

What is the prevalence of childhood disability in Wales? It depends who you ask!

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IRSS
STATISTICIANS
FOR SOCIETY


sparkle
helpu plant arbennig i ddisgleirio
helping special children shine

Executive Summary



Current estimates
are that

0.6-14% of children in Wales have
a disability.

The absence of a complete national dataset and variations between sources makes it virtually impossible for health, social care and education to plan service delivery accordingly.

Family-report sources are substantially higher



8-14%

than statutory-report sources.

0.6-8%



Using population projections and disability figures from the Census, which represents the mean amongst the datasets, we predict that the prevalence of children with disability will rise to between **8.7-17.5%** in Wales by 2035.

We caution policymakers and practitioners to expect and plan for a substantial increase in demand for services.

Introduction

There is little recent data on the prevalence of childhood disability in the UK, with the latest estimates reflecting data reported 20 years ago [1]. Without robust data, accurate planning in health, social care, education and the workforce is impossible.

Disability prevalence among the whole population in Wales is higher than the national average for the UK (28% vs 22% in the Family Resources Survey 2020/21) [2], however we do not have a clear understanding of disability prevalence among children in Wales. Data from other countries suggests childhood disability is increasing; in the USA, childhood disability rose from 6.2% in 1992-94 to 8% in 2009 [3].

One of the challenges in describing the prevalence of childhood disability is the multi-faceted nature of disability: there are varying definitions, with different classifications used by statutory agencies, or by parents/carers themselves. In addition, disability is not a static condition, and its impact on children and young people may alter with age. Collecting accurate data on disability prevalence among very young children has further challenges, including recognition, investigation and classification of disability within this group [4].

ALN Code for Wales

Increasing recognition of the unmet needs of young people with disability led to the introduction of the Additional Learning Needs Code for Wales in 2021. The aim of this Code is to ensure that additional learning needs (ALN) among children are identified early, with interventions introduced in a timely way, to enable them to reach their full potential. The Code places a statutory duty on all education providers to identify and address the needs of these children, and crucially, requires them to identify at age 14 years any young people with continuing ALN and plan for their education provision up to the age of 25 years [5].

According to the 2021 Census, Wales had a total population of 3.1 million. Gwent, which includes five local authorities (Blaenau Gwent, Caerphilly, Monmouthshire, Newport and Torfaen), is representative of Wales as a whole, encompassing the most deprived local authority (Blaenau Gwent) and the least deprived (Monmouthshire) in the 2021 Census [6].



It is well recognised that caring for a child with disability adds a considerable cost burden to families [7], and a significantly increased economic burden to the country [8]. Given the high service demands of this group of children, impacting healthcare, social care, education and their adult carers, it is imperative to estimate the scale of the challenge for policy makers to plan for these service needs. To address this, we aim to determine the current prevalence of disability among children in Wales and Gwent and to predict the prevalence of childhood disability up to 2035.



What did we do?

Sparkle (South Wales) is a charity (1093690) supporting children and young people with disabilities, and their families, living in Gwent. Sparkle works closely with health and social care services to ensure the needs of these children and families are met and deliver enhanced support services, co-located with statutory care services. We also employ a full-time research officer, to investigate areas relating to childhood disability.

Sparkle sought the assistance of a volunteer statistician via the Royal Statistical Society's 'Statisticians for Society' scheme to explore trends in childhood disability over the period 2011-2023, estimate the current disability prevalence among children in Wales and Gwent, and predict future trends in disability prevalence up to 2035.

We analysed six publicly available data sets, three of which are based on family-report sources (Office for National Statistics Census, Family Resources Survey, and National Survey of Wales) and three statutory-report sources (Disability Living Allowance, Stats Wales Schools Census, and Stats Wales Children Receiving Care and Support Census). For Gwent, an additional dataset anonymously recording child referrals to the Integrated Service for Children with Additional Needs (ISCAN) was also accessed. A summary of the data sets, and the definition of disability used within each one, is provided in Table 1.

Statistical Methods

Using figures for childhood disability from each individual data set analysed, and the Office for National Statistics (ONS) population estimates, we calculated childhood disability prevalence over time using descriptive statistics, relative to the data set. The ONS produces population projections for successive years by taking the starting population and accounting for net migration, deaths and births. To predict the future prevalence of childhood disability, we used ONS population projections [9], creating two scenarios, assuming the number of disabled children would either stay constant, or increase at the preceding rate.

Table 1: Key information about the data sources used to determine childhood disability prevalence in Wales, UK.

Dataset	Definition of disability used	Time period	Age range	Sample size
Family-report sources				
Office of National Statistics Census ^[10]	All children deemed as disabled according to the Equality Act (2010).	Every 10 years, 2011 & 2021 reported	0 to 19 years	Whole population of UK.
Family Resources Survey ^[11]	A person is considered to have a disability if they have a long-standing illness, disability or impairment which causes substantial difficulty with day-to-day activities.	April-March 2012 to 2022	0 to 19 years	Usually around 20,000 households, including around 11,000 children, representative of population. Volumes were reduced during COVID-19 pandemic.
National Survey of Wales ^[12]	If child has additional learning or special educational needs, or disability that means they need extra support in school.	2018/19 and 2022/23	4 to 19 years	Data on approximately 12,000 children in primary school. Figures reduced to 1,200 and children in secondary school was 950 in 2022/23*.
Statutory-report sources				
Disability Living Allowance** ^[13]	Children entitled to disability living allowance.	2018 to 2023	0 to 17 years	All Wales data
Stats Wales School Census ^[14]	If child has additional learning or special educational needs (School Action Plus, Statemented and Individual Development Plan)***.	January 2017 to 2023	5 to 15 years	All children in maintained schools in Wales. This is usually around 380,000 children/year.
Stats Wales Children receiving care Census ^[15]	Based on the Equality Act (2010) but <i>excluding those with neurodiversity alone</i> .	April-March 2017 to 2022	0 to 18 years	All children who had a care and support plan for 3 months or more in Wales at Census date (approximately 17,000 children).
Integrated Service for Children with Additional Needs (ISCAN) referrals	Children who present with delay in at least two clinical areas.	2017 to 2023	0 to 18 years	Gwent only. All children presenting to primary care with clinical delay in at least two domains referred for a secondary care opinion.

