

A needs assessment into special educational needs and disability in children and young people in York.

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Key Findings

This report was produced by the CYC public health team in response to the 2019 OFSTED and CQC inspection. It was created through conversation with professionals and interviews with parents in order to better understand the SEND population of York. There is strong evidence of parental engagement and this evidence significant opportunity to coproduce whole system change in partnership with young people and their families.

4% of the early years population has an identified SEND; either through an EHCP or Inclusion Funding. This figure is low because many additional needs are not clearly identifiable at this age. Almost all of York's 3 and 4 year olds attend an early years setting, and 20% of this population incurs additional funding.

16% of the school age population had an identified SEND. 13% have SEN-support. This is around half of the number who had SEN-support a decade ago; linked to a national directive, but the figures have been stable for the last five years. A quarter of the SEN-support population have a primary need of social, emotional, and mental health, and another quarter have a primary need of a learning disability. 2.8% of the school age population have an EHCP, a third of these are linked to a primary need of autism. The EHCP population has been rapidly growing in York, especially around social, emotional, and mental health, however this is showing signs of stabilising. Despite this, there is evidence of a sustained rise in new SEND need in the 'pre-transition' cohorts of year 6 and year 11.

There is some evidence of clustering of identified early years need in some parts of the city, but the group is small and this finding is uncertain. For school age pupils, the size of the school and the size of the free school meals population are not predictors for the number of pupils with an EHCP nor the numbers of pupils with SEN-support. This may indicate substantial between-school variation in practice. Local area deprivation is a predictor for the numbers of children with SEND, in particular SEMH need. This is important insight for health and community based services.

In education, portage, educational psychology, and specialist teaching are valued by parents and professionals alike. However the specialist services are not presently evaluated in a way that means they can demonstrate impact on outcomes across the system. Additionally, there is evidence of inconsistencies in mainstream teaching and mainstream policies, and parent interviews identified a number of examples of the impact of this on pupil wellbeing. At present, the SEND improvement board does not have routes for ongoing conversation with young people and parents to hear their feedback in real time.

Early years attainment outcomes are in line with national figures, but there is an already substantial gap in attainment between SEND and non-SEND children by the age of 4. At 16, non-SEND pupils out perform their peers nationally, and the SEN-support and EHCP cohorts fall less far behind than their peers in other areas, again, the attainment gap is still significant.

In health, early indications from this project are that access to physical health services is broadly good, though this assessment makes some recommendations on uniformity. There are still substantial steps that need to be taken before the SEND improvement board can be assured of health care access and outcomes for the SEND population, and recommendations around data linkage are made to support this.

School based early help for pupils emotional wellbeing was highly valued by both professionals and parents, and the service has good feedback opportunities for children, young people, parents, and school professionals. There is widespread support across displays for support linked to presenting need, rather than diagnosis, but schools and the SEND system still has substantial steps to take to fulfil this ambition. This is especially important as there are very significant wait times for children and young people seeking a formalised diagnosis of need.

Children's social care provision is mainly taken up by families of older teenagers, despite all children and young people with a SEND being eligible for 100 hours of short breaks support each year. This '100 hours' scheme can be used very flexibly, but as yet, the evaluation of the scheme does not enable parent participation or have a transparent link young people's outcomes.

An inclusive wider city, with both accessible universal organisations, and specialist community groups is important to strong lifetime outcomes. This is reflected in the views and comments shared by young people with special educational needs and disability in the 'York 12 steps' engagement project, as well as a broad range of local and national strategic documents.

Scope

This needs assessment was created by a 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, as well as parents of children and young people with special educational needs and disability.

It was presented to the SEND Improvement Board in October 2020, and subsequently to the York Director of Public Health.

This needs assessment looks at the educational, social care, and health needs of children and young people who live in York and who have an identified 'special educational need or disability'. This encompasses children and young people from the day of their birth until the day of their 25th birthday.

In some chapters this report will also look at the needs of family members such as parents or siblings, and outcomes for people after they reach their 25th birthday; these chapters this will be made clear. Likewise, in some chapters we will look at signs of emerging need; groups of children who are showing early signs of potentially developing a special educational need or disability in the future, again in these chapters this will be made clear.

Throughout this report 'special educational need and disability' (SEND) is taken to mean a need defined in Section 20 of the Children and Families Act 2014 and identified through a SEN-Support Plan or through an 'Education, Health, and Care Plan' (EHCP). Therefore this needs 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 that child or young person accesses their education. As a result, not all children who are supported by the NHS for long term health need, or are supported through social care will be included in this review. In some chapters of this report we will also look at these children who do not have an identified special educational need or disability, in these chapters this will be made clear.

This needs assessment looks at the services that work to support children and young people with an identified special educational need or disability. In the main, this needs assessment will focus on the triad of education, health, and social care support systems and services; however in some chapters this will be extended to other statutory and community services that have sustained and meaningful contact with CYP with SEN.

Context

The Children and Families Act 2014 and SEND Code of Practice

The 2014 Act, and SEND Code of Practice 2015¹ sets out the duties of local authorities, health bodies, schools and colleges to provide for those with special educational needs and disability. SEND is defined as:

“A child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for him or her.”

“A child of compulsory school age or older has SEN if he/she has a significantly greater difficulty in learning than the majority of others of the same age, or has a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions.”

“A child under compulsory school age has special educational needs if he or she is likely to fall within the definition in the paragraph above when they reach compulsory school age or would do so if special educational provision was not made for them.”

The code of practice also sets out that not all children with a disability or long term health condition has SEND.

“Many children and young people who have SEN may have a disability under the Equality Act 2010 – that is ‘...a physical or mental impairment which has a long-term (more than a year) and substantial adverse effect (more than minor) on their ability to carry out normal day-to-day activities’.”

“This definition includes sensory impairments such as those affecting sight or hearing, and long-term health conditions such as asthma, diabetes, epilepsy, and cancer.”

“Children and young people with such conditions do not necessarily have SEN, but there is a significant overlap between disabled children and young people and those with SEN. Where a disabled child or young person requires special educational provision they will also be covered by the SEN definition.”

OFSTED and CQC inspection

Between 9 December 2019 and 13 December 2019, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of York to judge the effectiveness of the area in

¹ <https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

implementing the special educational needs and disability code of practice as set out in the Children and Families Act 2014². The Inspection in 2019 picks up on strengths and priorities for development within the system.

Summary of OFSTED SEND Inspection in York 2019

Children and young people's needs are not identified, assessed and met in a consistently effective way.

There is clear evaluation of effectiveness, strengths, and improvement priorities. However, co-production was not sufficiently acknowledged as a priority.

Services are not commissioned jointly in a way that is responsive to children, young people and families' needs.

'Tell it once' is not embedded within health.

Oversight of health services in the area is poor. There are no agreed specifications for some services and service activity is not monitored routinely.

Partner agencies miss key opportunities to identify, assess and meet the needs of children and young people through integrated working.

Co-production is not sufficiently embedded in the area's approach to improving the outcomes that children and young people with SEND achieve.

Education, health and care plans are variable in quality.

Families' experience of education, health and care services working together varies widely and is too dependent on individual professionals and settings.

The area's local offer fulfils the requirements outlined in the SEND code of practice. However, many parents are unaware it exists and some have not accessed it.

There have been recent improvements to social, emotional and mental health (SEMH) needs services, however waiting times for some services are too long.

Leaders have created a culture that promotes innovation and supports the development of services in response to identified issues within the area.

A broad range of educationally-focused projects and growing numbers of supported employment opportunities demonstrate leaders' aspirations to improve support and services for children and young people in York.

Parents and practitioners are highly complementary about the portage service.

² <https://files.ofsted.gov.uk/v1/file/50147360>

Children and young people, families and special educational needs coordinators (SENcos) value the expertise and input of the specialist teaching service.

Academic outcomes for children and young people with SEND are generally above the national average for similar pupils, and improving. Attendance is below average.

York independent living and travel skills training is very well established.

The area's plans for improving preparation for adulthood outcomes are recent and, as a result, are not understood widely.

Overview of children and young people in York

Population size

York has an older population and fewer children than other parts of the country. There are approximately 73,900 people under the age of 25 living in York. This includes c. 20,000 university students, mostly aged 18-22, who have moved to York to study.

0-4 years	5-10 years	11-16 years	17-19 years	20-25 years
9,800	12,950	11,850	12,550	26,750

Birth

York has the second lowest birth rate in the country³, and it continues to fall. Around 1,800 children are born each year in York. 16%⁴ of York's children are born to non-UK parents; higher than the Yorkshire average, but lower than the national average. The proportion of children born to older mothers (over 40) and children born to younger mothers (under 18) are both in line with the national average^{5,6,7}. 12% of women smoke at the time of delivery; this is in line with the national average, and both are falling gradually⁸. Smoking during pregnancy still presents a large risk to mothers and infants. Smoking is still the leading cause of early death. Figures for low birth weight are in line with the national average⁹, and the trend is stable. Low birth weight is a major factor in infant mortality and has consequences for health across life. Low birth weight is linked to premature birth, the mother's health, smoking or drinking alcohol during pregnancy, and illness during pregnancy.

³ Second to Brighton and Hove

⁴ 16% in 2018 (comparative to 28% nationally)

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/bulletins/parentscountryofbirthenglandandwales/2018>

⁵ 4.5% in 2017, relates to 83 infants.

⁶ 2017 data. 16 conceptions per every 1000 under 18 year olds. A total of 43 conceptions.

⁷ 2017/2018 data. 0.9% birth are to mothers aged under 18 years old. A total of 16 births

⁸ 2018/19 data. 198 women in York. The national average is 10.6

⁹ Data from 2017. 115 infants with a low birth weight (6% of all live births). 20 with a very low weight at birth

Breastfeeding

Breastfeeding is encouraged by WHO, PHE and NHS, because babies that are breastfed have fewer digestive problems and fewer respiratory illnesses¹⁰. It is also associated with lower levels of childhood obesity and fewer cancers in women who breastfeed. National and international guidance recommends exclusive breastfeeding for the first six months. Three quarters of York mothers begin by breastfeeding their children¹¹. There are data quality issues that mean we cannot currently report on breastfeeding rates the next time it is measured (at 2 months after birth)¹². However the data available suggests a sizeable drop off compared to the at-birth figures. Nationally 46% of women are still breastfeeding at two months. The Healthy Child Service is resolving these data reporting issues.

Immunisation¹³

There is a busy immunisation schedule for children growing up in the UK. The ambition is that 95% of children receive each immunisation; if this coverage is achieved it is very hard for outbreaks to occur. It is rare for England to meet these targets and it usually sits at 90-92%. This means that regional outbreaks are possible, and indeed they do happen. As a rule York achieves slightly better than the national average, but only occasionally meets the target threshold. York also has a higher proportion of children in care who are up-to-date with all their immunisations.

Weight¹⁴

Obesity in childhood makes obesity in adulthood much more likely. Studies tracking childhood obesity into adulthood found health consequences including diabetes, high blood pressure, asthma, liver damage, and depression. Children's weight is measured in the reception year and in year six. Last year, 173 of York's five year olds experienced obesity or severe obesity (9.5%) and 287 of York's 11 year olds experienced obesity or severe obesity (14.9%). Only 45% of York's adults are a healthy weight.

Poverty

In the UK, a household is in poverty if it has an income that is less than 60% of the median income for that type of household. It is thought that 130 children in York are in a low income household¹⁵. Childhood poverty is thought to impact 10% of household with children in York, compared with 30% of household with children nationally. Almost all of these households are thought to have at least one parent who is in work, but are in poverty for reasons of housing costs, childcare, and working hours. Poverty increases the risk of speech, language,

¹⁰ Gastro-intestinal

¹¹ 77.% in 2016/2017 (1,559 babies in total). In line with national rates

¹² This information is collected during the home visit that happens between 6 and 8 weeks after birth.

¹³ <https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/1/gid/1938133257/pat/6/par/E12000003/ati/102/are/E06000014/iid/30306/age/30/sex/4>

¹⁴ Most recent data in 2018/19 <https://fingertips.phe.org.uk/profile/national-child-measurement-programme/data#page/1/gid/8000011/pat/6/par/E12000003/ati/202/are/E06000014>

¹⁵ 2016 data. This is 10% of households with children.

and communication need in young children and mood disorders such as depression in young people¹⁶.

