

Special Educational Needs and Disabilities (SEND) in Wakefield District - 2023

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This version was created in September 2023 and will be updated annually. For further information or to give feedback please contact Wakefield Council Public Health Intelligence by email: phi@wakefield.gov.uk

1 Overview

- In Wakefield a total of 10,610 school age pupils have been identified as formally requiring extra help at school due to having special educational needs (SEN), 18.2% of the total pupil population (2022/2023).
- 7,895 pupils receive SEN Support (extra support usually within mainstream school) and 2,715 have an Education, Health and Care Plan (EHCP, a formal plan of help for those with more complex needs possibly including attendance at a special school) (2022/23).
- There is a trend of increasing numbers of children identified with special educational needs over the last five years in Wakefield as well as regionally and nationally.
- Most school age children in Wakefield with special educational needs attend mainstream schools or nursery (91.8%).
- The most common primary reason for receiving SEN Support in Wakefield was speech, language and communication need (23.5%). Of those children who have an EHCP autism was the most common primary need (33.5%).
- Some children with SEN have a secondary need which also requires support. When exploring secondary need in Wakefield 13% of children with SEN support had a secondary need and 49% of those with an EHCP
- Levels and types of special educational need can vary by year group, gender, ethnicity, free school meal status and for children requiring social care help.
- Children identified with special educational needs in Wakefield have lower academic outcomes and higher rates of exclusions and absence than pupils not identified as having special needs and a similar pattern is seen nationally.
- The Wakefield School Health Survey found that children who have SEN were more likely to be bullied and were less likely to feel happy with life at the moment than other pupils.
- Children with special educational needs may also have additional health needs which are supported by specialist schemes for subgroups of children with SEN such as the Learning Disability Health Check and health services including Children's Therapy Services, Community Health Services and the Children and Adolescent Mental Health Service (CAMHS).
- Wakefield has a number of services to support children with special educational needs and their families many of which are listed on the Local Offer for Wakefield, these include tailored support for families and schools, short breaks and advice and schemes to help with the transition to adulthood.

2 Introduction and Scope

This report aims to describe the population of children and young people aged 0-24 (up to 25th birthday) years in the Wakefield District with identified special educational needs. This is a cohort who have learning difficulties or disabilities that make it harder for them to learn than most children and young people of the same age.

In the majority of this report the cohort of children and young people being described are defined as those who have been officially identified as having special educational needs as defined in Section 20 of the Children and Families Act 2014 (UK Legislation, 2014) and who have either:

- A SEN Support plan which consists of help given in addition to that provided by an educational setting's usual curriculum and is deliverable with their delegated funding already available.
- An Education, Health and Care Plan (EHCP). This is a single multi-agency plan that is put in place following a formal assessment. It is a statutory legal document for children and young people aged 0 – 24 who are in education, apprenticeship or training.

Children can be identified as requiring additional support in school for a wide number of reasons and so support needs to be tailored to each individual child. This may range from physical adjustments in the classroom, specialist equipment and having a dedicated teaching assistant in a mainstream school to requiring the attendance of a special school or other alternative provision. The main broad areas of need are identified in the 2014 SEN Code of Practice:

- Communication and interaction including speech, language and communication need (SLCN) and Autism.
- Cognition and learning – Learning difficulties cover a wide range of needs, including:
 - Moderate Learning difficulty (MLD)
 - Severe Learning difficulty (SLD)
 - Profound and Multiple Learning difficulty (PMLD)
 - Specific Learning difficulty (SpLD)
- Social, Emotional and Mental Health (SEMH)
- Sensory and/or physical needs includes vision impairment (VI), hearing impairment (HI), multi-sensory impairment (MSI) and physical disability (PD).

Due to this diversity of need the cohort represents a group of children and young people for whom a variety of different support will be needed. This report will aim to give a broad overview and in some cases will discuss specific groups within the SEN cohort. Between the categories defined as primary need there will be many differences in the support required and the outcomes expected, even within groups needs will vary greatly depending on how the child and their learning is affected. This report will mainly include children who are already receiving SEN support or have an EHCP. There will also be other children who may have currently unidentified SEN or for whom assessment is ongoing and are on the diagnostic pathway and they will not be captured in the cohort but will be discussed where relevant.

Most children with additional needs will attend mainstream school whilst others will attend special schools. Wakefield District currently has 18 mainstream state-funded secondary schools and 113 primary schools. All but one of the secondary schools are academies, but over 40% of the primaries are still local authority maintained. The District also has a number of independent primary and secondary schools, and a number of schools for pupils with special educational needs (Wakefield Council – Corporate Intelligence Team, 2023).

Alongside discussion of SEN support for school age children there will also be some discussion of the pregnancy, newborn and early life periods during which factors may be identified that can lead children to be at increased risk of having special needs. This is also when screening and assessments for up to pre-school age children may begin to identify emerging need. There will also be a section discussing some areas of transition to adulthood and how this can be impacted by special educational needs and the support provided.

This report aims to cover the following and their relevance to children with SEN living in the Wakefield District:

- Describe the current SEN population and how it compares to the national and regional picture and discuss projections of how it may change or stay the same in the future and what provision is available through SEN Support and EHCPs.
- Understand and quantify the challenges faced by SEN pupils including in terms of academic outcomes, absences, and exclusions from school.
- Discuss prenatal and early life risk factors for SEN and how children with early signs of having special educational needs are identified and families are supported before the start of primary school.

- Explore the wider health and social care needs and utilisation of specific services by this cohort to understand additional support required outside of the classroom and differing health outcomes this cohort may face.
- Discover how this cohort navigates the transition to young adulthood including further education, employment, support and for those entering the Youth Justice system.
- Give examples of some of the services and resources in the Wakefield District, it is not possible to include here everything but to give an overview of the type of initiatives available.
- To briefly describe the impact of the Covid pandemic including loss of learning time on the identification of and support for children with SEN

The views and input of the children and young people themselves and their parents and carers will be included through government, Ofsted and charity reports and surveys and the report will describe the availability and impact of local support groups.

The report will use a wide range of information and data from a variety of sources, some will be based on national findings but their relevance and applicability to Wakefield will be assessed, others will be available at Local Authority level allowing findings for Wakefield to be described. This will include government policy and research documents including those from the Department for Education, Ofsted and the Department of Health and Social Care alongside reports and findings from charity organisations and academic research papers. Where available local data will be used including reporting for departments within Wakefield Council, local health providers and the Wakefield School Health Survey.

3 Population of young people and projections of SEN need

Within Wakefield there is an estimated 101,200 0-24 year olds in Wakefield in 2023, this is 28% of the overall population. As it doesn't have a university in the area the number of 18-24 year olds is lower than some local areas such as Leeds. Exploring the Office for National Statistics population projections there is expected to be a small increase in all age groups in 20 years' time, but overall people aged 0-24 years old will make up a slightly lower percentage of the Wakefield population (ONS, 2020).

Table 1 Projected number of 0-24 years olds living in Wakefield, 2023-2043, based on 2018 ONS populations projections

Year	0-4	5-9	10-14	15-19	20-24	% of total population 0-24 years
2023	20,608	22,604	22,468	19,174	16,412	27.8
2028	21,145	21,851	23,418	21,770	17,806	27.9
2033	21,768	22,316	22,551	22,504	19,914	27.7
2038	22,883	22,912	22,962	21,590	20,232	27.2
2043	24,045	24,027	23,535	21,925	19,232	26.9

Exploring figures for specific conditions the national Projecting Adult Needs and Service Information (PANSI) project provides population estimates for some conditions that would be categorised under special educational needs for people aged 18-24 years. The projections suggest there may be some small increases in the number of people with each condition (PANSI, 2022).

Table 2 Projected number of 18-24 year olds living with specific special educational needs types, PANSI

Year	A learning disability	A moderate or severe learning disability	Autism	Down's syndrome
2020	643	149	240	15
2025	632	149	237	15
2030	722	171	271	17
2035	766	183	289	18
2040	740	178	281	17

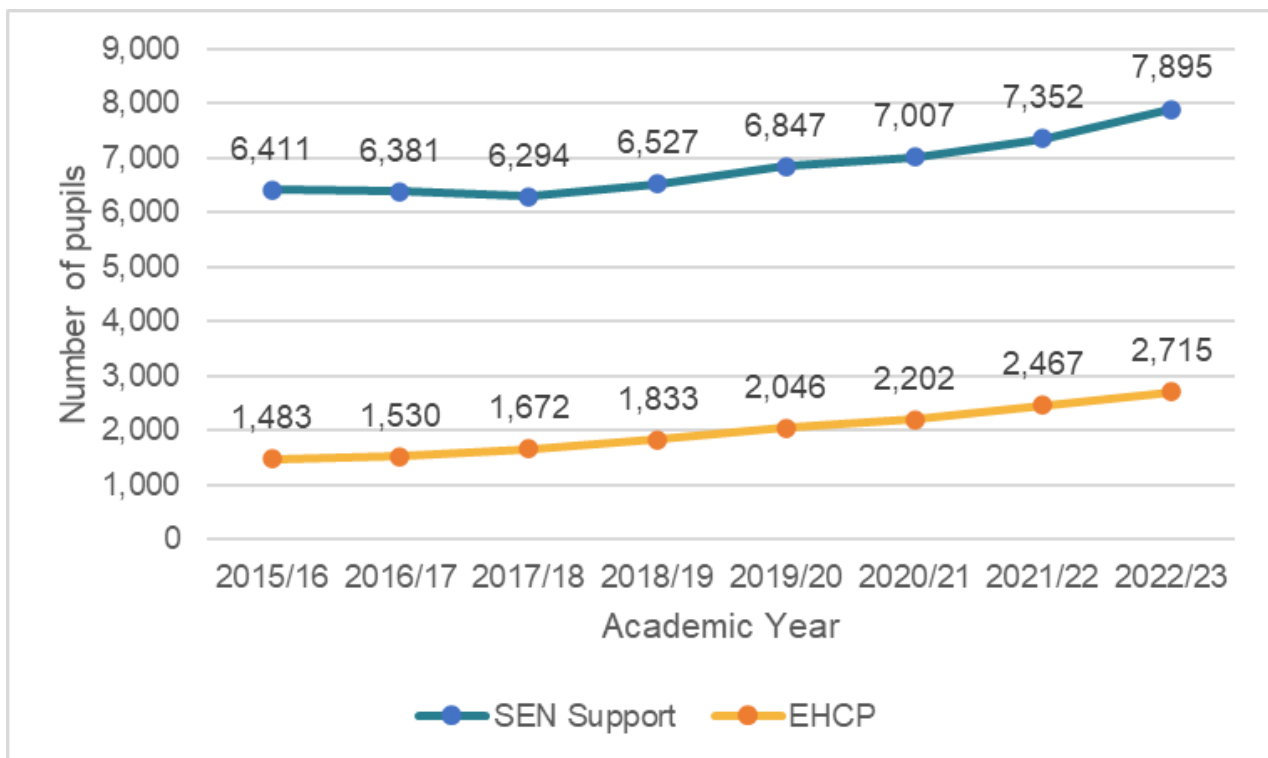
PANSI - Projecting Adult Needs and Service Information (PANSI)

4 Children identified with SEND

4.1 Total numbers

Each year the Department for Education (2023a) asks schools to complete a school census on all pupils currently enrolled, this includes supplying data on the number of children with special educational needs. Overall numbers of those receiving a SEN Support or an EHCP have increased since the 2017/18 academic year. In the current (2022/23) academic year 7,895 pupils had SEN Support and 2,715 an EHCP. This increase is due in part to the percentage of pupils identified with SEN going up as well as an overall increase in pupil numbers across the District.

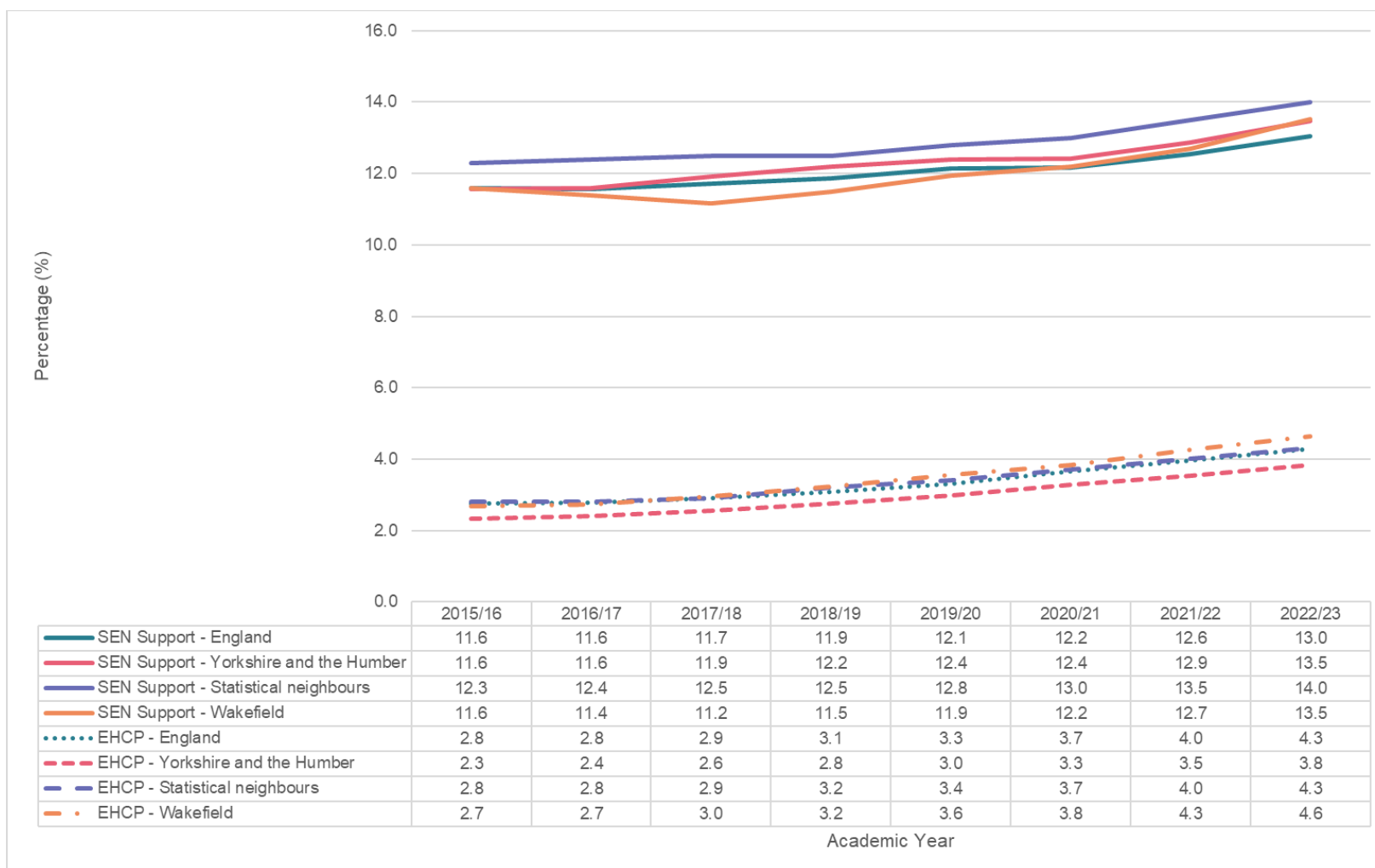
Figure 1 – Total number of children with SEN Support or an EHCP in Wakefield District, 2015/16 – 2022/23 academic years*



*Only includes those of school age - older children and young people up to the age of 25 years old can have an EHCP but are not included here.

Across England in the 2022/23 academic year just over 1.57 million school pupils had SEN support or an EHCP in place. This is 17.3% of the total pupil population in England which is a similar percentage for Wakefield (18.2%) and Yorkshire and the Humber (17.3%). There were also increasing percentages of pupils identified with SEN across the Yorkshire and the Humber region and nationally since 2017/18 as seen in Wakefield (Department for Education, 2023a).

Figure 2 – Total percentages of children with SEN Support or an EHCP for Wakefield District, Yorkshire and the Humber, statistical neighbours* and England, 2015/16 – 2022/23 academic years



*Statistical neighbours are a number of other local authorities deemed to have similar characteristics to Wakefield District (<https://www.cipfa.org/services/cipfastats/nearest-neighbour-model>)

Table 3 – Total number of children with SEN Support or an EHCP in Wakefield District and percentages for Wakefield District, Yorkshire and the Humber, and England, 2015/16 – 2022/23 academic years

	Academic Year							
	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Total pupils (Wakefield)	55,297	55,980	56,378	56,852	57,330	57,431	57,921	58,411
SEN support								
Wakefield (n)	6,411	6,381	6,294	6,527	6,847	7,007	7,352	7,895
Wakefield (%)	11.6	11.4	11.2	11.5	11.9	12.2	12.7	13.5
Yorkshire and the Humber (%)	11.6	11.6	11.9	12.2	12.4	12.4	12.9	13.5
England (%)	11.6	11.6	11.7	11.9	12.1	12.2	12.6	13.0
EHC Plan								
Wakefield (n)	1,483	1,530	1,672	1,833	2,046	2,202	2,467	2,715
Wakefield (%)	2.7	2.7	3.0	3.2	3.6	3.8	4.3	4.6
Yorkshire and the Humber (%)	2.3	2.4	2.6	2.8	3.0	3.3	3.5	3.8
England (% of all pupils)	2.8	2.8	2.9	3.1	3.3	3.7	4.0	4.3
Total SEN								
Wakefield (n)	7,894	7,911	7,966	8,360	8,893	9,209	9,819	10,610
Wakefield (% of all pupils)	14.3	14.1	14.1	14.7	15.5	16.0	17.0	18.2
Yorkshire and the Humber (%)	13.9	14.0	14.5	15.0	15.4	15.7	16.4	17.3
England (%)	14.4	14.4	14.6	14.9	15.5	15.8	16.5	17.3

The numbers in the sections below are from the school census and so are lower than the overall numbers above as those below only include pupils attending state-funded nursery, primary, secondary and special schools, non-maintained special schools and pupil referral units. Data are not available for independent schools or general hospital schools.

4.2 Type of school attended

In the 2022/23 academic year in Wakefield the majority of pupils receiving both SEN support or with an EHCP and attending a school setting are at mainstream schools rather than a special school or pupil referral unit (91.8% total, 99.2% SEN support, 67.4% EHCP). For children with an EHCP a lower percentage attended a special school compared to the England and Yorkshire and Humber average.

Table 4 – Children with SEN Support or an EHCP in Wakefield District, Yorkshire and the Humber and England by school type, 2022/23 academic year*

	School Type	SEN Support		EHCP		Total	
		n	%	n	%	n	%
England	State-funded nursery	6,381	0.6%	673	0.2%	7,054	0.5%
	State-funded primary	629,184	57.6%	117,757	33.0%	746,941	51.5%
	State-funded secondary	448,967	41.1%	87,219	24.5%	536,186	37.0%
	State-funded special school	1,127	0.1%	147,330	41.3%	148,457	10.2%
	Pupil referral unit/AP	7,518	0.7%	3,368	0.9%	10,886	0.8%
	Total	1,093,177	100.0%	356,347	100.0%	1,449,524	100.0%
Yorkshire and the Humber	State-funded nursery	402	0.4%	99	0.3%	501	0.3%
	State-funded primary	68,642	59.8%	10,516	33.0%	79,158	54.0%
	State-funded secondary	44,968	39.2%	8,107	25.4%	53,075	36.2%
	State-funded special school	39	0.0%	12,511	39.2%	12,550	8.6%
	Pupil referral unit/AP	647	0.6%	666	2.1%	1,313	0.9%
	Total	114,698	100.0%	31,899	100.0%	146,597	100.0%
Wakefield	State-funded nursery	20	0.3%	9	0.4%	29	0.3%
	State-funded primary	4,711	63.6%	1,008	42.5%	5,719	58.5%
	State-funded secondary	2,611	35.3%	620	26.1%	3,231	33.0%
	State-funded special school	0	0.0%	650	27.4%	650	6.6%
	Pupil referral unit/AP**	62	0.8%	87	3.7%	149	1.5%
	Total	7,404	100.0%	2,374	100.0%	9,778	100.0%

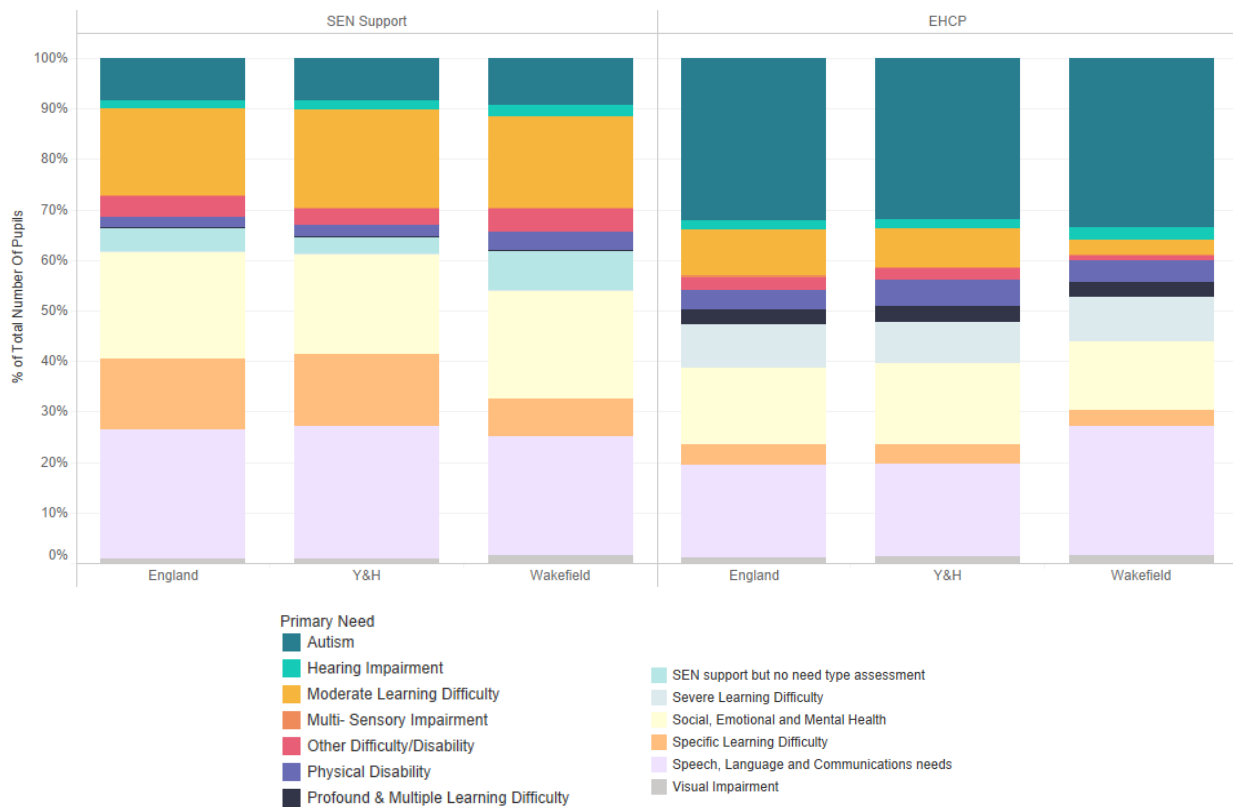
* Numbers only include pupils attending state-funded nursery, primary, secondary and special schools, non-maintained special schools and pupil referral units/alternative provision (AP).

** Please note in Wakefield there is a Hospital Pupil Referral Unit with 5 SEND provision attached which is why the numbers appear higher than national average, there is a very small number of pupils with EHCP in Pupil Referral Units for pupils who have been permanently excluded

4.3 Primary and secondary need

Children who are identified as having SEN have a primary need recorded in the school census identifying the main reason why they require additional support with learning. In the academic year 2022/23 the most common reason for receiving SEN Support in Wakefield was speech, language and communication need (23.5%), this was the same as nationally (25.5%). Of those children who have an EHCP autism (classified as autism spectrum disorder by the Department for Education definitions) was the most common primary need (33.5%), the same as nationally also (32.2%).

Figure 3– Percentage of children with SEN Support or an EHCP in Wakefield District, Yorkshire and the Humber (Y&H) and England by primary need type, 2022/23 academic year

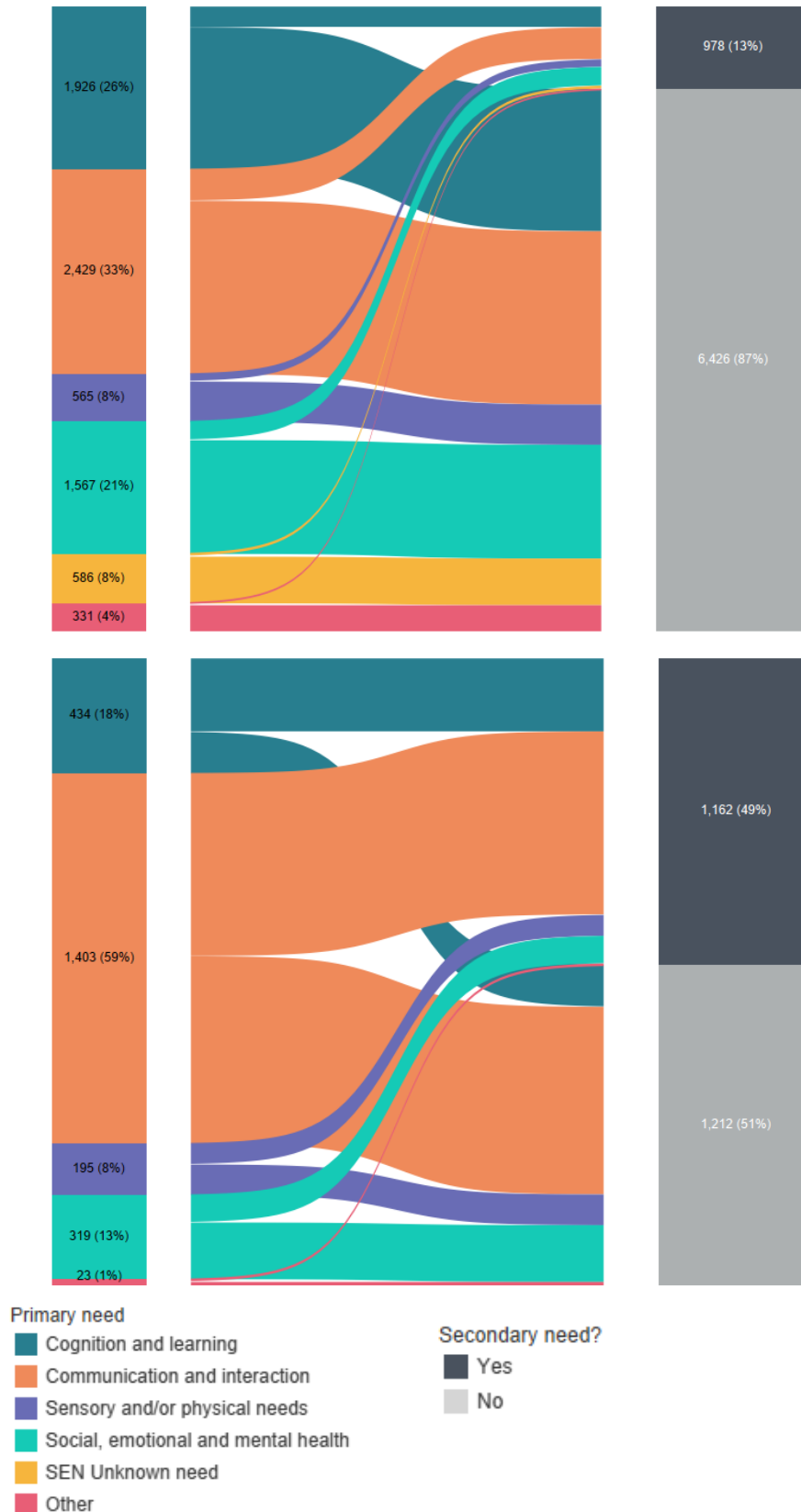


Comparing Wakefield to Yorkshire and the Humber and England in more detail, Wakefield had a slightly higher percentage of children with SEN Support who had no specialist assessment of type of need (Wakefield: 7.9%, England: 4.6%) and less children with SEN Support with a specific learning difficulty (7.6% vs. 14.2% nationally). For children with an EHCP percentages were similar compared to regional and national percentages except for a slightly higher percentage of pupils with speech, language and communication needs (25.6% vs 18.4%) as their primary need.

