



# **Children & Young People with Special Educational Needs & Disabilities**

## **A Health Needs Assessment 2024**

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## CONTENTS

<b>Children &amp; Young People with Special Educational Needs &amp; Disabilities</b> .....	
Acknowledgements .....	2
Executive Summary .....	4
Recommendations.....	5
<b>Chapter One: Introducing the Health Needs Assessment</b> .....	7
Aims and Objectives of Health Needs Assessment.....	7
Findings of OFSTED and CQC inspections.....	8
SEND Strategy for Children, Young People and Families in York.....	8
Categories of Need.....	9
<b>Chapter Two: Engagement with Service Users and Providers</b> .....	11
Views of Children and Young People .....	11
Views of Parents and Carers.....	13
Views of education, health, and social care professionals.....	14
<b>Chapter Three: Data Analysis</b> .....	16
Data sources .....	16
Evidence and Prevalence .....	17
Mapping of ECHPs in York .....	18
Absence from School.....	19
National SEND data from Department for Education .....	20
York Trends .....	21
York: Trendlines for each need type .....	22
York: Types of need.....	24
York: SEND prevalence by Sex.....	25
York: SEND and Age.....	26
York: Prevalence by SEN-support and EHCP.....	27
Free School Meals and SEND .....	27
Education Led services in York.....	28
Health .....	29
Social Care .....	36
Youth Justice.....	39

<b>Chapter Four: Lifetime Outcomes and the Transition to Adulthood</b> .....	40
<b>Appendix</b> .....	43
List of Tables .....	43
List of Figures .....	43

## Executive Summary

- This assessment has been created by a Specialist and Practitioner from the City of York Council Public Health team. It was created with support from professionals working in education, health, and social care in York. The views of parents and carers of children and young people with SEND, as well as staff who work with these families are also included.
- Throughout this assessment SEND is defined by Section 20 of the Children and Families Act 2014 and SEND Code of Practice 2015. These are children and young people who have a SEN-support plan or an EHCP. This includes children and young people from birth till their 25th birthday.
- Special educational needs and disabilities do not usually describe something that a child will ‘grow out of.’ They usually describe a set of characteristics that are lifelong to the person.
- Children with SEND may fall behind their peers in educational attainment as well as emotional and socially. The attainment gap between pupils with SEND and their peers is twice that of the gap between pupils eligible for free school meals and their peers. Therefore, successful SEND support needs to be holistic to support all aspects of children and young people’s development.
- This assessment only looks at children and young people whose need (disability, learning disability, mental health condition, or care need) has an impact on the way they access their education. Not all children who are supported by the NHS for a long-term health need, or who are supported through social care will be included in this review.
- The SEND population is rapidly increasing. The population has increased by 29% in the past eight years. Currently, 4011 children and young people in York have SEND.

- This increase is placing additional demand on schools as well as on specialist services.
- Feedback from education professionals and parents mainly identifies a high degree of professional dedication from those working directly with children and young people. Overwhelmingly, parents and education professionals also identify that demand for in-school support is high and that waiting times for specialist support can be very long.
- Increasingly there is focus on the 'universal offer' and the 'ordinarily available provision'. These terms describe the types of support in schools that should be available to every child and young person.
- Both education professionals and parents talk about the need for universal training in schools for the most common forms of SEND.
- Because of the growing prevalence, there is particular focus at the moment on young people who are neurodiverse or who have mental health conditions.
- There is not currently a routine way of hearing from the 4,000 children and young people with SEND to monitor their experiences.
- The role of social care and of physical health services is underexplored in this report. This was due to challenges accessing the relevant data, and in some cases due to the information not being collected.
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## Recommendations

These recommendations are for the SEND Board:

1. Commit to using the 'I am' statements as a core part of service commissioning and service planning. This includes using the 'I am' statements as an Outcomes indicator.

2. Commit to using the 'I am' statements as a core part of EHCP reviews, as part of short breaks evaluations, and to work towards using them to develop an Inclusive Education Charter.
3. Enhance the parent mentoring scheme and evaluate the impact of these on the wellbeing of children and young people and their parents.
4. For the board to monitor implementation of 'ordinarily available provision' in schools, and to hold schools to account for their use of provision and reasonable adjustments for CYP at SEN support.
5. Recognise that the rising waiting time both for assessment and for support for neurodivergence and mental ill health. The recommendation is for health colleagues to routinely share population level information on the levels of support being offered to young people with SEND, including numbers of individuals waiting for assessment or waiting for support. This is to help better visualise the 'waiting well' need and the opportunities for education and health colleagues to develop this offer.
6. Write a guide specifically written for parents and young people that uses plain English and is presented to families on multiple occasions. Be clear that, as adults, most young people with SEND will receive support only from universal services such as primary care services or the job centre plus. Be clear that the purpose of the SEN Support and EHCP process to build the capacity for independence in young people in preparation for this transition.
7. Create a suite of one-minute videos that talk parents through a range of topics including legislation, waiting lists, in school support, and the community resources available. Share these widely and often.
8. On the local offer website include the opportunity for parents to easily provide scores on the clarity and usefulness of the information on individual pages.
9. Extend the SEND partnership board membership by one or more places to include senior leaders from schools and take steps to ensure there is regular attendance from this key partner.
10. Enhance the number of parent drop-in sessions. Ensure they are led by mix of professionals across education and health and are designed to address the commonly experienced parenting challenges including sleep, continence, eating, emotional regulation and school attendance.

11. For the board to develop a multi-agency commitment to addressing school attendance.
12. For the board to develop a 'single view' approach that would enable additional insight to explore if all families who could benefit from Child in Need support are presently accessing it.

## **Chapter One: Introducing the Health Needs Assessment**

### Aims and Objectives of Health Needs Assessment

- To contribute to the responsibility of Health and Wellbeing Boards produce and publish health needs assessments on the population of York.
- To create a shared understanding of SEND in York, including looking at trends and data from support services, describing unmet and met needs in York, and understanding the views of children and young people, their parents, and education professionals.
- To establish key priorities for the York SEND board to address, including sharing successes and providing an evidence base for decision making.

### EHCP and SEN-support

Children and young people with SEND will either be accessing SEN-support, or will have an Education, Health, and Care plan:

*Table 1: Table defining EHCPs and SEN Support*

EHCP	SEN Support
A legal document which describes a child or young person's special educational, health and social care needs where significantly more support is required than provided through a SEN Support document via school or college.	Support for children who require help in addition to provision provided by the school's usual curriculum.

## Findings of OFSTED and CQC inspections

In December 2019, OFSTED and the CQC conducted a joint inspection of SEND provision in York. The 2019 report identified several significant weaknesses. In June 2020, York published a written statement of action detailing how these were going to be addressed.

In November 2022, OFSTED and CQC revisited York. The revisit found that York has made sufficient progress in addressing all the significant weaknesses in the initial inspection.

Reports on both visits, and the progress made so far can be accessed via [Local Area SEND Revisit Feedback](#).

## SEND Strategy for Children, Young People and Families in York

The strategy sets out four commitments for children and young people with SEND.<sup>1</sup>

1. The voice of children and young people is paramount.
2. The right support is in the right place at the right time.
3. Children and young people's needs are identified at the earliest opportunity.
4. Effective transition is secured so that young people are able to live the best adult lives that they can.

The successful achievement of these priorities will mean that all children and young people should be able to say:

1. I am healthy
2. I have a choice and am heard
3. I am safe
4. I achieve my goals
5. I am included
6. I can overcome challenges and difficulties on my own or with support
7. I am becoming independent



## Categories of Need

Special educational needs and disabilities (SEND) can affect a child or young person's ability to learn<sup>1</sup>. They can affect their:

- behaviour or ability to make socialise and make friends
- reading and writing
- ability to understand things
- concentration levels,
- physical ability

In legislation, all types of SEND are placed into four categories.

- communication and interaction needs.
- cognition and learning difficulties.
- social, emotional and mental health difficulties.
- sensory and physical needs.

Within the larger context, SEND can include, but is not limited to the following conditions:

### **Attention Deficit Hyperactivity Disorder (ADHD)**

[ADHD](#) is a condition that affects people's behaviour. Symptoms tend to be noticed at an early age and can be more easily identified when life circumstances change such as starting school. These can include inattentiveness, impulsivity and hyperactivity. They may improve with age, but some are not diagnosed until adulthood where problems continue.

### **Autism Spectrum Condition (ASC)**

[ASC](#) is where the brain works differently from other (neurotypical) people. Autistic people may find it difficult to communicate and interact with other people, understand other people's emotions, and experience sensory overload. Autism is different for everyone with some autistic people needing little or no support, others requiring daily care from parents or carers.

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<sup>1</sup> [Children with special educational needs and disabilities \(SEND\): Overview - GOV.UK](https://www.gov.uk/government/overviews/special-educational-needs-and-disabilities)  
([www.gov.uk](https://www.gov.uk))

## **Specific Learning Difficulties (SLD)**

[SLDs](#) are neurological conditions that can cause inefficiencies in areas such as thinking (processing) speed, auditory short term/working memory and visual/auditory perception. Common types include Dyslexia, Dyscalculia, and Dysgraphia:

[Dyslexia](#) is common and mainly caused problems with reading, writing and spelling.

[Dyscalculia](#) is difficulty in understanding numbers which may lead to a range of difficulties with mathematics.

[Dysgraphia](#) is a condition that affects the ability to recognise and decipher written word. Challenges arise from writing, spelling and forming words.

## **Speech, Language and Communication Needs (SLCN)**

[SLCNs](#) are difficulties that affect one or many aspects of communication such as problems producing speech sounds, stammering, use of language, understanding language, understanding non-verbal rules with others.

## **Physical Disabilities**

[Physical disabilities](#) cover a range of medical conditions which may require continued support into adulthood. Some children with physical disabilities may be cognitively able so levels of support may differ for each child. Physical disabilities may include visual impairments, hearing impairments, and multi-sensory needs.

## **Social and Emotional and Mental Health Needs (SEMH)**

[SEMH](#) describes a range of challenges related to emotional well-being, social interactions, and mental health. Individuals with SEMH needs may experience difficulties in managing their emotions, or forming and maintaining relationships, and coping with stress or change. They may exhibit challenging, disruptive, or other concerning behaviours.

Social challenges may include struggles with social skills, making friends, or understanding social cues. [Emotional difficulties](#) may involve intense emotions, mood swings, anxiety, or low self-esteem. [Mental health needs](#) may extend to conditions such as depression, anxiety disorders, or attention-deficit/hyperactivity disorder (ADHD).