Dental health

Tooth decay is almost entirely preventable. Tooth decay in children causes pain, difficulty eating, sleeping, learning, and playing. The 2017 dental health assessment in York showed that 16% of 5 year old children in York had some dental decay¹⁷ and that an average of 3.7 teeth were affected. Additionally, 1.6% of children showed signs of sepsis which indicates untreated tooth decay. These figures for York are less than the Yorkshire or England average. National data shows that dental decay is substantially more common in special support schools, and that oral hygiene was generally poorer. The survey numbers for York were too small to draw any firm conclusions.

Life expectancy

The young children of York today are expected to live, on average, for 80 years for men and 83 years for women. Life expectancy in York has risen by about one year in the last decade¹⁸. This is similar to the national life expectancy for young children. However, the average healthy life expectancy for these same children is 65 years old¹⁹. This means that around half of the children growing up in York today will already experience ill health by the time they retire. Much of the ill health they experience could be prevented through their individual health related behaviour changes (not smoking, nutritious diet, regular activity, social connections). Life expectancy for people with a learning disability and some severe mental health disorders is considerably lower and usually cut short by preventable or treatable diseases.

¹⁶ <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017>

¹⁷ Data from 2016/17, down from 25% in 2011/12
<https://fingertips.phe.org.uk/search/dental#page/4/gid/1/pat/6/par/E12000003/ati/202/are/E06000014/iid/90820/age/34/sex/4>

¹⁸<https://fingertips.phe.org.uk/search/life%20expectancy#page/4/gid/1/pat/6/par/E12000003/ati/202/are/E06000014/iid/90366/age/1/sex/2>

¹⁹<https://fingertips.phe.org.uk/search/life%20expectancy#page/4/gid/1/pat/6/par/E12000003/ati/202/are/E06000014/iid/90362/age/1/sex/2>

A 2020 snapshot

Description of the current SEND cohort

Nationally, the proportion of pupils with a special educational need and disability (January 2019)²⁰ was 14.9% of the total pupil population. In York, 13% of pupils have SEND (January 2020); 9.6% have SEN-support, and 2.8% have an EHCP²¹.

Pupils with an EHCP have had an assessment of their education, health, and care needs, by a team of professionals. An EHCP usually indicates that a pupil requires a greater level of input to access their education.

Pupils with SEN-support have additional or differentiated support delivered by the school to enable the pupil to access the curriculum. There is considerable variation in the number of pupils in a school with SEN-support.

Primary Need

The graph below shows that a third of all EHCPs in York are for children and young people with a primary need of autism spectrum condition. This is the most common need type for the EHCP cohort. From interviews with parents and with professionals it is clear that there can be considerable wait times for a child or young person to see a professional to receive a diagnosis of autism. Often this can be several months. At present, this is also seen to delay the creation of an EHCP and the associated specialist support for a child or young person. Both parents and professionals express concern around this. In response, there is work to redesign the pathway of support for children and young people who show traits associated with autism spectrum conditions.

Recommendation: In recognition that ‘autism’ is the most prevalent need category; to review the process of support to children/young people who may have autism spectrum conditions. This should include the availability of support to children/young people, their families, and professionals at each point through the periods of pre-diagnosis, seeking diagnosis, and post diagnosis. This needs assessment is aware of a scope of work titled ‘the neurodevelopmental pathway’, that has these aims.

Social emotional and mental health is the second most common reason for an EHCP and, accounts for 14% of all current EHCPs. SEMH is also the fastest growing group; a third of new EHCPs issued in 18/19 that year were for social, emotional, and mental health. It is important to recognise that whilst this features highly and is rapidly growing, this group does not include all children and young people with diagnosable mental health conditions. Young people with diagnosable mental health conditions are a much larger group, and the SEND

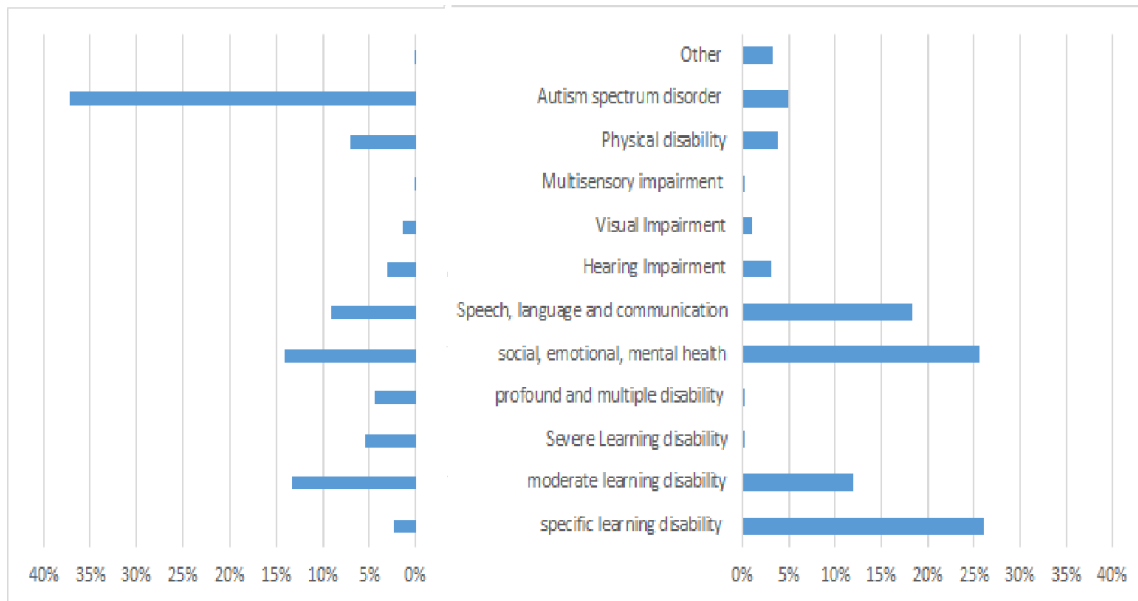
²⁰ School census – 2020 figures not published yet.

²¹ The schools census includes the majority of CYP of school age children in York, but excludes: a) children in primate EY settings, b) young people in post-16 providers other than mainstream sixth forms, and c) children who are home educated. Some of the private schools provide limited information on their CYP in the census.

cohort only represents a proportion of them. This is in part because many young people with anxiety and depression can still access either education without the need for a SEN-support plan.

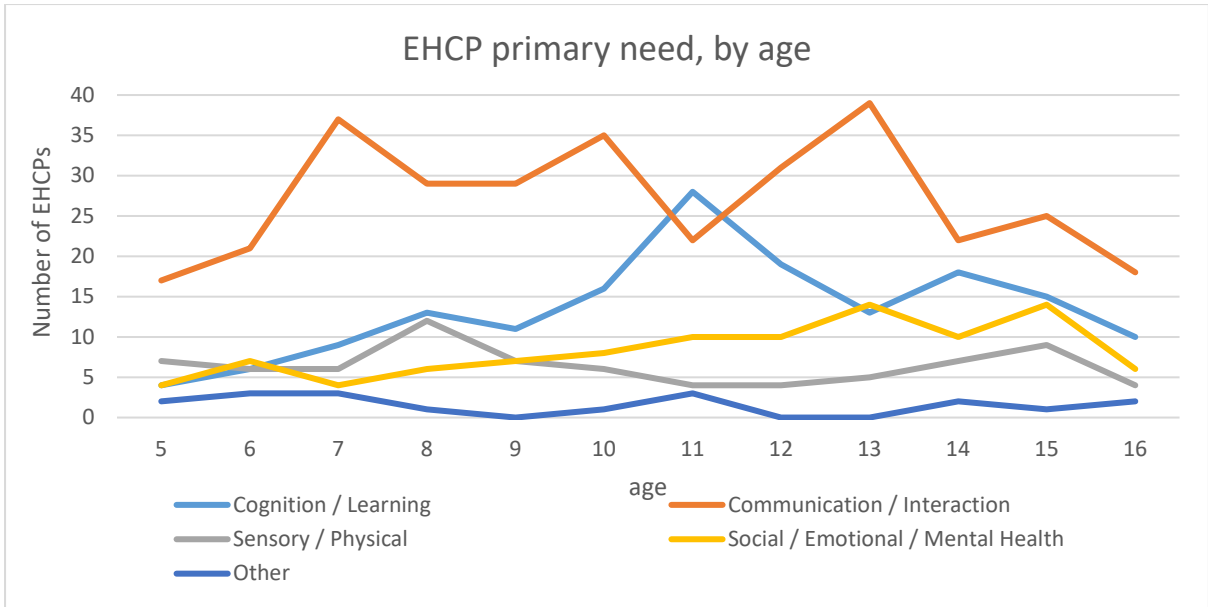
The most common need type for pupils with SEN-support is a specific learning disability, closely followed by social emotional or mental health need. Together this accounts for more than half of pupils with SEN-support.

Need type by EHCP (left) and SEN-Support (right) for CYP in In York, January 2020 school census.



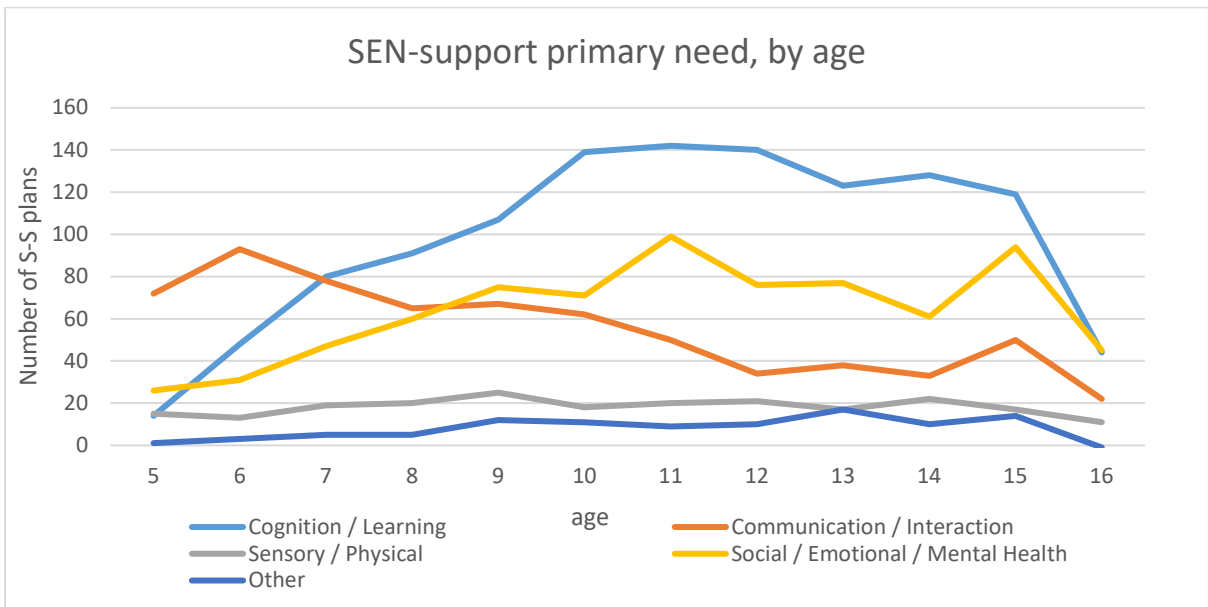
Age trends among pupils with an EHCP

Among children and young people with an EHCP, communication and interaction needs are most prevalent across almost all age bands. Most of this group will have a diagnosis of autism. However, there is an increase in the numbers of pupils with ‘cognition and learning’ or ‘social, emotional, and mental health’ as a primary need as children get older.



Age trends among pupils with SEN-support

In young children, communication and interaction need is most prevalent; nearly half of KS1 with SEN-support plans. From age eight cognition and learning need becomes more prevalent; 40% of SEN-support plans for 8-16 year olds. 28% of SEN-support plans for secondary age children are linked to social, emotional, or mental health need, and this rises slightly with age. Need linked to a sensory and physical impairment is stable across all age groups.