Table 5 – Percentage of children with SEN Support or an EHCP in Wakefield District, Yorkshire and the Humber (Y&H) and England by primary need type, 2022/23 academic year

Primary need	SEN Support				EHCP			
	Wakefield (n)	Wakefield (%)	Y&H (%)	England (%)	Wakefield (n)	Wakefield (%)	Y&H (%)	England (%)
Autism	689	9.3%	8.4%	8.3%	795	33.5%	31.90%	32.2%
Hearing Impairment	162	2.2%	1.8%	1.6%	56	2.4%	1.80%	1.7%
Moderate Learning Difficulty	1,347	18.2%	19.5%	17.3%	74	3.1%	7.70%	9.1%
Multi- Sensory Impairment	15	0.2%	0.2%	0.3%	2	0.1%	0.30%	0.3%
Other Difficulty/Disability	331	4.5%	3.2%	4.0%	23	1.0%	2.20%	2.4%
Physical Disability	273	3.7%	2.2%	2.1%	100	4.2%	5.10%	4.0%
Profound & Multiple Learning Difficulty	2	0.0%	0.1%	0.1%	70	2.9%	3.30%	2.8%
SEN support but no specialist assessment of type of need	586	7.9%	3.5%	4.6%				
Severe Learning Difficulty	13	0.2%	0.2%	0.2%	214	9.0%	8.10%	8.7%
Social, Emotional and Mental Health	1,567	21.2%	19.6%	21.0%	319	13.4%	16.20%	15.2%
Specific Learning Difficulty	564	7.6%	14.2%	14.2%	76	3.2%	4.00%	4.1%
Speech, Language and Communications needs	1,740	23.5%	26.2%	25.5%	608	25.6%	18.30%	18.4%
Visual Impairment	115	1.6%	1.0%	0.9%	37	1.6%	1.30%	1.0%
Total	7,404	100.0%	100.0%	100.0%	2,374	100.0%	100.00%	100.0%

Figure 4– Sankey diagram showing the percentage of pupils with secondary needs in each grouped primary need category for Wakefield District 2022/23 academic year



Some but not all children may also be assessed to have a secondary need which also requires support. When exploring secondary need in Wakefield 13% of children with SEN

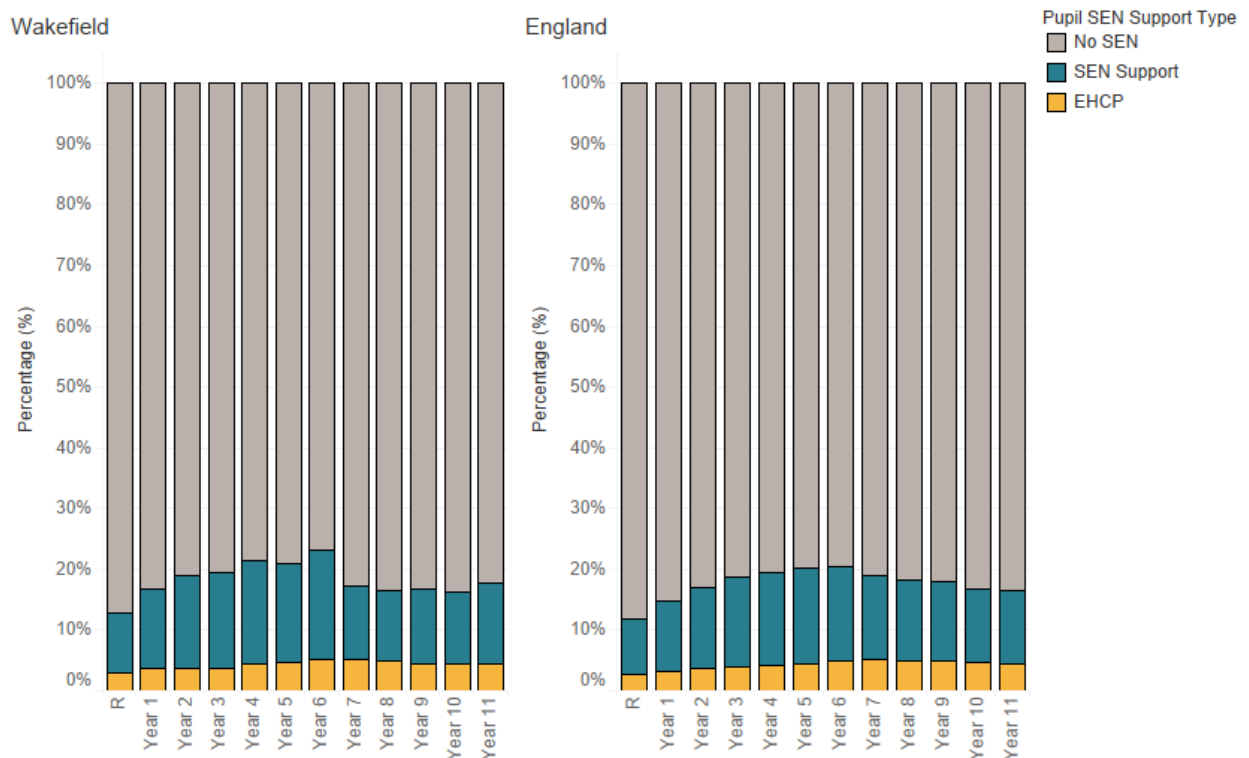
support had a secondary need and 49% of those with an EHCP. This is similar to the figures for England (18% and 42%) and Yorkshire and the Humber (19% and 43%). Of those with SEN support in Wakefield, children with autism (22%) and multi-sensory impairment (20%) had the highest percentage of secondary need. Of those with an EHCP children with severe learning difficulty (81%) and autism and moderate learning difficulty (both 55%) were most likely to have a secondary need.

5 Factors relating to Special Education Needs

5.1 Year Group

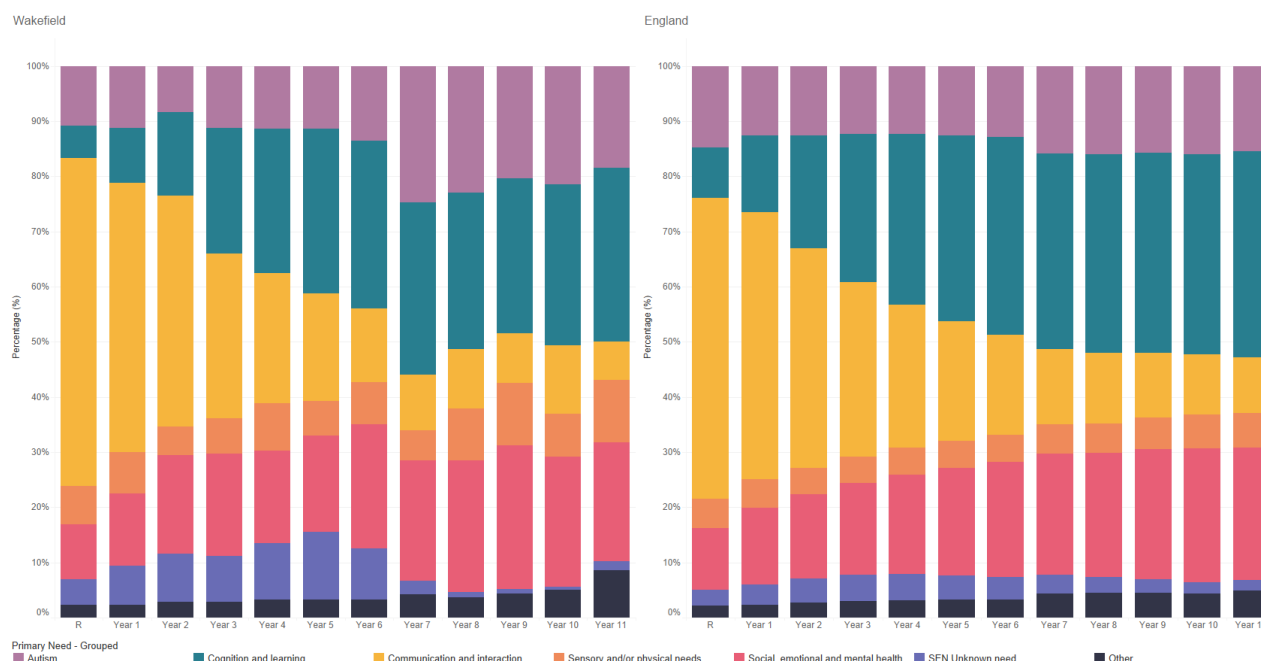
The percentage of children requiring SEN support varies across the year groups, in the 2022/23 school census the highest percentages are seen in Years 5 and 6. Comparing to national figures Wakefield has a slightly larger drop in the percentage of children receiving SEN support between Years 6 and 7 (Wakefield: Y6 17.9% vs. Y7 12.0%; National: Y6 15.7% vs. 13.8%), Year 7 is when most children leave primary school and begin high school provision.

Figure 5– Percentage of pupils in each school year group with each SEN support type for Wakefield District and England, 2022/23 academic year



Patterns of primary need across both SEN and EHCP pupils combined were explored using the four type of need groupings but also including autism as a separate group. Need across year groups is similar to national findings; as children get older a smaller percentage are classed as having a communication and interaction need and a greater percentage having cognition and learning needs and social, emotional and mental health needs. It is unlikely a child's underlying diagnosis has changed over time as they get older but it may be that the educational support required may change over time leading to differences in primary need classifications. Some children may also become part of the cohort later in their school lifetime.

Figure 6– The percentage of pupils identified with SEN by primary need in each year group for Wakefield District and England, 2022/23 academic year

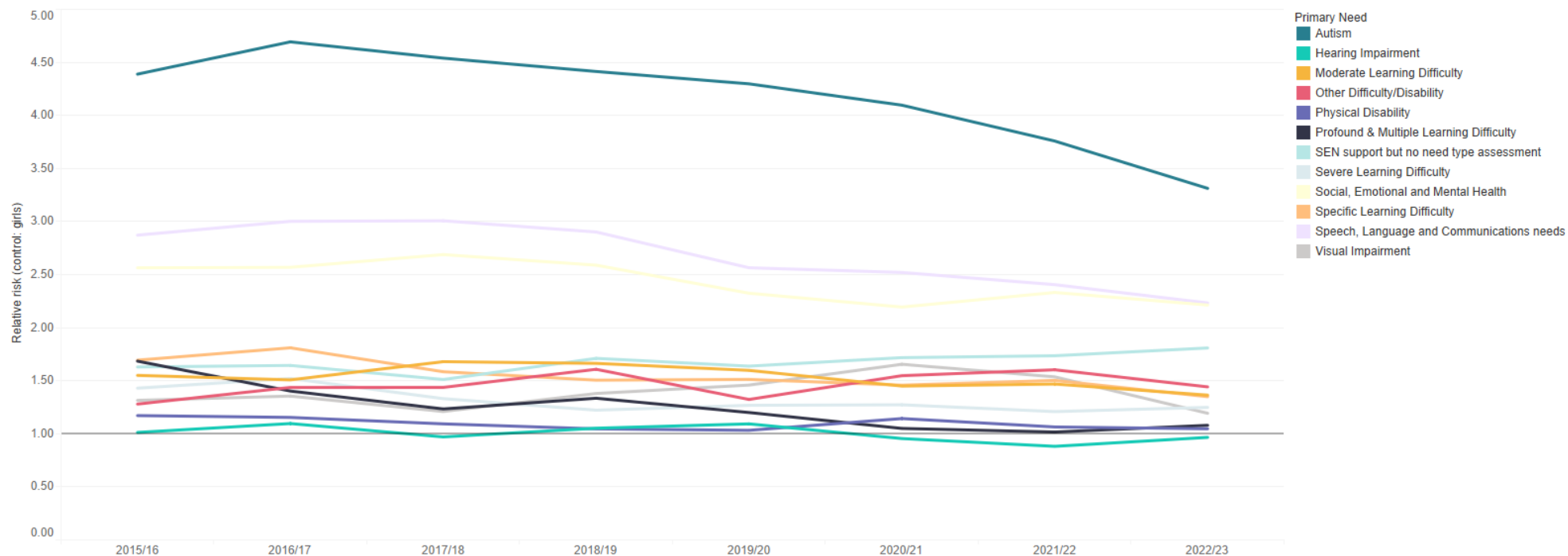


5.2 Gender

Exploring the relative risk of having SEN by gender, for most primary need groups there was a higher risk of boys having SEN overall than girls. This was especially the case for autism. In 2021/22 boys were 2.7 times more likely to have autism than girls, but the relative risk was also higher for speech, language and communication needs (2.0) and social, emotional and mental health (2.0) classifications of primary need. A large cohort study of children in the UK that explored diagnosis of autism and Attention Deficit Hyperactivity Disorder (ADHD) found that after adjustment for other factors male sex was a significant predictor of being diagnosed with autism (Russel et al, 2013).

For autism there is some evidence of a decreasing ratio, and this may reflect the national trend as awareness and diagnosis of autism in girls increases and this is likely to be a continuing trend. The National Autistic Society suggests girls and women may present differently to boys with autism and some may be able to ‘mask’ certain behaviours (National Autistic Society, 2023).

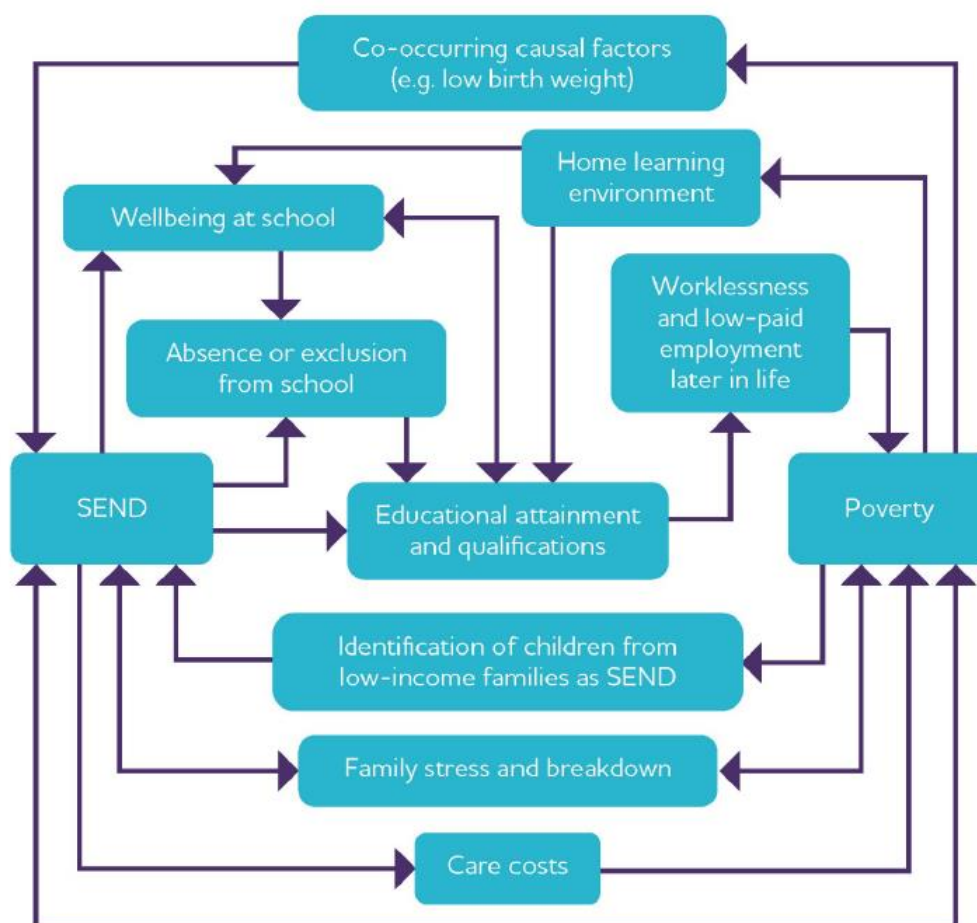
Figure 7– The relative risk of boys having an identified primary need compared to girls (a value above 1 means boys are more likely to have been identified with that need than girls), 2015/16-2022/23 academic years



5.3 Poverty, deprivation, free school meal status and deprivation

At the District level, Wakefield is the 54th most deprived district in England (out of 317 districts) in 2023. This is a slight a change from 2015, when Wakefield District was 65th most deprived. The Index of Multiple Deprivation (IMD) 2019, an area based measure of deprivation, shows that 54,200 people in the district are living in neighbourhoods amongst the top 10% most deprived in England. This is 15.7% of the district’s population (Wakefield Council - Corporate Intelligence Team, 2023). Previous reports have found children with special educational needs (SEN) are more likely to experience poverty (Shaw et al. 2016). The relationship is complex with some risk factors for SEN increased by poverty but also having a child with SEN and the additional care needs they have may lead to loss of parental work time and extra costs of caring for a disabled child. Receiving means tested free school meals can be identified as a proxy for deprivation in school pupils.

Figure 8– Diagram showing the links between special educational needs and poverty, taken from Shaw et al. 2016



Across Wakefield 24% of pupils are eligible for free school meals (FSM), this is the same as the national average. When exploring by SEN status; both pupils receiving SEN support and those with an EHCP are twice as likely to receive free school meals compared to those without SEN within Wakefield District which is similar to national and regional figures.

Table 6 – Percentage of children with SEN Support or an EHCP in Wakefield District, Yorkshire and the Humber (Y&H) and England by free school meals (FSM) status, 2022/23 academic year

	Pupil SEN Support Type			Grand Total
	No SEN	SEN Support	EHCP	
England				
FSM eligible (%)	21	37	41	24
FSM not eligible (%)	79	63	59	76
Yorkshire and the Humber				
FSM eligible (%)	23	40	43	26
FSM not eligible (%)	77	60	57	74
Wakefield				
FSM eligible (n)	9,298	2,853	975	13,126
FSM not eligible (n)	35,962	4,551	1,399	41,912
FSM eligible (%)	21	39	41	24
FSM not eligible (%)	79	61	59	76

In Wakefield District areas with higher childhood deprivation as measured by the Income Deprivation Affecting Children Index (IDACI) also have higher percentages of children with SEN Support and with an EHCP. The Income Deprivation Affecting Children Index (IDACI) measures the proportion of all children aged 0 to 15 living in income deprived families.

Table 7 – Percentage of children with SEN Support or an EHCP in Wakefield District, Yorkshire and the Humber (Y&H) and England by childhood deprivation decile, 2022/23 academic year

	No SEN		SEN support		EHCP	
	n	%	n	%	n	%
IDACI* Decile						
1 Most deprived	5,504	76.4%	1,321	18.3%	380	5.3%
2	7,100	79.9%	1,361	15.3%	421	4.7%
3	7,551	81.1%	1,307	14.0%	449	4.8%
4	6,309	81.5%	1,080	14.0%	348	4.5%
5	4,748	82.3%	760	13.2%	259	4.5%
6	3,297	86.1%	409	10.7%	122	3.2%
7	2,336	84.9%	307	11.2%	110	4.0%
8	3,369	87.4%	365	9.5%	121	3.1%
9	3,172	88.6%	302	8.4%	105	2.9%
10 Least deprived	1,331	88.9%	125	8.4%	41	2.7%
No Decile	538	87.2%	61	9.9%	18	2.9%

*IDACI - Income Deprivation Affecting Children Index

5.4 Ethnicity and language spoken

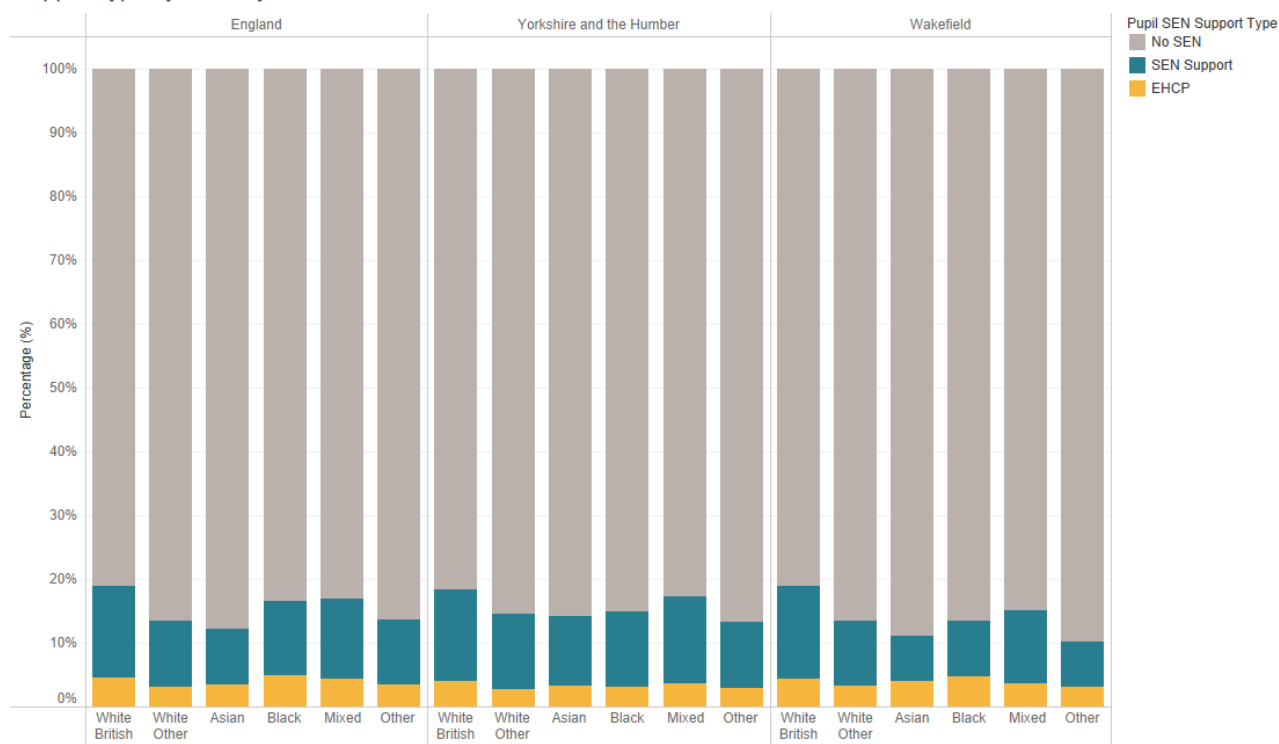
In the 2022/23 school census in Wakefield 80.5% of children were of White British ethnicity, the most common ethnic minority groups were: White, other (5.9%), Asian (4.9%) and Mixed (3.9%). White children were most likely to require SEN Support (14.4%) and Black children were most likely to have an EHCP (4.8%). SEN Support levels were also highest amongst White British pupils across England and Yorkshire and the Humber. For the EHCP Black children were most likely to have an EHCP across England as in Wakefield but the percentage was highest in White children across Yorkshire and the Humber as a whole.

Table 8 – Percentage of children of each ethnicity in the total pupil population in Wakefield and the percentage of each SEN support type by ethnic group, 2022/23 academic year

	Percentage of total pupil population	Pupil SEN Support Type					
		No SEN		SEN Support		EHCP	
		n	%	n	%	n	%
White - British	80.5%	35,966	81.1%	6,402	14.4%	1,963	4.4%
White - Other	5.9%	2,804	86.6%	329	10.2%	106	3.3%
Asian	4.9%	2,405	88.9%	195	7.2%	106	3.9%
Black	2.2%	1,050	86.6%	104	8.6%	58	4.8%
Mixed	3.9%	1,813	85.0%	244	11.4%	76	3.6%
Other	1.1%	535	89.9%	42	7.1%	18	3.0%
Unclassified	1.5%	687	83.6%	88	10.7%	47	5.7%

Figure 9– Percentage of pupils by SEN Support type by ethnic group for Wakefield, Yorkshire and the Humber, and England, 2022/23 academic year

Support type by ethnicity



A previous study using data from the 2016 National Pupil Database (NPD) for the whole of England found that some ethnicities appear to be under or over- represented in different

primary need SEN groups and some of the differences remained even after adjustment for other factors such as deprivation, being summer born and early academic scores (Strand, 2018).

Table 9 – Percentage of children with SEN Support or an EHCP in Wakefield District, Yorkshire and the Humber (Y&H) and England by first language spoken, 2022/23 academic year

	Pupil SEN Support Type					
	English		Other		Unclassified	
	n	%	n	%	n	%
England						
No SEN	5,500,040	81.9%	1,493,092	87.1%	32,274	85.8%
SEN Support	914,965	13.6%	166,857	9.7%	3,894	10.3%
EHCP	300,600	4.5%	54,913	3.2%	1,461	3.9%
Yorkshire and the Humber						
No SEN	577,954	82.3%	124,103	85.6%	3,438	87.0%
SEN Support	96,875	13.8%	16,826	11.6%	359	9.1%
EHCP	27,307	3.9%	4,085	2.8%	155	3.9%
Wakefield						
No SEN	39,463	81.7%	5,508	87.8%	241	85.5%
SEN Support	6,762	14.0%	554	8.8%	26	9.2%
EHCP	2,064	4.3%	208	3.3%	15	5.3%

In the 2022/23 academic year in Wakefield a higher percentage of children had English as a first language (88.1%), compared to Yorkshire and the Humber (82.5%) and England overall (79.3%). In Wakefield a smaller percentage of children who don't have English as a first language had SEN support and an EHCP than those who did, this is a similar pattern to across England and Yorkshire and the Humber. It has been suggested there a number of reasons why children from different ethnicities and non-English speaking children may be less likely to be identified as SEN including lack of awareness of some types of SEN, language difficulties in accessing assessment and cultural differences (Strand, 2018)

5.5 Children in Need and Looked after children

Children in Need and looked after children (children in care) are vulnerable groups who may have a higher level of need including SEN than the general pupil population. Previous studies have found lower educational attainment in children in both groups but that those in care have better outcomes than those in need looked after at home (Sebba, 2015, Fleming, 2021).

Under the Children Act 1989, a child is in the care of a local authority (looked after) if they fall into one of the following categories:

- is provided with accommodation, for a continuous period of more than 24 hours [Children Act 1989, Section 20 and 21]
- is subject to a care order [Children Act 1989, Part IV]
- is subject to a placement order.

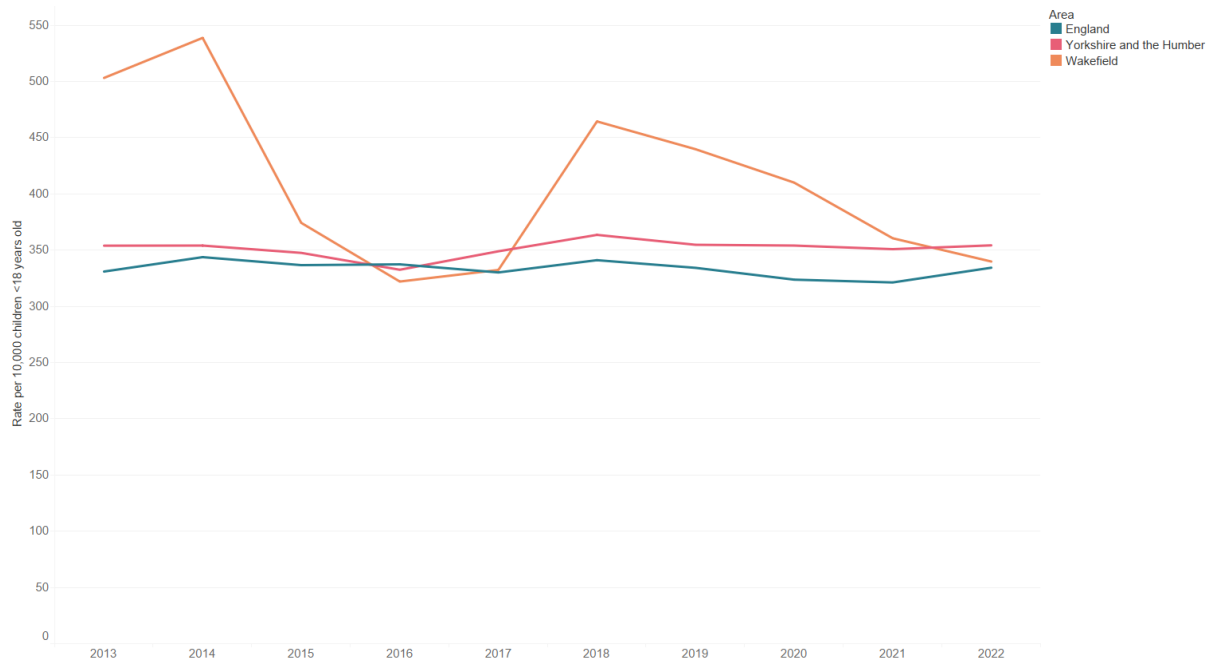
(UK Government, 2022a)

A child in need is defined under the Children Act 1989 as a child who is unlikely to reach or maintain a satisfactory level of health or development, or their health or development will be

significantly impaired without the provision of children's social care services, or the child is disabled (UK Government, 2022b).

