a Neurodivergence Task and Finish Group, and along with other parties is working to establish 'a shared understanding of what provision and support in mainstream educational settings should look like…within an inclusive system', and will also respond to the Public Accounts Committee report from May 2025:

'The government confirmed that its intended approach to SEND reform would be set out in a Schools White Paper in autumn 2025…[and that]…it was setting aside £760 million from the Transformation Fund in 2026-27 and 2027-28, for SEND reform, to ensure services were focused on prevention', which may include considerations of

[73] Source: London School of Economics (LSE) research briefing, 'Local area disparity in SEND diagnosis', January 2024, from a research paper by Campbel, T. (2023), 'Inequalities in provision for primary children with special educational needs and / or disabilities (SEND) by local area deprivation', based on 2021 data.
[74] Using data drawn from the 2020 school census (before the restrictions we saw during the pandemic).

changes to the overall model of SEND support that are either minor or more significant, or somewhere in between.

6.2.3. Key stage 2 (KS2) (7-11 years) attainment

Children's educational development at the end of KS2 (aged 11 yrs) is measured on an individual level against their achieving the expected standard (ES) in reading, writing and mathematics (RWM), or not, and the average percentage of children achieving these ES in RWM across the different categories of children clearly show the constraining influence of deprivation, for example:

In 2023/24, 66% of Lancashire children (67% in England) '*Not* eligible for FSMs' (because their family income was too high to qualify) achieved the ES in RWM, whereas only 41.9% of Lancashire children (46% in England) that were 'eligible for FSMs' (because their family income was low) achieved these ES.

Similarly, in 2023/24 65.9% of those Lancashire children (67.1% in England) classified by the DfE as 'Not 'disadvantaged"[75] achieved the ES in RWM, whereas only 41.9% of Lancashire children who *were* classified as 'disadvantaged' (in the DfE's sense) achieved the same ES (45.3% in England).

Differences in the average percentages of children in the additional categories used by the DfE, ie the various SEN related categories[76], are also apparent, for example:

In 2023/24, 68.9% Lancashire children with 'No SEN' achieved the ES in RWM (71.3% in England), whereas only 22.2% of Lancashire children with SEN support[77] (25.5% in England), and 7.3% of Lancashire children with EHCPs[78] achieved the ES in RWM (8.6% in England).

The average percentage of children achieving the ES in RWM across all these categories of children in Lancashire in 2023/24 was 59%, very much in line with the England average for all categories of children (60.4%), though this was considerably lower than the Lancashire average in 2018/19 (64.1%, 65.4% in England).

Although much lower than the average for Lancashire pupils with no SEN (68.7%, 71.3% in England), Lancashire children with SEN support had a higher level of attainment in 2023/24 (22.2%, 25.5% in England) than in 2018/19 (19.6%, 25.4% in England), whereas the average percentage of Lancashire children with no SEN achieving the ES in RWM decreased from 72.8% in 2018/19 (74.9% in England) to 68.7% in 2023/24 (71.3% in England).

---

[75] '…children classified by the DfE as '*Not* 'disadvantaged" – ie pupils who are known *not* to have been eligible for free school meals at any point in the past six years, if they are recorded as *not* having been 'looked after' (ie in the social care sense) for at least one day, or if they are recorded as *not* having been adopted from care (and of course the opposite applies to those children who are classified by the DfE as 'disadvantaged').

[76] Please note that many children can fall into more than one of these categories.

[77] To remind the reader: in 2018/19 there were 11,484 children receiving SEN support across all Lancashire-12 state funded Primary schools, in 2023/24 this number had risen to 12,617.

[78] Again, to remind the reader: in 2018/19 here were 1,148 children with EHCPs across all Lancashire-12 state funded Primary schools, in 2023/24 this number had risen to 2,657.

6.2.4. Absences and exclusions from school

Children eligible for free school meals (FSMs) and children who are in receipt of SEN provision have significantly higher average rates of persistent absenteeism and suspensions than children not in receipt of either. A lack of consistent education in the early years of education puts these pupils at an early disadvantage and at risk of falling behind their peers in educational attainment.

It's important to note that for the years impacted by Covid restrictions, pupil absence, exclusions, and suspensions data were significantly reduced due to school closures. Therefore 2018/19 is used as the reference year, and those years most significantly impacted (2019/20 and 2020/21) will not be considered below.

6.2.4.1. Absence

The primary school absence rate in Lancashire is 5.5% of sessions missed in 2022/23, with 14.4% of primary aged children classed as persistently absent due to having missed at least 10% of available sessions in the year. Lancashire's rate of persistent absenteeism is nearly twice as high when compared with 2018/19 (pre-pandemic). This is comparable to what has been observed nationally.

In 2022/23, more than one in four FSM eligible children were persistently absent from Lancashire primary schools compared with fewer than one in 10 non-eligible pupils.

Children eligible for FSMs were also three times as likely as their peers to be persistently absent.

Around one in every 8 children (12.7%) without SEN were persistently absent compared to around one in five (22.4%) children with SEN, and over one in four (27.4%) for children with EHCPs. Children with SEN are twice as likely to be persistently absent than children without SEN.

6.2.4.2. Exclusions and suspensions

The proportion of children experiencing permanent exclusions from primary school remain low at 47 in 2022/23, but Lancashire's rate of permanent exclusions in primary schools is statistically higher than England. Lancashire's 2022/23 rate of permanent exclusions was statistically similar in 2022/23 to the rate in 2018/19, whereas the national rate was significantly higher.

The proportion of suspensions in Lancashire in 2022/23 (1.8%, 1,828 children) was higher than in 2018/19 (1.1%, 1,071 children).

Children who are eligible for FSMs experience significantly higher proportions of suspensions from primary school than their non-FSM eligible counterparts with 4.6% suspended in 2022/23 compared with under 1%, respectively.

The suspension rates for FSM eligible pupils have consistently been around 4.5 times higher than for non-FSM eligible children, and the multiple suspension rate in 2022/23 was approximately four times higher for FSM eligible children at 2% of pupils, an increase since 2018/19.

For children with an EHCP, the rate of suspensions in 2022/23 was 17.1%, whilst those with SEN support it was 8.1%.

Children with no SEN had a rate of 0.6%.

All have seen an increase in the suspension rate when compared with 2018/19.

For multiple suspensions, the rate in 2022/23 for children with EHCPs was 6.8%, which was around double that of children with SEN support at 3.4%, but for non-SEN children the rates were under 0.5%.

Multiple suspension rates for children with SEN support children were lower in 2022/23 than in 2018/19, whilst for children with an EHCP and those without SEN multiple suspension rates were higher in 2022/23 than 2018/19.

6.3. Health

6.3.1. Dental Health

In 2021/22, over a quarter of children aged 5 years were estimated to have visually obvious dental decay with an average of one decayed, missing or filled teeth (DMFT) in all children and 3.8 in those children with dentinal decay. In Lancashire, the rate of children with decay has been consistently worse than in England. The proportions of children with DMFT in Lancashire range from one in five (Fylde) to two in five (Pendle).

Children acquire their adult teeth between the ages of 7 and 10. The 2023 oral health survey of children in year 6[79] showed that, in Lancashire, 14.1% of children had DMFT at aged 10-11, suggesting that adult teeth are being compromised, which could have long-term health implications for these children. Lancashire's overall rate was lower than the England rate, but Pendle continued to have a significantly higher rate. The average number of DMFT per child in Lancashire in 2023 was 0.3, and 1.8 for those children with decay.

In Lancashire, slightly over 50% of under-18s were seen by a dentist in 2022/23[80].

Of those children who *did* visit a dentist in 2022/23, rates varied by district from one in three in Ribble Valley, to two in three in West Lancashire.

It's important to be mindful of variation in access to private dental practices within these figures, which is highly likely to be much more difficult to achieve for children living in more deprived circumstances and areas than it is those in less deprived circumstances and areas.

6.3.1.1. Dentinal or enamel decay

Dentinal and enamel decay differs from DMFT in that DMFT does not include enamel decay. Enamel decay indicates early stages of dentinal decay that can be prevented with appropriate interventions.