## Chapter Two: Engagement with Service Users and Providers

A key part of developing this health needs assessment was speaking to young people, their parents, and a range of education professionals who work in SEND.

This aspect of the project was led by the CYC education team, and many of the recommendations are informed by the views and experiences that we collected.

### Views of Children and Young People

As part of this project, the education team spoke directly to 61 CYP who have SEND. Although the range of participants taking part does not match the general SEND population, it is invaluable to hear from young people themselves.

Age of CYP	SEND type	Level of Need
17 – at primary school 20 - at secondary schools 24 – at colleges and other settings. <sup>2</sup>	21 - Communication and Interaction 17 – Cognition and Learning 14 – Physical disability 5 – SEMH 4- unidentified	39 - EHCP 14 – SEN support 8 – other/ not specified

*Table 2: Table outlining numbers of children and young people who took part in SEND engagement work*

### What children at primary school told us:

1. In school, the main worries were a) going to secondary school, b) everything, c) different teachers who may be “nasty” and d) other children.
2. We asked primary school pupils what could improve their school experience. They said: “Make lessons more fun with educational games”, “For children to stop being nasty to others,” more awareness of disabilities such as sessions in assembly.
3. When asked how they felt moving up to secondary school, the majority felt nervous with some even feeling sad and angry. Unfamiliarity with the school, new peers and teachers were the most common reasons. Others were worried about bullying and homework: “I have heard people kick the locks of [sic] the toilet doors.” “The transition would become a good experience if there was more planning and time for familiarisation.” Many wanted to visit the new school beforehand or “see my

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<sup>2</sup> Some of this group were older than 25, but had previously had an EHCP.

timetable sooner.” Others, however, felt they could talk to their Emotional Literacy Support Assistant (ELSA) teacher about their feelings which they found helpful.

4. Many children felt their main teachers were “really supportive” as well as Teaching Assistants and ELSAs: “They are always there for me” and “give me coping strategies.”
5. Family was a very common source of support outside of school. Some also mentioned friends and pets: “They help you if you hurt yourself and help you get back up.”

#### What CYC at secondary school told us:

1. Key worries for secondary-age children were relationships and having arguments, lessons, pressures from tests and exams and travelling to and from school.
2. Most children and young people with an EHCP felt it helped with their education.
3. Secondary-aged children were evenly split when asked if they preferred their experience in primary or secondary school. Most thought the support at secondary school was better than at primary school but others preferred the close relationships developed in primary school. This is different to the feedback from an inclusion review in 2019.
4. Young people want learning to be fun and feel that their breaks should be longer to allow for more ‘chilled’ time between lessons. Young people in secondary school also suggest longer lunch breaks and kinder disciplinary measures.
5. Young people generally said schoolteachers were a source of support, but they mainly got support from key workers, mentors, and Special Educational Needs Coordinators (SENCo): “They help me when I am upset... and struggling.”
6. Only a few secondary-aged children said they felt they had enough information about preparation for adulthood. Most of the young people over the age of 16 said they had enough.
7. We asked secondary age children what further information they would like. Many opted for practical life advice such as getting jobs, buying houses, and being financially independent. Career information such as “what actually happens in a job interview” was considered important but was also a worry within this cohort: “Work and having all the responsibilities in life but having the freedom.”

8. Most were worried about accessibility when out and about: “uneven pavements, bumps and slippery surfaces,” “knowing there isn’t a lot of accessible parking.” But the group felt excited about going to college and living in a “beautiful city which is a safer than other places”. Some were excited about more freedom and enjoying time with friends. The majority saw themselves living “hopefully in a nice house with a successful job and lovely family.” More practical careers like teaching or nursing were ideal career choices.

### Views of Parents and Carers

426 parents and carers took part in our online survey. They broadly represent the mix of CYP with SEND, but parents of pupils with an EHCP and parents of pupils waiting for an assessment were both overrepresented.

*Table 3: Table outlining response from parents and carers in SEND engagement survey*

Primary Need of the Child	%	Level of Support to the Child	%
Autism	44%	SEN Support	41%
SEMH	34%	EHCP	42%
Awaiting an Assessment	31%	Awaiting or in progress	18%

### We asked about what works well at the moment

*Pass! I can’t see anything!”*

*“Relationship with amazing pastoral staff”*

1. It is important to say that 20% of parents who answered this question essentially said that nothing was working well.
2. There was a clear message about the quality of support from schools. Another 20% of parents specifically talk about the teachers, the SENCO or the pastoral team in school.
3. SENDIASS, Specialist teaching, portage, and ELSA, were also highlighted often.

### We asked about what needs to change

*“To show empathy and understanding and have clear communication with parents.”*

1. There was a clear message about the value of mandatory basic training for all school staff, especially about speech and language, mental health, and neurodiversity.

2. There was another clear message about early parent engagement, and the need for practical support for struggling families.
3. Families spoke about the long waiting times for diagnosis and were clear that support should not wait for a diagnosis.
4. Other specific issues included the need for support for school refusal and unhelpful school behaviour policies.

We asked about practical changes we can take to make seeking support a better experience

*“Better communication between professionals with each other and parents.”*

1. There is a clear message about quality and frequency of communication. Parents wanted greater transparency about what is going to happen.
2. Many parents wanted applications and paperwork to be simpler. Some parents said they did not know what was available next.
3. Parents also spoke about wanting more accountability from school and CYC, this included compliance with plans once they are agreed.
4. Wait times for a range of services were also mentioned.

We asked parents to rate their overall experience of seeking support for their child

1 (Poor)	2	3	4	5 (outstanding)
31%	21%	28%	13%	7%

Views of education, health, and social care professionals

We heard from 63 education or health care staff working with children and young people with SEND.

We asked about what works well at the moment

*“Dedicated staff treating families and young people as individuals”*

1. Overwhelmingly respondents talked about hardworking interventions and high levels of professional dedication.
2. The Learning Support Hub and SENCOs were specifically mentioned.
3. There were examples given of good information sharing between schools and LA, and between LA and healthcare.
4. Once the EHCP process had begun, there was a feeling that it worked well.

We asked about what needs to change

*“The government allocating more money for SEND so that a creative range of provision would be viable within the mainstream settings of York.”*

Overwhelmingly there was a call for more money and resources:

1. to support creative and non-statutory approaches
2. for early years and early intervention
3. to support transitions, especially in early adulthood
4. for short breaks and similar support
5. to support higher need young people aged 18-25

We asked professionals about their barriers or challenges to supporting CYP

*“Sheer volume!! The Level of need and the capacity and capability of staff to ensure these children learn, thrive, and make progress.”*

1. Staffing vacancies or funding or waiting lists were discussed very often, most especially in relation to teaching assistants.
2. The lack of training for staff was mentioned often, for school staff there was a big issue with finding the time to attend training within the school day.
3. Long waiting times for expert input were mentioned often too.

## We asked a question about improvements needed to the mental health offer for children and young people

*“More available resources. Pupils often left without resources or on a huge waiting list with no temporary support.”*

1. Wellbeing workers and other forms of in-school support was highly valued. There was a strong message that more was needed.
2. A clear request for whole family resources and training, regardless of whether a pupil had received a diagnosis or was on a wait list.
3. A clear request to resolve the CAMHS wait times for diagnosis, and to strengthen the specialist therapeutic interventions available to the most unwell children and young people.

## **Chapter Three: Data Analysis**

### Data sources

We used the following data sources to create this needs assessment.

- The views of children and young people
- The views of their parents
- The views of education professionals
- School census
- Fingertips data tool from the Office of Health Improvement and Disparities (OHID)
- Department of Education databases (mainly used to see how York data compared to the national average).
- Local Authority data collated by City of York Council’s Business Intelligence Team
- GP data from SystemOne\*<sup>3</sup>

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<sup>3</sup>*The data held in GP practices is not very useful for this needs assessment. This is because SEND status is not collected in one way, especially for children. This means it is not possible to search for educational needs in health data. There is a separate project underway in Yorkshire and Humber to improve the data sharing between Adult Social Care and Primary Care. This will significantly improve the data, especially for adults who have a learning disability.*



## Evidence and Prevalence

The way in which 'special educational needs' are counted and measured have differed historically. In part, this is because of enhanced detection of these needs over time which is especially true for mental health need. It is also down to variation into the categorisation of need; historically many autistic young people would likely have just been considered to have a learning disability. SEND data can also differ between different countries: the enhanced expectations of academic attainment, the increase in school leaving age, and reduction of non-academic qualifications UK may play a role in the visibility and understanding of SEND today.

In the UK, national charities release prevalence estimates of the conditions they focus on:

- Approximately [2.5%](#) of children in the UK are believed to have a learning disability
- Around [10%](#) of children in the UK have a speech, language and communication need that they won't grow out of
- At least [1%](#) of people are thought to have autism
- [4-5%](#) of school age children are thought to have ADHD
- [20%](#) of school age children and young people have symptoms of mental ill health

Not all these children will have a SEND, but these estimates highlight how common SEND are: a classroom with several children with special educational needs is the rule not the exception. The estimates are a helpful tool for considering the scale of the total need in York. This has implications both for resourcing specialist services, but also for designing the 'universal offer', i.e., the typical experience of any child or young person in education in York.

National prevalence estimates need to be interpreted carefully. It is important to think about two things in particular:

- We know that some conditions are more likely to pair together, so an individual child or young person (CYP) may have ADHD and a mental ill health condition, for example. Data from [NHS England into the health and care of people with LD](#) gives an example of a national rise in people with both ADHD and a LD

- SEND is an expression of how a CYP's symptoms or circumstances can impact on their ability to access their school and curriculum. Not all CYP described in the national prevalence estimates will have SEND.

