



# Health inequalities in York Core20PLUS5 profile for Children and Young People (CYP)

February 2025

*'Health inequalities and the social determinants of health are not a footnote to the determinants of health. They are the main issue.'*

Professor Michael Marmot

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## Purpose of this Pack

The York Population Health Hub (PHH) is a multi-organisation group which brings together colleagues from the local authority and health services, to enable, analyse and undertake population health management in York. The PHH has produced this Core20PLUS5 profile for Children and Young People (CYP) living in York to highlight the health inequalities experienced by different groups of children. We hope that this profile is used by professionals working across the York Health and Care Partnership to drive targeted action in healthcare inequalities improvement.

Core20PLUS5 is an NHS England (NHSE) approach developed by the Health Inequalities Improvement Team to support NHS Integrated Care Systems (ICSs) to reduce health inequalities. Core20PLUS5 offers ICSs a focused approach to enable prioritisation of energies and resources as they address health inequalities. <sup>1</sup>

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1. [Core20PLUS5 \(CYP\) – an approach to reducing healthcare inequalities.](#)

# Reducing Health Inequalities

## CHILDREN AND YOUNG PEOPLE



### Core20

The most deprived 20% of the national population as identified by the Index of Multiple Deprivation deciles **1&2**.

### PLUS

York's population groups experiencing poorer than average health access, experience and/or outcomes



Target Population

# CORE20 PLUS 5

Key clinical areas of health inequalities



### Asthma

Address over reliance on reliever medications and decrease the number of asthma attacks



### Diabetes

Increase access to real-time continuous glucose monitors and insulin pumps in the most deprived quintiles and from ethnic minority backgrounds and increase proportion of children and young people with Type 2 diabetes receiving annual health checks.



### Epilepsy

Increase access to epilepsy specialist nurses and ensure access in the first year of care for those with a learning disability or autism.



### Oral health

Address the backlog for tooth extractions in hospital for the under 10s



### Mental health

Improve access rates to children and young people's mental health services for 0–17 year-olds, for certain ethnic groups, age, gender and deprivation.

## Key statistics for CYP

This dashboard brings together local health, social care, and housing data to help provide an overview of Core20PLUS5 in York.



**Ethnicity in 0-18 age group:**  
**1,285 Asian/Asian British**  
**289 Black/ African/ Caribbean/Black British**  
 (2021 Census)



**82 households owed a main homelessness duty, 42 included dependent children.**  
 (Homelessness in England 2023-4)



**241 Young Carers** (up to the age of 18-year-old) supported by York Carers Centre  
 (York Carers Centre Annual Report 2023-2024)



**1,062 16+ years old Transgender/Non-binary CYP** in York.  
 (2021 Census)



**93 Gypsy and Traveller children** and young people in school in York  
 (The School Census 2023)



More than **4000 CYP** seen in York every year **with** mild to severe **mental health** difficulties.  
 (TEVW 2024)



**24.4%** of all **SEND** needs in York are for social, emotional and mental health needs.  
 (Academic Year 2022)



Total in education, employment or training:  
**Age 17 to 21: 71 care leavers**  
**Age 22 to 25: 102 care leavers**  
 (gov.uk 2024)