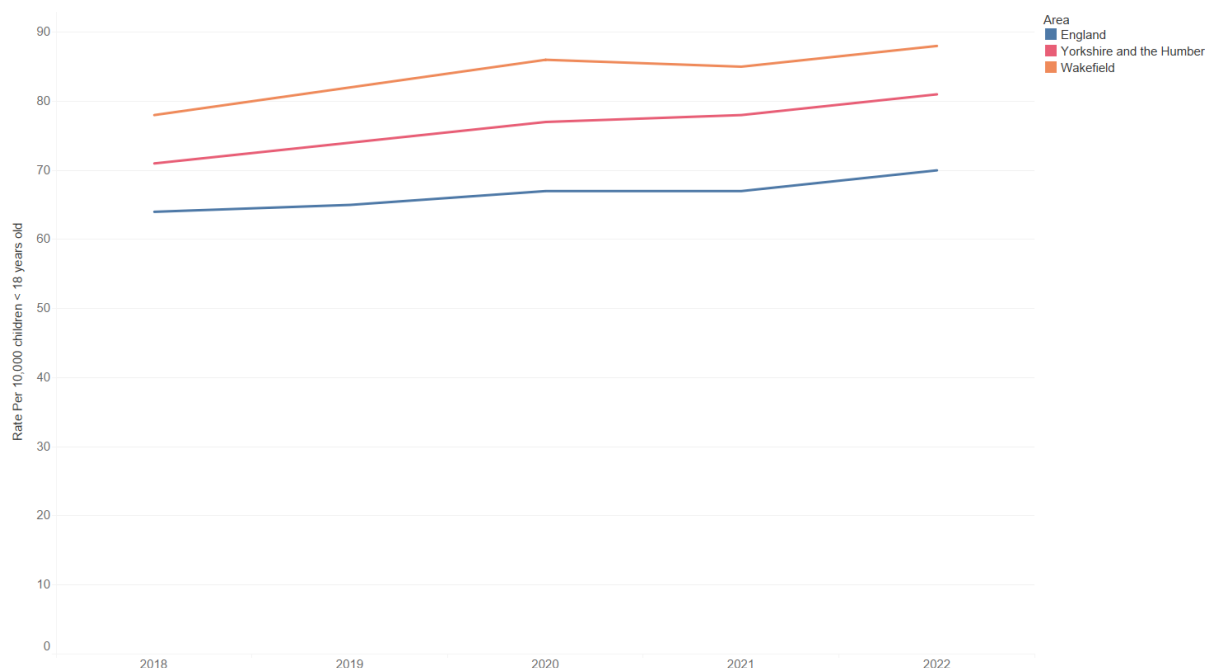
In 2022, as of 31st March when the figures are collected and the year for which SEN data are last available for, 2,703 children under 18 years old were classified as Children in Need in Wakefield and 5,919 children had an episode of need at any point during the year as a whole. The rate for Wakefield based on the 31st March figures is 339.8 Children in Need per 10,000 children aged <18 years, this is similar to England (334.3) and Yorkshire and the Humber (354.2).

Figure 10 – Rates of Children in Need (per 10,000 children aged <18 years) on 31st March in Wakefield District, Yorkshire and the Humber (Y&H) and England 2013-2022



Children can be looked after by the local authority for several reasons including parental illness, requirement of respite care or because the child is at risk of harm if they stayed in the family home (NSPCC, 2022). In 2022, there were 650 looked after children within Wakefield (UK Government, 2022a), the rate of looked after children was 88 per 100,000 under 18 year olds, this is higher than the rate in England (70 per 10,000). There has been an increasing trend in the rates of looked after children across England including in Wakefield.

Figure 11 – Rates of looked after children (per 10,000 children aged <18 years) on 31st March in Wakefield District, Yorkshire and the Humber (Y&H) and England 2018-2022

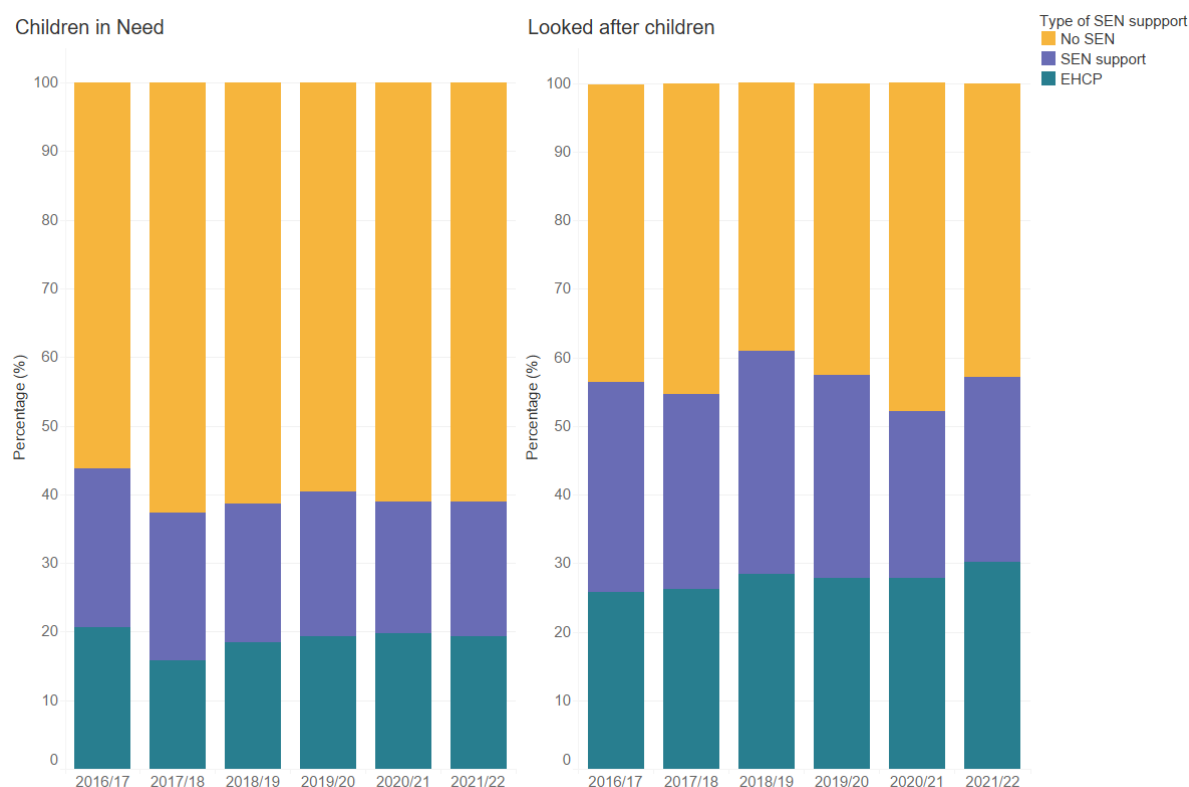


In 2022, a total of 19.6% of Children in Need in Wakefield have SEN support and 19.4% had an EHCP, of children who are looked after in 2022, 26.9% have SEN support and 30.2% have an EHCP, this is higher than the percentages for children overall in Wakefield (Overall:12.7% SEN support, 4.3% EHCP). Findings of higher levels of SEN are similar to the patterns overall for England and Yorkshire and the Humber (UK Government, 2023b).

Table 10 –Percentage of children with SEN Support or an EHCP in Wakefield District, Yorkshire and the Humber and England for Children in Need and looked after children, 2022

Area	Social Care Group	No SEN (%)	SEN support (%)	EHCP (%)
England	Children in Need	51.8	21.3	26.9
	Looked after children	42.6	27.2	30.2
Yorkshire and the Humber	Children in Need	59.0	21.9	19.1
	Looked after children	42.9	29.1	28.0
Wakefield	Children in Need	61.0	19.6	19.4
	Looked after children	42.9	26.9	30.2

Figure 12 –Percentage of children with SEN Support or an EHCP in Wakefield District, for Children in Need and looked after children, 2016/17-2021/22



Please see the related JSNA sections on children in care (<http://www.wakefieldjsna.co.uk/children-and-young-people/vulnerable-groups/children-in-care-and-care-leavers/>) and Children in Need (<http://www.wakefieldjsna.co.uk/children-and-young-people/vulnerable-groups/children-with-need-cin/>) for further information about these populations in Wakefield. See section 11 of this report for further details of children with SEN receiving social care support in Wakefield.

6 School outcomes

6.1 Academic performance

Exploring attainment at all levels of education of children with SEN is important to understand what differences arise and how they might affect children’s outcomes. A report by the Children’s Commissioner in 2019 found that nationally the attainment gap between SEN and non-SEN pupils by age 19 of getting 5 GCSEs (grade A*-C) or equivalent technical qualifications had risen from 26% in 2015 to 33% in 2018 (Children’s Commissioner, 2018).

The first evaluation of children’s learning and understanding is at the early years Foundation Stage. In 2021/22 in Wakefield it was found that children with SEN were less likely to achieve a good level of development but percentages are based on small numbers of children as at this age as not many children will as yet be on the SEN pathway. Overall, 72.5% of children without SEN had a good level of development compared with 18.1% of all those with SEN (Department for Education, 2022b).

Table 11 – Foundation stage results for children with SEN Support or an EHCP in Wakefield District, Yorkshire and the Humber (Y&H) and England, 2021/22 academic year*

Area	Gender	Achieving a good level of development (%)			Average number of early learning goals (ELG)		
		No SEN	SEN Support	EHCP	No SEN	SEN Support	EHCP
England	Boy	66.0	20.6	3.3	15	8	2
	Girl	75.7	28.4	4.5	15	9	3
	Total	70.9	22.9	3.6	15	8	2
Yorkshire and the Humber	Boy	65.2	18.8	3.7	14	7	2
	Girl	74.9	28.1	4.3	15	9	2
	Total	70.2	21.5	3.9	15	8	2
Wakefield	Boy	66.9	19.4	10.6	14	8	2
	Girl	78.0	26.6	0.0	15	8	1
	Total	72.5	21.7	7.6	15	8	2

*At this age the number of children with SEN Support or an EHCP are very low so may not be representative

At Key Stage 2 in 2021/22 in Wakefield 68% of children with no identified SEN achieved the expected standard in reading, writing and maths. The figures for SEN and EHCP were 21% and 7% respectively (Department for Education, 2022c). This is very similar to the regional and national picture.

Table 12 – Children achieving the expected level in reading writing and maths in Key Stage 2 with SEN Support or an EHCP in Wakefield District, Yorkshire and the Humber (Y&H) and England, 2021/22 academic year

Area	Gender	No Identified SEN	SEN Support	EHCP
England	Boy	67	21	7
	Girl	71	21	7
	Total	69	21	7
Yorkshire and the Humber	Boy	66	20	6
	Girl	69	19	6
	Total	68	20	6
Wakefield	Boy	67	21	6
	Girl	69	21	9
	Total	68	21	7

At Key Stage 4 in 2021/22 a smaller percentage of pupils with SEN support and EHCP are entered to take all English Baccalaureate subjects (English, Maths, Science, a humanity, and a language GCSE) and English and Maths GCSE (Department for Education, 2022d), this is similar to the national and regional picture. Overall, lower numbers of children with no SEN are entered into the English Baccalaureate in Wakefield (33.0%) than the English average (43.6%).

Although over 99% of pupils with no identified SEN are entered for GCSE Maths and English in Wakefield this drops to 97.4% for those with SEN support and 53.1% for those with an EHCP. Pass rates are also lower with 56.9% of pupils with no SEN gaining grade 5 passes in Maths and English this falls to 23.2% for those with SEN support and 10.5% for those with EHCP. This is again similar to the regional and national picture.

Table 13 – Selected Key Stage 4 results for children with SEN Support or an EHCP in Wakefield District, Yorkshire and the Humber (Y&H) and England, 2021/22 academic year

Area	Gender	Entering Ebacc (%)			Entering Eng Math GCSE (%)			Grades 5 or above in Eng Math GCSEs (%)		
		No Identified SEN	SEN Support	EHCP	No Identified SEN	SEN Support	EHCP	No Identified SEN	SEN Support	EHCP
England	Boy	39.3	15.6	4.0	99.0	95.9	50.5	54.6	21.2	7.0
	Girl	47.6	21.0	4.1	98.9	95.3	46.9	57.3	24.5	6.9
	Total	43.6	17.8	4.1	99.0	95.6	49.5	56.0	22.5	7.0
Yorkshire and the Humber	Boy	33.9	10.8	4.1	98.7	94.6	51.6	52.2	16.8	7.2
	Girl	44.0	16.8	4.0	98.8	94.8	49.2	55.3	22.5	8.3
	Total	39.1	13.2	4.1	98.8	94.7	50.9	53.8	19.1	7.5
Wakefield	Boy	27.3	10.7	4.0	99.0	96.8	53.5	54.4	21.1	12.9
	Girl	38.4	20.7	4.8	99.3	98.4	52.4	59.1	26.6	4.8
	Total	33.0	14.4	4.2	99.1	97.4	53.1	56.9	23.2	10.5

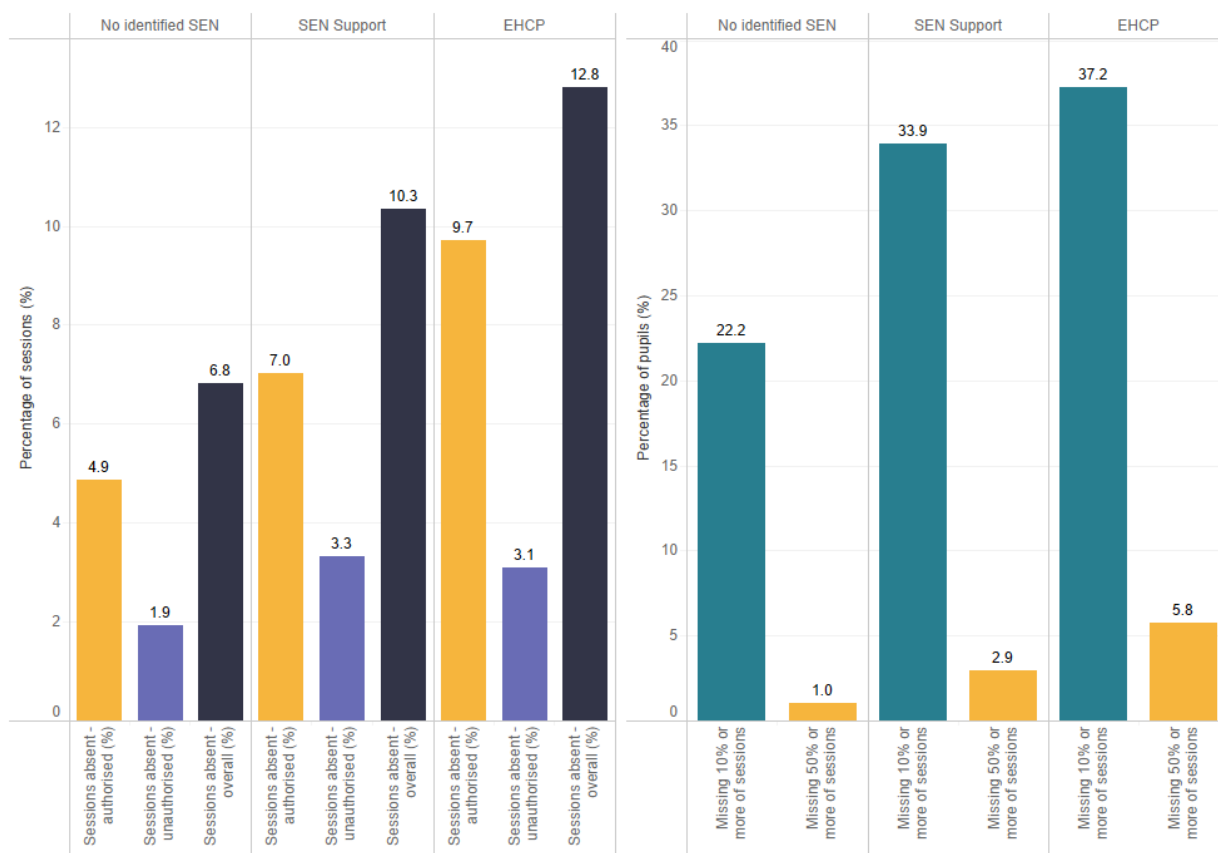
Children with SEN can struggle to achieve the same qualification levels as those without SEN, this may reduce employment opportunities in the future as unemployment rates in the general population are higher in groups with lower qualification levels, increasing from 3% for those with level 3 and level 4 qualifications to 5% in those with below level 2 or no qualifications in the 2021 Annual Population Survey (UK Government, 2022c).

6.2 Absences and exclusions from school

The Department for Education collect absence data for each academic term, the latest available data when this report was produced were for Autumn term 2022/23 (Department for Education, 2023b). School time is split into sessions when recording absence, each lasting half a day, and reasons for authorised and unauthorised absence are recorded. Pupils who are persistent (missing more than 10% of sessions) and severe (missing more than 50% of the available sessions) absentees are also identified. Nationally and within Wakefield absence rates are higher amongst pupils with SEN Support and highest amongst those with EHCP. Within Wakefield 6.8% of sessions were missed due to absence for children with no identified SEN, this increased to 10.3% for children with SEN support and 12.8% for children with an EHCP. This is very similar to the national and regional pattern. For all groups the proportion of authorised absence is similar at about 73-76% of total absences across the groups.

Pupils with persistent absence of 10% or more of sessions make up 22.2% of pupils without SEN in Wakefield, 33.9% of those with SEN support and 37.2% of those with EHCP provision. This is similar to the national figures for England as a whole. Only a small proportion of pupils missed 50% or more of total sessions, 1.0% of those without SEN, 2.9% of those with SEN support and 5.8% of those with an EHCP. It is difficult to explore trends in absence due to the effect of the Covid pandemic though absence rates remain higher than pre-covid levels for all pupils at a national level (Department for Education, 2023b).

Figure 13 – Absence levels in pupils with SEN Support or an EHCP in Wakefield District, Autumn term, 2022/23 academic year



There is previous evidence that children with SEN may be more likely to be suspended or excluded from school compared to other pupils. Department for Education data for the 2021/22 autumn term confirms this. In Wakefield suspension rates also vary with 299 suspensions per 10,000 pupils without SEN, 1,164 per 10,000 pupils for those with SEN support and 1,318 per 10,000 pupils for those with EHCP plans. In Wakefield the permanent exclusion rate for children without SEN is 2 per 10,000 pupils increasing to 15 per 10,000 pupils for those with SEN support and 8 per 10,000 pupils for those with an EHCP. These rates are slightly higher than the national average but are based on very small numbers of permanent exclusions and so there will be substantial variation and it may not reflect a true difference. This pattern is also seen nationally with Ofsted commenting on it in their latest annual report:

“As in previous years, exclusion and suspension rates are higher for boys, disadvantaged pupils and pupils with SEND than for other pupils. The main reason for permanent exclusions and suspensions continues to be persistent disruptive behaviour, followed by physical assault against a pupil or adult.”

Ofsted annual report 2021/22 (Ofsted, 2022)

Levels of absence and exclusion have been explored more deeply for specific groups who would be classified as having SEN using data linkage studies. These are usually academic studies following up children over a longer period and allowing adjustment of the results for confounding factors and to give a quantitative estimate of the effect of having different types of SEN on school and health outcomes. A few recent findings from the UK are summarised below:

A study of children who took part in the Avon Longitudinal Study of Parents and Children (ALSPAC) collected information on a large number of factors from parents and children on factors that may influence exclusion at ages 8 years and 16 years. After adjustment for a number of other factors, SEN status at age 7-8 was still found to be an important indicator of exclusion risk at ages 8 (OR: 16.27, 95% CI: 7.45-35.54, $p < 0.001$) and 16 (OR: 2.22, 95%CI: 1.35-3.64, $p = 0.002$) (Paget, 2018)

A data linkage study in Scotland including over 750,000 children has found that pupils with ADHD were more likely to have higher levels of unauthorised absence, exclusion, lower academic attainment and more likely to leave school by age 16 or be unemployed than other children (Fleming, 2017). The same study also looked at educational outcomes in children with multiple neurodevelopmental conditions such as autism, intellectual disability and ADHD occurring together and found children with one condition and two or more conditions had more absences, were more likely to be excluded and had higher levels of unemployment (Fleming, 2020).

6.3 Alternative provision

The Alternative Provision Team oversee a multi-agency system of Inclusion Panels as part of the Wakefield Families Together model, to evaluate and provide Alternative Provision and other support to children and young people at risk of permanent exclusion. Some of these may have SEND. SEND professionals attend Inclusion Panel meetings along with other professional partners and assess need for this on a case-by-case basis.

Whilst this route is not deemed ideal for children and young people with EHCPs (unless there are exceptional circumstances), those on SEND support and at risk of permanent exclusion are considered for short-term step-outs at Alternative Provisions in our district. A separate pathway is in place for those with an EHCP who are at risk of permanent exclusion.

For more information about Inclusion Panels and the Alternative Provision team, please follow these links: [Inclusion Review - Resources | Wakefield Traded Services](#) and [Inclusion, Alternative Provision and Inclusion Panels | Wakefield Traded Services](#).

7 Education, Health and Care Plan (EHCP)

7.1 Issuing of EHCP

Parents can request an EHCP for their child or individuals aged 16-25 can request one for themselves, other parties such as GPs, teachers and health visitors can also make a request (UK Government, 2023c). Each year a detailed data-set is produced giving a breakdown of different aspects of EHCP provision that is presented here. The figures in this section include a larger number of people with an EHCP including those up to the age of 25 years old, more than just those of school age that are presented in the previous section from the SEN school census, so numbers are slightly different.

7.2 Refusals, timeliness and appeals

In 2022 688 initial requests for an EHCP assessment were made of which 130 were refused (18.9%), this refusal rate is slightly lower than the England average of 21.9%. Of the EHCP assessments carried out in 2021 in 25.6% it was decided not to issue a plan, this is higher than the national average of 5.8%.

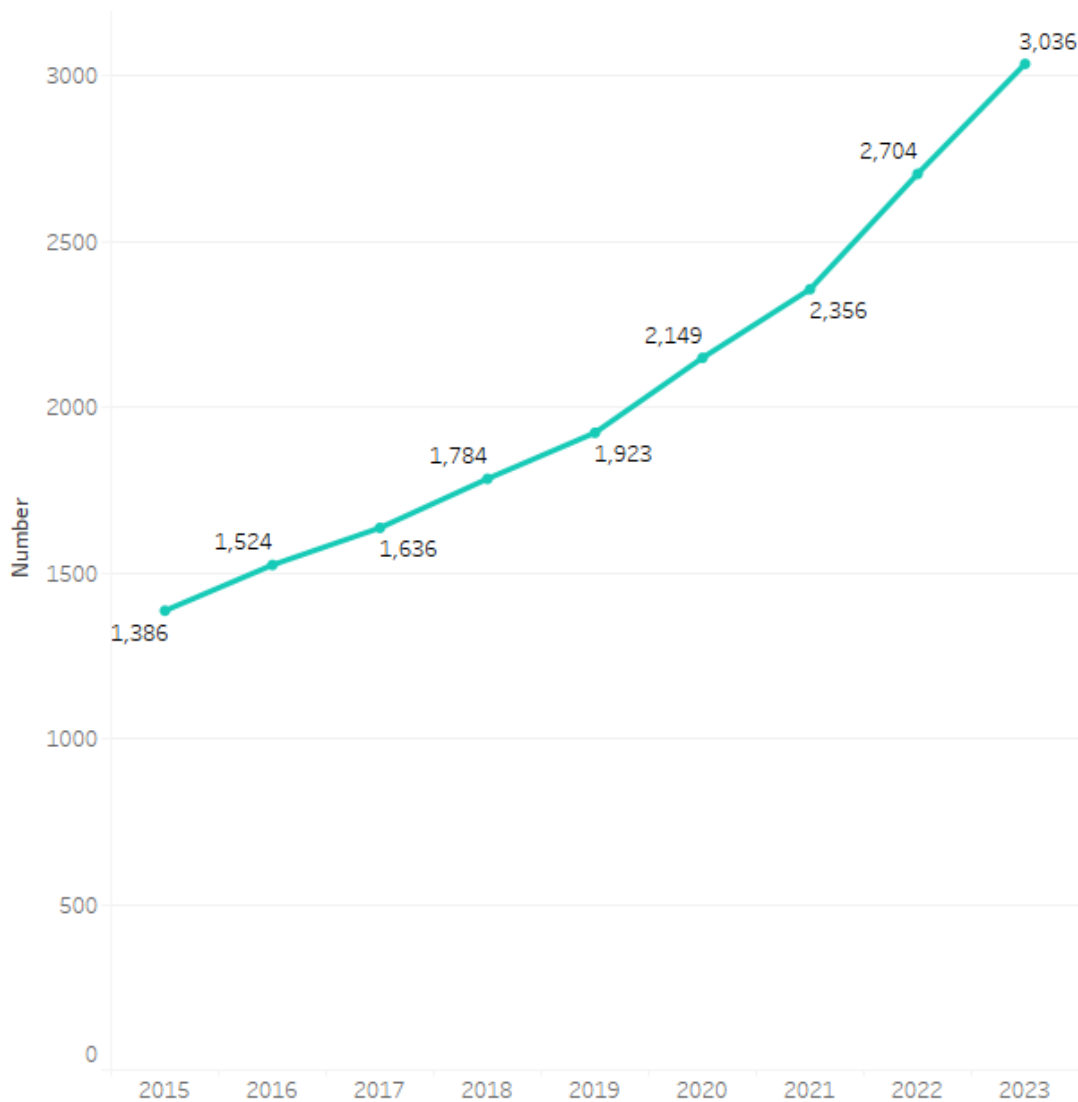
Of the new EHC plans made during the 2022 calendar year (including cases where exceptions apply), in Wakefield 81.0% were issued within the 20 week time limit. This is slightly lower than 2021 when it was 88.2%. This is higher than the national average for 2021 of 49.1% with a figure of 61.1% for Yorkshire and the Humber.

In some cases, appeals can be made if parents or individuals disagree with the Local Authority due to a plan not being given or the nature of the plan not being acceptable. In this case mediation can take place or the case may go to a tribunal, in 2022 60 mediations were carried out and 5 tribunal cases.

7.3 Total numbers

There were 3,036 0-25 year olds in the Wakefield district with an EHCP in 2023. This total includes individuals not included in the school census as they do not attend a school e.g. they are attending further education or are home schooled.