[79] 2023 Oral health survey of children in year 6, here.
[80] Or, to change the emphasis – slightly under 50% of under 18 year olds in Lancashire *were not* seen by a dentist in 2022/23. Source: NHS Dental Statistics for England, 2022-23, Annual Report - NHS England Digital

In Lancashire, in 2022 it was estimated that more than half of primary school aged children had dentinal or enamel decay[81]. Further to this, over half of Lancashire's districts consistently have significantly higher proportions of children with these types of decay at age five when compared with England, and in Pendle over half of children aged five were estimated in 2022 to have dentinal or enamel decay.

6.3.2. Overweight and obesity

In Lancashire in 2023/24, nearly one in four reception children and more than one in three year 6 children were overweight or obese.

The percentage of 4-5 year old children with excess weight (ie were overweight or obese) in in Lancashire in 2023/24 (23.4%) was higher than in England (22.1%) as has consistently been the case since 2018/19. In Lancashire there has been no significant change in the proportion of 4–5-year-olds who were overweight or obese, whereas England and the North West are generally seeing a decline.

For 10-11-year-olds, the proportion of children who are overweight or obese is also seeing no significant change. In 2023/24 a statistically similar proportion of Lancashire children were overweight or obese (35.5%) when compared with England (35.8%), although prior to 2018/19 Lancashire had a lower proportion.

At the same time, district level data showed there was significant variation in the proportion of children who were overweight or obese. Rates of overweight or obese children aged 10-11 years correlate with those areas with higher proportions of children living in relative low-income families, though the same cannot be said of 4-5 year olds.

For 4-5-year-olds, the proportion who are overweight ranges from 1 in 5 to over 1 in 4 across Lancashire districts, whilst for 10-11-year-olds it ranges from 3 in 10 children to 4 in 10. Three-year aggregate data show that in some Lancashire wards over a third of 4-5-year-olds are overweight or obese, whilst in others nearly half of 10-11-year-olds are overweight or obese[82].

6.3.3. Mental health

While the Lancashire rate for primary school aged children with social, emotional and mental health needs (2.1% in 2022/23) is lower than the England average (2.8%), as in England, the trend in Lancashire has been steadily increasing and getting worse since 2017/18:

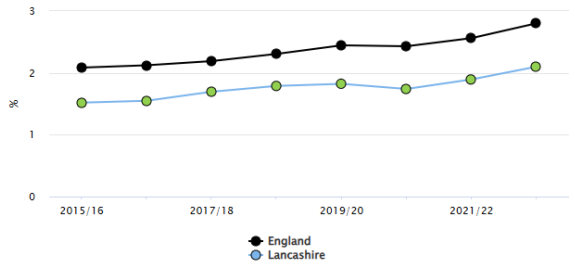
[81] National Dental Epidemiology Programme for England oral health survey of 5-year-olds 2022, here.
[82] Obesity Profile - Data | Fingertips | Department of Health and Social Care (phe.org.uk)

School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs (Primary school age)

Proportion - %

Show confidence intervals | Show 99.8% CI values

More options



Recent trend: Increasing & getting worse

Period		Lancashire Count	Value	95% Lower CI	95% Upper CI	England
2015/16		-	1.5%	1.4%	1.6%	2.1%
2016/17		-	1.5%	1.5%	1.6%	2.1%
2017/18		-	1.7%	1.6%	1.8%	2.2%
2018/19		-	1.8%	1.7%	1.9%	2.3%
2019/20		-	1.8%	1.7%	1.9%	2.4%
2020/21		-	1.7%	1.7%	1.8%	2.4%
2021/22		-	1.9%	1.8%	2.0%	2.6%
2022/23		-	2.1%	2.1%	2.2%	2.8%

Source: Department for Education

Indicator Definitions and Supporting Information

6.3.4. Hospital admissions

Lancashire sees significantly higher rates of emergency hospital admissions (111.1 per 1,000 children) for children aged under 18 when compared with England (70.2). This has consistently been the case and the data show no significant change in this trend. The 2022/23 rate of emergency admissions in Lancashire was the third highest in the North West. A&E attendances for under 18s were also higher in Lancashire (541.3 per 1,000) than England (467.5).

The rates of admissions per 100,000 children for asthma (245.4), diabetes (44.6), and epilepsy (115.3) in 2022/23 were significantly worse in Lancashire than nationally and trend data shows no significant change in the current rates.

The rate of admissions for unintentional and deliberate injuries in 0-14 year olds was 117.3 per 10,000 (2022/23) which, again, was higher than observed for England (75.3) and is the third highest in the North West, although this indicator does show signs of improvement locally (as does the trend regionally and nationally).

7. Secondary school years 11-15 years

Data within this section is sourced through the Office for Health Improvement and Disparities child health profiles[83] or gathered from the DfE school census data on pupils and their characteristics[84] and special education needs[85].

7.1. Children in low-income families and free school meals eligibility

(Please see detail above, but in summary here) In 2023/24, 20,104 children (over 1 in 4) aged 11-15 in Lancashire were living in relative low-income (RLI) families. As with 5-10-year-olds, this proportion had increased from around one in five in 2018/19 – a 31.4% increase comprised of almost 5,000 more children in RLI families since 2018/19.

The proportion of children eligible for FSM in secondary schools has been increasing (as for primary-aged children). The most recent data (2023/24) suggest nearly one in four children are eligible, up from around one in seven in 2018/19.

[83] Child and Maternal Health - Data | Fingertips | Department of Health and Social Care (phe.org.uk)
[84] https://explore-education-statistics.service.gov.uk/find-statistics/school-pupils-and-their-characteristics#:~:text=Department%20for%20Education.%20This%20release
[85] Special educational needs in England, Academic year 2023/24 - Explore education statistics - GOV.UK (explore-education-statistics.service.gov.uk)

7.2. Education

7.2.1. Special Educational Needs (SEN)

As in primary schools, assistance and funding for children with SEN in state-funded secondary schools is provided through either 'SEN support' or Education Health and Care Plans (EHCPs).

In 2023/24 13.8% of all children in state-funded secondary schools in Lancashire had either SEN support or an EHCP, which combined totalled 10,026 children – an increase of the proportion and number of such children in 2018/19 of 9.2% or 6,239 pupils, comprised of:

an additional 3,787 children on top of the existing 5,504 children with SEN support in 2018/19 – a 54.3% increase and a new total in 2023/24 of 8,494 Lancashire children with SEN support, and,

an additional 797 children on top of the existing 735 children with an EHCP in 2018/19 – an 108.4% increase and a new total of 1,532 Lancashire children with an EHCP In 2023/24.

However – and as above in respect to children in state-funded *primary* schools/section 6.2.2 – despite some increases, funding for SEND provision in state-funded secondary schools has not kept pace with these significant increases,[86] [87]) and at both a national (England) and local level (Lancashire) data and their analyses show clearly that there are strong correlations between higher rates of assessed SEND need amongst children living in deprived areas and lower rates of such amongst children living in less deprived or more affluent areas.

During the same period (2018/19 – 2023/24), the proportion of state-funded secondary pupils with a SEN primary need of social emotional and mental health (SEMH) had also increased, indeed it had more than doubled from 1.4% to 3.1% of the total secondary cohort (+1,283 children).

SEMH is the most prevalent primary SEN need, with more than one in five children with SEN having a primary need of SEMH. Specific learning difficulty (SLD) continues to make up about one in five children.

The proportion of Lancashire children with speech, language and communication needs also increased significantly between 2018/19 and 2023/24 (from 0.7% to 1.6% of all children = +672 children), as did the number of children with SEN without an assessment (+262 children).

[86] 'Spending on special educational needs in England: something has to change', IFS report no. R341, published December 2024.
[87] 'Support for children and young people with special educational needs (First Report of Session 2024–25)', Public Accounts Committee, published January, 2025.