### Mapping of ECHPs in York

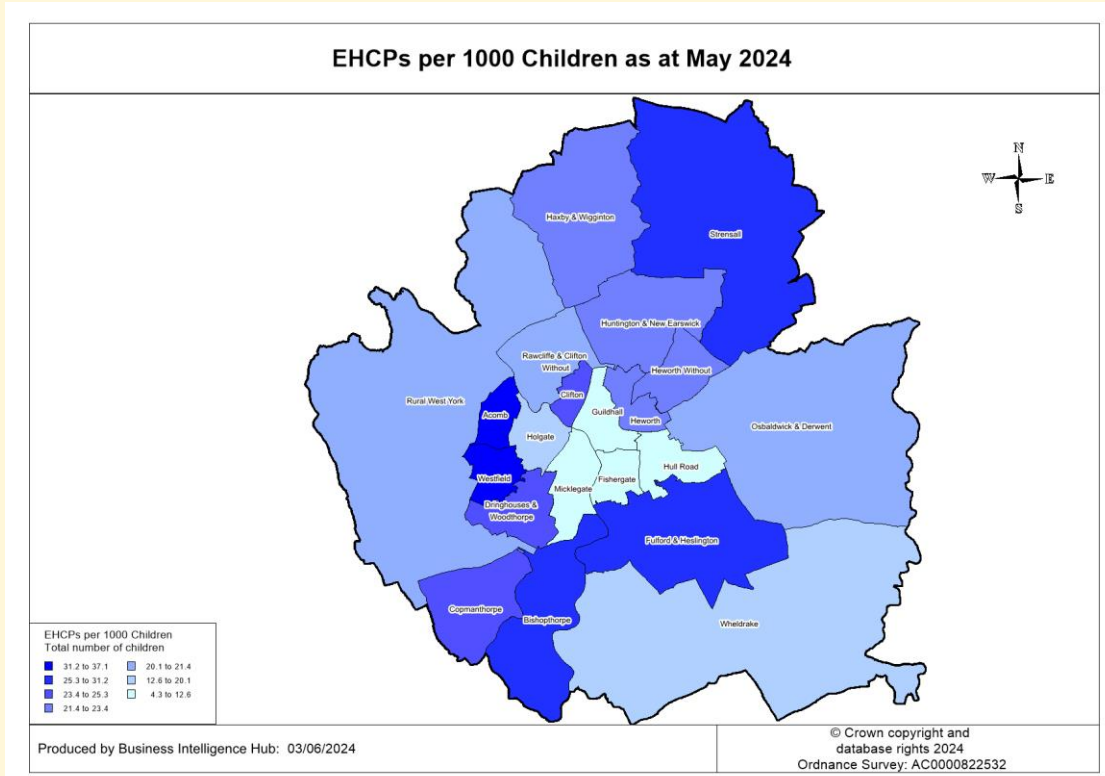


Figure 1: Heat map showing numbers of EHCPs per 1000 children by Ward in York. As of May 2024

This map shows the rates of ECHPs in each York ward, accounting for the number of children in each Ward. It shows that some wards, ie: Strensall, Acomb and Westfield have the greatest numbers of EHCPs per 1000 children. These are shown in dark blue. The map also shows that some wards have fewer EHCPs per 1000 children. These are shown in light blue.

One theory was that more economically deprived wards also had more EHCPs. We tested this and found no correlation between number of EHCPs and deprivation at ward level:

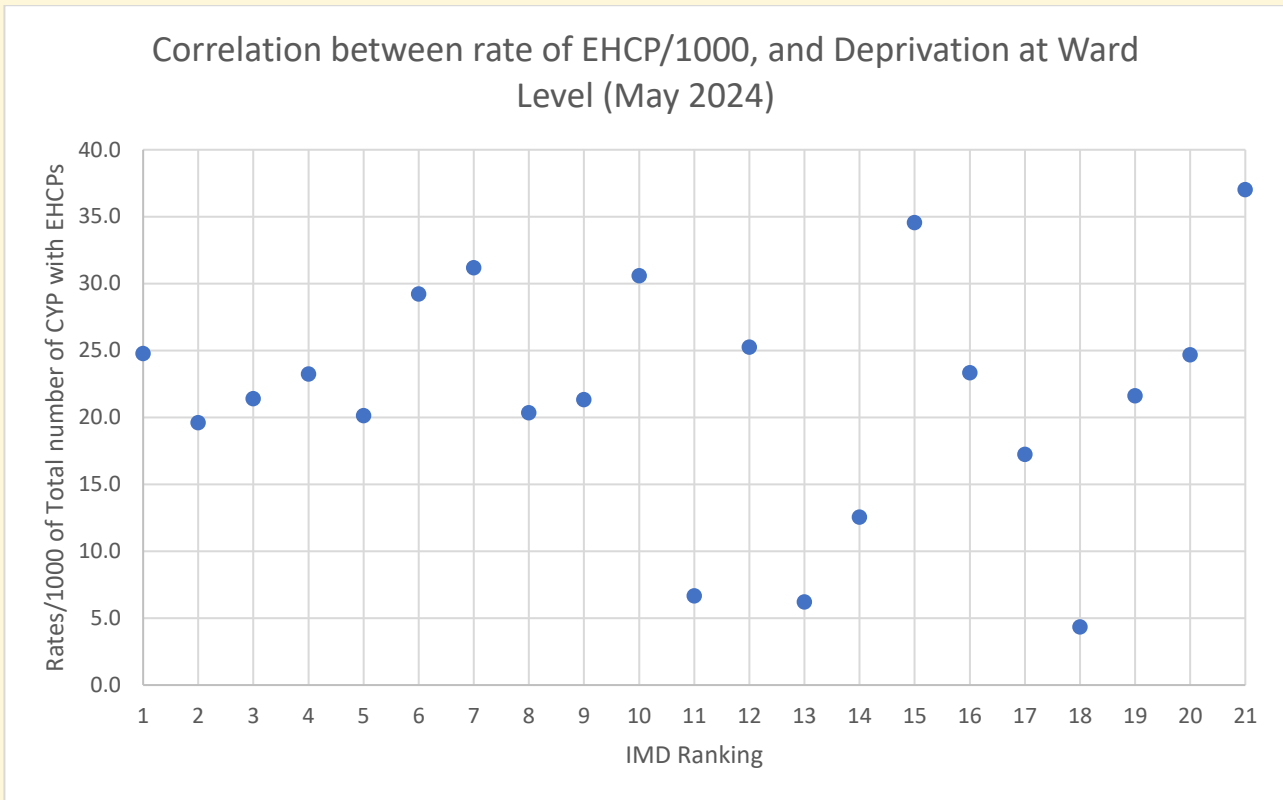


Figure 2: Graph showing correlation between numbers of children and young people with EHCPs, and deprivation by Ward. As of May 2024

There may be other reasons for geographical variation including school policies or other population differences. The SEND Board may wish to investigate this further.

Absence from School

A child is ‘Persistently absence’ if they have less than 90% attendance for a term. Persistent absence is a growing challenge across the country for all pupils at all ages. However, pupils with SEND are much more likely to experience persistent absence than pupils without SEND. Overall York’s figures are marginally better than the England average, but it remains a growing challenge to address.





Table 4: Table showing percentages of pupils in York with persistent absences v. England.



% pupils	York	England
All Primary pupils	13%	17%
Primary EHCP	29%	32%
Primary SEN support	24%	25%
All Secondary Pupils	25%	28%
Secondary EHCP	46%	43%
Secondary SEN support	42%	41%

### National SEND data from Department for Education

[National SEND Data](#) gives a picture for all children and young people in England who are in education.

Table 5: Table defining national SEND data from Department of Education

	Prevalence: EHCP prevalence is 4.3% and SEN support prevalence is 13%. Combined, this is 1 in 6 children and young people.
	Trends: Both figures continue to follow a year-on-year rise since 2016. Prior to 2016, figures for ECHP and SEN support were broadly stable. Between 2022-2023 in England, EHCPs rose by 10% and SEN-Support rose by 5%
	Age: There is not a big difference overall comparing primary schools to secondary schools. However, there is a peak in SEN support for children at ages 9 and 10. This is thought to reflect work done in preparation of a child going to secondary school.
	Income: Around a quarter of all pupils are eligible for free school meals. This is an indicator of low household income. Of these pupils 41% had an EHCP, and 38% had SEN support.

	Ethnicity: SEND is also much more common for children who are gypsies or travellers. Nationally, a 26% had SEN support, and 6% had an EHCP. Proportionally, this is the highest of any ethnic group.
	The most common type of need nationally is Speech, Language and communication needs. Second is social, emotional and mental health, third is autism. The leading type of need for and EHCP is autism.

[The Schools Census](#) produced by the DoE tells us how many children and young people aged 5-16 are in school. In York 28,000 school age children are in school<sup>4</sup>.

In the 2022/23 academic year, York recorded a total of 4011 pupils (14.3%) with SEND. Of this cohort, 75% have a SEN Support, 25% have an EHCP.

*Table 6: Table outlining prevalence of SEND in York pupils*

	All pupils	EHCP	SEN-support
York	28,108	985	3,026
York: as % of all pupils	100%	3.5%	10.8%
England	9,073,832	389,171	1,183,384
England: as % of all pupils	100%	4.2%	13%

Nationally, over 1.5 million pupils (approximately 16%) in England have SEN which is a 1.1% increase since January 2019.

### York Trends

In 2022/23 there were 4,011 children and young people in York with a special educational need.

In York, there continues to be a year-on-year rise in the total number of children and young people in York with SEND. This follows the national picture.

<sup>4</sup> [Special Educational Needs in England, Government Statistics](#)

There are now 902 more children and young people with SEND than there were in 2015. This is a 29% rise. The number of children and young people living in York has only risen slightly in the same time period.

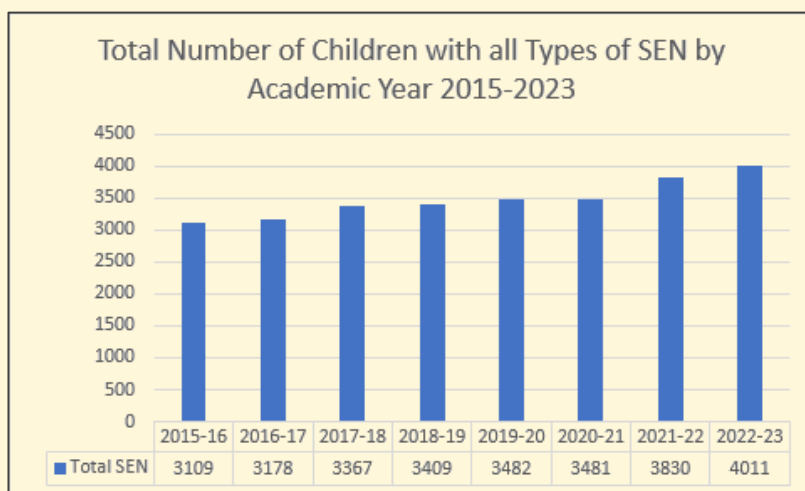


Figure 3: Graph showing total numbers of children with all types of SEND in York, 2015-2023

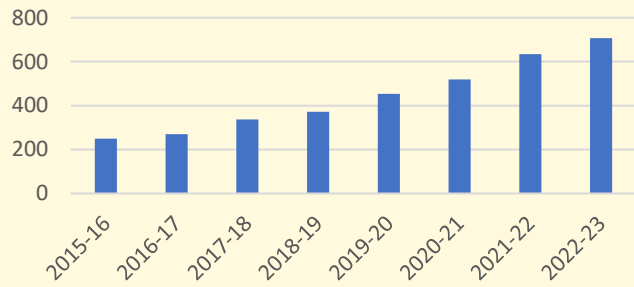
### York: Trendlines for each need type

The graphs look at the trend for the number of children and young people with each type of SEND. It shows that there are three specific need types where the prevalence is growing; autism and speech, language and communication are growing rapidly. Social, emotional, and mental health need is the biggest type of need overall and is growing at a moderate rate (*Graphs overleaf*).

