



**Isle of Wight
Council**

**Isle of Wight Council
Healthy People**

Population Groups

February 2025

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1 Introduction

Our health is one of the most important assets we have as individuals, communities, and society. Health is a state of physical, mental, and social wellbeing, and can be different for different people. For example, for one person, the most important thing for their health might be whether they are able to spend time with those they love. For another, it might be their ability to work and support their family. Summary statistics can help us describe key aspects of health across different life stages within our communities and population on the Isle of Wight.

Local public health teams work in collaboration with other organisations to empower people to take control of their own health, reduce health inequalities and, ultimately, to prevent people experiencing ill health in the first place. To support this, Public Health commission and provide a range of public health services for Island residents such as smoking cessation, weight management, NHS Health checks and substance misuse services.

Data describing the population's health and the current and future health needs are important to understand, to be able to provide services in the best way. This will ensure the best health outcomes for the population of the Isle of Wight.

Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. Health inequalities arise because of the conditions in which we are born, grow, live, work and age. These conditions, or determinants, influence our opportunities for good health, and how we think, feel and act, and this shapes our mental health, physical health and wellbeing¹.

This chapter focuses on the health outcomes of our population, the health inequalities which are evident and the potential impacts of the COVID-19 pandemic. The data in this report can be explored further by district and Primary Care Networks in the [JSNA Healthy People data report](#).

Our behaviours, personal circumstances including demographics and where we live hugely affect our own life expectancy and health. These influences and risk factors on our health and wellbeing should also be considered when exploring health outcomes and are discussed in more detail in the accompanying [JSNA reports](#).

This report explores certain population groups including carers; people with learning disability; special education needs and disabilities; and inclusion health groups.

¹ [Addressing health inequalities through collaborative action: briefing note](#)

2 Carers

The 2021 Census reported that around 14,200 people on the Isle of Wight provided some form of unpaid care. Equating to about 10.1% of the total population. More than a third (36.6%) of those providing any unpaid care are aged 50 to 64 years.

Around 4,900 residents are providing 50 hours more unpaid care a week on the Isle of Wight. 44% of those providing 50 hours or more were aged 65 years and over. Unpaid carers are more than twice as likely to suffer from poor health compared to people without caring responsibilities². A national survey of carers found that many stated caring had a negative impact on their physical health (83%) and mental health (87%) and 39% had put off medical treatment as a result of their caring responsibilities³.

Between 2023 and 2040, the number of people aged 65 and over providing any unpaid care is estimated to increase by 26.5%⁴. Estimations for 2023 show that the number of unpaid carers decreases with age, people aged 65 to 69 make up 33% of carers aged 65 and over.

2.1 Carers allowance

Carer's Allowance is the main benefit for carers and is payable if a person provides at least 35 hours of care per week to someone. Carers allowance is means tested and the person being cared for must be in receipt of qualifying benefits⁵ therefore this data will not provide a comprehensive picture of the carers across Isle of Wight. However, the data can be used as a proxy for the prevalence of care provision. Carers allowance is £81.90 per week (2024/25) and is usually paid weekly or every four weeks.

On the Isle of Wight, 1.7% of the population, approximately 2,360 people receive carer's allowance⁶. Of the total number claiming Carer's Allowance, 30.0% (1,015) were entitled to the benefit but do not receive payments. The proportion of the population claiming carer's allowance varies across the Island.

The number of people receiving carer's allowance has increased steeply since November 2018 from 2,192 to a peak in August 2020 at 2,379. Since August 2020, the numbers have decreased slightly before rising again in February 2024.

² [NHS commissioning » Carer Facts – why investing in carers matters \(england.nhs.uk\)](#)

³ [In Sickness and in Health - Carers UK](#)

⁴ [Projecting Older People Population Information System \(poppi.org.uk\)](#)

⁵ [Carer's Allowance - Citizens Advice](#)

⁶ As of February 2024

3 People with Learning Disabilities

People with learning disabilities often have different and complex health care needs leading to increased prescribing and polypharmacy. They also have a higher prevalence of poorer physical and mental health and experience significant inequalities⁷.

People who have a learning disability are more likely to have a visual problem as part of the underlying cause of their learning disability. This likelihood increases with the severity of the learning disability and with age. Overall, 30% of people with a learning disability are estimated to have a significant visual impairment⁸. People with a learning disability are three times more likely to die from an avoidable medical cause of death than the general population⁹.

There is no definitive record of the number of people with learning disabilities in England. No government department collects comprehensive information on the presence of learning disabilities in the population and learning disabilities are not recorded in the census. There are a number of different data sources which can be used to try and provide a best estimate of the number of people with a learning disability living in an area.