SEN primary need in Lancashire state-funded secondary schools as a proportion of full cohort and SEN cohort, 2018/19 and 2023/24 comparisons:

	2018/19			2023/24				
Children with SEN in Secondary	Number of Children	% of all	% of SEN	Number of Children	% of all	% of SEN	Statistically significant change in full?	Statistically significant change in SEN?
No SEN	61723	90.8%		62734	86.2%		lower	
Speech, Language and Communications needs	490	0.7%	7.9%	1162	1.6%	11.6%	higher	higher
Social, Emotional and Mental Health	956	1.4%	15.3%	2239	3.1%	22.3%	higher	higher
Moderate Learning Difficulty	1359	2.0%	21.8%	1431	2.0%	14.3%	similar	lower
Specific Learning Difficulty	1400	2.1%	22.4%	2090	2.9%	20.8%	higher	similar
Autistic Spectrum Disorder	808	1.2%	13.0%	1337	1.8%	13.3%	higher	similar
SEN support but no specialist assessment of type of need	179	0.3%	2.9%	441	0.6%	4.4%	higher	higher
Other Difficulty/Disability	475	0.7%	7.6%	568	0.8%	5.7%	similar	lower
Physical Disability	240	0.4%	3.8%	279	0.4%	2.8%	similar	lower
Hearing Impairment	178	0.3%	2.9%	255	0.4%	2.5%	higher	similar
Visual Impairment	105	0.2%	1.7%	142	0.2%	1.4%	similar	similar
Severe Learning Difficulty	32	0.0%	0.5%	23	0.0%	0.2%	similar	lower
Multi- Sensory Impairment	11	0.0%	0.2%	52	0.1%	0.5%	higher	higher
Profound & Multiple Learning Difficulty	6	0.0%	0.1%	7	0.0%	0.1%	similar	similar
Total SEN	**6239**	**9.2%**		**10026**	**13.8%**			
Total children	**67962**			**72760**				

As with primary schools, it's also important to consider the context in relation to these increases in the numbers and proportions of secondary school aged children assessed as having SEN.

7.2.1.1. Support for children with SEND in the context of funding, policy guidance and its application, and deprivation, predominantly amongst secondary school-aged children[88]

Readers are advised to consult section 6.2.2.1 above for detail in respect to:

support for children with SEND in the context of these very significant increases assessed SEN, SEN funding that hasn't kept pace with those increases, SEN policy guidance and its application, and deprivation.

Section 6.2.2.1 above also includes detail on:

the higher prevalence of assessed SEN amongst children in more deprived areas (than in less deprived or more affluent areas),

on the higher prevalence of SEN support amongst children in more deprived areas (and lower prevalence amongst children in less deprived or more affluent areas),

which contrasts with the higher prevalence of EHCPs amongst children in less deprived or more affluent areas (and lower prevalence amongst children in more deprived areas),

and on the differences across the assessment and categorisation of children from more deprived areas vs children from less deprived or more affluent areas (the former being assessed more as having less well-defined, more commonly documented SEND

[88] In this section some reports cited are focused on SEN in reference to both children of primary school-age and children of secondary school-age, and it has not been possible to isolate the latter from the former though it is likely that the observations carried within these combined (ie primary and secondary-aged children) reports largely apply to each, with only degrees of variation between. Other research cited (eg LSE/Campbel, T., 2023) in this section is focused specifically on SEN amongst primary school-aged children but again is likely to differ only in the exact proportions.

conditions, such as 'Speech, Language and Communication Needs', 'Moderate Learning Difficulties', and 'Social, Emotional and Mental Health Difficulties', while,

children from less deprived or more affluent tend to be assessed more as having more specific learning difficulties (SPLDs) such as dyslexia, dyspraxia, autism, and attention deficit and hyperactivity disorder (ADHD).[89]

Again, to remind the reader (for detail see section 6.2.2.1 above), given the present government's intension to make significant announcements in the autumn of 2025, post its current review of the SEND system in England, which are likely to include notable changes to 'what [SEND] provision and support in mainstream educational settings should look like…within an inclusive system', now (July 2025) is perhaps an appropriate time for all interested parties to consider for themselves – and to articulate:

how should the pending SEND reforms be structured, organised and funded in order (as is the government's stated intension), to 'ensure services…[are]… focused on *prevention*' (emphasis added),

and as part of this reform, to consider and articulate their views also on the current model of SEND support, and whether a moderately or significantly different model should be developed and implemented.

7.2.2. Attainment

The two measures of attainment at KS4 (children aged 14 – 16 yrs) presented in this section are the Attainment 8 score, and the Progress 8 score.

Attainment 8 measures pupils' attainment across eight qualifications at GCSE. The scale of this score has been from 0 – 90 since 2018, with 90 being the highest attainment.

Progress 8 score is a relative measure designed to capture progress a pupil makes between KS2 (7-11 yrs of age) and KS4 (14-16 yrs of age). A greater progress 8 score means greater progress, a negative score does not mean no progress, but rather, less progress than average.

These attainment measures are presented in the table below (section 7.2.2.1.) both in descending order (as this stood in 2022/23) and against 3 categories of student – each of which include those students who are disadvantaged in the broad sense of the term, and those who are not:

their (DfE defined) 'disadvantaged' status,[90] ie whether they are 'disadvantaged' or not in the DfE's sense,

[89] Source: London School of Economics (LSE) research briefing, 'Local area disparity in SEND diagnosis', January 2024, from a research paper by Campbel, T. (2023), 'Inequalities in provision for primary children with special educational needs and / or disabilities (SEND) by local area deprivation', based on 2021 data.

[90] The 'disadvantaged' status of students is a *category* used by the DfE rather than a reference to students who are disadvantaged in the broader sense of the term: students are defined as 'disadvantaged' in the narrower/categorical sense by the DfE if they are known to have been eligible for free school meals at any point in the past six years (from year 6 to year 11), if they are recorded as having been looked after for at least one day, or if they are recorded as having been adopted from care.

their FSM eligibility status, ie whether they are in receipt of FSMs or not/whether they live in households whose income is low enough to qualify for FSMs, or are in households with incomes that are too high to qualify for FSMs[91],

and their SEN status, ie whether they have 'no SEN', have 'SEN support' in school, or whether they have an Education and Health Care Plan (an 'EHCP').

The attainment 8 score for 'All' students is also included in order to provide a consistent reference point.

The most recent attainment scores (2022/23) for Lancashire children are presented (see table immediately below) against previous scores (2018/19) for Lancashire children, against the corresponding England averages, and against each of the categories of children described above (please also see the related footnote, below) – the scores clearly illustrate the constraining influence on attainment of various types of disadvantaged (in the broad sense of the term) circumstances across each of the categories.

7.2.2.1. Attainment 8

Lancashire pupils have lower Attainment 8 scores than the England average (2022/23 for 'All' children, Lancashire 45, England 46.4), and indeed the average of each has declined since 2018/19, more so in Lancashire (by -1.7) than in England (by -0.4) – a decline in Lancashire that is four times greater than the England decline in average Attainment 8 score.

During this period *the gap* in attainment scores between 'All' Lancashire children and 'All' English children has grown – from just 0.1 in 2018/19 to 1.4 in 2022/23.

Table showing the Attainment 8 score by pupil category for Lancashire and England in 2018/19 and 2022/23, presented highest to lowest in order of Lancashire 2022/23 scores.

		Attainment 8				Gap between Lancs & England		Lancs change 2018/19 to 2022/23	England change 2018/19 to 2022/23
		Lancashire		England					
Broad category	Pupil group	2018/19	2022/23	2018/19	2022/23	2018/19	2022/23		
Disadvantaged status	Children who are not Disadvantaged*	50.4	49.1	50.4	50.4	0	-1.3	-1.3	0
Free School Meals eligibility	Children not eligible for FSM	48.6	48.4	48.7	49.8	-0.1	-1.4	-0.2	1.1
SEN Status	Children with No SEN	49.2	47.9	50.1	50.2	-0.9	-2.3	-1.3	0.1
All children	**All children**	**46.7**	**45**	**46.8**	**46.4**	**-0.1**	**-1.4**	**-1.7**	**-0.4**
SEN Status	Children with SEN Support	32.5	32.6	32.6	33.3	-0.1	-0.7	0.1	0.7
Disadvantaged status	Children who are Disadvantaged*	35	32.4	36.8	35.1	-1.8	-2.7	-2.6	-1.7
Free School Meals eligibility	Children eligible for FSM	34	32.4	35	34.9	-1	-2.5	-1.6	-0.1
SEN Status	Children with an EHCP	11.4	10.6	13.7	14	-2.3	-3.4	-0.8	0.3

**Pupil in subgroups within a single broad category are mutually exclusive however across broad categories there will be double counting as pupils can possess multiple characteristics across these categories*

The constraining influence of disadvantaged circumstances (in the broader sense of the term) on children's abilities to lean is apparent in the table above:

The table shows that children who are *not* 'disadvantaged' (in the DfE's sense of the term), who are *not* eligible for FSMs (because their household income is higher than would make them eligible for such), and who have *no* SEN or EHCP, achieve consistently higher Attainment 8 scores than those who *are* 'disadvantaged' in the

[91] Or are not eligible for FSMs – although their household income is sufficiently low – because they have not been registered for eligibility checks.

