



BROMLEY JOINT STRATEGIC NEEDS ASSESSMENT 2025/2026

Special Educational Needs and Disabilities (SEND)

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Summary

The purpose of the report is to assess the current and future needs related to special educational needs and disabilities (SEND) among Bromley's children and young people (CYP, 0-25 years) to inform commissioning, the Local Offer, and multi-agency delivery.

Key headlines

Local context:

- Bromley has **335,000 residents**, and about **1 in 4 are under 25**. The number of older children (10-14 years) has grown by **16.6%**, while babies and toddlers have declined by **7.9%**. The child population is expected to **fall by nearly 14% by 2041**, meaning fewer school places in the future.
- Most areas are well-off, but some (Crystal Palace & Anerley, St Paul's Cray, Mottingham) have relatively high levels of deprivation which affect children.
- **85% of residents report good health**, but **1 in 7 have a disability affecting daily life**.

There are 9,686 pupils with SEND in Bromley.

- **5.5% have an EHCP** (2,942 pupils); **12.7% receive SEN support** in school.
- EHCP numbers have risen **87% in the last decade** and are projected to reach **4,915 by 2033**.
- SEND needs peak in **primary school (Years 5-6)** and stay high through secondary.
- The most common needs are:
 - **Speech and language difficulties (27%)**
 - **Social, emotional and mental health (25%)**
 - **Specific learning difficulties (16%)**
- Autism affects **over 1,000 pupils** and numbers diagnosed is increasing.

Education outcomes:

- Pupils provided with SEN Support do well: **42% meet primary standards**, and secondary scores are above national averages.
- Pupils with an EHCP do not achieve as well as the SEN Support cohort, however by the end of Key Stage 4, Attainment 8 matches London (both 18) and exceed the national average (14.9).
- After Year 11, most SEN Support pupils stay in education or training, but **41% of care leavers are NEET**.

- Special schools have the highest absence rates (authorised **9.23%**, unauthorised **3.44%**).
- More families are choosing home education, especially for older children.

Health outcomes:

- Bromley performs better than England for asthma, epilepsy, and mental health admissions, diabetes similar.
- **7,732 long-term conditions** recorded by GPs; most common: asthma (58.7%), autism (21.9%), epilepsy (5.5%), diabetes (4.6%).
- Autism diagnoses are rising.
- **415 young people diagnosed with an eating disorder** in 2024 (mainly anorexia).
- **6,165 under-18s** on GP mental health registers; anxiety most common reason.
- Surveys show girls worry more about exams, appearance, and mental health than boys.
- Health visitor checks completed for over 90% of children; **12% of toddlers show delays**, mainly in communication.

Overall

- SEND needs are becoming more complex, especially autism, speech and language, and mental health.
- Many pupils with SEN support achieve well, but those with EHCPs face persistent challenges.
- Rising demand for specialist provision, increasing mental health issues, and population changes mean Bromley must focus on **early identification, inclusive practices, and better coordination between education and health services.**

1. Background

1.1 Scope

This Joint Strategic Needs Assessment (JSNA) examines the health and care needs of children and young people aged 0-25 years with **special educational needs and/or disabilities (SEND)** in the London Borough of Bromley (LBB).

The JSNA includes an analysis of prevalence and trends in SEND, demographic and socio-economic factors, and patterns of need across different age groups and settings. In addition, the JSNA reviews the availability, accessibility, and quality of local services, including education, health, and social care provision, and identifies gaps or areas for improvement. It incorporates the perspectives of children and young people with SEND, as well as their families and professionals involved in their care.

The findings will provide an evidence base to inform strategic planning and commissioning.

1.2 Definitions

According to the 2015 SEND Code of Practice¹, a child or young person has **special educational needs (SEN)** if they “have a learning difficulty or disability which calls for special educational provision to be made” for them.

The broad areas of need are:

- Speech, language and communication needs (SLCN)
- Social, emotional and mental health (SEMH) difficulties
- Sensory or other physical needs, such as impairment of vision, hearing, or mobility
- Cognition and learning needs, including learning difficulties and learning disabilities

In the UK, particularly in educational settings, the term **learning difficulty** is used to encompass the following categories²:

- specific learning difficulties (SpLD): conditions such as dyslexia, dyscalculia and dyspraxia.
- moderate learning difficulties (MLD): where achievements are well below expected levels in most curricular areas.
- severe learning difficulties (SLD): where individuals need support in all curricular areas and have mobility and communication difficulties.
- profound and multiple learning difficulties (PMLD): where individuals need full-time help with every aspect of daily life.

Terminology in this area varies over time, across settings, and between countries.

Notably, the NHS currently uses the term ‘**learning disability**’ to encompass most learning difficulties listed above except specific learning difficulties³, as shown in the comparison below.

2015 SEND Code of Practice	NHS Data Model and Dictionary
Specific learning difficulties	Learning difficulties
Moderate learning difficulty	Mild learning disability
Severe learning difficulty	Moderate learning disability
Profound and multiple learning difficulties	Profound and multiple learning disabilities

Additionally, for these conditions the WHO’s International Classification of Diseases (ICD-10) uses different terminology, such as ‘specific developmental disorders of scholastic skills’ and ‘mental retardation’⁴, the latter of which has acquired negative connotations in everyday English use.

Learning disabilities can be caused by genetic causes (such as Down syndrome) or environmental factors during pregnancy, childbirth or after birth, including infections (such as rubella or meningitis), trauma, alcohol or other substance abuse, or social deprivation.

The Equality Act 2010 defines **disability** as ‘a physical or mental impairment which has a long-term and substantial adverse effect on someone’s ability to carry out normal day-to-day activities’, where ‘long-term’ is defined as ‘a year or more’ and ‘substantial’ means ‘more than minor or trivial’. This includes sensory impairments as well as long-term conditions such as asthma, diabetes mellitus, epilepsy, or cancer⁵.

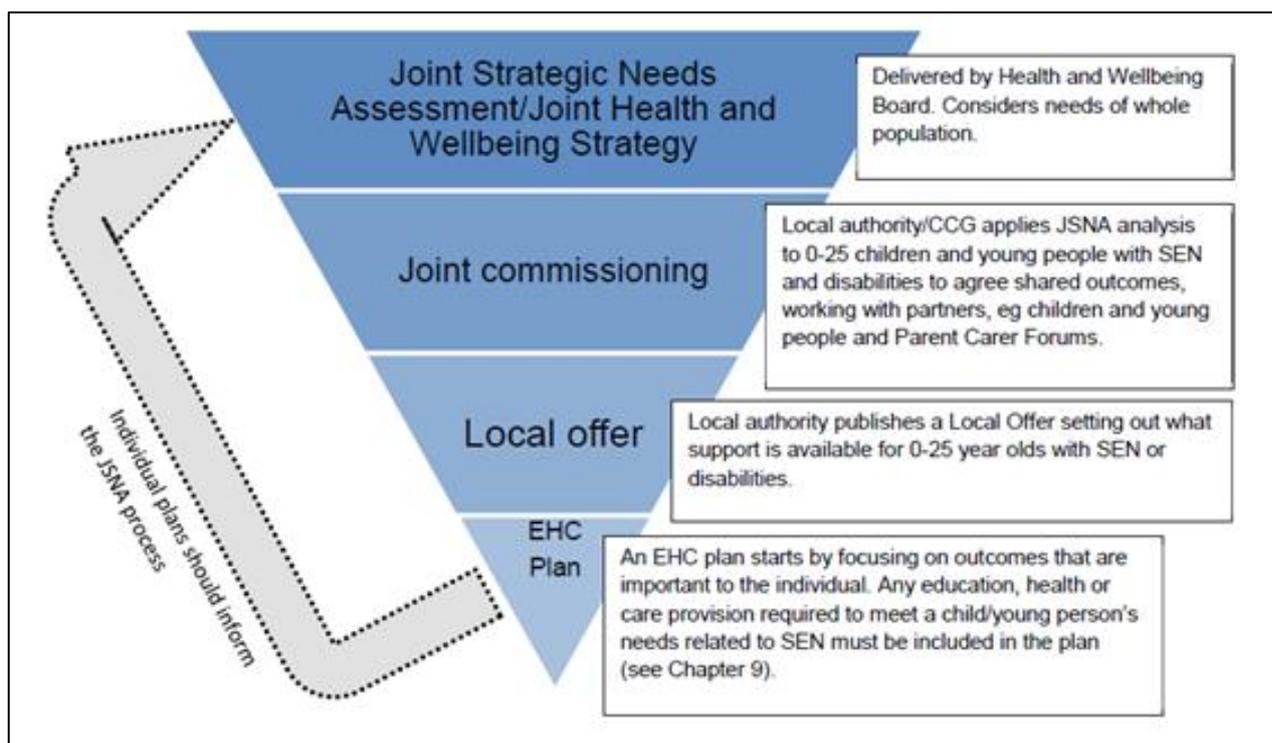
An individual may have one or more disabilities as well as one or more learning difficulties. Collectively, these are referred to as learning difficulties and/or disabilities (LDD).

Attention deficit hyperactivity disorder (ADHD), previously referred to as attention deficit disorder, is a condition characterised by difficulty concentrating and/or being impulsive.

Autism spectrum disorder (ASD) is the medical term for a lifelong condition characterised by difficulties in social interaction and communication. Many autistic people have learning disabilities and special education needs.

1.3. What works?

The JSNA plays a key role in understanding the needs of residents with children and young people with learning disabilities and SEN. This allows partners to make informed decisions on local joint commissioning based on the evidence base. This inter-relationship is illustrated below.



Source: SEND Code of Practice, January 2015 (DfE)

In line with the SEND Code of Practice 2015, schools in Bromley recognise the importance of early identification of SEND children and to provide an environment where children can develop an acceptance of ability of need. This is reflected in Bromley's local offer.

The THRIVE Model

Developing a better understanding of NHS commissioning and the referral process has made a marked difference to the quality of provision for children and young people with SEND. **The THRIVE model for children and young people aged 0-25 years**, provides a framework to identify some of the factors which may be influencing a child's behaviour and the approaches which can be adopted to help them address their own behaviour. The model draws a distinction between treatment and support by identifying groups of children and young people and the care that they require. The model provides a basis for collaborative working relationships to be forged between commissioners and SENCOs.

For children with attention deficit hyperactivity disorder (ADHD), access to specialist support, including specialist teachers and support services, is essential in maximising the child's development. The THRIVE model is being implemented across Bromley with involvement from schools, the London Borough of Bromley, NHS commissioners and service providers, voluntary community sector and other key partners to ensure that children receive the support they need.



Whole school approaches to promote resilience and improve emotional wellbeing amongst pupils with SEND can be achieved through THRIVE. Bromley School Improvement Service and Bromley Education Partnership support the work of Bromley’s schools, helping to support teaching and learning for those pupils with additional needs.

Recommended guidance and frameworks

The following core frameworks and structures are recommended when commissioning an optimal SEND service for children and young people:

1. **The Department for Education’s 2017 Study of Early Education and Development (SEED):** Meeting the needs of children with SEND in the early years. The research report sets out conclusions and recommendations relating to:
 1. Early years provision for children with SEND
 2. Identification of SEND
 3. Communication between parents and providers
 4. The introduction of EHC plans
 5. Resources and funding <https://www.gov.uk/government/collections/study-of-early-education-and-development-seed>
2. **Education, Health and Care Plans - Examples of Good Practice (2016):** this resource has been produced to help practitioners develop good quality EHC plans that meet both the letter and the spirit of the Children and Families Act 2014.

<https://councilfordisabledchildren.org.uk/help-resources/resources/education-health-and-care-plans-examples-good-practice>

3. **Decision Making Toolkit:** this is a practical guide to support social workers, health practitioners, school and college staff, parent carers, families and anyone working directly with children and young people with SEND. It is designed to be used in partnership with young people to support them to make their own decisions and to participate as fully as possible in decisions made on their behalf. <https://councilfordisabledchildren.org.uk/help-resources/resources/decision-making-toolkit-0>
4. **A Local Authority Audit Tool:** the tool draws together in one place the key pieces of evidence that local authorities would wish to assure themselves on in terms of progressing towards implementation of the 2014 Children and Families Act reforms in relation to disabled children and young people and those with SEN. <https://councilfordisabledchildren.org.uk/help-resources/resources/local-authority-audit-tool>
5. **Transition from children's to adults' services NICE quality standard QS140** covers all young people (aged up to 25) using children's health and social care services who are due to make the transition to adults' services. <https://www.nice.org.uk/guidance/qs140>

Provision of transport for children with SEND

The Council for Disabled Children have developed guidance to support local authorities in relation to sustainable school travel, and school travel arrangements for children and young people: <https://councilfordisabledchildren.org.uk/resources/all-resources/filter/schools-colleges-and-fe/guidance-home-school-transport>

SEND Transport is intended to facilitate attendance at school and improve access to healthcare services. Travel options include independent travel training or travel buddying. Escorts and travel trainers are Bromley employees and are a key part of the SEND integrated service. Training includes Makaton signing, safeguarding disabled children, communicating with children with disabilities.

Transport is often seen as the largest barrier to accessing extended provision. Research shows that 10% of disabled young people believe transport to be the main barrier to participation in sports events.

Travel training is for children and young people who have SEND, and adults who have physical or learning difficulties.

People are eligible if:

- Their needs are caused by a physical, learning disability or illness
- They are currently unable to travel independently

- Being able to travel independently will help them to take part in education, training or work placements, or on their general wellbeing

The benefits of the independent or the assisted initiatives for young people with learning disabilities are:

- Shortened journey time
- A travel escort is always present on the vehicle
- Increased independence for young people
- Reduced levels of CO2 as only one bus is required
- Improved relationships with parents
- Improved social skills
- Increased confidence
- Better access to education
- Access to leisure services
- Improved access to work and volunteering
- Reduced levels of loneliness and social isolation
- Improved mental wellbeing

Early recognition and support pyramid

When mapping out local services and the local offer for CYP with SEND in Bromley, it is important to acknowledge that there are not clear boundaries dividing needs, as this is instead a continuum.

The pyramid structure provides a useful framework for displaying this spectrum, whilst at the same time demonstrating the variability in size and complexity of needs. The first tier demonstrates population screening for children in the borough and services which seek to identify needs and support them accordingly. Targeted services then aim to support those children and young people with less complex needs, as shown in the second tier, compared with the relatively small number of children with the most complex needs at the top tiers (3 & 4).

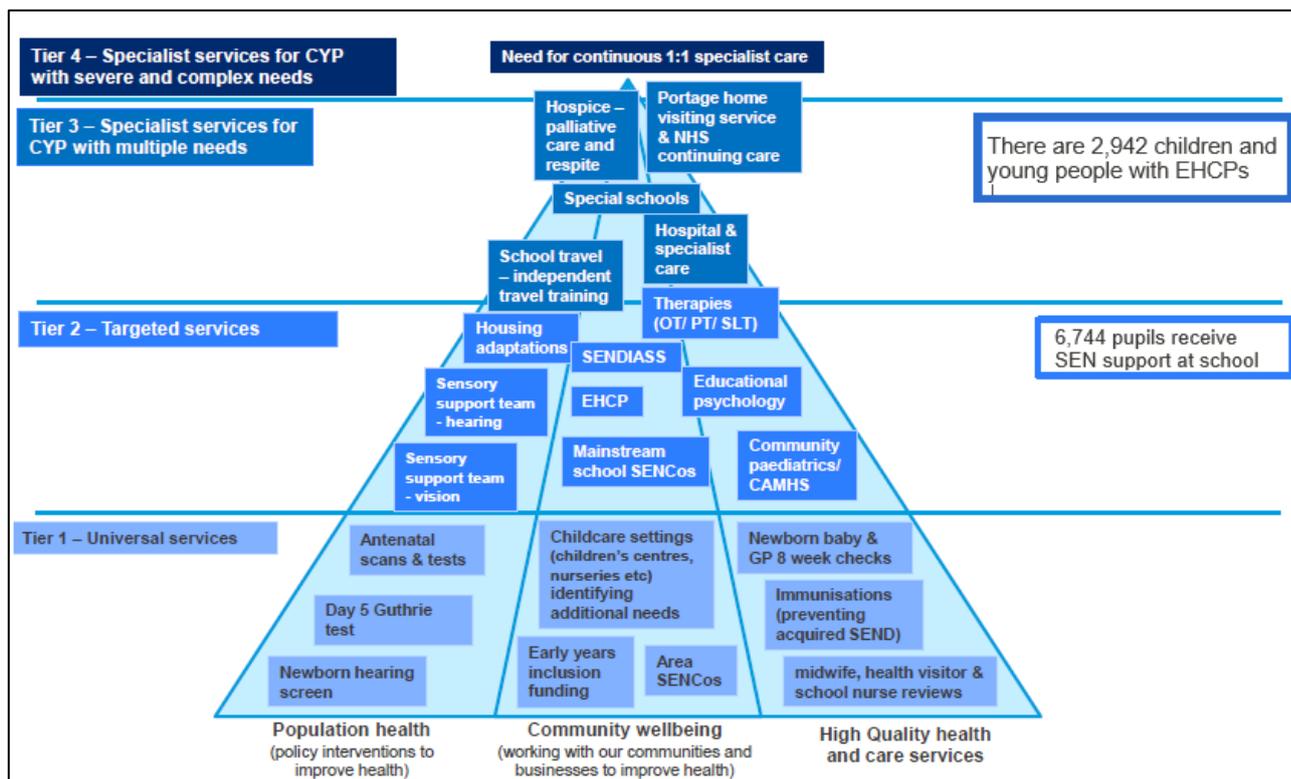


Figure 1 - Early Recognition and support pyramid in Bromley

Key Findings: What Works?

- **Early identification works:** Bromley's early-years screening and early identification approach, aligned with the SEND Code of Practice, enables needs to be identified and supported before they escalate.
- **Multi-agency collaboration improves outcomes:** Implementation of the THRIVE model strengthens joint working between schools, health and local authority partners, helping provide consistent emotional-wellbeing and behavioural support.
- **Inclusive whole-school practice is effective:** Support from Bromley School Improvement Service and Bromley Education Partnership helps schools embed inclusive approaches that improve outcomes for pupils with additional needs.
- **Co-production with families leads to better services:** Feedback through Local Offer engagement and the *Your Voice Matters* programme drives improvements in communication, mainstream inclusion and preparation for adulthood.
- **Clear, accessible information supports families:** Rebranding, marketing and website enhancements, including age-specific pages, a SEND directory and Young SEND Matters, have improved visibility and access to the Local Offer.
- **Celebration and community events build confidence:** SEND Celebration Month and Local Offer Live provide families with inclusive activities, information and networking opportunities, with consistently positive feedback.
- **Promoting independence benefits young people:** Independent Travel Training enables increased confidence, independence and participation, with high completion rates across Bromley's internal programme.

2. Living with SEND in Bromley

2.1 The voice and views of children and young people with SEND

The 2024 Schools and Students Health Education Unit (SHEU) survey highlights that 50% of Year 10 pupils in Bromley reported undesirable online experiences, up from 41% in 2022. This was more common among females (53%), those from single-parent families, pupils with a disability or long-term condition, SEND, and those on free school meals. The highest prevalence was among young people who identified as LGBTQ+ (61%). These findings underline the importance of targeted online safety initiatives and mental health support for vulnerable cohorts.

Children and young people attending the Local Offer Live event reported:

- Enjoyment of activities such as Maypole dancing and opportunities to “talk to everyone and understand my disability better.”
- Suggestions for future events included “more snacks” and “more acting and singing activities for kids”.

2.2 Parents and carers

Parent feedback from engagement activities and the Local Offer Live event included:

- Appreciation for informal, inclusive events that provide practical information and networking opportunities.
- Positive comments such as “Thank you. Really helpful for overwhelmed parents” and “Excellent event for information and networking”.
- Continued calls for clearer communication, timely updates, and accessible pathways, as reflected in the priorities set out in the “Your Voice Matters” report.

2.3 Strategic developments

Recent improvements include:

- Rebranding and marketing to raise awareness of the Local Offer.
- Website upgrades with new pages on benefits, leisure activities, social care, and professional resources.
- Launch of Young SEND Matters to provide age-appropriate content for young people.
- Embedding co-production principles and strategic priorities identified through engagement, focusing on inclusion, early intervention, and preparation for adulthood.

Key Findings: Living with SEND

- **Improving visibility and accessibility:** The Local Offer Annual Report 2024 highlights significant efforts to make the Local Offer more visible and user-friendly. Actions included a full rebrand of the Local Offer logo, creation of social media platforms, and a borough-wide marketing campaign using flyers, posters, digital billboards, and community engagement events .
- **Website enhancements:** The Local Offer website was redesigned for clarity and ease of navigation, with new features such as age-specific tiles, a SEND services directory, improved travel and transport information, and a dedicated Young SEND Matters site launched in July 2024.
- **Celebrating SEND:** Bromley's SEND Celebration Month in November 2024 featured a Local Offer Live event with service provider stalls, workshops for different age groups, and inclusive activities. Feedback was overwhelmingly positive, with parents describing the event as "helpful for overwhelmed parents" and "excellent for information and networking".
- **Engagement and co-production:** The "Your Voice Matters" report emphasizes the importance of strategic priorities shaped by families, including better communication, mainstream inclusion, and preparation for adulthood. Feedback loops such as "You Said, We Did" are being embedded to demonstrate impact.

3. Local context

3.1 Population

Bromley covers an area of approximately 150 square kilometres, making it the largest London borough by land size. The Office for National Statistics (ONS) mid-year population estimates for 2024 highlight that 335,319 people live in the borough. Children and young people represent a considerable proportion of this population: those aged 0-18 account for **21.9%**, and the 0-25 cohort makes up **28%**, as shown in Table 2. Within this, the largest age groups are 10-14 years (6.4%).

Age group	Population	% of all-age population (335,319)
0-4	14,633	4.4%
5-9	20,516	6.1%
10-14	21,445	6.4%
15-19	20,619	6.1%
20-24	13,050	3.9%
0-18	73,457	21.9%
0-25	93,794	28.0%

Table 1: Bromley's population estimates 2024, by age group

Source: ONS mid-year population estimates, 2024, reported by LBB Public Health Intelligence

Bromley's 0-18 population has grown steadily over the past decade, with 2024 mid-year estimates showing an increase compared to 2011. Children aged 0-18 now account for 21.9% of the borough's population (73,457 out of 335,319), and the wider 0-25 cohort makes up 28% (93,794). Within the school-age bands, **10-14s grew** markedly from 18,512 to 21,588 children (**16.6% increase**) and 5-9s rose by 13.8%, whereas the population of 0-4s decreased by 7.9% and 20-24s also declined 12.0%). As shown in **Figure 2**, growth is primarily seen in secondary-age groups.