**232 children in care**, excluding Short Break between 01/09 - 30/09 2024  
 (York Open Data 2024)

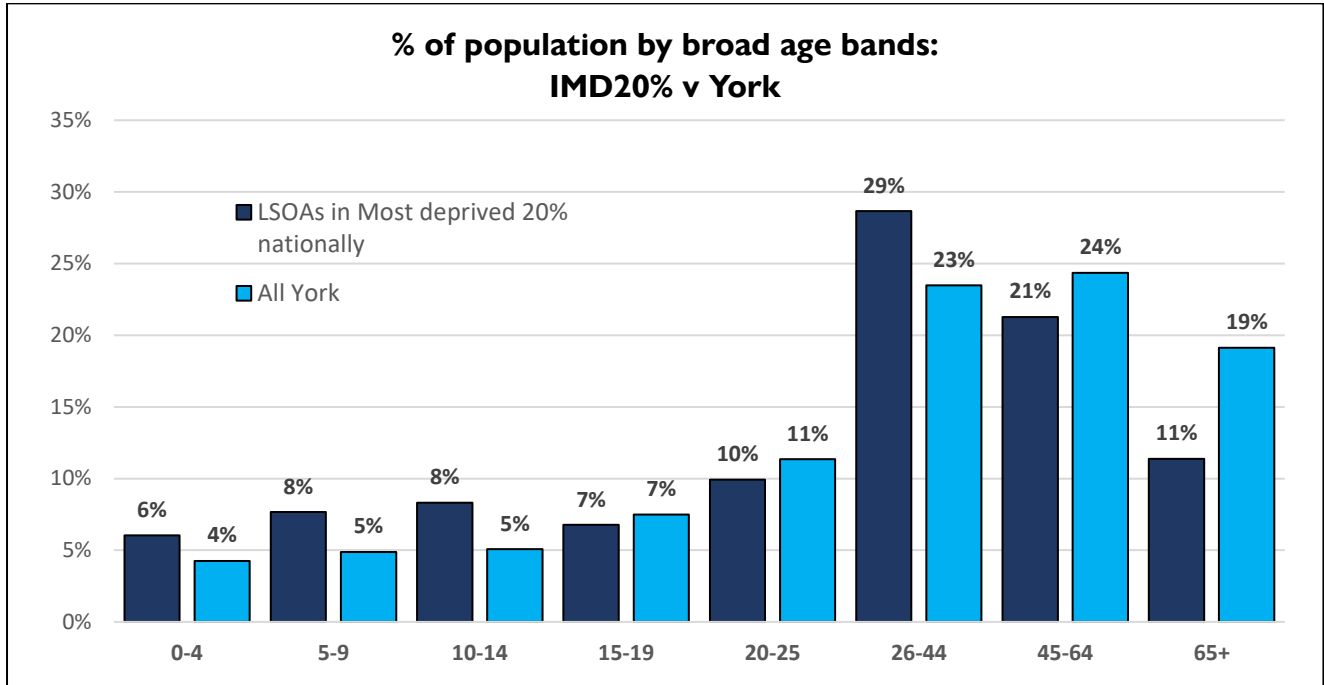


**81 Children** Living with Drug Users Entering Treatment  
 (2020-2021, NDTMS)

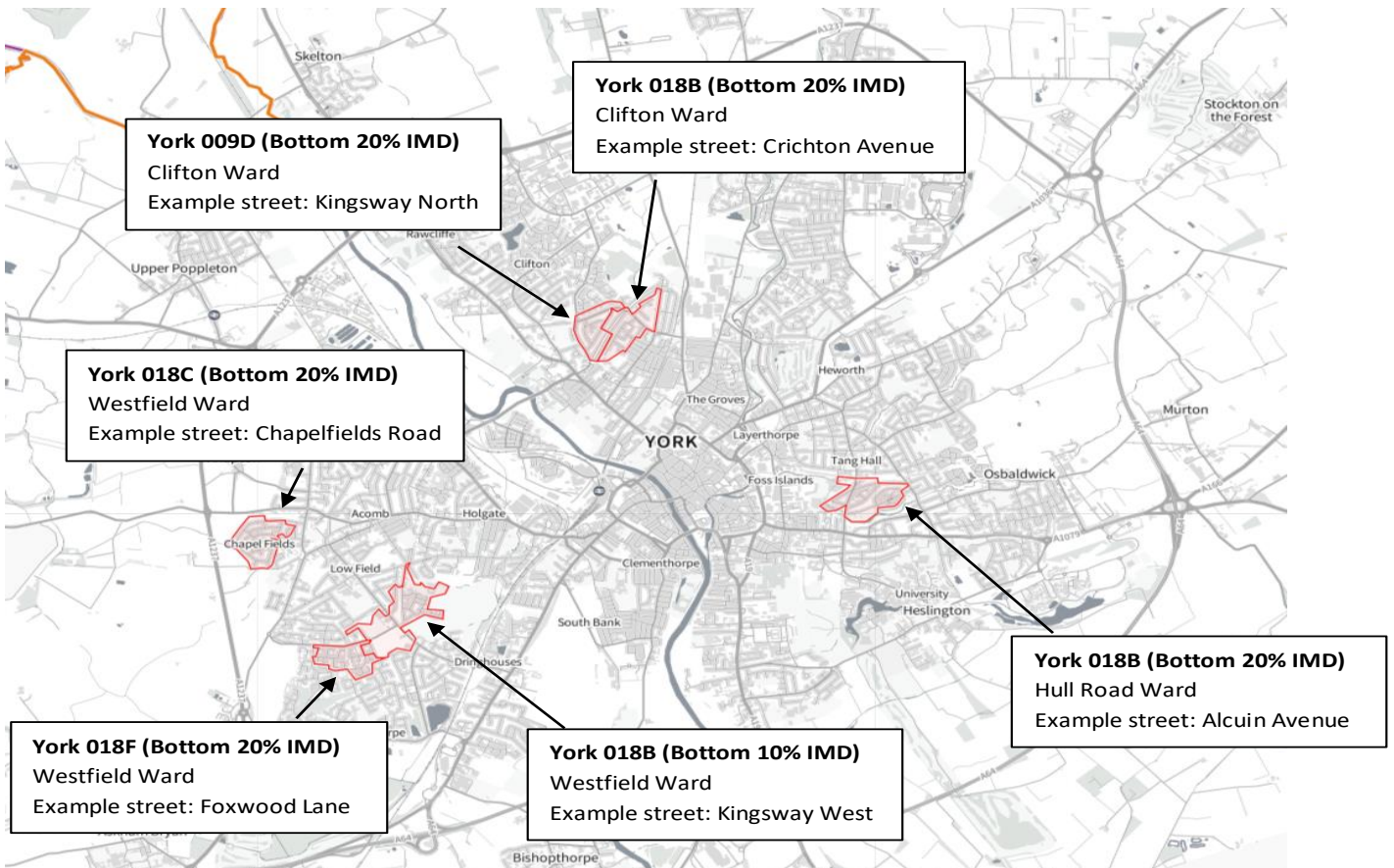


## York IMD20% v All York: Broad age bands

There are higher percentages of people aged 0-4, 5-9 10-14 and 26-44 in the York IMD20% group.

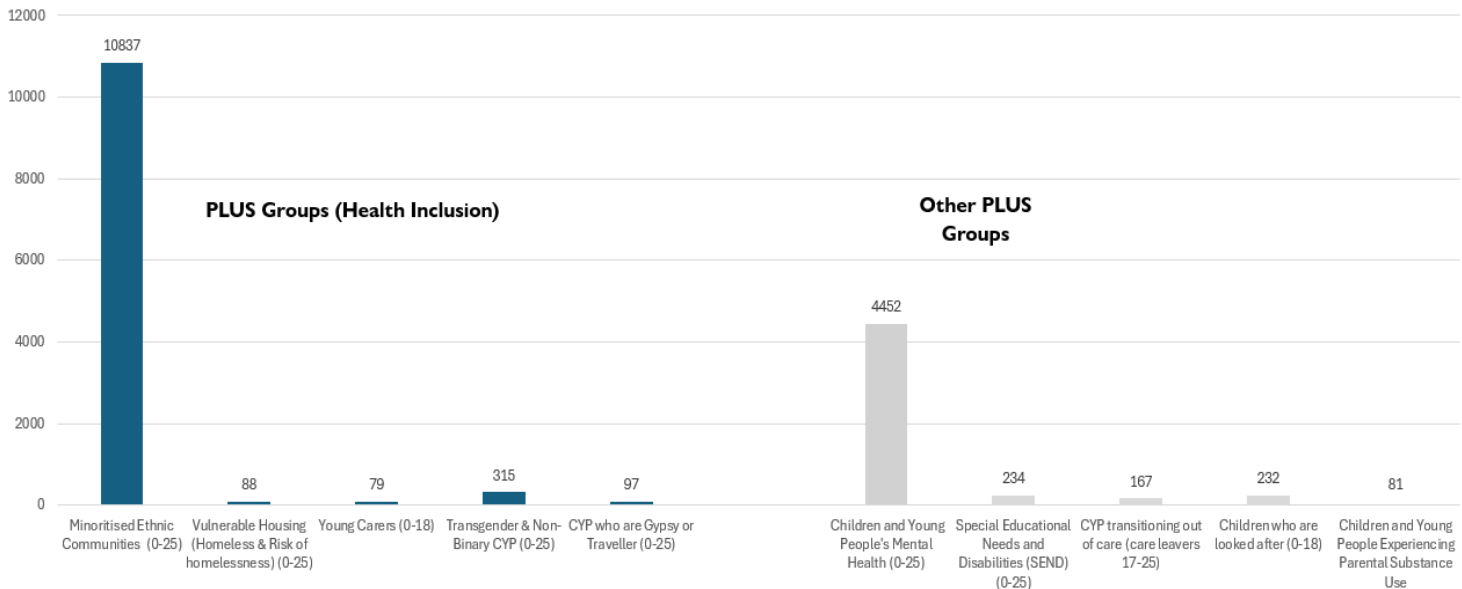


## Core20 population in York



# PLUS

PLUS groups are identified at local level based on poor access, experience, or outcomes, and who would not be captured in the Core20 alone. Patients in PLUS groups are likely to experience inequalities in one or more of the 5 key clinical areas, however this is not mandatory for their inclusion. PLUS groups are not mutually exclusive. The data presented below is limited by coding in general practice; the true number of people in each cohort is likely to be considerably higher.