DfE's sense of the term, who *are* eligible for FSMs, and or who *do* have EHCPs – *all* of whom are disadvantaged in the *broader* sense of the term.

Circumstances are most challenging of all for those children *who may be represented in one or more* of the 3 'broad' categories of pupils (and who may therefore be double- or even triple-counted), ie for those children who are 'disadvantaged' (in the DfE's sense), who *are also* eligible for FSMs, and who *in addition* have a SEN and either SEN support of an EHCP:

The table above shows that, on average, children in Lancashire and in England who are 'disadvantaged', who are eligible for FSMs, or who have SEN, Attainment 8 scores are consistently lower than for pupils who do not face these disadvantages, ranging between 32.5 to 35 in Lancashire in 2018/19, and from 32.4 to 36 in 2022/23 (with England ranging from 32.6 to 36.8 respectively) – there is a considerable gap between attainment score of these children and their counterparts who are not 'disadvantaged' in the DfE's sense, or who are not disadvantaged in the broader sense such that they would be eligible or FSMs, and who do not have SEN or an EHCP between 15.3 and 16.7 points lower.

Equally consistently, average Attainment 8 scores for children with EHCPs (those children with perhaps[92] the most acute levels of SEN) are lowest of all both in Lancashire and in England – and have fallen *still further* in Lancashire between 2018/19 (11.4) and 2022/23 (10.6), while they have risen slightly in England over the same period (13.4 to 14 respectively). As above, a proportion of these children may have SEN and an EHCPs *in addition* to being 'disadvantaged' (in the DfE's sense of the term), and their households disadvantaged income-wise such that they are also eligible for FSMs.

Indeed, all sub-groups of children, bar children on SEN support, saw a decline in their attainment score between 2018/19 and 2022/23 – children with SEN support in Lancashire saw an increase (+0.1) however this was a smaller increase than observed for England (+0.7). Furthermore, other groups which saw improvement to their Attainment 8 score nationally did not see the same improvement in Lancashire (children not eligible for FSM, children with no SEN, children with an EHCP).

7.2.2.2. Progress 8

Progress 8 scores show children's progress between KS2 (aged 7 to 11) and KS4 (aged 14 to 16), and scores for each category of children enable their different average scores to be compared to each other's averages (and note, as above – a negative score does not indicate no progress, but rather, less progress, and the greater the negative score, the less progress made).

[92] The 2024 Institute for Fiscal Studies report, 'Spending on special educational needs in England: something has to change' notes that 'potential explanations [for the 71% national rise in the number of EHCPs between 2018 and 2024 (an increase of approx. 180,000)] include increased severity of needs, expanded recognition and diagnosis of needs, and stronger incentives to seek statutory provision' (p.2), it also notes that 'there are financial incentives for schools to seek EHCPs [ie beyond 'SEN support', because]…mainstream schools can only access local authority 'top-up' funding if the additional cost of SEND support is over £6,000 (the first £6,000 must be covered from core school budgets)…[and that] this can only really be achieved with an EHCP' (p.3).

In respect to 'All' children, on average pupils in Lancashire made less progress in 2022/23 than the average for 'All' children in England (-0.17 & -0.03 respectively), and the average Progress 8 score has declined in Lancashire since 2018/19 (from -0.11 to -0.17 in 2022/23)) whilst remaining stable nationally, widening the gap between the progress of 'All' children in Lancashire vs the progress of 'All' children in England averages.

Table showing the Progress 8 score by pupil category for Lancashire and England in 2018/19 and 2022/23, presented highest to lowest in order of Lancashire 2022/23 scores

		Progress 8				Gap between Lancs & England		Lancs change 2018/19 to 2022/23	England change 2018/19 to 2022/23
		Lancashire		England					
Broad category	Pupil group	2018/19	2022/23	2018/19	2022/23	2018/19	2022/23		
Disadvantaged status	Children who are not Disadvantaged*	0.06	0.03	0.13	0.17	-0.07	-0.14	-0.03	0.04
Free School Meals eligibility	Children not eligible for FSM	-0.03	0	0.06	0.13	-0.09	-0.13	0.03	0.07
SEN Status	Children with No SEN	-0.03	-0.08	0.08	0.1	-0.11	-0.18	-0.05	0.02
All children	**All children**	**-0.11**	**-0.17**	**-0.03**	**-0.03**	**-0.08**	**-0.14**	**-0.06**	**0**
SEN Status	Children with SEN Support	-0.47	-0.46	-0.43	-0.45	-0.04	-0.01	0.01	-0.02
Disadvantaged status	Children who are Disadvantaged*	-0.62	-0.77	-0.45	-0.57	-0.17	-0.2	-0.15	-0.12
Free School Meals eligibility	Children eligible for FSM	-0.65	-0.78	-0.53	-0.58	-0.12	-0.2	-0.13	-0.05
SEN Status	Children with an EHCP	-1.34	-1.35	-1.17	-1.12	-0.17	-0.23	-0.01	0.05

**Pupil in subgroups within a single broad category are mutually exclusive however across broad categories there will be double counting as pupils can possess multiple characteristics across these categories*

As with Attainment 8 scores, Progress 8 scores vary dependent on pupils' circumstances and characteristics:

in 2022/23, pupils 'disadvantaged' in the DfE's sense, pupils eligible for FSMs, and pupils with SEN support or EHCPs in Lancashire consistently had lower Progress 8 scores than pupils who were not 'disadvantaged' in the DfE's sense, whose households' income was not low enough for FSM eligibility, and who had no SENs, this is also the case nationally.

In Lancashire, in 2022/23 the average Progress 8 scores for these categories of pupil (ie 'disadvantaged', FSM eligible, and with SENs) were lower than the respective England averages, and the gaps between the Progress 8 average scores of these groups and their counterparts (non-'disadvantaged', not eligible for FSMs, and no SEN) were generally greater in Lancashire than those observed nationally. So pupils who are 'disadvantaged', eligible for FSM, or have SEN, on average made less progress than their non-'disadvantaged', non-FSM eligible, and no SEN peers in Lancashire, and made less progress than did their peers also within these categories nationally.

When comparing Lancashire's average Progress 8 scores in 2018/19 with 2022/23, there has been a decline for almost all groups, the greatest being for 'disadvantaged' pupils and pupils eligible for Free School Meals (declining by -0.15 and -0.13 respectively).

Only those Lancashire children who were not eligible for FSM, and those who were in receipt of SEN support showed an increase in their average Progress 8 scores between 2018/19 and 2022/23, albeit that these increases were small (+0.03 and +0.01 respectively). Otherwise, the figures show that by 2022/23 Lancashire pupils were generally making less progress than those in 2018/19, with this most acutely affecting pupils whose Progress 8 scores were already lower than their peers (Disadvantaged and FSM eligible pupils).

7.2.3. Absences and exclusions from school

Children with SEN and those eligible for FSM have higher rates of absence or exclusions and suspension than their peers without SEN or FSM eligibility. These higher proportions of children missing education likely contributes to the gaps experienced in educational attainment between these children and their peers (please see attainment figures[93]).

It important to note that for the years impacted by Covid restrictions, pupil absence, exclusions, and suspensions data will be significantly reduced due to school closures. 2018/19 is used as the reference year and the years most significantly impacted (2019/20 and 2020/21) will not be considered.

7.2.3.1. Absences

Nearly 1 in 10 sessions in Lancashire secondary schools were missed in 2022/23 with more than 1 in 4 pupils being persistently absent in the period. The proportion of children who are persistently absent is twice as high when compared with 2018/19, as is seen nationally.

As seen in primary education, children of secondary school age living in the poorest families have some of the highest rates of persistent absenteeism, with nearly half of FSM-eligible secondary school pupils missing 10% of available sessions compared with one in five non-eligible for FSMs (2.5 times higher). Similarly, for children with SEN, over one in three are missing more than 10% of sessions compared with one in four of non-SEN. Lancashire has a higher rate of persistently absent secondary pupils than is seen nationally, in particular for FSM-eligible children.