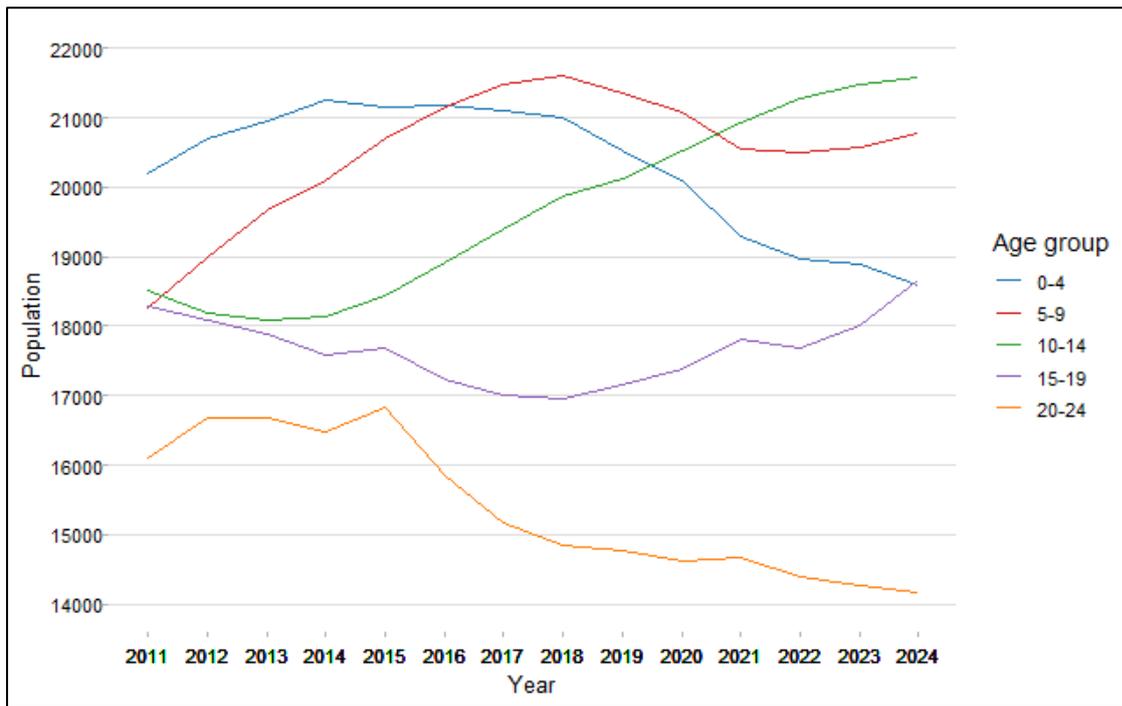


Figure 2 - Population changes in under 25s by age group, Bromley, 2011 to 2024

Source: ONS mid-year population estimates, 2011-2024, reported by LBB Public Health Intelligence

Figure 3 shows the projected change in the population of 0-18-year-olds between 2011 to 2041. The population has decreased since 2011 and is projected to continue falling over the next 16 years from 75,321 in 2025 to 64,977 in 2041, with a decrease of 13.7%.

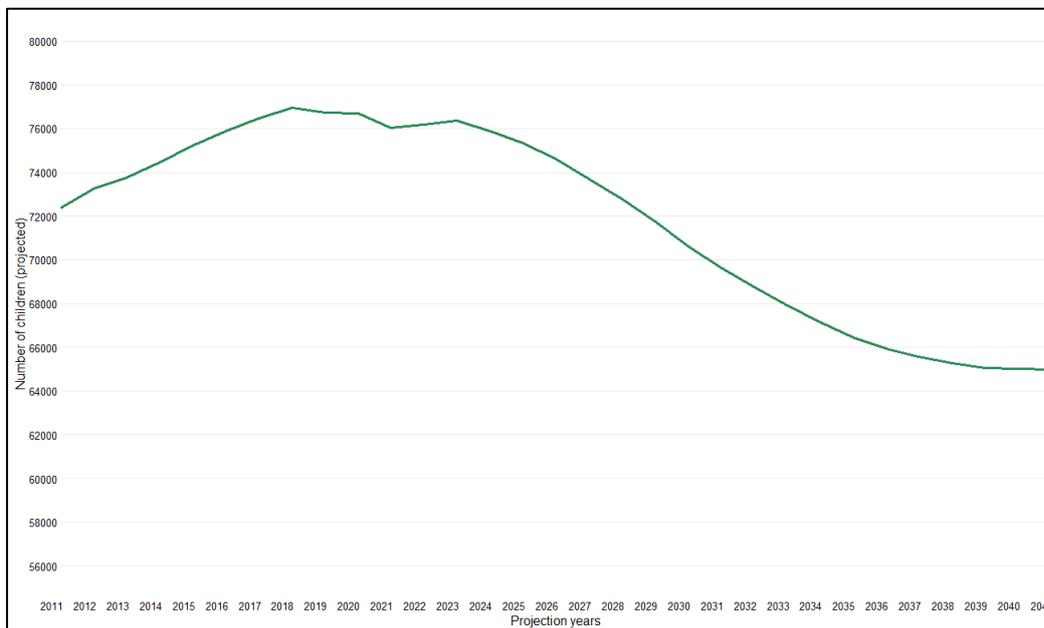


Figure 3 - Population projections to 2041 for children in Bromley aged 0-18

Source: GLA Demography 2022-based Population Projections, November 2025

From 2025 to 2035, the overall population of 0-18s is projected to decrease. This decrease is seen in the number of children aged 0-4s by 4.0% and an even bigger decrease in 5-10s by 10.4% in the next 5 years and 4.4% in 10 years. The number of residents aged 11- 18 is also expected to decrease in the next 5 years and 10 years (Table 2).

Age	Population Percentage change (%)				
	2025	2030	2035	2025 - 2030	2030 - 2035
0-4	17,922	17,201	16,992	-4.0%	-1.2%
5-10	23,779	21,298	20,368	-10.4%	-4.4%
11-18	33,620	32,121	29,103	-4.5%	-9.4%
Total	75,321	70,619	66,463	-6.2%	-5.9%

Table 2. Population projection and relative percentage of total population for residents of Bromley

Source: GLA 2022-based housing-led population projection, 2025, reported by LBB Public Health Intelligence

Table 3 shows some unevenness in Bromley's ward-level projection. While the borough's total population of 0-15s declines by -6.1% by 2030 and -7.4% by 2035, Bromley Town is the only ward with some population growth of 4.4% to 2030, before a slight fall thereafter. Several wards, particularly Darwin, Chelsfield, Hayes & Coney Hall, Mottingham, Plaistow and St Paul's Cray show larger percentage declines at different points in the decade.

Ward name	Population Projections			Percentage change (%)	
	2025	2030	2035	2025 - 2030	2030 - 2035
Beckenham Town & Copers Cope	1,293	1,254	1137	-3	-9.4
Bickley & Sundridge	1,640	1,510	1378	-7.9	-8.7
Biggin Hill	946	872	825	-7.8	-5.4
Bromley Common & Holwood	1,932	1,839	1708	-4.8	-7.2
Bromley Town	1,512	1,578	1512	4.4	-4.2
Chelsfield	1,208	1,092	990	-9.6	-9.3
Chislehurst	1,450	1,349	1246	-6.9	-7.6
Clock House	1,699	1,565	1484	-7.9	-5.2
Crystal Palace & Anerley	1,016	9,65	924	-5	-4.3
Darwin	459	407	391	-11.3	-4.1
Farnborough & Crofton	1,836	1,735	1577	-5.5	-9.1
Hayes & Coney Hall	1,584	1,418	1291	-10.4	-9
Kelsey & Eden Park	1,639	1,538	1494	-6.2	-2.8
Mottingham	1,322	1,203	1095	-9	-9
Orpington	1,207	1,120	1040	-7.2	-7.1
Penge & Cator	1,935	1,822	1714	-5.9	-5.9
Petts Wood & Knoll	1,634	1,577	1452	-3.5	-7.9
Plaistow	1,234	1,136	1016	-7.9	-10.6
Shortlands & Park Langley	1,634	1,534	1421	-6.1	-7.3
St Mary Cray	1,986	1,833	1689	-7.7	-7.8
St Paul's Cray	1,909	1,797	1611	-5.9	-10.3
West Wickham	1,444	1,378	1271	-4.5	-7.8
Borough Total	32,521	30,524	28,268	-6.1	-7.4

Table 3: Population projection for 0-15s by ward for 2025, 2030 and 2035 and the relative % change compared to the 2025 estimate.

Source: Interim GLA Housing Targets 10-year migration Population Projection (2021)

The number of live births in Bromley has been decreasing over the last few years. In 2008 there were 4,000 births in Bromley, which rose to 4,326 in 2016 but in recent years, fell to 3,430 in 2020-21 (Figure 4).

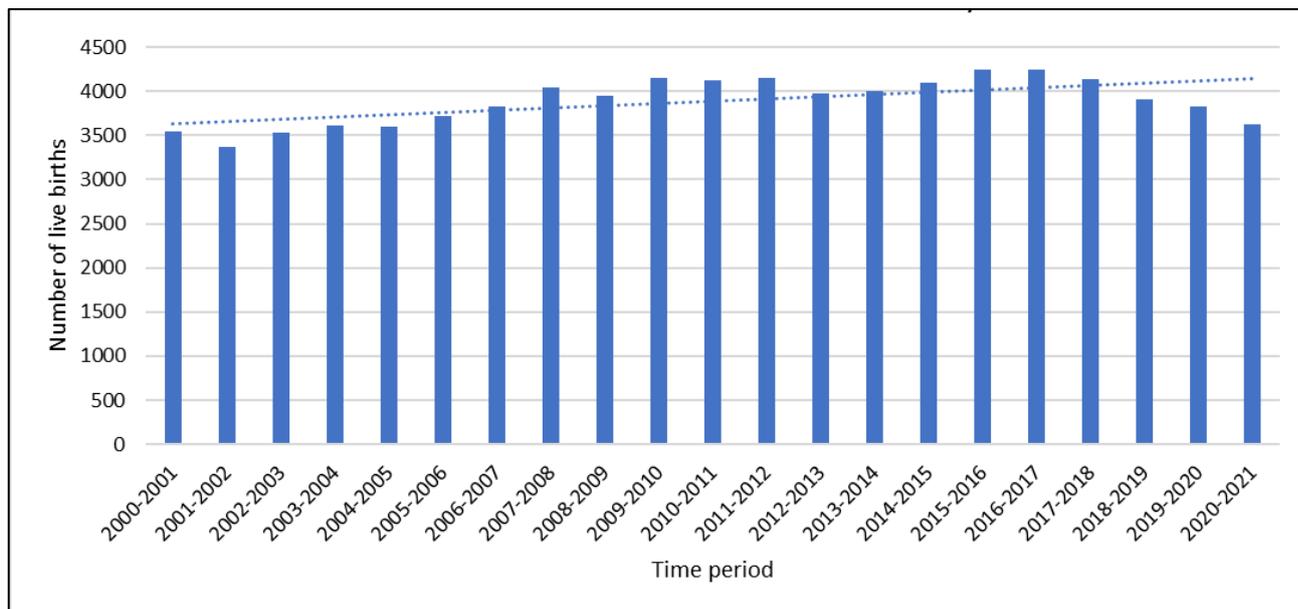


Figure 4 - Number of live births occurrences in Bromley, 2000 - 2021

Source: ONS Numbers of live births by local authority and MSOA, England and Wales: mid-year 1992 to mid-year 2021.

Figure 5 shows that annual live births (2012 - 2041) are projected to decline from a mid-2010s peak (4,251 in 2016) to a trough in 2023 (3,497; -17.7%), followed by a gradual recovery to 3,801 by 2041. From 2012 to 2041, births fall by 8.2% while the projected all-age population grows by approximately 10%, indicating a lower crude birth rate rather than population loss. The trough in 2023 will potentially lead to smaller early-years and Reception cohorts in the late 2020s, with a slow rise through the 2030s that remains below the peak seen in the mid-2010s.

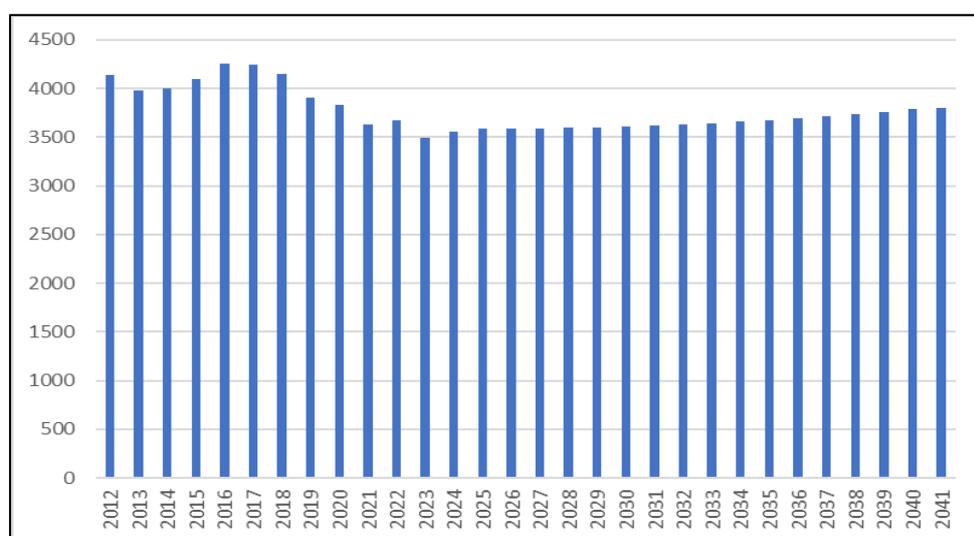


Figure 5 - Live birth projections in Bromley, 2012-2041

Source: Interim GLA Housing Targets 10-year Migration Population Projection (2021)

Fertility has fallen across Bromley, London and England since 2010 (**Figure 6**). Bromley's fertility rate remains consistently higher than regional and national levels, peaking at 67 live births per 1000 in 2016 before declining to 53 live births per 1000 in 2023 (-20.9%). A minor increase is seen in 2021 across areas, but the downward trend continues by 2023. This pattern is consistent with the birth's trajectory (Figure 4), supporting expectations of smaller early-years and Reception cohorts through the late 2020s.

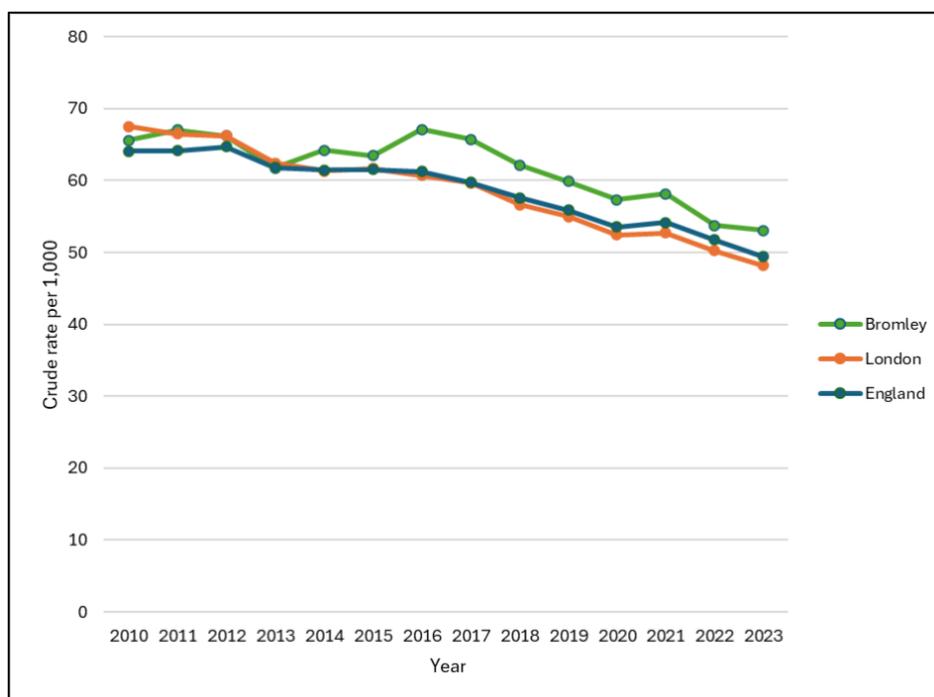


Figure 6 - General fertility rate per 1000 females aged 15 - 44 years Bromley, London and England (2010 - 2023)

Source: ONS Fingertips, Child and Maternal Health Profile, 2025

3.2 Deprivation

The 2025 Index of Multiples Deprivation (IMD) offers a range of measures showing how levels of deprivation vary across 33,755 small neighbourhoods in England. ⁶ The IMD is derived from a weighted combination of seven separate indices, known as the domains of deprivation. These domains and their respective weights are income (22.5%), employment (22.5%), education (13.5%), health (13.5%), crime (9.3%), barriers to housing and services (9.3%), and living environment (9.3%).

Bromley is generally considered one of the less deprived boroughs in London; however, pockets of deprivation exist within specific wards. The IMD is distributed across Lower Super Output Areas (LSOAs), which are small geographical units/neighbourhoods designed for statistics, especially Census data. There are 199 LSOAs in Bromley, and they are ranked relatively to all LSOAs in England, with each LSOA in Bromley being placed into one of ten deciles, from the most deprived 10% of areas in England (decile 1) to the least deprived 10% (decile 10). Most neighbourhoods in Bromley fall into the least 10% deprived LSOAs. However, areas such as Crystal Palace & Anerley, St Paul's Cray and St Mary's Cray have LSOAs ranking among the 10% most deprived in England, while surrounding wards like Penge & Cator and Mottingham show moderately deprived LSOAs.

Key Findings - Local Context

- **Population overview:** Bromley is London's largest borough by land area (≈ 150 km²) with a population of **335,319** in 2024. Children and young people aged **0-18 account for 21.9%** of residents, and the wider **0-25 cohort makes up 28%**. Growth has been strongest in **secondary-age groups (10-14 years, 16.6% increase)**, while early-years cohorts (0-4) have declined by **7.9%**, indicating short-term pressure on secondary services and a future dip in early-years demand.
- **Future population changes:** Projections show a **13.7% fall in the 0-18 population by 2041**, with declines across all school-age bands (0-4: -4.0%, 5-10: -10.4%, 11-18: -4.5% by 2030). This reflects sustained low birth rates and fertility decline, which will reduce demand for school places over the next decade.
- **Ward-level variation:** While the borough's overall child population will shrink, **Bromley Town** is projected to grow slightly (+4.4% by 2030), whereas wards such as Darwin, Chelsfield, Mottingham, and St Paul's Cray face sharper declines (-9% to -11%).
- **Diversity and deprivation:** Bromley is relatively affluent, with most neighbourhoods in the least deprived deciles. However, **10% of local areas rank among the most deprived 30% nationally for child income deprivation**, concentrated in Crystal Palace & Anerley, St Paul's Cray, St Mary Cray, Mottingham, and Penge & Cator.
- **Health and wellbeing:** In the 2021 Census, **85.4% of residents reported 'very good' or 'good' health**, above the England average (81.7%). Disability prevalence: **8.4% mild limitation** and **5.5% severe limitation** in daily activities, slightly below national figures.

4. Children and young people with SEND

4.1 Overview of SEND

In England, special educational provision is divided into two types: SEN support, for common and less complex needs funded by mainstream schools, and Education, Health and Care (EHC) plans, for pupils with more severe needs⁹. SEN support is mainly offered in mainstream schools, while EHC plans address the most complex cases, requiring coordinated input from education, health, and social care services. Children with SEND can be very vulnerable; they often do not achieve the same educational outcomes as their peers and are more likely to be excluded from school.

There are **9,686 pupils in Bromley with special educational needs in 2025**. This is an **increase of 296 (3.2%) pupils** since 2024¹⁰. This includes the number of pupils with an EHC plan (2942) and the number of pupils with SEN support, both of which continue the increasing trend since 2016. The percentage of pupils with SEN support has remained at 12.7% (6,744 pupils) in 2025.

Between 2015/16 and 2024/25, the proportion of pupils identified with SEN rose in both Bromley and England, by approximately 5% (**Figure 8**). Bromley has remained below the England average throughout the period.

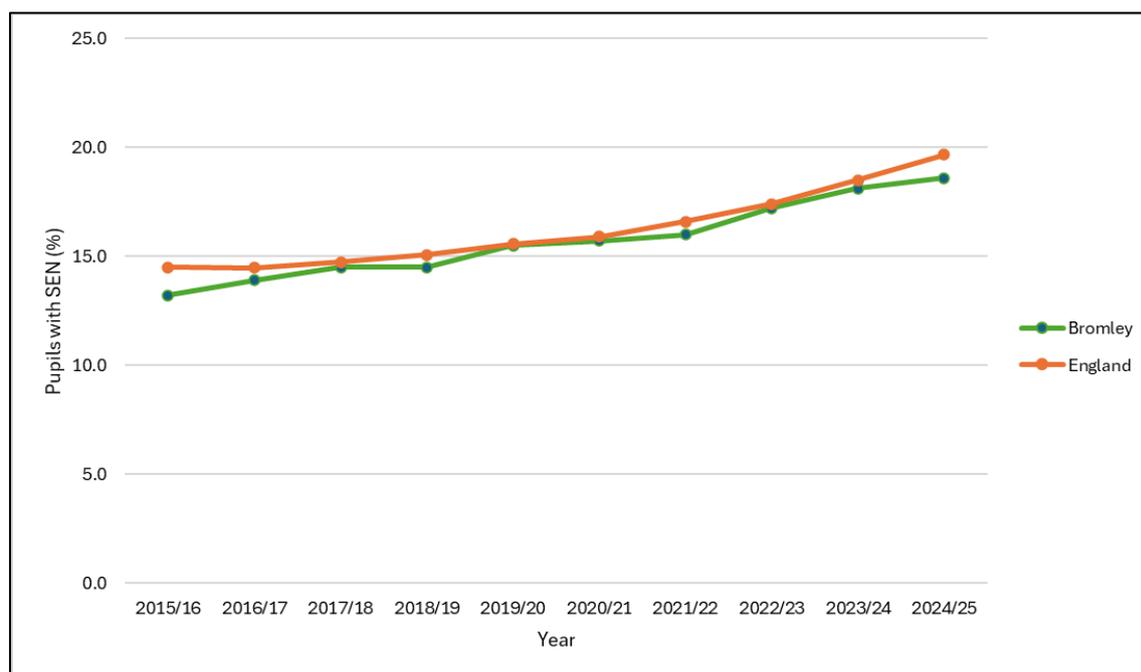


Figure 8 - Percentage of school pupils identified as having SEN, Bromley and England, 2015-2025

Source: ONS Fingertips, Child and Maternal Health Profile, 2025

Figure 9 shows that 13.9% of pupils in mainstream schools in Orpington receive SEN Support, the largest prevalence in the Bromley constituency in 2025. This is slightly above the regional average of 13.0%, and below the national figure of 14.2%. Notably, local schools in Orpington may have a slightly higher proportion of pupils requiring additional support

compared to the London region. Bromley and Biggin Hill and Beckenham and Penge have a lower prevalence of pupils receiving SEN support compared to regional and national levels.