Source: Primary Care Data (SystemOne), NDTMS, York Open Data

## 5

The final part sets out five clinical areas of focus. The five areas of focus are part of wider actions for Integrated Care Board and Integrated Care Partnerships to achieve system change and improve care for children and young people. Governance for these five focus areas sits with national programmes; national and regional teams coordinate local systems to achieve aims.

### 1. Asthma

- Address over reliance on reliever medications; and
- Decrease the number of asthma attacks.

### 2. Diabetes

- Increase access to real-time continuous glucose monitors and insulin pumps across the most deprived quintiles and from ethnic minority backgrounds; and
- Increase proportion of those with Type 2 diabetes receiving recommended NICE care processes.

### 3. Epilepsy

- Increase access to epilepsy specialist nurses and ensure access in the first year of care for those with a learning disability or autism.

#### **4. Oral health**

- Tooth extractions due to decay for children admitted as inpatients in hospital, aged 10 years and under. The NHS deliverable is to reduce the backlog for tooth extractions in hospital for under 10's.

#### **5. Mental health**

- Improve access rates to children and young people's mental health services for 0-17 year olds, for certain ethnic groups, age, gender and deprivation.





## Minoritised Ethnic Communities

**Ethnicity in 0-18 age group:**  
**1,285 Asian/Asian British**  
**289 Black/ African/**  
**Caribbean/Black British**  
 (2021 Census)

**Definition: Minoritised Ethnic Communities:** are groups within a community which has different national or cultural traditions from the main population.<sup>1</sup>

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**Minoritised Ethnic Communities (0-18).** The ethnicity breakdown of the 0-18 population in York is shown in the tables below. The ethnicity breakdown of the rest of the adult population in York (19+) is also shown for purposes of comparison. The data comes from the 2021 Census.

**Broad Ethnicity Categories.** There are some differences between the 0-18 and the 19+ populations in York e.g. there are proportionally fewer 'White' residents (2.8 percentage points fewer) but more 'Mixed' residents (2.9 percentage points more).

*Table 1: York Population by Ethnicity (Broad Categories) 0-18 and 19+*

York Population by Ethnicity 0-18 and 19+ (2021 Census)					
Ethnicity (Broad)	0-18		19+		Percentage Points Difference
	No.	%	No.	%	
White	34,688	90.5%	153,468	93.3%	-2.8%
Mixed/Multiple ethnic groups	1,601	4.2%	2,136	1.3%	2.9%
Asian/Asian British	1,285	3.4%	6,356	3.9%	-0.5%
Black/ African/ Caribbean/Black British	289	0.8%	1,031	0.6%	0.1%
Other ethnic group	459	1.2%	1,488	0.9%	0.3%
All	<b>38,322</b>	<b>100.0%</b>	<b>164,479</b>	<b>100.0%</b>	

**Detailed Ethnicity Categories.** There are some differences between the 0-18 and the 19+ populations in York e.g. there are proportionally fewer 'White British' residents (1.5 percentage points fewer) but more 'Mixed White and Asian' residents (1.3 percentage points more).

<sup>1</sup> [The health of people from ethnic minority groups in England, 2023.](#)

*Table 2: York Population by Ethnicity (Broad Categories) 0-18 and 19+*

York Population by Ethnicity 0-18 and 19+ (2021 Census)					
Ethnicity (Detailed)	0-18		19+		Percentage Points Difference
	No.	%	No.	%	
<b>White: English, Welsh, Scottish, Northern Irish or British</b>	32,966	86.0%	143,993	87.5%	-1.5%
White: Other White	1,436	3.7%	7,861	4.8%	-1.0%
Mixed or Multiple ethnic groups: White and Asian	706	1.8%	877	0.5%	1.3%
Asian, Asian British or Asian Welsh: Indian	409	1.1%	1,445	0.9%	0.2%
Mixed or Multiple ethnic groups: Other Mixed or Multiple ethnic groups	375	1.0%	662	0.4%	0.6%
Asian, Asian British or Asian Welsh: Other Asian	349	0.9%	1,584	1.0%	-0.1%
Asian, Asian British or Asian Welsh: Chinese	314	0.8%	2,576	1.6%	-0.7%
Mixed or Multiple ethnic groups: White and Black African	279	0.7%	215	0.1%	0.6%
Other ethnic group: Any other ethnic group	257	0.7%	1,067	0.6%	0.0%
Mixed or Multiple ethnic groups: White and Black Caribbean	241	0.6%	382	0.2%	0.4%
Black, Black British, Black Welsh, Caribbean or African: African	229	0.6%	750	0.5%	0.1%
Other ethnic group: Arab	202	0.5%	421	0.3%	0.3%
White: Gypsy or Irish Traveller	131	0.3%	233	0.1%	0.2%
White: Irish	122	0.3%	1,190	0.7%	-0.4%
Asian, Asian British or Asian Welsh: Pakistani	109	0.3%	444	0.3%	0.0%
Asian, Asian British or Asian Welsh: Bangladeshi	104	0.3%	307	0.2%	0.1%
Black, Black British, Black Welsh, Caribbean or African: Other Black	39	0.1%	98	0.1%	0.0%
White: Roma	33	0.1%	191	0.1%	0.0%
Black, Black British, Black Welsh, Caribbean or African: Caribbean	21	0.1%	183	0.1%	-0.1%
<b>All</b>	<b>38,322</b>	<b>100.0%</b>	<b>164,479</b>	<b>100.0%</b>	