Figure 14 – Number of EHCPs in Wakefield, 2015-2023



7.4 Type of establishment attended

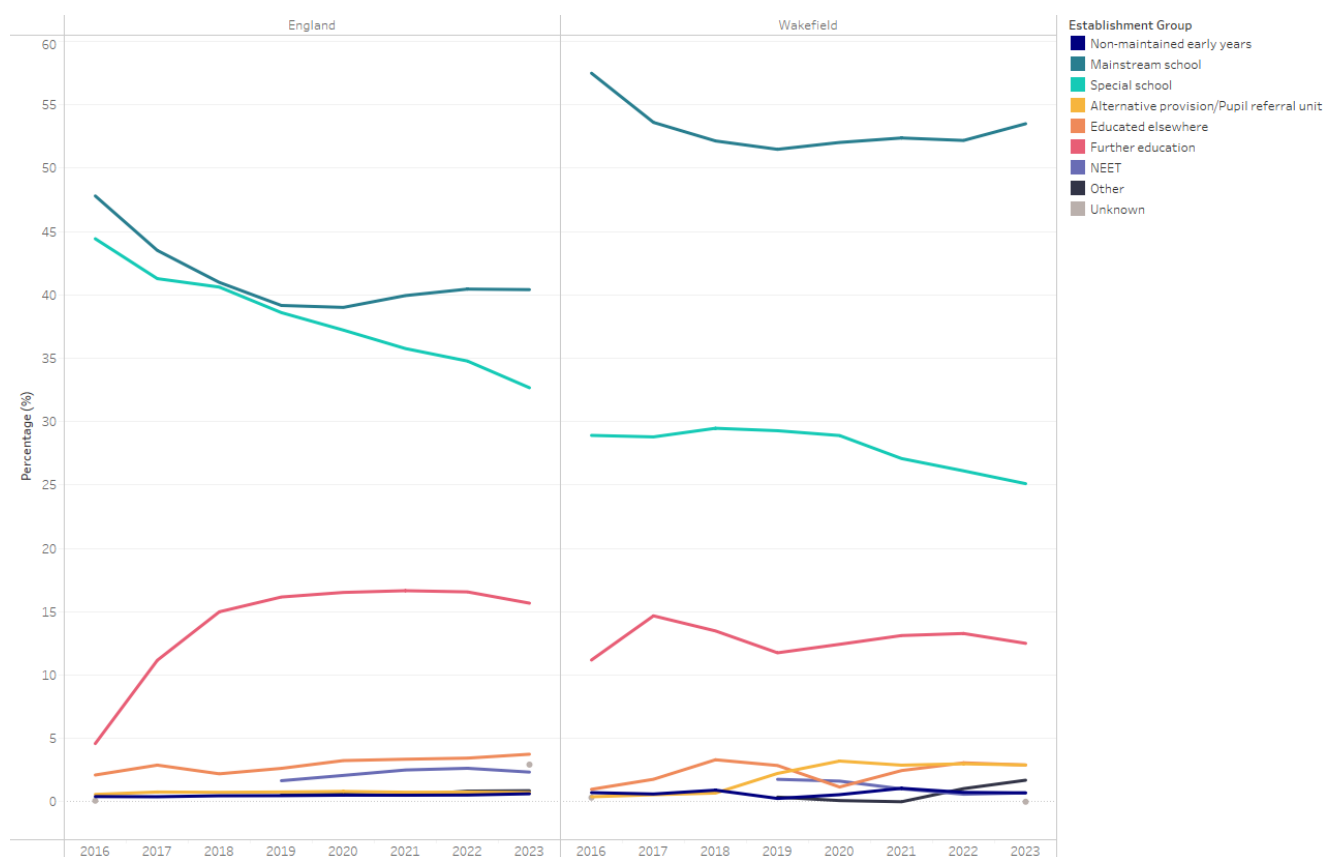
The figures here include all 0-25 year olds with EHCPs including those who are not in school but are in early years provision, college, educated elsewhere or are not in education employment or training (NEET). The majority of those receiving EHCP in Wakefield are in mainstream or special schools (78.6% in 2022). Compared to England and Yorkshire Wakefield has a higher percentage of children with an EHCP in mainstream schools compared to special schools, 53.5% vs. 25.1% in Wakefield, 41.0% vs. 33.1% in England as a whole. There are a number of unknowns regionally and nationally as some data are still being finalised and so final percentages may change slightly.

Table 14 – Numbers and percentage of children and young people (0-25 years) with EHCPs within each establishment group in Wakefield District, Yorkshire and the Humber and England, 2020-2023

		Number of EHCPs				Percentage of total (%)			
		2020	2021	2022	2023	2020	2021	2022	2023
England	Non-maintained early years	2,024	2,219	2,518	3,247	0.5%	0.5%	0.5%	0.6%
	Mainstream school	152,172	172,023	191,442	211,756	39.0%	39.9%	40.5%	41.0%
	Special school	145,185	154,017	164,577	170,972	37.2%	35.8%	34.8%	33.1%
	Alternative provision/Pupil referral unit	3,181	3,239	3,596	3,835	0.8%	0.8%	0.8%	0.8%
	Educated elsewhere	12,673	14,452	16,290	19,393	3.2%	3.4%	3.4%	3.8%
	Further education	64,437	71,728	78,370	76,094	16.5%	16.7%	16.6%	14.7%
	NEET*	8,108	10,794	12,497	12,089	2.1%	2.5%	2.6%	2.3%
	Other	2,329	2,225	3,965	4,498	0.6%	0.5%	0.8%	0.9%
	Unknown				15,142				2.9%
	Total		390,109	430,697	473,255	517,026	100.0%	100.0%	100.0%
Yorkshire and the Humber	Non-maintained early years	194	243	248	323	0.6%	0.6%	0.6%	0.7%
	Mainstream school	13,838	15,361	16,978	17,481	39.4%	39.9%	40.4%	38.1%
	Special school	11,574	12,702	13,574	13,528	32.9%	33.0%	32.3%	29.5%
	Alternative provision/Pupil referral unit	645	576	717	618	1.8%	1.5%	1.7%	1.3%
	Educated elsewhere	1,352	1,086	1,722	2,092	3.8%	2.8%	4.1%	4.6%
	Further education	6,425	7,307	7,372	7,126	18.3%	19.0%	17.5%	15.5%
	NEET*	957	1,056	1,179	1,243	2.7%	2.7%	2.8%	2.7%
	Other	179	175	282	122	0.5%	0.5%	0.7%	0.3%
	Unknown				3,396				7.4%
	Total		35,164	38,506	42,072	45,929	100.0%	100.0%	100.0%
Wakefield	Non-maintained early years	12	25	20	20	0.6%	1.1%	0.7%	0.7%
	Mainstream school	1,118	1,234	1,411	1,625	52.0%	52.4%	52.2%	53.5%
	Special school	621	638	706	763	28.9%	27.1%	26.1%	25.1%
	Alternative provision/Pupil referral unit	69	68	81	88	3.2%	2.9%	3.0%	2.9%
	Educated elsewhere	25	58	83	88	1.2%	2.5%	3.1%	2.9%
	Further education	267	309	359	381	12.4%	13.1%	13.3%	12.5%
	NEET*	35	24	16	20	1.6%	1.0%	0.6%	0.7%
	Other	2	0	28	51	0.1%	0.0%	1.0%	1.7%
	Total		2,149	2,356	2,704	3,036	100.0%	100.0%	100.0%

* NEET - Not in employment, education or training

Figure 15 –Percentage of children and young people (0-25 years) with EHCPs within each establishment group in Wakefield District and England, 2016-2023



NEET: Not in employment, Education or training

8 Childhood disability in Wakefield

8.1 2021 Census disability figures

Another way to explore need in the 0-25 years old population is to use UK Census data where households were asked about people in the household who have a disability (ONS, 2023). Previous reports have seen an overlap between those with disability and those identified as having SEN but found the prevalence of disability in childhood to be lower than the percentage of children with SEN (Shaw, 2016) and so this was explored in the Wakefield District. This may be useful to compare numbers of 0-24 years olds identified with SEN to those with a disability and for those in the higher age range of 16-25 years it may give an estimate of those with SEN who may no longer be in an educational setting.

In the 2021 census 9.0% of 0-24 year olds in Wakefield identified as disabled, a total of 8,765 people, the percentage increased with age. In the younger age groups a greater percentage of boys were disabled whereas in those 15-24 years old more females were disabled.

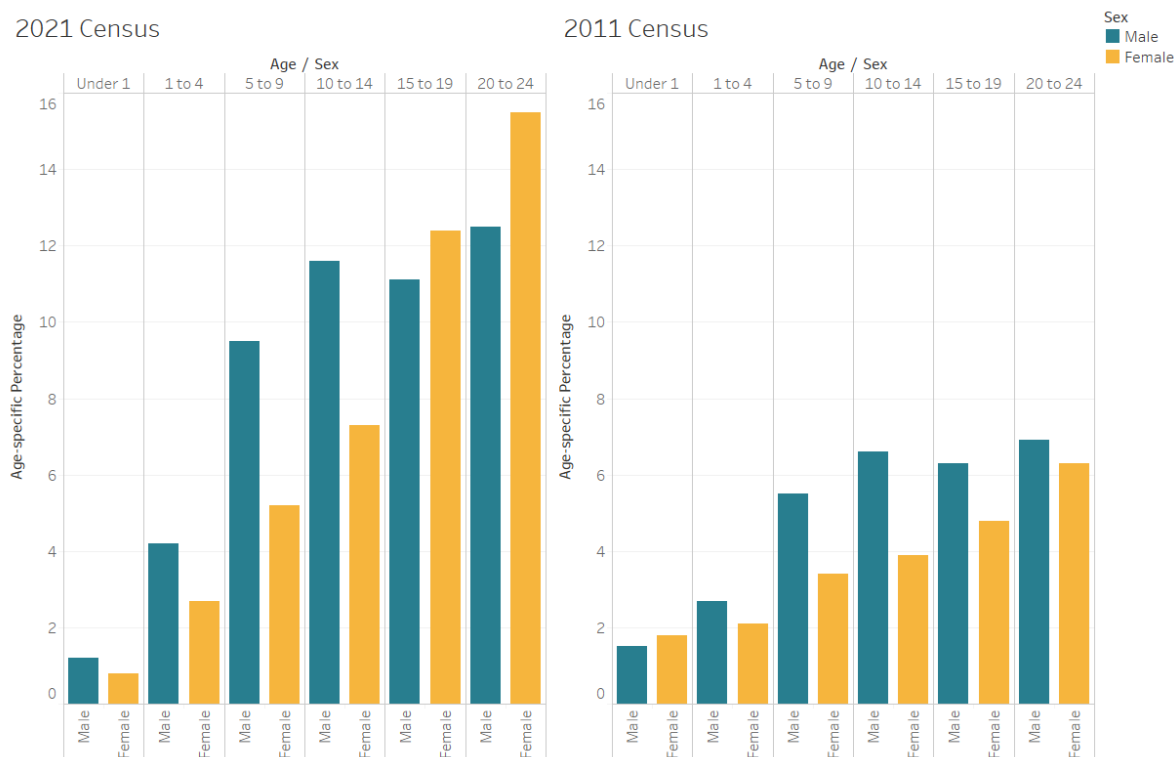
Comparing disability figures for children in young people in the 2021 Census to the 2011 Census is not exact due to changes in how the questions were asked but the figures for 2021 were higher. This was a similar pattern to that seen across the whole of the UK, with higher percentages of disability overall in 0-25 year olds and especially an increase in females aged 15-24 compared to a decade ago. The Office of National Statistics presented some possible explanations of this change including changes in how the question was asked due to the removal of some wording relating to old age and also the greater emphasis on

mental health in the question. ONS also suggested the timing of when the Census was carried out may also have influenced the higher percentage due to higher levels of anxiety, depression and other mental health conditions in 2021 during the Covid pandemic (ONS, 2023)

Table 15 – Numbers and Age-specific percentage of children and young people (0-24 years) in Wakefield District identifying as disabled in the 2021 and 2011 Census

	Female		Male		Persons	
	Number	Age specific percentage	Number	Age specific percentage	Number	Age specific percentage
2021 Census						
Under 1	15	0.8%	25	1.2%	40	1.0%
1 to 4	210	2.7%	350	4.2%	560	3.5%
5 to 9	530	5.2%	1,025	9.5%	1,550	7.4%
10 to 14	745	7.3%	1,240	11.6%	1,985	9.5%
15 to 19	1,075	12.4%	1,025	11.1%	2,100	11.8%
20 to 24	1,400	15.5%	1,125	12.5%	2,530	14.1%
Grand Total	3,975	8.3%	4,790	9.6%	8,765	9.0%
2011 Census						
Under 1	35	1.8%	30	1.5%	60	1.5%
1 to 4	160	2.1%	220	2.7%	380	2.4%
5 to 9	290	3.4%	495	5.5%	790	4.5%
10 to 14	360	3.9%	625	6.6%	990	5.3%
15 to 19	470	4.8%	650	6.3%	1,120	5.6%
20 to 24	625	6.3%	660	6.9%	1,285	6.6%
Grand Total	1,940	4.1%	2,680	5.5%	4,625	4.8%

Figure 16 – Bar chart of age-specific percentages of children and young people (0-24 years) in Wakefield District identifying as disabled in the 2021 and 2011 Census



Comparing the age groups that overlap between the 2021/22 school census and the 2021 census shows a greater percentage of 5-9 and 10-14 year olds are identified as SEN in the school census than answered as being disabled in the 2021 census.

Table 16 – Comparing the number and percentage of children identifying as disabled in the 2021 Census and the 2021/22 school census

		5-9 Years		10-14 years	
		n	%	n	%
2021 Census	Disabled	1,550	7.4%	1,985	9.5%
	Non-disabled	19,445	92.6%	18,845	90.5%
	Total	20,995	100.0%	20,830	100.0%
School census 2021/22	SEN*	3,920	18.6%	3,570	17.3%
	No SEN	17,150	81.4%	17,077	82.7%
	Total	21,070	100.0%	20,647	100.0%

*Children receiving SEN Support or with an EHCP combined

8.2 Children and young people receiving disability benefits

Children under 16 are entitled to Disability Living Allowance (DLA) payments if they meet the criteria, those aged 16-24 years receive either DLA or more recently, since 2013 personal independence payments (PIP) (Stat-Xplore, 2023).

The latest figures for those receiving disability living allowance (DLA) for Wakefield are from August 2022, figures for personal independence payments (PIP) were extracted for the same month and for every August since 2013 for comparisons over time.

There were approximately 4,060 (numbers are rounded to prevent identification so may vary slightly) children under 16 who were entitled to receive DLA in August 2022, and a further 1,858 16-24 year olds entitled to either DLA or PIP in Wakefield.

Figure 17 – Number of personal independence payments (PIP) and disability living allowance (DLA) benefit claimants aged 0-24 years old by age group, snapshot August 2022

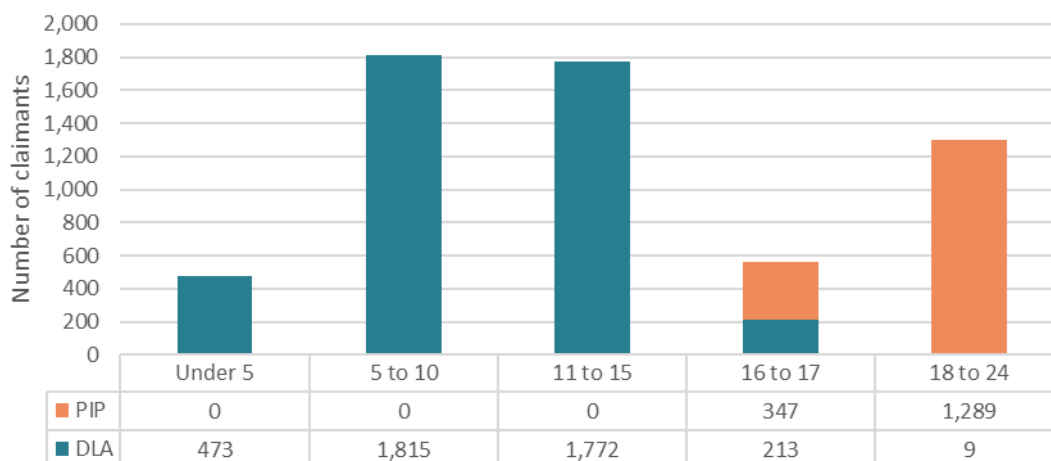
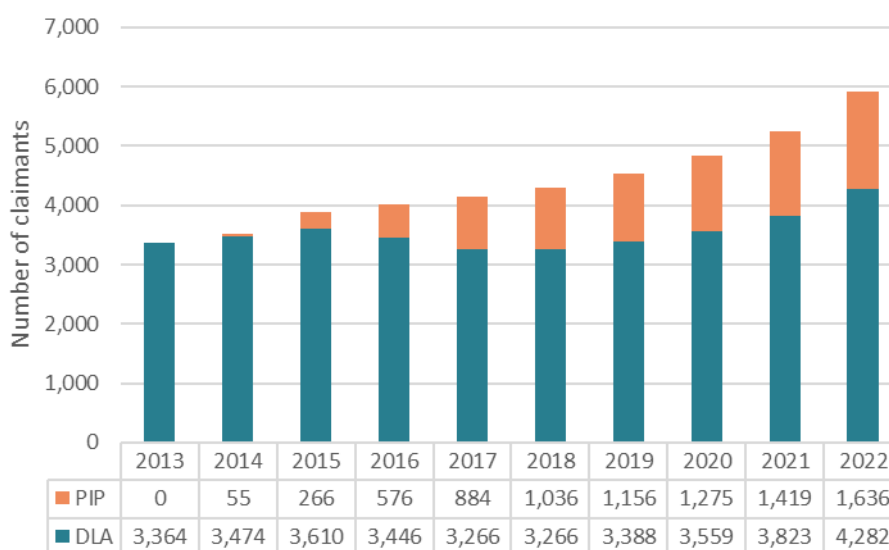


Figure 18 – Number of personal independence payments (PIP) and disability living allowance (DLA) benefit claimants aged 0-24 years old, snapshot of August of each year, 2013-2022



Since 2013 the number of people entitled to disability payments in this age group has increased. The three most common disabilities listed as defined in the benefits dataset for those under 16 years old were learning difficulties (44.5%), behavioural disorder (24.1%) and hyperkinetic syndrome (8.1%).

9 Findings from The Wakefield School Health Survey about SEN pupils

9.1 Findings in Wakefield

The School Health Survey is carried out every two years and collects a wide range of information about children’s lives including their diet, activity, wellbeing and social activities they take part in. The 2022 survey gives the opportunity to explore possible inequalities for children with special educational needs. Further details and responses to the questionnaire can be found [here](#). This section summarises some of the findings:

- SEN was self-reported based on a positive response to the question ‘Do you receive extra help at school with your learning or behaviour from someone other than your teacher? (e.g. a learning mentor or learning support assistant)’ and so is a proxy for children on the SEN register. The number of children in Year 5 reporting having extra help was higher than the percentage of pupils with SEN in the Wakefield District in this year group and so the findings may not be as accurate for this group (32% vs 22%).
- Children with SEN were more likely to not have eaten breakfast, have a poorer diet and worse oral health than other children, this difference decreased as children got older.
- There was no difference in the proportion of children with SEN who thought they didn’t do enough activity compared with other children and they were more likely to ride their bike more than once a week than other children in all year groups.
- Children with SEN were more likely to be scared to go to school due to bullying (Years 5 and 9) and a higher number were bullied about a disability or learning difficulty (22% in Year 5, 24% in Year 7 and 33% in Year 9).
- Questions about wellbeing showed children with SEN were less likely to be happy with life at the moment and were more likely to feel lonely some or most of the time.
- When Year 9 pupils were asked about how they coped about feeling worried or stressed a slightly higher percentage of children with SEN were likely to choose harmful or addictive behaviours (cut/hurt themselves (17%), smoke cigarettes (10%) or have a drink of alcohol (11%)) than other children.
- Children with SEN were more likely to be exposed to other people’s smoke inside their home or in the car (Year 5, 7 and 9), they were also more likely to have tried alcohol and to have smoked than other children (Years 7 and 9).
- Children in Year 9 were asked about drug use and children with SEN were more than twice as likely to have been offered and tried cannabis as well as other drugs than other children though numbers were still small overall.
- During the Covid-19 pandemic children with SEN were more likely to feel they had fallen behind at school and to know someone who had died of Covid.
- Activities pupils carried out in their free time were similar for children with SEN but they were more likely to never read a book in their own time and to worry about things they saw on social media.

9.2 Comparing to local and national findings

Results from the School Health Survey in Doncaster were explored to see if findings for SEN pupils were similar, Doncaster is in close proximity to Wakefield District and is also one of Wakefield’s CIPFA nearest neighbours (areas similar to Wakefield in terms of demography and other area characteristics) (Doncaster Council, 2022).

The survey in Doncaster included Years 4 and 6 in Primary school and Years 8 and 10 in Secondary school and so percentages are likely to be different to Wakefield but it may be possible to see if SEN children’s results show a similar pattern to in Wakefield.

Themes raised were also searched for in national reports and academic studies.

9.2.1 Diet, obesity, oral health and physical activity

Older children in Wakefield with SEN had similar eating patterns to other children and this was also seen in the Doncaster data. Rates of obesity in Wakefield are higher than regional

and national averages, in 2021/22, 24.8% of children aged 4-5 were carrying excess weight, and 11.4% were obese, in the same year 40.7% of children aged 10-11 were carrying excess weight, and 26% were obese. The figures for Wakefield are higher than the regional and national averages (see the [Wakefield JSNA](#) page for further information about the National Childhood Measurement Program (NCMP)). Previous studies have found that some groups of children with special educational needs are at higher risk of developing obesity including those with learning disabilities, physical disability such as spina bifida and those with a hearing or visual impairment (Public Health England, 2014) other studies have also found children with autism have a higher risk of being obese (Kahathuduwa, 2019). There are many reasons why children with disability may be at higher risk of becoming obese including difficulty eating some types of food due to sensory issues or intolerances, lack of suitable exercise programs locally or a side-effect of medication needed to treat underlying conditions (AbilityPath.org, 2015).

Children in Doncaster with SEN were also less likely to say they brushed their teeth twice a day or more compared to children overall (Primary: 71% vs. 60%, Secondary: 81 vs 64%). Wakefield Integrated Care Board (ICB) has a higher rate of hospital admissions for dental caries for children aged 0 to 5 years 465 per 100,000 in 2018/19-2020/21 (95% 610 95%CI: 555-668) compared to England (221 per 100,000; 95%CI: 218-224) (OHID Fingertips, 2023a).

9.2.2 *Bullying*

Children with SEN in Wakefield were more likely to be scared to go to school due to bullying in years 5 and 9 and more likely to be bullied due to a disability or learning difficulty than other pupils in years 5,7 and 9. In Doncaster a similar pattern was seen with children with SEN more likely to say they had been bullied in the last 12 months (primary: 42% vs 30% of all pupils, secondary: 37% vs. 20% of all pupils) and more likely to be bullied due to their ability (primary: 24% vs. 17% of all pupils, secondary: 47% vs. 25% of all pupils).

Previous studies of data from the Millennium Cohort Study (MCS) and the Longitudinal Study of Young People in England found that some of the effects of SEN status on risk of bullying could be explained by other factors including deprivation and family factors but even after that it was still a significant risk factor for being bullied (Chatzitheochari, 2016). Another study found that when 14 year olds in the MCS were asked about how often do other children hurt you or pick on you on purpose the percentage who said most days in males was 3.9% for those with no disability, 12.4% for those with some disability and 16.1% for those with severe disability, for females it was 4.4%, 10.8% and 19.2% respectively showing a statistically significant difference in both sexes (Parsons, 2019).

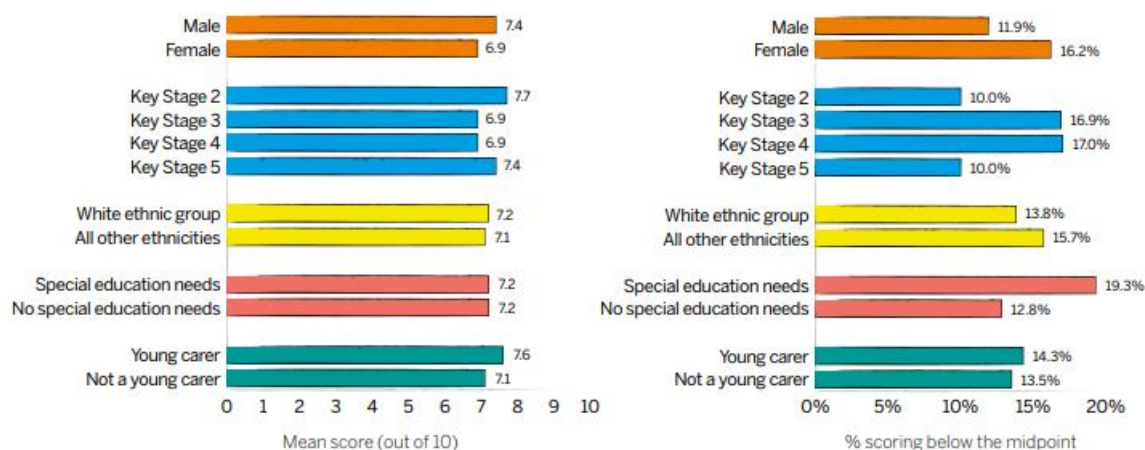
9.2.3 *Mental health/wellbeing and coping behaviours*

Within Wakefield pupils those with SEN were less likely than their peers to feel happy with life at the moment and the difference appeared to get larger with age. The same pattern was seen in the Doncaster data with 59% of secondary children very happy/happy with their life at the moment overall and 41% for children with SEN and 70% overall in primary school versus 64% of those with SEN. Overall in Doncaster, more secondary children with SEN felt lonely 'Always' or 'a lot of the time' compared to pupils overall (secondary: 38% vs. 27% of all pupils, primary school pupils were not asked) which is the same as the pattern in Wakefield.

National research using a wellbeing score of happiness from 1 'Happy' to 7 'Unhappy' found SEN children were similarly happy to their peers in life as a whole but unhappier about school work, school and their friends (Barnes, 2017). A study including 14 year olds who were part of the Millennium Cohort Study found 8.5% of males with no disability answered

the statement 'No one I feel close to' to be partly or very true for those with disability it was 19.4% and for those with severe disability it was 24%, the figures for females were 12.5%, 12.7% and 16.2% showing there was a difference in males but not in females with a disability (Parsons, 2019). A 2022 report by The Children's Society (2022) found mean happiness score was the same between SEN and No SEN children (7.2 for both), but the percentage of children scoring below the midpoint was higher for those with SEN (19.3% vs. 12.8%).

Figure 19 – Mean happiness scores and % scoring below midpoint on happiness in the Children's Society Household Survey, 2022 (Taken from The Children's Society, 2022)



Source: The Children's Society's household survey, wave 21, May to June 2022, 10- to 17-year-olds, United Kingdom. Weighted data. Excludes missing responses (including 'prefer not to say').

When faced with a problem a slightly higher percentage of secondary aged pupils (primary pupils aren't asked) with SEN were likely to self-harm in Wakefield, this was similar in Doncaster with 9% of all pupils stating they would 'cut or hurt myself' when faced with a problem whereas 23% of SEN pupils stated this. In results from the Millennium cohort study (Parsons, 2019) 7.5% of 14 years old boys included had ever self-harmed with 12.1% of disabled and 14.2% of severely disabled boys saying they had. Though the overall number of girls self-harming was higher, it was not significantly affected by disability status (22.6%, 23.6%, 32.1%).

9.2.4 Smoking and alcohol

In the Doncaster survey SEN children were also more likely to be exposed to smoke in the car or at home (car: primary: 21% vs 15% of all pupils, secondary: 31% vs. 13% of all pupils, home: primary: 24% vs 15% of all pupils, secondary: 27% vs. 14% of all pupils). There were slightly higher smoking rates (Never smoked: 83% vs. 73% of all pupils) and in alcohol use (Tried more than a sip of alcohol in the last week: 33% vs. 23% of all pupils) in children with SEN when compared to other pupils in secondary school. There is little available information at the national level as to whether alcohol intake and smoking prevalence rates are different in those with SEN or why this might be the case.

9.2.5 Effect of Covid

Children in Wakefield with SEN were more likely to feel they had fallen behind or to have lost someone due to Covid. Children in Doncaster weren't asked about the effect of Covid the impact in Wakefield and nationally is discussed in greater depth in Section 17.1.

9.3 Initiatives in Wakefield to improve pupil wellbeing

Due to the 2020 results from the School Health Survey namely the high loneliness figures (47% in year 5) Wakefield Council developed the Health and Well-Being Champion training. This was used to train a group of pupils in schools to promote health and well-being and combat loneliness using the 5 ways to well-being. So far this has been delivered in 12 schools. Schools are offered further support to embed practice with their pupils.