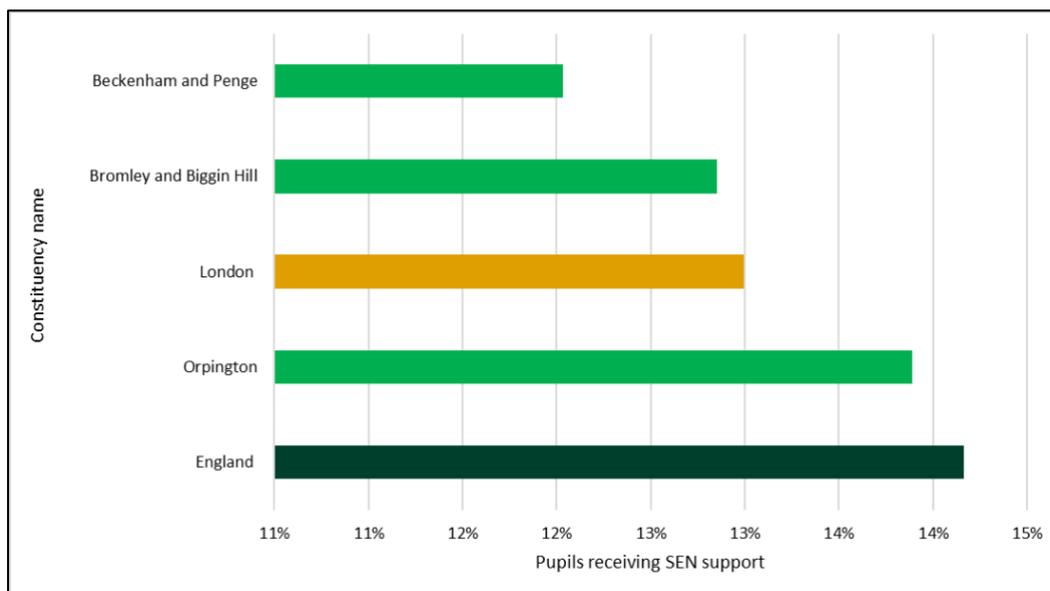


Figure 9 - Pupils receiving SEN support (%) in Bromley, regional and national constituencies, 2025

Source: House of Commons Library, Local area dashboard: Special educational needs and disabilities (SEND) in England, 2025

4.2 SEND by primary type of need

The most common type of need for those with an EHC plan is Autistic Spectrum Disorder (594). For those with SEND support, Social, Emotional and Mental Health needs (1,928 pupils) and Speech, Language and Communication needs (1,818) are the most common primary types of need.

Figure 10¹² shows that Bromley's pupils with SEND are more likely to have SEMH, Specific Learning Difficulty or Speech Language and Communication needs than the national average.

¹ Covers state-funded nursery, primary, secondary and special schools, non-maintained special schools and state-funded alternative provision (AP). Independent schools are *not* included.

² Down Syndrome appears as a primary need in the school census for the first time in 2024/25. Expect some re-coding from other learning-difficulty categories compared with last year. This matters for trend comparisons.

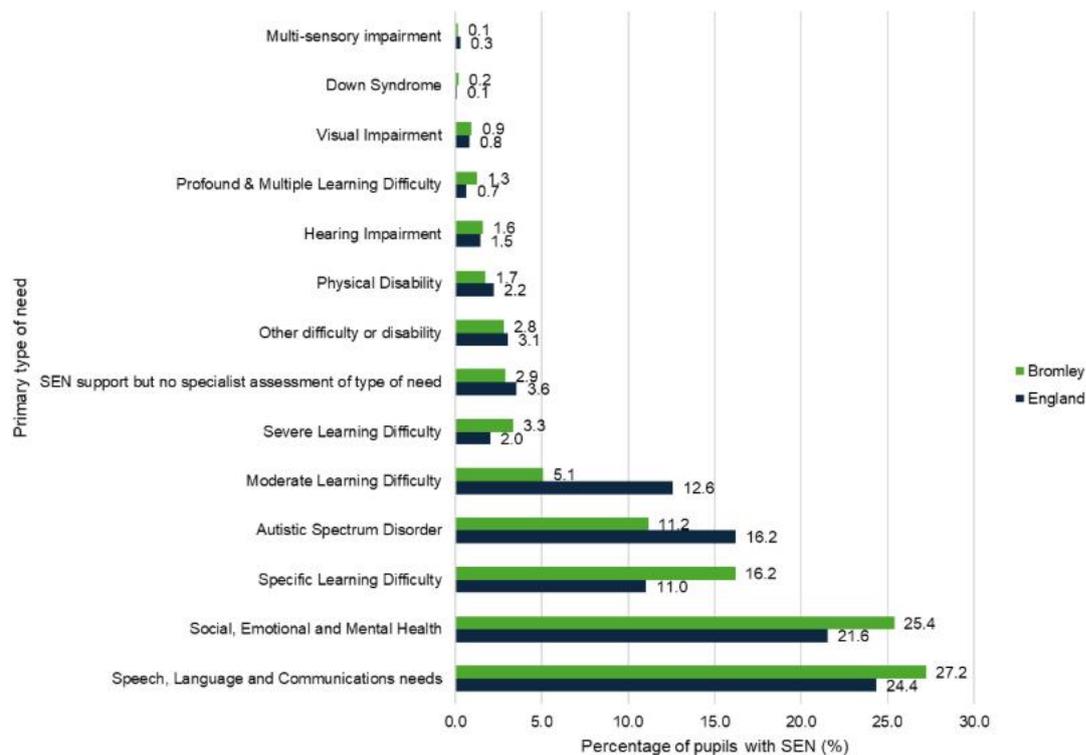


Figure 10 - Percentage of all pupils with SEN by primary type of need, Bromley & England, 2024/25

Source: Department for Education, 2025, reported by LBB Public Health Intelligence¹¹

4.3 Speech, language and communication needs

Speech, language and communication skills are core to overall child development. Difficulties in these areas will potentially have significant and far-reaching impacts on social, emotional, behavioural and academic development. The term ‘Speech, Language and Communication needs’ (SLCN) is the most used term to describe children who find it hard to talk and/or understand what people say to them. Autistic Spectrum Disorder is a type of social communication disorder but is measured and reported separately.

A variety of adverse outcomes are associated with SLCN in a child. These include:

- being bullied
- mental health difficulties
- lower educational attainment
- up to 60% of young offenders have SLCN¹²
- 88% of long-term unemployed men have SLCN¹⁰

It is estimated that, nationally, 7% of children 0-5 years will have speech, language and communication needs, but this may be as high as 55% of under 5s and 35% of 5 to 16 year olds in areas of high deprivation¹³.

An “Ages and Stages Questionnaire” (ASQ) is used nationally as a screening tool to identify developmental delay in young children. In 2024/25 in Bromley, 1,988 children aged 24-27 months were screened using this tool as part of the routine Health Visitor developmental

review. Of the children screened, 1797 (90%) met the expected standard in communication but 191 children (10%) were below the expected developmental standard for this age group. In most cases parents will be given advice by the health visitor and the child reassessed a few weeks later. In cases with poorer scores, or if the child does not improve after simple advice, they are referred to a Speech and Language therapist.

Comparing those with SLCN needs in Bromley with England:

- The rate of identified Speech, language and communication needs (both SEN support and EHC Plan) is higher in Bromley at 4.7% than for England at 4.4% but lower than the rate for London of 5.3%.
- The rate of identified Autistic Spectrum Disorder (both SEN support and EHC Plan) is lower in Bromley at 1.8% than for London at 3.1% and England at 2.8%.
- There may be some substitution of a primary need of ASD with SLCN. The total proportion of all pupils with either ASD or SLCN in England is 7.2%, in London it is 7.8%, and in Bromley it is 6.2%. This indicates that although there may be some substitution, the overall level of communication need is lower in Bromley children and young people than in London or England.

Approximately 2,638 children and young people in Bromley schools are identified as having SLCN (1,818 at SEN support level and 820 at EHC Plan level). Of these, 2,049 are primary school age and 524 are secondary school age. 64 pupils with SLCN are in special school.

The distribution of SLCN needs across the age range in Bromley is not uniform, with the rate of SLCN need in primary school age children higher than the rate of SLCN need in secondary school age children, but this pattern reversed for pupils with ASD, rising into secondary and peaking at Year 7, with sustained high levels through Years 10-11 (**Figure 11**).

Social, Emotional and Mental Health (SEMH) needs escalate across late primary and dominate mid-secondary, peaking at Year 11. These distributions indicate the need for strong early SLCN identification and intervention in primary, robust ASD-informed practice and graduated SEMH pathways across secondary, and careful transition planning at Year 6-7 to ensure continuity of support (**Figure 11**).

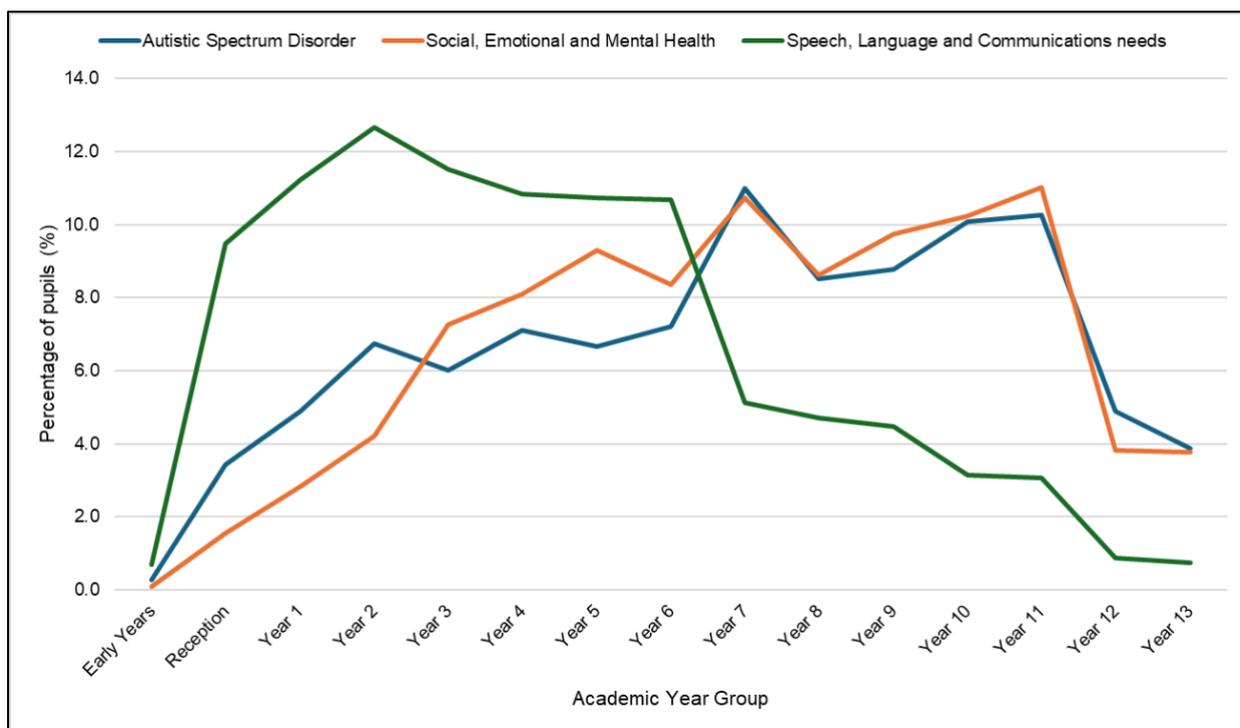


Figure 11 - Proportion of pupils with ASD, SEMH AND SLCN by school year in Bromley, 2024-25

Source: Department for Education, 2025, reported by LBB Public Health Intelligence¹⁴

4.4 Sensory Impairment

Half of all deaf children are born deaf, whilst half acquire deafness during childhood. 2 out of 5 deaf children have additional or complex needs¹⁵. In 2024, sensory impairment in Bromley schools is primarily supported in mainstream schools. 142 CYP had hearing impairment split between 67 in primary school, 70 in secondary school and five in special schools, and approximately 84 to 88 pupils had vision impairment (46 in primary, 38 in secondary and <5 in special schools). Multi-sensory impairment is rare (<7).

	Primary school	Secondary school	Special school
Hearing impairment	67	70	5
Vision impairment	46	38	<5
Multi-sensory impairment	7	<5	<5

Table 4: Number of CYP with sensory impairment in primary, secondary and special schools, 2024

Source: LBB school SEND data 2024

Some children identified as vision impaired are registered blind or partially sighted.

	Age 0-4 years	Age 5-17 years
Number of children registered blind	5	25
Number of children registered partially sighted	<5	25

Table 5: Number of CYP registered Blind and Partially Sighted People, Bromley, 2022-2023

Source: NHS Digital, 2024

4.5 SEND by school type

Speech, Language and Communication Needs (SLCN) remain the most prevalent primary need across Bromley schools, accounting for **27.2%** of all pupils with SEN (2,638 children), with the majority in primary settings (Table 6). **Social, Emotional and Mental Health (SEMH)** needs represent **25.4%** (2,460 pupils) and **dominate the secondary phase (1,245 pupils)**, followed by Specific Learning Difficulty (SpLD) at 16.2% (1,569 pupils). Autistic Spectrum Disorder (ASD) is also significant at 11.2% (1,081 pupils) across all phases. Special schools primarily support pupils with Severe Learning Difficulty (SLD), Profound and Multiple Learning Difficulty (PMLD), and Moderate Learning Difficulty (MLD), reflecting high-complexity needs.

Primary type of need 2025	Primary schools	Secondary school	Special school	Pupil referral unit	Total	% Share
Autistic Spectrum Disorder	459	522	100	no data	1081	11.2
Down Syndrome	7	no data	11	no data	18	0.2
Hearing Impairment	75	77	4	no data	156	1.6
Moderate Learning Difficulty	150	223	119	1	493	5.1
Multi-sensory impairment	8	2	4	no data	14	0.1
Other difficulty or disability	137	124	9	no data	270	2.8
Physical Disability	81	77	9	no data	167	1.7
Profound & Multiple Learning Difficulty	14	no data	109	no data	123	1.3
SEN support but no specialist assessment of type of need	209	73	no data	no data	282	2.9
Severe Learning Difficulty	19	3	302	no data	324	3.3
Social, Emotional and Mental Health	983	1245	183	49	2460	25.4
Specific Learning Difficulty	483	1067	19	no data	1569	16.2
Speech, Language and Communications needs	2049	524	64	1	2638	27.2
Visual Impairment	37	49	5	no data	91	0.9

Table 6: All pupils with SEN by type of need in maintained schools and academies, 2025

Source: Department for Education, 2025, reported by LBB Public Health Intelligence16

Between 2024 and 2025, the largest rises in Bromley’s coded SEN cohort were in Speech, Language & Communication Needs (+5.4%), Social, Emotional & Mental Health (+7.5%), and Autistic Spectrum Disorder (+14.5%), while “Other difficulty or disability” fell sharply by 38.4% (Table 6 and Table 7). This is consistent with local coding refinement and the introduction of the Down Syndrome primary-need code in 2024/25. This reinforces the need for strong early SLCN support in primary, robust SEMH pathways in secondary, autism-informed practice across phases, and continued QA of coding/assessments.

Primary type of need 2024	Primary schools	Secondary schools	Special school	Pupil referral unit	Total	% share
Autistic Spectrum Disorder	405	444	94	1	944	10.1%
Hearing Impairment	67	70	5	0	142	1.5%
Moderate Learning Difficulty	181	229	125	0	535	5.7%
Multi- Sensory Impairment	7	3	4	0	14	0.1%
Other Difficulty/Disability	178	254	6	0	438	4.7%
Physical Disability	73	77	9	0	159	1.7%
Profound & Multiple Learning Difficulty	15	1	107	0	123	1.3%
SEN support but no specialist assessment of type of need	184	81	0	0	265	2.8%
Severe Learning Difficulty	33	5	298	0	336	3.6%
Social, Emotional and Mental Health	862	1195	170	62	2289	24.4%
Specific Learning Difficulty	513	1015	27	0	1555	16.6%
Speech, Language and Communications needs	1896	559	47	0	2502	26.6%
Visual Impairment	46	38	4	0	88	0.9%

Table 7: All pupils with SEN by type of need in maintained schools and academies, 2024/17

Source: Department for Education, 2024, reported by LBB Public Health Intelligence 18

Figure 12 illustrates the distribution of pupils with SEND by academic year group. proportion of pupils with SEND rises sharply from Early Years (SEN Support 0.4%, EHCP 0.2%) to Reception (4.0%, 4.9%) and continues to increase through primary, peaking in Year 5 for SEN Support (9.9%) and Year 6 for EHCPs (9.5%).

In secondary, levels remain consistently high across Years 7-11 (around 8-9% for both SEN Support and EHCPs), reflecting sustained need during key exam stages.

Post-16 years groups show a decline, with Year 12 and Year 13 at 3.6% SEN Support and 2.6-2.2% EHCPs, and only 1.1% EHCPs recorded in college. This pattern highlights the importance of early identification in primary, robust transition planning between Year 6 and Year 7, and continuity of support into post-16 education to meet the 0-25 SEND entitlement.

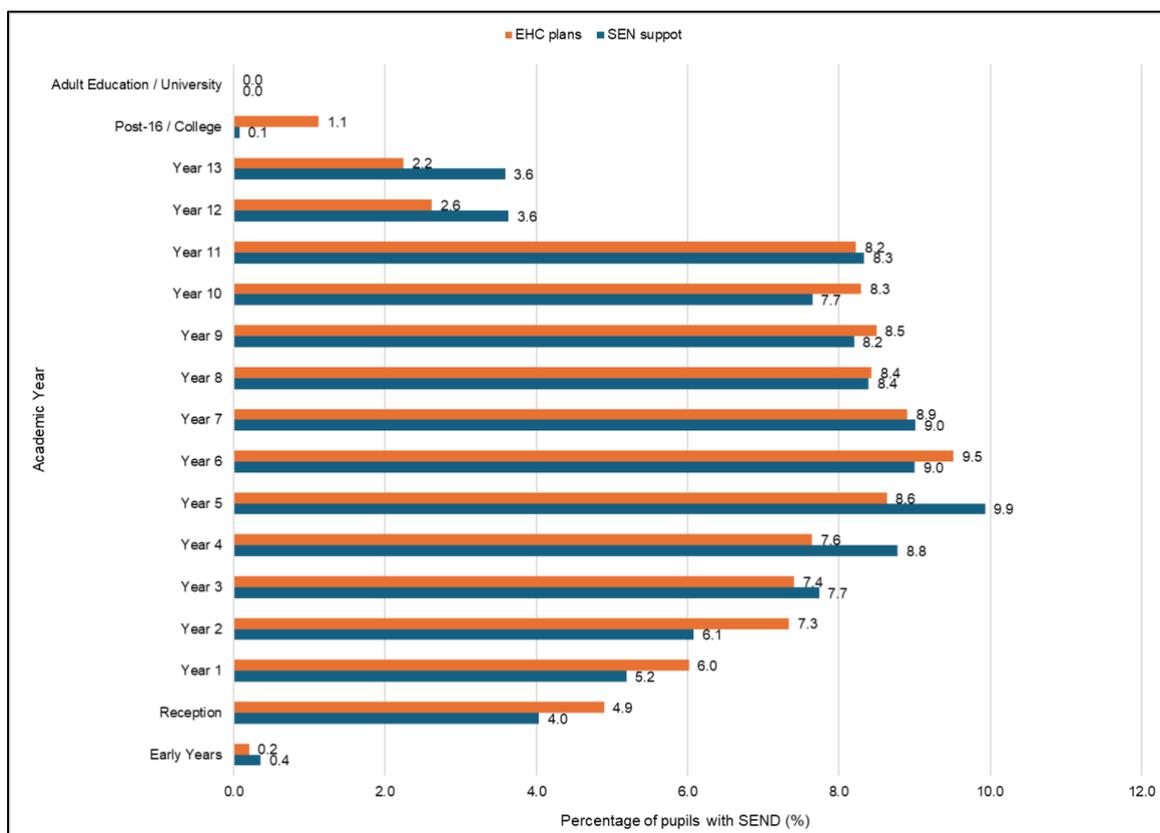


Figure 12 - All state-funded pupils with SEND in Bromley by Academic Year Group, 2024-25

Source: Department for Education, 2025, reported by LBB Public Health Intelligence 19

4.6 Education Health and Care Plans (EHCP)

Most children and young people with SEND have their needs met through the resources already available within their school or educational setting. However, a smaller group may require extra support beyond what is typically provided. In these cases, they might qualify for an EHC plan, often called an EHCP.

An EHCP is a legally binding document that sets out a pupil’s educational, health, and social care needs, along with the specific support required to help them achieve the best possible outcomes as they move into adulthood.

Before an EHCP can be issued, the child or young person must go through an Education, Health and Care needs assessment. This assessment is not usually the first step in meeting their needs; instead, it builds on ongoing, coordinated efforts between families, schools, and any health or social care services already involved.

EHC needs assessments can be carried out for children and young people aged 0 to 25 who are in education or training. From the initial request for an assessment to the completion of a final EHCP (if agreed), the process can take up to 20 weeks. Further guidance on EHCPs can be found in Chapter 9 of the SEND Code of Practice²⁰.