Legend: *Reduced figures due to impact of COVID pandemic. **Disability Living Allowance – a tax free benefit for people with disabilities who need help with mobility or care costs. ***School Action Plus – A definition used in Wales to define children who need additional support in school. Since 2015, merged into one term – Special Educational needs. Educational statement – Legal document defining child's specific special educational needs and additional support provided in school to meet those needs; replaced in Wales by Individual Development Plan commencing in 2022.

Childhood disability prevalence - family-report sources

Census

Data from the 2021 Census shows that there were 55,375 disabled children in Wales, a *64% increase* from 33,685 in 2011, and 10,000 disabled children in Gwent, a 50% increase from 6,685 in 2011. This gives a disability prevalence of *8% for Wales* and *7.5% for Gwent*, an increase from 5% for both areas in 2011.

Family Resources Survey (FRS)

The latest FRS data identified 85,000 children with disabilities in Wales in the financial year ending 2023. This is *13%* of the total number of children included in the FRS, *increasing from 6%* of children in 2013, and represents approximately 12% of the child population in Wales (using population estimates from mid-2022). There is no breakdown by local authority in the data and so we were unable to capture figures for Gwent.

National Survey of Wales

Overall, 12% of parents of a primary school child said that their child had special educational needs or additional needs in 2022/23. For secondary school age children, parents identified 16% as having special educational needs/additional needs. Therefore, on average, *14% of school-age children* were reported as having additional needs. These results were similar to those in 2018/19. Gwent-only data was not available from this source.

Childhood disability prevalence - statutory-report sources

Disability Living Allowance (DLA)

The number of children aged 0 to 17 years entitled to DLA in Wales has *increased by 34%* from 25,000 in May 2018 to 33,500 in May 2023. In Gwent, the number of children entitled to DLA increased by 43% over the same time period: 4,400 in 2018 to 6,300 in 2023. This means that in 2018, 4% of children in Wales and 3% of children in Gwent received DLA, whilst in 2023 approximately 5% of children in both Wales and Gwent received DLA (using mid-2022 population estimates).

Stats Wales Schools Census

Based on the latest population estimates for mid-2022, the total number of children aged 5 to 15 years old is currently 397,000 in Wales and 78,000 in Gwent. Data from the 2022/23 Stats Wales school census shows that there are 31,082 children aged 5-15 in Wales identified as having ALN, and 6,232 in Gwent. This equates to *8% of children in both Wales and Gwent*, down from 9.5% in Wales and 10% in Gwent in 2016/17. Of note, different definitions of disability have been used since the introduction of the Additional Learning Needs Code in 2021, therefore there has been a change in how these numbers are counted between the two time points included here.

Stats Wales Children Receiving Care and Support

As of 31 March 2022, there were 3,700 disabled children *receiving* care and support in Wales and 490 in Gwent. This was 21% of all children receiving support in Wales and 13% of those in Gwent. When dividing this by the total population of children aged 0-17, currently 620,000 in Wales and 122,000 in Gwent, the data suggests that only 0.6% of children in Wales and 0.4% of children in Gwent have a disability and receive care and support from their local authority. Using data from 2017, the prevalence has remained the same in Wales and increased from 0.3% in Gwent.

Children with Autistic Spectrum Disorder (ASD) were not included in the dataset; however, it has been reported that 13% of children receiving care and support in Wales as of March 2023 had a diagnosis of ASD [16]. This equates to approximately 2,277 children, 0.4% of the children in Wales.

Integrated Service for Children with Additional Needs (ISCAN)

This dataset provides information for Gwent only. Referrals were accepted for children and young people aged 0-17 years with complex needs, however 89% of referrals were for children aged less than 5 years. In total, 3,164 referrals were received in 2023, representing 2.5% of the child population; this is fairly consistent with data from 2018, when 2,661 referrals were received, representing 2% of the child population in Gwent.

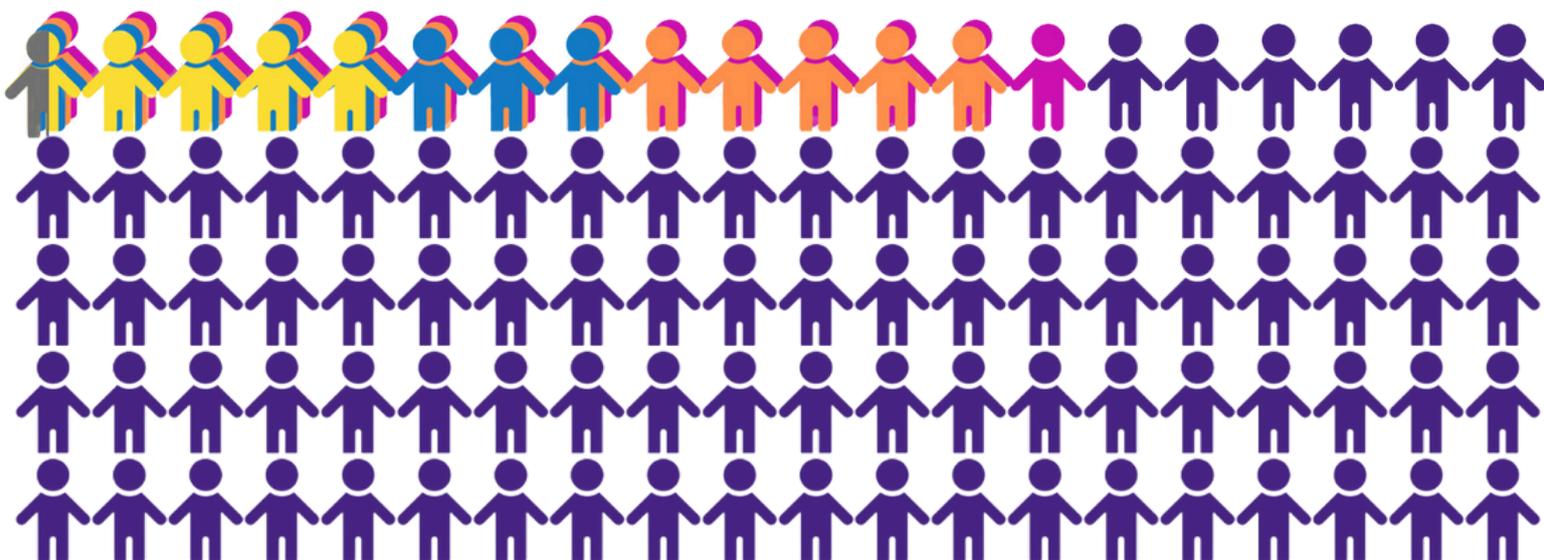
It is important to note that ISCAN figures reflect the *incidence* (number of new cases per year) rather than the *prevalence* (total number of cases in the population), which is reflected by the other sources discussed, and thus the figure will be lower.