3.1 Prevalence

The number of people on the GP learning disability register has slightly increased. However, the percentage of the population has remained stable with 0.8% of the population (1,120 people) across the Isle of Wight registered with a learning disability. This is slightly higher than the national proportion of 0.6%¹⁰.

In 2023, there were an estimated 2,774 adult residents (18+) with a learning disability on the Isle of Wight¹¹. However, it is estimated that only 23% of adults (18+) with learning disabilities in England are identified as such on GP registers¹².

It is essential to identify and understand the needs of people with learning disabilities, so that local authorities can plan services accordingly. Those requiring long-term support naturally need more resources in terms of time and money spent.

⁷ [Learning disability - applying All Our Health - GOV.UK](#)

⁸ Action for health - health action plans and health facilitation: detailed good practice guidance of implementation for Learning Disability Partnership boards, Department of Health, July 2002, p33

⁹ [Coronavirus » Ensuring the delivery of annual health checks for people with severe mental illnesses and people with a learning disability \(england.nhs.uk\)](#)

¹⁰ [Learning Disability Profiles | Fingertips | Department of Health and Social Care](#)

¹¹ [Projecting Adult Needs and Service Information System \(pansi.org.uk\)](#)

¹² [People with learning disabilities in England 2015: Main report \(publishing.service.gov.uk\)](#)

In 2019/2, approximately 55.7% of people on the Isle of Wight who are on the GP learning disability register are receiving long-term support¹³.

3.2 Learning disability health checks and screening

Anyone aged 14 or over who is on the GP learning disability register can have a free annual health check. Health and Care of People with Learning Disabilities experimental statistics^{14,15} provide information about the key differences in healthcare between people with a learning disability and those without. It contains aggregated data on key health issues for people who are recorded by their GP as having a learning disability, and comparative data about a control group who are recorded by their GP as not having a learning disability.

The NHS Long Term Plan set an ambition that by 2023/24, at least 75% of people aged 14 or over with a learning disability will have had an annual health check. In 2022/23, in the Hampshire and the Isle of Wight ICB, 79.4% of patients aged 14 or over with a learning disability had a health check under the learning disabilities enhanced service in the last 12 months. This is above the NHS Long Term Plan ambition of 75%. Slightly more females than males with a learning disability are having a health check and younger age groups are less likely to have a health check.

Further health check analysis for the Hampshire, Southampton and Isle of Wight ICB is comparable to national findings and suggest that when compared to the control group people with a learning disability are:

- less likely to get screened for breast and cervical cancers.
- illnesses are more common, for example, epilepsy.
- more likely to be given antipsychotic, benzodiazepines or antidepressant medicine.
- more likely to be diagnosed with autism
- more likely to be diagnosed with ADHD

3.3 Mortality and life expectancy

The 2022 Learning Disabilities Mortality Review¹⁶ (LeDeR) found that the median age at death for people with learning disabilities (aged over 18 years) was 62.9 years. Men with a learning disability usually died 20 years earlier and women 21 years earlier, compared to people who do not have a learning disability. 41% of

¹³ [Learning Disability Profiles - Data | Fingertips | Department of Health and Social Care](#)

¹⁴ [Health and Care of People with Learning Disabilities Experimental Statistics 2020 to 2021 - NHS Digital](#)

¹⁵ Caution should be taken in drawing any conclusions from this data without due consideration of the circumstances both locally and nationally as of 1 January 2020.

¹⁶ [Master LeDeR 2023 \(2022 report\)](#)

deaths were deemed avoidable for people with learning disability, compared to 22% in the general population. Men were found to be 22% more likely to die from avoidable causes of death than women.

For people with learning disabilities, the leading cause of death reported in 2022 were:

- diseases of the circulatory system (16.7%)
- diseases of the respiratory system (14.6%)
- neoplasms (14.5%)
- diseases of the nervous system (13.6%)
- congenital malformations, deformations and chromosomal abnormalities (13.3%)

3.4 Children and Young People

In England, a child or young person has Special Educational Needs and Disabilities (SEND) if they have a significantly greater difficulty in learning than the majority of others of the same age or have a disability which prevents or hinders them from making use of facilities generally provided for others of the same age in mainstream schools¹⁷. This can affect their:

- behaviour or ability to socialise, for example they struggle to make friends
- reading and writing, for example because they have dyslexia
- ability to understand things
- concentration levels, for example because they have ADHD
- physical ability