The percentage of pupils with an EHC plan in 2025 has increased to **5.5% (2,942 pupils)**, from **5.0% (2,642 pupils)** in 2024. The existence of an EHC Plan is an indicator of significant

need. It is a plan put in place to ensure that a young person reaches their full potential, not just in education.

Figure 13 shows that as of July 2025, 4.4% of pupils in mainstream schools in Orpington and 4% in Bromley and Biggin Hill had an EHC Plan, the largest rates in the Bromley constituency, higher than both London and England levels. This indicates a relatively greater incidence of complex needs locally, potentially reflecting demographic factors or the availability of specialist provision.

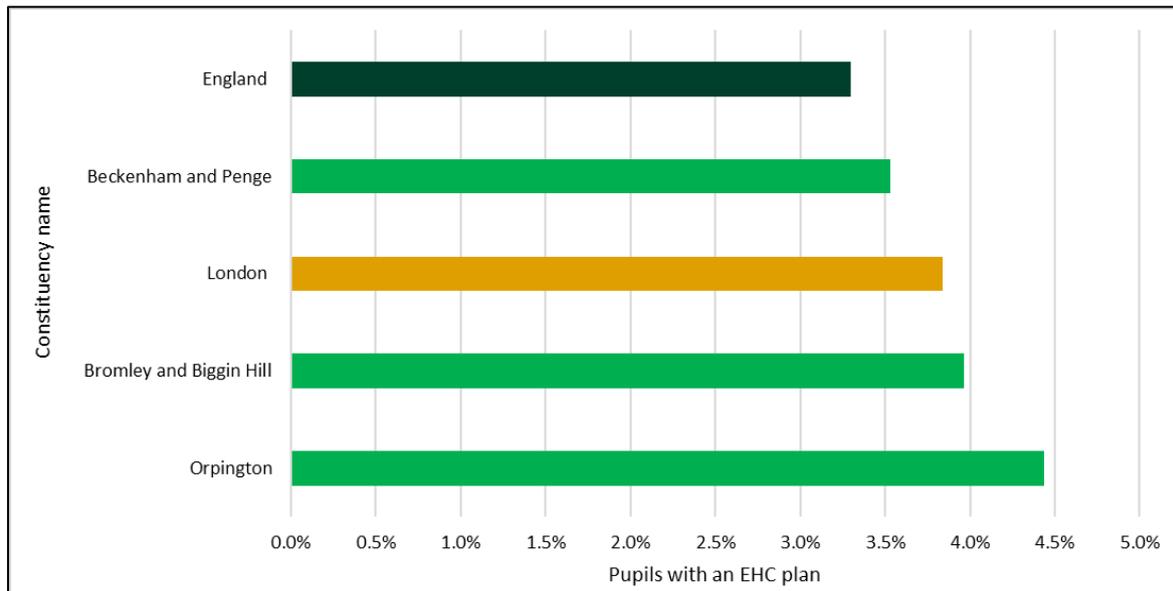


Figure 13 - Pupils with an EHC plan in Bromley, London and England, 2025

Source: House of Commons Library, Local area dashboard: Special educational needs and disabilities (SEND) in England, 2025

Children and young people with an EHCP are supported in mainstream classes where appropriate. Comparison with statistical neighbours is shown in Figure 14 below. Bromley rates have consistently been higher and has risen steadily over the past decade, increasing from 3.0% in 2016 to 5.6% in 2025- a growth of 87%. This trajectory mirrors national and regional trends but remains slightly above London (5.4%) and England (5.3%), and broadly in line with statistical neighbours (5.3%). Almost all this increase in EHCPs is for children with speech, language and communication needs or social and emotional health needs.

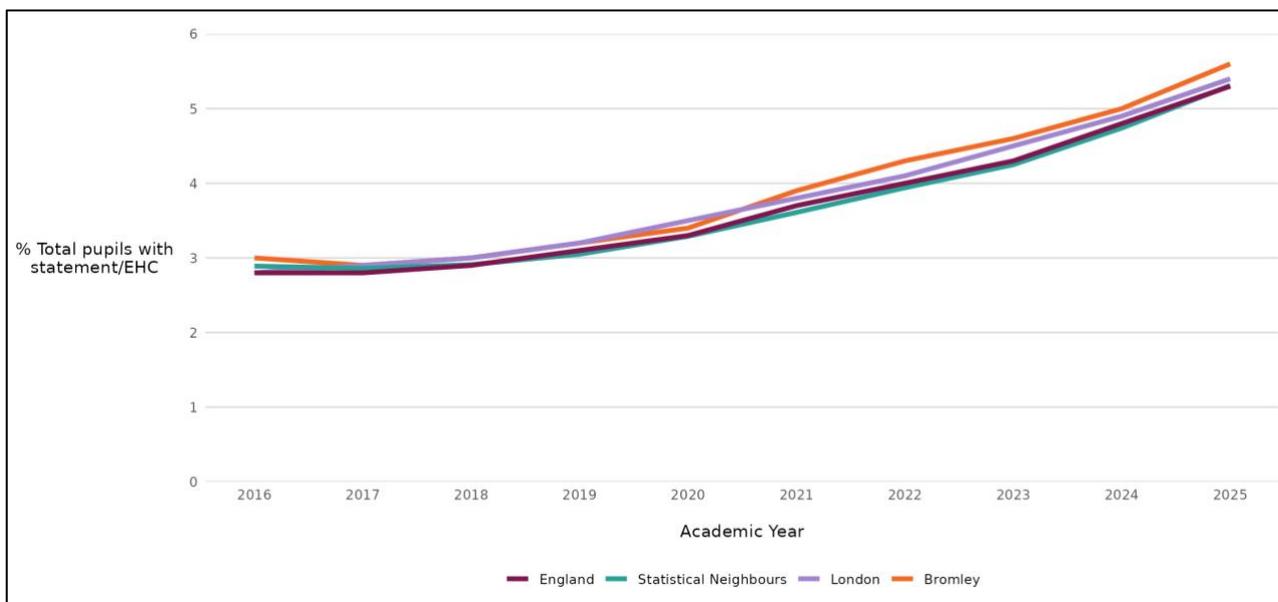


Figure 14 - Percentage of pupils with statements/EHC Plans, Bromley and comparators, 2016-2025

Source: Local Authority Interactive Tool (LAIT), 2025

The percentage of pupils with an EHCP in Bromley schools had reduced in 2018 but has since increased again. **Figure 15** below shows the projected increase in EHCPs until 2033. The median projection shows an increase to 4,403 in 2027 and 4,915 by 2033.

The projections for 2024 are slightly lower than the actual EHCP population in 2024, with the max projection showing 3,915, but the actual population being 4,071. This shows that the rate of growth in EHCPs may be increasing more quickly than previous growth had indicated.

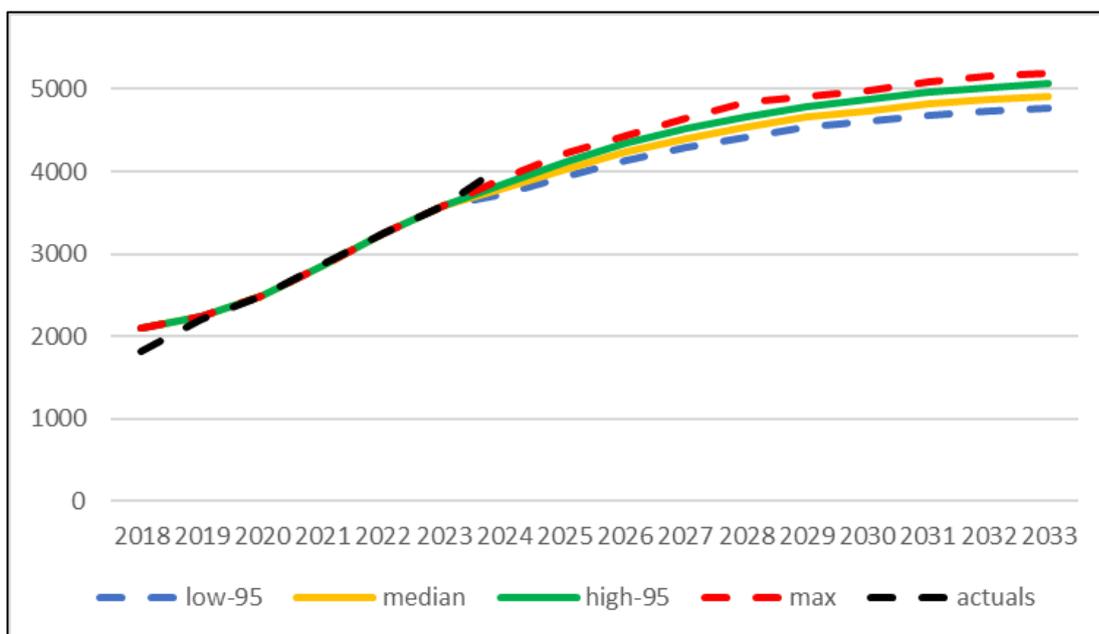


Figure 15 - EHCP population projections for all ages (0-25) 2018 - 2032. Low, mid, high, and max projections

Source: Education School Places Commissioning Plan, 2024

For the past 3 years, the growth in the number of EHCPs in Bromley has been greater than the regional or national average (**Figure 16**).

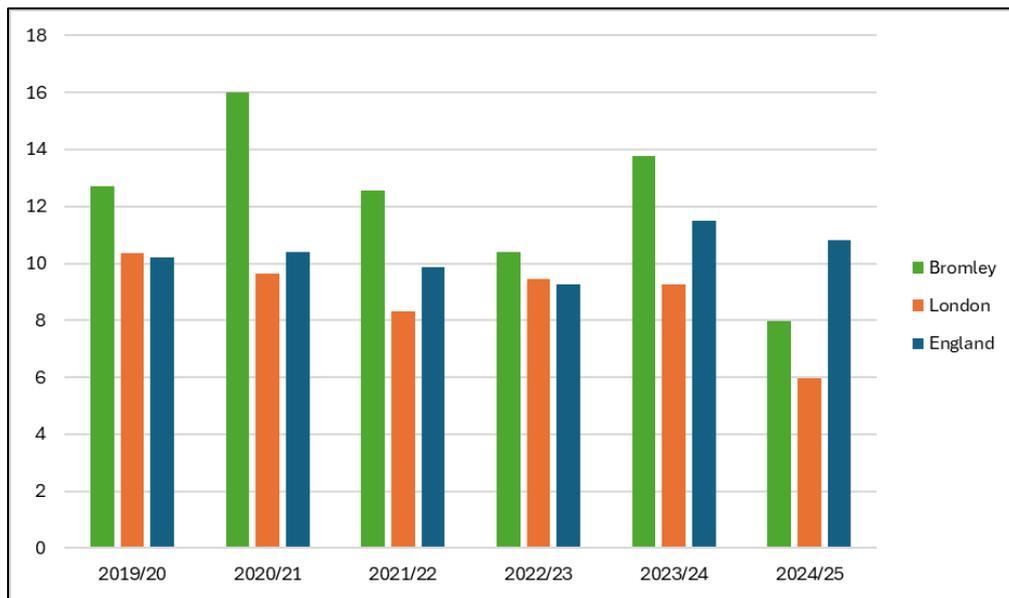


Figure 16 - Annual percentage increase in number of EHCPs, Bromley, London and England

Source: Department for Education, 2025, reported by LBB Public Health Intelligence²¹

Refusal rates for initial EHC needs assessments in Bromley have fluctuated over the past decade, peaking at 37.8% in 2023 before falling sharply to 27.3% in 2024, a reduction of 10.5% (**Figure 17**). The 2023 spike aligns with accelerating EHCP demand, while the 2024 decline may reflect recent process improvements.

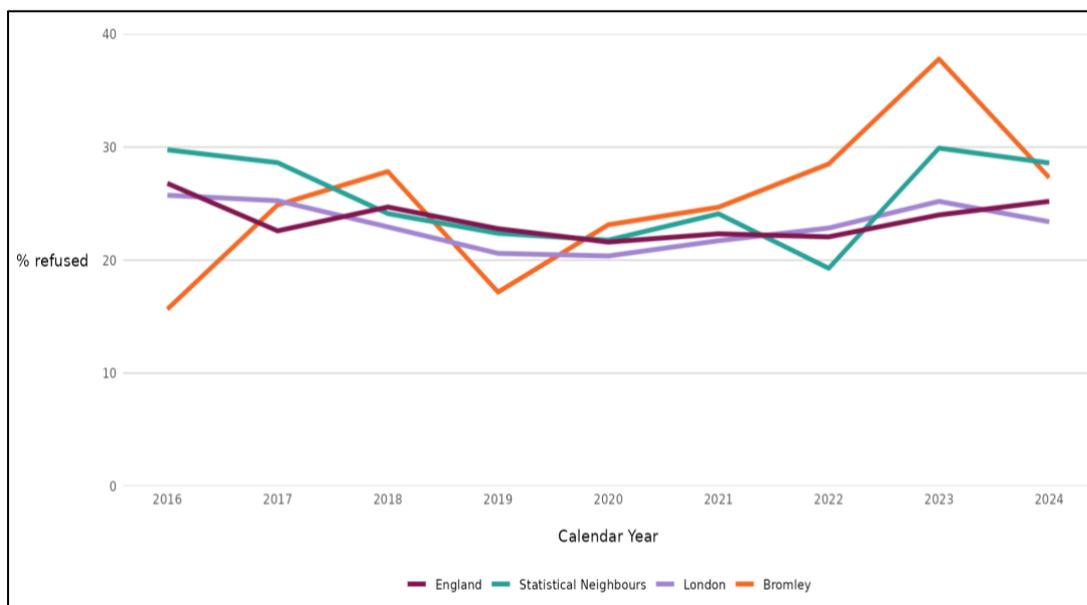


Figure 17 - Initial requests for assessment for an EHC plan refused during the calendar year (%), 2016 - 2024

Source: Local Authority Interactive Tool (LAIT), 2025

Key Findings - CYP with SEND

SEND Headlines

- In **January 2025**, **5.5% of pupils in Bromley had an Education, Health and Care Plan (EHCP) - 2,942 pupils**, up from 5.0% in 2024. An additional **12.7% (6,744 pupils)** receive SEN support without an EHCP. Bromley's EHCP rate is slightly above London and England averages, while SEN support is broadly in line with national figures.

Trends in EHCPs and SEN support

- The number of pupils with EHCPs has grown steadily since 2016, rising by **87% over the past decade**. Growth is accelerating, with projections showing **4,915 EHCPs by 2033**, exceeding previous forecasts. SEN support levels have remained stable at around 12.7%.

Changes in school placement

- Most pupils with SEND are educated in **mainstream schools**. Bromley has seen a rise in pupils with complex needs in mainstream settings.

Primary needs and provision Types

- The most common needs are:
 - **Speech, Language and Communication Needs (SLCN) - 27.2% of all SEND pupils**
 - **Social, Emotional and Mental Health (SEMH) - 25.4%**
 - **Specific Learning Difficulties (SpLD) - 16.2%** - autism spectrum disorder (ASD) is also significant, affecting **over 1,000 pupils**.
- Autism Spectrum Disorder (ASD) affects over 1,000 pupils,
- There have been sharp rises in ASD (+14.5%), SEMH (+7.5%), and SLCN (+5.4%).

Age patterns

- SEND needs start low in early years, peak in **primary school (Years 5-6)**, and remain high through secondary.
- **SLCN** dominates early years and primary, while **ASD and SEMH** rise sharply in secondary, peaking in Years 7-11.

5. Education

5.1 Educational attainment

At Key Stage 2 in 2025, 42% of Bromley pupils with SEN support (non-statemented/EHCP) achieved the expected standard in reading, writing, and maths, which remains unchanged from 2024 but up from 29% in 2016 (**Figure 18**). This places Bromley 12th nationally in Quartile A³, indicating strong performance and well above Outer London (38%), statistical neighbours (30.6%), and England (28%). However, only 9% of pupils with an EHCP met the expected standard, down from 11% in 2024. Bromley ranks 62nd nationally for this group, in Quartile C, performing below Outer London (11%) but broadly in line with England (9%) and statistical neighbours (9.5%). This divergence highlights strong progress for SEN support pupils alongside persistent challenges for those with more complex needs.

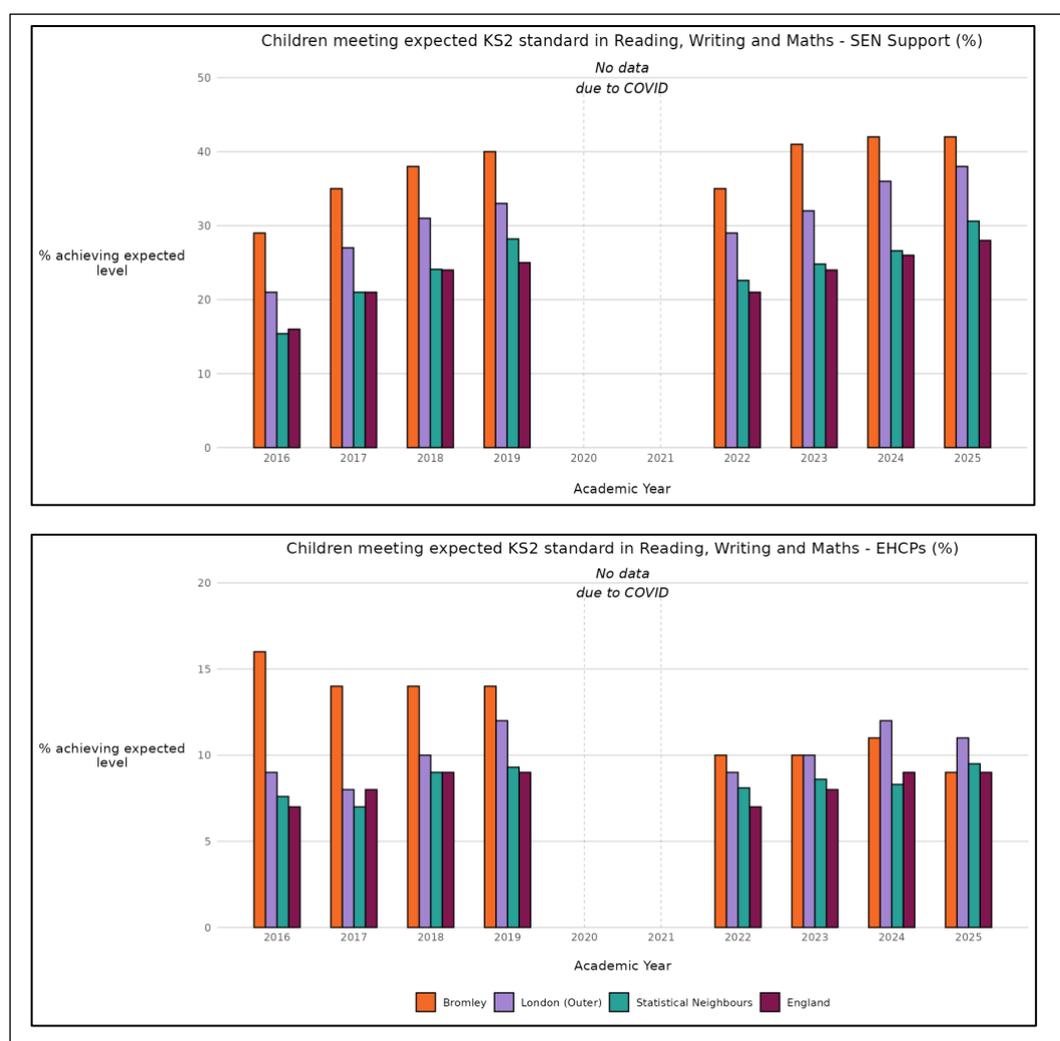


Figure 18 - Key Stage 2 achievement, 2016-19 and 2022-25, Bromley and comparators

Source: Local Authority Interactive Tool (LAIT), 2025

Attainment 8 measures the average achievement of pupils across up to eight qualifications, including double-weighted English and maths, three EBacc subjects, and three other

³ Quartile bands group local authorities by performance ranges: A (highest) = 55-33.1%, B = 33-28.1%, C = 28.1-25.1%, D (lowest) = 25-16%, showing relative attainment levels.

approved qualifications. From 2018, the maximum score increased to 90 due to reformed GCSEs graded 9, so comparisons with earlier years should consider this change. Progress 8 (not reported during COVID) assesses pupil progress from KS2 to KS4 relative to peers with similar prior attainment. These metrics aim to capture both attainment and progress for accountability purposes.

Figure 19 shows that Bromley’s Attainment 8 score for pupils with SEN Support reached 42.1 in 2025, up from 39.6 in 2023 and consistently outperforming Outer London (37.9), statistical neighbours (37.0), and England (33.7). For pupils with an EHCP, the 2025 score rose to 18.0 from 15.6 in 2024 but remains below the 2016 level of 26.0. Bromley still performs above Outer London (17.2), statistical neighbours (16.0), and England (14.8), though outcomes for this group remain lower than for SEN Support pupils.