7.2.3.2. Exclusions and suspensions

In Lancashire for 2022/23, 0.5% (390) of secondary school pupils experienced a permanent exclusion within the year. Lancashire's rate of permanent exclusions has been consistently higher than observed for England. The *number* of permanent exclusions in Lancashire increased by around 30% between 2018/19 and 2022/23 compared with a 19% increase nationally. However, Lancashire's 2022/23 *rate* of permanent exclusion remains similar to the rate from 2018/19, whilst for England there has been a statistically significant increase.

Children eligible for free school meals had a significantly higher rate of permanent exclusions (1.4%) than their non eligible peers (0.3%), though neither group saw a statistically significant increase when compared with 2018/19 rates.

Children in receipt of SEN provision also had a significantly higher rate of permanent exclusions in 2022/23 than their non-SEN peers (0.4%), with a rate of 0.9% for children with an EHCP and a rate of 1.4% for those children with SEN support.

Lancashire's suspension rate, however, is significantly higher in 2022/23 (19.8%) than seen in 2018/19 (10.5%) the number of suspensions doubled between the periods from 7,117 to 14,319. Repeat suspensions have also seen a significant increase from 5.2% in 2018/19 to 8.3% in 2022/23. Similar trends have been observed nationally between

[93] Fingertips | Department of Health and Social Care (phe.org.uk)

these two time periods, although Lancashire's suspension rate is significantly higher than England overall.

Children eligible for FSM have seen a significant increase in suspensions at 47% for 2022/23 compared with 28% in 2018/19.This rate of suspension for children eligible for FSMs was nearly four times higher than for their non-FSM eligible counterparts (12%).

Repeat suspension rates were also around 3 times higher for FSM-eligible children (16.4%) than their non-FSM peers (5.6%) and have increased from one in eight (12.1%) in 2018/19 to over one in six (16.4%) in 2022/23.

Similarly, children with SEN experience higher rates of suspension. Children with EHCPs and those with SEN support have similar rates of suspension as each other (48.5% and 46.4% respectively), three times higher than their non-SEN peers (15.7%).

In 2018/19 rates of suspension for children with EHCPs was 23.8% whilst for children with SEN support it was 23.2%, this was around 2.5 times higher than rates of suspension for their non SEN peers (9.2%).

Rates of repeat suspension are also significantly higher for children with SEN at around 15%, (an increase from 10% in 2018/19) than for their non SEN peers who have a repeat suspension rate of 7.1% (up from 4.7% in 2018/19), all groups have seen a significant increase in the five year period.

7.3. Health

7.3.1. Admissions to hospital

7.3.1.1. Substance misuse

The rate of admissions for alcohol specific conditions in under 18s in Lancashire is similar to England at 27.9 per 100,000 children. The rate appears to have generally declined, but the period covered (2020/21-2022/23) will still be impacted by hospital activity during the Covid pandemic. Locally these data show that admissions for girls (34.7 per 100,00) are significantly higher and for boys significantly lower (17.8 per 100,000) than the England average of 26.0. This is reflected nationally and has consistently been the case.

7.3.1.2. Other admissions

The rate of hospital admissions for asthma in 10-18-year-olds shows a general trend of decline (and is lower than in 2018/19). However, the current rate of 115.9 per 100,000 (2022/23) remains significantly higher than England. National data show than admissions are significantly higher than average in IMD deciles 1 and 3 (most deprived) and significantly lower in deciles 6, 8, 9 and 10 (least deprived) when considering district deprivation levels[94]. QOF data show that most Lancashire districts (bar Preston) have higher prevalence of asthma in the aged 6+ population.

[94] Analysis by Asthma + Lung UK shows seven out of 10 people in the poorest households surveyed saw a deterioration in their lung health over the last 12 months (released/published 19th July 2023).

The rate of hospital admissions for diabetes in 10-18-year-olds shows no significant change (similar to the 2018/19 rate) and the rate (97.2 per 100,000) in 2022/23 remains significantly higher than England.

In Lancashire, 220 under 18s were admitted to hospital in the period 2022/23 due to mental health conditions, a rate (86.6 per 100,00) that is in line with England (80.8). This rate is showing no overall change for the period with a similar number of children admitted as in 2018/19 (235).

7.3.1.3. Self-harm admissions

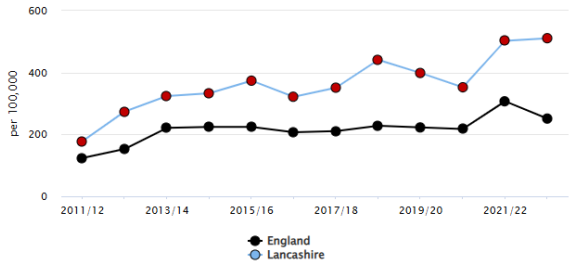
Lancashire's self-harm admissions rate for 10-14-year-olds is currently (2022/23) ranked as 13th highest rate of the county and unitary authorities in the country.

Whilst trend data shows no significant change in recent years, there has clearly been an increase in admissions over the last 10 years. 2022/23 had almost double the self-harm admissions for 10-14-year-olds (511.2 per 100,000) than 2012/13 (274.2) and Lancashire's rate of self-harm admissions for this age group is significantly higher than England (251.2).

Hospital admissions as a result of self-harm (10-14 yrs)

Crude rate - per 100,000

Show confidence intervals Show 99.8% CI values ▶ More options



Recent trend: ➡ No significant change

Period		Lancashire Count	Value	95% Lower CI	95% Upper CI	North West	England
2011/12	●	120	177.9	146.2	211.1	162.3	123.9
2012/13	●	180	274.2	232.8	314.1	220.8	152.9
2013/14	●	210	324.3	280.5	369.6	307.8	221.0
2014/15	●	215	333.0	291.4	382.2	318.8	224.2
2015/16	●	245	373.7	325.5	420.3	321.9	224.5
2016/17	●	215	321.8	281.6	369.5	291.1	206.6
2017/18	●	240	351.1	306.7	396.9	309.8	210.6
2018/19	●	310	441.0	394.7	494.5	327.3	227.8
2019/20	●	285	398.6	356.3	450.6	325.3	222.6
2020/21	●	255	352.4	311.8	399.9	336.5	217.7
2021/22	●	370	502.7	452.8	556.6	437.8	307.1
2022/23	●	385	511.1	461.3	564.7	368.2	251.2

Source: OHID, based on NHS England and Office for National Statistics data

In contrast, the trend for older young people (15-19 years and 20-24 years) is one of decline with rates lower than England.

The self-harm admissions figures for children and young people show that between 2013/14 and 2022/23 the broad age group of 10-24 years saw a decline (a reduction of 30% relative to 2013/14).

In contrast and as noted above, children aged 10-14 years have seen an increase in number of admissions, with over 80% more admissions in 2022/23 than 2013/14. In 2013/14 children aged 10-14 years made up one in five 10–24-year-old self-harm admissions, but by 2022/23 they constitute nearly half.

Further to this, a pan-England study on emergency admissions for mental health concerns in children published in the Lancet in 2025[95] found that annual admissions for mental health concerns have increased over the 10-year period spanning 2012/13 to 2021/22 with self-harm accounting for over half of admissions.

[95] Admission to acute medical wards for mental health concerns among children and young people in England from 2012 to 2022: a cohort study

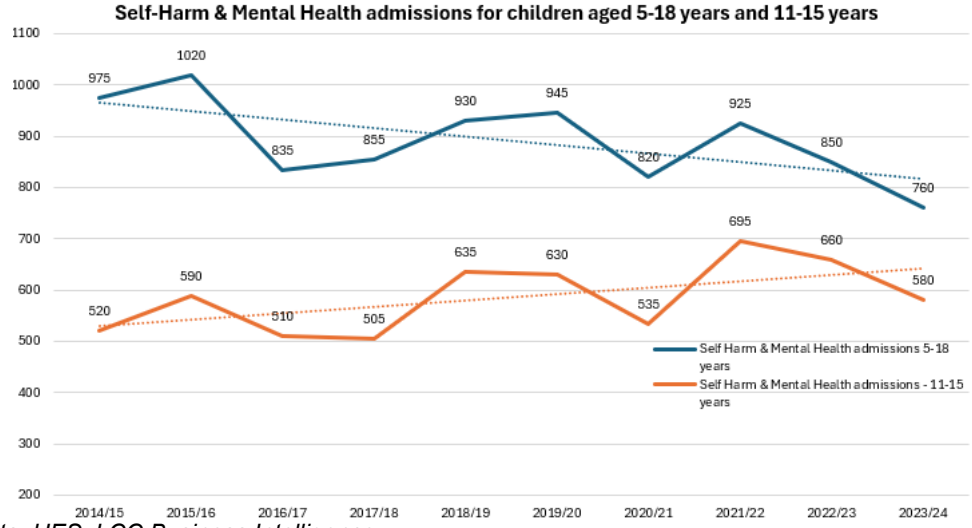
Similar local analyses in reference to the Lancashire-12 area have been conducted (though with some unavoidable differences).[96] We found that:

In Lancashire there has been an overall decline in the *combined* number of self-harm and mental health admissions amongst the 5–18-year-old age band between 2014/15 and 2023/24, a reduction of around 22%.