Learning disabilities are more prevalent in boys and overall pupils with learning disabilities are more likely to be eligible for Free School Meals¹⁸. Differences in prevalence are also observed by ethnic group with a higher rate in children of primary SEN associated with learning disabilities in^{19,20}:

- traveller children of Irish heritage
- children of Romany gypsy heritage
- children of Pakistani heritage
- children of Bangladeshi heritage
- children of black Caribbean heritage

¹⁷ [Children with special educational needs and disabilities \(SEND\): Overview - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/children-with-special-educational-needs-and-disabilities-sen-overview)

¹⁸ [Chapter 1: education and children's social care - GOV.UK](https://www.gov.uk/government/consultations/education-and-childrens-social-care)

¹⁹ [People with Learning Disabilities in England: Education and children's social care - 2018 update \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/consultations/people-with-learning-disabilities-in-england-education-and-childrens-social-care-2018-update)

²⁰ [Chapter 1: education and children's social care - GOV.UK](https://www.gov.uk/government/consultations/education-and-childrens-social-care)

- children of black African heritage

Local data show that, over the last five years the number of children with Education Health and Care Plans (EHCPs) or SEN support with a learning disability need has increased. In 2023/24, there were 1,439 children with a learning disability identified as the primary need. This accounted for more than one third (38.7%) of children's needs with a current statement or EHCP. The majority of these children had a moderate learning difficulty identified (814 children).

For more information on Learning Disabilities view the [Hampshire needs assessment of adults with learning disabilities in Hampshire 2024](#).

4 Special Educational Needs and Disabilities (SEND)

As mentioned in the previous chapter, 'special educational needs' is a legal definition and refers to children with learning problems or disabilities that make it harder for them to learn than most children the same age. This can affect their:

- behaviour or ability to socialise, for example, struggling to make friends
- reading and writing, for example, because they have dyslexia
- ability to understand things
- concentration levels, for example, because they have Attention Deficit Hyperactive Disorder (ADHD)
- physical ability

A child can receive SEN support in school, such as speech therapy, and a child may need an education, health and care plan (EHCP) if they need more support than their school provides²¹. Nationally in 2023/24, there over 1.6 million pupils in England who had special educational needs, this number increased by 101,000 from the previous year²². Both the number of pupils with an EHCP and the number of pupils with SEN support have increased since 2016.

- The percentage of pupils with an EHCP has increased by 80% since 2016
- The number of pupils with SEN support has increased by 24.9% since 2016

Nationally the most common type of need for those with an EHCP is autistic spectrum disorder (ASD), one in three pupils with an EHCP are identified with a primary need of ASD²³. For those with SEN support speech, language and communication is the most common type of need, followed by social, emotional and mental health needs and moderate learning difficulty.

4.1 Risk factors and drivers influencing the SEND population

Low birthweight increases the risk of childhood mortality, developmental problems for the child and is associated with poorer health in later life. Nationally there is a higher rate of low birthweight babies in areas of greater deprivation. A high proportion of low birthweight births could indicate maternal lifestyle factors and/or issues with the maternity services²⁴. In 2022, 7.1% of all births on the Isle of Wight

²¹ [Children with special educational needs and disabilities \(SEND\): Overview - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/children-with-special-educational-needs-and-disabilities-sen-overview)

²² [Special educational needs in England, Academic year 2023/24 - Explore education statistics - GOV.UK](https://www.gov.uk/government/statistics/special-educational-needs-in-england-academic-year-2023-24)

²³ [Special educational needs in England, Academic year 2023/24 - Explore education statistics - GOV.UK](https://www.gov.uk/government/statistics/special-educational-needs-in-england-academic-year-2023-24)

²⁴ [Child and Maternal Health - Data - OHID \(phe.org.uk\)](https://phe.org.uk/data/child-and-maternal-health)

were low birthweight (under 2.5kg)²⁵. 0.8% were born with a very low birthweight (under 1.5kg)²⁶. Further information on low birthweight and variation across the Island can be found in the [JSNA Births and Deaths Report](#).

Multiple pregnancies, largely related to in vitro fertilisation (IVF) treatments, are associated with a higher risk of disability in children, including cerebral palsy²⁷. Nationally, in 2022, the multiple birth rate is 14.6 births per 1,000 maternities, comparable to the Isle of Wight at a rate of 13.6 per 1,000 maternities (13 multiple births)²⁸.