Children from minoritised ethnic communities face significant health inequalities that impact their overall well-being and future opportunities. **Access to healthcare services** presents one of the most pressing challenges. Many families experience barriers such as language differences and cultural misunderstandings, which can prevent them from seeking necessary medical attention. This underutilisation of healthcare services can lead to undiagnosed conditions and untreated health issues, particularly in preventive care and routine check-ups.<sup>2</sup>

<sup>2</sup> [Implications of Language Barriers for Healthcare: A Systematic Review](#)

*'I need to interpret for my mum at her appointments meaning I have to take time off school.'*<sup>3</sup>

**Maternal and infant health** is another area of concern. Pregnant women from minoritised ethnic backgrounds may encounter obstacles in accessing prenatal care. These barriers can result in complications during pregnancy and childbirth, which ultimately affect both maternal and infant health outcomes.<sup>4</sup>

**Mental health issues** are also prevalent among children from these communities. Higher rates of anxiety, depression, and trauma are often observed, primarily due to experiences of racism, discrimination, and the stressors associated with socio-economic challenges. Cultural stigmas surrounding mental health can further complicate the situation, as families may hesitate to seek help for their children, leading to untreated conditions that can persist into adulthood<sup>5</sup>.

**Nutrition and childhood obesity** present significant challenges as well. Many children from minoritised ethnic backgrounds live in areas with limited access to affordable, healthy food options. This lack of availability can contribute to poor nutritional habits, resulting in higher rates of obesity and related health issues.<sup>6</sup>

**Respiratory health issues**, such as asthma, are another concern for these children. Higher rates of asthma and respiratory conditions are often linked to environmental factors, including poor air quality and inadequate housing.<sup>7</sup>

**Underlying socio-economic factors**, including poverty and deprivation, significantly influence these health disparities. Many children from minoritised ethnic communities in York reside in areas marked by poverty, which is closely associated with poor health outcomes. Inadequate housing conditions can contribute to various health problems, including respiratory issues and mental health challenges<sup>8</sup>.

To address these complex health inequalities, a comprehensive approach is essential. Improving access to culturally competent healthcare services, enhancing community engagement, and implementing targeted interventions are vital steps towards meeting the specific needs of children from minoritised ethnic communities in York.

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<sup>3</sup> [Listening to Young People about Health and Social Care in York!](#)

<sup>4</sup> [Minoritised ethnic women's experiences of inequities and discrimination in maternity services in North-West England: a mixed-methods study](#)

<sup>5</sup> [Stress and the Mental Health of Populations of Colour: Advancing Our Understanding of Race-related Stressors](#)

<sup>6</sup> [Influence of Race, Ethnicity, and Culture on Childhood Obesity: Implications for Prevention and Treatment](#)

<sup>7</sup> [The impact of poor housing and indoor air quality on respiratory health in children](#)

<sup>8</sup> [The impact of poverty on the current and future health status of children](#)



## Vulnerable Housing (Homeless & Risk of homelessness)

**82 households in owed a main  
homelessness duty, 42 included  
dependent children.**

**(Homelessness in England 2023-4)**

**Definition:** Health inequalities among children living in vulnerable housing situations, including homelessness and the risk of homelessness, are profound and multifaceted. These children often experience a cascade of challenges that significantly impact their physical, emotional, and developmental health.<sup>9</sup>

**The Impact of Vulnerable Housing on Health.** Children living in unstable housing conditions are particularly vulnerable to a range of health issues including lack of access to nutritious food. Families may rely on food banks or processed foods, which are often high in sugars and fats but low in essential nutrients. This dietary imbalance can lead to obesity and other related health issues, further exacerbating the health inequalities these children face.<sup>10</sup>

*There's no access to an oven when I finish work late so I cannot cook my own meals and I struggle to eat healthily.<sup>11</sup>*