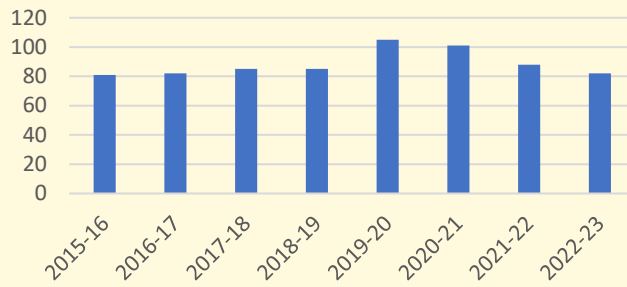
Table 7: Table showing trend data for each SEND Type

Need Type	Trend Summary (York, 2015-2023)
Autism	rapid growth in prevalence
SLCN	rapid growth in prevalence
SEMH	moderate growth in prevalence
Specific Learning disability	trend is stable
Moderate Learning disability	trend is stable
Physical Learning disability	trend is stable
Sensory disability	trend is stable
Severe Learning disability	reduction in prevalence (caution: very small numbers)

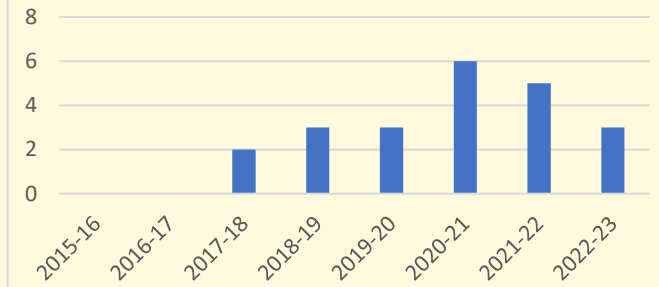
Autism Spectrum Condition diagnoses 2015-2023



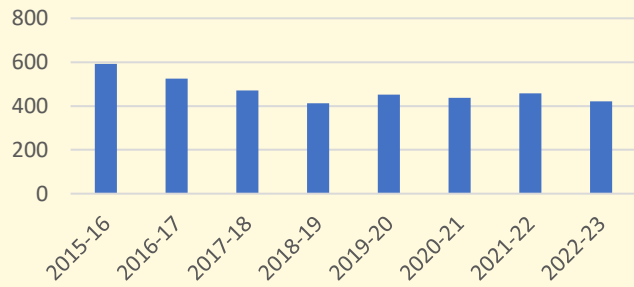
Hearing Impairment diagnoses 2015-2023



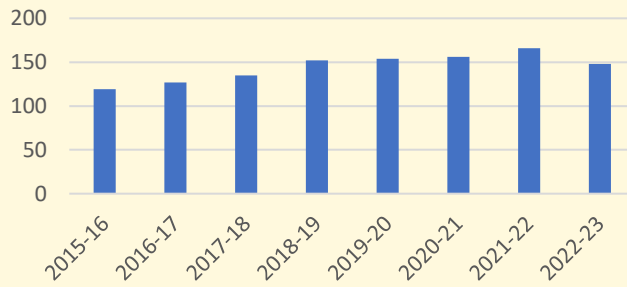
Multi-Sensory Impairment diagnoses 2015-2023



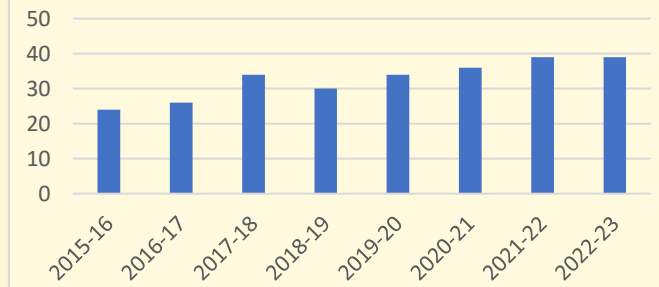
Moderate Learning Disability diagnoses 2015-2023



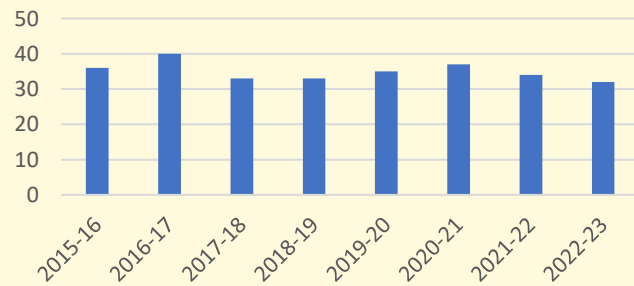
Physical Disability diagnoses 2015-2023



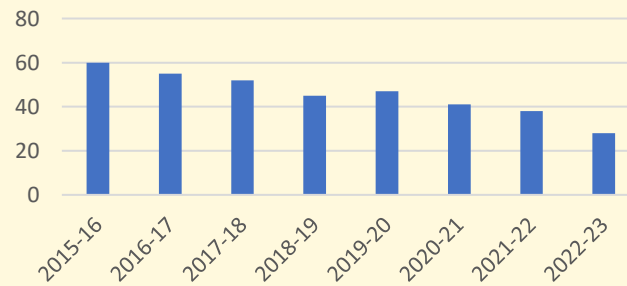
Visual Impairment diagnoses 2015-2023



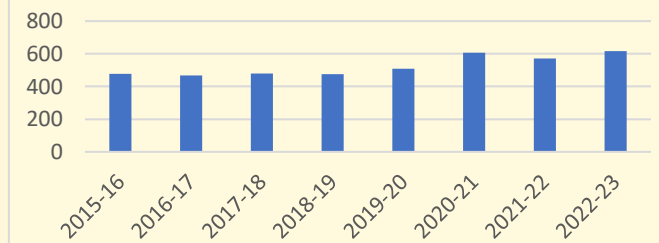
Profound & Multiple Learning Difficulty diagnoses 2015-2023



Severe Learning Difficulty diagnoses 2015-2023



Speech, Language and Communications needs diagnoses 2015-2023



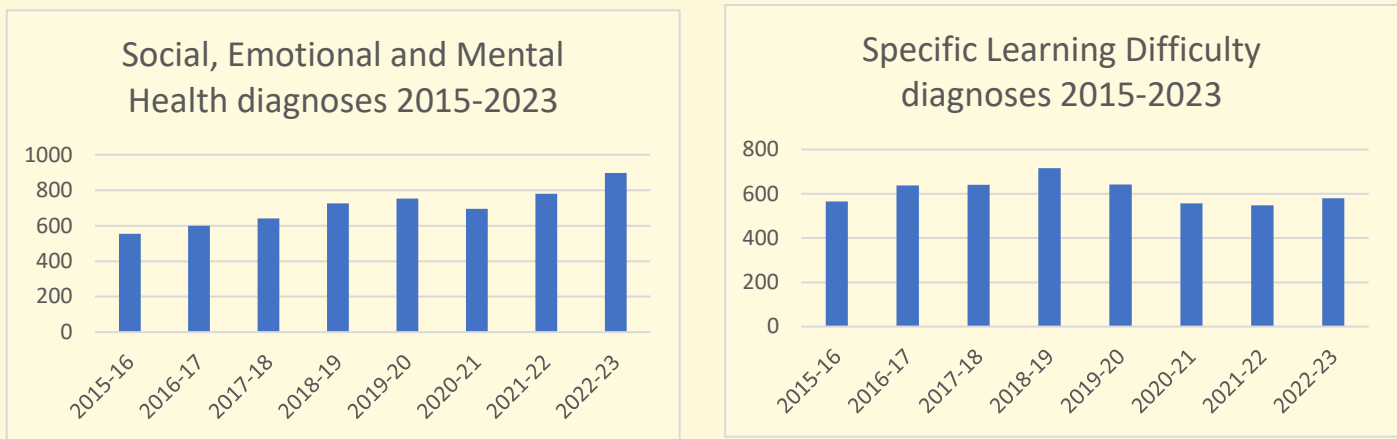


Figure 4: Trend graphs showing prevalence of each type of SEND in York, 2015-2023

### York: Types of need

The chart below shows the different types of SEND and their prevalence.

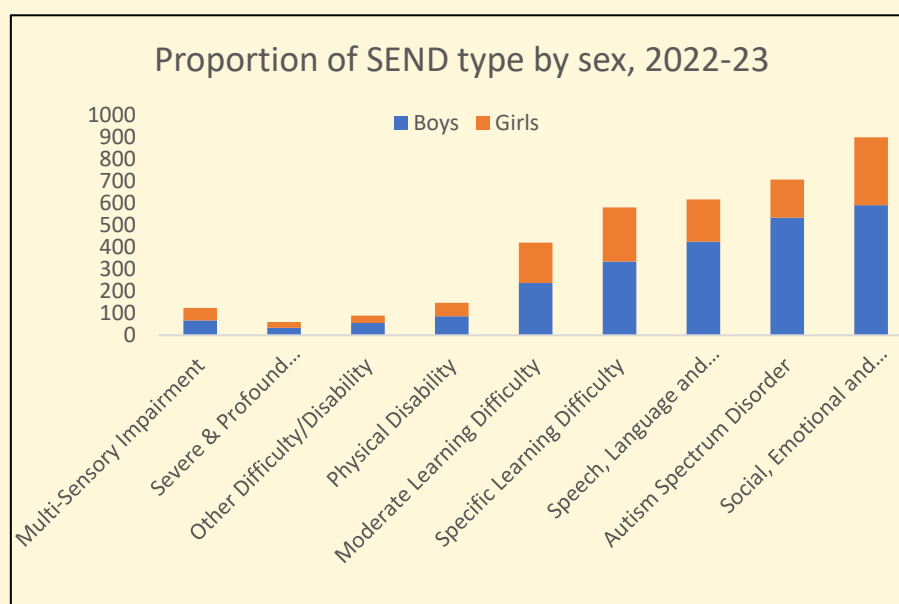
In the 2022/23 academic year, social, emotional and mental health needs account for nearly a quarter of all primary SEND in York. ASC accounts for nearly a fifth.