Forty PSHE (Personal and Social Health Education) Association Memberships and associated training were delivered to Wakefield schools to provide them with resources to support their curriculum especially in regards to mental health and well-being.

10 Health of children with SEN

10.1 Overview

Alongside educational support many children identified with SEN will have additional health needs that affect their learning and wider lives. In some cases, the initial identification of children who are having difficulties learning or reaching specific milestones may then lead to clinical assessments to identify special educational needs. As with education, children and young people's health needs will vary and the support required will be different.

In Wakefield most health services are covered by the West Yorkshire Integrated Care board – Wakefield sub-region (<https://www.westyorkshire.icb.nhs.uk/>) and Mid-Yorkshire NHS Trust alongside other local health providers. Services required may be delivered in the community, at a GP practice or in hospital. Some population groups identified with SEN have additional services available, for example health checks for those with learning disabilities who are 14 years and over.

Trying to identify individual care pathways is a challenge due to no official flag in NHS health data of children receiving SEN support or having an EHCP that is routinely completed at every stage of the health journey. A new linked data-set is being developed in Wakefield to help make sure the health needs of children identified with SEN can be fully quantified.

10.2 Learning Disability Health Checks

Within primary care data clinical codes can be used to find out how many patients are registered who have specific conditions and diagnoses recorded in their record. This includes whether those eligible have been offered or attended a Learning Disability Health Check.

Learning Disability Health Checks were introduced in England in 2008 and are offered to all people 18 years and over with moderate, severe, or profound learning disability and to those with mild learning disabilities with at least one other complex need, such as a mental health problem or epilepsy. The Disability Rights Commission recommended their introduction due to people with learning difficulties having poorer health outcomes and lower life expectancy than the general population (Baines, 2023). Since April 2014, the Annual Health Checks have been extended to cover young people aged 14-17 years. This is seen as an opportunity for GPs to get to know young people approaching the transition to adult services and to support them, and their families, through the process.

Using the SystmOne GP data for Wakefield, as of May 2023, 633 patients aged 0-24 were recorded as having a learning disability based on the QOF Framework definition (NHS England, 2019) out of 106,321 patients registered in this age group (6 per 1,000 patients aged 0-24). Of 462 people aged 14-24 identified as having a learning disability 332 had a health check code in the last 12 months (71.9%) and 314 had a health action plan code

(68.0%). Nationally figures for England for 2021/22 show 58.4% of 14-17 year olds and 67.0% of 18-24 year olds on a GP learning disability register had a health check in the last 12 months (NHS England, 2023) (based on experimental statistics).

10.3 Development of integrated health data

Exploring health data collected for children and young people with a learning disability in SystemOne the recording of BMI and smoking status was examined. For 0-24 year olds identified as having a learning disability over half had a BMI recorded in the last 12 months (378/633, 79.7%), for those aged 14-24 smoking status was not available for 56.6% of those registered (246/435). This suggests that such information can be available in primary care but is currently incomplete and there may be ways to improve recording of health-related information for this cohort. There are currently clinical codes that allow the identification of children who have some specific medical conditions or symptoms that may indicate special educational needs but there is not currently an indicator or easy way to identify all children receiving SEN Support or who hold an EHCP in GP data.

A solution to this is being developed through the newly implemented Wakefield linked data model developed by the Wakefield Integrated Care Board (ICB) business intelligence (BI) Team which will provide a holistic view of the Wakefield population and its health and care needs. The data model links together data from across the system including NHS acute services, mental health, urgent care, community services and primary care to provide actionable insights. Whilst the data model started life with a focus on health, it is gradually being broadened to include Children and Families data, housing, education and social care. Intelligence and insights from the data model are being used by partners across the District to drive forward data led decision making and to undertake robust evaluation and review. This will allow insight into the health needs of different populations including children with special needs to be more easily accessible in the future.

10.4 Children's Therapy Service

Within Wakefield District Mid Yorkshire hospital trust provides the children's therapy service (<https://www.midyorks.nhs.uk/childrens-therapy>), which includes four main services. All of these four services will have contact with some of the children who are part of the special educational needs cohort. These services are:

- **Children's Therapy Autism Assessment Pathway**

See Section 11.6 for more information

- **Children's physiotherapy**

A Children's Physiotherapist has expertise knowledge of childhood development, movement patterns, and a wide range of clinical conditions, working closely with the young person and their families to develop treatment programmes. This includes working in areas such as musculoskeletal, neonatal and pre 5 physiotherapy to help with development. This can take place in schools including special schools and the children's ward.

Service provision takes place in the ward, occupational therapy department, local children's centres, mainstream and special schools or nursery and the child's home. We work closely with colleagues in health, education and Social Services.

- **Children's speech and language therapy**

The service helps children with a range of Speech, Language and Communication Needs (SLCN) to achieve and maintain their potential. Speech and language therapy (<https://www.midyorks.nhs.uk/childrens-speech-and-language>) has 34 therapists (26

WTE) and 2 assistants and are based at Featherstone Health Centre. They provide a service across the District in many settings including clinics, hospitals, family hubs, homes, schools and the Youth Justice service. Referrals are made through a paper form or a drop in clinic that runs once a week in different areas of the District (Featherstone and Stanley) called “Walk-in for Talking”. At the clinic children can be referred on, given extra help and advice and the opportunity for follow up if things don’t improve or reassured that their child is making progress as expected. The service works closely with other agencies including attending meetings, providing intervention programmes or making joint visits to a child liaising with Early Years SEN coordinators.

- **Children’s occupational therapy**

Occupational therapy provides assessment and therapy to children whose ability to play, participate in the school day and self-care is affected by illness, disability or other specific developmental difficulty. It extends to making recommendations about the physical management and environment that is needed in order to increase independence.

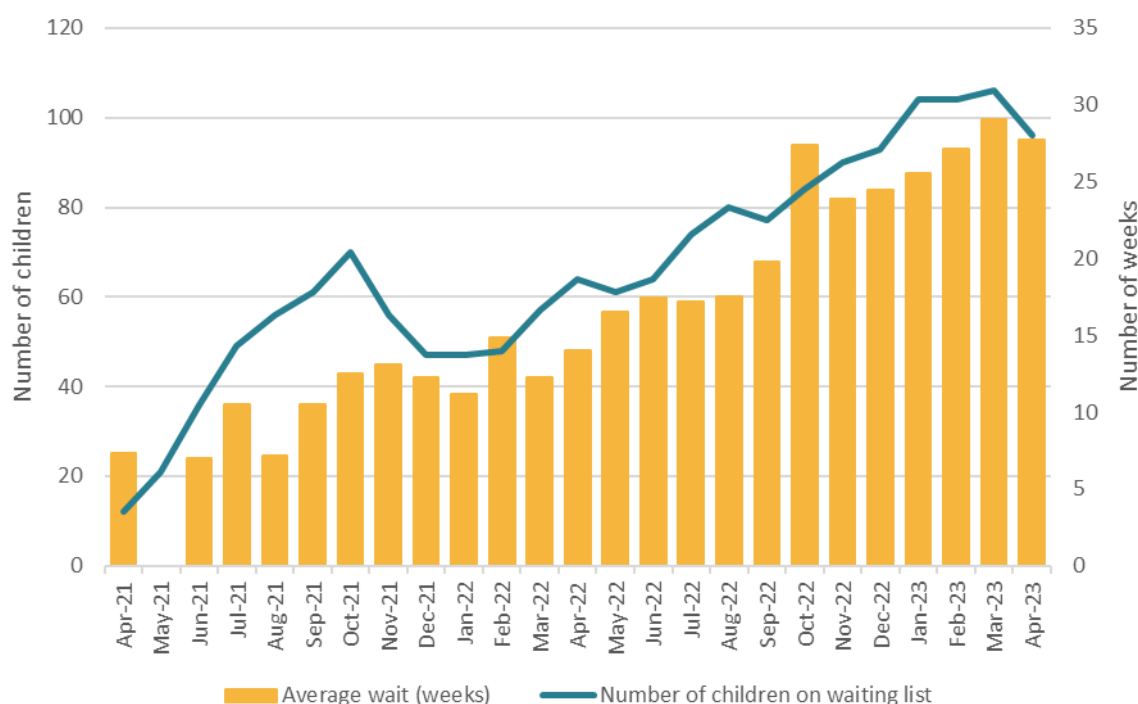
Referrals are accepted for children with functional needs through the child’s consultant, GP or school medical officer. If the children or young people have been seen previously they can self-refer back into the service. The child’s level of need for the service is discussed and the child may be placed on our waiting list. Children must reside or attend school in the Wakefield district.

In April 2023 there were 54 referrals to children’s therapy services (Speech and Language Therapy and Occupational Therapy, this doesn’t include the autism pathway). On average there were 48.8 referrals per month in the 2021/22 financial year and 45.5 in 2022/23. Looking at waiting list figures (excluding allocated and triage) in the 2021/22 financial year there were on average 46.7 children on the list at the end of each month which increased to 83.4 in 2022/23. This reflects national figures with waiting lists increasing due to a number of factors including delays due to Covid and staffing difficulties within the NHS.

Figure 20 – Number of referrals to children’s therapy services per month, Apr 21 – Apr 23



Figure 21 – Number of children on the waiting list and average waiting time in weeks from booking for children’s therapy services at month end (excludes allocated and triage), Apr 21 – Apr 23



10.5 Children’s Community Services

The Mid Yorkshire Hospitals Trust also provides services through community paediatrics (<https://www.midyorks.nhs.uk/childrens-community-services>), which includes:

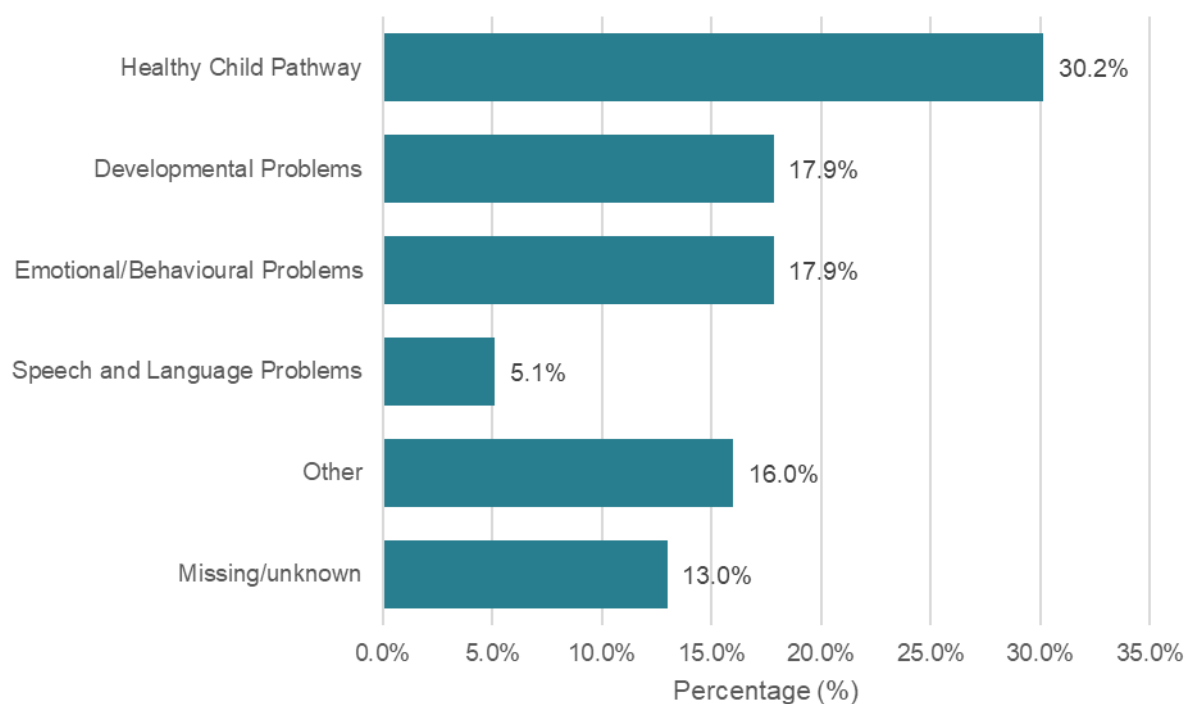
- Special school nursing team
- Children’s team for learning difficulties (CTLD)
- Children’s community nursing
- Children’s continuing care team
- Children and young people’s continence service.

NHS Digital collates the Community services data-set (CSDS) which provides information on health activities in venues such as health centres, Sure Start centres, day care facilities, schools or community centres, mobile facilities, or a patient’s own home, these are available monthly (NHS Digital, 2023). The latest available data was for December 2022, in this month in Wakefield there were 1,895 patients aged 0-18 years old with 2,120 referrals and 16,885 care contacts in total.

The source of most referrals was the community health service (61.6%), educational establishment (14.5%), GP practice (8.2%) and hospital departments (6.6%), with 9.1% coming from a variety of other sources including social services, carer/relative, asylum service or self-referral.

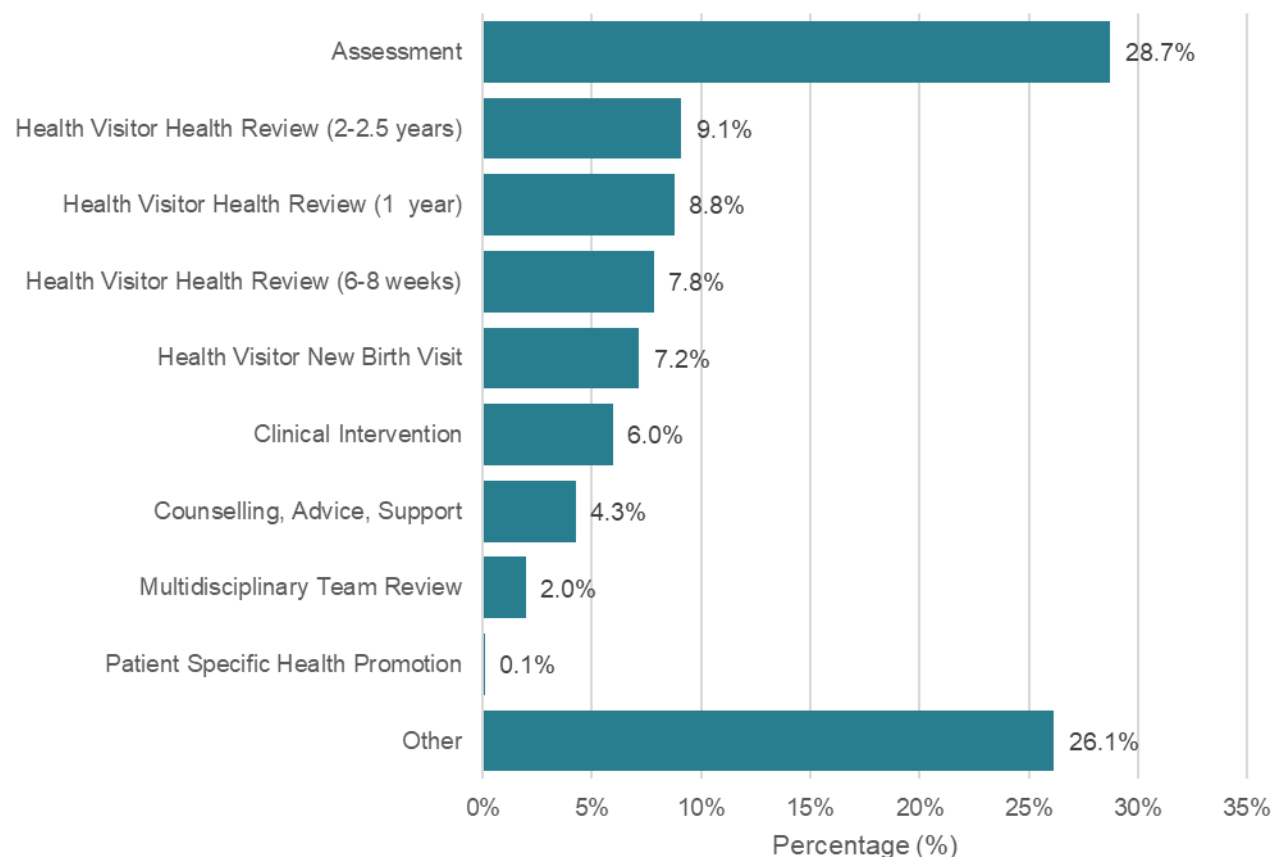
Most reasons for referral were through the Healthy child pathway (30.2%) followed by emotional/behavioural problems (17.9%), developmental problems (17.9%) and speech and language problems (5.1%), for 13.0% the reasons were missing or unknown and the others (16.0%) were for a mixture of reasons including musculoskeletal problems, continence problems, neurological problems and multiple complex communication difficulties alongside others, several of these reasons could be related to a child having special educational needs.

Figure 22 – Percentage of referrals by primary referral reason for 0-18 year olds in Wakefield in the Community Services Data-set (CSDS) for December 2022



A total of 16,885 care contacts were recorded, information was provided on whether it was an initial or follow up consultation but for 47.8% of care contacts this wasn't recorded, of those where it was recorded 44.2% were initial consultations and 55.8% were follow ups. A large percentage were recorded as being of unknown consultation medium (35.8%), of those where consultation type was recorded 56.6% were face to face, 23.6% were over the phone and 19.8% were other (email, SMS or other – not listed). This led to a total of 29,160 care activities a large percentage of which were related to health visitor reviews for children 0-2.5 years old (32.8%) followed by assessment (28.7%) and clinical intervention (6.0%).

Figure 23 – Percentage of Care Activities by type for 0-18 year olds in Wakefield in the Community Services Data-set (CSDS) for December 2022



10.6 Autism assessment

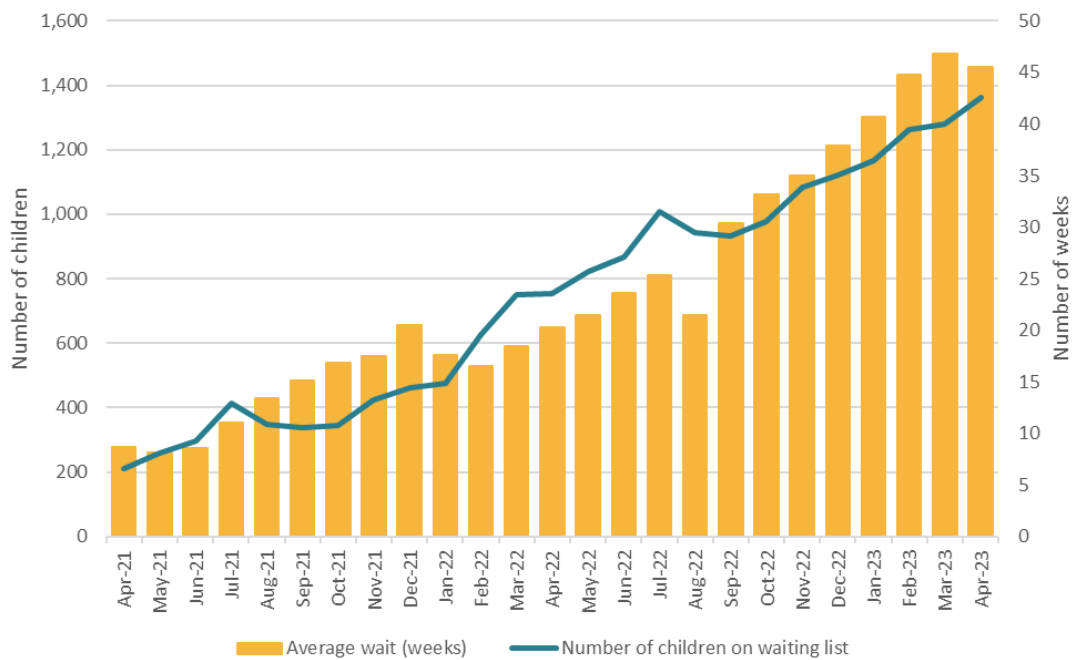
Since August 2020 children aged up to 18 years old suspected of having autism will be seen through Mid Yorkshire Hospitals Trust for diagnosis (<https://www.midyorks.nhs.uk/childrens-autism-assessment-pathway>) (prior to this those over 14 years old were assessed by the Child and Adolescent Mental Health Service (CAMHS) at South West Yorkshire Partnership NHS Foundation Trust, changes were made to the service with the active participation of children and parents). This requires the submission of a form completed by the parents/carers and professionals (such as in education, social workers or health visitors) to request a referral. If the referral is accepted the child will first be seen by a community paediatrician who will assess the child and gather the appropriate medical and development history. If the paediatrician suspects autism a multi-disciplinary assessment (MDA) team made up of several relevant medical professionals will assess all the available information to give an assessment of either: diagnosed with Autism, Autism diagnosis not given or inconclusive. If inconclusive this may require a repeat referral for re-assessment after a period of time to allow for development and learning to take place.

The number of autism referrals in April 2023 in Wakefield District was 97. In the 2021/22 financial year there were an average of 114 referrals per month with an average of 123 in 2022/23. The number of children on the waiting list to be seen has been increasing in Wakefield as it has nationally, in April 2023 1,361 children were waiting to be seen with an average waiting time of 45 weeks, in April 2021 209 children were waiting and average waiting time was 22 weeks and in April 2022 it was 755 and average waiting time was 26 weeks.

Figure 24 – Number of autism referrals by month for Wakefield, Apr 21 – Apr 23



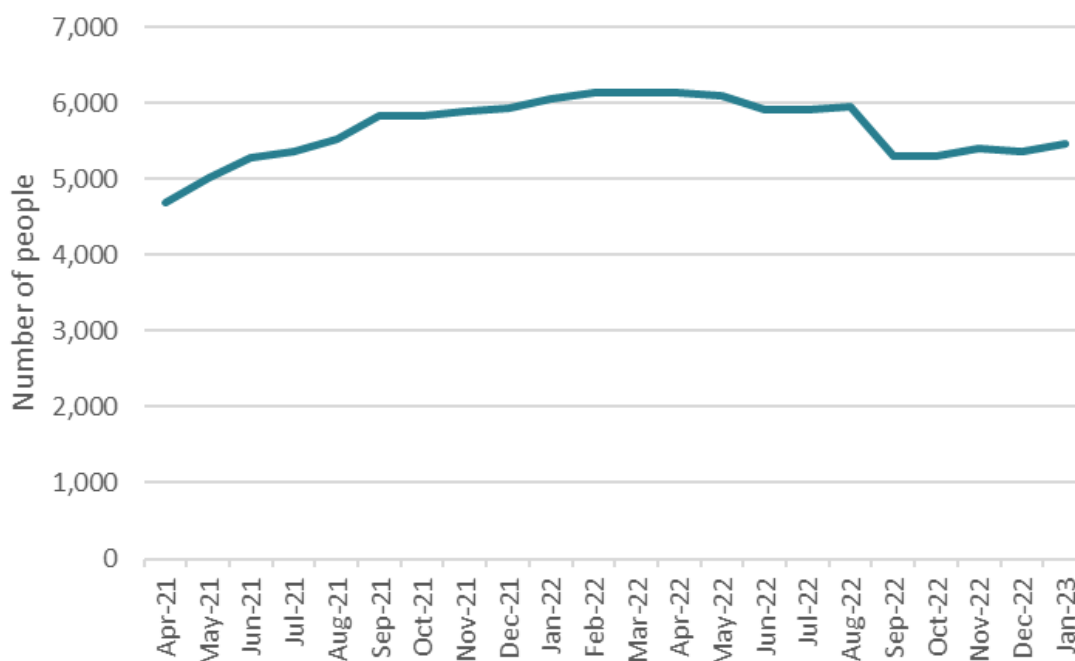
Figure 25 – Number of children on the autism waiting list and average wait time in weeks in Wakefield, Apr 21 – Apr 23



10.7 Child and Adolescent Mental Health Service (CAMHS) in Wakefield

The Wakefield CAMHS services is delivered by South West Yorkshire NHS Trust and offers support and treatment for children and young people, aged up to 18 years old, who are experiencing difficulties with their mental health and wellbeing. They also support parents, carers and families of these children and young people too. In Wakefield, CAMHS is made up of several teams. Each team works in a slightly different way, and specialises in different areas, but they all work together to support children, young people and families during their journey with CAMHS. Over 5,000 people have accessed mental health services per month between May 2021 and January 2023.

Figure 26 – Number of people accessing children and young people’s mental health services (at least 1 contact), Apr 21 – Jan 23



11 Social Care support

11.1 Overview

Some children and young people with special educational needs will receive extra support through social care, this can include receiving a personal budget, the short break scheme and support with the transition to adulthood (covered in Section 15). Some children with special educational needs will be looked after or in care and more information on this can be found in Section 6.1.

11.2 Personal budgets

this will include, following an assessment, a personal budget to use on a number of areas which are personalised to the individual and their family, this includes:

- To recruit staff as personal assistants or buy care and support services from care agencies to help meet eligible and assessed needs in the child or young person’s own home. This could be support for personal care, social needs, pursuing indoor/outdoor activities or be part of the local community.
- Short stays in a care home or respite care (applicable for carers who are given a break from their caring role).
- Accessing a wide range of local community social and education activities and mainstream services such as being involved in sports, horse riding, day trips, going to clubs and leisure or learning centres and education sessions.
- To purchase particular aids and equipment (not provided by NHS) that are required and stated in the support plan as an outcome that needs to be met to promote independence. Direct payments cannot be used to buy equipment already provided by the NHS.
- To pay towards transport costs to undertake a variety of outdoor activities (or attending day centres) identified in the care and support plan.

- Attending day services and going to day centres – parents or the young person can arrange for a short trial to visit different day centres to find out about their services and whether they would like to still attend these centres.

Further information is available on the Wakefield Local Offer page (<https://wakefield.mylocaloffer.org/personal-budgets-and-direct-payments/personal-budgets-in-social-care/>)

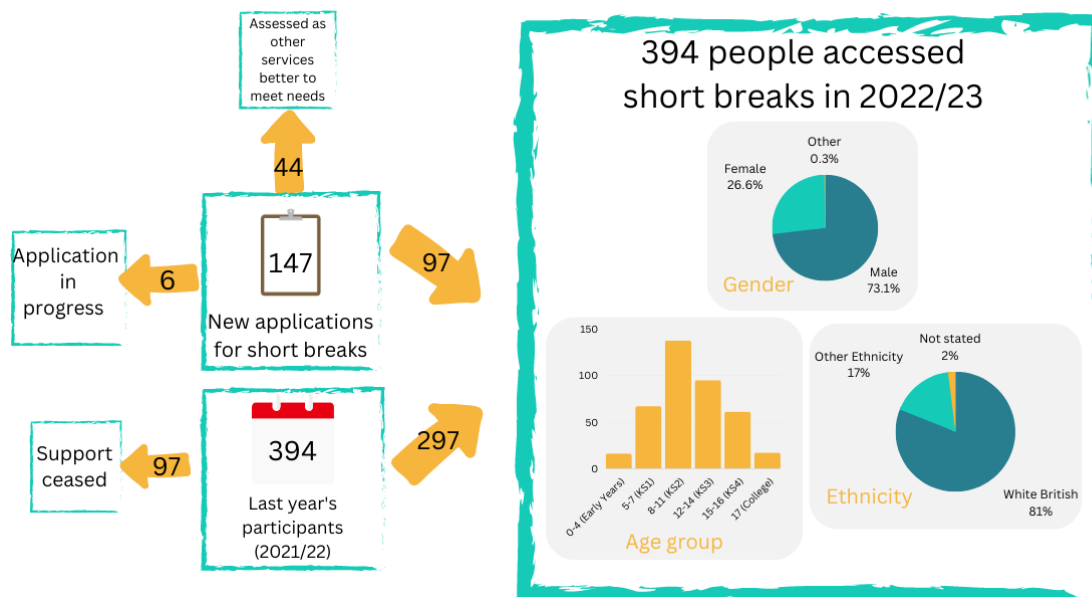
11.3 Short breaks

Wakefield offers a variety of short break schemes support, an overview can be found on the short breaks local offer page and this includes an annual report (<https://wakefield.mylocaloffer.org/short-breaks/about/>), short breaks includes:

- Accessible fun activities in the community
- Support to access fun activities in the community
- Day time or overnight care in the home or elsewhere
- Services to help carers in the evenings, at weekends and during the school holidays.