Gender, ethnicity and type of impairment

The prevalence of disability is greater amongst boys than girls. The FRS reports 14% of boys as having a disability as of 2023, and 12% of girls. However, according to the Census, there was a greater increase in the percentage of girls with a disability between 2011 (4%) and 2021 (7%) than for boys (6% in 2011 and 9% in 2021). Disability is reported at a slightly higher prevalence in white children than children from black and minority ethnic (BAME) backgrounds; the 2021 Census reported 8% of white children in Wales as having a disability, but *only 6% of BAME*

children. According to the FRS, *social/behavioural impairments (54%) and learning impairments (41%) were the most commonly reported disabilities*. Similarly, the Schools Census found speech and language impairments (37%), behavioural/emotional/social impairments (32%) and ASD (24%) were most common. This appears to be reflected in Gwent, where referrals to ISCAN for neurodevelopmental impairments have increased while referrals for other disabilities, such as physical impairments, have decreased (despite the total number of referrals increasing since ISCAN's inception in 2017).

Childhood Disability Prevalence - Wales



 All children in Wales

Children with disabilities according to:

 National Survey for Wales

 Family Resources Survey

 Census & Schools Census

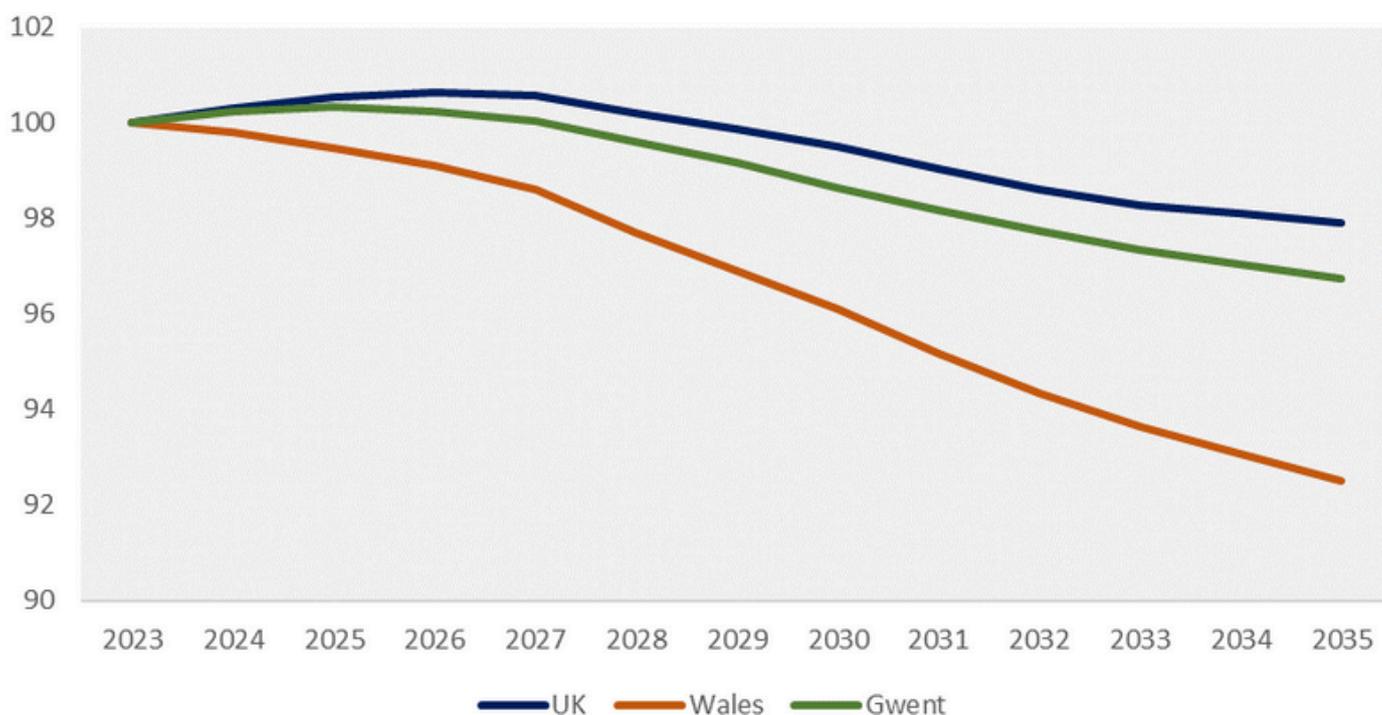
 Disability Living Allowance

 Children Receiving Care and Support Census

Future predictions

The UK population is at an all-time high. Looking ahead, there are four major components of the UK's current demographic shift, including falling fertility rates, increasing life expectancy, changing family structure and migration. This trend is also seen in Wales, which is projected to have a decline in the number of births, and thus children, that is greater than the UK as a whole (see Graph 1). For example, between 2023 and 2035, the population of children aged 0 to 19 years is projected to decline by 7% in Wales compared to 2% in the UK as a whole. In Gwent, the number of people aged 0 to 19 years is expected to decrease from 138,000 in 2023 to 134,000 in 2035 (3% decrease).