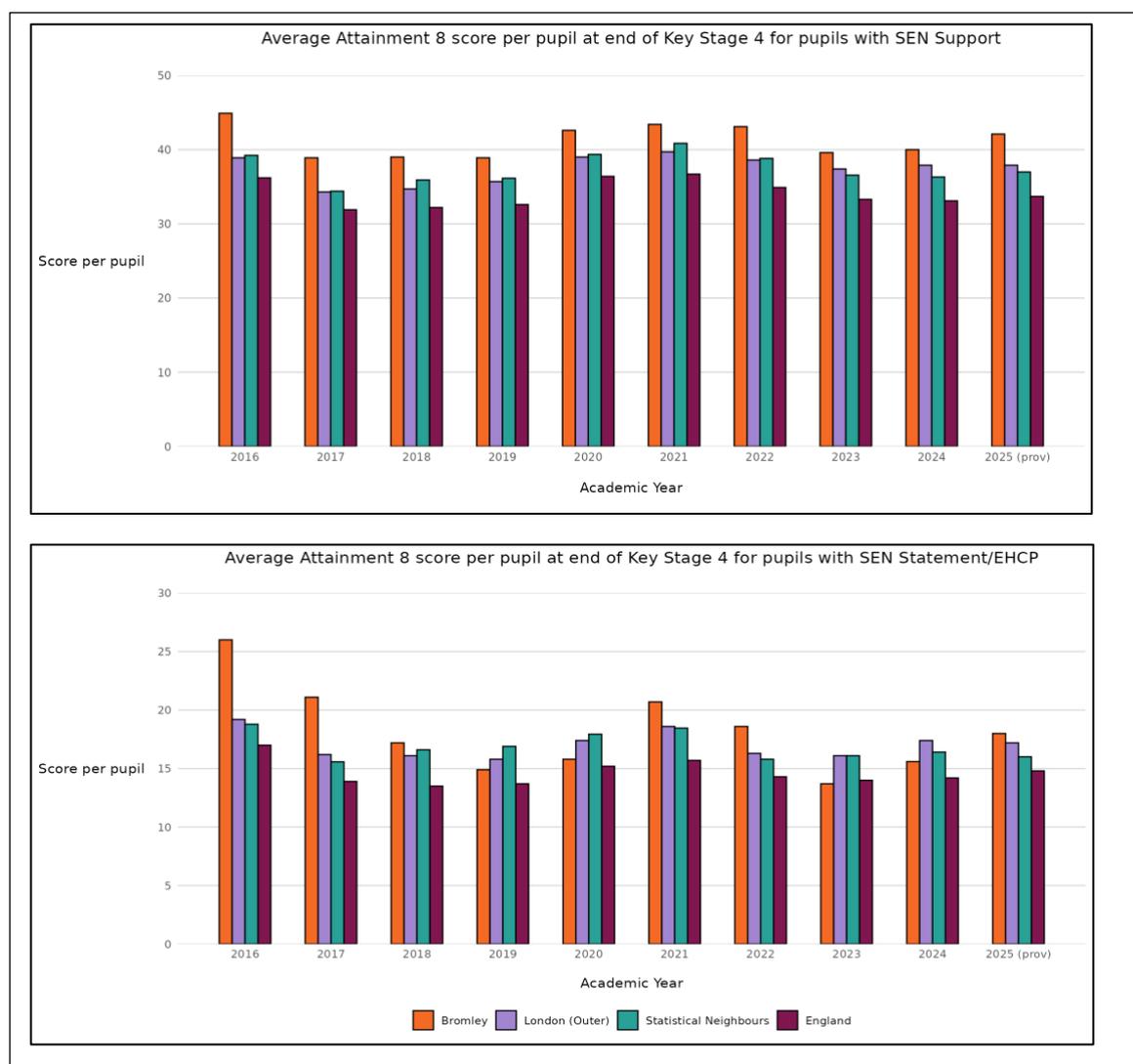


Figure 19 - Pupils average Attainment 8 score, 2018-25, Bromley and comparators

Source: Local Authority Interactive Tool, 2025

For KS4 SEN pupils with SEN Support going to or remaining in education, employment, or training (EET) in Bromley, the provisional 2023 figure is 88.6%, down 3.9 points from 2022 and lower than its peak of 93.0% in 2018. Despite the decline, Bromley remains above Outer

London (87.3%), statistical neighbours (86.9%), and the England average (84.3%). Recent trends show a slight downward shift.

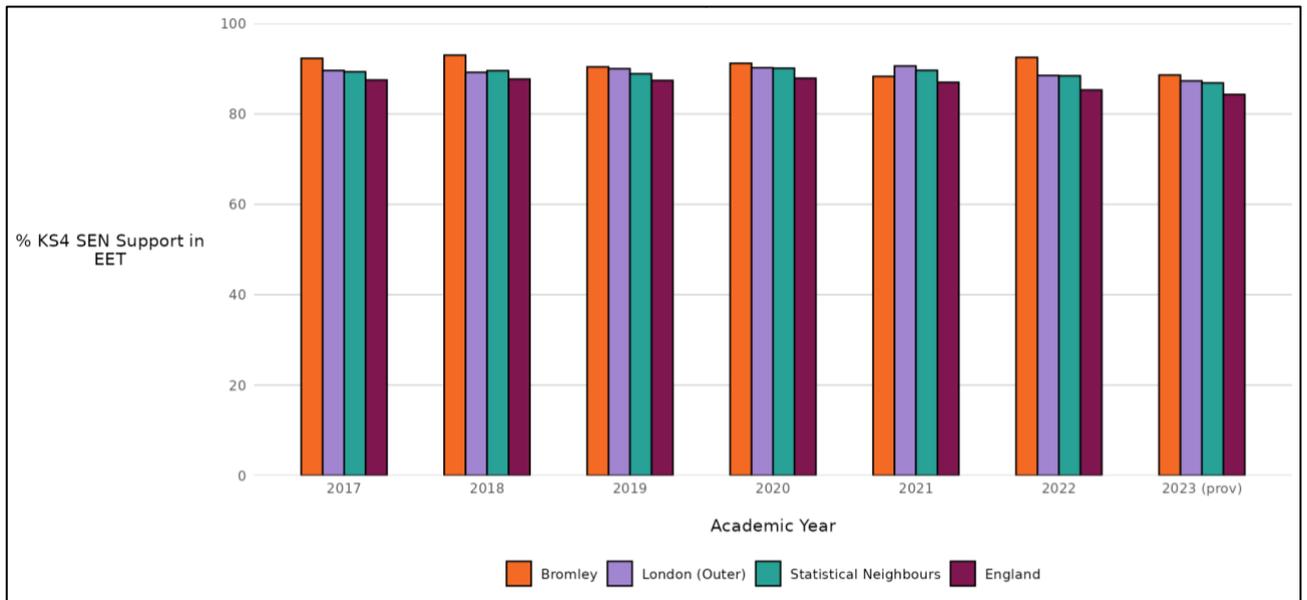


Figure 20 - KS4 SEND Pupils remaining in education or going to employment/training (including special schools), 2017 - 2023

Source: Local Authority Interactive Tool, 2025

5.2 Young People Not in Education, Employment or Training (NEET)

Those at risk of being NEET include young people from disadvantaged backgrounds, those who have underachieved in school, teenage parents, young people in or leaving care, and young people with learning disabilities or mental health problems.

The proportion of pupils with SEND who remain in education, employment or training after KS4 in Bromley is lower than other outer London boroughs and statistical neighbours but higher than the rate in England (**Figure 21**).

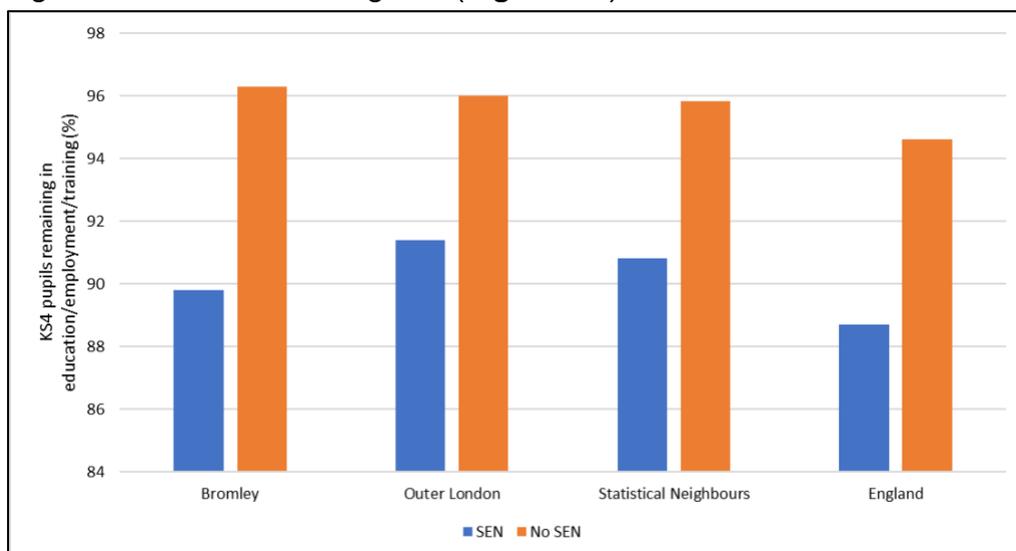


Figure 21 - KS4 pupils remaining in education, employment or training by SEN status, Bromley and comparators, 2022

Source: Local Authority Interactive Tool, 2024

5.3 Young people not attending school

School is a protective factor in the life of most children and young people. When a young person does not attend school regularly, they can quickly lose step with their peers, both educationally and socially. They are also less likely to be protected from harm and may not be observed by adults who recognise the signs of harm. Attendance at school also limits the extent to which young people can engage in harmful or antisocial behaviours such as self-harm, drug and alcohol use, offending and gang association. It also reduces the risk of CSE.

The SHEU survey 2024 found that 82% of pupils had attended school on 5 or more days in the week prior to the survey.

In the month before the 2024 SHEU survey:

- 41% missed no school at all (an increase from 39% in 2019 and 34% in 2022)
- 43% missed school due to illness or injury (an increase from 37% in 2022)
- 21% missed school due to medical or dental appointments (20% in 2022)

Special schools in Bromley have the highest absence rates compared to other phases, with authorised absence at 9.23% and unauthorised absence at 3.44% (**Figure 22**). Both figures are slightly above London (9.16% and 3.31%) and England (8.88% and 3.29%), indicating persistent attendance challenges for pupils with complex needs.

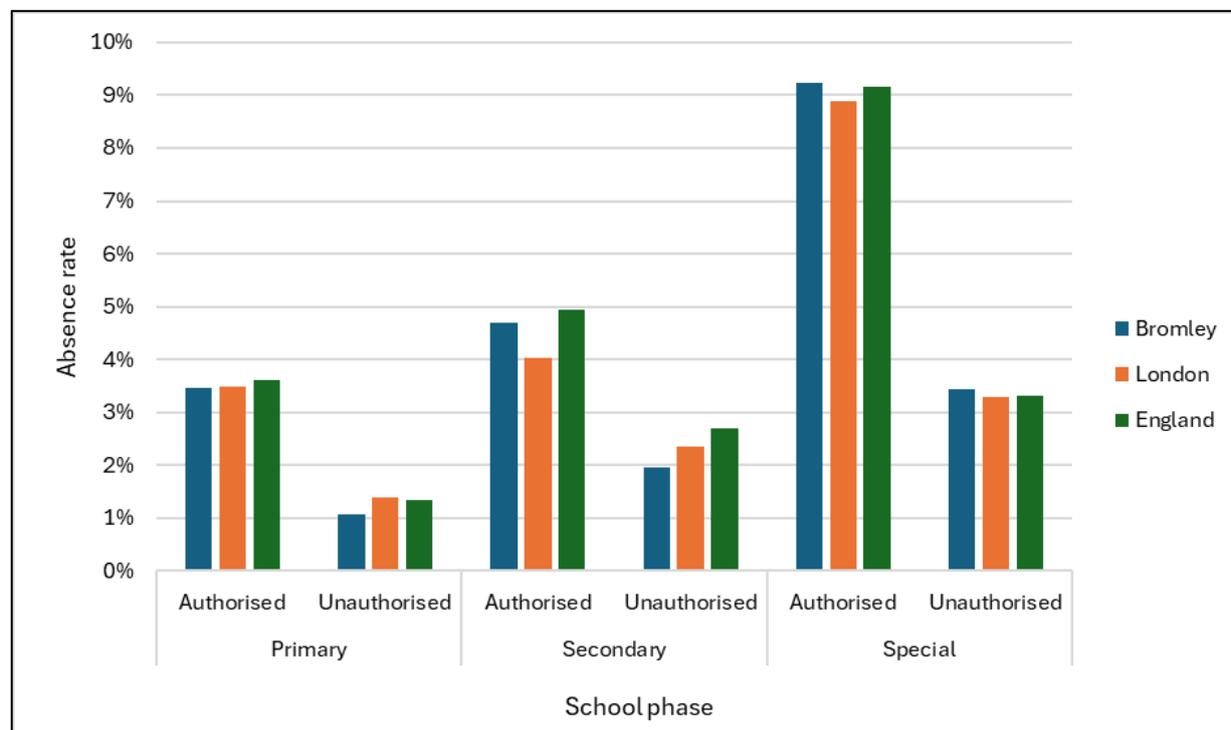


Figure 22 - Percentage of pupils who are reported absent in Bromley, London and England since week commencing 8 September 2025

Source: Department for Education, 2025, reported by LBB Public Health Intelligence²²

5.4 Elective Home Education (EHE)

Elective Home Education is a conscious decision by parents or carers to educate their children at home. The number of children declared EHE in Bromley is rising. This number is fluid with some children returning to mainstream education during the academic year.

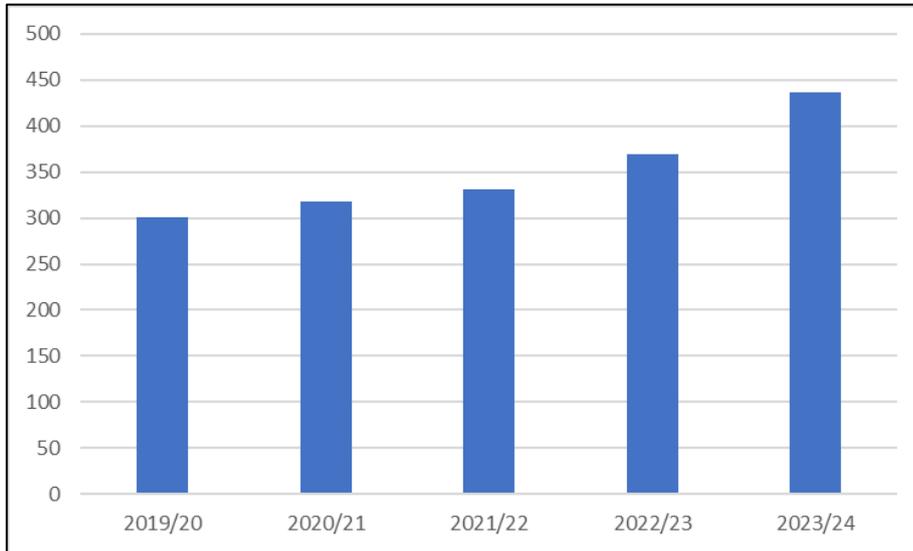


Figure 23 - Average number of children declared EHE in Bromley, 2019/20 to 2023/24

Source: ECHS data, 2024

The academic stage and gender of the EHE children in Bromley in June 2024 is shown in Figure 3.35. The number of declared EHE pupils is higher in secondary years compared to primary.

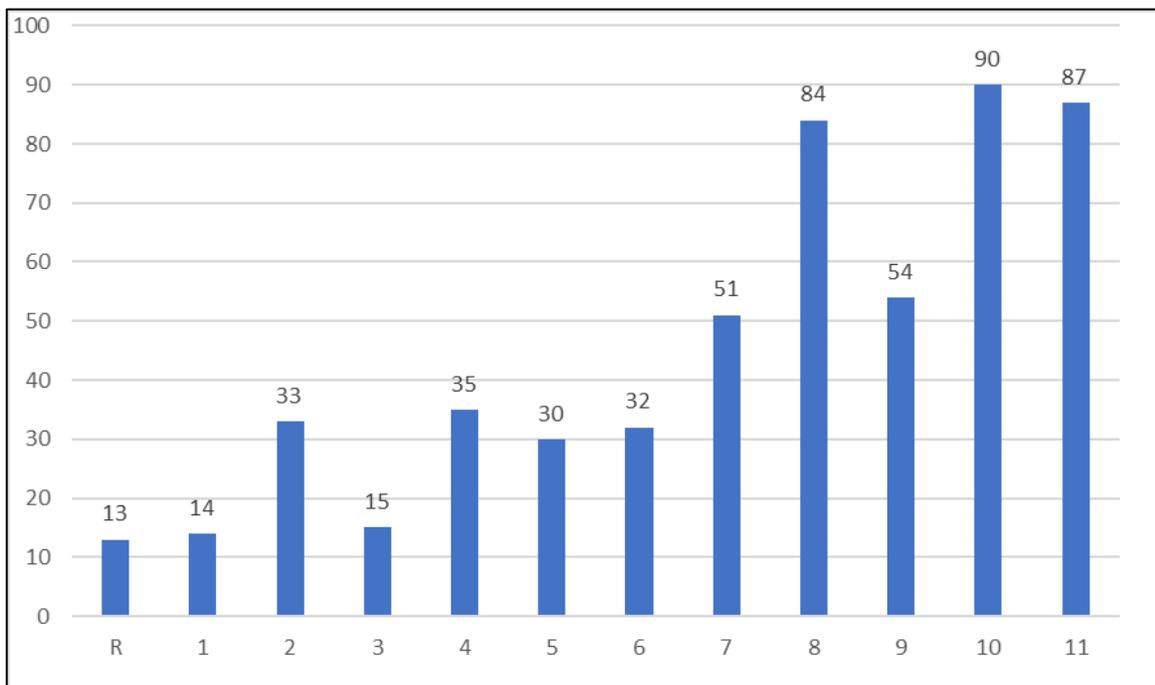


Figure 24 - EHE Cohort by Year Group, June 2024

Source: ECHS data, 2024

5.5 SEND school transport

National guidance underpins Bromley's approach to travel assistance, which includes a focus on promoting independence wherever possible through Independent Travel Training (ITT) and travel buddying schemes.

Bromley transitioned away from its previous externally commissioned travel training programme, which ceased in 2020/21 and established an internal ITT programme, employing dedicated travel trainers as substantive members of staff. This internal model, launched in 2022/23, was designed to provide bespoke, needs-led training for each child or young person, ensuring that programmes reflect both individual capabilities and the complexities of their routes.

SEND Transport plays a critical role in facilitating school attendance and improving access to health and community services. For children and young people aged 0-25 with SEND in Bromley, travel needs may be met through independent travel arrangements, where appropriate, or through assisted travel services, including the travel buddy scheme. Research also indicates that transport can be a significant barrier to participation in wider activities, with around 10% of disabled young people nationally reporting that transport is the main barrier to taking part in sports events.

No data is available for 2025/26, as the internal ITT programme was temporarily paused at the start of the academic year. Figure 25 summarises the performance of Bromley's internal Independent Travel Training (ITT) programme, which began in 2022/23 following the end of the previous outsourced model. Participation has remained stable, with between 20 and 23 CYP undertaking ITT each year, and completion rates continue to be high, though they have gradually eased from 91% in 2022/23 to 86% in 2024/25. Across the first three years of the internal programme, 65 CYP undertook ITT and 58 successfully completed their training (an overall completion rate of 89%). The 2025/26 academic year is not included in the figure, as programme delivery was temporarily paused at the start of the year due to staff turnover and will resume from February 2026.



Figure 25 - Independent Travel Training participation and completion rates, 2022/23-2024/25

Source: LBB Admissions and Transport Services, 2026

Key Findings – Education

- **Key Stage 2 (Primary outcomes):**
 - In 2025, **42% of pupils with SEN** achieved the expected standard in reading, writing, and maths - unchanged from 2024 but up from 29% in 2016.
 - This performance is **well above national (28%) and Outer London (38%) averages**, placing Bromley in the top quartile nationally.
 - For pupils with an **EHCP**, only **9% met the expected standard**, down from 11% in 2024 and 16% in 2016. Bromley ranks in the middle nationally for this group.
- **Key Stage 4 (Secondary outcomes):**
 - **Attainment 8 score** for SEN Support pupils rose to **42.1 in 2025**, outperforming Outer London (37.9), statistical neighbours (37.0), and England (33.7).
 - For EHCP pupils, the score improved to **18.0** (up from 15.6 in 2024) but remains below the 2016 level of 26.0.
- **Post-16 destinations:**
 - In 2023, **88.6% of KS4 SEN pupils** stayed in education, employment, or training (EET), slightly down from 2022 but still above national averages.
- **Attendance and exclusions:**
 - Special schools in Bromley have the highest absence rates compared to other phases, with authorised absence at **9.23%** and unauthorised at **3.44%**, slightly above London and England figures.
 - Persistent absence remains a challenge for pupils with complex needs.
- **Elective Home Education (EHE):**
 - Numbers of children educated at home are rising, especially in secondary years.

6. Health

6.1 Long-term conditions

Children with SEND often experience chronic health issues such as diabetes mellitus, asthma, and epilepsy, alongside neurodevelopmental conditions like ASD. Effective, proactive management of these conditions is essential to reduce their impact on daily life and prevent complications, including emergency hospital admissions.

The data for the following analysis comes from the following sources.

- School Nurse records (August 2024),
- SEN census in all schools (Spring 2024),
- GP data collected (July 2024)

In the academic year 2023/24 the school nurse service collected data on children with health conditions from 66 out of 75 primary schools and 16 out of 20 secondary schools (maintained schools and academies only). School nurse data relies on schools collecting health information from parents, and coverage is not universal. Triangulating these datasets helps identify children whose health needs may require additional educational support or an EHCP.

Long-term health condition	GP (%)	data	School Nurse data (%)	School SEND data (number)
Asthma	4,540 (58.7)		2,461 (52.5)	
Autism Spectrum Disorder	1,694 (21.9)		880 (18.8)	944
Diabetes mellitus	356 (4.6)		122 (2.6)	
Epilepsy and other seizures	428 (5.5)		144 (3.1)	
Sickle cell disease	94 (1.2)			
Thalassaemia	136 (1.8)			
Eating disorders	293 (3.8)			
Down's syndrome	63 (0.8)			
Cystic fibrosis	40 (0.5)			
ADD/ADHD			747 (15.9)	
Childhood cancers	88 (1.1)			
Hearing impairment			177 (3.8)	142
Vision impairment			154 (3.3)	88
Total	7,732		4,685	1,174

Table 8. Prevalence of long-term health conditions in children aged 0-18, Bromley, 2024

Source: School nurse records, 2024; SEN Census, 2024; Bromley GP data 2024

Table 8 shows 7,732 long-term health conditions recorded in GP registers, compared to 4,685 in school nurse records. This indicates under-reporting to schools.

6.2 Key conditions and outcomes

Public health data suggests that Bromley's children and young people generally perform well across most health indicators compared to regional and national averages, with trends remaining relatively stable where available. One notable exception is the percentage of school pupils with social, emotional and mental health needs, which has increased over time and is higher in Bromley than in England and London. However hospital admissions for mental health or self harm reasons are much lower than England and London, perhaps indicating that it is demand rather than just need which is driving this increase.