Prematurity is an important predictor of SEND. Premature babies are more likely to have problems that affect their hearing, vision, movement, learning and behaviour. Children and teenagers who were born prematurely are more likely to have emotional and attention difficulties. Children born before 28 weeks have a higher risk of ADHD or ASD²⁹. On the Isle of Wight, in 2019-2021, 90.2 per 1,000 live births were premature and born before 37 weeks gestation. This is statistically higher than the England rate of 77.9 per 1,000³⁰. Further information on preterm births and the variation across the Island can be found in the [JSNA Births and Deaths Report](#).

Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother. Smoking status at time of delivery trends show that the percentage of mothers smoking is decreasing, most recent data for 2023/24 report 7.9% mothers on the Isle of Wight were known to be smoking at the time of delivery (71 mothers)³¹. This is comparable to the national rate of 7.4%³². Nationally and locally the percentage is decreasing and getting better. National inequalities data show that those mothers living in the 20% most deprived areas have a significantly higher proportion of mothers smoking when compared to the national average³³.

Foetal Alcohol Spectrum Disorder (FASD) is the umbrella term for the range of preventable alcohol-related birth defects, which are a direct result of prenatal alcohol exposure, and it is used for those who are diagnosed with some, but not all, of the symptoms of FASD. According to the British Medical Association, FASD is in fact the most common, non-genetic cause of learning disability in the UK, although it is often misdiagnosed as ASD or ADHD³⁴.

²⁵ [Child and Maternal Health | Fingertips | Department of Health and Social Care](#)

²⁶ [Child and Maternal Health | Fingertips | Department of Health and Social Care](#)

²⁷ [Multiple Pregnancy and Birth: Twins, Triplets, and High Order Multiples \(booklet\) \(reproductivefacts.org\)](#)

²⁸ [Child and Maternal Health | Fingertips | Department of Health and Social Care](#)

²⁹ [Potential health problems and disabilities in premature babies | Tommy's \(tommys.org\)](#)

³⁰ [Child and Maternal Health | Fingertips | Department of Health and Social Care](#)

³¹ [Child and Maternal Health | Fingertips | Department of Health and Social Care](#)

³² [Child and Maternal Health | Fingertips | Department of Health and Social Care](#)

³³ [Child and Maternal Health | Fingertips | Department of Health and Social Care](#)

³⁴ [Foetal alcohol syndrome | Foundation for People with Learning Disabilities](#)

International research proposes that between 2% and 5% of the population may be affected by FASD (May 2018). The most recent research in the UK highlights that for planning and commissioning purposes we need to be considering a prevalence rate of 3 to 4%³⁵. Applying these recent national suggests an estimated 4,250 to 4,700 people on the Isle of Wight are affected by the disorder³⁶.

Substance misuse in pregnancy is a key public health issue not only because of the associated negative impacts on foetal outcomes, including low birth weight and/or premature birth and infant outcomes, but because these harms also are preventable. National data for 2019/20, reports that of pregnant women presenting to treatment for the first time, 3% (360 women) are parents and living with children, 4% (425 women) are parents but not living with children, and 2% (273 women) are not already parents. The statistics are different for the Isle of Wight reporting that pregnant women presenting to treatment for the first time, 17% were a parent or adult living with children; 17% were parents not living with children; and 14% were not parents³⁷.

The risk of domestic violence increases if a woman is pregnant³⁸. Domestic violence during pregnancy puts a pregnant woman and her unborn child in danger. It increases the risk of miscarriage, infection, premature birth, low birth weight, foetal injury and foetal death³⁹.

National review of domestic abuse community-based services in 2020-21⁴⁰ found that:

- 60% of service users in community-based services had children and 5.9% were pregnant. On average there were 1.2 children per service user.
- 59.7% of women in refuge services had children and 7.3% were pregnant. On average, there were 1.1 children per service user.

In addition there are new concerns of the impact of the pandemic on domestic abuse incidents, this is explored further in the [Isle of Wight COVID-19 Health Impact Assessment](#).

Mothers who are overweight or obese have increased risk of complications during pregnancy and birth including diabetes, thromboembolism, miscarriage and maternal death. Babies born to obese women have a higher risk of foetal death, stillbirth,

³⁵ [What is FASD? - FASD Network UK](#)

³⁶ Based on SAPF 2023 population based estimates

³⁷ [Parents with problem alcohol and drug use: Data for England and Isle of Wight, 2019 to 2020](#)

³⁸ [3 Context | Domestic violence and abuse: multi-agency working | Guidance | NICE](#)

³⁹ [Domestic violence and pregnancy - Refuge Charity - Domestic Violence Help](#)

⁴⁰ [The-Domestic-Abuse-Report-2022-The-Annual-Audit.pdf \(womensaid.org.uk\)](#)

congenital abnormality, shoulder dystocia, macrosomia and subsequent obesity⁴¹. Obesity in early pregnancy data from 2023/24 suggest that over one in five mothers (31.1%) on the Isle of Wight are obese, this is statistically higher than England (26.2%)⁴². However, these figures should be interpreted with caution due to concerns surrounding the data collection method.