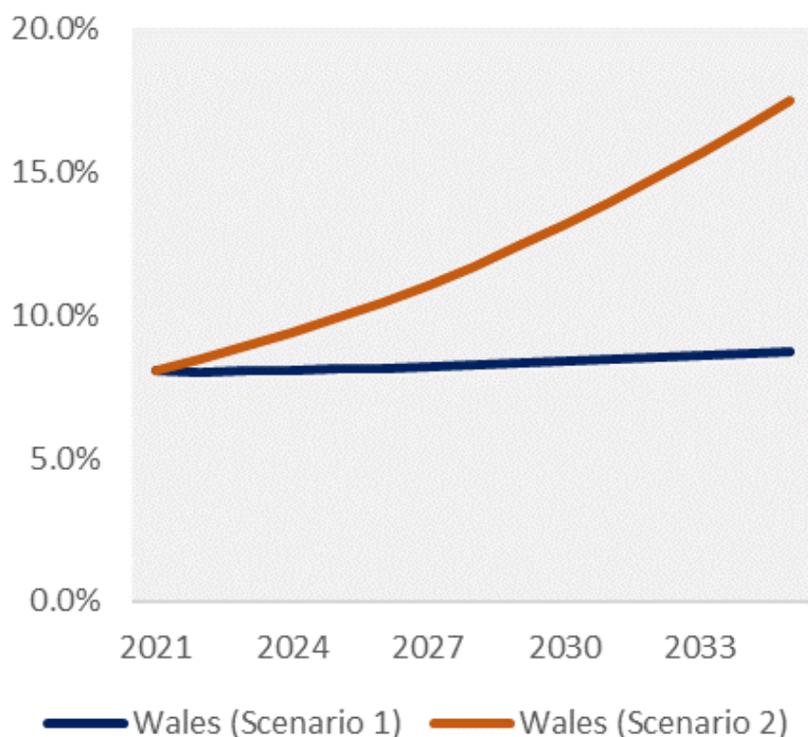
Predicted Child Population



Graph 1: Indexed population projections for children aged 0 to 19 years in the UK, Wales and Gwent, 2023 to 2035 (index=100). Source: 2021-based interim national population projections from the Office for National Statistics.

Between 2023 and 2035, the *absolute number of children with disability may fall, but the disability prevalence is predicted to increase*, thus the proportion of all children with disability will rise to between 8.7% and 17.5% in Wales and between 7.5% and 13.2% in Gwent, when assuming the number of disabled children will continue to increase at the preceding rate. Graphs 2 and 3 show predictions of the future prevalence of childhood disability in Wales up to 2035, using data

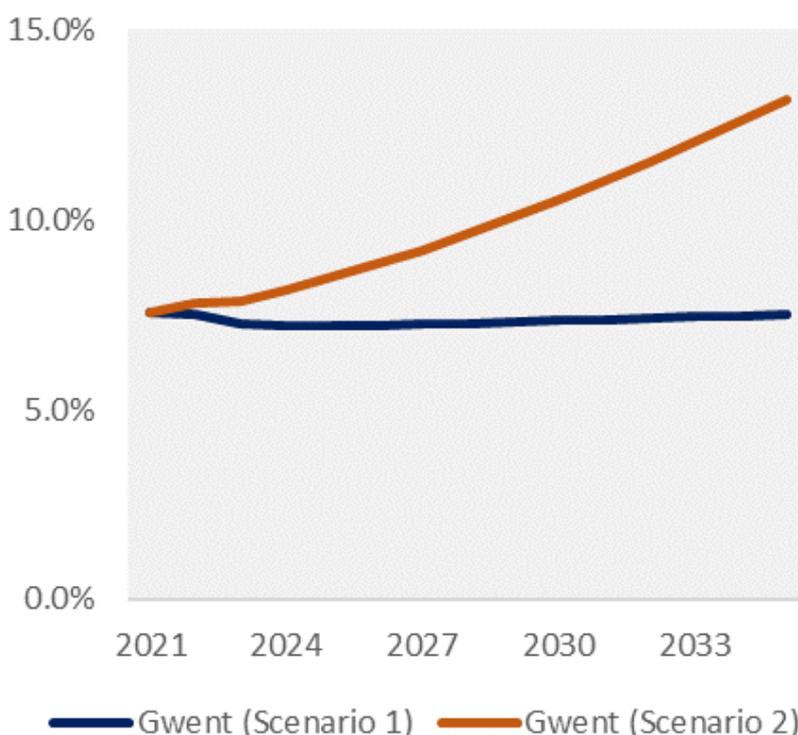
from Census 2021 and population projections. This estimate is determined using the number of disabled children (aged 0 to 19 years) in 2021 held as a numerator and the population projections for each year as the denominator. Scenario 1 assumes the number of disabled children will stay constant from the 2021 Census. Scenario 2 assumes the number of disabled children will increase at the same rate it has between the 2011 and 2021 Census.



Predicted Childhood Disability Prevalence (Wales)

Graph 2: Projected percentage of children (aged 0-19 years) with a disability in **Wales**, 2021 to 2035. Source: 2021 Census, and 2021-based interim national population projections from the Office for National Statistics.

Predicted Childhood Disability Prevalence (Gwent)



Graph 3: Projected percentage of children (aged 0-19 years) with a disability in **Gwent**, 2021 to 2035. Source: 2021 Census, and 2018-based local authority population projections for Gwent from Stats Wales.

What does this mean for policy and practice?

- ★ It is estimated that 0.6-14% of children in Wales have a disability, depending on the data source used. Not only is there a substantial difference in prevalence when comparing statutory-report sources (0.6-8%) and family-report sources (8-14%), but inconsistencies between statutory-report sources and a lack of a complete national dataset makes accurate service planning impossible.
- ★ There has been a rise in developmental, neurodevelopmental and intellectual disabilities internationally [17], which is reflected in the data from the FRS, Schools Census and ISCAN. Increased recognition of ASD, particularly among girls, could be contributing to this increase, however there also appears to be a true increase in ASD. Data on the number of children with a disability receiving care and support from their local authority shows the lowest prevalence (0.6% in Wales and 0.4% in Gwent), however children with a diagnosis of ASD or ADHD were not counted within this dataset until 2023.
- ★ It is surprising to note the lower recorded prevalence of disability among BAME children in Wales, as it has been highlighted in the literature that those from BAME communities may be more likely to be disabled [18] and children from Pakistani families in particular show higher prevalence of learning disabilities, hearing and visual impairments, ASD and cerebral palsy [19]. There may be specific barriers to identification of disability, particularly neurodevelopmental disabilities, among these children due to cultural factors or low engagement with statutory agencies.