Indicator	Bromley			Compared* to England	England	London
	Period	Value	Trend			
Infant mortality rate per 1,000	2022 - 24	2.7	(not available)	Better	4.2	3.3
Child mortality rate (1-17 years) per 100,000	2022 - 24	5.8	(not available)	Better	11.6	10.8
Low birth weight of full-term babies	2023/2024	3.2%	→	Similar	3.0 %	3.5%
School pupils with social, emotional and mental health needs	2024/25	4.5%	↑	Worse	4.0%	3.4%
Hospital admissions for diabetes (under 19 years) per 100,000	2023/24	39.2	→	Similar	49.8	40.9
Hospital admissions for asthma (under 19 years) per 100,000	2023/24	65.4	→	Better	148.6	164.9
Hospital admissions for epilepsy (under 19 years) per 100,000	2023/24	39.2	→	Better	79.3	70.4
Prevalence of obesity in Reception children, including severe obesity	2024/25	7.9%	(not available)	Better	9.8%	9.8%
Prevalence of obesity in Year 6, including severe obesity	2024/25	22.2%	(not available)	Better	22.2%	23.2%
Five-year-olds with experience of visually obvious dental decay	2023/24	18.9%	(not available)	Similar	22.4%	27.4%
Hospital admissions for mental health conditions (under 18 years) per 100,000	2023/24	27.5	→	Better	80.2	63.4
Hospital admissions as a result of self-harm (10-24 years) per 100,000	2023/24	65.5	→	Better	266.6	346.6

Table 9: Child health indicators, Bromley, London and England

Source: Fingertips public health data, Office for Health Improvement & Disparities (* compared using 95% confidence intervals)

Autistic Spectrum Disorder (ASD)

ASD describes a wide range of needs. Most young people on the autistic spectrum are educated in mainstream schools. GP data shows a small increase in the number of children on the autistic spectrum. The number of children with autism known to schools is rising more slowly than comparators (Table 10).

Age	Bromley GP data 2022	Bromley GP data 2024
0-4 years	26	32
5-9 years	383	382
10-14 years	651	694
15-17 years	411	453
18-24 years	736	848

Table 10: Number of children diagnosed with ASD in Bromley GP data, by age

Source: Bromley GP data, 2022 and 2024

Other long-term conditions

Some other long-term conditions that affect the life of a child are collected by GPs and schools (**Table 8** on page 31). It is important that schools are aware of children who have long term health conditions in their schools so that they can support the child and family and respond appropriately if the child becomes unwell in school. Since 2001, the most common childhood cancer has been acute lymphoblastic leukaemia, with GP data showing a slight increase in diagnoses among 5-9 and 20-24-year-olds between 2022 and 2024.

Bromley recorded 415 cases of eating disorders among children and young people aged 0-24 years in 2024. The most common diagnosis was anorexia nervosa (153 cases), primarily affecting the 15-24 age group, followed by unspecified eating disorders (144 cases). Other conditions included pica (50 cases), avoidant restrictive food intake disorder (42 cases), and bulimia nervosa (26 cases).

6.3 Emotional wellbeing and mental health

This section will give some recent data from GPs and describe the findings of the SHEU survey⁴. A detailed mental health needs assessment can be found [here](#).

GP records in Bromley in August 2024 identified 6165 under 18s with mental health problems. These included 4348 children and young people with anxiety, 1356 young people with depression or low mood, and 480 young people with suicidal thoughts or self-harm.

⁴ School Health Education Unit. This survey was conducted in year 10 (age 13/14 years) in academic years 18/19, 21/22 and 23/24 with the same questions being used in all surveys for comparison. Most of the data used in this report is from the 2024 survey. In 2019, seventeen schools took part (2122 students). In 2022, all 21 maintained schools took part apart from the special schools (2969 students).

In 2019, 60% of year 10s in Bromley were optimistic about the future “often” or “all the time”. In 2022 this had fallen to 31% (38% boys, 27% girls) but in 2024 it has risen again to 37% in year 10 and 45% in year 13.

The proportion with a low mental well-being score in 2024 was lower than the national rate (8% vs 12%). Young people in year 10 in Bromley were also less likely to self-harm when worried or stressed than the national comparator (8% vs 12%).

The difference in mental well-being between year 10 boys and girls is seen in several areas (Table 11). The young people were asked whether “often” or “all the time”:

- They felt useful (42% of boys, 23% of girls)
- They felt relaxed (42% of boys, 24% of girls)
- They felt they dealt with problems well (46% of boys, 27% of girls)
- They were thinking clearly (44% of boys, 26% of girls)
- They were feeling close to other people (53% of boys, 47% of girls)
- They felt able to make their own mind up about things (62% of boys, 40% of girls)

There were also clear differences between the year 10 boys and girls in how often they worried.

Issue worried about “often” or “all the time”	Boys	Girls
Exams/tests	44%	68%
School work problems	28%	56%
The way they look	21%	48%
Physical health	23%	39%
Mental health	19%	39%
Relationships	18%	24%
Problems with friends	15%	31%
Family problems	14%	28%
Money problems		10%
Keeping safe on the Internet, e-mail and using mobile phones	6%	
Being separated from friends or carers	8%	16%

Table 11: Issues Bromley year 10 pupils worried about often or “all the time”, 2024

Source: SHEU survey, 2024

A large proportion of Year 10 pupils worried about some of these issues often or all the time. Bromley year 10 pupils were slightly more likely than the national comparison group to worry.

There were marked gender differences in how the year 10s reacted when they had a problem or felt stressed. The year 10 boys would:

- Talk to someone in their family about it (42%)
- Think about it on their own (39%)
- Try to sort the problem out by themselves (35%)

- Talk to a friend at school about it (33%)
- Do nothing (31%)
- Play video/online games (31%)
- Listen to music (31%)
- Rest or sleep more (29%)
- Keep busy with other things (28%), or
- Exercise more (25%)

In contrast if the year 10 girls had a problem or felt stressed; they would:

- Listen to music (50%)
- Think about it on their own (45%)
- Rest or sleep more (45%)
- Talk to someone in family about it (39%)
- Talk to a friend at school about it (37%)
- Try to sort the problem out by themselves (36%)
- Eat less/eat more (35%)
- Do nothing (29%)
- Watch TV, DVDs, videos (28%)

The proportion of year 10 pupils who know an adult they trust who they can talk to if they are worried about something has fallen in Bromley from 69% in 2019 to 64% in 2022 and 66% in 2024 (**Figure 26**). Boys in 2022 are more likely to know someone than girls (71% vs 64%). Other groups less likely to know someone they can talk to includes young people who are black, **young people with Special Educational Needs or Disabilities**, young carers, and young people who identify as LGBTQ+ or Trans.

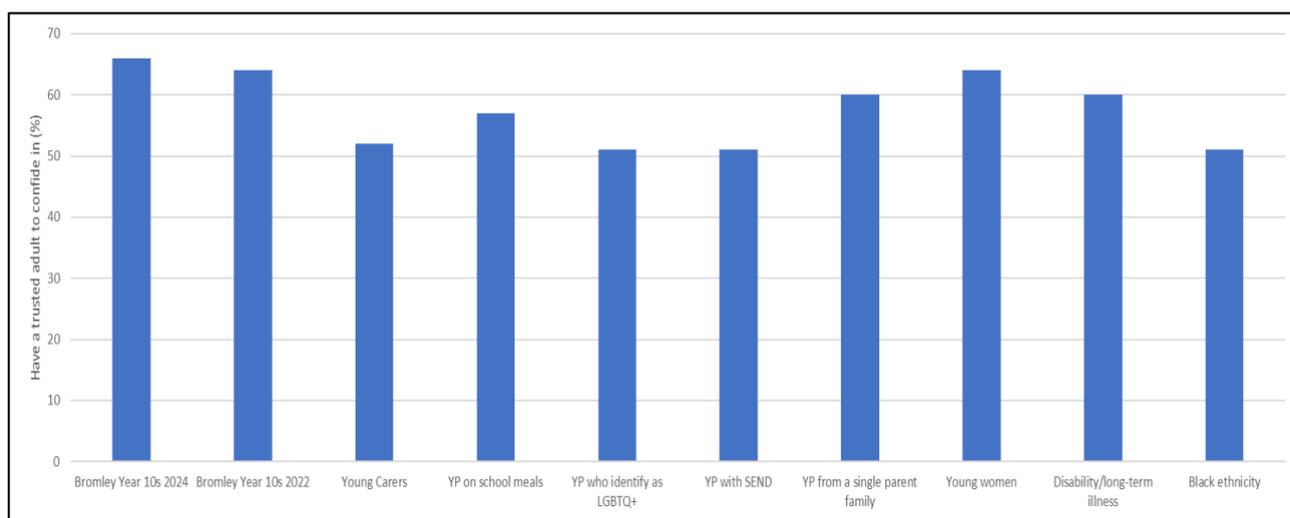


Figure 26 - Proportion of young people with a “trusted adult” they can talk to

Source: SHEU survey, 2024

The SHEU survey of year 10 pupils in 2024 also showed some other vulnerabilities of young people with SEND or long-term illness when compared to the whole year 10 cohort. This

shows that young people with SEND or long-term illness were more likely than their peers to participate in risky behaviour and had fewer protective factors such as a trusted adult or staying in full-time education after year 11.

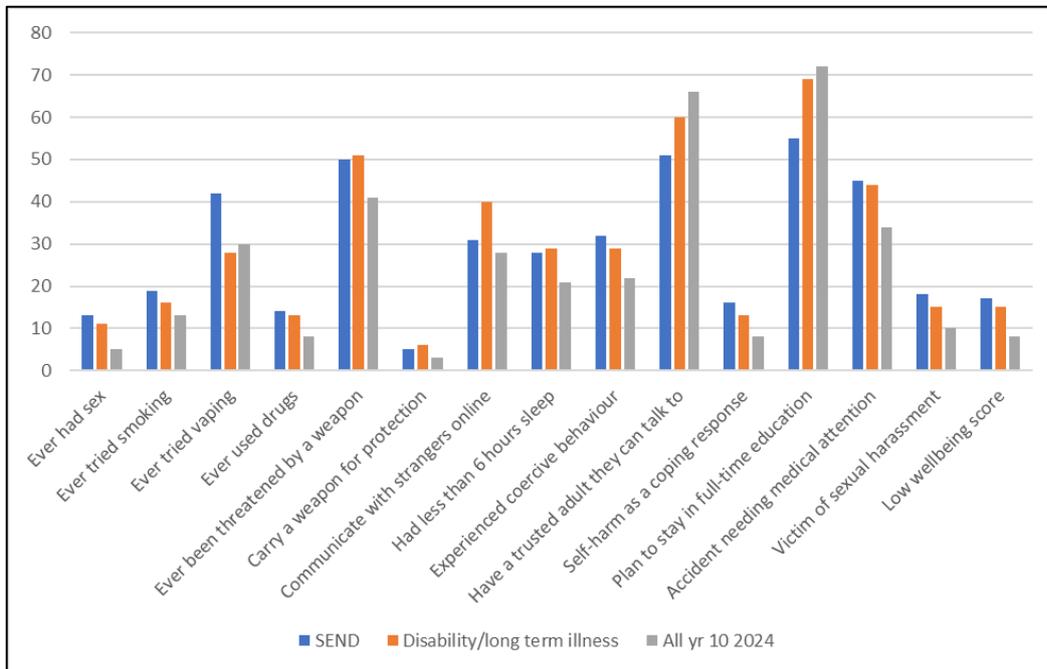


Figure 27 - Experiences of year 10 pupils with SEND or long-term illness compared to all year 10, 2024

Source: SHEU survey, 2025

Pupils with SEMH are a higher proportion of pupils in Bromley (4.6%) than in London (3.5%) or England (4.1%) and this proportion has been steadily increasing in the past 5 years (Figure 28).

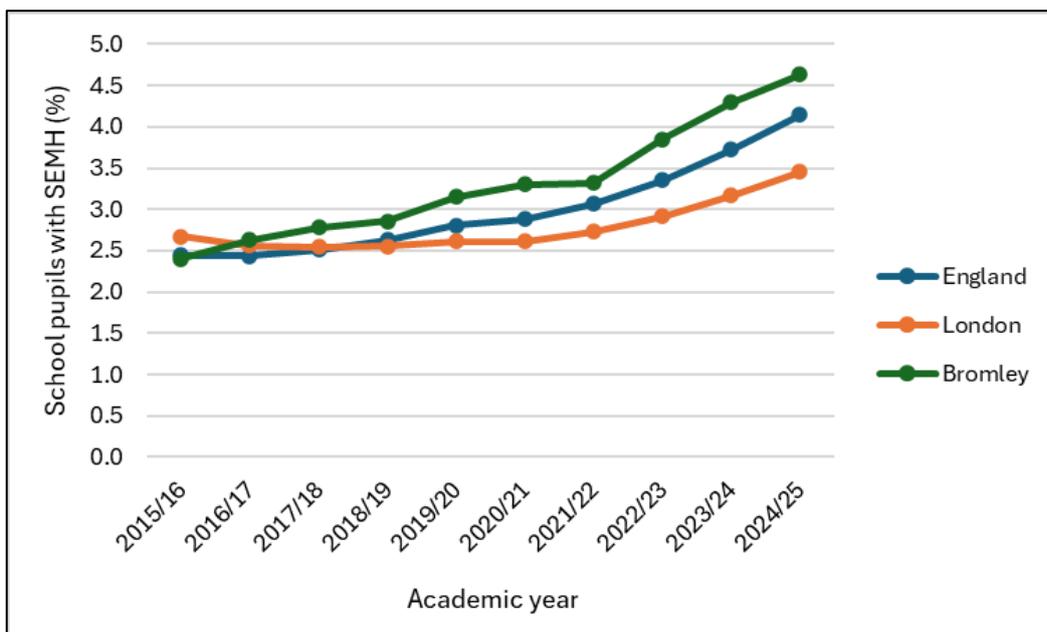


Figure 28 - Percentage of pupils with SEMH as a proportion of all pupils in Bromley and comparators, 2025

Source: Department for Education, 2025, reported by LBB Public Health Intelligence²³

6.4 Access, Waiting Times and Caseloads

Below provides the key waiting times and caseload for the prominent SEND related health needs for Bromley children. It should be noted this data is only to our jointly commissioned providers, Bromley Healthcare and OXLEAS NHS Foundation Trust.

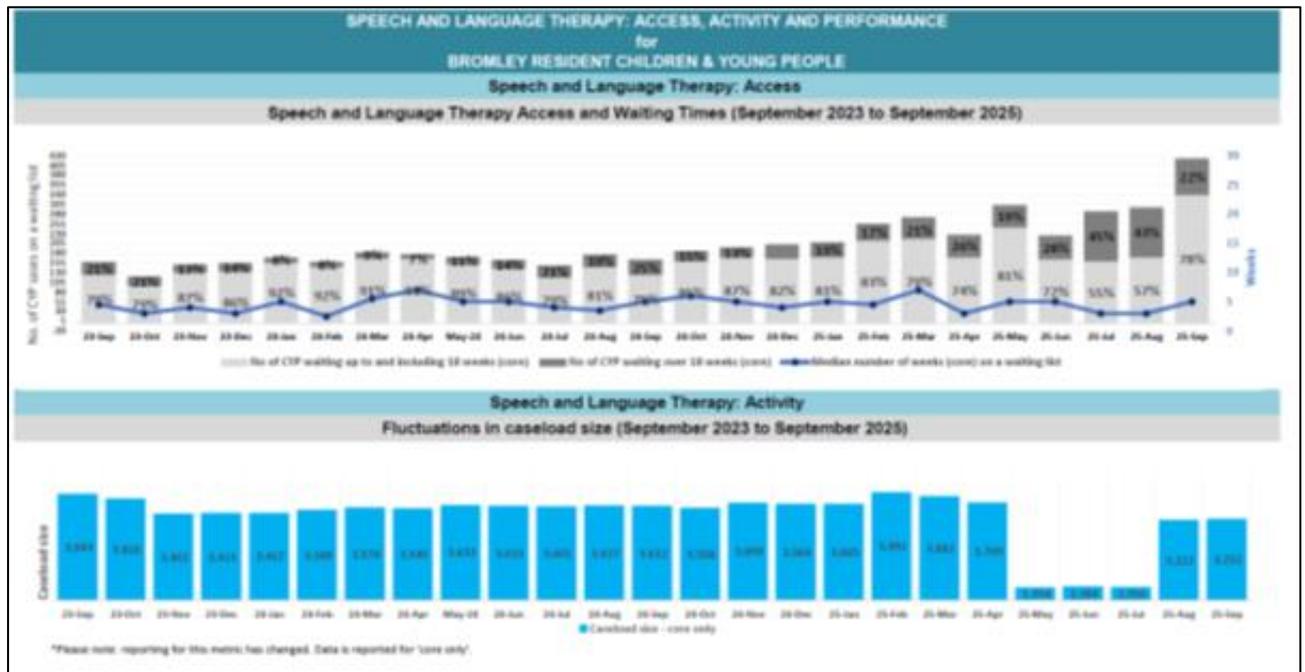


Figure 29 - Speech and Language Therapy caseload

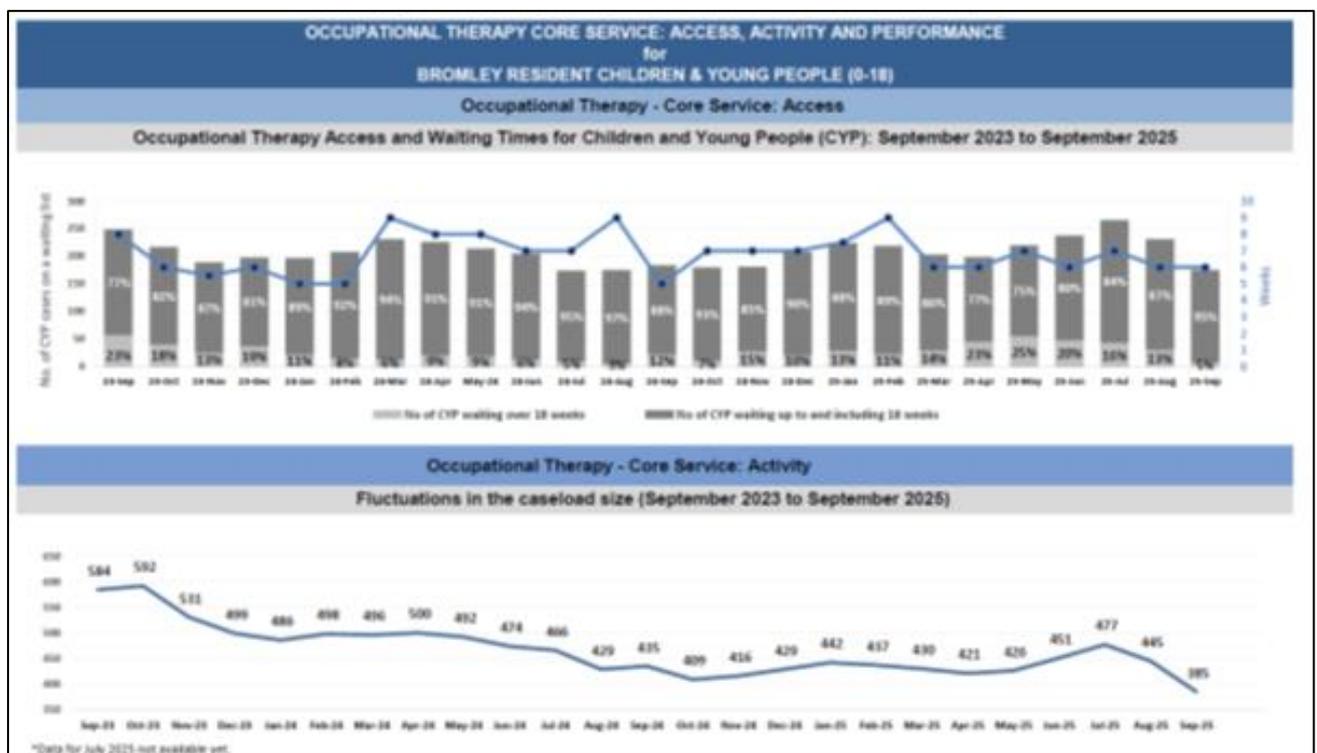


Figure 30 - Occupational Therapy caseload

Speech and language therapy and occupational therapy have seen significant increases as the primary or secondary needs in an EHCP, however the SLT whole caseload (none EHCP) has modestly reduced over time, whilst the OT caseload has reduced significantly over the last 24 months.

This indicates that there is a greater demand for specialist services in Bromley, resulting in a proportionally higher number of children in received of an EHCP.

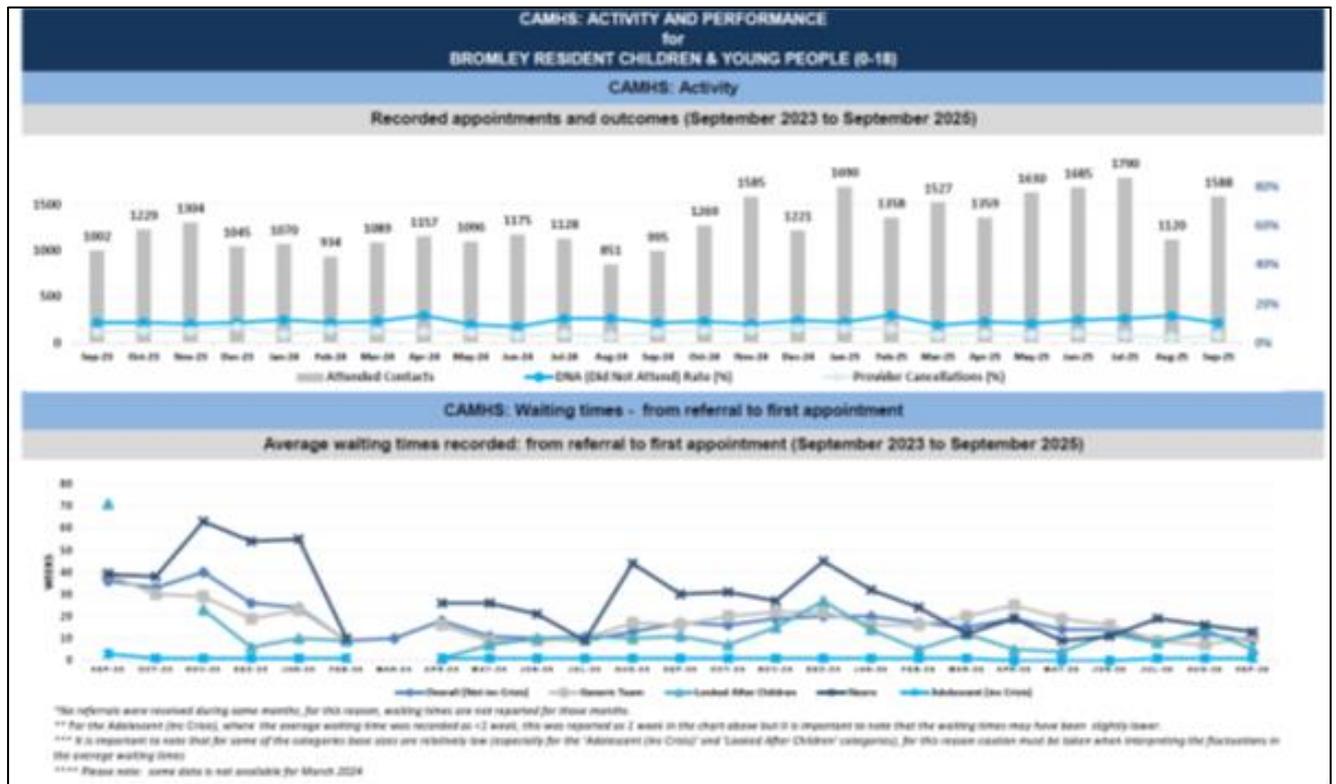


Figure 31 – CAMHS caseload

Mental health data illustrates how Bromley CAMHS have increased the number of 'contacts' within the last 12 months, whilst simultaneously reducing their caseload to pre-pandemic levels.