Separately, mental health admissions amongst this same age band (5-18 yrs) had *declined* by around 30%, as had self-harm admissions, by 16%.

However, if we focus on children within a more discreet 11-15 years age band in Lancashire, we do see a concerning increase of 11.5% for self-harm and mental health admissions combined, with self-harm admissions increased by 15%, and mental health admissions by 8%.

Number of Lancashire hospital episode admissions for self-harm and mental health concerns for children aged 11-15 years and 5-18 years for the period 2014/15 to 2023/24



Source data: HES, LCC Business Intelligence

These increased rates for children aged 11-15 years accounted for over 75% of the total mental health and self-harm hospital admissions combined within the broader 5-18 years age band in Lancashire in 2023/24, whilst in 2014/15 children within the more discreet 11-15 years age band accounted for around half. Similarly, in 2023/24 Lancashire children aged 11-15 years of age accounted for 60% of the total mental health admissions within the broader 5-18 years age band, increasing from 40% in 2014/15, whilst self-harm admissions for the same age group accounted for 80% of the total 5-18 year old self-harm admissions, increasing from60%.

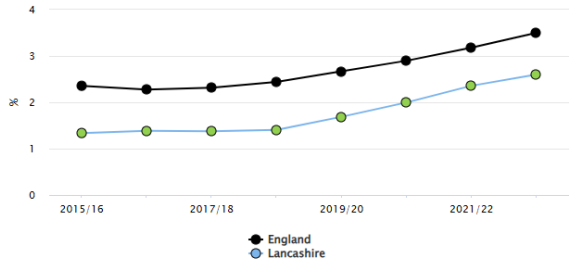
[96] In our local/Lancashire analysis: data regarding *all* hospital admissions for mental health related issues had to be used instead of only *emergency* admissions (as was used within the national study); the period covered within the national study (2012 to 2022) differed within our Lancashire analysis (2014/15 to 2023/24) because the latter was the only 10 year period available to us; we also conducted additional analysis (of the more discreet 11-15 years age band). It should also be noted that the national study/the UCL paper identified an increase in mental health admissions by 2014/15 when compared to 2012/13 which is not captured in the Lancashire analysis.

As is observed nationally, inequalities data show that rates of self-harm admissions in 10-14 year olds in Lancashire are significantly higher for girls (951.5 per 100,000) than boys (90.8) as has consistently been the case. For 2023/24 the rate of admissions for girls was more than 10 times higher than for boys – a similar disparity between the sexes is seen nationally, although Lancashire rates for both are higher than those observed nationally.

More generally, over recent years there has been a steady increase in the percentage of secondary school age children with social, emotional and mental health needs.

School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs (Secondary school age) Proportion - %

Show confidence intervals Show 99.8% CI values More options



Recent trend: Increasing & getting worse

Period		Lancashire Count	Value	95% Lower CI	95% Upper CI	England
2015/16		-	1.3%	1.3%	1.4%	2.4%
2016/17		-	1.4%	1.3%	1.5%	2.3%
2017/18		-	1.4%	1.3%	1.5%	2.3%
2018/19		-	1.4%	1.3%	1.5%	2.4%
2019/20		-	1.7%	1.6%	1.8%	2.7%
2020/21		-	2.0%	1.9%	2.1%	2.9%
2021/22		-	2.4%	2.2%	2.5%	3.2%
2022/23		-	2.6%	2.5%	2.7%	3.5%

Source: Department for Education

Indicator Definitions and Supporting Information

8. Young people 16-25 years

8.1. Sexual health services

Data show that the 2% of 13-15-year-olds and 7% of 16-17-year-old Lancashire's resident girls had contact with sexual health services, with 1% and 6% respectively accessing sexual health services for reasons of contraception, compared with 1% and 5% respectively for England. Lancashire's emergency contraception rate for 13-15-year-olds was 2.0 per 1,000 in 2023 (the same as England). The current proportion of young people using sexual health services in Lancashire is between two and three times smaller now compared with 2018/19, whilst usage of services for contraception is between three and four times smaller[97].

One in three women aged under 25 chose to utilise long-acting reversible contraception (LARC) in 2022. The trend shows this proportion is increasing, up from under one in four in 2019, but this remains lower than England. Perhaps linked to this is the decline in under-25 females attending sexual and reproductive health (SRH) services that year (156.9 per 1,000). The current rates (2022) remain significantly lower than recorded in 2019 (210.6 per 1,000) and prior, although Lancashire's rate remains higher than the England rate.

8.1.1. STI rates

When compared with 2019, the chlamydia detection rate in 15-24-year-olds is significantly lower now (2023) with a rate of 1,447 per 100,000 (2,156 children and young people with chlamydia).

[97] Statistics on Sexual and Reproductive Health Services (Contraception): Data Tables - NHS England Digital

In 2023, one in five young women (14,101 aged 15-24 years) were screened for chlamydia. The chlamydia detection rate for young women remains significantly below the England rate, as has been the case since 2019. In 2023 1,864 young women were diagnosed with chlamydia, 86.5% of the chlamydia diagnoses in under 25s for that year.

8.1.2. Pregnancy and abortion

Conception rates (2021) for under 18s and under 16s remain significantly higher in Lancashire than for England. The former shows a declining trend whilst the latter shows no significant change. 323 children were pregnant within the year, of which 61 were aged under 16 (nearly one in five). For the same period, three in five under-18 conceptions (193) resulted in abortion, leaving 130 children who remained pregnant. Whilst this is significantly above England, there has been no significant trend of this increasing and usually Lancashire's rate is in line with England at around 50%. Lancashire's under-18 abortion rate remained significantly higher than England's, as has been the case since 2017. In the same year, 89 births occurred to girls aged under 18, whilst for the following year 84 occurred. Overall, the under-18s birth rate has declined, but recent data shows no significant trend overall.

However, as this data covers a period where social restrictions were placed on the public due to the Covid pandemic, this may not represent actual sustained changes in behaviours for this group.

8.2. Employment and Education

2023/24 data show that 5.8% of Lancashire's 16-17 year olds are Not engaged in Education, Employment or Training (NEET), this is a statistically significantly higher than for England (5.4%) and though this is lower than in 2018/19 (10%) recent trend data show no significant change.

Latest data for 2024 shows that in quarter 4 31.3% of Lancashire's 16-24 year olds were economically inactive compared with 41.8% of 16-24 year olds nationally. Lancashire's 2024 Q4 economic inactivity proportions for this age group are lower than the 2019 Q4 figure wherein 40.4% of 16-24 year olds were estimated to be economically inactive which appears to show a decline not demonstrated nationally.

8.2.1. Mental health and economic inactivity

As noted in the 'wider determinants' section of this needs assessment (above), although since 2019 the numbers and rates of 16-17 year olds who were 'NEET'/Not in Employment, Education or Training' and were economically inactive have fallen across the Lancashire-12 area and England, the numbers and rates of persons in England within the slightly broader 16-24 yrs age band who are NEET has increased, although breakdowns at local authority level within this band are not published but are likely to have increased similarly.

Amongst this/the 16-24 yrs band who were NEET and economically inactive, the proportion of those with a medical condition has increased:

the largest increases in health conditions amongst 16-24 yr olds who were NEET between 2019 and 2022 are apparent in reference to *non-mental health* conditions (recoded as 'other [ie miscellaneous] problems and disabilities'), followed by those with

'problems with back of neck', *and then* by those with 'mental illness and nervous disorders' (though there has been a smaller rise in the rate of 16-24 year olds who were NEET *with* mental health conditions);

the number of 16-24 years olds with 'Psychiatric disorders' are similar across the Lanncashire-14 area also for the 25 to 34 and the 35 to 44 age bands – and are highest within the 25-34 age group, followed by the 35-44 yrs age group;

it is within the 16-24 yrs age group where we see the *largest proportion* – but not the largest *number* – of 'psychiatric conditions'.