- ★ We have estimated that the prevalence of disability among children could rise to 17.5% in Wales and 13.2% in Gwent by 2035. Therefore, we caution policymakers and health, social care and education providers to prepare for such an increase, which will also impact adult health and social care providers, in their service delivery plans.

With thanks to...

Sparkle are extremely grateful to Statisticians for Society, a Royal Statistical Society scheme which connects charities with volunteer statisticians, for their support with this project.

Find out more about the scheme here:

<https://rss.org.uk/membership/volunteering-and-promoting/statisticians-for-society-initiative/>



Find out more about Sparkle...

The charity's guiding principle is to ensure children and young people with disabilities, and their families, are fully supported and able to participate in valued childhood experiences, with access to the same range of opportunities, life experiences, activities and community services as any other child and their family.

Find out more and watch our video tour here:



<https://www.sparkleappeal.org/>



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“Every child should be given the opportunity to learn to swim, yet mine was refused”

An evaluation of swimming lessons for children with disabilities.



July 2024

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Executive Summary

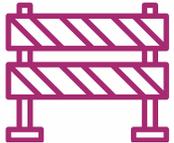
★ Sparkle delivers specialist swimming lessons for children with disabilities in hydrotherapy pools at Serennu Children's Centre in Newport and Crownbridge Special School in Cwmbran.

★ An evaluation of one 10-week block of lessons at Serennu Children's Centre was conducted by Sparkle and Disability Sport Wales between March and May 2024.

 58

family-carers of children accessing the lessons took part

81% of family-carers said there were barriers to accessing community-based swimming lessons, including inappropriate environments, inadequately trained staff, and no 1:1 support in the water



★ Family-carers reported small improvements to swimming ability and water safety after 10 lessons.

95% 

of family-carers said their child enjoyed being in the water in Serennu

★ Suggestions and recommendations for increasing access to community-based lessons were made, based on family-carer responses.

[He] can swim in a judgement free environment, where every child there has a disability. [He] feels like an equal and it's built his confidence in his abilities.

Introduction

Sparkle (South Wales) aims to ensure children and young people with disabilities and/or developmental difficulties, and their families, are fully supported and have access to the same range of opportunities, life experiences and activities as any other child and their family. The charity is partnered with Serennu, Nevill Hall and Caerphilly Children's Centres and supports children aged 0-17 years with disabilities, and their families, living in Newport, Torfaen, Monmouthshire, Blaenau Gwent and Caerphilly.

Sparkle delivers specialist leisure activities for children who cannot access mainstream play clubs, youth clubs or swimming lessons due to their complex needs. The charity also provides holistic support for the child's whole family, from emotional and practical support for parents and carers, liaison between families and health, social care and education services, to fun events for children, siblings, parents/carers and grandparents. The children supported have a variety of diagnoses, including (but not limited to) autism spectrum disorder (ASD) and other neurodevelopmental disabilities, Down's syndrome, cerebral palsy, and rare genetic conditions. The children have profound needs due to their disabilities; many require 1:1 or even 2:1 support, are non-verbal or have significant communication difficulties, experience challenging behaviours, and/or have medical conditions which require constant monitoring, medication, specialist equipment, and assistance with personal care.

Drowning is one of the leading causes of child trauma-related death; in 2022 there was a 46% increase in the number of child drownings in the UK, compared to the 5-year average*. Swimming is a potentially life-saving skill, and one which opens up a variety of fitness and leisure opportunities. Although it is stated by the Department of Education in Wales that swimming and water safety are compulsory parts of the national curriculum in primary school**, it is evident that this is not a reality for many children who have additional needs due to physical, developmental or neuro-disability.

Sparkle delivers specialist swimming lessons from hydrotherapy pools at Serennu Children's Centre in Newport and Crownbridge Special School in Cwmbran. These lessons are available to children with disabilities living in Newport, Torfaen, Monmouthshire and Blaenau Gwent. A hydrotherapy pool is used as the higher temperatures improve mobility and reduces muscle spasm for those with certain disabilities, e.g., cerebral palsy, and other health conditions; the facilities are also fully hoisted, provide accessible changing spaces and a quiet and calm environment. Sparkle works with CB Training to provide experienced, Autism Swim approved swim instructors, and employs lifeguards with awareness and understanding of disabilities, complex needs and communication disorders, and specially trained Aquatic Helpers who provide 1:1 support for children in the pool. Children are grouped into swimming classes based on their level of swimming ability, as assessed by CB Training.

Specialist disability swimming lessons are one of the most frequently requested services within Sparkle. During the academic year 2023/24, 84 children participated in swimming lessons, and 146 children were on a waiting list to receive a place in these lessons. Due to the ever-increasing waiting lists, Sparkle recently asked families accessing, or on a waiting list for, the charity's specialist lessons whether their child had tried accessing inclusive swimming lessons in their local communities. The vital necessity of specialist swimming lessons is highlighted by a comment made by one family-carer, noting the desperate need for children with disabilities to be water-safe.

I consider learning to swim a vital skill in this day and age. It can save your life and the lives of others. At this point I think it important to mention there is a canal at the bottom of our garden. Now [my child] knows not to go near this but as a parent of an autistic child you never know. In the event of [him] falling into water, I would at least like him to be able to get himself to safety.

(Response 1)

*Source: <https://www.rlss.org.uk/drowning-facts>

**Source: [https://www.swimwales.org/cy/dysgu-nofio/nofio-ysgol/#:~:text=](https://www.swimwales.org/cy/dysgu-nofio/nofio-ysgol/#:~:text=The%20integration%20with%20the%20National,point%20in%20key%20Stage%202.)