**Mental Health Challenges.** Children experiencing threat of homelessness often suffer from high levels of anxiety, depression, and trauma. The instability of their living situation can create a sense of insecurity and fear, which can hinder their emotional development and lead to behavioural issues. Additionally, these children may experience social stigma and isolation, further exacerbating feelings of worthlessness and hopelessness.<sup>12</sup>

*'There should be mental health workers at the hostel, where we can get support.'<sup>13</sup>*

**Educational Disruption.** Children in vulnerable housing situations often face significant disruptions in their schooling. Frequent moves between temporary accommodations can lead to difficulties in maintaining relationships with peers and teachers. This instability can hinder academic performance, resulting in lower educational attainment and reduced opportunities for future success.<sup>14</sup>

<sup>9</sup> [Adversity and children experiencing family homelessness: Implications for health](#)

<sup>10</sup> [Children's nutritional health and wellbeing in food insecure households in Europe: A qualitative meta-ethnography](#)

<sup>11</sup> [Listening to Young People about Health and Social Care in York!](#)

<sup>12</sup> [Adversity and children experiencing family homelessness: Implications for health.](#)

<sup>13</sup> [Listening to Young People about Health and Social Care in York!](#)

<sup>14</sup> [england.shelter.org.uk/professional\\_resources/policy\\_and\\_research/policy\\_library](http://england.shelter.org.uk/professional_resources/policy_and_research/policy_library)

**Health Care Access.** Families experiencing homelessness often face significant barriers to obtaining medical care for their children. These barriers can include a lack of transportation and the absence of a stable address. Consequently, children in vulnerable housing situations may miss routine check-ups and vaccinations, leaving them at higher risk for preventable diseases.<sup>15</sup>

**Community Support and Resources.** The stigma associated with homelessness can also create barriers to seeking help. Families may feel ashamed of their circumstances, leading them to avoid outreach community services. This isolation can exacerbate the health disparities these children experience, as they may lack the social support networks necessary for recovery and resilience.<sup>16</sup>

Addressing these health disparities requires a coordinated response from healthcare providers, educators, community organisations, and policymakers to ensure that these vulnerable children receive the support and resources they need to thrive.

In 2023/24 there were **736** households in York which were assessed as being owed a duty of prevention or relief of homelessness.<sup>17</sup>

- **18** of these households (**2.47%**) were identified as including a young person aged 16-17 years. The national average was 0.87% and the regional average was 1.37%.
- In **14** of these households (**1.92%**) the main applicant owed a duty was aged 16-17 years. The national average was 0.66% and the regional average was 1.30%.

In 2023/24 in York there were **82** households found to be eligible for assistance, unintentionally homeless and falling within a priority need group, and consequently owed a main homelessness duty by a local housing authority.

- **42** of these households (**51.22%**) included dependent children. The national average was 52.57% and the regional average was 45.45%.
- **1** of these households (**1.22%**) had a young applicant (defined as a person aged 16 to 17 years or a care leaver aged 18-to 20 years). The national average was 1.59% and the regional average was 1.30%.

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<sup>15</sup> [Homelessness-and-Barriers-to-Primary-Healthcare.pdf](#)

<sup>16</sup> [Youth-centered Recommendations to Address Social Stigma and Discrimination Against Unhoused Youth:](#)

<sup>17</sup> [Statutory homelessness in England: financial year 2023-24](#)



## Young Carers (0-18y old)

**241 Young Carers (up to the age of 18 year-old) supported by York Carers Centre**

**(York Carers Centre Annual Report 2023-2024)**

**Definition:** Young carer refers to a child or young person under the age of 18 who takes on significant caring responsibilities for a family member who is ill, disabled, has mental health issues, or struggles with substance abuse (NHS, 2024).<sup>18</sup> These caring responsibilities can include providing physical and emotional support, household chores, personal care, and other tasks that might normally be carried out by an adult.

Young carers often step into this role to help their family members cope with their health or social issues and to maintain the well-being of the family unit. They might care for a parent, sibling, grandparent, or other family member. These **caring responsibilities** can sometimes be demanding and time-consuming, impacting a young carer's ability to participate fully in school, social activities, or have free time for themselves.

Children who are young carers face **unique health challenges** due to the responsibilities they bear in supporting family members with physical or mental health conditions, disabilities, or substance abuse problems. The demanding nature of their caregiving roles often leads to **physical health issues**, such as fatigue, back problems, and other stress-related ailments, as they may undertake strenuous tasks that are beyond their age-appropriate capabilities. Additionally, young carers are at a **higher risk for mental health problems**, including anxiety, depression, and social isolation, stemming from the emotional burden and lack of time for social activities and personal development<sup>19</sup>. Their academic performance may also suffer due to absenteeism and concentration difficulties.