Taken together, these age trends on SEND show that the primary need for children and young people is not stable, but is prone to shift and change over time. It is not thought likely that a child’s underlying need shifts considerably. Professionals working in this area feel that the most likely explanation is that the interpretation of or system response to a child’s need is changing over time. This has caused some to be concerned that there are differing

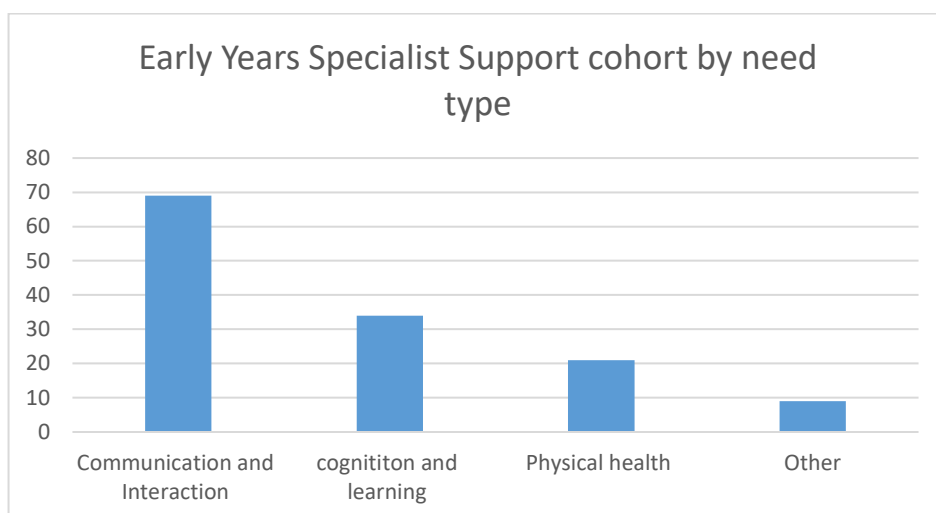
practices in primary need type between key stages, or as a child’s expression of their need alters. However, from the data available at the present time it is very difficult to track a child’s ‘journey’ between different primary need classifications to explore this theory fully.

Recommendation: To use a representative deep dive sample to look back at individual’s to understand local trends in primary need classification changes. If there are local trends which cause concern, for the SEND Improvement Board to work with York SENCOs to build a collective understanding of approach to primary need classification.

Additional need in early years

In the summer term of 2020, 3,502 three, four, and five year olds were registered with an early years setting. Of these children, 3319 are also York residents, this is almost all of York’s young children, and indicates that almost all York children take up the funding placement.

The Specialist Early Years Teaching Team²² supported 135 young children in September 2020. This is 4% of all of York’s early years children, a small proportion comparative to key stage one²³. Half of the children have a communication and interaction need type, and 70% are aged 3 and 4 years old.



Immediately apparent is the contrast between the numbers of young people aged 3-4 who are identified as having additional needs or SEND,

We know from parents who were interviewed as part of this project, that specialist early years support is valuable to many, and practitioners often work closely with individual parents. However, there is limited systematic feedback of the kind that could give a year-on-year service wide review. One example of emerging good practice is that the EPS sends a survey bi-annually to its parents, however only 13 parents chose to take part in 2019.

²² <https://www.yor-ok.org.uk/families/Local%20Offer/specialist-early-years-support.htm>

²³ For comparison there are 388 pupils with an identified SEND aged 5 or 6 years

Recommendation: Introduce engaging systematic parent voice collection across the whole of the early years specialist support teams to support service evaluation and development, with a dual focus of parent experience and parent perception of child outcomes.

Additional funding in early years

706 (20%) of the children who attend an EY setting in York attract some additional funding. There are four types of funding, with only a few children incurring more than one type. This funding is intended to be used by the setting.

	Deprivation Supplement	Early Years Pupil Premium	Disability Access Fund	SEN Inclusion Fund
Deprivation Supplement	(452) 13%	-	-	-
Early Years Pupil Premium	3%	(325) 9%	-	-
Disability Access	0.2%	0.2%	(33) 0.9%	-
SEN Inclusion Fund	0.2%	0.2%	0.5%	(38) 1.1%

Only a small number of children are eligible for these funds, and this should not be seen as a comprehensive indication for SEND, there are many children in early years with SEND who do not incur this funding. Despite this, it remains an important resource for settings to draw upon; usually where a case has been made for additional 1-1 time.

As part of this funding settings are asked to describe use of the fund against the child’s early year’s development goals, however this approach quite descriptive and linked only to the individual child. At present, there is no opportunity to evaluate the whole of the early years fund’s spending against outcomes for these children. A systematic evaluation of the whole fund spend, and specialist support input against children’s progress outcomes in early years and KS1 would be a valuable guide for future funding decisions and form a basis for evidence based commissioning decisions.

Recommendation: To design an ambitious systematic evaluation that can be applied equally across various early years funding and specialist teaching support that would be able to provide comparative analysis of impact on children’s progress using both parent insight and objective change.

The deprivation funding is distinct from other early years funds as it is incurred by a child based on their home postcode, and not directly linked to an identified need. This is important for SEND because young children growing up in some areas are many times more likely to have a speech, language, and communication need than their peers growing up in other areas. The funding is intended to enrich some settings to support speech, language, and communication development. However, a comparison between the young children eligible for the deprivation fund and the Office of National Statistics postcode model of deprivation shows that whilst the two are in broad agreement, there are also quite a few

mismatches. With some young children in more deprived areas not incurring the funding, and some young children in more affluent areas incurring the funding. This is important, as it indicates the funding is not sufficiently targeted to the children living in more deprived areas, and therefore not being passed on to the settings these children attend.

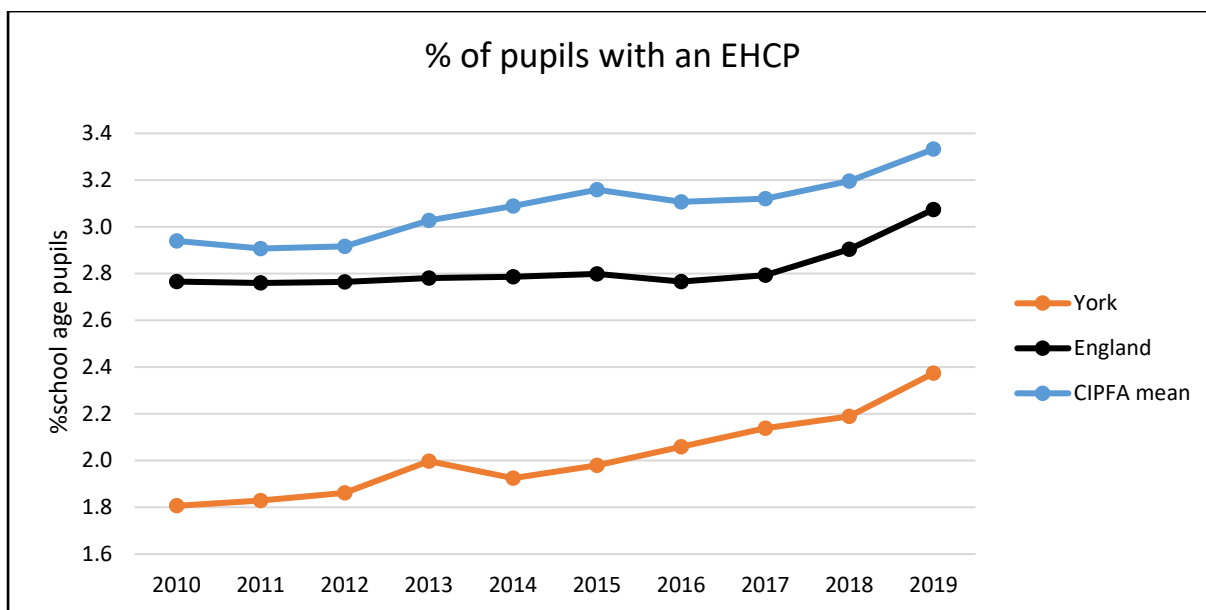
ONS deprivation scores	All young children		Young children receiving deprivation supplement		Total receiving deprivation supplement as % of peers in deprivation decile
	Number	As % of all children	Number	As % of cohort	
(most deprived) 1	41	1%	26	6%	63%
2	167	5%	145	32%	87%
3	343	10%	169	37%	49%
4	121	4%	8	2%	7%
5	118	4%	30	7%	25%
6	262	8%	32	7%	12%
7	332	10%	24	5%	7%
8	282	8%	8	2%	3%
9	667	20%	3	1%	0%
(least deprived) 10	988	30%	6	1%	1%
	3321		451		

Recommendation: To review the calculation method used to identify children eligible for the deprivation fund, and to consider updating the method to a more equitable approach, with reference to the national early years funding formal review.

Trends in Time

EHCP

Over the last ten years York has seen a steady but sustained rise in pupils with an EHCP. The increase is at a rate of 0.1% of the whole school population every two years. Despite this rise, the absolute figures for York remain substantially below England and the majority of the CIPFA neighbour areas. Overall the proportions of the types of need in the EHCPs is similar to the England average.



Looking more specifically at the last five years, there has been a significant increase in all years except that last two. This shows a break with the local trends of previous years and a potential stabilisation of the numbers.

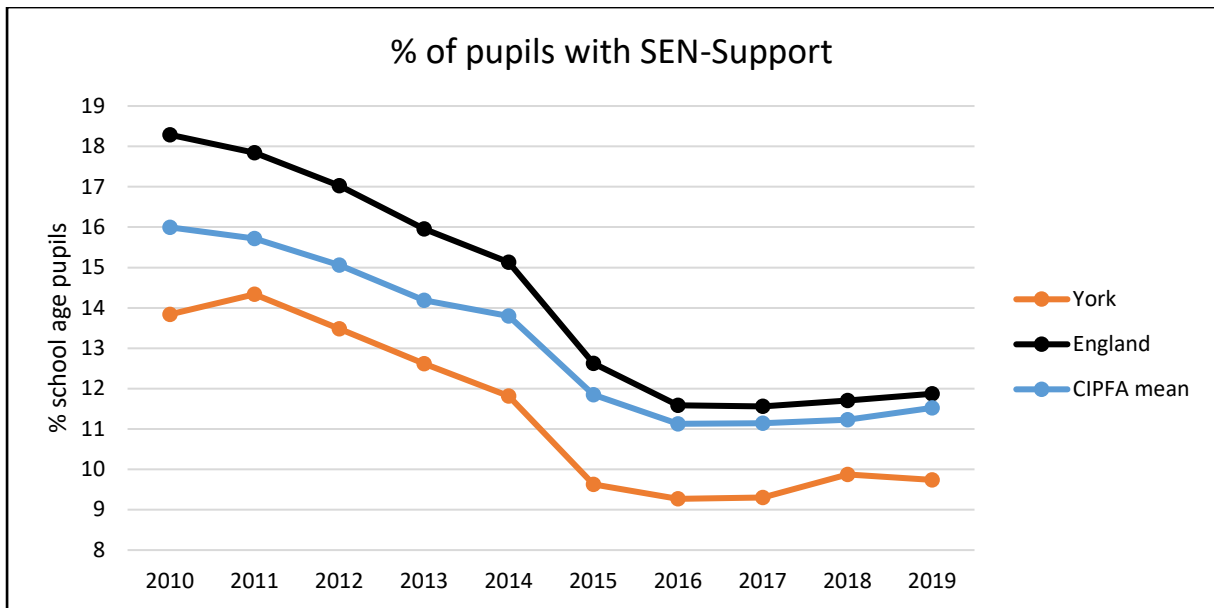
	All CYP (0-25)		CYP school age (5-16) with an EHCP		
	Number	% increase	Number	% increase	
By	14/15	693	-	590	-
	15/16	987	42%	743	26%
	16/17	1101	12%	795	7%
	17/18	1320	20%	976	23%
and	18/19	1366	3%	996	2%
the	19/20 (estimation ²⁴)	1235	-10%	939	-6%

SEN-support contrast, there was been a clear sustained decrease in proportion of

pupils receiving SEN-support plans across the country between. 2010 and 2015 this fell by a third across England, with similar reductions for pupils in York and York’s CIPFA neighbour areas. Since 2016, these proportions have stabilised, both in York and nationally. This reflects a national ambition set out on the Ofsted Special Educational Needs and Disability review²⁵.