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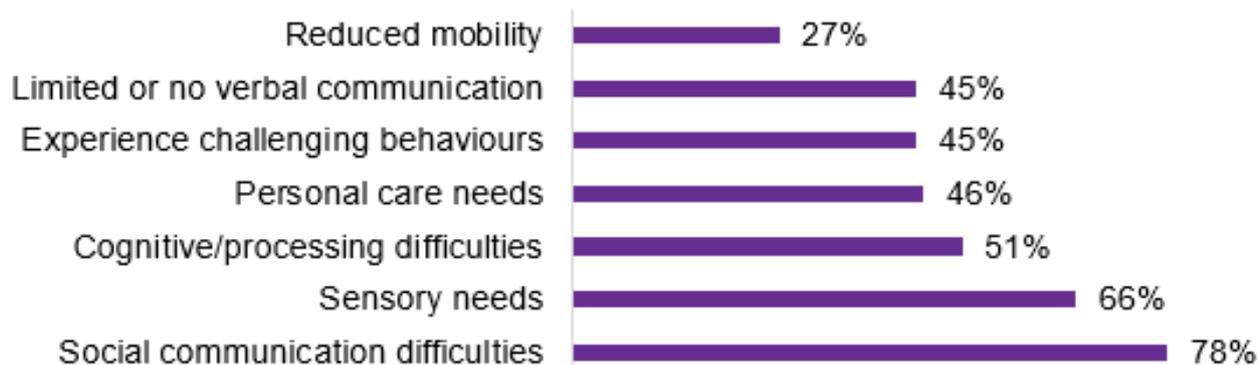
What did we do?

Between March and May 2024, Sparkle and Disability Sport Wales conducted an evaluation of swimming lessons at Serennu Children's Centre in Newport. Researchers attended the first lesson in a block of 10 and asked family-carers to complete a brief survey regarding their child's experience of water and access to swimming lessons. Researchers provided a QR code so that family-carers could complete the survey on their own device during the lesson, and shared the survey via Parent Mail with family-carers who were not present. This was repeated during the last lesson in the block. The evaluation was approved by Aneurin Bevan University Health Board Research and Development department on 7th February 2024. We combined the findings with the responses Sparkle received from family-carers about their experiences of swimming lessons in the community.

Who took part?

There were 72 children, aged 5-17, accessing swimming lessons at Serennu Children's Centre at the time of the evaluation. Both surveys were completed by 58 family-carers, and Sparkle received 21 email responses from family-carers of children accessing, or on the waiting list, for specialist lessons.

Children's Complex Needs



What happened when children with disabilities tried community-based lessons?

Lack of understanding and support

His autism was seen as bad and naughty behaviour so [he] was frequently made to sit at the side of the pool. This caused distress and upset for [my child] who felt that no one understood him. [...] his confidence was low and he was afraid of the water.

(Response 1)

Half of the children included in the evaluation had previously accessed community-based swimming lessons. The majority of family-carers described negative experiences, largely due to a lack of skilled one-to-one support in the pool. Even when specialist support was offered, family-carers felt instructors did not have an adequate level of understanding of their child's needs. Many raised that there was a lack of understanding regarding disability, and how to support children with disabilities to engage in lessons, amongst lesson providers.

"The teacher was lovely, but I feel lacked understanding of [her] needs and wasn't prepared to slow to a pace [my child] was comfortable with. [My child]'s trust was broken when the teacher pulled [her] into the pool on one occasion when she didn't want to go in." (Response 20)

It was felt that large group settings were not suitable for children with disabilities; not only did busy environments and noise lead to sensory

difficulties, but children with disabilities felt singled-out and left behind as they did not progress as quickly as the other children in their classes.

“Many group sessions are completely unsuitable for children with additional needs. [My child] attended a local swim school, which ran group sessions of 4 children to 1 instructor. The class was focused on different aspects each week and the turnover of children as they developed and moved up classes was far faster than [my child] could achieve. His confidence was taking a huge knock, as he struggled to keep up with the other children. He was also the oldest in his group and he found that very hard. [...] These schools were fantastic schools, with great recommendations and I could see that neurotypical children were thriving; however, for children who need more flexibility, small classes and a quieter environment, they were just not suitable. There are many swim schools that claim to be inclusive of disabilities, but the truth is they simply can't be whilst running classes with neurotypical children.”
(Response 3)

Inappropriate environments and facilities

Didn't like it, too noisy, too many children, lack of supervision, not enough staff, didn't understand my son's needs.

For some children, the environments in community pools were not conducive to their learning or wellbeing. Some settings lacked adequate facilities for children with disabilities, and even when the appropriate facilities were available, there could be a lack of awareness amongst staff of facilities and equipment required to make spaces accessible.

“She also needs a hoist to get in and out of the pool as she gets larger. I have found other pools in the area do not have the appropriate manageable steps to get in or out or a hoist. In the past, even in pools which have claimed to be disabled friendly such as the Spytty pool, I found that staff were either unaware of a disabled change room or told me it was out of order and that there was no equipment or staff able to use it.” (Response 15)

Feeling unwelcome

We accessed swim lessons run in Newport and were asked to decide if it was in his best interests to stay when everyone in his group was moving to the next badge! And he wasn't progressing like 'normal children' and other parents felt he was a distraction to their children with his arm flapping etc. I felt mum shamed and never returned.

(Response 13)

Family-carers were often made to feel unwelcome and that they should not return to community lessons due to their child's needs.



What barriers to community-based lessons exist for children with disabilities?

Availability of suitable lessons

She was refused to take part in the year 4 3-week swimming course at her previous primary school. I felt they could have arranged for me to take her in as the walk there was too risky, also the teaching support could have given her 1-1 [support] in the water. It's on the curriculum that every child should be given the opportunity to learn to swim yet mine was refused.

Many family-carers had not been able to find suitable local swimming lessons for their child, and described barriers such as the high cost of one-to-one support, specialist sessions being at inconvenient times (such as the last session of the day), and long waiting lists.

Stunningly, multiple family-carers reported their child being denied access to swimming lessons due to their disabilities. This happened in school settings, despite swimming and water safety being a mandatory part of the curriculum, as well as community-based lessons. This means that children at the highest risk of drowning, due to their lack of awareness of danger, are being explicitly excluded from the opportunity to gain essential water safety.

"I wanted [my child] to start swimming lessons with the council when he was 4/5 as my daughter did but I was told that because he needed a 1-1 at school he wouldn't be able to, 'It wouldn't be safe'.