4.2 Prevalence

The following data combines information from the school census (State-funded schools), school level annual school census (independent schools) and general hospital school census on pupils with special education needs (SEN)⁴³. Therefore, it does include children in non-maintained early years provision, further education, home education or those not in education, employment or training.

In all schools across the Isle of Wight, it is estimated that there were 1,137 pupils with an EHCP in 2023/34. A significant increase from 618 pupils in 2015/16, with an increasing rate of pupils with EHCPs per 1,000 pupils⁴⁴. There are an estimated 2,896 pupils in 2023/24 with SEN support. The number of pupils has been increasing since 2018/19 from 2,249 pupils until 2022/23 to 2,931 pupils before decreasing in 2023/24. Figure 1 shows that in 2023/24, there was an estimated 230.01 pupils with EHCP or SEN support per 1,000 pupils⁴⁵.

Figure 1: Rate of pupils with EHCP or SEN support per 1,000 pupils on the Isle of Wight

⁴¹ [Obesity Profile - Data - OHID \(phe.org.uk\)](https://phe.org.uk)

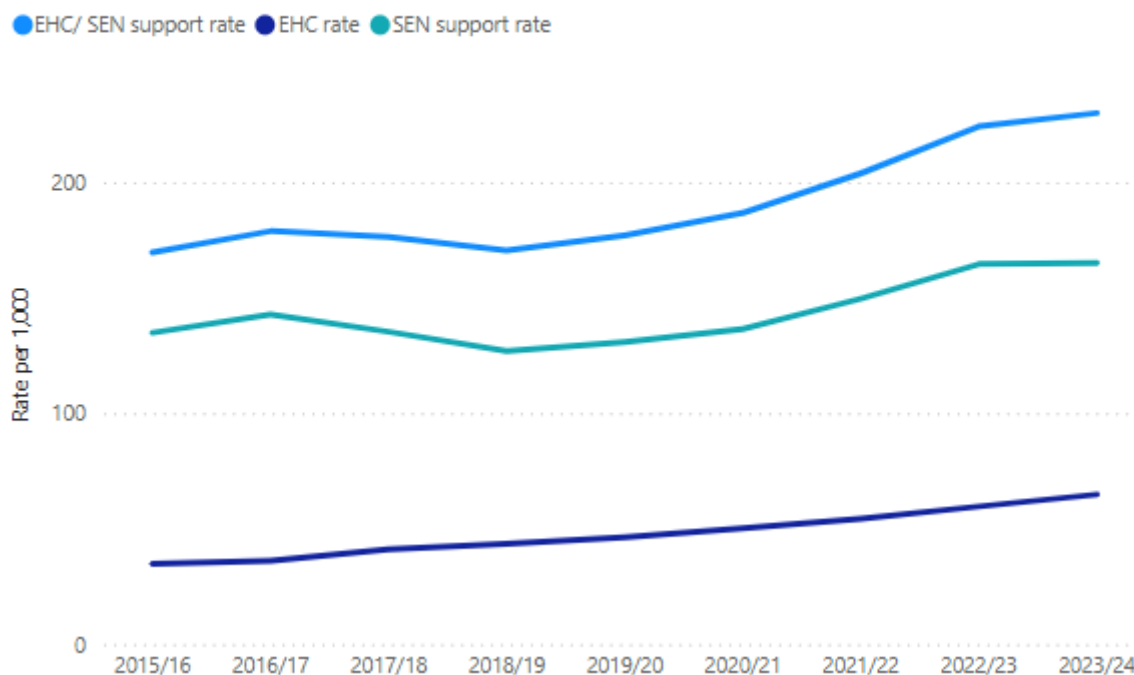
⁴² [Child and Maternal Health | Fingertips | Department of Health and Social Care](#)

⁴³ [Special educational needs in England, Academic year 2023/24 - Explore education statistics - GOV.UK](#)

⁴⁴ [Child and Maternal Health | Fingertips | Department of Health and Social Care](#)

⁴⁵ Based on the total number of pupils in the publication for the Isle of Wight.