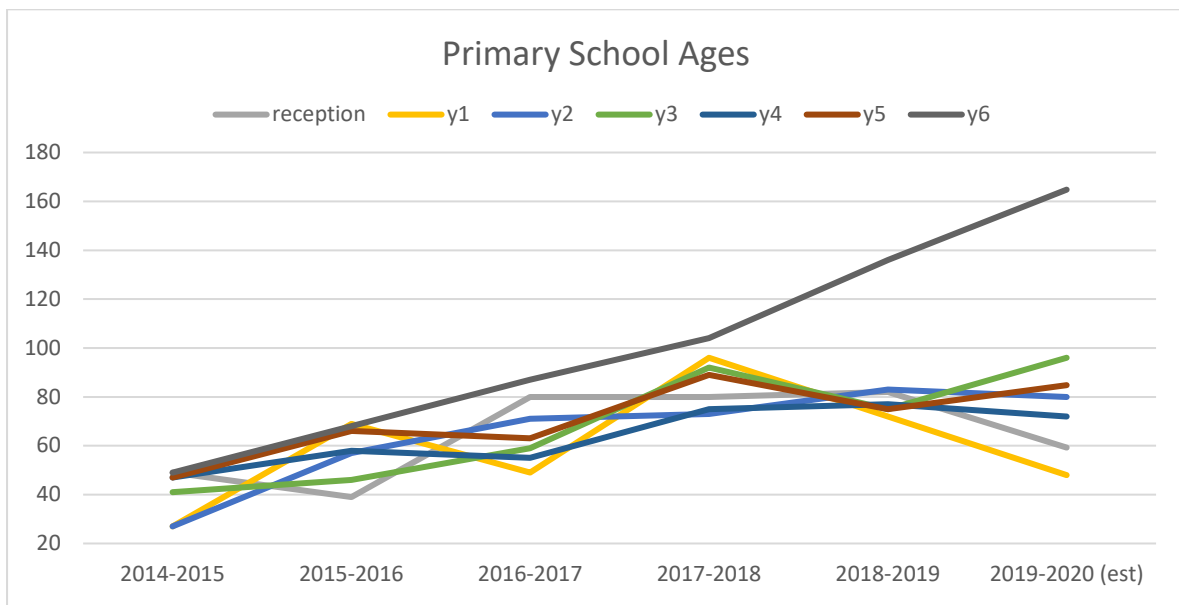
²⁴ This is an estimation based on the autism term of 19/20. It does not taken into account any seasonality or impact of covid-19

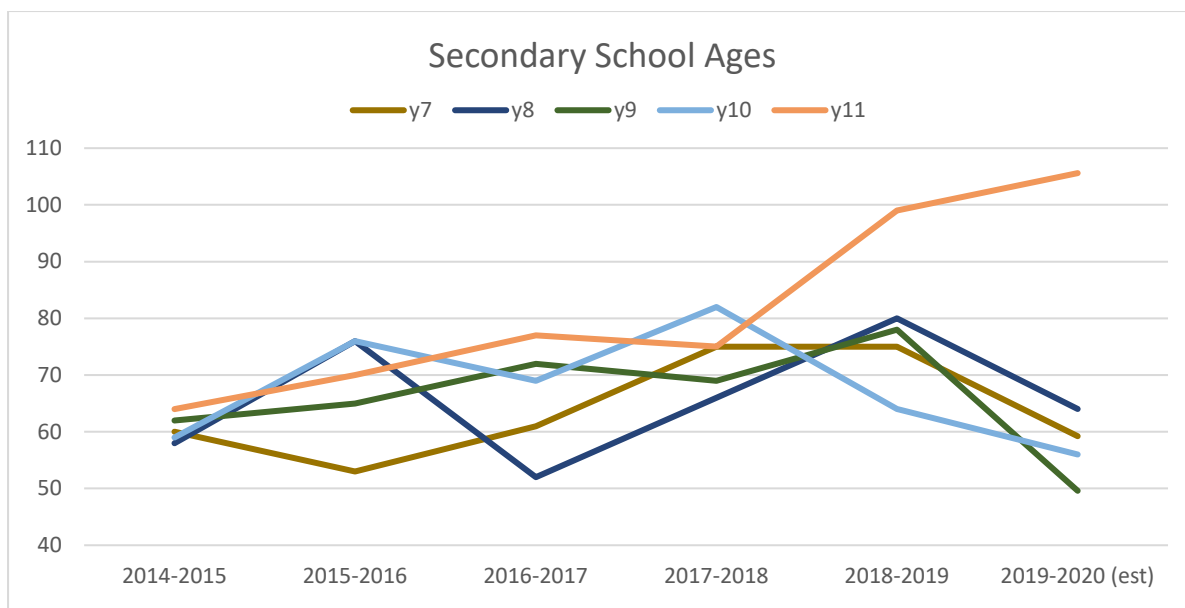
²⁵https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/413814/Special_education_needs_and_disability_review.pdf



Looking again in more detail at both EHCP and SEN-support in the last five years shows differences in the trend between year groups. The year groups of year 6 and year 11 are seeing a sustained rise in the numbers of CYP with an identified special educational need or disability. These are the two 'pre-transition years'.

It is possible that schools or parents are seeking SEND provision for pupils in anticipation that they will need this additional resource in place for the next stage of their education journey. This data alone cannot be conclusive, and requires a further exploration through the deep-dive into the journeys of individual children.





What was clear from speaking to parents of children and young people with SEND is that the transition points of moving into primary school, secondary school, and post 16 education were very salient for families. Parents often emphasised these years and experiences without prompting. Often, parents focused on themes of communication and planning. Professionals working in this area also express a strategic ambition around good transitions.

Recommendation: For the education team to agree the indicators of a high quality transition and to monitor against these as part of a wider dashboard. Parent feedback on the topics of communication and planning should be part of this transition indicator set.

Key stage transition

Throughout this needs assessment, professionals working in education and in SEND have expressed a desire to focus more explicitly on the principles of a good transition between key stages for pupils with SEND. There is work currently underway to look at effective EY-to-primary school transition points, with child outcomes as the core objective metric.

Recommendation: For the SENDIB to extend existing work into EY-to-primary transition to other education transition points. To identify quality assurance metrics for transition, including insight from parents and children/young people both before and after a transition point, as well as specific objective outcome measure.

Early years

The Educational psychology service records both a child's home postcode and EY setting in the individual record, but is only able to report on postcode. There is also a reasonably even spread of young children with Educational Psychology Service involvement across the city, with some possible clustering in Westfield, Micklegate, and Heworth; which together account for a third of the educational psychology service. The low numbers of children accessing portage and also early years funding, mean that it is not possible to form conclusions about the spread of provision.

Overall, there is no single early years register for the young children accessing portage, enhanced support through healthy child service, specialist teaching, EPS, or early years funding.

Recommendation: Create a single register of the young children accessing these services, including the child's home postcode and setting (if attending). This would enable a single view to understand equity of access, and also form a tool for understanding the impact of these service.

Additional to this, there are young children who parents or professionals have flagged as having an emerging need, or whose development is being carefully monitored for a possible special educational need or disability. This process of identification of SEND in early years happens across multiple teams, with some children being assessed by a health clinician within TEWV or York Teaching Hospital, some identified in an early years setting through a specialist teacher, and some identified at home through the health visitor from the healthy child service. Although these professionals do usually work together where it is in the immediate interest of the child, there is no strategic framework to identify all these children with an emerging or possible SEND.

By example, the York healthy child service sees all children in York at a 1 and 2 year health and development review, and this provides an opportunity to identify any emerging delay and make timely referrals to SEND or health services. The York healthy child service uses the 'Ages and Stages' Questionnaire with parents, this is an opportunity to identify emerging SEND, in particular speech, language, and communication need, using a validated questionnaire. This works well to support individual children, but at present, the systems are not in place to share ASQ information about the whole cohort or to quality assure routine sharing about individual children.

Similarly additionally for early years, S23 of the Children and Families Act imposes a duty on health trusts to notify the local authority of any child under the age of five who may have a special educational need and disability.

Timely identification of need in early years

The time frame for identification of need will look different for each child, but the SEND improvement board has expressed an ambition to ensure that identification is 'timely' in early years, such that it does not impact on a child's education, wellbeing, or personal development.

This will necessitate a focus on the first 1001 days, in line with the York Health and Wellbeing Board strategy. This ambition also necessitates input from multiple organisations and professionals to refer a child who has a potential or suspected SEND. This may be through 'section 23 notifications' from hospital trusts, or through referrals from the healthy child service as part of two year old reviews.

At present, these types' referral processes are in place and are utilised by practitioners. However there is limited quality assurance process available to the SEND improvement board, and as such the pathway and policies are under review.

Recommendation: For the SEND improvement board to identify a quality assurance process that addresses whether need identification in early years is timely and efficient.

Geography and Population Demographics

This section looks in detail at different ways of exploring population geography; the ward a child lives in, the school a child attends, whether the child has free school meals, and the deprivation marker for the area the child lives.

The data for early years children is quite limited, and so it is not possible to do much analysis. The recommendations are about improving the data quality.

The data for school age children is more complete, and the detail of the trends is set out below. Overall, there is less of a clear link with deprivation than might be expected. With a deprivation-SEND correlation loosely visible when looking at measures linked to a child's home address, but not visible when looking at measures linked to the child's school setting. This is interesting because national evidence from many sources show a clear link between deprivation and SEND²⁶. This leads to two possible conclusions. It is possible that there is something unique about York which means that the differences between deprived and non-deprived children and young people are smaller. It is also possible that there is something in the way SEND is understood or identified in York which is influencing these trends.

Recommendation: To build on an earlier recommendation For the SEND improvement board to work with the York Schools and Academies board to have consistent identification and reporting on both the EHCP and the SEN-support cohort this time with particular focus on factors that are linked to deprivation and home postcode geography. This is to inform commissioning and sufficiency planning for the whole city.

School specific prevalence of need

The proportion of children and young people with special educational needs and disabilities varies quite a lot from school to school.

Mainstream primary schools

- There is no correlation between the proportion of pupils with an EHCP and the size of the school.
- There is no correlation between the proportion of pupils with SEN-support and the size of the school.
- There is no correlation between the proportion of pupils with an EHCP and the proportion receiving free school meals.

²⁶ <https://www.jrf.org.uk/report/special-educational-needs-and-their-links-poverty>

- There is a weak correlation²⁷ between the proportion of pupils with SEN-support and the proportion receiving free school meals, whereby maintained primary schools with a greater proportion of SEN-support pupils also tended to have a greater proportion of FSM pupils.
- There is no correlation between the size of the schools EHCP population and the size of the SEN-support population.

Secondary mainstream maintained schools

- There is no correlation between the proportion of pupils with an EHCP and the size of the school.
- There is no correlation between the proportion of pupils with SEN-support and the size of the school.
- There is no correlation between the proportion of pupils with an EHCP and the proportion receiving free school meals.
- There is no correlation between the proportion of pupils with a SEN-support and the proportion receiving free school meals.
- There is no correlation between the size of the schools EHCP population and the size of the SEN-support population.