Table 8: Ranked graph showing prevalence of each SEND recorded in York, Academic Year 2022

SEND Type	% of Total SEND in York
Social, Emotional and Mental Health Needs	24.4%
Autism Spectrum Condition	19.2%
Speech, Language and Communication Needs	16.7%
Specific Learning Difficulty	15.8%
Moderate Learning Difficulty	11.4%
Physical Disability	4.0%
Other Difficulty/Disability	2.4%
Hearing Impairment	2.2%
Visual Impairment	1.1%
SEN Support but no assessment of type of need	1.0%
Profound & Multiple Learning Difficulty	0.9%
Severe Learning Difficulty	0.8%
Multi-Sensory Impairment	0.1%



## York: SEND prevalence by Sex



*Figure 5: Stacked bar chart showing the proportion of SEND type by sex in academic year 2022-23. The percentages are derived from the total prevalence of each SEND in females and males combined*

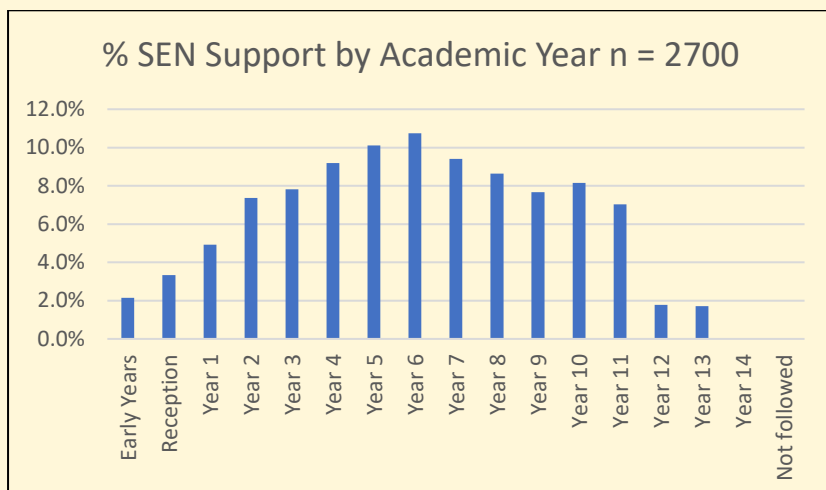
The above graph shows that in the majority of SEND types, males overall are more likely to have a SEND diagnosis than girls. Boys account for 70% of EHCPs and 60% of SEN-support. In all but one SEND type (hearing impairment) there were more males than females living with a SEND. This is particularly noted in ASC where there's nearly 10% more autistic males than females. This is consistent with national patterns where females make up approximately 33% of all students accessing SEN support in English regions.<sup>5</sup> There is an ongoing national debate about if this demonstrates that boys are more likely to have a SEND, and in particular if boys are more likely to have autism. Another explanation is that boys with SEND are more visible to education professionals because either it impacts on their educational attainment, or it impacts on their behaviour and presentation in the classroom and with their friends.<sup>6</sup>

<sup>5</sup> [Daniel, J., Wang, H., \(2023\) Gender Differences in Special Educational Needs Identification, BERA Review of Education, Vol 11, Issue 3](#)

<sup>6</sup> [Ibid](#)

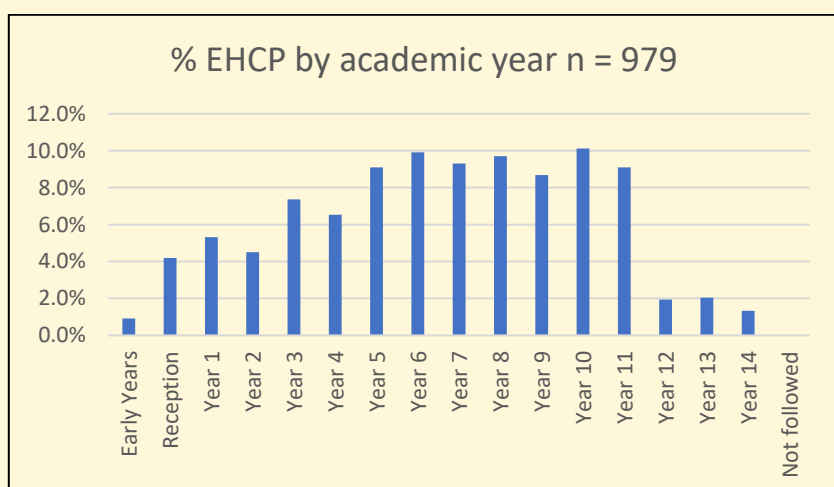
## York: SEND and Age

The graphs below show the proportion of all SEN-support and all EHCP by school year group. The first graph show that SEN-support is most common around school years five, six, and seven.



*Figure 6: % of pupils by academic year receiving SEN Support or with an EHCP in York, 2022/23*

The second chart looks at pupils with an EHCP. There is no particular high point on the graph, although there are many more pupils in secondary school year groups compared with primary school year groups. Again, there is a clear drop off between year 11 and year 12. One explanation of this is that there are fewer pupils with SEND continuing to college and sixth form.

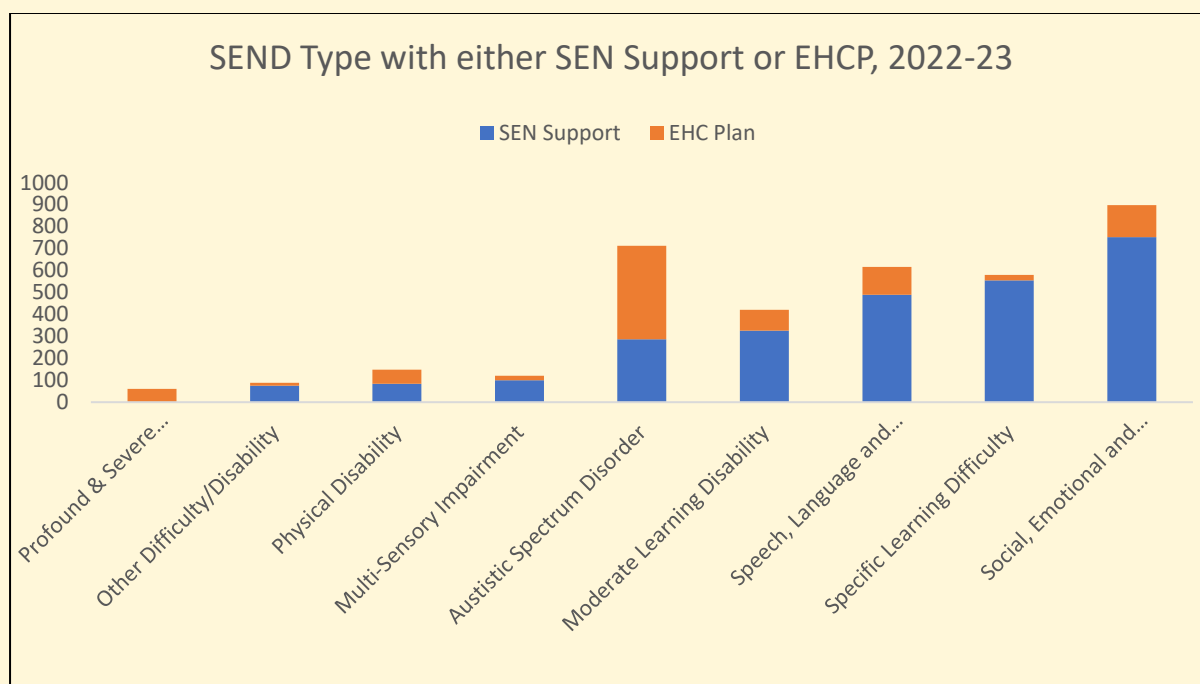


*Figure 7: % of pupils by academic year with an EHCP in York, 2022/23*

## York: Prevalence by SEN-support and EHCP

Overall, 75% of children and young people with SEND have SEN-support, the remaining 25% have an EHCP.

The chart below compares EHCP and SEN support based on the primary need type. It clearly shows that a pupil with Autism is the most likely to have an EHCP. In particular, pupils with speech, language, and communication needs and specific learning needs were most likely to have SEN-support.



*Figure 8: SEND type by SEN Support or EHCP, 2022-23*

## Free School Meals and SEND

All children in reception, year one, and year two of school receive free school meals. From year three onwards, some children pay for their school meal or bring food from home. Other children are still able to access a free school meal; this is decided based on their parents' [income](#). Because of this, data on free school meals helps us to look at families on low incomes. The Department of Education (DfE) reports on the number of children and young people with SEND who receive free school meals (FSM) after year 2.

CYP	FSM	No FSM
SEND	27%	73%
No SEND	15%	85%

*Table 9- Cross-tabulation of SEND and Free School Meals*

This shows that children and young with SEND are nearly twice as likely to also be accessing free school meals. There is no one discernible factor to explain this increase in eligibility. However, as free school meals are an indicator of economic hardship, parents working fewer hours or becoming full-time carers to their child or children with SEND may be a key driver in this.

### Education Led services in York

There is a very broad range of teams of professionals working with children and young people with SEND. Some provide exclusive support to children and young people with SEND, for others, it is an aspect of what they do.

Examples of teams include:

- Specialist Learning and Employment Advisers
- Skills Team
- Virtual School and Inclusion Services
- School Transport Team
- School Admissions Team
- Effectiveness and Achievement, 0-25
- Integrated SEND services:
  - SEND assessment and review team,
  - specialist teaching teams,
  - portage,
  - Educational Psychologists,
  - health and disability social care
- School place planning and school capital management
- Short breaks
- Transition to Adulthood Services

York also has an array of voluntary and community sector organisations that specialist in support for children, young people, and families with SEND.

The directory of this information is held in the 'Local Offer' website, which is a statutory duty for CYC. As part of this project, many parents fed back that they were

unclear what was available, or what might be helpful to their child and family. Parents also frequently shared that they wanted application processes and paperwork in general to be simpler. The SEND Information and Advice Support Service (SENDIASS) was spoken about positively for all parents who mentioned it. This suggests that there is further work to help ensure parents feel confident to access the information they need.