Rate of pupils with EHC plans or SEN support per 1,000 pupils on the Isle of Wight (all schools in publication)

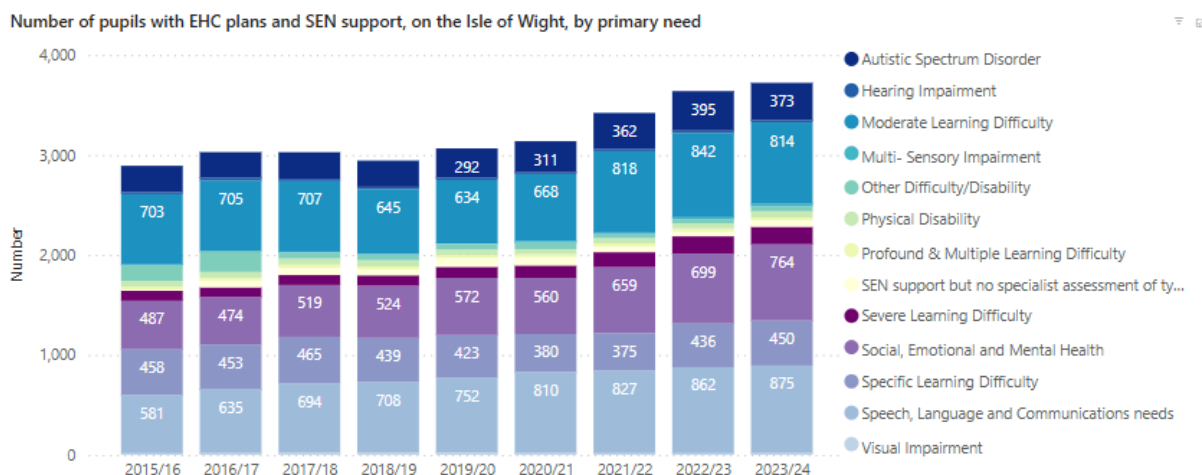


Source: [Special education needs in England, GOV.UK publication](#)

When a child has a review for an EHCP, a number of needs may be identified which then form the basis of the child's ongoing care. However, the data reporting system can only record one of these needs as the primary need and therefore caution must be taken when interpreting the following results as there is currently no process which prioritises what is recorded in the system.

The following characteristics are based on a publication that includes state-funded nursery, primary, secondary and special schools, non-maintained special schools and state-funded alternative provision schools. Does not include independent schools. This means the totals will not add up to the totals listed in the prevalence section. Figure 2 shows when exploring local SEN data suggest that: speech, language and communication needs; moderate learning difficulty; social, emotional and mental health; specific learning difficulty; and autistic spectrum disorders make up around 88% of identified primary need for children with EHCPs or SEN support.

Figure 2: Number of EHCPs and SEN support by need type



Source: [Special education needs in England, GOV.UK publication](#)

For children with an EHCP, the data suggests that the primary needs: are speech, language and communication needs; ASD; social, emotional and mental health (SEMH); severe learning difficulty; and moderate learning difficulty. These five primary needs account for 88% of pupils.

For children with SEN support the following primary needs account for 92% of all pupils primary need: moderate learning difficult; SEMH; speech language and communication needs; specific learning difficulty; and ASD.

4.3 Pupil Characteristics

The following characteristics are based on a publication that includes state-funded nursery, primary, secondary and special schools, non-maintained special schools and state-funded alternative provision schools. Does not include independent schools.

4.3.1 Pupils with EHC plans

Gender: Around three quarters (72.1%) of EHCPs are for boys, and trend data suggest this is consistent over the years. The number of plans for boys is increasing at a greater rate than girls.

Ethnic Group: In 2023/24, the majority of children and young people with an EHCP are from the White ethnic group⁴⁶ (93.8%)⁴⁷, which compares to the generation population where 97% of the population in the White ethnic group⁴⁸.

⁴⁶ This includes pupils with White British, Irish, Traveller of Irish heritage, gypsy roma and any other white background.

⁴⁷ [Special educational needs in England, Academic year 2023/24 - Explore education statistics - GOV.UK](#)

⁴⁸ Based on the 2021 Census

Age: In 2023/24, 52.5% of pupils with an EHCP were aged 4-11 years and 47.3% are aged 12 to 18 years. For 4- to 11-year-olds, there is a rate per 1,000 pupils with an EHC is 57.71. The rate is slightly higher in 12- to 18-year-olds at 86.86 per 1,000 pupils.

4.3.2 Pupils with SEN support

Gender: Almost two thirds (59.1%) of children on the Isle of Wight with SEN support are males. This is a decreasing trend with 66.5% of pupils with an EHCP were male in 2016/17.