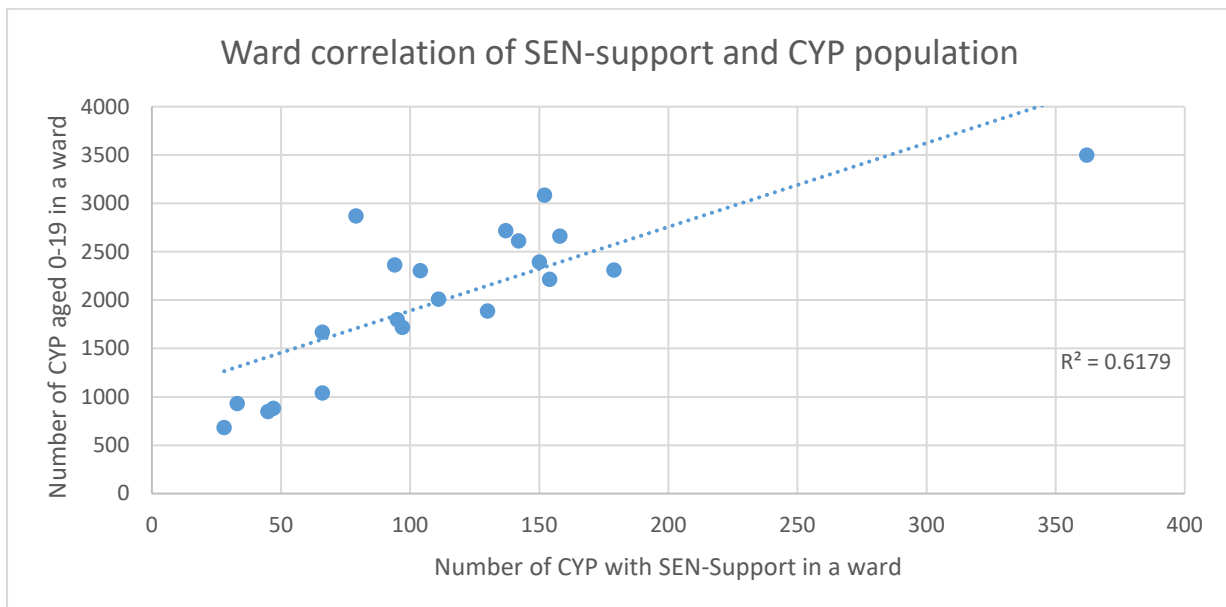
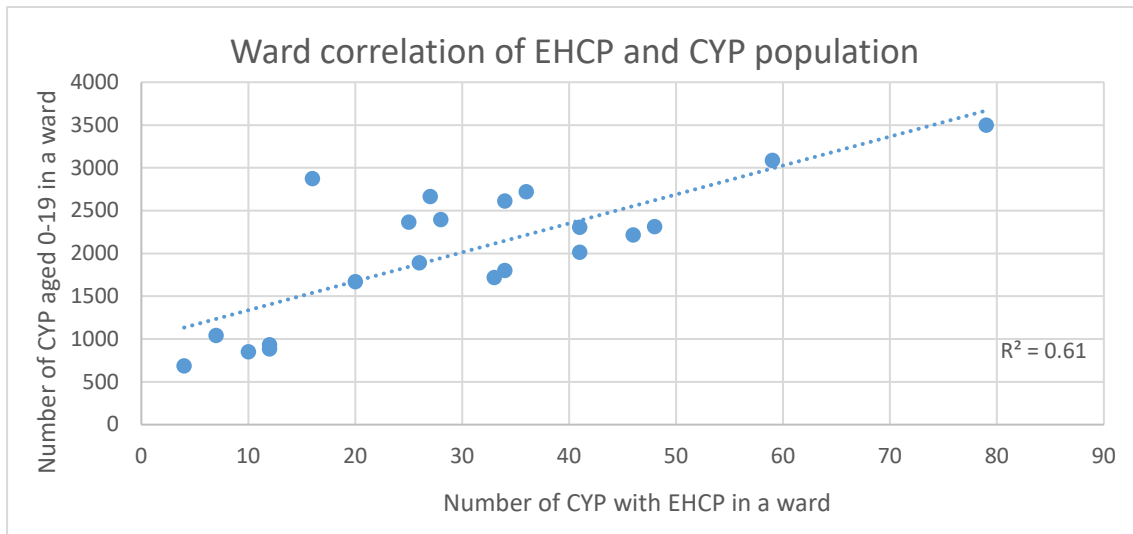
Together this indicates that the demographics of the school is not a predictor to understand how many pupils will have EHCP or SEN-support needs. This is a complex topic to fully understand, and many other local authority areas are in a similar position to York. Taken together, these findings suggest that there are individual school policies which influence when a child or young person is identified as needing SEN-support or an EHCP. There may also be individual school policies which influence when a child or young person is take off the SEN-support or EHCP list.

Home postcode – ward

In York there is no particular evidence of ‘clustering’ in parts of the city. Wards with more children have more children with SEND²⁸.

²⁷ R²=0.37

²⁸ I adjusted the numbers of CYP aged 0-19 in Hull Road ward to better indicate the numbers of permanent residents. This is because Hull Road is home to many students aged 18 who did not grow up in York.

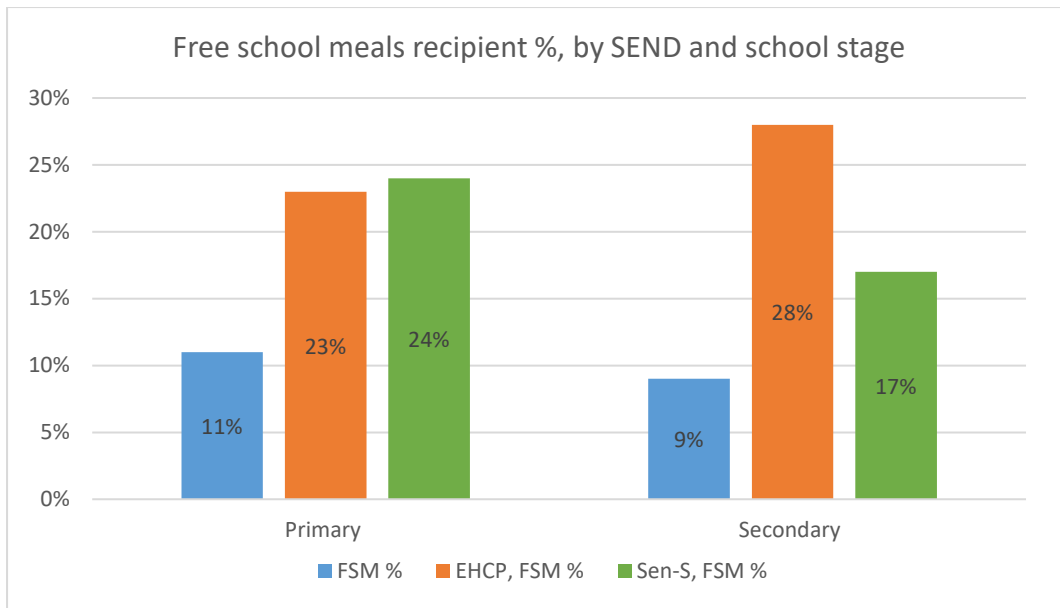


Free school meals and SEND

The free school meals measure is highly sensitive to the individual circumstances of the family, but is incomplete as there is a longstanding challenge of ensuring all eligible families apply for and receive free school meals for their children.

In total 10% of pupils on the school census were receiving FSM in January 2020. By contrast, 25% of pupils with an EHCP receive free school meals, considerably more in secondary compared with primary. 20% of pupils with SEN-support receive free school meals, conversely considerably more in primary school than secondary.

Overall, this indicates that school age CYP with SEND are were at least twice as likely to be part of families experiencing financial hardship as the York average. However, the earlier section identified there is no strong school level correlation between FSM and either EHCP or SEN-support,



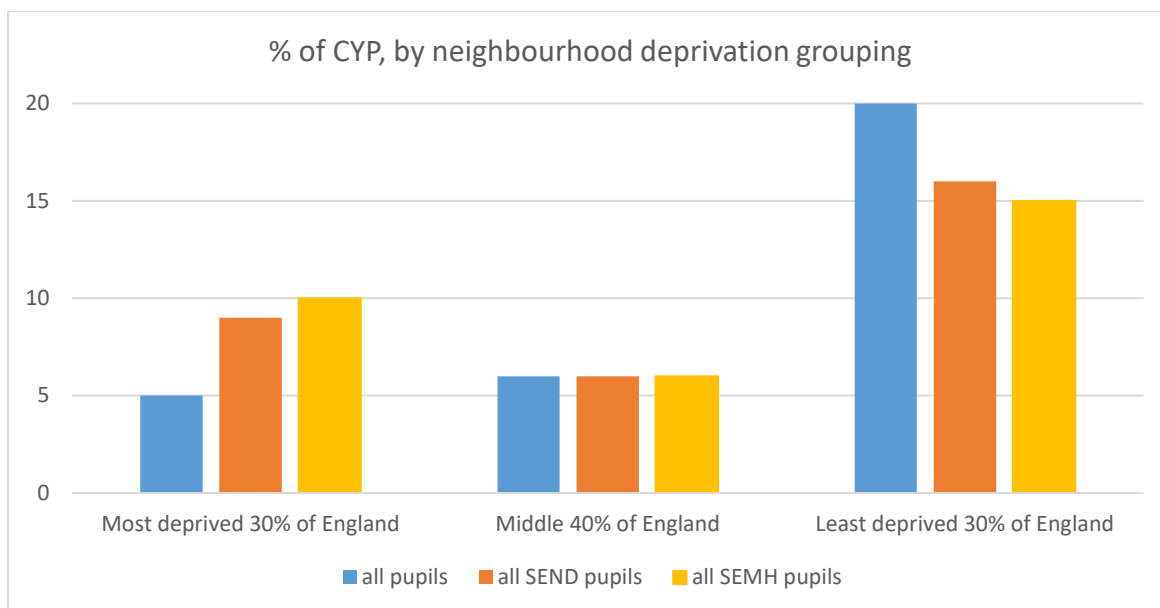
Neighbourhood deprivation and SEND

The neighbourhood 'indices of multiple deprivation' measure is not sensitive to the circumstances of individual families as it is a neighbourhood average of around 650 households. The advantage of this approach is that it is complete, with every household and neighbourhood included.

York is less deprived than the England average, and therefore has fewer neighbourhood areas that are in the most deprived 30% of the country, and more neighbourhoods that are in the least deprived 30% of the country.

In comparison to the city as a whole, a greater proportion of York pupils with SEND are living in the neighbourhoods that are in the more deprived parts of the city. This pattern is even more exaggerated among CYP with 'social, emotional, and mental health need'.

This information shows that pupils with SEND are living all across York, in all neighbourhoods and areas, but that they are somewhat overrepresented in the more deprived parts of York.



This indicates that whilst the demography of a school is not a reliable guide to the SEND needs of the pupils, the demography of a neighbourhood is a moderately good guide. However, the link between neighbourhood deprivation and SEND is only moderate, this suggests that other factors are also influential. It is possible that one such influential factor is the policies and approaches of individual school settings.

Children and young people who go to school in a different area to where they live

One of the concerns of a complex education system is that children and young people with SEND will need to travel long distances to go to a school that meets their need. This may impact a child or young person's access to their friendship group, amount of free time in the evenings, or opportunity to learn independence skills in environments near their home.

Schools census data show that around 5% of pupils at school in York live outside the city; almost all live in neighbouring areas of East Riding or North Yorkshire. This is the same whether looking at all pupils or pupils with SEND specifically.

	Live in York	Live outside of York
All CYP at school in York	91%	9% ²⁹
CYP with SEND at school in York	95%	5%

There are individual examples of young people needing to travel a long distance to get to school outside of York that will likely have a substantial impact on that individual young person. However, the data shows that overall, young people with SEND are no more likely to have to cross a local authority border than any other group at school in York.

²⁹ This includes 4% of pupils with no postcode - assumed to be international students who live in the school.

Engagement with parents and families

All parents spent a lot of time sharing their experiences of their child's education and schools. Parents reported valuing consistent staff members as this builds trust and better communication. Additionally parents were more likely to relay a positive experience when they felt there was good communication and trust, even if the outcome could have been viewed as negative i.e. a school placement breaking down.

Recommendation: To review the routine communications sent out to parents of children with SEND, this might include the information sent around the creation and review of a support plan or EHCP, as well as other key points.

Several parents described long term concern about their child's education and wellbeing. The interviews created an impression of a pattern of some parents having many months of concern before meeting with the school. One parent said she 'didn't want to rock the boat', another expressed uncertainty about where to start. There was an impression from parents that they did not feel enabled to have a conversation about their concerns, or confident that their voice would be heard. Two parents in particular voiced the view that they were 'on their own' or that professionals 'closed ranks'.

Recommendation: For the SEND improvement board to creatively consider how it might engage parents in routine conversations about their experiences of education for their child, this includes parents of children who have EHCP, SEN-support, are awaiting a diagnosis. Ideally this would be developed in coproduction with parents.