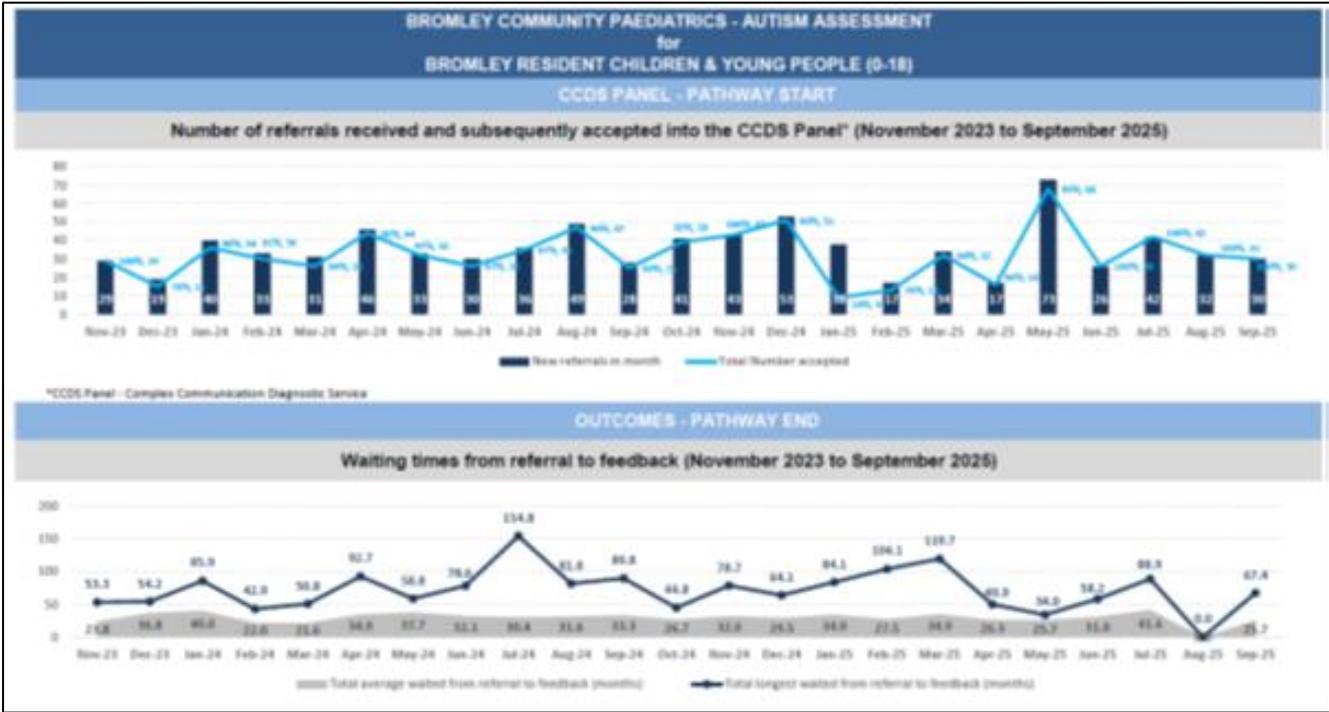


Figure 32 - Community Paediatrics - Autism Spectrum Disorder Assessments

ASD wait list and waiting times continue to be challenge in Bromley, though referral rates have not increased significantly, the consistently high rates for assessment continue to challenge the clinical pathway.

The graph below shows that most assessments do result in an ASD diagnosis.

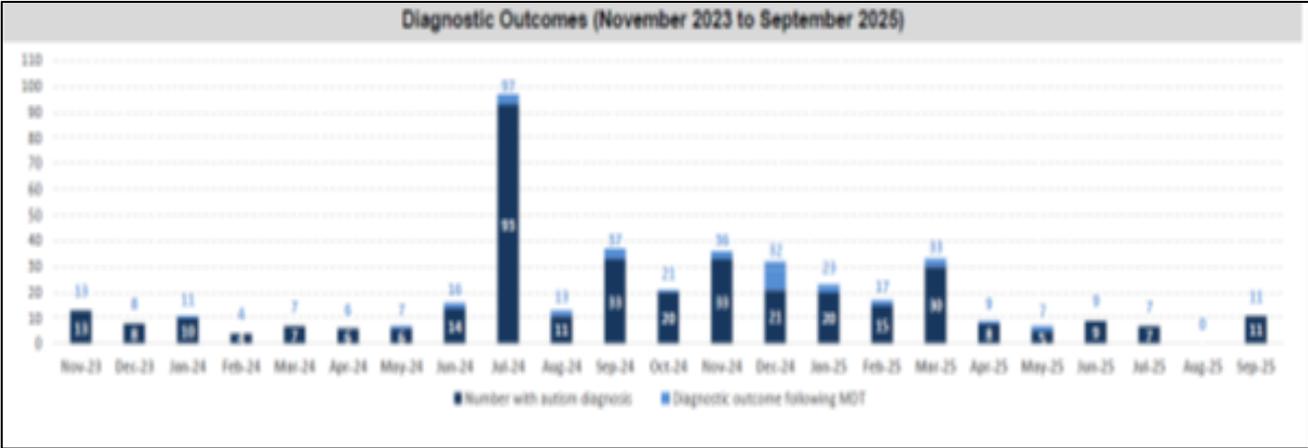


Figure 33 - ASD assessments

6.5 Healthy Child Programme (HCP)

Under the HCP, health visitors should see families when a child is newborn, 6-8 weeks old, 12 months old, and 2-2½ years old. These contacts provide key opportunities for professionals to identify any emerging needs at an early stage. Table 12 shows the proportion of these reviews that happened within the guideline timescales during Q1 and Q2 2025/26, and the proportion who had an ASQ3 score recorded. Where a child is thought to have SEND a Health Visitor may do an integrated 2-2½ review with pre-school education colleagues. In Q1 and Q2 2025/26 an integrated review was done for 140 children (9% of the cohort).

Mandated review	Cohort of infants in Bromley Q1 & Q2 2025/26	% completed Bromley	% completed England 2023/24
Newborn visit within 14 days	1,583	94.5	83.0
6-8-week review by 8 weeks old	1,627	94.9	81.8
12-month review by 15 months old	1,661	93.5	86.5
2-2½-year review by 30 months old	1,702	91.9	78.4
ASQ3 score recorded for 2-2½-year review	1,564	92.9	93.3
Integrated 2-2½-year review by 30 months old for targeted children	1,564	9.0	

Table 12: Health visitor reviews, Q1-2 of 2025/26

At 2-2½ years, the Ages and Stages Questionnaire version 3 (ASQ3) is used to identify strengths and areas of need although a Health Visitor may feel that if a child has significant SEND it may not be helpful to use the ASQ tool. The following data is based on the reviews which do include the ASQ assessment. Table 13 shows this data for Bromley in Q1 & Q2 in 2025/26. By 2½, there is a clear emerging need around communication, indicating a need for further support at this early stage to reduce the need for speech, communication and language input at primary school age and beyond.

ASQ developmental area	Number below cut-off score	% Achieving above expectations	% Achieving below cut-off score
Communication	90	93.8	6.2
Gross motor skills	48	96.7	3.3
Fine motor skills	60	95.8	4.2
Problem-solving	57	96.1	3.9
Personal/social development	59	95.9	4.1
Number below cut-off score in any 1 of the 5 domains	175	87.9	12.1

Table 13: ASQ 2-2½-year review, April to September 2025 (n=1445)

6.6 Learning Disability

Learning disability among children and young people in Bromley (0-19 years)

In Bromley, there are 309 GP-registered patients under 19 living with a learning disability.

Core20PLUS5 focuses on the most deprived 20% of the population plus locally defined high-risk groups and five priority clinical areas. Ethnic minority groups make up the largest share at 67.8%. The Health Deprivation and Multiple Deprivation distributions are weighted toward the least deprived deciles (9-10). This pattern indicates that people with learning disabilities are more frequently recorded in less deprived areas and this requires further investigation.

shows there is a higher recording among 10-19 year-olds than under-10s. The gender profile is 62.5% male vs. 37.5% female. Ethnically, the largest group is White (55.5%), with Black and Asian groups each at 10-11%.

Core20PLUS5 focuses on the most deprived 20% of the population plus locally defined high-risk groups and five priority clinical areas. Ethnic minority groups make up the largest share at 67.8%. The Health Deprivation and Multiple Deprivation distributions are weighted toward the least deprived deciles (9-10). This pattern indicates that people with learning disabilities are more frequently recorded in less deprived areas and this requires further investigation.

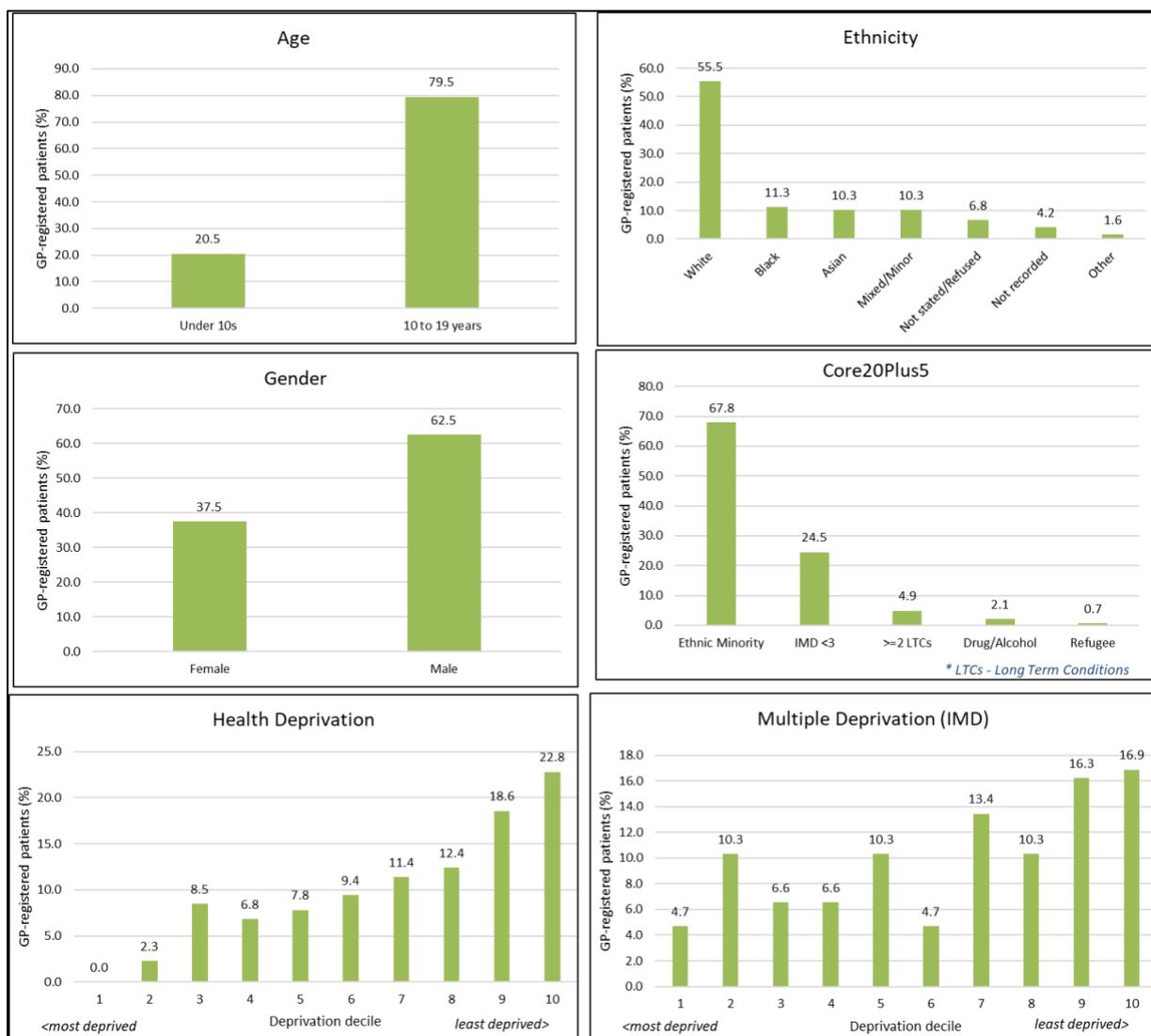


Figure 34 - Learning Disability by population demographics among GP registered patients aged 0-19 in Bromley, January 2026

Source: Ardens Manager Services Dashboard, 2026

Annual health checks for people with learning disabilities and SEN

The learning disabilities health check scheme is designed to encourage GPs to identify all patients aged 14 and over with learning disabilities to maintain a learning disability 'health check' register and offer them an annual health check, which includes producing a health action plan.

These checks are an important opportunity to identify undiagnosed health conditions early, improve access to screening and immunisation, and address longstanding health inequalities experienced by people with learning disabilities. People with learning disabilities continue to experience **lower uptake of routine preventative healthcare**, and annual health checks are a key intervention to ensure earlier detection of physical and mental health needs and improved continuity of care.

In Bromley, during 2024/25, 1150 young people and adults aged 14 years and above received a Learning Disability Annual Health Check. Based on the size of the Bromley 14+ LD register, this represents 83.6% of eligible patients, which is above the NHS Long Term Plan target of 75%.

Learning Disability Health Checks for Patients aged 14+ years old															
Financial Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	% of LD Register	% of patients aged 14+ years on the LD Register
2021/22	3	29	29	25	20	48	76	86	69	90	186	173	834	66.8%	73.5%
21/22 cumulative	3	32	61	86	106	154	230	316	385	475	661	834			
2022/23	37	33	40	46	80	87	48	72	55	105	132	137	872	69.0%	75.2%
22/23 cumulative	37	70	110	156	236	323	371	443	498	603	735	872			
2023/24	24	30	38	65	64	53	78	81	107	142	151	179	1012	76.1%	83.2%
23/24 cumulative	24	54	92	157	221	274	352	433	540	682	833	1012			
2024/25	40	51	48	89	56	86	105	118	80	239	155	83	1150	83.6%	91.8%
24/25 cumulative	40	91	139	228	284	370	475	593	673	912	1067	1150			
2025/26	34	52	71	101	100	91	98	95	109				751	53.5%	58.9%
25/26 cumulative	34	86	157	258	358	449	547	642	751						

Table 14: Number of LD Annual Health Checks for Patients aged 14+ years

Source: NHS Digital Learning disabilities health check scheme statistics & LBB Health Performance Data LD December 2025 Report, 2026

The performance in 2025/26 appears to be roughly on track.

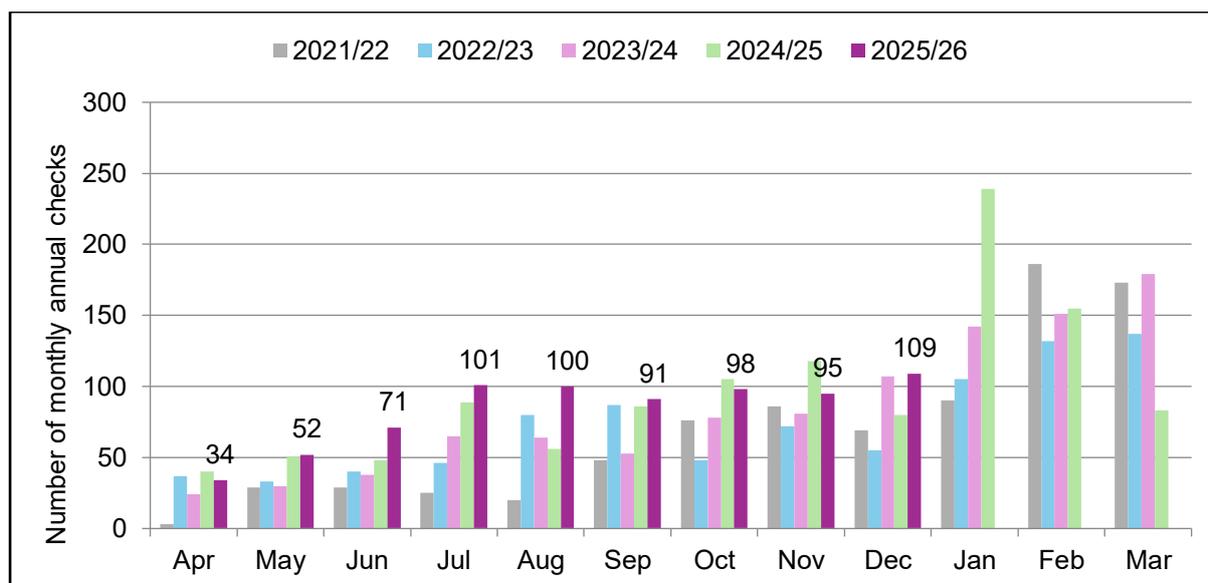


Figure 35 - Learning Disability Health Checks for Patients aged 14+ years

Source: NHS Digital Learning disabilities health check scheme statistics & LBB Health Performance Data LD December 2025 Report, 2026

For children and young people aged **0-25 years**, a total of **207** annual health checks had been completed by December 2025 (Table 15).

	Financial Year 2025/26								
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
LD Register (all ages) 25/26	1395	1403	1403	1404	1409	1418	1414	1407	1423
Patients aged 0 - 25 years on the LD Register 25/26	475	477	472	471	476	483	483	481	488
14-25 actual checks 25/26	10	19	21	23	23	27	28	18	38
14-25 cumulative checks 25/26	10	29	50	73	96	123	151	169	207

Table 15: Number of Patients aged 0 - 25 years on the Learning Disabilities Register

Source: NHS Digital Learning disabilities health check scheme statistics & LBB Health Performance Data LD December 2025 Report, 2026

Guidance and tools to support GP practices, including improved identification of people with learning disabilities, consistent coding, and structured templates for health checks and Health Action Plans are being promoted across Bromley to help improve uptake and quality of assessments. These resources align with national best practice and with approaches used in other local areas to improve the health and wellbeing of children, young people and adults with learning disabilities.

Key Findings - Health

- **Long-term health conditions:**
 - Most common conditions recorded by GPs are asthma, autism spectrum disorder, epilepsy, and diabetes.
 - GP data shows a steady rise in ASD diagnoses.
- **Child health indicators:**
 - Bromley performs better than England and London for most child health indicators, except for the % of pupils with SEMH needs (4.5%), which is significantly higher than England levels (4%).
- **Mental health and wellbeing:**
 - **6,165 under-18s** are on GP mental health registers for anxiety (4,348), depression (1,356), and self-harm/suicidal thoughts (480).
 - Vulnerable groups (SEND, LGBTQ+, young carers) have fewer protective factors and higher risk behaviours.
- **Healthy Child Programme:**
 - Health visitor reviews are well above national coverage rates.
 - At age 2-2½, **12% of children scored below expectations in at least one developmental area**, with communication being the most common concern (6.2%).
- **Waiting times and caseloads**
 - SLT and OT data indicates high demand for specialist services resulting in a proportionally high number of children with an EHCP
 - MD data illustrates increased contacts in the last year has reduced the caseload to pre-pandemic levels
 - ASD assessment times continue to be a challenge although referral rates have not increased significantly
- **Learning disabilities**
 - People with learning disabilities are more frequently recorded in less deprived areas and this requires further investigation
 - 83.6% of young people and adults with LD received an Annual Health Check in 2024/25

Bromley's health outcomes are generally strong, but **mental health needs and autism prevalence are rising.**

7. Social care

7.1 Children in Need and Child Protection Plans

The Children Act 1989 legally defines ‘**children in need**’ (CiN) as those needing help and protection because of risks to their development or health²⁴. This group includes:

- Those on child in need plans
- Those on child protection plans (CPP)
- Children looked after (CLA) by local authorities
- Care leavers
- Disabled children

The referral rate to Bromley’s Children’s Social Care increased between 2014 and 2023 and is now higher than in comparator areas, as shown in **Figure 34**.