Ethnic group: In 2023/24, the majority of children and young people with SEN support are from the White ethnic group (92.9%)⁴⁹, it compares to the generation population where 97% of the population in the White ethnic group⁵⁰.

Age: In 2023/24, 61.5% of pupils with SEN support were aged 4 to 11 years and 38.2% are aged 12 to 18 years. For 4- to 11-year-olds, there is a rate per 1,000 pupils with SEN support is 154.88 in 2023/24. The rate is slightly higher in 12- to 18-year-olds at 160.9 per 1,000 pupils.

4.4 SEND and Free School Meals (FSM):

All children in Key Stage 1 are entitled to free school meals. The following analysis excludes children who receive free school meals under the Universal Infant FSM policy.

Children in state-funded schools in England are entitled to receive free school meals if a parent or carer are in receipt of any of the following benefits:

- Income Support
- Income-based Jobseekers Allowance
- Income-related Employment and Support Allowance
- Support under Part VI of the Immigration and Asylum Act 1999
- The guaranteed element of State Pension Credit
- Child Tax Credit (provided they were not also entitled to Working Tax Credit and had an annual gross income of no more than £16,190, as assessed by His Majesty's Revenue and Customs).
- Working Tax Credit run-on - paid for four weeks after you stop qualifying for Working Tax Credit

⁴⁹ This includes pupils with White British, Irish, Traveller of Irish heritage, gypsy roma and any other white background. [Special educational needs in England, Academic year 2023/24 - Explore education statistics - GOV.UK](#)

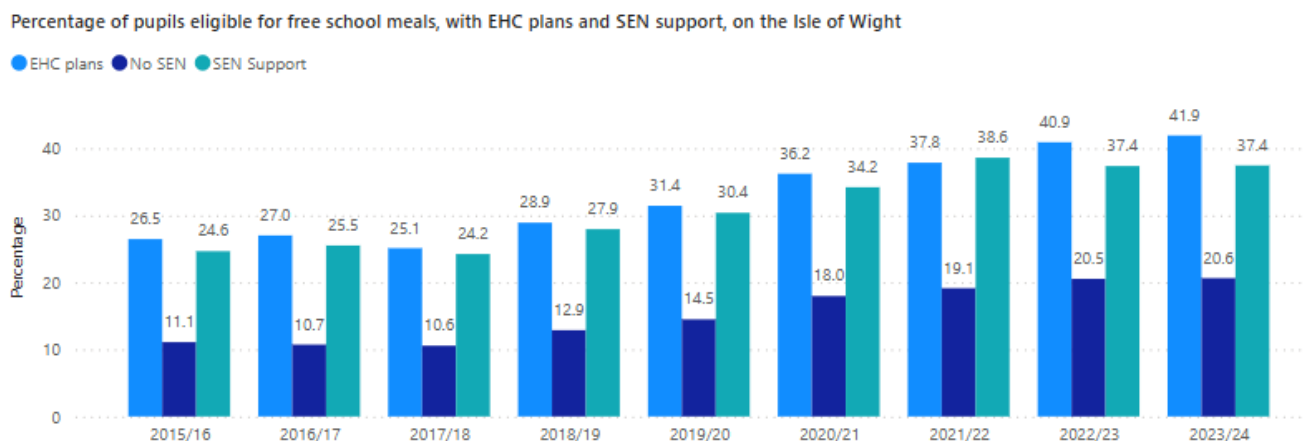
⁵⁰ Based on the 2021 Census

- Universal Credit - if you apply on or after 1 April 2018 your household income must be less than £7,400 a year (after tax and not including any benefits)

Children in nursery schools are eligible if they meet the criteria and attend for full days. Pupils are still eligible for free school meals in school in sixth form, but not sixth form college or further education.

In 2023/24, Figure 4 shows that more than one thirds of pupils with SEN support that are eligible for free school meals, compared to 20.6% of children with no SEN. Children with the EHCPs had the greatest eligibility for free school meals with 41.9% of pupils eligible. Eligibility for free school meals has increased across all three groups.

Figure 3: Isle of Wight pupils eligible for Free School Meals by SEN Status



Source: [Special education needs in England, GOV.UK publication](#)

4.5 Outcomes for SEND population

Health needs: The prevalence of children and young people with healthcare need is increasing. Demographic factors alongside the increasing rate of survival of children with once life-threatening conditions has led to rising numbers, as well as increasing complexity of need. Children with sensory impairments will continue to require appropriate support to enable them to achieve their academic potential. Indications are that more children with a severe disability are living longer due to advances in medical technology. Optimising the management of their conditions and improving their health outcomes will positively impact on their life chances (educational attainment, living independently, and employment opportunities).