Outcomes

This sections look at children and young people's outcomes in relation to the curriculum and skills development. This section focuses on two specific outcomes measures. Firstly, 'school readiness' which is measured in the reception year, and secondly attainment eight which is an academic marker at the end of secondary school/ .

School Readiness

The measure taken in the reception year looks at whether a child has achieved a 'good level of development' across 17 learning goal areas. This 17 learning areas cover personal development, social and emotional development, physical development, and communication

and language, as well as some early goals in maths and literacy skill. York, 75% of children achieve this³⁰, overall York is on a strong upward trend³¹ with year on year progress.

GLD is calculated on a points system, with children scored at 1 (emerging) 2 (expected), or 3 (exceeded), across 17 learning goal areas. Scores range from 17 to 51, with a score of 34 indicating the child is achieving an expected level of development.

Learning goal scores (points)			
	No SEN	EHCP	SEN-support
York	37	19	27
CIPFA Neighbours ³²	36	19	27
England	36	19	27

The table shows very little difference between the York, authorities similar to York, and England average. Children without SEND are mainly scoring a '2' indicating an expected level of development in most domains. Children with an EHCP are mainly scoring a '1' indicating an emerging level of development, and children with SEN-support generally have a mix of '1' and '2' scores. Although York is in line with other areas for these scores, it is notable that there is a clear separation between the three groups of pupils by the time they start school.

Attainment 8

Attainment 8 is the core set of qualifications young people undertake at age of 16. It is mean score of the eight subject results for that pupil (Maths and English are double weighted, thus the total score is divided by 10). A score of 40 would indicate an average of '4' across all subjects (equivalent to 10 C grades).

Average Attainment 8 score ³³			
	No SEN	EHCP	SEN-support
York	54	15	30
CIPFA neighbours	51	15	34
England	50	14	33

This table shows that York pupils without SEND are outperforming their peers in other areas. The table also shows that there are big attainment gaps for pupils with and without SEN. York's EHCP pupil cohort performs similarly to their peers in other areas, however York's SEN-support cohort falls behind their peers from other areas. Again, it is important to consider

³⁰ 1/198 data. York 76% national 71.8%.

³¹ <https://fingertips.phe.org.uk/search/school%20readiness#page/4/gid/1/pat/6/par/E12000003/ati/202/are/E06000014/iid/90631/age/34/sex/4>

³² 15 Local authorities with populations similar to York

³³ https://lginform.local.gov.uk/reports/view/send-research/local-area-send-report?mod-area=E06000014&mod-group=CIPFA_Near_Neighbours&mod-type=comparisonGroupType

that there appears to be considerable between school variation in the proportion of children identified as needing SEN-support, and so SEN-support is not a truly unified group.

Progress 8

The ‘progress 8’ measure looks at the exam results of pupils against other pupils who had a similar level of academic ability when they moved into secondary school, i.e. progress from the same starting point. Arguably, this measure is more meaningful for pupils with SEND as it measures progress not attainment. A score of ‘0’ would mean the pupil made an average level of progress for his/her comparison peer group during secondary school, a score of ‘-0.5’ would mean the pupil has made half a grade point less progress than other pupils who started at the same point at 11 years old.

Average Progress 8 scores			
	No SEND	EHCP	SEN-support
York	+ 0.28	- 0.80	- 0.16
CIPFA neighbours	+ 0.04	- 1.16	- 0.39
England	+ 0.3	- 1.18	- 0.47

It is notable that across the whole country, pupils with special educational needs and disabilities make less progress than other pupils who displayed similar academic ability at 11 years old. There is a wider national discussion about the academic progress gap for these pupils. For York, pupils with both an EHCP and SEN-support fall less far behind than other pupils with special educational needs and disabilities in other parts of the country, however the SEND progress gap is still very clear and the academic outcomes for pupils with SEND in York are not better than the national average.

Absences

Missing sessions from school is most commonly for sickness or illness, but can be for other reasons, such as medical appointments or religious observances. Overall, York has a slightly lower absenteeism and persistent absenteeism rate to the England average. This is also true for pupils with an EHCP plan in York, although pupils with an EHCP plan take, on average, twice as much time off across the year. By contrast, for pupils with an SEN-support plan, pupils in York are slightly more likely to take time off, and slight more likely to be persistently absent than then the England average.

Average % of sessions missed in the 18/19 school year ³⁴		
	York	England
EHCP pupils	8.3%	8.5%
SEN-support pupils	6.4%	6.1%
All pupils	4.2%	4.4%

³⁴ https://lginform.local.gov.uk/reports/lgastandard?mod-metric=10605&mod-area=E06000014&mod-group=AllUnitaryLalnCountry_England&mod-type=namedComparisonGroup

% of pupils who were persistently absent in 18/19 (missing more than 10% of sessions ³⁵)		
	York	England
EHCP pupils	22%	25%
SEN-support pupils	20%	18%
All pupils	8.1%	9.1%

In interviews parents who had experienced long period of school absences were quick to mention their concerns about the impact on their child’s education. Parents also described the practical, and social upheaval associated with having a child off school for an extended period. One parent describes experiencing social stigma, and another spoke about having very limited communication with the school during the period of her child’s absence.

Recommendation: To review the support and communication available to families of children who are school refusing or otherwise off school. This might be in terms of parent’s mental health resources, or signposting for practical advice around employment and the logistics of home education.

In interview with parents, a small number spoke about their children being taken out of class on a regular basis for reasons linked to behaviour. Parents were keen to emphasise that this was linked to unmet need. The pupils were still in school, but sitting in other classrooms or in some form of isolation. This would not register as a formal absence, but can have a significant impact on a child’s access to education and their wellbeing. One parent spoke that her child spend 70% of his education time in the corridor.

Recommendation: For the SEND improvement board to undertake a deep dive around the factors influencing absences and with school absences. Ideally this should include parent testimony.

For several parents, being outside of the classroom without formal absence had links to behavioural policies and bullying. Most of the parents felt well informed about the schools bullying policy and behaviour escalation procedures, this seemed to be an area where school communication with parents was generally good. Parents also recognise that a bullying or behaviour policies should be universally appropriate in order to be transparent. Parents did voice concern that the policies were not always inclusive of special educational needs and disability, particularly social and communication needs. Parents were able to give examples of where they felt these policies had a disproportionate effect on their children because of SEND.

Recommendation: To coproduce best practice advice, or another form of review, with parents and schools on how to make universal school behaviour and bullying policies inclusive.

However, this experience was not uniform. The 2019 OFSTED SEND inspection report tells us that families’ experience of education, health and care services working together varies

³⁵ https://lginform.local.gov.uk/reports/lgastandard?mod-metric=10605&mod-area=E06000014&mod-group=AllUnitaryLainCountry_England&mod-type=namedComparisonGroup

widely and is too dependent on individual professionals and setting. This finding was echoed in the parent interviews. All of the parents of children in mainstream education spoke about the variation in teaching approach between class teachers. By example, one parent said her child's favourite subject suddenly became English, because the teacher allowed her son to leave his coat and rucksack on in class [which helped with sensory regulation]. Another parent said her son had a very positive year five in primary because of two really positive teachers who 'got hold of him'. However two other parents reported they had been told that their child was naughty or rude; where an SEND had not been identified, or was not being met.

Recommendation: To maintain a focus on whole school training and practical whole class support for teaching staff, especially social and communication needs as these are particularly likely to be expressed in 'behaviour' if a child's needs are not being met.

This point has strong parallels to a recommendation made earlier in the report about identifying good practice and opportunities for uniformity in the identification of special educational needs.

Health and healthcare for children and young people with special educational needs and disabilities

Primary Health Care

At present, primary care data is not helpful for identifying children and young people with SEND, or answering questions about their health care. GPs hold a register of learning disability, but as this involves self-notification, it is recognised to be incomplete and practices use the register in different ways. All people aged 14 and above with a learning disability may access an annual health check with their GP. This NHS scheme is to improve the long term health of people with learning disabilities. For reasons linked to patient interest and scheme promotion, currently many people with a learning disability do not take up this offer.

Additionally, the GP practice register is also not able to reliably identify other SEND groups, for example speech and language need, social, emotional, or mental health need, or various forms of neurodiversity. Primary care is better able to identify physical disability and sensory impairment.

In interviews, parents mentioned challenges in accessing health care linked to advocating for their young person who is over the age of 16. One parent had agreed a plan with the GP for the parent to be listed as the main contact for her child with a registered learning disability, but then explained that the young person was still being asked to make appointments and receive information about results by phone, causing delay in care. Another parent of a child nearing 16 with significant information processing limitations had not begun any formal advocacy process, and was only made aware of this when the hospital learning disability nurse expressed surprise.

Recommendation: To include discussions on this topic in the EHCP review as part of the preparation for adulthood section. This might include making parents aware of how access to health care might change when their young person turns 16, where appropriate this might include making parents aware of the principles and advocacy and power of attorney.

Secondary Physical Health Care

There are a number of data sets in secondary care. The paediatrics data from York Teaching Hospital Foundation Trust tells us that in August 2020, over 559 open paediatrics referrals are for children with epilepsy, 341 are for children with a sensory impairment, and 162 are for children with downs syndrome, 88 have learning disability, and 81 have a physical disability. These figures involve double counting for children with more than one long term condition. However, this data set will not match neatly with the SEND data set for two reasons. Firstly some of these children's conditions will not be impacting their education. Secondly there are many children who have SEND but are physically healthy and so do not appear on this paediatrics register. This will be most true for communication needs and mental health needs, It is possible to look at the reasons children were in contact with the paediatrics team. The most common diagnosis listed were autism and learning disability; these diagnosis will not have been made in the paediatrics team, and are better considered as pre-existing conditions that were included in the presentation notes. The next most common conditions were tongue-tie, three types of heart structure defect, a foot formation defect, and birthmarks. This second list gives a clearer picture of the types of care children were receiving. From this data set alone, it is not possible to clearly identify which paediatric visits were linked to a child's special educational needs and disabilities, it was also not possible to draw out any conclusions about the patient or family experience. Overall, this demonstrates that whilst these data sets are able to tell us some useful things, the present health data sources are not good at informing us about the health and wellbeing of children and young people with special educational needs and disabilities.

There are further specialist data sets collected by the Vale of York CCG, for example the number of children and young people with support for incontinence, and the number of children and young people with wheelchairs or specialist buggy equipment, or children and young people with continuing healthcare provision. It is likely that all of these children will have additional support to access education and the school building, but at present these data sets are not linked to a unified SEND data collection approach.

Recommendation: To collect the NHS number of children and young people with EHCP and SEN-Support. This will substantially increase the opportunities for the SEND Improvement Board to understand and respond to systematic challenges linked to health care access and health outcomes.

In interviews parents often spoke of positive experiences of the specialist teams who works with their children, they spoke often about communication and trust. In particular, parents were likely to report positive experiences if they felt listened to. The play team was positively mentioned, as was the learning disability nurse, though one parent was surprised that not all

the hospital teams knew about this resource. In this case, it created barriers in the young person accessing physical health care tests.

Recommendation: To ensure that all hospital departments are aware of specialist provision within the trust, such as the play team and the learning disability nurse.

Early Help

The school wellbeing service offered early intervention and mental health support in York schools and FE settings around anxiety, low mood and school capacity. It is jointly commissioned by CYC and Vale of York CCG. The service provides whole setting support, information and advice to families, mental health skills workshops with pupils, as well as individual support for individual children and young people.

The service works in part, but not exclusively, with children and young people with SEN-support and education, health, and care plans. The annual report does not detail the proportion of children and young people with an identified SEND.

In 2019/20 the service supported 462 primary school age pupils; 30% had a primary need linked to emotional regulation, 26% had a primary need of anxiety, 11% had a primary need linked to neurodiversity such as ASD, ADHD, or Learning Disability.

In the same year, the service supported 414 secondary school age pupils, 38% had a primary need linked to anxiety, 18% had a primary need linked to low mood, and 15% linked to emotional regulation.

The feedback shows that the service is highly valued by young people, parents, and school staff alike. In particular, 65% of children and young people reported feeling better able to cope in school.

The service has an embedded qualitative and quantitative feedback process with children and young people, parents, and schools, to inform the annual evaluation. This feedback process is better developed and embedded than in other SEND support services in York and is the first step to a conversation between the service and its stakeholders.