8.3. Hospital admissions

8.3.1. Mental health conditions and self harm

Local data from GP records show that, as of December 2024, one in eight of Lancashire's 19–24-year-old population were on the depression register. West Lancashire had the highest proportion of young adults (19-24 years) on the depression register at 15.1%, which is significantly higher than for Lancashire. Chorley, South Ribble, and Wyre also have significantly higher rates than the Lancashire average with similar rates to West Lancashire. Meanwhile Pendle, Ribble Valley, Hyndburn, and Lancaster have significantly lower rates. [98]

National data from the Mental Health of Children and Young People survey from 2023 show that an estimated 22.6% of children aged 11-16 years had a probable mental health disorder and a further 12% a possible mental health disorder, with these rates being similar for males and females at age 11-16 years. However, for ages 17-19 years and 20-25 years an estimated one in three girls had a probable mental health disorder compared with under one in six for boys (significantly higher proportions). The data show that since the initial collection of the data in 2017, the proportions of CYP with probable mental health disorders have increased.

The rate of hospital admissions as a result of self-harm for 15-19-year-olds is reducing in Lancashire, with 295 young people admitted in 2022/23 (396.2 per 100,000) down from 465 (679.3) in 2018/19.

A similar decline is observed for 20-24-year-olds, where 125 were admitted (167.7 per 100,000) in 2022/23 compared with 280 (378.7) in 2018/19.

The disparity in admissions by sex is still evident for the 15–19-year-old admissions with admissions for girls (704.0 per 100,000) being nearly seven times higher than for boys (104.6) but for the 20-24 age group admissions were statistically similar across the sexes in 2022/23 (132.5 for males and 217.4 for females), although previous years of data show than often the gap persists for the admissions of young adults too.

8.3.2. Substance misuse

Lancashire's rate (50.6 per 100,000) of hospital admissions due to substance misuse (15-24 years) is better than England (58.3) for 2020/21-2022/23. Prior to 2018/19-2020/21, Lancashire had a significantly higher rate of admissions than England. Generally, the admissions rate appears to be improving (declining).

[98] Data sourced from CSU colleague Risk Stratification Detail, December 2024

8.3.3. Unintentional and deliberate injuries

The proportion of young people being admitted to hospital due to unintentional or deliberate injuries is declining overall in Lancashire. In 2022/23, 1,385 (15-24-year-olds) were admitted to hospital with a rate of 93 per 10,000, significantly lower than the rate in 2018/19 (126.8). However, the current rate is similar to England, but in 2018/19 it was lower.

8.4. Housing and Homelessness

Data from 2024 show that of the total 6,190 households assessed as owed a prevention or relief duty 1,201 (19.4%) were aged 16-24 years – the proportion of applicants aged 16-24 varies across the districts from 15% in Fylde to 22% in South Ribble, for all of England 18% of main applicants were aged 16-24 years olds.

8.5. Crime and Youth Justice

8.5.1. Youth Justice

The summary in this section utilises data published by the Youth Justice Board for England and Wales[99] for the year 2023/24

244 children in Lancashire were cautioned or sentenced in the year 2023/24, three quarters of these children were aged 15-17 years. In the same period children committed 778 offences, the number of offences has increased by 52% compared with eh previous year (513) but is 19% lower than the number of proven offences for 2018/19 (966).

32.0% of offences by young people were Violence against the person (34.5% for England).

21.1% of all offences had a gravity score between 5-8 (crimes categorised as most serious) compared with 18.6% nationally.

182 young people were first-time entrants into the youth justice system, up from 150 in 2019. The rate of first time entrants in Lancashire (153 per 100,00) is in line with England (previously lower than England). Further information relating to youth offending in Lancashire is available on Lancashire's JSNA platform[100]

8.5.2. Children as victims of crime

The following data are taken from the 2023/24 Lancashire Constabulary Police Crime data extract from October 2024

In 2023/24, nearly 10% of police-recorded victims of crime in Lancashire-12 (118,699) involved child victims aged 16 and under, with no significant change observed over the past three financial years.

In 2023/24, Hyndburn recorded the highest rate of child victims of crime at 44 per 1,000 population, statistically higher than the Lancashire-12 rate of 35.3. Rates in Burnley

[99] Youth justice statistics: 2023 to 2024 - GOV.UK
[100] Youth Justice - Lancashire County Council

(43 per 1,000) and Wyre (39.1) were also statistically higher. Ribble Valley reported the lowest number of child victims of crime in Lancashire, with just 22 per 1,000 population (significantly lower than L-12), West Lancashire (26.8) and Pendle (30.8) also have significantly lower rates.

This disparity indicates that the more deprived areas of Lancashire have the highest rates of child victims of crime per population and there is a moderate correlation between the IMD rank and the rate of child victims.

Violence against the person remains the most frequently reported crime in Lancashire, 14% of these cases in 2023/24 involving children either as witnesses or victims. 8% of the *violence against the person* crime types (7,752) are recorded as cruelty to children.

Sexual offences notably have the highest proportion of cases involving children as victims, with nearly 45% of such crimes affecting minors.

9. Local Authority Services

9.1. Children's services

Data shows that children who required social care intervention, particularly those children who are looked after by the local authority, have lower levels of attainment in school and engagement in education, employment or training, as well as higher levels of absence and exclusion. Information in this section has been sourced from the Local Authority Interactive Tool[101] and provides an overview of the social care activity in the local area.

9.1.1. Initial contact and intervention

Since 2019, the rate of referrals to social care in Lancashire declined from 498 per 10,000 to a rate of 250.7 per 10,000 in 2024. Of the total referrals received (6,419), 16.6% had a previous referral in the 12 months prior. 29.4% of referrals in 2024, the child in question was assessed as not in need.

Nearly 95% of the 7,100 assessments completed in 2024 were completed within statutory timescales of 45 days with a median number of days for assessment of 26 days. This shows that most children interacting with the services are receiving timely assessment and decision-making for their ongoing plan.

In 2024 2,090 section 47 (S47) enquiries (assessments caried out where the local authority has reasonable cause to suspect a child is at risk of significant harm) at a rate of 81.2 per 10,000 were completed in Lancashire. Lancashire's S47 rate has declined from 225.6 in 2019.

9.1.2. Types of plans

In 2024, Lancashire had 1,212 children on child in need plans a rate of 47.3 per 10,000. For the previous two years the local authority had similar rates of plans starting and ending, but in 2024 there was a higher rate of those ending than starting (70 per 10,000 vs 63.5).

[101] Local authority interactive tool (LAIT) - GOV.UK (www.gov.uk)

Rates of initial child protection conferences (ICPC) has generally declined since 2019 (79.6) down to 33.2 per 10,000. In line with this general decline, the local authority had 660 child protection plans in 2024, a rate of 25.8 down from 55.4 in 2019.

Lancashire's CLA (child looked after) rate has seen a slow decline since a peak in 2019 (85.0 per 10,000 children) and is currently (2024) 68.0 per 10,000 children with 1,754 children in care.

9.1.3. Educational attainment of children looked after and care leavers

Generally, children in care experienced lower levels of attainment than those not in care. 36% of looked after children attained the expected standard in reading writing and maths at KS2 compared with 59% for all pupils.

These differences persist in KS4, where the average attainment 8 score for a care experienced child is 22.6 (2022) (47.6 for all pupils), with one in four pupils achieving a pass (grades 9-4) in Maths and English compared to two out of three for all pupils. Special educational needs are also more prevalent for this group, with 52.3% having special educational needs (2022/23)[102].

9.2. Special educational needs and disabilities

Special educational needs of children within the primary and secondary schools have been detailed above. This section gives an overview of children across Lancashire, including those not in mainstream education and those who are above statutory school age. An analysis of special education needs was completed in January 2024, which provides a more detailed overview of this group. Data in this section has been sourced from the DFE school census data special education needs publication[103] as well as the education health and care plan publication. [104]

16.7% of pupils in Lancashire-maintained schools are identified as having SEN (17.2% including independent schools). Proportions remain lower in Lancashire than nationally, but there has been an increase since 2018/19 (up from 12.9%, 13.2% in independent schools).