### Service evaluation

This project had initially intended to look at service activity and outcomes for at least the majority of the services listed above. However, in most cases there is no routine reporting on service activity or outcomes for individual service areas. This makes it hard to build a clear picture of which pupils are accessing which types of support. As a result, this piece of work was not done.

The authors of this report are also not aware of routine data collection against the seven “I am” statements of the SEND strategy. Ideally, this would be built into the routine evaluation process for services.

### Health

Special educational needs and disabilities describe a set of characteristics in a child or young person as they relate to their ability to access school and the curriculum. Sometimes a SEND is linked to a medical diagnosis and in other cases not. The distinction between the two is not always clear. To give two examples:

1. CYP with a physical or sensory disability will usually have a medical diagnosis, but depending on the nature of the medical condition may not have a SEND.
2. Equally, SEND will usually describe the area where the greatest adjustments are needed for a CYP to access education such as if a child is both autistic and has a learning disability. The primary SEND category will be based on a professional’s judgment of where the greatest educational need is.

These are just two examples of why educational data does not neatly fit with health data for this group of children and young people.

## Data Sharing

Presently, information is shared between health and education professionals for the purpose of developing and reviewing EHCPs. York has a strong track record of completing these EHCPs within the statutory timeframes.

Information on the levels of support offered by education, health, and social care is not routinely shared at population level. This would help to visualise the 'waiting well' need and support opportunities.

There isn't means to search for SEND via records held in primary care or hospital currently.

To an extent, the Child and Adolescent Mental Health Service (CAMHS) records describe the same categories of need as within SEND. Currently, the records system would not be able to report on SEND information such as the numbers of CYP with EHCP receiving support from CAMHS. This is despite such information being held in the patient's notes.

## SEND Diagnosis Pathways

The local challenges with waiting times for an assessment and diagnosis of a SEND are well documented. Simply, the services were receiving more requests for assessment than they were completing every month.

This can be demonstrated in [snapshot data from spring 2023](#) for autism assessments.

*Table 10: Table showing numbers of referrals for SEND assessment in York, 2023*

	<b>New referrals for assessment</b>	<b>Completed referrals for assessment</b>
April	65	60
May	80	50
June	80	75

At this point in time there were over 500 people waiting for an assessment of Autism in the Vale of York. This data covers all ages, but the majority were children and young people. Based on the same snapshot data, around 10% had received a 'care contact' in the month, this is part of the 'waiting well' initiative.

In March 2023 [a Healthwatch report](#) shows that the average waiting period for an Autism assessment is around 150 days. The average waiting period for all other

assessments from CAMHS is 25 days. Both waiting periods had improved considerably compared with previous years.

There are many children and young people either waiting for assessment and diagnosis support, or for specialist therapeutic input. Health professionals and parents both spoke about waiting lists. Occupational Therapy, support for mental ill health, and neurodivergent diagnosis were particularly mentioned.

The SEND strategy states there is a programme of work in place to establish a 'neurodevelopmental pathway' with clarity on the support available before and after assessment and diagnosis.

### Service Changes for ASC and ADHD

The York Children and Adolescent Mental Health Service (CAMHS) has recently made a series of changes to improve the experience of families accessing diagnostic services amidst increasing demand and waiting lists.

### ASC

Since 2020, the service has reported a 51% increase per month in the number of autism referrals received. Between 2022 and 2023, the service saw a 23% increase in accepted referrals, the highest observed in five years. Currently, 450 young people are waiting for an ASC assessment in York with a maximum wait time of 1-2 years accounting for 28% of waiters.<sup>7</sup>

### ASC Diagnoses in Children 5 years and Under

Combined totals of children being assessed and diagnosed with ASC are below from 2020-2023. These chart the timeline from cases being reviewed by the screening panel, to full assessment, and leading to a potential positive diagnosis.

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<sup>7</sup> York CAMHS Neurodiversity Service Updates, March 2024 (restricted access)

ASC Diagnoses in Children aged 5 Years and Under

<b>Numbers</b>	<b>2020/21</b>	<b>%</b>	<b>2021/22</b>	<b>%</b>	<b>2022/23</b>	<b>%</b>
No. at Intake Meeting	49	100%	108	100%	126	100%
No. Approved at Intake Meeting	47	95.9%	99	91.7%	100	79.4%
No. at Outcome Meeting	15	31.9%	74	74.7%	86	86.0%
No. of Positive Diagnoses	14	29.8%	67	67.7%	69	69.0%
Boys with Positive Diagnosis	11	78.6%	56	83.6%	57	82.6%
Girls with Positive Diagnosis	3	21.4%	11	16.4%	12	17.4%

A total of 150 children aged five years and under were diagnosed with ASC in North Yorkshire and Humber between 2020 and 2023. The above table shows that total numbers of referrals has increased by nearly 40%. However, referrals for formal assessment reduced by nearly a fifth in 2022/23 compared with 2020/21. This suggests that the criteria upon which professionals choose to accept individual cases have become more rigorous. This may help to explain the increase in positive diagnoses following the Outcome Meetings. This does not necessarily indicate a true increase in prevalence, but a more concise diagnostic criterion.

As indicated in earlier data, the overwhelming number of diagnoses are made in boys, with girls only representing just under a fifth of the total diagnoses since 2020.



ASC Diagnoses in Children aged 5 Years and Under in 2022/23 in York Total n= 126

*Table 11: ASC Diagnoses in Children in York 2020-2023*

<b>Numbers</b>	<b>York</b>	<b>%</b>
No. at Intake Meeting	87	69.0
No. approved at Intake Meeting	72	82.8
No. at Outcome Meeting	43	59.7
No. of Positive Diagnoses	42	58.3
Boys with Positive Diagnosis	36	85.7
Girls with Positive Diagnosis	6	14.3
<b>Waiting for Assessment</b>	<b>247</b>	<b>73.1</b>

338 children aged 5 years and under are currently awaiting ASC assessment in York, North Yorkshire and East Riding. Approximately  $\frac{3}{4}$  are in York. York also has the highest number of referrals (69%) overall.

ADHD

Referrals for ADHD assessment have also seen a sharp upwards trend in the past five years. Between 2022 and 2023, there was a 51% increase in the number of accepted referrals, the highest observed. Presently, there are 350 young people waiting for an ADHD assessment in York with a maximum wait time of 1-2 years, accounting for 24% of waiters.<sup>8</sup>

To meet with rising demand, CAMHS introduced the following in March 2023:

**Neuropanel:** a multidisciplinary screening panel to review approximately 25 referrals per week of which 80% are deemed appropriate for full assessment of either ASC or ADHD.

**Assessment Clinic:** The ASC clinic was remodelled, in line with National Institute for Health and Care Excellence (NICE) guidelines, increasing assessment numbers of 6-10 per week.

Additionally, **clip-on clinics** for young people with multiple co-occurring conditions have been introduced to prevent the need for multiple waiting lists.

**Post-diagnostic ADHD support** is provided which includes a parent group, support group for schools and educational staff, and resource and information packs.

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<sup>8</sup> Ibid

There are still some aspects of ‘diagnosis gatekeeping’ in evidence. For example the ADAPT program ‘After diagnosis of autism parent training support’.

### Referrals and Waiting Lists

The following data has been kindly sent by the ICB Commissioning Team and comes from York & Scarborough Teaching Hospitals. The graphs concern the number of CYP waiting for assessment with the following specialties:

- Speech & Language Therapy
- Occupational Therapy
- Physiotherapy (musculoskeletal, and neuro physiotherapy)

[The NHS Constitution](#) sets a standard that 92% of people waiting for elective (non-urgent) treatment should wait no longer than 18 weeks from their referral to first treatment. This standard was last met across all clinical specialities in September 2015. The data below uses this standard to demonstrate the numbers of CYP accessing their first treatment.

#### Speech & Language Therapy

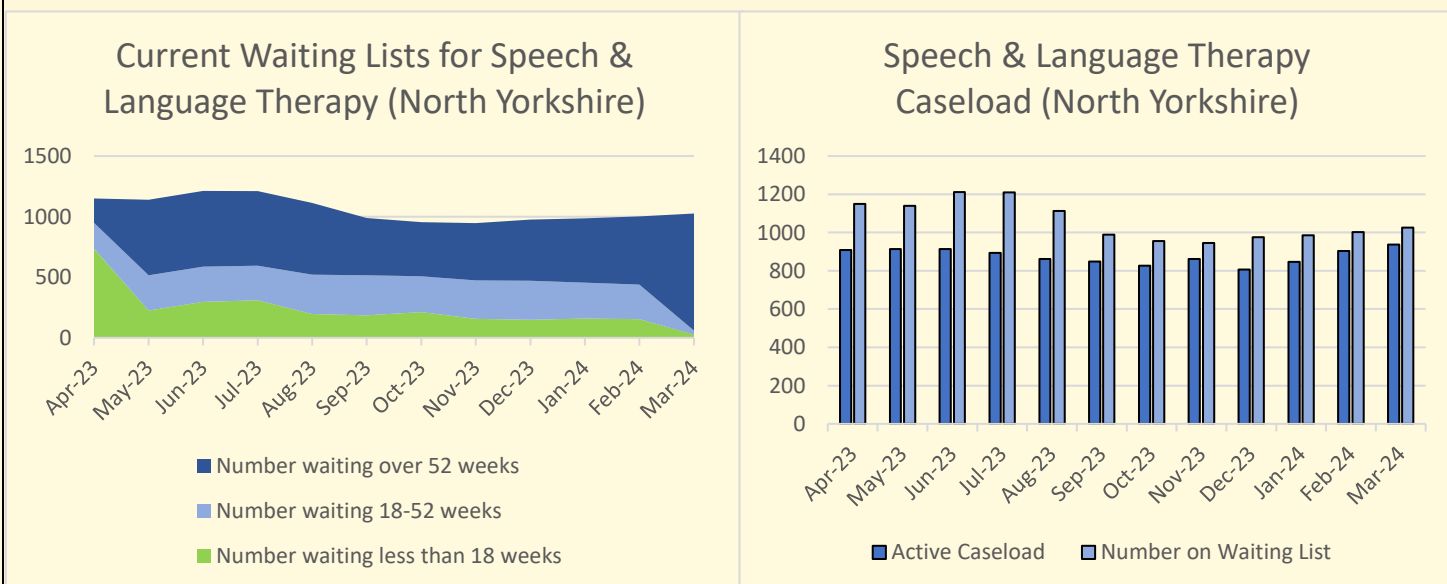


Figure 9: Figure 8: Caseload and waiting lists for Speech & Language Therapy in North Yorkshire (March 2024)

The number of referrals to Speech & Language Therapy services has remained steady with an average of 1058 patients on the waiting list from April 2023 to March 2024.