In interviews parents reported valuing consistent staff members as this builds trust and better communication. Additionally parents were more likely to relay a positive experience when they felt there was good communication and trust, even if the outcome could have been viewed as negative i.e. a school placement breaking down.

Recommendation: For the School Wellbeing Service to support other service areas to embed a similar feedback loop for children and young people with SEND and their families.

This is important because in interview there was an impression of a pattern of parents having many months of concern before meeting with the school. One parent said she 'didn't want to rock the boat', another expressed uncertainty about where to start. Only in extreme circumstances did parents seem to raise issues beyond the school. There was an impression from parents that they did not feel enabled to have a conversation about their concerns, or confident that their voice would be heard. Two parents in particular voiced the view that they were 'on their own' or that professionals 'closed ranks'. None of the parents mentioned the

SENDIASS (information, advice, and support service). Some parents were part of a parent forum or support group, but did not particularly view this as an advocacy opportunity.

Recommendation: For the SEND improvement board to creatively consider how it might engage parents in routine conversations about their experiences of education for their child, this includes parents of children who have EHCP, SEN-support, or who have concerns regarding their children. Ideally this would be developed in coproduction with parents, and should not be exclusive to one topic i.e. an EHCP review.

Secondary Mental Health Care

A clear theme in almost all parents' interviews was the experiences of CAMHS service at Limetrees. Several of the parents were keen to express that the staff are 'intelligent compassionate professionals', and that their criticisms were not aimed at individual members of staff. The most immediate challenge presented was the waiting time for assessments for neurodiversity, communication needs, and for emotional mental health needs.

In interview, parents expressed support for the principles of early help, and needs led approach to timely support. Several parents felt strongly that the delay in access to support meant that their child's wellbeing worsened. Several parents also expressed that other support, such as support from schools and other professionals, was on hold until an assessment has been completed, even when it was clear that the child was experiencing significant amounts of distress.

Many professionals working in the field of SEND, have also expressed strong support for a needs led approach to support, around social and communication difficulties before and during the waiting period for a neurodiversity assessment. Professionals also express that this is an issue for the whole SEND system in York, not solely those professionals involved in making a diagnosis. This issue is currently under review across York and North Yorkshire.

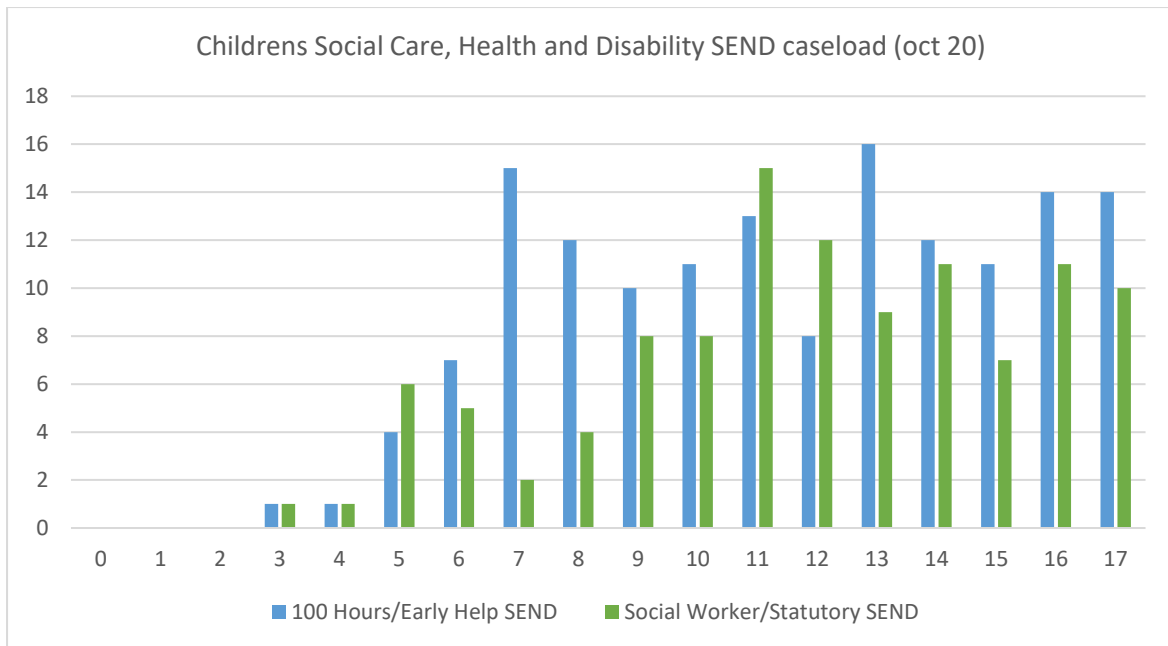
Recommendation: To recognise that the long wait time within children's mental health services remain a significant challenge, but also a challenge that is not quickly fixable. To review the pre-assessment support, universal and enhanced school provision, and advice to families. Ideally this should be coproduced with parents and young people who have recent experience of a long wait time for an assessment and associated specialist support.

Social Care

In total the children's social care health and disability team support 318 children and young people, of whom 263 have a special educational need or disability; in the main these children are supported with an EHCP.

The service predominantly supports young people with SEND, rather than younger children around half of the caseload is aged 15, 16, and 17 years.

57% of the SEND caseload receive the early help interventions of a 100 hours short breaks provision and do not have a social worker. Younger children are slightly more likely to have early help provision and older children slightly more likely to have a social worker.



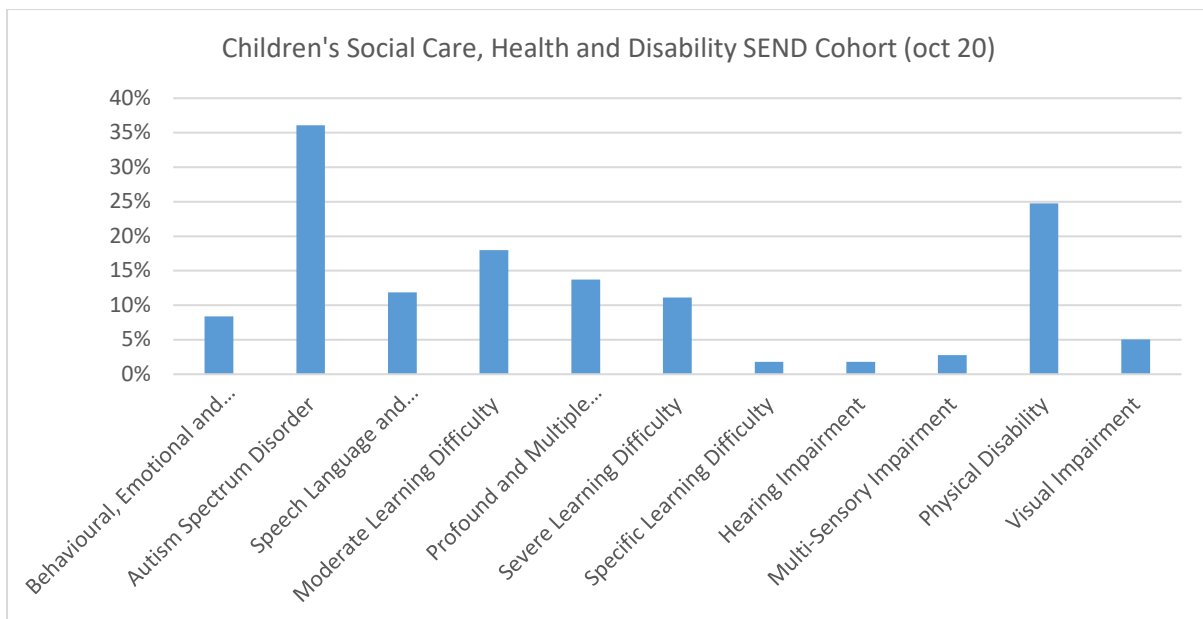
The '100 hours provision' is available for children and young people with SEND, and some other groups, without a formalised assessment by a social worker. These children and young people will be able to access roughly two hours short breaks provision each week, and will not have a social worker. The provision can be used creatively and flexibly by families to support the young person to achieve their development outcomes and to access things such as social and support groups.

Whilst there is widespread support for this low level flexible social care input, there is also recognition among professionals that there is no standardised outcomes capture or review mechanism in place. At present, it is not clear who is accountable for reporting on how the 100 hours provision has been used in the previous year, and which forum should be used to agree how the provision should be used in the upcoming year.

When speaking parents who were using social care services like short breaks/ 100 hours or direct payment there was an impression of confusion. One parent said, 'It's hard to know what we are entitled to, there is no handbook', there was also the suggestion of case studies how parents had used 100 hours payments or similar to support their child's development and independence.

Recommendation: To implement this suggestion, by coproducing case studies or a children's social care directory with young people with SEND and their parents. Additionally, for parents and other family members to take a central role in reporting on outcomes and suggesting future ways of using the short breaks.

Within the SEND children's social care cohort, the most prevalent need type was autism. This roughly reflects the wider EHCP cohort. The second most prevalent needs type was a physical disability, these children and young people are significantly overrepresented compared to the wider EHCP cohort.



Children, Young People and Parent Voice

Parent interviews

As part of creating this needs assessments, the public health team held parent interviews. Parents were recruited through an advert circulated through mainstream and special parent forums. A total of eight parents of 12 children with SEND were interviewed in how long conversations. These children ranged in age from 8 to 18. The need types included autism, ADHD, communication and interaction, speech and language difficulties, deafness, and global developmental delay. Two of these children attended a specialist provision, three were educated at home (two on a temporary basis), and the remainder were in mainstream primary or secondary schools in York.

Parents were informed that the interviewer was 'new to the world of SEND', would therefore not be able to offer immediate solutions for their child's needs, and that the purpose of the interviews was the help build a better system for the future. The conversation was opened with an open request for the parents to tell a little bit about their son/daughter; including who they are as people, their interests, hobbies, and aspirations for the future, as well as their current circumstances and experiences. Using open prompts, parents were then guided through the topics of education, health, social care, and the wider city including mainstream and specialised voluntary and community sector groups.

The findings and impressions of these interviews are spread throughout this needs assessment and form the basis for some of the recommendations.

Young people voice In York

It is unfortunate that it was not possible to engage with young people as part of this needs assessment project. Where there is existing service level feedback from children and young people in it included. Additionally, many of the recommendations involve coproduction with young people and their families, and developing opportunities for a more routine conversation with children and young people.

Children and Young People's voice was also heard as part of a wider engagement project 'York Twelve Steps' with all children and young people in York, about the twelve step York should take to become an inclusive city for all. Below is the most common feedback specifically given by children and young people with special educational needs and disabilities on what they felt needed to change in order to make York an inclusive city and a great place to live for all.

1. Make small changes in healthcare waiting rooms to make it easier for people who find these places stressful
2. More education to professionals and the public of mental health, dementia, sunflower lanyards, and the different ways people communicate.
3. More awareness about safe place schemes, more quiet spaces in York, and other schemes which help keep York safe and welcoming for everyone.
4. More opportunities for student voice in the community
5. More disability sports lessons and events where disability coaches come together
6. More wheelchair assessable equipment in parks, and better wheelchair accessibility in highstreets and shops. More benches and seating in public spaces.
7. More disabled toilets in public spaces, more radar keys
8. More street lighting and cleaner pavements i.e. without litter, broken glass, or dog mess.
9. Clear signs to help people find their way
10. More education on social media and gaming communication. Clear messages about sharing information online.
11. Life skills on the mainstream timetable, i.e. work experience, budgeting, travel
12. Increased chance of employment after finishing college courses

National Feedback from Young People and Parents

A national government survey in 2015³⁶ asked 10,600 parents and 3,000 young people (mostly parent facilitated) about their experience of the EHCP process.

Overall, 66% of people were satisfied with the process. Over half said it was easy to be involved, and 75% said the process was family centred. However, only 18% said it was difficult to be involved in the process, and 19% said they were not given a choice about how to be involved in the process of an EHCP.

³⁶https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/709743/Experiences_of_EHC_plans_-_A_survey_of_parents_and_young_people.pdf

More than 75% of parents said that professionals were knowledgeable and were able to work together. Overall, feedback was more positive when the EHCP was felt to reflect education, health, and care need, rather than a major focus on education.