A large proportion of the SEN children in Lancashire are eligible for free school meals. In 2023/24, 41.5% of children with an EHCP and 37.6% of children with SEN support were eligible for FSM. For children without SEN, the proportion eligible is 20.8%. Nearly twice as many children in special schools are eligible for FSM when compared with the overall school cohort (45.9% compared with 23.5% in all schools).

Around one in five children with SEN had a speech, language, and communication (SLC) primary need and a further one in five have a social emotional and mental health (SEMH) need. Both have increased significantly between 2018/19 and 2023/24, as

[102] Outcomes for children in need, including children looked after by local authorities in England, Reporting year 2023 - Explore education statistics - GOV.UK (explore-education-statistics.service.gov.uk)
[103] Special educational needs in England, Academic year 2023/24 - Explore education statistics - GOV.UK (explore-education-statistics.service.gov.uk)
[104] Education, health and care plans, Reporting year 2024 - Explore education statistics - GOV.UK (explore-education-statistics.service.gov.uk)

has the proportion of children with autistic spectrum disorders, increasing from 10.9% to 13.9% of school pupils.

SEN pupils see higher levels of absences than non-SEN pupils, this being higher for EHCP pupils than those with SEN support. SEN pupils see higher levels of exclusions from education. Approximately one in three children with SEN are categorised as persistently absent compared with one in five children without SEN.

9.2.1. Education health and care plans

Special educational needs support is provided across a child's journey through education. An EHCP is used to support children and young people aged 0-25 where their needs sufficiently meet the threshold. Demand for EHCP support has been increasing nationally and this is a trend that is reflected in Lancashire's most recent data.

The total number of children and young people with an EHCP in Lancashire has increased significantly since 2019, up 57.9% from 7,042 to 11,258, reflecting the increasing demand on services. This trend is reflected nationally (+62.7% increase over the same period).

Children aged under five saw the greatest percentage increase in plans, up 81.7% from 339 to 633 in Lancashire, whilst the greatest increase in volume of plans was for 11-15-year-olds (1,597, +60%) and 5-10-year-olds (1,563, +63.4%).

10. Next steps in the JSNA process

As described in section 1 and 2 of this needs assessment, the JSNA process requires senior representatives and others associated with services and supports focused on the health, development and wellbeing needs of Lancashire's CYP to fulfil their responsibilities to individually and collectively consider *and materially contribute* to the following, including by reference to the views of those in receipt of such services and supports:

the needs addressed above, and others where required;

the degrees and ways in which needs are met currently by the relevant range of organisations, services and support providers – and to contribute their explicit comment on how these needs are being well met, and or need to be better met;

how those needs will continue to be met, or better met over the next few years – and to contribute their explicit commentary on how these needs will be met over the next few years;

and how to shape their individual, collective and integrated services and sources of support accordingly – and to contribute their explicit commentary on how these plans will be achieved going forward, thereby to contribute to the strategic development of CYP services and sources of support over the next few years.

Please use the contact details below to submit your individual responses. Your responses will then be integrated with this needs assessment as it broadens-out into a JSNA process.

Senior representatives of the relevant services and sources of support are required by JSNA guidelines to individually and collectively consider and explicitly contribute to this needs assessment and the broader, *ongoing* JSNA *process*.

The means by which these collective considerations and their explicit contribution to this JSNA process also need to be ongoing and consistent in themselves, *rather than periodic as has often been the case in previous years*, for example centred around an *interpretation* of JSNAs as a *product* delivered every few years.

Please submit your initial responses, comments and explicit contributions to:

businessintelligence.jsna@lancashire.gov.uk

11. Appendix:

Appendix 1: Wards and LSOAs with highest percentages of children living in relative low-income families, with percentages of 2 main ethnicities there (2022/23)

At ward level:

69.8% (1,522 children) in Daneshouse with Stoneyholme ward in Burnley – so, from 1 in 4 children county-wide, to just over 2 in 3 children here

66.2% (1,192 children) in Central ward in Hyndburn,

63.2% (1,567 children) in Bradley ward in Pendle

62.9% (2,015 children) in Whitefield and Walverden ward, also in Pendle.

And at LSOA level (including percentages by the 2 main ethnicities):

82.3% (394 children) in Hyndburn's 006G LSOA (in Spring Hill ward) – that's 4 in every 5 children here; 74.2% Asian, 20.5% White British

78.9% (371 children) in Burnley's 003D LSOA (in Daneshouse with Stoneyholme ward) – just over 3 in every 4 children here; 81.8% Asian, 7.8% White British

74.4% (541 children) in Hyndburn's 006B LSOA (in Central ward) – just under 1 in every 4 children here; 79.7% Asian, 12.4% White British

73.1% (384 children) in Pendle's 013A LSOA (in Brierfield East and Clover Hill ward) – again just under 3 in every 4 children here; 81.4% Asian, 14.2% White British

69.2% (580 children) in Pendle's 011C LSOA (in Whitefield and Walverden ward) – just over 2 in every 3 children here; 80.7% Asian, 11.4% White British

68.7% (316 children) in Pendle's 009B LSOA (in Bradley ward) – again just over 2 in every 3 children here; 77.2% Asian, 19.6% White British

67.7% (425 children) in Burnley's 003A LSOA (in Bank Hall ward) – again just over 2 in every 3 children here; 73% Asian, 17.1% White British

It can be seen above that in all of the LSOAs noted there are high percentages of children of Asian (or Asian British or Asian Welsh) heritage. Such ethnicities are commonly over-represented in smaller and more deprived areas compared to their overall percentage within the national population.

However it should be noted that the percentages (and numbers) of children of White British heritage in most of these areas are not insubstantial, and that in a large number of Lancashire's other districts' where the proportions of families of White British, and Asian heritage, are more even, or where White British is clearly the majority ethnic heritage, there are also LSOAs with notably higher percentages (than the Lancashire average of 25.5%) and numbers of children in families living in relative low-income, for example:

56.6% (301 children) in Preston's 014D LSOA (in St Mathew's ward); 47.7% White British, 43.4% Asian

70.4% (243 children) in Hyndburn's 008B LSOA (in Barnfield ward); 56.1% White British, 36.2% Asian

52.5% (105 children) in Rossendale's 002G LSOA (in Haslingden ward); 66% White British, 27.4% Asian

48.4% (133 children) in Lancaster's 006D LSOAS (in Poulton ward); 85.6% White British, 6.5% Asian

47% (207 children) in West Lancashire's 014A LSOA (in Skelmersdale South ward);

95% White British, 4.6% other ethnicities (2 of West Lancashire's other LSOAs (014B and 014D) also have high percentages (45.2% and 45.1% respectively) and over 94% children of White British heritage.

Wards and LSOAs with highest percentages of children living in absolute low income families, with percentages of 2 main ethnicities there (2022/23)

At ward level:

61.1% (1,331 children) in Daneshouse with Stoneyholme ward in Burnley,

60% (1,081 children) in Central ward in Hyndburn,

54.6% (1,355 children) in Bradley ward in Pendle

54% (1,730 children) in Whitefield and Walverden ward in Pendle.

And at LSOA level (including percentages by the 2 main ethnicities):

72.2% (346 children) in Hyndburn's 006G LSOA (in Spring Hill ward) – just under 3 in every 4 children; 74.2% Asian, 20.5% White British

66.6% (512 children) in Hyndburn's 006B LSOA (in Central ward) – 2 in every 3 children; 79.7% Asian, 12.4% White British

66.6% (313 children) in Burnley's 003D LSOA (in Daneshouse with Stoneyholme ward) – again 2 in every 3 children; 81.8% Asian, 7.8% White British, 9.8% mixed ethnic heritage

60.9% (280 children) in Pendle's 009B LSOA (in Bradley ward) – 3 in every 5 children; 77.2% Asian, 19.6% White British

60.6% (508 children) in Pendle's 011C LSOA (in Whitefield and Walverden ward) – again 3 in every 5 children; 80.7% Asian, 11.4% White British

60.4% (379 children) in Burnley's 003A LSOA (in Bank Hall ward) – again 3 in every 5 children; 73% Asian, 17.1% White British

59.6% (313 children) in Pendle's 013A LSOA (in Brierfield East and Clover Hill ward) – just less than 3 in every 5 children; 81.4% Asian, 14.2% White British.