It must also be noted that research has also suggested some positive impacts of caring such as closer relationships with parents, feelings of preparedness for life, and fostering of empathy and compassion.<sup>20</sup>

York Carers Centre Annual Report 2023-2024, shared that the centre supported through their service<sup>21</sup>:

- 120 Young Adult Carers (18 to 25-year-old)
- 241 Young Carers (up to the age of 18 year-old)

<sup>18</sup> [Young carers' experiences of services and support: What is helpful and how can support be improved?](#)

<sup>19</sup> [The mental and physical health of young carers: a systematic review - The Lancet Public Health](#)

<sup>20</sup> [Young carers' experiences of services and support: What is helpful and how can support be improved? | PLOS ONE](#)

<sup>21</sup> <https://yorkcarerscentre.co.uk/wp-content/uploads/2024/09/Annual-Report-2024-FINAL.pdf>



## Transgender & Non-Binary CYP

**1,062 16+ years old  
Transgender/Non-binary CYP in  
York.  
(2021 Census)**

**Definitions: Transgender**, is an umbrella term for people whose gender identity is different from the sex assigned to them at birth. **Non-binary** is an identity embraced by some people who do not identify exclusively as a male or a female. *"Evidence suggests that transgender people often experience a disproportionately high burden of disease"*<sup>22</sup>.

**"Gender Incongruence of Adolescence** is characterised by a marked and persistent incongruence between an individual's experienced gender and the assigned sex". In pre-pubertal children, this is described as **"Gender Incongruence of Childhood"**. **"Gender-affirmative health care** can include any single or combination of a number of social, psychological, behavioural or medical interventions designed to support and affirm an individual's gender identity"<sup>23</sup>.

### Challenges Faced by Transgender and Non-binary Children and Young People (CYP):

- **Access to appropriate healthcare:** Transgender and non-binary young people may face barriers when accessing gender-affirming healthcare. The Cass Review was an independent review of NHS gender identity services for children and young people, commissioned by NHS England in 2020, and published in April 2024.
- The review found that, *" Many primary and secondary care clinicians have concerns about their capacity and competence to work with this population"* and *"The length of the waiting list to access gender services has significant implications for this population"*<sup>24</sup>.
- **Navigating identity-related processes:** Families and young people can encounter confusion when trying to update official records, such as school documents or NHS records, to reflect a young person's gender identity. *"There are several ways in which parents and children might ask a school to accommodate a child who is questioning their gender ... such as changing names, uniforms, or using different facilities"*<sup>25</sup>.
- **Gaps in understanding:** *"Knowledge and understanding in places like schools and GP surgeries is improving, but there can still be hurdles to jump and hills to climb"*<sup>26</sup>. Where services lack the necessary training and policies to provide inclusive support, this may lead to unintentional misgendering or exclusion.

<sup>22</sup> [WHO, 2024](#)

<sup>23</sup> [ICD-11](#)

<sup>24</sup> [The Cass Review, 2024](#)

<sup>25</sup> [DFE, 2023](#)

<sup>26</sup> [Mermaids, 2024](#)

## Health Inequalities:

Transgender and non-binary children and young people face health disparities, this may be due to stigma, discrimination, and/or inadequate access to care. *"It is crucial that trans people are included in [work to reduce] health inequalities"* <sup>27</sup>.

- **Mental health challenges:** Nationally, *"Many [Transgender/Non-binary] CYP will have significant co-existing mental health conditions"* <sup>28</sup>. [Healthwatch York's](#) all age survey in 2018 found that 81% of Transgender/Non-binary respondents reported having a mental health condition. Poor mental health may result from *"exclusion and marginalisation, which may take the form of being bullied at school [and/or] rejected by family"* <sup>29</sup>
- **Avoidance of healthcare:** Fear of being misunderstood or mistreated can lead young people to delay or avoid seeking medical care, which may include vital preventive screenings or treatment for unrelated issues. The all-age Trans Lives Survey found that, *"57% of trans people reported avoiding going to the doctor when unwell"* <sup>30</sup>.
- **Limited access:** Access issues to the right type of support which is crucial to a young person's well-being and development. Currently, *"waiting times into **the NHS CYP Gender Service** are long because of constrained capacity; around 3 years"* <sup>31</sup>.