I offered to get into the pool with him during a lesson (I have a full enhanced DBS) but was told this wouldn't be possible. So [my child] was refused access to swimming lessons with the council/Newport Live and unfortunately I can't comment on whether they might have worked because he was not allowed to access them.” (Response 10)

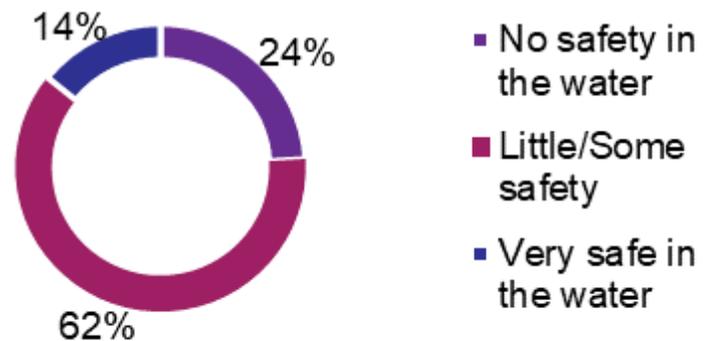
What impact do Sparkle lessons have?

Water safety

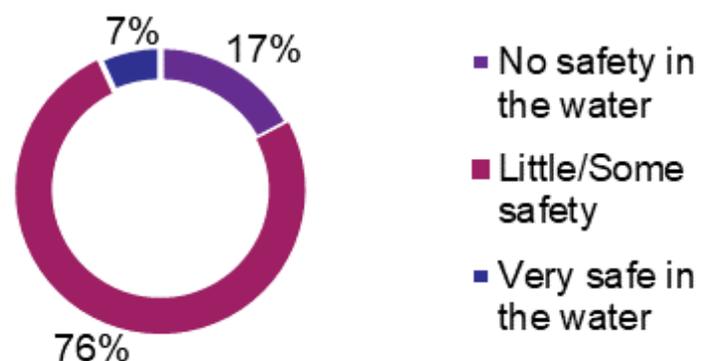
Reassuringly, there was a reduction in the number of children with no knowledge of water safety and an increase in the number of children with little or some knowledge of water safety during the evaluation of a 10-week block of Sparkle swimming lessons. These results highlight how important the swimming lessons are to increasing children's safety and potentially reducing the risk of them getting into trouble in water. However, the percentage of family-carers who felt their child was 'very safe in the water' reduced over this time. One potential explanation for this is an increase in family-carers' awareness of what a confident and safe swimmer looks like, and therefore recognition that their child requires further instruction and support to reach this stage.

It's an opportunity to learn life-saving skills in safe environment.

Water Safety - Baseline



Water Safety - Follow-up



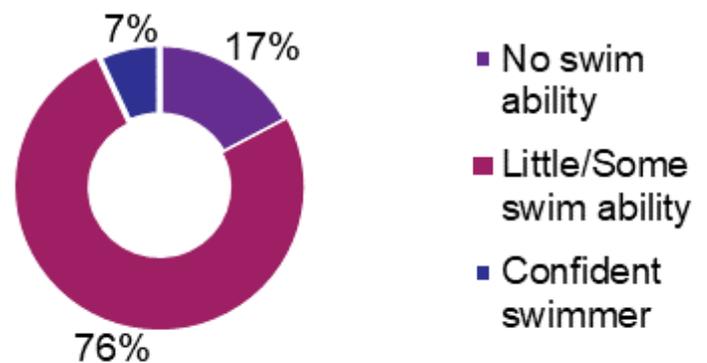
The Rockhopper Stages, used by CB Training at Sparkle lessons, are specifically tailored to learners with disabilities, with earlier stages having learning outcomes such as entering the water with support, moving limbs in the water and showing enjoyment of being in the water. Rockhopper stage 3 includes moving 5 metres through the water on the front or back, and being able to roll from back to front and front to back; it could be considered that these skills would help keep a child safe in water, however the level at which children are considered 'water safe' is difficult to determine and each child will progress through the stages at their own pace.

Swimming ability

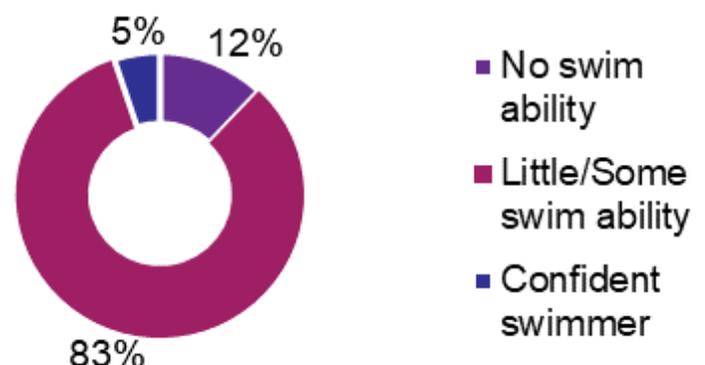
Family-carers were asked to rate their child's swimming ability during the first survey and during the second survey approximately 10 sessions later. There was a slight reduction in the percentage of children with no swim ability and increase in the percentage of children with little or some swim ability. However, it is unlikely that 10 weekly sessions would have a significant impact on swim ability, and there was a slight reduction in the percentage of family-carers rating their child as a 'confident swimmer'. This, along with positive comments from family-carers about their child's progress, suggests swim ability may fluctuate over this short period of time.

[She] would barely get in the water before sparkle lessons, she now enters the water independently and is growing in confidence with every session.

Swimming Ability - Baseline



Swimming Ability - Follow-up



At the end of the 10-session block the evaluation took place, all children accessing lessons at Serennu Children’s Centre (72) were assessed and awarded badges and certificates based on the achievements they had made over the previous two blocks (20 lessons). The badges and certificates awarded are detailed below. Some children were awarded multiple badges due to overlap between the awards (e.g., they may have achieved a Swim Wales stage badge and a distance badge), however 88% of the 72 children were awarded at least 1 badge, therefore demonstrating progression since their last assessment.

Rockhopper Stage	Awards	Swim Wales Stage	Awards	Distance	Awards
RH Stage 1	0	SW Stage 1	9	5m	12
RH Stage 2	3	SW Stage 2	12	10m	8
RH Stage 3	4	SW Stage 3	7	15m	0
RH Stage 4	5	SW Stage 4	1		
RH Stage 5	11				
RH Stage 6	4				
RH Stage 7	4				



Find out more... 