Care can be accessed through a number of providers. In 2022/23 394 children accessed short breaks, the same number as 2021/22:

Figure 27 – Flowchart of children accessing short breaks provision in Wakefield District, 2022/23



A total of 394 children had short breaks this year (2022/23) which included 297 who have continued to receive support from 2021/22. Of the 147 new applications in 2022/23 97 had short breaks, 44 were signposted to other services and 6 applications are still in progress.

12 Policies, specialist advice and support for children with SEN and their families

12.1 Strategies for Wakefield relevant for SEN

To develop future plans of support several strategies have been developed to allow the planning and implementation of SEN support across the District, some are specifically for SEND children, these include:

- The SEND Strategy for Children, Young People and Families in the Wakefield District (2020-2024)
- SEND Provision Plan
- Accessibility Strategy For children and young people with Special Education Needs and Disabilities (SEND) In Wakefield (2020-2022). This is currently being updated.

Others are aimed more widely but are relevant including:

- Not in Education, Employment or Training (NEET) strategy (2021-24)
- Early Years Strategy (2021-24)
- Speech, Language and Communication Strategy (2023-25)
(<https://www.wakefieldfamiliesogether.co.uk/wp-content/uploads/2023/05/Speech-Language-and-Communication-strategy-286167-FINAL.pdf>)

Links can be found at: <https://www.wakefield.gov.uk/schools-and-education/education/education-and-inclusion-key-strategies/> and <https://wakefield.mylocaloffer.org/send-documents-plans-etc/send-strategies/send-strategies/>

12.2 Wakefield Local Offer

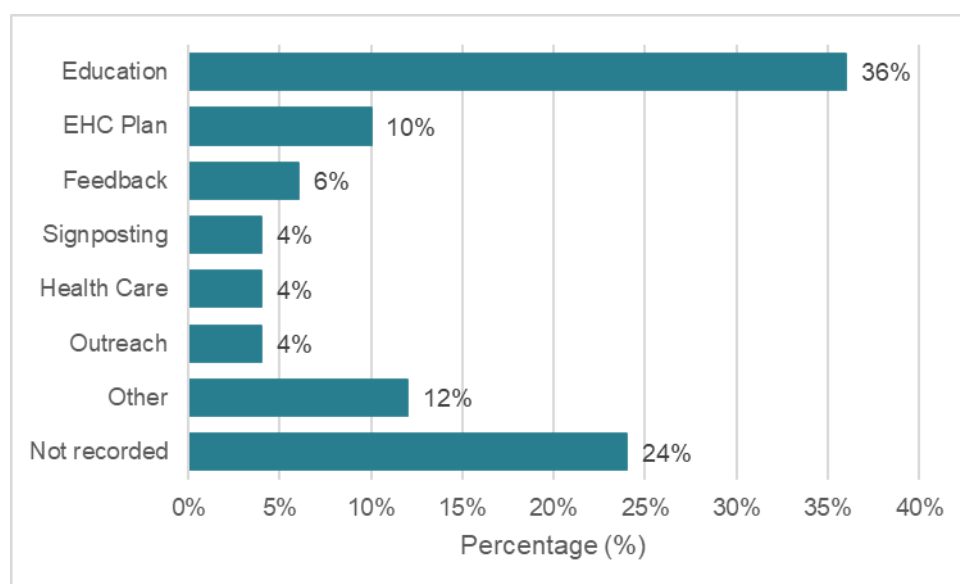
Since 2014 every local authority is expected to provide a directory of information of what is available for 0-25 year olds with special educational needs and their families, usually known as the Local Offer. Wakefield has a website which provides all this information in sections relating to education, services and things to do (<https://wakefield.mylocaloffer.org/>) alongside comprehensive information on many issues for local parents. Between April 2022 and March 2023 the Local Offer website had 58,811 visits with 130,590 pages viewed, this is an increase from the same period in 2021-2022 when there were 36,821 visits with 96,0008 pages viewed. The Wakefield Special Educational Needs / Disabilities (SEND) Local Offer also makes a newsletter called 'News & Views' that is published three times a year. It has information about different conditions, support groups, services and advice and is aimed at children, young people, parents, carers and professionals.

12.3 WESAIL

Wakefield Early Support, Advice, Information and Liaison (WESAIL) service provides Special Educational Needs and Disabilities Information Advice and Support Services (SENDIASS) to children and young people aged 0-25 years and their parents and carers and is currently provided by Family Action (<https://www.family-action.org.uk/what-we-do/children-families/wesail/>) via funding from Wakefield Council and Wakefield Integrated Care Board (ICB). Their work includes providing free advice, support and signposting via phone, text or email, this includes information on how to apply for an EHCP, advice on issues such as reasonable adjustment and annual reviews, as well as for keeping the Local Offer up to date and developing and reviewing what is provided. The team is made up of six people: a service manager, an administrator, a senior SENDIASS officer and three part time officers.

In the first year of the pandemic (2020-21), WESAIL reported 923 calls managed. In 2022/23 1,633 calls were managed, an increase of 76%. The most common reason for enquiry was education (36%). The most common SEN category for callers contacting the service was autism (51%), Social, Emotional and Mental Health was the second largest (14%).

Figure 28 – Main reasons for callers contacting the WESAIL service, 2022/23*



* Sometimes information was not recorded for confidentiality reasons

12.4 WISENDSS

Wakefield Inclusion and Special Educational Needs / Disabilities Support (WISENDSS) are committed to offering support and training at an individual or whole school level in the areas of Autism (ASD), Speech Language and Communication Needs (SLCN), Social Emotional and Mental Health (SEMH) and Learning Support (<https://tradedservices.wakefield.gov.uk/Services/3652>).

Their advisory teachers work across age ranges from early years to post 16 ensuring young people with additional needs are supported in education. All schools have an advisory teacher link and work to embed the SEN Code of Practice and inclusive teaching for young people with additional needs. The service also delivers Autism Education Trust (AET) training to school staff, parents, and delegates from other local services such as children and adolescent mental health services (CAMHS), local area Hubs and Youth Justice.

12.5 Wakefield Parent Carer Forum

Wakefield parent carer forum is an independent parent carer forum led by a group of local parents who listen to and represent the views of local parents, young people and children with special educational needs and/or disability aged 0-25 years old in the Wakefield area (<https://www.wakefieldparentcarers.co.uk/>). Their aim is to work in partnership with service commissioners and providers through participation and co-production to make a positive difference, this includes regular meetings between the forum and Service leads at the Council. It also includes running local events for parents and children including an annual conference 'Let's talk about SEND', SEND soft play and Coffee and Chat sessions.

12.6 Shout Out for Change Group

Wakefield Shout Out for Change is a group for children and young people with Special Educational Needs and/or Disability aged 14 to 25. The group want to have their voices heard on issues that affect them and to influence local and national decision-making. The group meets face-to-face every half-term. In between meetings, we exchange news and views via a closed Facebook page and WhatsApp group. They have shared their outputs with SEND Strategic Partnership Board. Members have also attended special events with

the Department for Education and other participation groups across the country on the SEND green paper and transitions.

13 Risk factors and early identification of children having SEN

13.1 Overview

Factors during pregnancy and in early life can increase a child's risk of having special educational needs. The first signs that a child may have special educational needs such as hearing or vision difficulties or delays reaching early milestones may also start to become apparent before a child starts school to parents, early years providers and health professionals. It is important this is recognised so support can be put into place as early as possible.

13.2 Pregnancy and newborn stage

13.2.1 Maternal risk factors

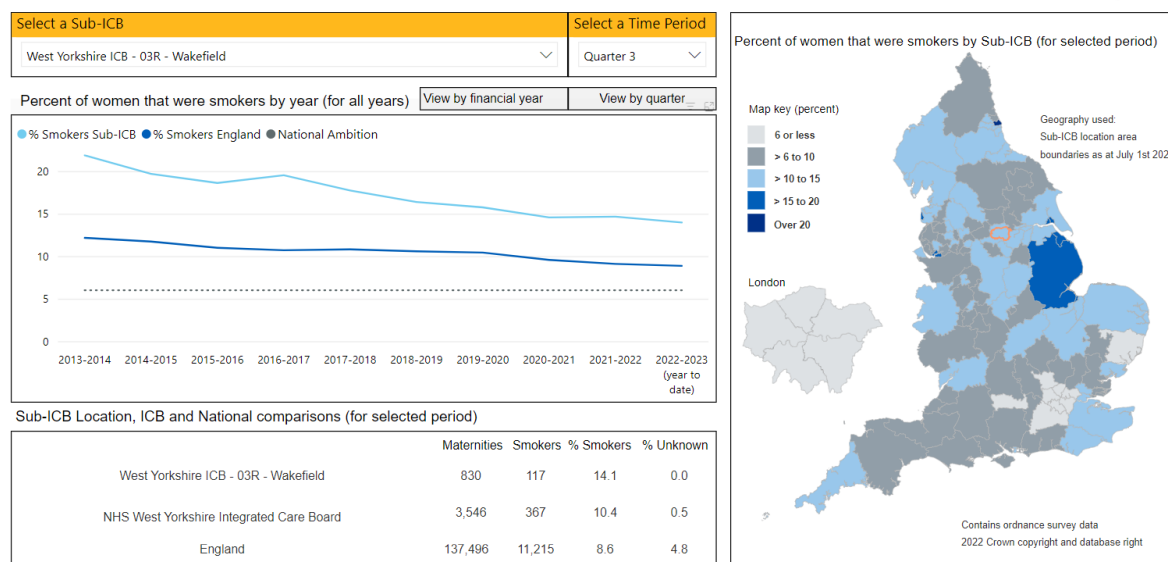
Maternal factors during pregnancy can have an effect on the risk of a child developing some conditions which are associated with developing SEN. Maternal smoking during pregnancy can increase the risk of premature birth and low birth weight. Smoking at time of delivery figures for Wakefield (14.7%) are higher than the England average (9.1%) and Yorkshire and Humber (12.0%) but have been decreasing over time. Several local initiatives in Wakefield such as one to one support to stop smoking and providing shopping vouchers to women who quit smoking in pregnancy are underway to reduce this.

Figure 29 – Smoking status at time of delivery for Yorkshire and the Humber, 2021-2022, screenshot of OHID Fingertips data (OHID Fingertips 2023b)

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↓	-	9.1	9.0	9.2
Yorkshire and the Humber region	↓	-	12.0	11.7	12.2
North East Lincolnshire	→	-	20.3	18.3	22.4
Kingston upon Hull	→	-	17.5	16.2	18.8
North Lincolnshire	→	-	16.5	14.7	18.4
Wakefield	↓	-	14.7	13.6	15.8
Barnsley	↓	-	13.6	12.4	14.9
Rotherham	↓	-	12.8	11.6	14.2
Doncaster	↓	-	12.4	11.3	13.7
Bradford	↓	-	12.1	11.3	13.0
Leeds	↑	-	11.4	10.8	12.1
East Riding of Yorkshire	↓	-	10.9	9.7	12.2
Kirklees	↓	-	10.4	9.6	11.4
Calderdale	→	-	9.6	8.4	10.9
Sheffield	↓	-	9.4	8.6	10.2
North Yorkshire UA	↓	-	8.3*	7.6	9.1
York	→	-	8.0	6.7	9.5

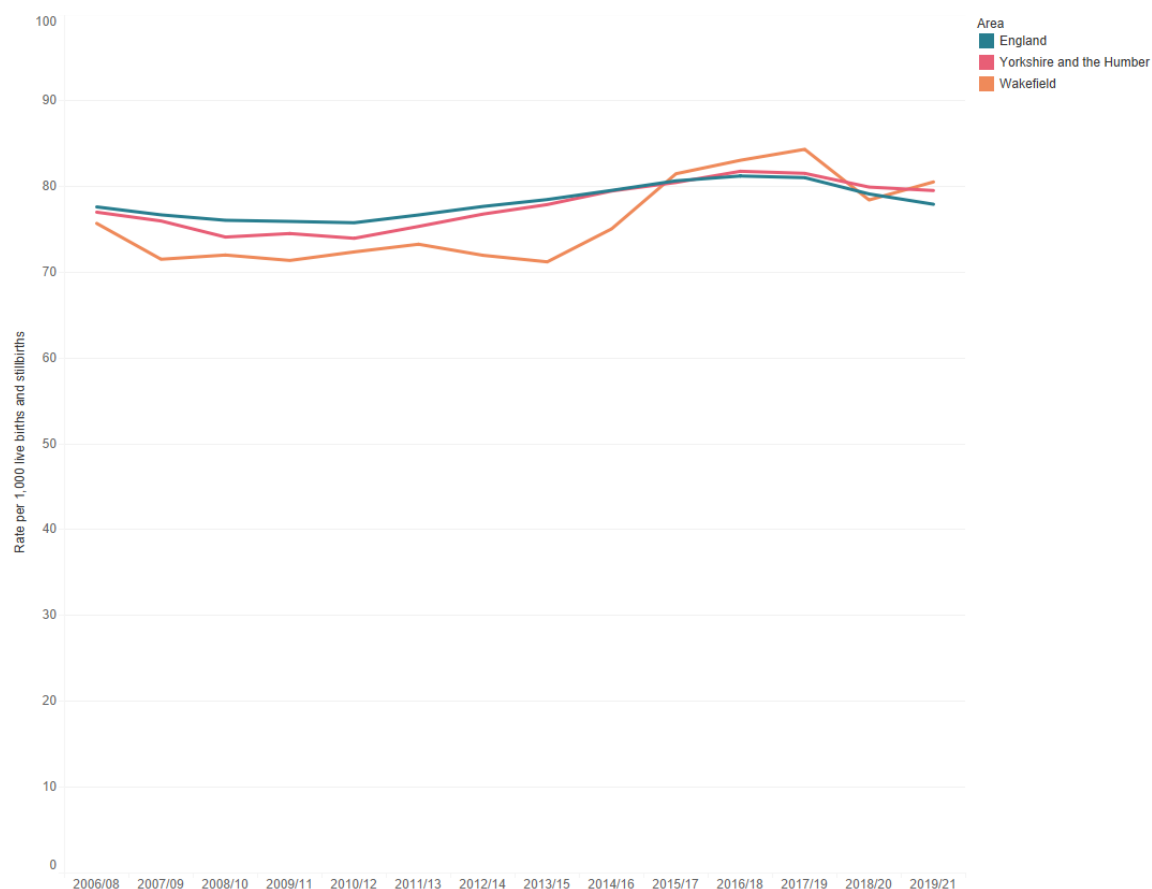
Figure 30 – Screenshot of the NHS smoking at time of delivery (SATOD) data dashboard from NHS England showing the results for Wakefield, 2013/14-2022/23 to date, (<https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-women-s-smoking-status-at-time-of-delivery-england/statistics-on-womens-smoking-status-at-time-of-delivery-england-quarter-3-2022/23>)

Statistics on women's smoking status at time of delivery, England, 2022-2023



In Wakefield 78.4 per 1,000 births were premature (<37 weeks gestation, figures for 2018-20) which is similar to the figures for Yorkshire and Humber (79.9) and England (79.1) (OHID Fingertips, 2023b).

Figure 31 – Rate of premature births (<37 weeks gestation) per 1,000 live births and stillbirths for England, Wakefield and Yorkshire and the Humber, three year rolling average, 2006/08-2019/21



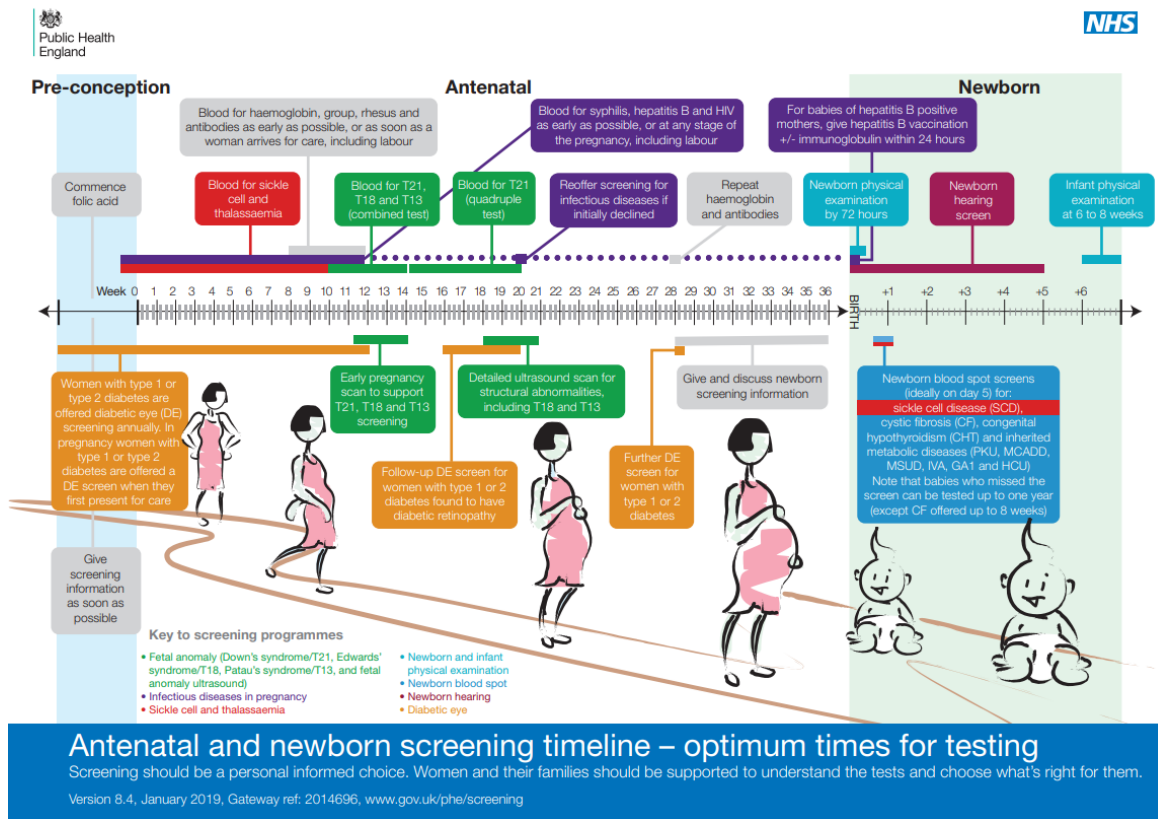
Premature birth has been found to be a risk factor for having special educational needs (SEN) in childhood, a study following up children who are part of the Millennium cohort study found children born at less than 32 weeks were nearly three times more likely to have SEN at 11 years old than those born at 40 weeks, those born at 37-38 weeks also had a slightly increased risk (Alterman, 2021). The E-CHILD study which linked the National Pupil Database with electronic medical records and included over 300,000 children also found gestational age less than 40 weeks increased the risk of a child having SEN and so did the presence of a chronic condition before the age of 2. They also calculated the population attributable fraction (an estimate of the percentage of all SEN in the population which can be attributed to early gestational age) as 3.8% for babies born at less than 39 weeks (Libuy, 2023).

Other factors during pregnancy including obesity, gestational diabetes and alcohol and drug intake can affect SEN risk both directly through conditions such as foetal alcohol syndrome or indirectly by increasing the risk of premature birth or other complications.

13.2.2 Pregnancy and neonatal screening

During pregnancy and after birth routine screening programmes are in place to check for early signs of health conditions that may affect the baby including those which may lead to special educational needs. This can help identify where early treatment can be implemented or extra support put in place. The graphic below given an overview of antenatal and newborn screening in the NHS (<https://www.gov.uk/guidance/nhs-population-screening-education-and-training#antenatal-and-newborn-screening-timeline>).

Figure 32 – Antenatal and newborn screening timeline, source Public Health England (now known as UK Health Security Agency)

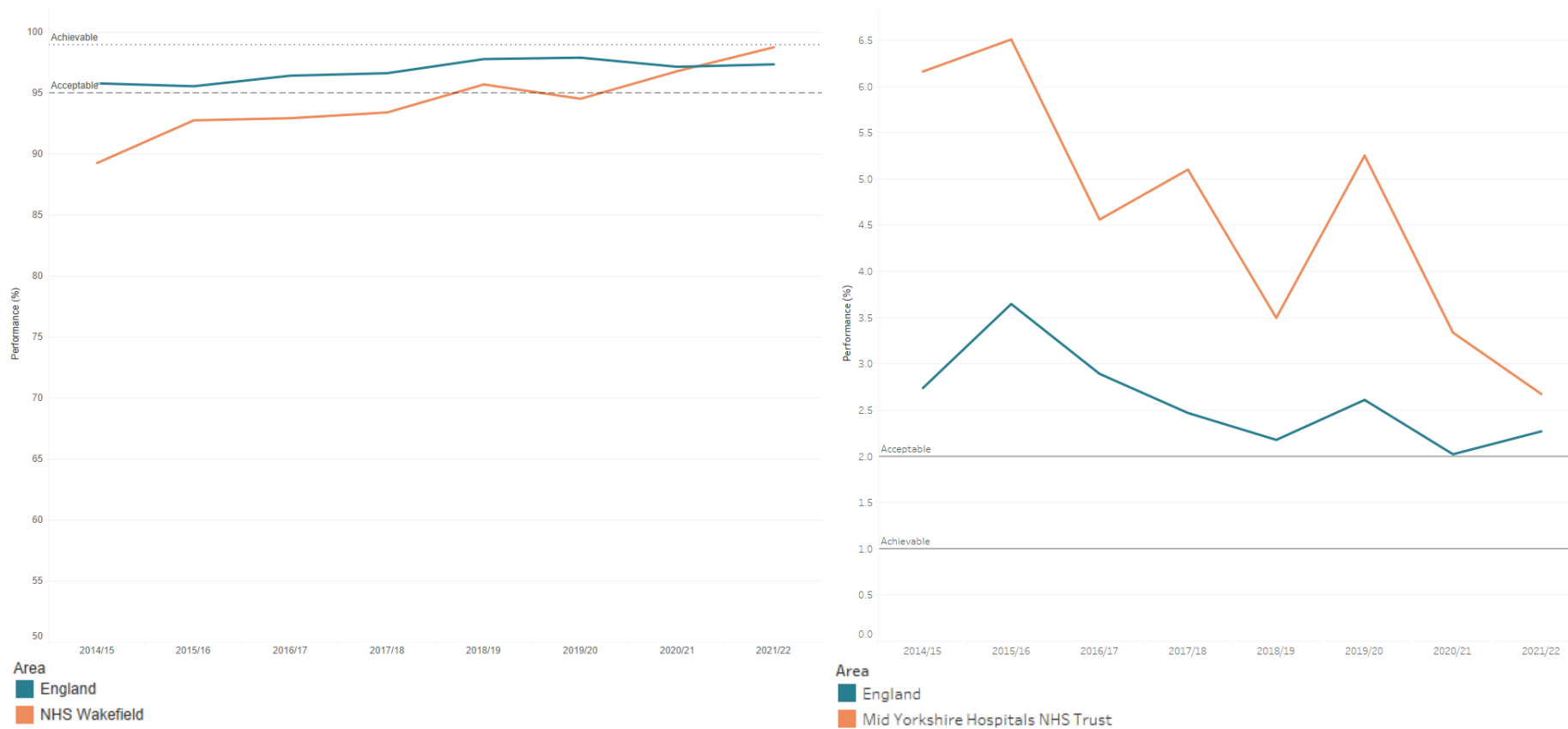


Some information on key performance indicators (KPI) relating to screening are available (UK Government, 2022d) including Wakefield and England averages as well as an acceptable and achievable value for each KPI:

Table 17 – Key performance indicators relating to screening and the 2021/22 values for Wakefield and England plus achievable and acceptable values (values may have been affected by the Covid pandemic)

KPI Indicator	Description	Value for Wakefield 2021/22	Value for England 2021/22	Achievable value	Acceptable value
FA2	FA2 (standard code FASP-S02) shows the proportion of pregnant women eligible for the 20-week screening scan who are tested, leading to a conclusive result within the defined timescale.	99.8	99.1	90	95
NB1	NB1 (standard code NBS-S01a) shows the proportion of babies registered within the CCG both at birth and on the last day of the reporting period who are eligible for newborn blood spot (NBS) screening and have a conclusive result for phenylketonuria (PKU) recorded on the child health information service system (CHISS) ≤ 17 days of age	98.8	97.4	95	99
NB2	NB2 (standard code NBS-S06) shows the proportion of first blood spot samples that require repeating due to an avoidable failure in the sampling process.	2.7	2.3	2	1
NB4	NB4 (standard code NBS-S01b) shows the proportion of all babies eligible for newborn blood spot (NBS) screening who have both: changed responsible clinical commissioning group (CCG), or have moved in from another UK country or abroad, in the reporting period, and a conclusive result for phenylketonuria (PKU) recorded on the child health information service system (CHISS) at less than or equal to 21 calendar days of notifying the child health department of movement in.	93.1	83.5	95	99
NH1	NH1 (standard code NHSP-S01) shows the proportion of babies eligible for newborn hearing screening for whom the screening process is complete by < 4 weeks (28 days) corrected age (in services which provide a hospital model – well babies) and neonatal intensive care unit (NICU) babies or by < 5 weeks (35 days) corrected age (in services which provide a community model – well babies).	98.0	98.3	98	99.5
NH2	NH2 (standard code NHSP-S05) shows the proportion of babies requiring immediate referral who are brought for an audiological assessment appointment in the required timescale.	85.7	88.8	90	95

Figure 33 – Trends in newborn screening results (NB1 and NB2) for England and Wakefield services, 2014/15-2021/22

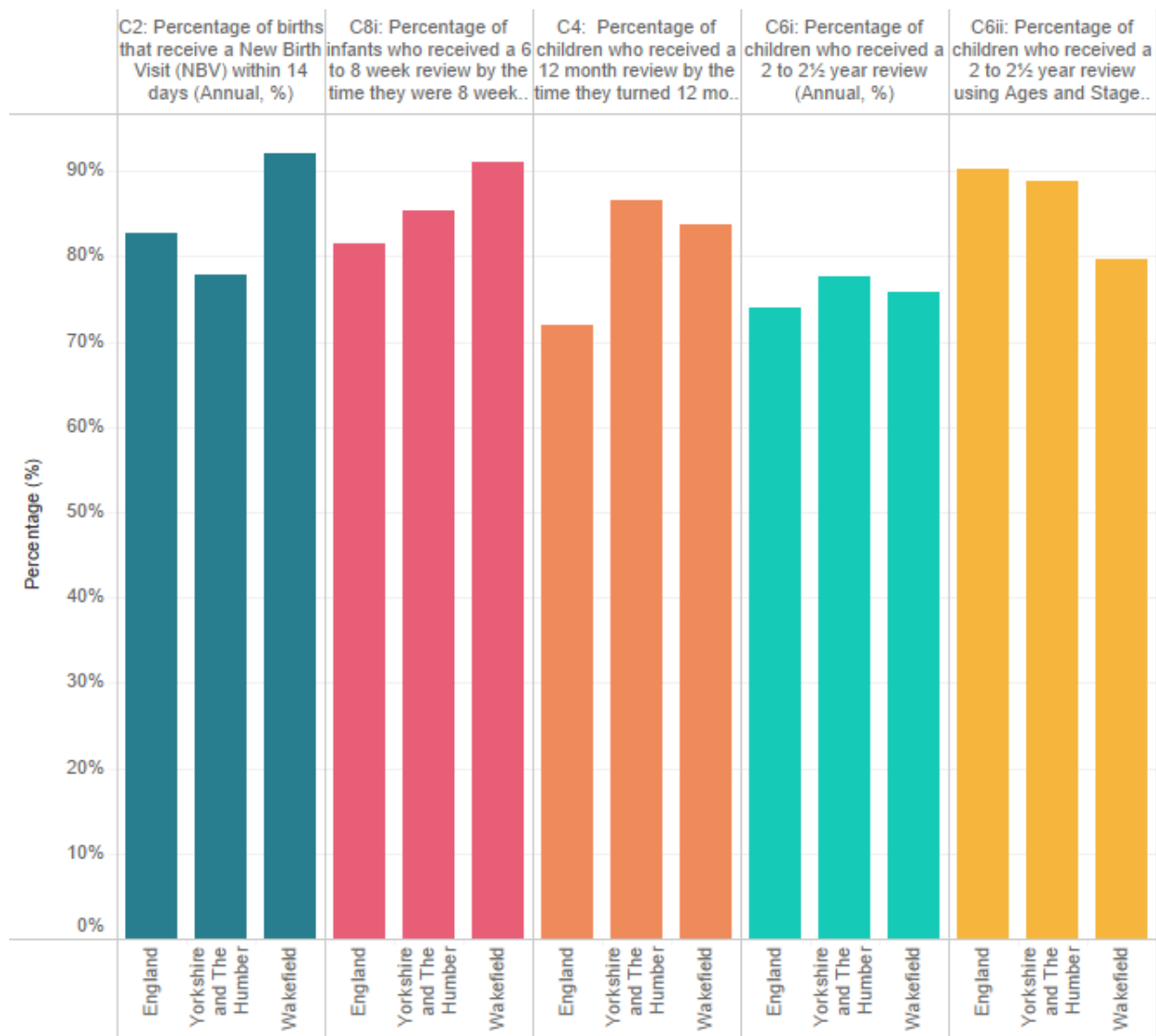


The previous Ofsted report for SEN services for Wakefield remarked that ‘Neonatal blood spot screening, also known as the heel prick test, does not meet the achievable level.’ (Ofsted, 2017). Over time the percentage of PKU registrations from the NBS screening recorded in the allocated time has increased from 89.3% to 98.8% between 2014/15 and 2021/22 and the proportion of blood spot samples that required repeating has reduced from 6.2% to 2.7%.