Numbers of CYP waiting over 52 weeks for assessment has risen sharply since April 2023 whilst patients waiting under 18 weeks has reduced from 734 in April 2023 to 26 in March 2024.

### Occupational Therapy

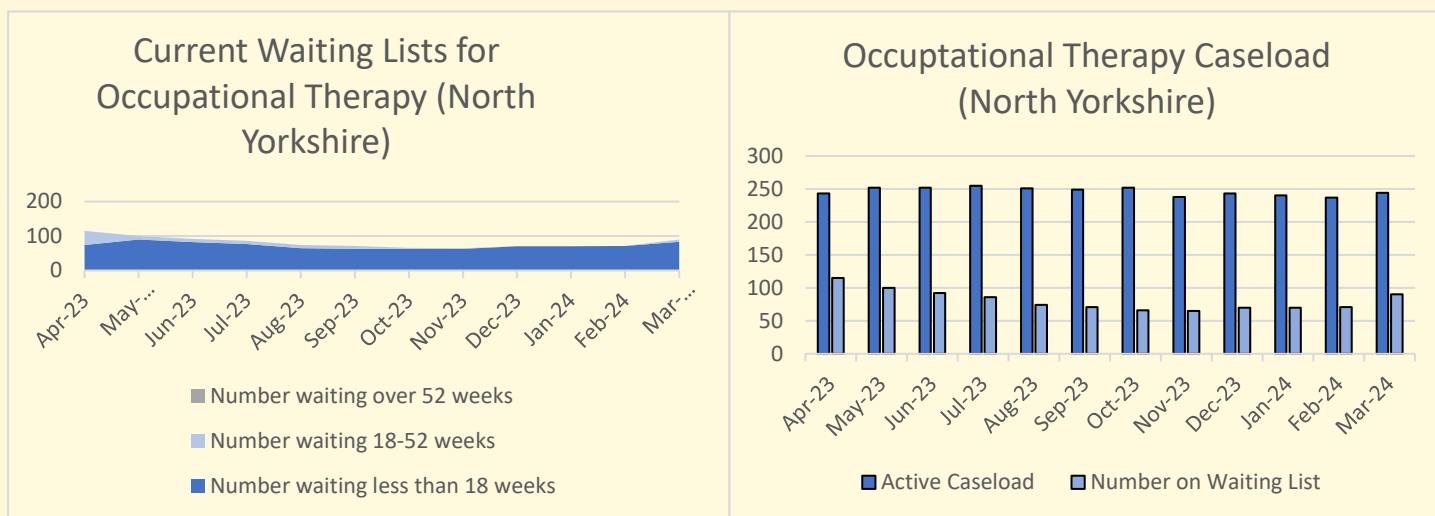


Figure 10: Caseload and waiting lists for Occupational Therapy in North Yorkshire (March 2024)

The number of referrals to Occupational Therapy services has remained steady with an average of 246 patients on the waiting list from April 2023 to March 2024.

There are no CYP waiting over 52 weeks for assessment, and the majority are seen in under 18 weeks.

## Physiotherapy

This information relates to all children and young people, not just those with SEND.

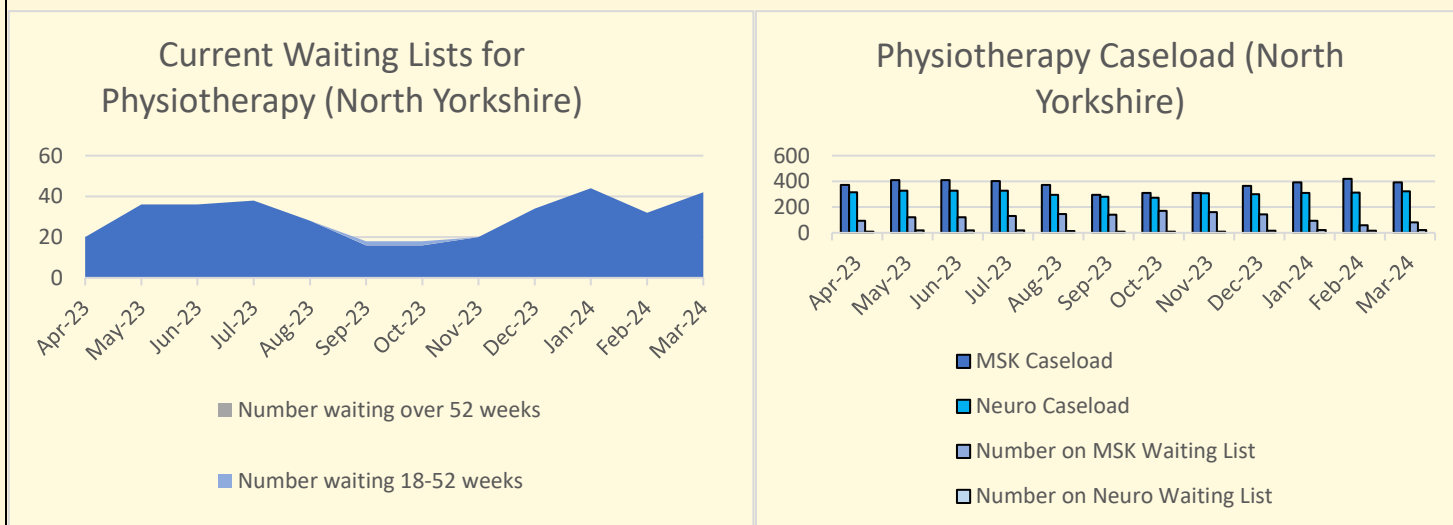


Figure 11: Caseload and waiting lists for Physiotherapy in North Yorkshire (March 2024)

There has been a steady increase in active caseloads for both physiotherapy services- an average of 680 from April 2023 to March 2024. Both Neuro and MSK physio observed a slight drop in cases which started to increase from December onwards. Numbers of CYP on the waiting lists is much higher for MSK physiotherapy with an average of 122 patients waiting at any one time. In comparison, 15 patients are waiting for neuro physiotherapy. There has been a slight decline in waiting patients for MSK physiotherapy after a peak in October and November 2023.

Nearly all referrals for physiotherapy are seen within 18 weeks with numbers waiting between 18 and 52 weeks being under 5.

## Social Care

This section looks at social care data in York as it related to children and young people with a special educational need or disability.

Data compiled by the Government<sup>9</sup> indicates that there was a combined total of 6985 referrals to Children Social Services in York between 2020-2023. This is roughly in line with previous years.

<sup>9</sup> [Children in Need, National Statistics, Report Year 2023](#)

## Children in Need

In 2023 there were 1065 '[Child in need](#)' referrals in York. There are many reasons a child may be classified as a 'child in need', including having a SEND. Being a 'child in need' means that the family can access more help and guidance from social care as well as financial assistance, access to day care for under 5's, and access to cultural and recreational activities.

In total 82 (8%) referrals last year include details of SEND. Of these, 'autism' and 'learning difficulty' were most mentioned.

Because of the way the social care records are organised. It is not possible for us to look at this information in any greater detail now.

The data looks at new referrals, rather than the size of the total caseload. The SEND board may gain additional insight from using a 'single view' approach to explore if all families who could benefit from Child in Need support are presently accessing it.

## Looked after children

Children and young people with SEND are more likely to be '[looked after](#)' by the local authority. This means they are not living with their family. In 2021/22, 23% of looked after children and young people in York also had a special educational need. This means that children who are looked after are 60% more likely to also have a special educational need than children who are not 'looked after' by the local authority. This matches the national picture.

## Early Help Short Break Grant

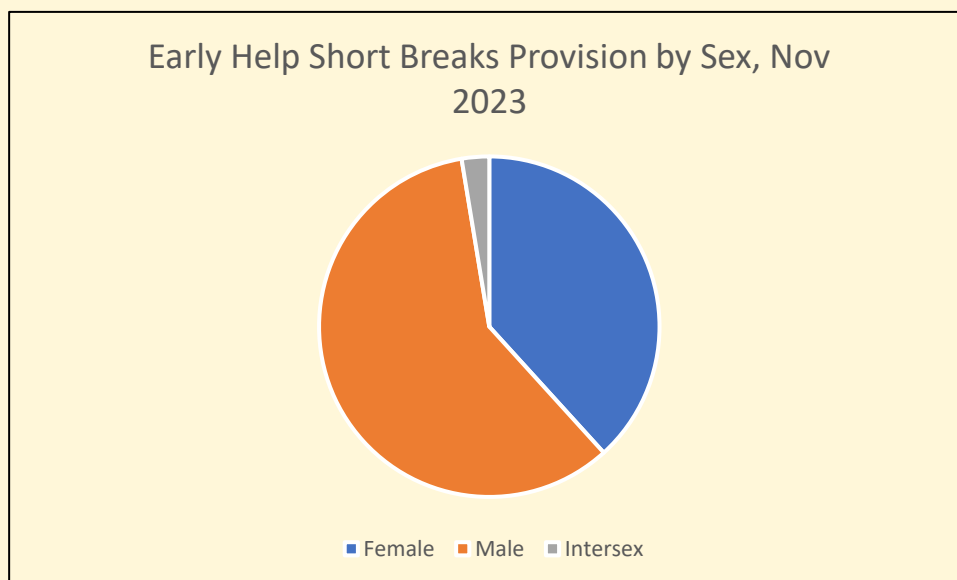
Known as the 'Short Breaks (100 hours)' prior to November 2023, the Early Help Short Break Grant helps children and young people with a disability to make new friends, gain independence, and broaden their horizons. There are a range of organisations in York who provide this for any child or young person who has a permanent and substantial impairment or illness<sup>10</sup>. Many children and young people with SEND will fall within this definition. There appears to be good availability of this short breaks offer in York, and there is widespread support from parents for the offer's flexible model.

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<sup>10</sup> [Short breaks for disabled and young children – City of York Council](#)

In November 2023, the Short Breaks (100 Hours) changed to become the Early Help Short Break Grant. It enables parents and carers to apply twice a year in April and November for funding of up to £300.00 for an activity of the child's choosing. Since November, referrals data has been collated by the SEND team:

All 115 referrals were accepted by the team. Ages of children ranged from 2 to 17 years with an average age of 10 years. 59.1% of the referrals were for males.<sup>11</sup>



*Figure 12: Pie chart showing proportion of EH Short Breaks accepted referrals by sex, Nov 23*

81 out of 115 children had ASC. This made it the predominant SEND type.