More information about the **Rockhopper stages** can be found here:
<https://www.sta.co.uk/international-learn-to-swim-programme/additional-programmes/rockhopper-series/>

More information about the **Swim Wales stages** can be found here:
<https://www.swimwales.org/wp-content/uploads/2022/07/Wave-Outcome-Posters-2020-1.pdf>

Enjoyment

They mean everything to us as a family. He enjoys coming each week, he loves swimming and getting the 1:1 support he needs. We would not be able to get this anywhere else.

The children and young people accessing the specialist swimming lessons clearly love spending time in the water, as when completing both surveys, 95% of family-carers said their child enjoyed water.

Improved family life

She has progressed so much since starting swimming lessons with Sparkle. It means we can go swimming as a family and she can enjoy ability appropriate water slides/activities on holiday.



Family-carers have told Sparkle previously that they simply could not go on holiday anywhere near a body of water, such as a pool, pond or the sea, due to their child's complete lack of water safety. The increased water confidence from Sparkle swimming lessons has led to new opportunities for exercise, social interaction and quality family experiences.

Family-carers also described the supportive, non-judgemental space at Sparkle's swimming lessons, where everyone is equal and facilities and staff provide the support children need to excel.

What makes the Sparkle swimming sessions special?

The environment

Sparkle swim lessons are incredible. The facility is ideal, the pool size isn't overwhelming and the changing facilities are totally inclusive. The ability for [my child] to have a 1:1 session, but also be around peers to observe and draw confidence from is invaluable.

(Response 20)

Many family-carers commented on how conducive the environment and atmosphere are to their child's learning; the small groups and appropriate facilities were commended, as well as supportive and calm environments.

The focus

Serennu swim sessions are not about the badges and how quickly [our child] can learn to swim, but for him to gain that water confidence in a safe and nurturing environment.

(Response 3)

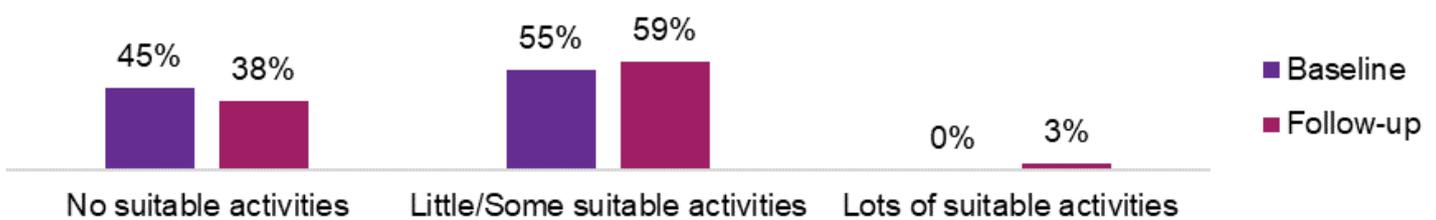


Family-carers felt the specialist lessons focused less on badges and progression and instead promoted water safety and confidence.

Does accessing Sparkle lessons open up new opportunities for children with disabilities?

Guidance published in 2022 from the Chief Medical Officer recommended that children with disabilities participate in 120 to 180 minutes of moderate to vigorous physical activity every week, as exercise can improve confidence and concentration for children with disabilities and help them meet new people*. Family-carers were asked to rate the availability of suitable exercise/physical activities and suitable social opportunities for their children. After 10 Sparkle swimming sessions, the availability of suitable exercise/physical activity opportunities improved slightly, which may suggest that developing swimming skills with Sparkle opened up some other exercise opportunities and physical activities. However, there was no clear improvement to the availability of suitable social activities following the 10-session block.

Availability of Suitable Exercise/Physical Activities



*Source: <https://www.gov.uk/government/news/new-guidelines-to-support-disabled-children-to-be-more-active>

How can community and leisure service providers break down barriers?

During the second survey of the evaluation, 34% of family-carers said they would consider their child accessing community-based swimming lessons since accessing lessons with Sparkle. However, 81% still said there were challenges or barriers to overcome for their child to access community-based lessons. We have made the following recommendations for overcoming these barriers and suggestions for improving community-based swimming lessons based on responses from family-carers.

Community and leisure service providers need:

- ★ To offer small group lessons with 1:1 support to create calm, quiet and supportive environments.
- ★ Specially trained staff with an awareness of different disabilities and how to support children with different needs in the water, including non-verbal communication and ASD.
- ★ To have appropriate facilities at pools, including hoists, spacious changing rooms which offer privacy, changing facilities for wheelchair users, and appropriate changing beds. Staff need to be aware of these facilities and trained in how to use the equipment.
- ★ Higher pool temperatures for those with heart conditions, muscle problems and reduced mobility. Pool temperatures need to be between 32 and 33 degrees.
- ★ To increase awareness and the communication of suitable opportunities for children with disabilities. This includes the marketing, awareness of staff at reception, and making the general public aware that these sessions exist.
- ★ To reduce waiting list to allow children to join sessions within an appropriate time frame.

Conclusions

This evaluation found that even one block of specialist swimming lessons provided by Sparkle resulted in small improvements to swim ability and water safety. Families really value the specialist swimming lessons, which improve their child's water confidence and enjoyment of water, particularly through the support and encouragement from specially trained staff providing 1:1 support. The facilities, accessibility and non-judgemental environment with other children with disabilities also resulted in positive outcomes for the children and their families.

Families face multiple barriers in trying to access community-based lessons, due to a lack of staff training and understanding, lack of appropriate facilities, and unsuitable group environments. Some family-carers even reported their child being denied access to lessons due to their complex needs, including those provided through school. Thus, despite swimming and water safety being a mandatory part of the primary school curriculum, disabled children are being put at even higher risk of drowning than their non-disabled peers.

Suggestions and recommendations for removing barriers to community-based lessons for children with disabilities were shared by family-carers; however, at this time, it is evident that there is an urgent requirement for government funding and support for specialist swimming lessons for those children whose needs cannot be met in a mainstream community environment.