13.3 Midwife and health visitor checks and identification of SEN

Once a baby is born several health and development checks are carried out as they grow (NHS England, 2020). The main checks all children are entitled to receive are a new birth visit, 6-8 week review, 12 month review and a 2-2.5 year review. Statistics are collected on how many of these visits are carried out and whether they occur within the expected time frame. In Wakefield the latest available annual data are for 2021/22 (UK Government, 2023d), in this period 92.1% of newborns received their new birth visit within 14 days, this was higher than the national and regional average, 91.1% received their 6-8 week check before 8 weeks and 83.8% received their 12 month review by the time they were 12 months old.

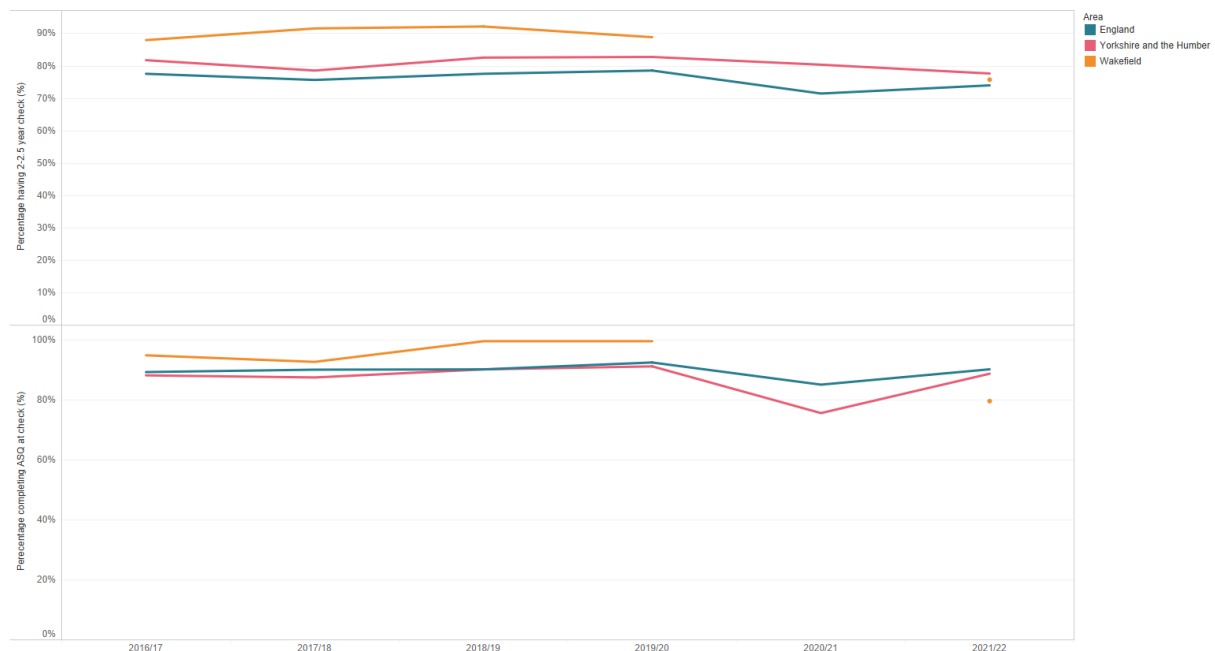
Figure 34 –Health visitor metrics for England, Yorkshire and the Humber and Wakefield, 2021/22 financial year



At 2-2½ years old children have a review covering their health and development, part of this is carried out by the completion of the Ages and Stages Questionnaire (ASQ03). This asks in detail about several areas of development including fine and gross motor skills and, speech and communication. In Wakefield in 2021/22 75.8% of children have their 2-2½ year review with 79.7% of those having completed the ASQ questionnaire, this completion rate is slightly lower than the England average but some of the lower percentages for this year may be due to the Covid pandemic affecting appointments. The completion values for Wakefield for 2020-21 is also missing due to the effect of the Covid pandemic on how data were collected and how services were prioritised and delivered in Wakefield District during this time period.

As part of Wakefield’s Speech, Language and Communication Strategy 2023-2025 an additional screening assessment, the Early Language Identification Measure (ELIM) tool was identified as being an important way to further assess children’s language at this age. Wakefield District was one of the first areas to adopt it as part of the pilot for developing the tool and it is now being delivered to children across Wakefield District.

Figure 35 – Trends in England, Yorkshire and the Humber and Wakefield in completion of 2-2½ check and percentage of checks where the ASQ was carried out (data for Wakefield is missing for 2020/21), 2016/17-2021/22 financial years



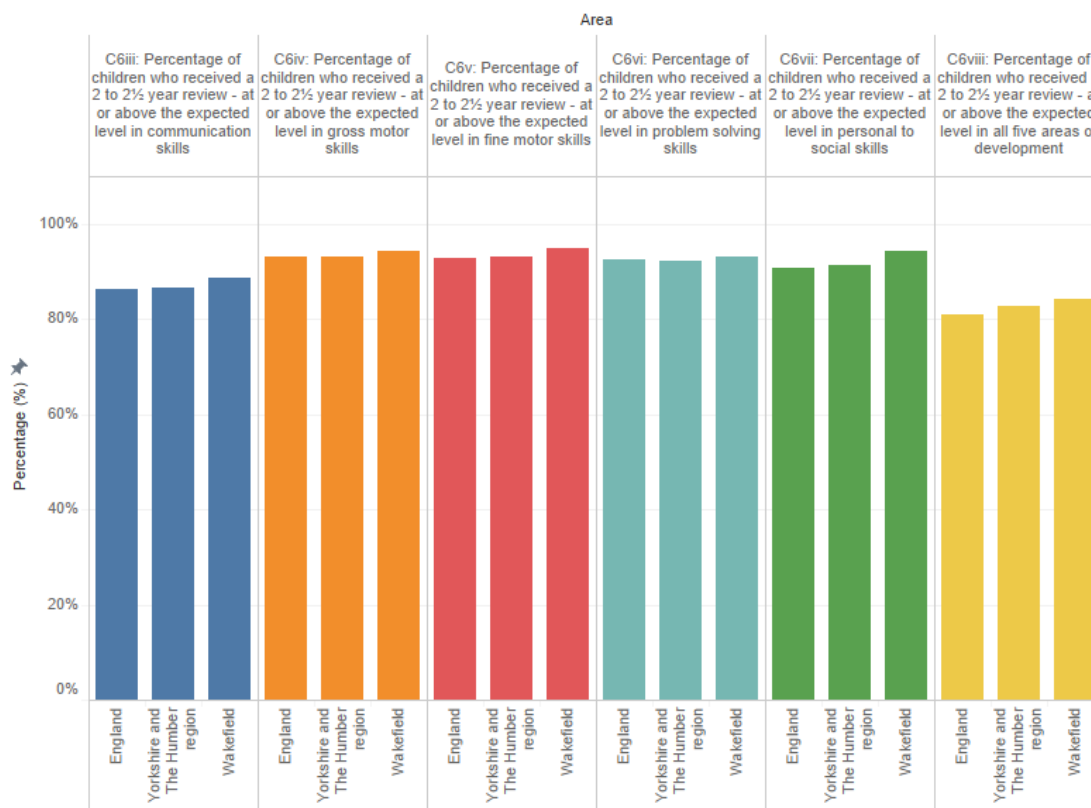
Concerns have been raised previously across England as to whether some children are missing out on these checks as one in five children nationally don’t have a result recorded for this check (NIHR, 2022). Research of checks across England found that children from more deprived areas and looked after children were less likely to have their review recorded (Fraser, 2022).

The results from the child development questionnaire are available by local authority area, the latest annual results are available for 2021/22 (UK Government 2023e) and children are assessed in five main skill areas:

- Communication
- Gross motor
- Fine motor
- Problem solving
- Personal to social

In 2021/22, for Wakefield 84.2% of children who took the test were at or above the expected level in all five areas of development which was slightly higher than the national and regional averages.

Figure 36 – Results from the 2-2½ year review, percentage of children at or above expected levels for England, Yorkshire and the Humber and Wakefield, 2021/22 financial year



13.4 Support for pre-school children with SEN

If any of the reviews by health visitors or through other healthcare and education pathways children under 5 are identified as needing additional support individual plans are put in place to monitor the child’s development or signpost cases to additional organisations who can give extra advice and support. This includes local authority services such as SENDIASS who provide help for under 5s who need extra support due to SEN and their families (see Section 13.3 for more information on SENDIASS) and WISENDSS who provide support for schools. Wakefield Council also offer Portage, a home-visiting educational service for pre-school children with additional support needs and their families. The aim of Portage is to support the development of young children's play, communication and relationships and to encourage full participation in day-to-day life within the family and beyond the home. Portage services are committed to securing inclusion in the wider community for all children and families in their own right (<https://www.portage.org.uk/wakefield-portage-service>).

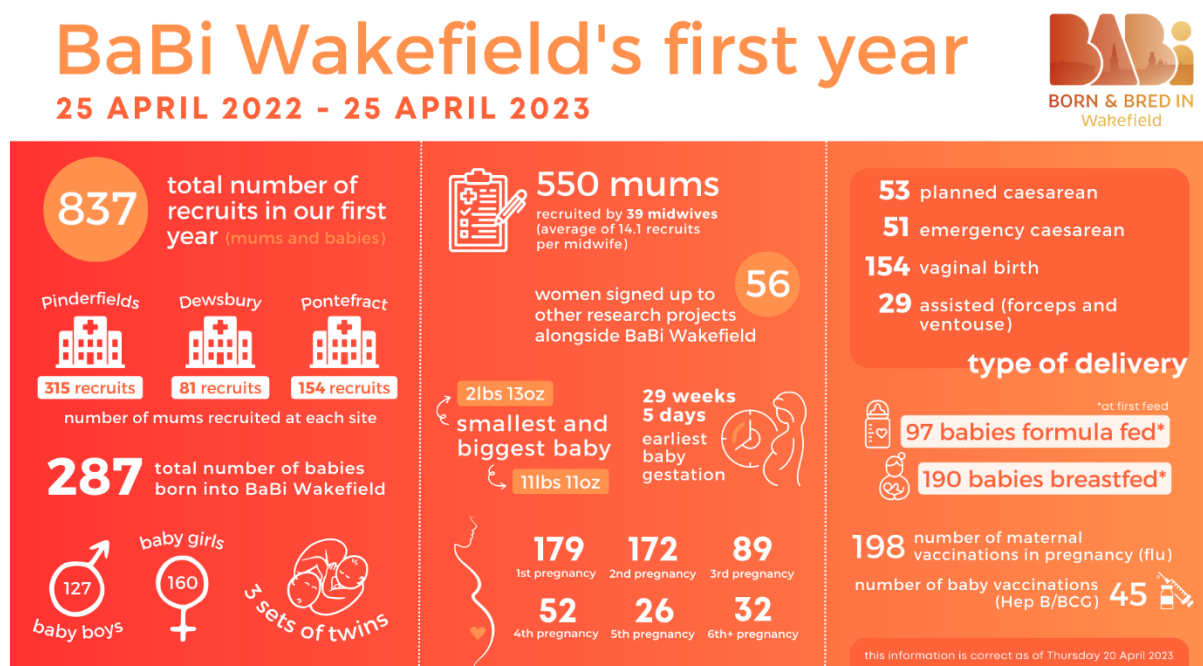
Children who are 3 and 4 years of age can also access additional help through Pre-5 SEN Inclusion Funding and children with a disability and already in receipt of Disability living Allowance (DLA) could be eligible for the Disability Access Fund (DAF).

13.5 Born and Bred in Wakefield Study (BaBi Wakefield)

BaBi Wakefield is an exciting new research initiative which aims to create a picture of local people’s health and lifestyles over time. It is a long-term study that uses research to help identify how we might create a healthier environment for families across the Wakefield

district to enjoy. Starting during pregnancy, data which is routinely collected about mums and babies is linked together to provide a wider picture of the factors affecting local family's health and wellbeing. This includes health, social and educational sources of data, for example baby's birth weight and height, or as blood pressure measurements during pregnancy and may in the future be able to follow up whether some children may be at higher risk of developing special educational needs. The study began recruitment in April 2022 and in the first year 550 mums have been recruited.

Figure 37 – Infographic describing the first year of Born and Bred in (BaBi) Wakefield, Apr 2022-Apr 2023



14 Transition to higher and further education, employment, and adulthood

14.1 Overview

Pathways after leaving school can vary with some children needing no additional support when entering higher and further education or the workplace, others will receive support from their education establishment or employer directly through adaptations or adjustment as required. Those with an EHCP in Wakefield receive support on the transition pathway which begins in year 9 and can continue until the age of 25 years (<https://wakefield.mylocaloffer.org/preparing-for-adulthood/children-and-young-people-with-ehcp-support/>), this can include help with education, employment and preparation for independent living. There are four 'preparing for adulthood' outcomes as described by the UK Government:

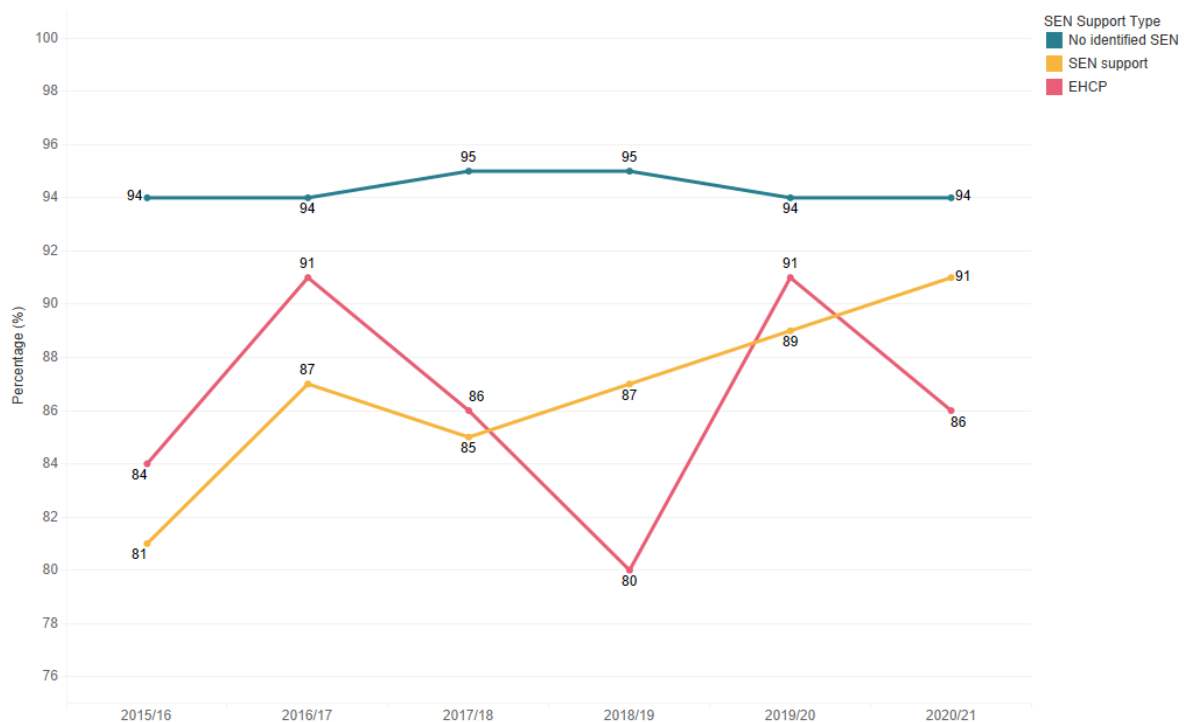
- moving into paid employment and higher education
- independent living
- having friends and relationships and being part of their communities
- being as healthy as possible

Source: UK Government, 2017

14.2 KS4 Destinations

When leaving Key Stage 4 after Year 11 a lower percentage of children with SEN in Wakefield enter employment, education or training than those without SEN. In 2020/21 94% of pupils with no SEN entered employment, education or training, 91% of those with SEN support and 86% of those with an EHCP. The numbers for Wakefield are relatively small so there is some variation over different years (Department for Education, 2023c). Research using the Longitudinal Education Outcomes (LEO) data-set to follow school pupils for 15 years after they completed their GCSEs between 2002-2007 found those with SEN Support or an EHCP (then called SEN with or without a statement) had lower earnings and higher unemployment than their peers (Anderson, 2021).

Figure 38 – Percentage of pupils in sustained education, employment and apprenticeships by SEN provision type 2015/16-2020/21 academic years



14.3 Supported internships

A Supported Internship is a one year full time structured study programme aimed at young people aged 16 to 24 with a learning disability and an Education, Health and Care Plan (EHCP). The programme primarily, is based at an employer's premises, with the intention it enables a positive progression route to paid and sustainable employment. Interns spend around 75% of their time working and gaining experience in a real work setting (3 work placements a year) developing the skills that are valued by employers.

Wakefield has 3 Supported Internship Programmes, listed below:

- Project SEARCH Pinderfields Hospital. This involves working across the hospital in Patient Portering, Abacus Nursery, Sterile Services, Facilities, Catering and Regional Spinal Injuries Unit.
- Project SEARCH West Yorkshire Integrated Care Board Wakefield is a new partnership and will focus on admin roles with areas within the NHS offering internship rotations available at Spectrum Community Health CIC, SLD Training and NHS West Yorkshire Integrated Care Board.

- The Shaw Trust Internship Programme. Placements are matched to the young person's needs and vocational interests and rotations with local businesses including, Wakefield Hospice, The Entertainer, Young Lives, Create Café, Mc Donald's, MENCAP, Oakfield Park and Pinderfields Primary School.

14.4 Independent living

Several areas of Wakefield Council work to support those with SEN to live as independently as possible, this includes offering travel and journey advice through Wakefield Independent Travel Training. An annual event called Preparing for Adulthood and Careers Event, is open to all pupils in Year 9 and above and provides support and advice to children identified as having SEN to showcase post-16 options with a number of exhibitors from across different organisations.

14.5 Youth offending

Previous studies and surveys have found those who enter the youth justice system are more likely to have special educational needs especially speech, language and communication difficulties (Hughes, 2012). A national data linkage project following up pupils who graduated in 1994 found that more than three quarters of those receiving a custodial had been identified with special educational needs (SEN) at some point during their schooling. People who went on to receive custodial sentences were almost five times more likely to have had a SEN statement than people with no criminal convictions (18.0% compared with 3.8%) (ONS, 2022)

In a December 2020 review of Wakefield Youth Offending Team's (YOT's) cohort (Youth Conditional Cautions and Court Orders) 47% of children were of statutory school age, and 53% eligible for post 16 provision, with 84% in academic years 10 upwards. In terms of the YOT caseload as a whole, 21% have an Education, Health and Care Plan with a further 9% of children having had special educational needs identified by secondary education. Between October 2019 and March 2020 as part of a Violence Reduction Unit funded project Wakefield YOT completed Speech and Language assessments for all children subject to statutory interventions. These assessments identified 78% as having moderate or severe speech, language and communication needs (Wakefield Council, 2021).

15 Wider support for Children with SEN in Wakefield

15.1 Wakefield Families Together

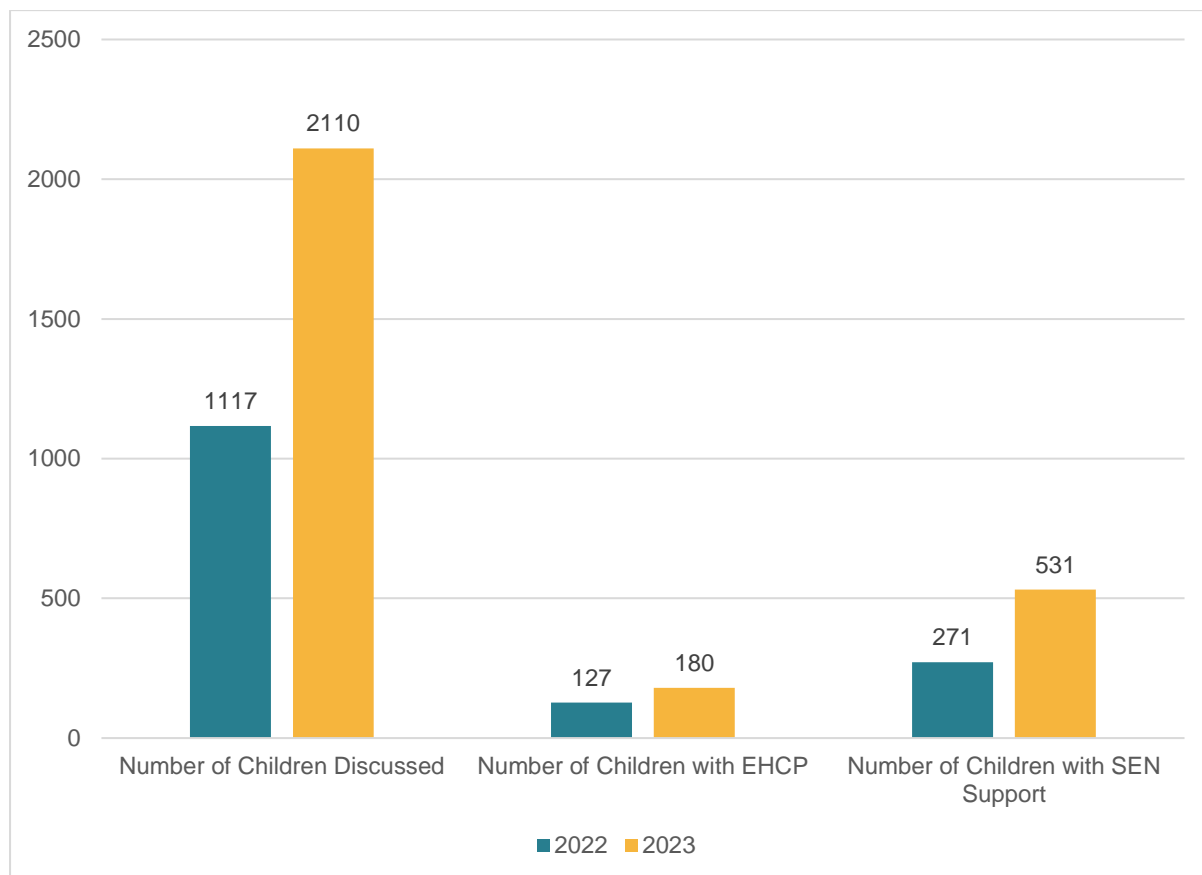
Wakefield has developed the Wakefield Families Together model to provide local help to families across the District within their own community through family and youth hubs (<https://www.wakefieldfamilies-together.co.uk/>).

There are nine family hubs and two youth hubs across six area clusters. As part of the support available to families the Team Around service which includes 'Team around the Early Years' and 'Team around the School' provide support with concerns on behaviour, school attendance, or emotional health and wellbeing to provide a bespoke support package for each family who needs it. Between March 2022 and July 2023 3,227 children and their families have been offered support, 802 who have SEN support (25%) and 307 (10%) who have an EHCP. The Families Together model has also been used as a case study by the Anna Freud National Centre for Children and



Families (<https://www.nationalcentreforfamilyhubs.org.uk/case-study-team-around-the-school-wakefield/>).

Figure 39 – Number of children discussed overall and with SEN support or EHCP at Team Around meetings, Mar 2022-Jul 2023



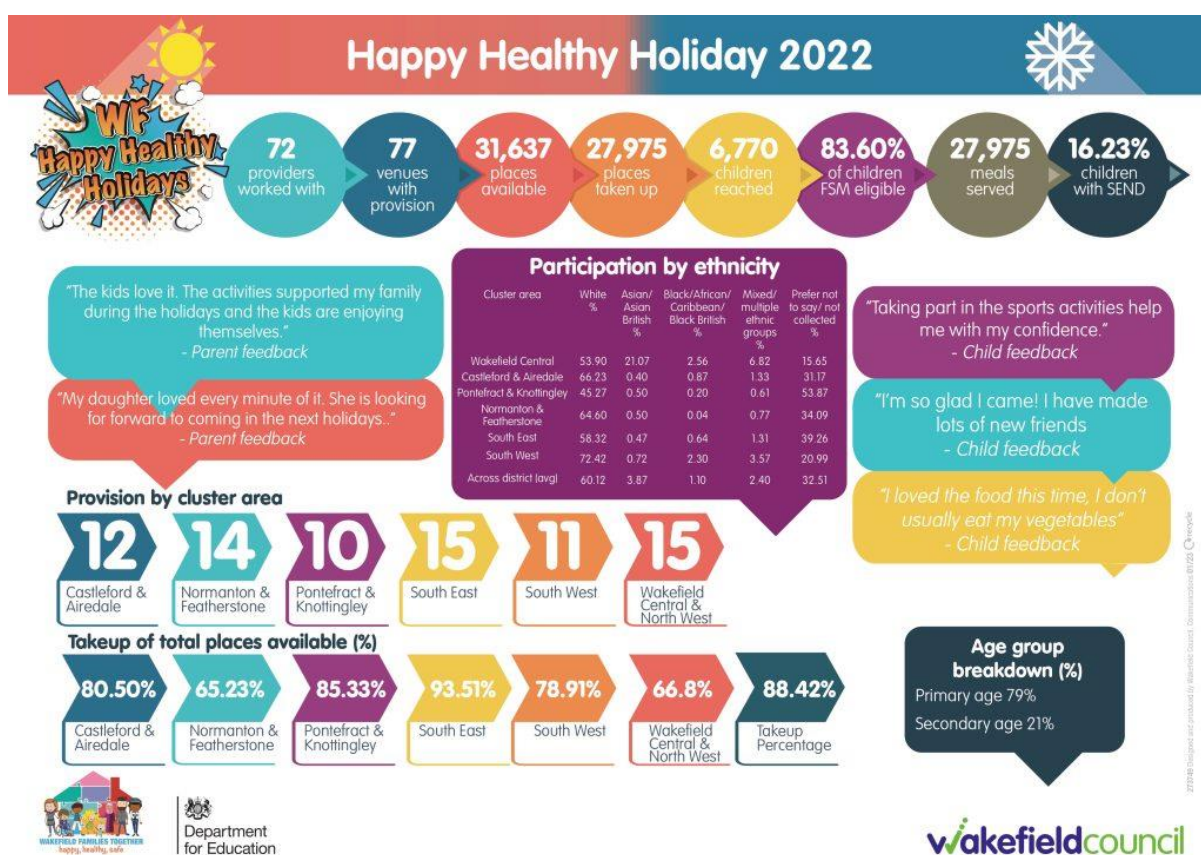
15.2 Early Help assessments

Whereas Team Around meetings are more unique to Wakefield and the Families Together approach early help assessments are carried out across most local authorities. A total of 551 children with special educational needs were subject to an early help assessment, 398 had SEN Support and 153 had an EHCP.