Exploring the primary need data of children (2023/24) with an EHCP or SEN support;

- 0.5% (18) children had a visual impairment
- 0.6% (24) had a hearing impairment

- 23.5% (875) had a speech, language and communication need

The number of children with these speech, language and communication needs has increased over time with 581 pupils in 2015/16, the primary need for 20.1% of all pupils, compared to 875 in 2024/24 and 23.5% of pupil's primary need.

Overall, the number of 0- to 15-year-olds in receipt of Disability Living Allowance (DLA) on the Isle of Wight, in February 2024, was 1,945. More than half of those claiming had learning difficulties recorded as the main disabling condition. Following that the main disabling conditions claimed for were behavioural disorders, hyperkinetic syndrome, diabetes mellitus and neurological diseases.

In 2013 Personal Independence Payment (PIP) replaced Disability Living Allowance (DLA) for adults aged 16 to 64. DLA continued as a separate benefit for children aged under 16 years. National data for the most recent 12-month period (November 2023-October 2024) reporting Child DLA to PIP reassessment showed that three in four PIP reassessment outcomes were awarded either unchanged or increased⁵¹.

Currently there is no single data source that provides detailed information on health needs of children, and for some health conditions that impact on educational needs, there are little or no data.

GCSE attainment: The early years development outcomes data show how development and progression for children with a disability is challenging from an early age. Educational outcomes are measured by GCSE attainment and children with high special educational needs may not be entered into these exams.

In 2023/24, 60.8% of children on the Isle of Wight with an EHCP entered English and Mathematics GCSE, compared to 94.6% with SEN support and 98.4% with no SEN. When breaking it down by gender, girls with EHCPs are more likely to enter GCSE English and maths compared to boys. All of the percentages are higher than the national figures.

15.2% of pupils with EHCPs achieved grade 4 or above in English and Mathematics GCSE in 2023/24, compared to 35.3% with SEN support and 68% with no SEN. The difference between boys and girls with EHCPs achieving GCSE English and maths is very small. Nationally, 13% of pupils with an EHCP achieve English and maths.

The data suggest that children with special educational needs are more likely to have lower educational attainment. However, for some SEND young people this is expected given their levels of learning difficulties and health needs. This is therefore not a good measure of outcomes for many SEND children and young people. Data

⁵¹ Department for Work & Pensions [Stat-Xplore - Home \(dwp.gov.uk\)](https://www.dwp.gov.uk/stat-xplore)

reporting skills of independent living are not available but are essential to understand the long-term quality of life for this population and the challenges they may face in later life.

Further education, employment and training: Latest data for Isle of Wight shows⁵² that 93.3% of Key Stage 4 SEN cohort were in education, employment or training at 17 years (including special schools) in 2024. This is higher than England (7.1%). Locally, this is an increase compared to the previous year.

⁵² [Local Authority Interactive Tool \(LAIT\) - LA Level: Isle of Wight, 16-17 yr olds with SEN in education & training](#)

5 Inclusion Health Groups

Inclusion Health Groups is a 'catch-all' term used to describe people who are socially excluded, typically experience multiple overlapping risk factors for poor health (such as poverty, violence and complex trauma), experience stigma and discrimination, and are not consistently accounted for in electronic records (such as healthcare databases). These experiences frequently lead to barriers in accessing healthcare.

People belonging to inclusion health groups frequently suffer from multiple health issues, which can include mental and physical ill health and substance dependence issues. These factors lead to extremely poor health outcomes, often much worse than the general population, lower average age of death, and it contributes considerably to increasing health inequalities^{53,54}.

There are nine Inclusion Health Groups for adults; coastal communities, people with drug and alcohol dependency, Gypsy, Roma and Irish Travellers, people experiencing homelessness, people in contact with the justice system, sex workers, veterans, victims of modern slavery and vulnerable migrants.

Evidence shows that people who are socially excluded underuse some services, such as primary and preventative care, and often rely on emergency services such as A&E when their health needs become acute. This results in missed opportunities for preventive interventions, serious illness and inefficiencies, and further exacerbates existing health inequalities.

These population groups are discussed in more detail in the [JSNA Inclusion Health groups report](#).

⁵³ [Inclusion Health: applying All Our Health - GOV.UK \(www.gov.uk\)](#)

⁵⁴ [Standards - Pathway](#)