Overall, 62% of parents felt the plan will help achieve the agreed outcomes. Furthermore, just over half said that the plan enabled young people to fully participate in wider society, and to live move independently.

However, less than half felt that the plan enabled the family to live the life they wanted to lead. Finally at least a third of parents said they had not been made aware of IASS and the local offer.

No equivalent study has been done in York so it is not possible to know what parents in York would tell us. To respond to this gap in experience data the SEND improvement board is intending to create a short survey to collect parent's views at key points through the SEND journey.

Recommendation: For the SEND improvement board to follow through with plans to collect experience data from parents through the year. Where appropriate to use the same questions as the national 2015 survey to provide a national benchmarking opportunity.

Inclusive City

A joint report³⁷ between Public Health England and the Association of Directors of Public Health sets out a framework which highlights the importance of an inclusive city for children and young people's health and wellbeing. The report considers the things that all children need to have good lives and develop well; strong bonds with care givers, secure homes, friendships and connections, nourishing food, places to play and be active, opportunities to develop and try new things. Arguably, these factors are even more important for children and young people who face additional disadvantage because of a special education need or disability. The report highlights that the solutions are in the community. "The home environment has an enormous impact on how children and young people develop, their outcomes and ultimately their life chances. Therefore parents, carers and the community in the broadest sense should feature in plans to improve outcomes for children and young people."

³⁷https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&cad=rja&uact=8&ved=2ahUKEwig8PfDkrnAhXb8uAKHd8BBssQFjABegQIARAB&url=https%3A%2F%2Fwww.adph.org.uk%2Fwp-content%2Fuploads%2F2019%2F06%2FWhat-Good-Children-and-Young-Peoples-Public-Health-Looks-Like.pdf&usg=AOvVaw2di4Y2_V5mqmb-YnHQBL8r

There are examples of this in York. The York Learning Disability Strategy³⁸ supports the social model of disability “that disability is not caused by an individual’s health condition or impairment but by the way society treats people and creates barriers for them.” There are four priority areas; lifelong learning and employment, independent living, participating in society, and health and wellbeing. The York Autism Strategy³⁹ also identifies ‘inclusive communities’ as a key area alongside five other areas; diagnostic support, training and education, employment, and parent/carer support.

Recommendation: For the SEND Improvement Board to identify its role in securing each of the four priority areas of the York Learning Disability Strategy and the six key areas of the York Autism Strategy.

The statutory web based Local Offer is intended as the key place for children or young people, and their families, to find the information they need. This includes, health, money, leisure, and education. The 2019 OFSTED report tells us that ‘the area’s local offer fulfils the requirements outlined in the SEND code of practice. However, many parents are unaware it exists and some have not accessed it.’ This is also reflected in the parent interviews; when asked about their experiences of the wider city, none of the parents mentioned the local offer or SENDIAS without prompting by the interviewer.

The complementary resource of the all-age Live Well York Site includes nearly 650 community activity groups that meet weekly or monthly. Of these, around 6% are accessible for people with a learning disability, autism, or a sensory impairment. This includes some groups which are specifically for people with these needs. Whilst there may be gaps in some parts of the city, or some types of community activity, York has a range of accessibly and inclusive community groups in York.

In interviews, York parents tell us that there is a broad range of community and voluntary groups for children and young people with special educational needs and disabilities. This was really valued. However parents often said that these groups didn’t fit well with their child’s circumstances, either their age or developmental stage.

Recommendation: To review the existing community and voluntary provision for children and young people with special educational needs and disabilities. In coproduction with families to identify and respond to any particular gaps in the types of provision available.

Recommendation: To continue to work creatively to promote the Local Offer, Live Well York, and SENDIASS to children and young people with SEND and their families. This may include sending reminder information as part of other routine communications, as well as asking children, young people, and parents to make suggestions for content that should be added to or amended, this is in order to build collective ownership and open communication.

In Interviews, generally parent’s experiences of their children attending mainstream clubs and leisure settings were good overall, though parents were selective on where they sent

³⁸ <https://democracy.york.gov.uk/documents/s130922/Annex%20A%20-%20All%20Age%20Learning%20Disabilities%20Strategy%20final%20draft.pdf>

³⁹ <https://www.york.gov.uk/downloads/file/1185/all-age-autism-strategy-2017-21>

their children. Inclusive city infrastructure, such as hearing loops, signage, and printed information was also valued by parents. However, sometimes these resources are not working, and parents tell us this can be frustrating.

Recommendation: Review inclusive city infrastructure, possibly by supporting the work of the ageing well partnership, to review how things such as hearing loops are operating. Provide guidance to businesses on how to check and respond to faults in hearing loops.

Young people aged 16-25

Preparation for adulthood and transition

The current preparation for adulthood team is for people aged 14-25 years old who have children's social care involvement and are expected to have adult social care involvement when they are older. This might include 100 hours of short breaks provision from the children's social care team, which can be accessed without a formalised assessment from a social worker, as well as any more formalised types of support. In 2020, this service supports 18 young people. It is a specialised targeted service, which is not accessed by the majority of young people with SEND.

Within the EHCP process, each annual review meeting is intended to have a focus on building independence and preparation for adulthood. However, parents and professionals in this area describe a lack of uniformity in how conversations about how preparation for adulthood is approached with young people and parents.

It is of course entirely natural for parents to feel uncertain about the futures for their children. However, the impression of talking to parents on this topic was that some parents felt separate to the professional involvement for transition. One parent said 'I genuinely don't know' about next steps for her daughter. Another explained that 'I never really know what I should be asking for' in EHCP reviews for her son in relation to the plan for the coming year and achieving his independence goals. The overall impression from the parent interviews was a clear focus on the importance of lifetime outcomes for their child.

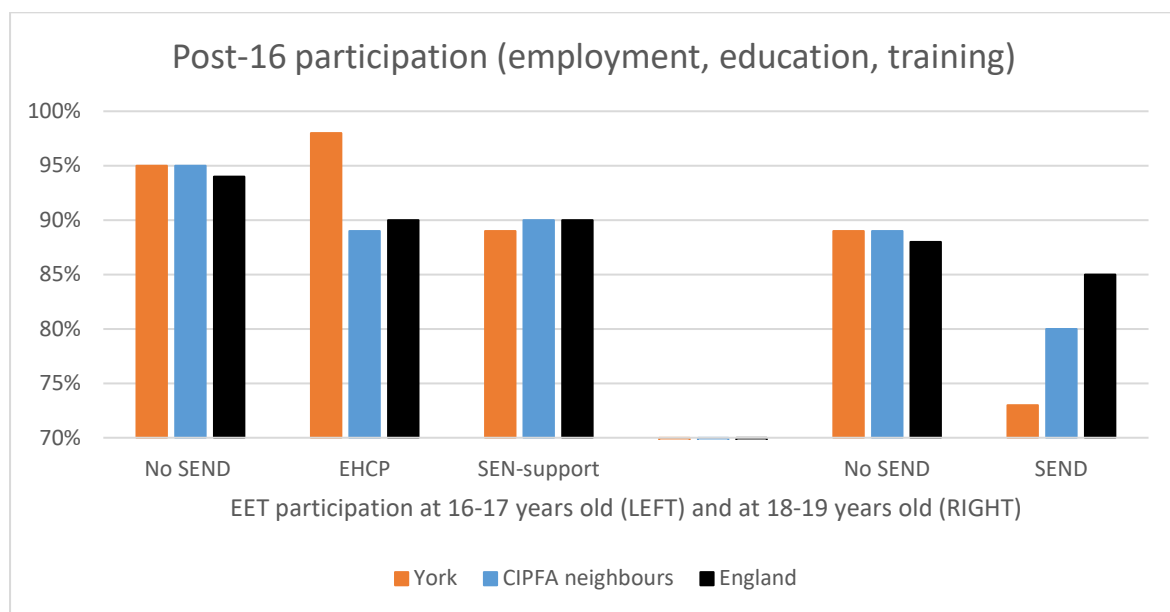
Professionals working in this area also express a clear focus on outcomes, both in education and in wider life. However, some have suggested that specialist professionals and mainstream class teachers alike do not speak to young people often enough on the topic of their options and aspirations. One professional felt strongly that discussions about adulthood should be included right from the first conversation about a child, and should balance the child's interests and personal goals, with an honest acknowledgement of the child's challenges and need. Possibly because these balanced conversations do not happen routinely, parents express that conversations about transition points can feel confusing, and disjointed, rather than a natural progression of an existing conversations.

Recommendation: As part of the SEND Improvement Board’s planned deep dive case reviews, explore further the theme of parental engagement and agency around the topic of transitions and preparation for adulthood, this should be done in partnership with the parents.

Participation and NEET

All young people are highly encouraged to be in employment, education, or training between the ages of 16-19, under ‘raising the participation age’ initiative.

In York 84% of young people meet this by engaging in full time education and/or training, 7% through apprenticeship, and 2% through either work based learning or employment combined with study.



Overall, York has a strong participation rate among 16/17 years old, with 95% of young people confirmed to be in employment, education, or training. This is slightly higher than the national average participation rates. Participation rates are strong for pupils who had an EHCP at 16 years old, this is where York exceeds the national average. This reflects the strategic focus on securing educational and vocational training programs for pupils with EHCP. In comparison, 11% of pupils who previously had Sen-Support are ‘NEET’. This is roughly in line with the national average, but is in contrast with the strong participation rates for other pupils EHCP in York.

Participation is also recorded two years later, when young people are aged 18/19. At this point. This data suggests markedly lower participation rates for pupils who had an EHCP/Sen-support. This sits in contrast to both the participation rates for non-SEND young people in York, and also for SEND pupils nationally. This is identified as a priority for York, the City of York education team are intending to carry out an audit of pupils with SEND support who have ‘dropped out’ part way through a course and are no longer attending their college placements.

Recommendation: For the York SEND Improvement board to include pupils with SEN-support plans in the planned deep dive audit into cases. In particular, to include young people, parents, and settings in a conversation for whom college or sixth form placements were or were not successful.

Adulthood outcomes

The ultimate outcome for all residents is that our collective efforts enable people to live fulfilling lives. This is significant because we know that people with learning disabilities, physical disabilities, or neurodiversity challenges are less likely to have stable employment, more likely to go to prison or be a victim of crime, and more likely to stay living with parents well into adulthood, and in many cases die prematurely.

This reaches across many teams, projects, and departments, and moves beyond a focus on the delivery of individual services, towards a focus on ensuring a highly connected effective system. However, the current data linkage routes are not set up to support this. The SEND improvement board have identified this a priority.

Recommendation: For the SEND Improvement board to identify opportunities for whole lifetime outcome collection and identify risks where this is not possible. For the improvement board to continue with its plans to carry out a review to 'look backwards' from adults in York to identify possible earlier intervention points in childhood and young adulthood.

Need projections

Projecting needs is important for the coproduced commissioning cycle in order that services are suited to the population as it will be, not the population as it is now. This is also an important opportunity for parents to support, as many parents in interview were motivated to be part of planning for services for future children and families.

The young child population of York is expected to be relatively consistent due to a low and stable birth rate, and stability in the numbers of young children. Therefore, the number of early years children in York is not expected to grow between 2020-2025.

For school age children, it is expected that York will see a 10% growth in older children and teenagers between 2020-2025. This is around 1,500 extra people. This is a mainly because of York's current population growing up, but there will also be some families with older children moving into the city⁴⁰. The majority of the people moving into York are expected to be from the surrounding Yorkshire areas of Leeds, North Yorkshire, and East Riding⁴¹.

⁴⁰ Content taken from a JSNA report to the Primary Care Network in 2019. The data is from ONS predictions.

⁴¹<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annualmidyearpopulationestimates/mid2019estimates>

At present, the greatest in need in young people of this age is ‘social, emotional, or mental health need’. For York, the proportion of children with this type of need is increasing at a faster rate than the national average, although the figures for York are showing clear signs of levelling off.⁴² This, coupled with the projected 10% rise in York’s teenage population, strongly suggests that ‘social, emotional, or mental health need’ will remain a core area of focus for York.

⁴² NHS Digital (2018) ‘Mental health of children and young people in England’