15.3 Happy, Healthy Holiday scheme

The Happy, Healthy holiday scheme provides holiday clubs through grant funding from the government, in 2022 16.2% of the children who took part were identified as having SEND (taken from: <https://www.wakefieldfamilies-together.co.uk/community-support/happy-healthy-holidays/>). The scheme is continuing in Summer 2023.

Figure 40 – Infographic showing the number of children participating in the Happy Healthy Holiday scheme run by Wakefield Council in 2022



15.4 Dolly Parton Imagination library

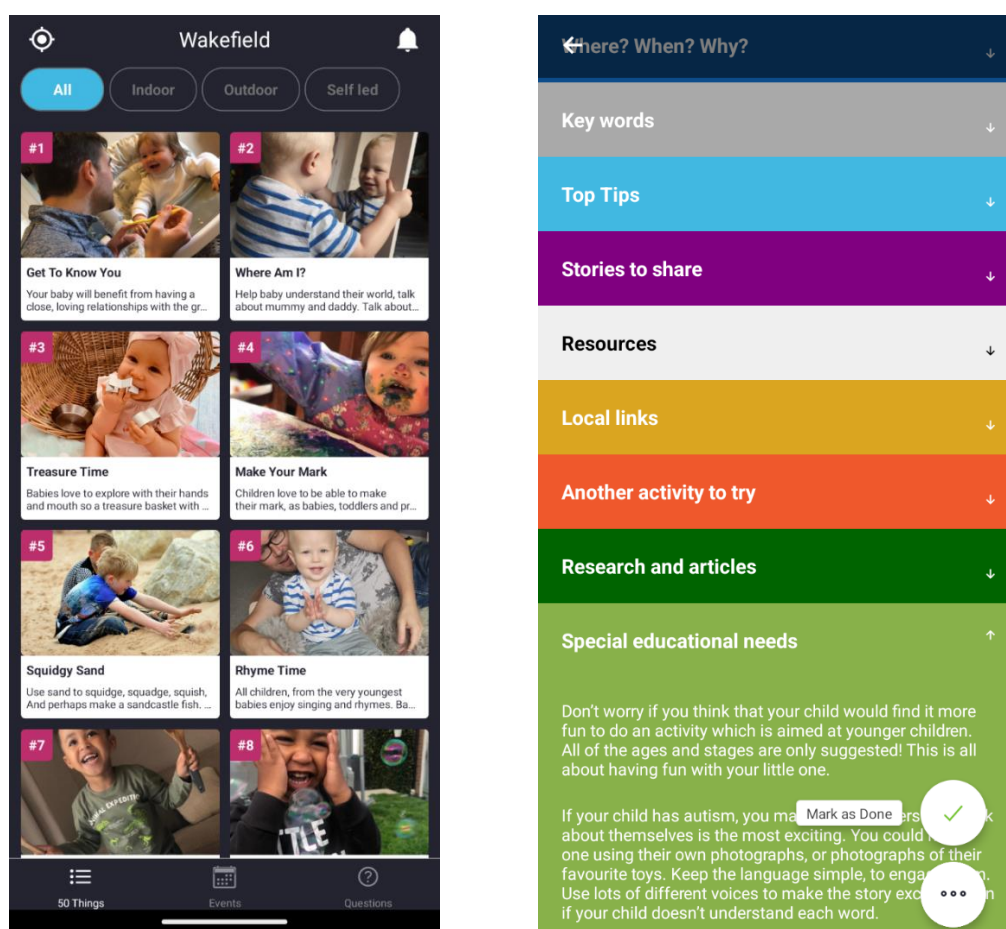
The Imagination Library is a book gifting scheme for under 4's that delivers (by post) one high quality book each month, building up a home library of books. Registration is open to babies aged 0 to their second birthday from the wards of: Knottingley, Pontefract North, Pontefract South, Castleford Central and Glasshoughton, and Airedale and Ferry Fryston. The scheme supports babies and children to develop a love of reading, helping them to start fulfilling their potential and succeed throughout their lives (<https://imaginationlibrary.com/>).

In May 2023 have been a total of 1,891 registrations since the project began, of which, 1,569 are active members and 322 have now "graduated" from the library (i.e. are now over 4 years old and no longer receive books from the scheme). Over 30,000 books have been given to children across some of the most deprived areas of Wakefield. SEN status of children taking part is obtained once the graduates complete the EYFSP assessment at the end of reception. So far, 43 children have been through the EYFSP assessment, 6 were recorded as having SEN Support, and none were recorded as having an EHC plan in place.

15.5 50 things to do before you're five

A free app developed to help 0-5 years olds become school ready 50 things to do before you're five Wakefield offers ideas for activities for young children to help to offer a range of experiences that are important for early child development (<https://wakefield.50thingstodo.org/app/os>). It also includes additional suggestions to make activities accessible for children with special educational needs with additional suggestions under an extra tab.

Figure 41 – Screenshot of the 50 things app showing activities available and the additional special educational needs tab.



15.6 Museums, Castles and Libraries

Wakefield museums and castles include Pontefract and Sandal Castles and Castleford, Pontefract and Wakefield museum. As well as welcoming children with SEN at their regular educational sessions such as craft activities, writing workshops and exploration of the exhibits they also provide additional SEND sessions with a more relaxed atmosphere.

There are nine libraries across the Wakefield District with books on a range of topics including specialist collections on subjects including autism, mental health and other books to support learning including large print and other books which are accessible to different audiences. There are also special children's collections to help children with dyslexia and quick read shorter versions of books which are more accessible. Wakefield libraries service also provide autism friendly guides to libraries services for each library in the Wakefield District (e.g. Normanton, <https://www.wakefield.gov.uk/media/haxpuxb0/autism-friendly-guide-normanton.pdf>) and a floor plan to help in planning a visit.

All libraries offer free Storytimes some including Makaton rhymes and the Makaton Rhyme Challenge is promoted within the annual cultural festival, WordFest. Tover tafels (overhead projector games which are interactive and encourage interaction for all abilities) are available in eight of our libraries and are popular with all families and ages. Library staff also attend 'SEND Stay & Plays' at the Family Hubs at least twice a year. A 'Quiet hour' is promoted at Wakefield Library, while Castleford Library welcomes children attending Kingsland Primary Castleford for a bespoke storytime.

The library service is also part of the BookStart campaign (<https://www.wakefield.gov.uk/libraries-and-local-history/what-wakefield-libraries-offer/bookstart/>) offering a book pack to babies aged 8 to 12 months through their health visitor or available in the library directly. In 2023/23 3,849 children received a baby book pack (97.9% of all children born in Wakefield District) with others being distributed as children grow older mainly to more target groups. There are also special packs for children with additional needs: Bookshine (children who have a hearing impairment), Booktouch (with a visual impairment), or Bookstart Star (for those with a range of SEN). In 2022/23 in Wakefield 62 Booktouch, 46 Bookshine and 119 Bookstart Star packs were gifted.

16 Discussion and Future Work

16.1 The effect of the Covid pandemic

16.1.1 *Timing of pandemic and lockdowns*

During 2020-2021 the Covid pandemic had a major impact on education in England, over the course of two years as Covid cases increased there were three periods of national lockdown leading to restrictions on many aspects of everyday life alongside two periods of school closures. Schools were first closed to the majority of pupils from 18th March 2020, followed by a phased reopening for some pupils from 1st June for primary schools and 15th June for secondary schools with a full return in September 2020. The second school closures were in place from December 2020 until a phased return began on 8th March 2021 (Wikipedia, 2023).

Many pupils with SEN would be classified as being vulnerable to the infection and may have shielded due to the health risks of Covid but at the same time some children with an EHCP were prioritised to attend school during the closures though experiences varied (Ofsted, 2021). Many aspects of education will have been affected by these closures and their full impact is still being evaluated and understood in Wakefield as it is nationally. A recent parliamentary report has highlighted how the pandemic and the loss of learning time may have widened inequalities in education (House of Commons Committee of Public Accounts, 2023).

16.1.2 *Effect of pandemic on children with SEN*

During the Covid pandemic several factors may have affected children with SEN including:

- Loss of learning time and lack of support at school.
- Delays in diagnosis.
- Increase in anxiety related to going to school.
- Lack of access to medical appointments and therapy.
- Children being less prepared for the start of school affecting SEN diagnosis.
- Delays and difficulties with developing skills especially speech, language and communication due to lack of interaction due to lockdowns.
- Mental health effects of the pandemic and related lockdowns may be greater in children with some types of special educational needs.

A national government panel survey interviewed parents of all children including those with SEN and found in July 2021 (the last time the survey was carried out) that overall 40% of parents of pupils with SEND were unable to access some support they felt their child needed. The main reasons why they felt they were unable to access support were because support staff were not available (33%) or because they were in the process of being assessed / awaiting a referral (24%). However, a quarter of parents (24%) did not know why their child was currently unable to access the support they needed (IFF Research Ltd, 2021).

An overview on Covid effects on mental health nationally by the Office of Health Improvement and Disparities (2022) found several pieces of evidence that showed some children with SEN appear to have suffered substantial impacts on their mental health and experienced greater anxiousness during the pandemic than children without SEN. This was in contrast to other who were found to prefer home schooling or the smaller classes and quieter learning environment that was caused by fewer pupils remaining at school during the pandemic.

The effect of the Covid pandemic has been ongoing in some aspects of school life especially in lower levels of school attendance. Severe and persistent absence have both continued to be at levels higher than pre-pandemic for all pupils. A Centre for Social Justice (2022) report found children with Special Educational Needs and/or Disabilities have higher rates of severe absence and that pupils and families needing support for absence were presenting with higher need post-pandemic. There has also been an increase in children who have emotionally based school avoidance which can also affect attendance, support is offered on the Wakefield Local Offer page (<https://wakefield.mylocaloffer.org/common-worries/emotionally-based-school-avoidance/>).

16.1.3 Support during the Covid pandemic for children with SEN and their families in Wakefield

Wakefield Local Offer has developed a list of resources to help parents and carers with the effects of the Covid pandemic signposting advice and support available nationally and locally (<https://wakefield.mylocaloffer.org/important-information/covid-19/>). A report was produced by the multi-agency SEND Strategic Partnership Board called 'Insights into the impact of COVID-19 on children and young people with SEND in Wakefield' (Wakefield SEND Strategic partnership board, 2021), this summarised national research as well as locally available reports from parents about their concerns. This information then helped inform local delivery of services as described in the report in detail, this included:

Priority vaccinations for key staff - targeted vaccinations for those staff who were essential to keep services operating for children and young people with the most complex needs.

Flexible Approach to Support – the complex care team offered bespoke services such as television package subscriptions, takeaway vouchers and books, garden games and entertainment packages for families as well as rosettes for children for getting through lockdown.

Wakefield Parent Carer Forum – Additional liaison with the parent carer forum was carried out to understand parents' concerns and needs. The forum provided additional social and practical support for parents including virtual coffee mornings, online games, a chat group on Facebook and regular webinars on relevant topics.

School support and attendance – school attendance was monitored daily and followed up, special schools were supported and multi-agency meetings were carried out to discuss attendance and safeguarding for vulnerable pupils. Resources were developed for schools and settings by our Education Psychology Team along with our Education Improvement Teachers giving advice on topics such as the return to school and grief and bereavement. Support is ongoing with resources including an advice line staffed by Education Improvement Teachers (EIT) for all parents worried about their children beginning school each September.

Short breaks and holiday schemes – Additional resources were provided including books, crafts and other activities, overnight respite care was kept over at a reduced capacity rather than closing. Specialist short breaks were provided in the holidays to allow children to attend.

16.1.4 Early Years impact

There are ongoing concerns that children born during the pandemic and now just beginning to enter early years education may not be as prepared for starting school due to a reduction in social opportunities due to the Covid pandemic. In a national survey carried out in 2021 parents were asked to think of the overall disruption to schools and childcare settings caused by the COVID-19 pandemic, and to say to what extent they thought this had harmed their child's social and educational development. Over half (54%) of parents felt that the disruption had harmed their child's development a great deal or a fair amount. The disruption was felt most for school-age children, with 60% of parents feeling that their school-age child's development had been harmed, but 38% felt the same for pre-school children (Department for Education 2022e).

The most recent Ofsted report noted a concern that pupils may be classed as SEND due to falling behind due to Covid (Ofsted, 2022):

“Nearly 1.5 million school pupils are currently identified as having SEND, an increase of almost 77,000 in the year. But with the system under pressure, accurate identification is critical. We know that many children fell behind during the pandemic and need help to catch up, but nonetheless do not have SEND in the normal usage of the term. Labelling these children as having SEND is not right for them and also puts an unnecessary burden on the system.”

Ofsted Annual report 2021/22

16.1.5 Effect on trends and data collection

In recent years trends and findings may have been affected by the Covid pandemic. This may mean trends may not continue or that some data collection methods will have varied due to the pandemic. This may make the results not comparable to previous years and so caution should be taken when interpreting some of the figures.

16.2 Variable factors affecting diagnosis and outcomes

In many cases SEN services are based on a child's needs but alongside educational adjustments, diagnosis and therapy can be important as part of the full array of appropriate help. Currently some diagnostic services such as autism assessment and CAMHS are experiencing long waiting times in Wakefield as is seen nationally. This means there may be children and young people waiting for support and may mean some groups such as autism may not include all children with this primary need as some may be classed as speech, language or communication need or similar whilst awaiting diagnosis.

Many other factors can also affect diagnosis such as changing awareness of some conditions and diagnoses. Recently ADHD and autism have received more publicity and therefore more children with this type of need may be identified. There may also be misrepresentation of other needs such as trauma, language and cultural differences and loss of learning time due to other illnesses or Covid which may lead to the missing of milestones or slower development but are not in themselves reasons for identifying SEN.

Variations between areas in levels of SEN and educational outcomes may be present for lots of different reasons, some outcomes such as levels of exclusions and expulsions may be highly variable between schools who have different policies on dealing with behaviour. Other

variations in how special educational needs are assessed and identified within schools may also affect how a primary need is classified so this may also lead to variation.

17 Ongoing assessment of need

This report was produced to give a detailed insight at a specific point in time, the website will provide a more concise but more frequently updated snapshot of current services.

Assessment of need will continue over time to feed into the support provided in Wakefield District. The development of new data sources such as the ICB linked health data-set will help improve insight into this cohort of children.

18 References

- AbilityPath.org (2015) Finding Balance - Obesity and Children with Special Needs, <https://abilitypath.org/wp-content/uploads/2015/11/obesity-report.pdf>.
- Alterman N, Johnson S, Carson C, Petrou S, Rivero-Arias O, Kurinczuk JJ, Macfarlane A, Boyle E, Quigley MA. Gestational age at birth and child special educational needs: a UK representative birth cohort study. Arch Dis Child. 2021 Sep;106(9):842-848. doi: 10.1136/archdischild-2020-320213. Epub 2021 Jan 22.
- Anderson, O and Nelson, M (2021). Post 16 education and labour market activities, pathways and outcomes (LEO), Link: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1122775/Research_report_-_Post_16_education_and_labour_market_activities_pathways_and_outcomes_LEO.pdf
- Baines, E. Annual Health Checks for People with Intellectual Disabilities in General Practice, <http://www.intellectualdisability.info/how-to-guides/articles/annual-health-checks-for-people-with-intellectual-disabilities-in-general-practice>
- Barnado's (2021). Barnardo's WESAIL Annual Report 2020-21. Link: www.barnardosendiass.org.uk/media/ltrfcl5b/barnardos-wesail-annual-report-2020-21-final.docx
- Barnes M, Harrison E (2017) The wellbeing of secondary school pupils with special educational needs. Link: <https://www.gov.uk/government/publications/the-wellbeing-of-secondary-school-pupils-with-sen>
- Centre for Social Justice (2022) Lost but not forgotten: the reality of severe absence in schools post-lockdown. Link: https://www.centreforsocialjustice.org.uk/wp-content/uploads/2022/01/CSJ-Lost_but_not_forgotten-2.pdf
- Chatzitheochari S, Parsons S, Platt L. Doubly Disadvantaged? Bullying Experiences among Disabled Children and Young People in England. Sociology. 2016 Aug;50(4):695-713.
- Children's Commissioner (2019) Briefing: the children leaving school with nothing. Link: <https://assets.childrenscommissioner.gov.uk/wpuploads/2019/09/cco-briefing-children-leaving-school-with-nothing.pdf>
- Department for Education (2022b) Early years foundation stage profile results: 2021 to 2022, <https://www.gov.uk/government/statistics/early-years-foundation-stage-profile-results-2021-to-2022>
- Department for Education (2022c) Key Stage 2 Attainment: 2021 to 2022, <https://explore-education-statistics.service.gov.uk/find-statistics/key-stage-2-attainment/2021/22>
- Department for Education (2022d) Key Stage 4 Performance: 2021 to 2022, <https://explore-education-statistics.service.gov.uk/find-statistics/key-stage-4-performance-revised>
- Department for Education (2022e) Reporting Year 2021: Childcare and early years survey of parents <https://explore-education-statistics.service.gov.uk/find-statistics/childcare-and-early-years-survey-of-parents/2021#explore-data-and-files>
- Department for Education (2023a) Special Educational Needs in England Academic year 2022/23, <https://explore-education-statistics.service.gov.uk/find-statistics/special-educational-needs-in-england>

Department for Education (2023b) Pupil absence in schools in England, Autumn term 2021/22. <https://explore-education-statistics.service.gov.uk/find-statistics/pupil-absence-in-schools-in-england/2021/22>

Department for Education (2023c) Key stage 4 destination measures, Academic Year: 2020-2021. Link: <https://explore-education-statistics.service.gov.uk/find-statistics/key-stage-4-destination-measures>

Doncaster Council (2022) Pupil Lifestyle Survey. Link: <https://www.healthylearningdoncaster.co.uk/pupil-lifestyle-survey>

Fleming M, Fitton CA, Steiner MFC, McLay JS, Clark D, King A, Mackay DF, Pell JP. Educational and Health Outcomes of Children Treated for Attention-Deficit/Hyperactivity Disorder. JAMA Pediatr. 2017 Jul 3;171(7):e170691.

Fleming M, McLay JS, Clark D, King A, Mackay DF, Minnis H, Pell JP. Educational and health outcomes of schoolchildren in local authority care in Scotland: A retrospective record linkage study. PLoS Med. 2021 Nov 12;18(11):e1003832.

Fleming M, Salim EE, Mackay DF, Henderson A, Kinnear D, Clark D, King A, McLay JS, Cooper SA, Pell JP. Neurodevelopmental multimorbidity and educational outcomes of Scottish schoolchildren: A population-based record linkage cohort study. PLoS Med. 2020 Oct 13;17(10):e1003290.

House of Commons Committee of Public Accounts (2023) Education recovery in schools in England. Link: <https://publications.parliament.uk/pa/cm5803/cmselect/cmpubacc/998/report.html>

Hughes N, Williams H, Chitsabesan P, Davies R, Mounce L. Nobody made the connection: The prevalence of neurodisability in young people who offend. Link: <https://assets.childrenscommissioner.gov.uk/wpuploads/2017/07/Nobody-made-the-connection.pdf>

IFF Research Ltd (2021) COVID-19 Parent and Pupil Panel: July findings Report. Link: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1028036/COVID-19_Parent_and_Pupil_Panel_July_findings.pdf

Kahathuduwa CN, West BD, Blume J, Dharavath N, Moustaid-Moussa N, Mastergeorge A. The risk of overweight and obesity in children with autism spectrum disorders: A systematic review and meta-analysis. Obes Rev. 2019 Dec;20(12):1667-1679.

Libuy N, Gilbert R, Mc Grath-Lone L, Blackburn R, Etoori D, Harron K. Gestational age at birth, chronic conditions and school outcomes: a population-based data linkage study of children born in England. Int J Epidemiol. 2023 Feb 8;52(1):132-143.

National Autistic Society (2023) Autistic Women and Girls. Link: <https://autism.org.uk/advice-and-guidance/what-is-autism/autistic-women-and-girls>

NHS England (2020) Your baby's health and development reviews. Link: <https://www.nhs.uk/conditions/baby/babys-development/height-weight-and-reviews/baby-reviews/>

NHS England (2019) Improving identification of people with a learning disability: guidance for general practice. <https://www.england.nhs.uk/wp-content/uploads/2019/10/improving-identification-of-people-with-a-learning-disability-guidance-for-general-practice.pdf>

NHS England (2023) Health and Care of People with Learning Disabilities, Experimental Statistics 2021 to 2022, Link: <https://digital.nhs.uk/data-and-information/publications/statistical/health-and-care-of-people-with-learning-disabilities/experimental-statistics-2021-to-2022>

NIHR (National Institute for Health Research) (2022) Almost 1 in 4 toddlers miss the 2 year development check, <https://evidence.nihr.ac.uk/alert/almost-1-in-4-toddlers-miss-the-2-year-development-check/>

NSPCC Learning (2022) Looked After Children. Link: <https://learning.nspcc.org.uk/children-and-families-at-risk/looked-after-children>

Office for Health Improvement and Disparities (2022) COVID-19 mental health and wellbeing surveillance: report. Chapter 4. Children and young people. Link: <https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-report/7-children-and-young-people>

Office for National Statistics (ONS) (2020) Subnational population projections for England: 2018-based. Link: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/bulletins/subnationalpopulationprojectionsforengland/2018based>.

Office for National Statistics (ONS) (2022) The education and social care background of young people who interact with the criminal justice system: May 2022. Link: <https://www.ons.gov.uk/peoplepopulationandcommunity/educationandchildcare/articles/theeducationandsocialcarebackgroundofyoungpeoplewhointeractwiththecriminaljusticesystem/may2022>

Office for National Statistics (ONS) (2023) Disability by age, sex and deprivation, England and Wales: Census 2021. Link: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/articles/disabilitybyagesexanddeprivationenglandandwales/census2021>

Ofsted (2017) Joint local area SEND inspection in Wakefield. Link: <https://files.ofsted.gov.uk/v1/file/2719415>

Ofsted (2021) SEND: old issues, new issues, next steps, <https://www.gov.uk/government/publications/send-old-issues-new-issues-next-steps/send-old-issues-new-issues-next-steps>

Ofsted (2022) The Annual Report of His Majesty's Chief Inspector of Education, Children's Services and Skills 2021/22, <https://www.gov.uk/government/publications/ofsted-annual-report-202122-education-childrens-services-and-skills>

OHID Fingertips (2023a) Maternal and Child Health profile – Hospital admissions for dental caries (0 to 5 years), <https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/1/qid/1938133263>

OHID Fingertips (2023b) Maternal and Child Health profile – Premature births , <https://fingertips.phe.org.uk/search/premature#page/3/qid/1/pat/6/par/E12000003/ati/401/are/E08000036/iid/91743/age/329/sex/4/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1>

Paget A, Parker C, Heron J, Logan S, Henley W, Emond A, Ford T. Which children and young people are excluded from school? Findings from a large British birth cohort study, the Avon Longitudinal Study of Parents and Children (ALSPAC). Child Care Health Dev. 2018 Mar;44(2):285-296.

PANSI (2022) Projecting Adult Needs and Service Information System – PANSI update 14.2, January 2022, <https://www.pansi.org.uk/>

Parsons S and Platt L (2019) Growing up lonely? Exploring the social outcomes of three generations identified with special education needs or disabilities in childhood. LSE Department of Social Policy. Link: <https://www.lse.ac.uk/social-policy/Assets/Documents/PDF/working-paper-series/08-19-Sam-Parsons-and-Lucinda-Platt-2.pdf>

Public Health England (2014) Obesity and disability Children and young people, Link: https://webarchive.nationalarchives.gov.uk/ukgwa/20170110165944/https://www.noo.org.uk/NOO_pub/briefing_papers

Russell G, Rodgers LR, Ukoumunne OC, Ford T. Prevalence of parent-reported ASD and ADHD in the UK: findings from the Millennium Cohort Study. J Autism Dev Disord. 2014 Jan;44(1):31-40.

Sebba J (2015) The Educational Progress of Looked After Children in England: Linking Care and Educational Data, University of Oxford report. Link: <https://www.education.ox.ac.uk/wp-content/uploads/2019/05/301411.pdf>

Shaw B, Bernardes E, Trethewey A, Menzies L (2016) Special educational needs and their links to poverty, JRF Report, Link: <https://www.jrf.org.uk/report/special-educational-needs-and-their-links-poverty>.

Stat X-plore (2023) Disability living allowance and PIP payments. Link: <https://stat-xplore.dwp.gov.uk/webapi/jsf/login.xhtml>.

Strand S, Lindorff A. (2018) Ethnic disproportionality in the identification of Special Educational Needs (SEN) in England: Extent, causes and consequences. Link: <https://www.education.ox.ac.uk/research/the-unequal-representation-of-ethnic-minorities-in-special-education-in-england-extent-causes-and-consequences/>

The Children's Society (2022) Good Childhood Report 2021. Link: https://www.childrensociety.org.uk/sites/default/files/2021-08/GCR_2021_Full_Report.pdf

NHS Digital (2023) Community Services Statistics: Data sets (<https://digital.nhs.uk/data-and-information/publications/statistical/community-services-statistics-for-children-young-people-and-adults/december-2022/datasets>)

UK Government (2017) SEND: 19- to 25-year-olds' entitlement to EHC plans <https://www.gov.uk/government/publications/send-19-to-25-year-olds-entitlement-to-ehc-plans/send-19-to-25-year-olds-entitlement-to-ehc-plans>

UK Government (2022a) Children looked after in England including adoptions. Link: <https://explore-education-statistics.service.gov.uk/find-statistics/children-looked-after-in-england-including-adoptions/2022>.

UK Government (2022b) Characteristics of Children in Need. Link: <https://explore-education-statistics.service.gov.uk/find-statistics/characteristics-of-children-in-need>

UK Government (2022c) 2021 annual population survey, unemployment by qualification level. Link: <https://www.ethnicity-facts-figures.service.gov.uk/work-pay-and-benefits/unemployment-and-economic-inactivity/unemployment-by-qualification-level/latest>

UK Government (2022d) NHS screening programmes: KPI reports 2021 to 2022. Link: <https://www.gov.uk/government/publications/nhs-screening-programmes-kpi-reports-2021-to-2022>

UK Government (2023a) Children with special educational needs and disabilities (SEND) – extra SEN help, <https://www.gov.uk/children-with-special-educational-needs/extra-SEN-help>

UK Government (2023b) Outcomes for Children in Need, including children looked after by local authorities in England. Link: <https://explore-education-statistics.service.gov.uk/find-statistics/outcomes-for-children-in-need-including-children-looked-after-by-local-authorities-in-england/2022>

UK Government (2023c) Education, health and care plans: England 2023. Link: <https://www.gov.uk/government/statistics/education-health-and-care-plans-england-2023>

UK Government (2023d) Health visitor service delivery metrics experimental statistics: annual data 2021 to 2022. Link: [Health visitor service delivery metrics experimental statistics: annual data 2021 to 2022 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/health-visitor-service-delivery-metrics-experimental-statistics-annual-data-2021-to-2022)

UK Government (2023e) Child development outcomes at 2 to 2 and a half years: annual data 2021 to 2022. Link: <https://www.gov.uk/government/statistics/child-development-outcomes-at-2-to-2-and-a-half-years-annual-data-2021-to-2022>

UK Legislation (2014) Section 20 Children and Families Act 2014. Link: <https://www.legislation.gov.uk/ukpga/2014/6/section/20>

Wakefield Council - Corporate Intelligence Team (2023) State of the District Report. Link: [http://www.wakefieldjsna.co.uk/state-of-the-district-report/..](http://www.wakefieldjsna.co.uk/state-of-the-district-report/)

Wakefield Council (2021). NEET Strategy, 2021-2024. Link: <https://www.wakefield.gov.uk/media/pump0ihh/wakefield-neet-strategy-2021-24.pdf>

Wikipedia (2023) Impact of the COVID-19 pandemic on education in the United Kingdom. Link: https://en.wikipedia.org/wiki/Impact_of_the_COVID-19_pandemic_on_education_in_the_United_Kingdom