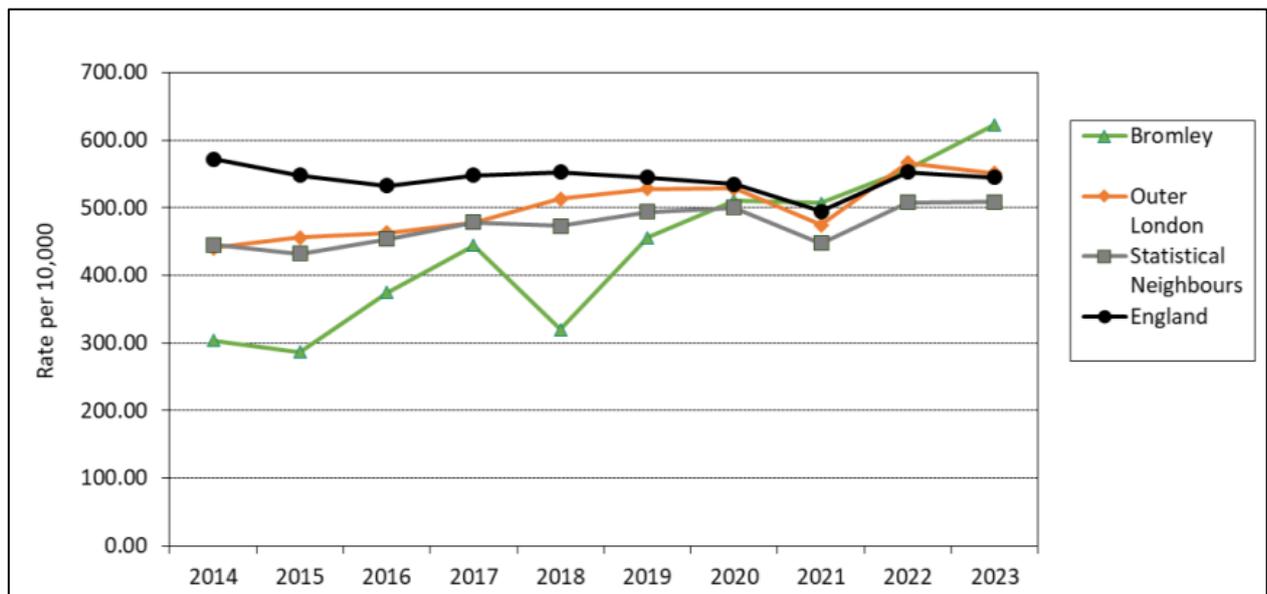


Figure 36 - Referral rates to Children's Social Care, Bromley and comparators

Source: Local authority interactive tool, 2024

In September 2024, 291 children in Bromley had a child protection plan in place. The percentage has fluctuated between 30 and 47 per 10,000 and is roughly comparable to statistical neighbours and the national rate (**Figure 37**).

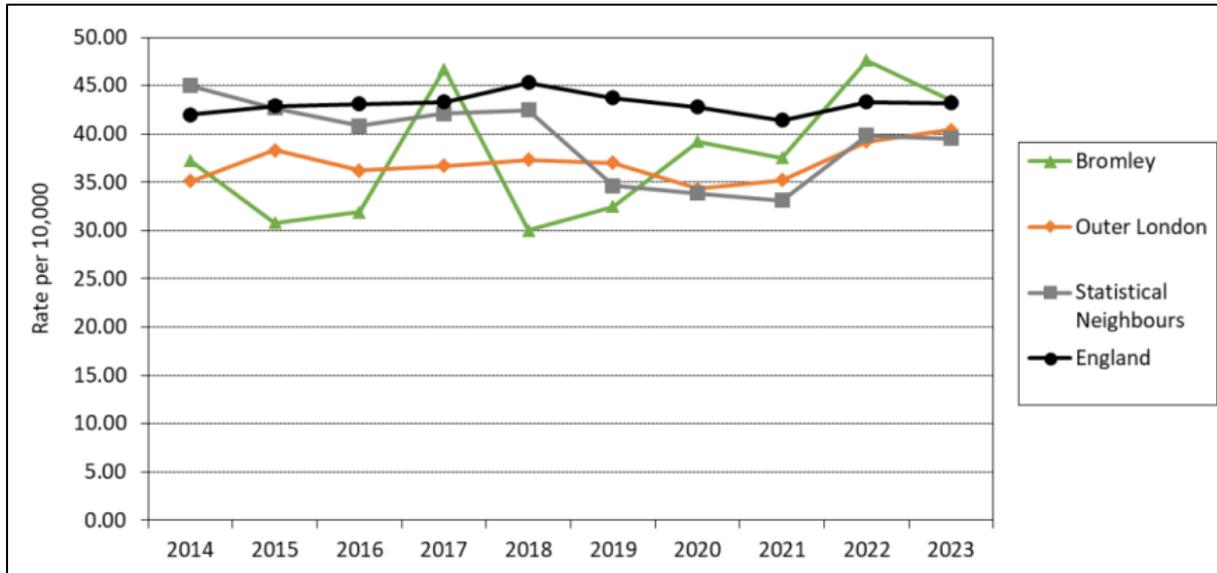


Figure 37 - Rate of children subject to a child protection plan, Bromley and comparators

Source: Local authority interactive tool, 2024

Neglect and emotional abuse are by far the most represented categories of abuse in children subject to a CPP in Bromley (**Figure 38**).

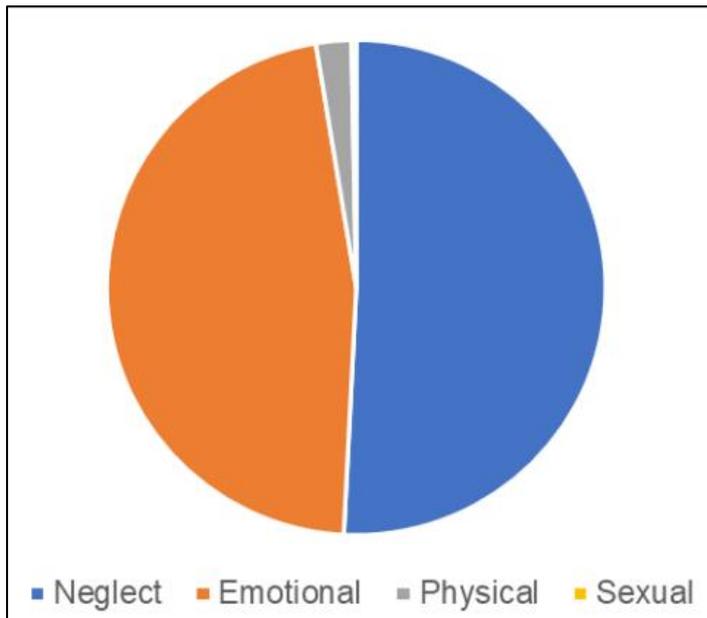


Figure 38 - Proportion of child protection plans in Bromley by category of abuse, 31st March 2024

Data source: ECHS

Social workers assess risk factors. Mental health concerns about the parent and domestic abuse were the most common risks identified between April and September 2024, followed by mental health concerns about the child (**Figure 39**).

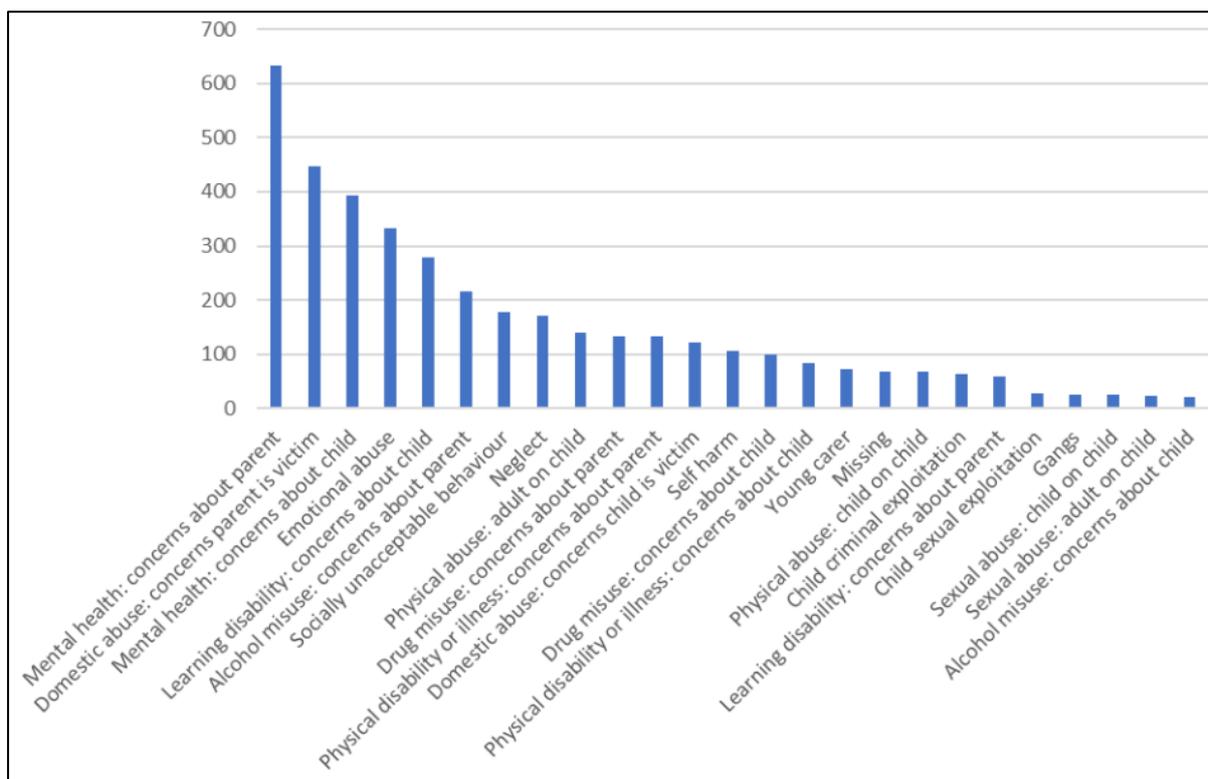


Figure 39 - Risk factors identified during social care assessments, April to September 2024

7.2 Children Looked After

As of September 2024, 362 children in Bromley were looked after, corresponding to 50 CLA per 10,000 population under the age of 18. This proportion recently rose but is still lower than statistical neighbours and the national rate.

Teenagers are over-represented among CLA in Bromley, as are children of mixed and black ethnicities.

The proportion of CLA who have special educational needs is lower in Bromley than in London, national and statistical neighbours (**Figure 40**).

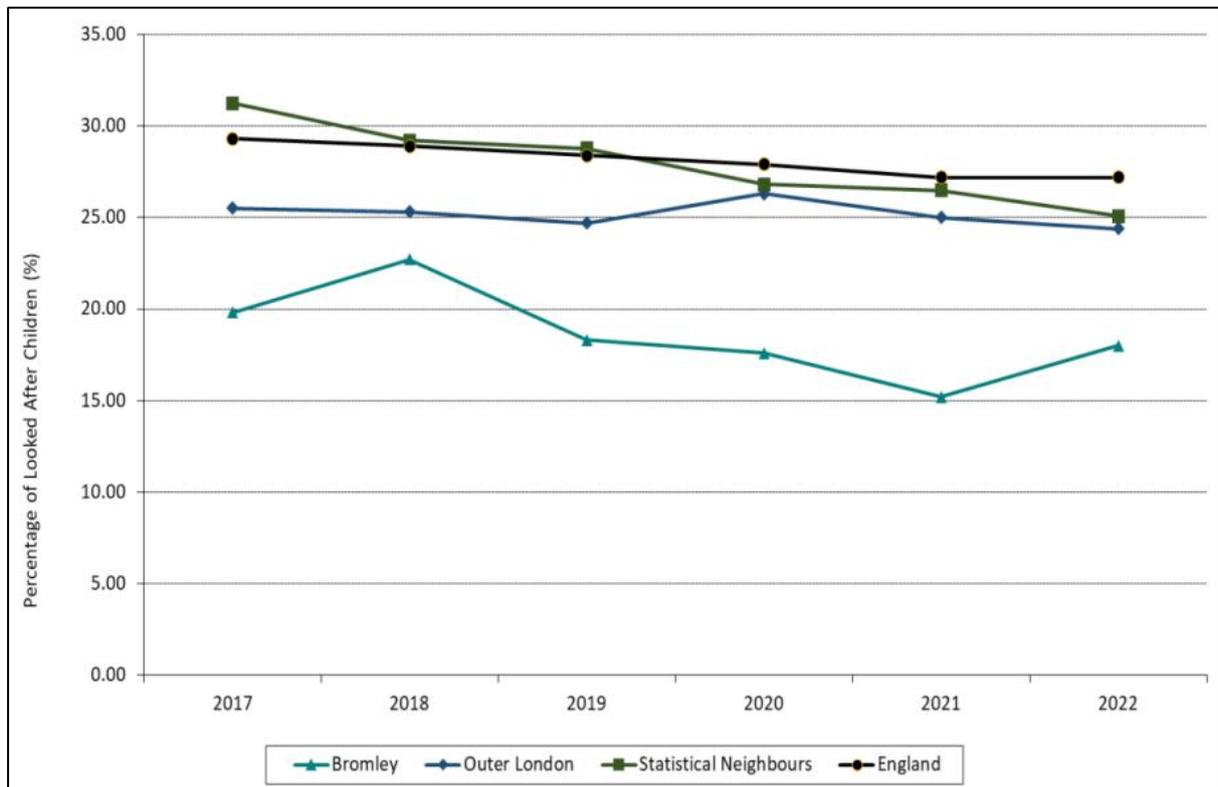


Figure 40 - Proportion of children looked after who have special educational needs, Bromley and comparators, 2017 to 2022

Source: Local authority interactive tool, 2024

Bromley's fixed-term exclusion rate for CLA is broadly similar to comparators. However, the rate of persistence absence of CLA was higher in Bromley between April and September 2023 than the national rate in 2023 (23% and 20%, respectively).

8. Key findings

8.1 Living with SEND in Bromley

- **Improving visibility and accessibility:** The Local Offer Annual Report 2024 highlights significant efforts to make the Local Offer more visible and user-friendly. Actions included a full rebrand of the Local Offer logo, creation of social media platforms, and a borough-wide marketing campaign using flyers, posters, digital billboards, and community engagement events.
- **Website enhancements:** The Local Offer website was redesigned for clarity and ease of navigation, with new features such as age-specific tiles, a SEND services directory, improved travel and transport information, and a dedicated Young SEND Matters site launched in July 2024.
- **Celebrating SEND:** Bromley's SEND Celebration Month in November 2024 featured a Local Offer Live event with service provider stalls, workshops for different age groups, and inclusive activities. Feedback was overwhelmingly positive, with parents describing the event as "helpful for overwhelmed parents" and "excellent for information and networking".
- **Engagement and co-production:** The "Your Voice Matters" report emphasizes the importance of strategic priorities shaped by families, including better communication, mainstream inclusion, and preparation for adulthood. Feedback loops such as "You Said, We Did" are being embedded to demonstrate impact

8.2 Local context

- **Population overview:** Bromley is London's largest borough by land area (≈ 150 km²) with a population of **335,319** in 2024. Children and young people aged **0-18 account for 21.9%** of residents, and the wider **0-25 cohort makes up 28%**. Growth has been strongest in **secondary-age groups (10-14 years, 16.6% increase)**, while early-years cohorts (0-4) have declined by **7.9%**, indicating short-term pressure on secondary services and a future dip in early-years demand.
- **Future population changes:** Projections show a **13.7% fall in the 0-18 population by 2041**, with declines across all school-age bands (0-4: -4.0%, 5-10: -10.4%, 11-18: -4.5% by 2030). This reflects sustained low birth rates and fertility decline, which will reduce demand for school places over the next decade.
- **Ward-level variation:** While the borough's overall child population will shrink, **Bromley Town** is projected to grow slightly (+4.4% by 2030), whereas wards such as Darwin, Chelsfield, Mottingham, and St Paul's Cray face sharper declines (-9% to -11%).
- **Diversity and deprivation:** Bromley is relatively affluent, with most neighbourhoods in the least deprived deciles. However, **10% of local areas rank among the most deprived 30% nationally for child income deprivation**, concentrated in Crystal Palace & Anerley, St Paul's Cray, St Mary Cray, Mottingham, and Penge & Cator.

- **Health and wellbeing:** In the 2021 Census, **85.4% of residents reported ‘very good’ or ‘good’ health**, above the England average (81.7%). Disability prevalence: **8.4% mild limitation** and **5.5% severe limitation** in daily activities, slightly below national figures.

8.3 Children and young people with SEND in Bromley

- In **January 2025, 5.5% of pupils in Bromley had an Education, Health and Care Plan (EHCP) - 2,942 pupils**, up from 5.0% in 2024. An additional **12.7% (≈6,744 pupils)** receive SEN support without an EHCP. Bromley’s EHCP rate is slightly above London and England averages, while SEN support is broadly in line with national figures.
- The number of pupils with EHCPs has grown steadily since 2016, rising by **87% over the past decade**. Growth is accelerating, with projections showing **4,915 EHCPs by 2033**, exceeding previous forecasts. SEN support levels have remained stable at around 12.7%, suggesting a need for **earlier identification and intervention in mainstream schools** to reduce demand for statutory plans.
- Most pupils with SEND are educated in **mainstream schools**. Bromley has seen a rise in pupils with complex needs in mainstream settings.
- The most common needs are:
 - **Speech, Language and Communication Needs (SLCN) - 27.2% of all SEND pupils**
 - **Social, Emotional and Mental Health (SEMH) - 25.4%**
 - **Specific Learning Difficulties (SpLD) - 16.2%**.
 - Autism Spectrum Disorder (ASD) affects over 1,000 pupils,
- There have been sharp rises in ASD (+14.5%), SEMH (+7.5%), and SLCN (+5.4%).
- **SLCN** dominates early years and primary, while **ASD and SEMH** rise sharply in secondary, peaking in Years 7-11.
- The proportion of Children Looked After who have SEND is lower in Bromley than in England, London or statistical neighbours.

8.4 SEND and education in Bromley

- **Key Stage 2:**
 - In 2025, **42% of pupils with SEN support** achieved the expected standard in reading, writing, and maths - unchanged from 2024 but up from 29% in 2016.
 - This performance is **well above national (28%) and Outer London (38%) averages**, placing Bromley in the top quartile nationally.
 - For pupils with an **EHCP**, only **9% met the expected standard**, down from 11% in 2024 and continuing a longer-term decline from 16% in 2016. Bromley ranks in the middle nationally for this group.

- **Key Stage 4:**
 - **Attainment 8 score** for SEN Support pupils rose to **42.1 in 2025**, outperforming Outer London (37.9), statistical neighbours (37.0), and England (33.7).
 - For EHCP pupils, the score improved to **18.0** (up from 15.6 in 2024) but remains well below the 2016 level of 26.0, indicating persistent challenges despite recent gains.
- **Post-16 destinations:**
 - In 2023, **88.6% of KS4 SEN Support pupils** stayed in education, employment, or training (EET), slightly down from 2022 but still above national averages.
- **Attendance and exclusions:**
 - Special schools in Bromley have the highest absence rates compared to other phases, with authorised absence at **9.23%** and unauthorised at **3.44%**, slightly above London and England figures.
 - Persistent absence remains a challenge for pupils with complex needs.
- **Elective Home Education (EHE):**
 - Numbers of children educated at home are rising, especially in secondary years.

8.5 SEND health in Bromley

- **Long-term health conditions:**
 - Most common conditions recorded by GPs are asthma, autism spectrum disorder, epilepsy, and diabetes.
 - GP data shows a steady rise in ASD diagnoses.
- **Child health indicators:**
 - Bromley performs better than England and London for most child health indicators, except for the % of pupils with SEMH needs (4.5%), which is significantly higher than England levels (4%).
- **Mental health and wellbeing:**
 - **6,165 under-18s** are on GP mental health registers for anxiety (4,348), depression (1,356), and self-harm/suicidal thoughts (480).
 - Vulnerable groups (SEND, LGBTQ+, young carers) have fewer protective factors and higher risk behaviours.
- **Healthy Child Programme:**
 - Health visitor reviews are well above national coverage rates.
 - At age 2-2½, **12% of children scored below expectations in at least one developmental area**, with communication being the most common concern (6.2%).

- **Waiting times and caseloads**

- SLT and OT data indicates high demand for specialist services resulting in a proportionally high number of children with an EHCP
- MD data illustrates increased contacts in the last year has reduced the caseload to pre-pandemic levels
- ASD assessment times continue to be a challenge although referral rates have not increased significantly

- **Learning disabilities**

- People with learning disabilities are more frequently recorded in less deprived areas and this requires further investigation
- 83.6% of young people and adults with LD received an Annual Health Check in 2024/25

Bromley's health outcomes are generally strong, but **mental health needs and autism prevalence are rising**.

9. Appendices

9.1 Appendix 1 - National datasets

- Education and Skills Funding Agency funding allocations - <https://skillsfunding.service.gov.uk/view-latest-funding>
- Explore education statistics - <https://explore-education-statistics.service.gov.uk/>
- Fingertips public health profiles homepage - <https://fingertips.phe.org.uk/>
- Indices of multiple deprivation (IMD) - <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2025>
- Local Authority Interactive Tool (LAIT) - <https://www.gov.uk/government/publications/local-authority-interactive-tool-lait>
- ONS population estimates page - <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/estimatesofthepopulationforenglandandwales>
- Delivering Best Value (DBV) in SEND programme - <https://www.dbvinsend.com/>

9.2 Appendix 2 - Acronyms

ADD	Attention Deficit Disorder
ADHD	Attention Deficit Hyperactivity Disorder
ASD	Autistic Spectrum Disorder
ASQ / ASQ3	Ages and Stages Questionnaire (developmental screening tool)
CAF	Common Assessment Framework
CiN	Child(ren) in Need
CLA	Child(ren) Looked After
CPP	Child Protection Plan
CYP	Children and Young People
DfE	Department for Education
DKA	Diabetic Ketoacidosis
DM	Diabetes Mellitus
ECHS	Education, Care and Health Services
EET	Education, Employment or Training
EHCP	Education, Health and Care Plan
EHE	Elective Home Education
FSM	Free School Meals
GCSE	General Certificate of Secondary Education
GP	General Practitioner
IDACI	Income Deprivation Affecting Children Index
IMD	Index of Multiple Deprivation
JSNA	Joint Strategic Needs Assessment
KS2 / KS4	Key Stage 2 (Years 3-6), Key Stage 4 (Years 10-11)
LAIT	Local Authority Interactive Tool
LGBTQ+	Lesbian, Gay, Bisexual, Trans, or Queer
LBB	London Borough of Bromley
LDD	Learning Difficulties and/or Disabilities
LTC	Long-Term Condition

MH	Mental Health
MLD	Moderate Learning Difficulty
NICE	National Institute for Health and Care Excellence
NEET	Not in Education, Employment or Training
OHID	Office for Health Improvement and Disparities
PMLD	Profound and Multiple Learning Difficulties
SEMH	Social, Emotional and Mental Health
SEN	Special Educational Needs
SEND	Special Educational Needs and Disabilities
SHEU	School Health Education Unit
SLCN	Speech, Language and Communication Needs
SLD	Severe Learning Difficulty
SpLD	Specific Learning Difficulty

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