A diverse range of activities were listed, and applicants were able to choose, in free text, every activity they would like to be funded for. Activities ranged from sports and physical activity, to arts, crafts and music lessons. Funding for 1:1 provision of PAs or music lessons was also commonly listed.

Presently, there is no uniformed reporting on the experiences of using short breaks, or if it is supporting children and young people to achieve the seven "I am" statements of the York SEND strategy.

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<sup>11</sup> Data from Early Help Short Breaks Team (restricted access)

SEND Type	n	%
Autism Spectrum Condition (ASC)	81	70.4%
Learning Disabilities	12	10.4%
Pathway to Diagnosis	11	9.6%
Other Conditions	8	7.0%
ADHD	3	2.6%

Table 12: SEND Type of child in receipt of EH Short Break Grant

Activity	%
Swimming	23.3%
Arts & Crafts	16.4%
Sports Clubs	15.8%
Daytrips	7.5%
Outdoor Activities	6.8%
Horse riding	6.2%
Working with Animals	4.8%
PA	4.8%
After School Clubs	4.1%
Autism Angels <sup>12</sup>	3.4%
Socialising	2.7%
Music Lessons	2.1%
Music Therapy	0.7%
Overnight Stays	0.7%
Sensory Equipment	0.7%

Table 13: EH Short Break Grant Listed Activities, Nov 23

## Youth Justice

If a person is going to commit a crime, they are more likely to do so as a young adult, usually in their early 20s. [A national project](#) looked at a group of young people in contact with the Criminal Justice System and linked data looking into their childhood. It found that only 37% had achieved the expected level in maths and English after leaving primary school, 42% had been a 'child in need', and 18% had been looked after. Half were persistently absent from schools as a child.

Critically for this report, [80%](#) of people who went on to receive a custodial sentence had a special educational need at some point during their schooling (most commonly School Action Plus (now Additional SEN Support)). A young person with SEND is 5 times more likely to go on to have a custodial sentence than a young person with who does not have SEND. The total number of people who have custodial sentence are very low, but it remains that there is a clear link.

The local Youth Justice Board has recently asked for data that connects young people involved in offending and SEND. The collection is in its first year, so

<sup>12</sup> [Autism Angels](#) is a North Yorkshire-based charity that provides children and young people with outdoor experiences and adventures.

information is limited. This new data suggests that young people who are ending supervision with York Youth Justice Service with an identified SEND, are likely to be in suitable Education, Training or Employment (ETE). In fact, for the period April – December 2023 all young people with SEND were in suitable ETE compared to around half of young people nationally.

It is very positive that the Youth Justice Board are specifically monitoring outcomes for young people with SEND. This is early data and it concerns very small numbers of young people, therefore no further conclusions can be formed at this time.

## **Chapter Four: Lifetime Outcomes and the Transition to Adulthood**

The transition out of education and into adulthood is one of the four priorities of the SEND strategy:

***“All children and young people are able to experience a smooth transition at key points throughout their education and into adulthood.”***

Well-organised transitions were clearly important to the young people who were contacted. Most young people with SEND expressed aspirations that were very similar to other young people.

The findings of the interviews suggested that secondary school pupils with SEND generally felt less prepared for the transition into adulthood.

Only a small sample of young people were interviewed, and they generally had higher needs. Other young people may have different experiences to share.

**There may be value in further discussions with young people around the “I am” statement: “I am becoming more independent.”**

### Available data:

The additional support for CYP with SEND is in place until a young person turns 25 years or until they leave full time education. After this, there are few routine points of data collection in adulthood. There are many data sets which look at disability in adulthood, but most of these include people with acquired disability such as back pain, and so are not helpful to describe people with SEND as adults. This section looks at the best national evidence available:

A report by the UCL [Institute of Health Equity](#) concludes that whilst there are individual academic studies that look at outcomes in wellbeing, employment,



housing, and health, there is no consensus for the outcomes of people with a learning disability. These include how 'good' outcomes in adulthood are defined, or how opportunities to review how education, health, and care systems are doing against those outcomes.

Of data that is available, most is specific to individuals with very high levels of need:

#### Adult Social Care

A small number of people will have adult care packages to support with day-to-day activities. This is usually for individuals with moderate or significant learning disabilities, some with significant physical health needs, and autistic people. The majority of CYP with SEND will **not** have adult social care input after leaving full time education. Some information is known about this group, for example information on loneliness, employment and appropriate housing.

#### Continuing Health Care Fund

Another small number of people will have high levels of ongoing physical health needs and be part of this data set. However, other outcomes for example, housing, employment, and wellbeing are not clear as there is not the data.

#### Learning Disability (LD) Health Checks

LD health checks should happen annually for every adult with a learning disability. This is a national programme intended to support the timely identification and treatment of medical conditions. Nationally, the life expectancy of adults with a learning disability is many decades lower, partly because of delayed diagnosis and treatment. The national [LeDeR](#) report states that avoidable deaths are twice as common in adults with a learning disability compared to the general population. For York, around [80% of people had a LD health check last year](#), although we also know that many people are missing from the learning disability register and so were never invited.

#### Employment

Annual data is collected on employment but people are not routinely asked about LD. The last national survey which included these questions is from 2019. ([Annual population survey](#)). 18% of people with a learning disability were in paid work. 50-60% of people with a hearing or vision impairment were employed but this is still much less than the employment rates of the general population.

A snapshot study by [Department for Education](#) looked at employment status of young adults aged 27 years old across England. It found that overall, 78% of adults were in 'sustained employment', compared with 58% of adults who had SEND as a school pupil. 1 in 4 adults with a history of SEND were claiming out of work benefits.

## Loneliness

Children with LD are more likely to report bullying and say they find it harder to make friends. In the 2021 Schools Survey, 13% of participants said they had a SEND. They were nearly 10% more likely to be worried, and 1.5 times more likely to be bullied at school.<sup>13</sup> In adulthood, people with LD are twice as likely to report [loneliness](#). People who are lonely typically live less-fulfilling lives. They are also more likely to experience poor physical health, and have a higher risk of dying young.

Despite these challenges, York is committed to building a “healthier and fairer city with time to care,<sup>14</sup> as set out in the [Health & Wellbeing Strategy 2022-2032](#). It has set out six “big ambitions” which will help support people with SEND to accomplish the lives they want to lead in York.

## BECOME A HEALTH-GENERATING CITY

where our starting point is that strong and supportive communities are the best medicine, where we build on the strengths of our people, and give our citizens the best possible chance of staying healthy, especially through three key building blocks of health: good housing, jobs and education

## MAKE GOOD HEALTH MORE EQUAL ACROSS THE CITY

recognising that people in the poorest areas of York die ten years earlier than those in the richest areas, and to address this we need to deliver our services scaled at a level proportionate to people’s need, and thereby reduce health inequalities

## PREVENT NOW TO AVOID LATER HARM

acknowledging that two thirds of the gap in healthy life expectancy in York comes from preventable diseases, and therefore ensuring that prevention is in the job description of all health and care staff in the city in order to bring healthy lifestyles within reach of all residents

## START GOOD HEALTH AND WELLBEING YOUNG

giving special emphasis to the key formative early years of life is the best place our investments can go, creating from maternal/preconception health and beyond the conditions for our families, communities and young people to live healthy and flourishing lives

## WORK TO MAKE YORK A MENTALLY HEALTHY CITY

ensuring that mental health and well-being is given the same attention as physical health, investing in the things which keep people happy and connected, and working together to support people quickly when they need it

<sup>13</sup> York Schools Survey: A Report into Health and Wellbeing in Children and Young People in York- Results for SEND pupils versus York Results (Years 4-12)

<sup>14</sup> [York Health & Wellbeing Strategy 2022-2032](#)

## BUILD A COLLABORATIVE HEALTH AND CARE SYSTEM

with fewer dividing lines between organisations, creating a local culture of integration built by engaged and valued staff who listen to (and involve) our citizens, so that our care can be accessed by all and is compassionate, high quality, financially and environmentally sustainable

Figure 13: The six big ambitions set out by the York Health & Wellbeing Strategy 2022-2032

## Appendix

### List of Tables

Table 1: Table defining EHCPs and SEN Support .....	7
Table 2: Table outlining numbers of children and young people who took part in SEND engagement work.....	11
Table 3: Table outlining response from parents and carers in SEND engagement survey .....	13
Table 4: Table showing percentages of pupils in York with persistent absences v. England.....	20
Table 5: Table defining national SEND data from Department of Education .....	20
Table 6: Table outlining prevalence of SEND in York pupils.....	21
Table 7: Table showing trend data for each SEND Type.....	22
Table 8: Ranked graph showing prevalence of each SEND recorded in York, Academic Year 2022 .....	24
Table 9- Cross-tabulation of SEND and Free School Meals .....	28
Table 10: Table showing numbers of referrals for SEND assessment in York, 2023 .....	30
Table 11: ASC Diagnoses in Children in York 2020-2023 .....	33
Table 12: SEND Type of child in receipt of EH Short Break Grant.....	39
Table 13: EH Short Break Grant Listed Activities, Nov 23 .....	39

### List of Figures

Figure 1: Heat map showing numbers of EHCPs per 1000 children by Ward in York. As of May 2024.....	18
Figure 2: Graph showing correlation between numbers of children and young people with EHCPs, and deprivation by Ward. As of May 2024.....	19
Figure 3: Graph showing total numbers of children with all types of SEND in York, 2015-2023.....	22

Figure 4:Trend graphs showing prevalence of each type of SEND in York, 2015-2023.....	24
Figure 5: Stacked bar chart showing the proportion of SEND type by sex in academic year 2022-23. The percentages are derived from the total prevalence of each SEND in females and males combined .....	25
Figure 6: % of pupils by age receiving SEN Support or with an EHCP in York, 2022/23.....	26
Figure 7: % of pupils by age with an EHCP in York, 2022/23 .....	26
Figure 8: SEND type by SEN Support or EHCP, 2022-23 .....	27
Figure 9: Figure 8: Caseload and waiting lists for Speech & Language Therapy in North Yorkshire (March 2024) .....	34
Figure 10: Caseload and waiting lists for Occupational Therapy in North Yorkshire (March 2024) .....	35
Figure 11: Caseload and waiting lists for Physiotherapy in North Yorkshire (March 2024) .....	36
Figure 12: Pie chart showing proportion of EH Short Breaks accepted referrals by sex, Nov 23.....	38
Figure 13: The six big ambitions set out by the York Health & Wellbeing Strategy 2022-2032.....	43