## Number of Transgender/Non-binary Children & Young People (CYP) living in York Place

Age profile	People aged between 8-11 years old		People aged over 16 years old.		People aged under 18 years old.	
	Number of people	%	Number of people	%	Number of people	%
<b>SystemOne (19/11/24)</b>	0	0.0%	366	0.18%	14	0.03%
<a href="#">2021 Census</a>			1062	0.61%		
<a href="#">Healthy School York – Primary School Survey 23/24</a>	33	3.19%				

<sup>27</sup> [London Assembly Health Committee, 2022](#)

<sup>28</sup> [NHSE, 2024](#)

<sup>29</sup> [London Assembly Health Committee, 2022](#)

<sup>30</sup> [TransActual, 2021](#)

<sup>31</sup> [NHSE, 2024](#)





## Gypsy or Traveller children and young people

**93 Gypsy and Traveller  
children and young people  
in school in York  
(The school census 2023)**

**Definition: Gypsies and Travellers** as an ethnic minority group, with distinct cultural practices and traditions experience significantly poor health outcomes, highlighting the necessity to address their specific needs as a separate PLUS group. The communities have experienced a long history of systemic racial discrimination and as such, often do not state their ethnicity on official documents. Because of this, it is not clear how many live in York, especially those living in “bricks and mortar” houses or roadside.

In **The Census 2021**, 368 people identified as Gypsy or Traveller. This is 1 in every 600 people living in York. However, it is recognised that some Gypsy or Traveller people choose not to identify their ethnicity on official forms. Nationally, it is thought that 1 in 200 people are Gypsy or Traveller. If this is accurate, it would mean there is just over 1,000 Gypsy or Traveller people in York.

**Household size and poverty:** The national census can show us a little about the households that Gypsy and Traveller children belong to. 43% of all Gypsy and Traveller households had at least one child present. 18% of children live in a household with two adults, and 25% live in an adult with one adult in the home.

This is important because half of children living in single parent households experience poverty<sup>32</sup>. Child poverty is closely linked to worse dental health, obesity, stress and frustration<sup>33</sup>.

	Gypsy and Traveller (across England)	General population (across England)
People who are under 25 years old	44%	29%
Homes with child/children present	43%	28%
Homes with child/children present and two adults	18%	18%
Homes with child/children present and one adult	25%	11%

<sup>32</sup> [Debate on support for single parent families, House of Commons, Tuesday 14th March | Local Government Association](#)

<sup>33</sup> [Child health inequalities driven by child poverty in the UK - position statement | RCPCH](#)

**School:** The school census records 93 children and young people in school in York in 2023. These pupils are spread across 24 of the 63 schools in York.

Having school qualifications is strongly correlated with future health and life expectancy<sup>34</sup>. Nationally only, 16% of Gypsy and Traveller 16-year-olds get GCSEs in both English and Maths. (the England average is 65%)<sup>35</sup>. A report written jointly by York Travellers Trust and City of York Council finds that ‘Gypsy Roma Traveller’ pupils had the lowest progress outcomes of any marginalised group<sup>36</sup>.

**Asthma and heating:** There is a clear link between childhood asthma and living in a home that is difficult to keep warm. However, there is no data specifically on asthma in Gypsy and Traveller children and young people because of gaps in research and data collection.

In the census 22% of families live in a ‘caravan or mobile/temporary structure’ and the remainder in ‘bricks and mortar’ accommodation<sup>37</sup>. Nationally, all official caravan sites are connected to mains electricity supply, but only virtually none have mains gas supply into the caravan<sup>38</sup>. None of the three official caravan sites in York have mains gas or water supply into the caravans.

As a result, the use of bottled gas or electric heaters are used to heat the caravans, which themselves are often poorly insulated. This is important for childhood health as bottled gas and electric heaters are both very expensive. Homes that are expensive to heat are more likely to have issues with damp or mould which is directly linked to childhood asthma. It is well recorded that Gypsy and Traveller adults have more asthma and other breathing problems<sup>39</sup>.

**Infant mortality:** There is remarkable little detail published about infant mortality for Gypsy and Traveller children. Several government reports states that “There is an excessive prevalence of miscarriage, stillbirth, and infant deaths in Gypsy and Traveller communities and high rates of maternal death during pregnancy and shortly after childbirth.”, but much of the academic evidence is either several decades old, or from other European countries<sup>40</sup>.

Guidance published in 2023 describes the impact of structural and institutional barriers on maternal outcomes, including communication, discrimination, and lack of cultural awareness<sup>41</sup>.

<sup>34</sup> [Research reveals GCSE results may have far-reaching impact on adult life - News and events, University of York](#)

<sup>35</sup> [CBP-10016.pdf \(parliament.uk\)](#)

<sup>36</sup> [Gypsy and Traveller Experiences of Education in York](#)

<sup>37</sup> [Gypsy or Irish Traveller populations, England and Wales - Office for National Statistics](#)

<sup>38</sup> [Access-to-energy-for-Gypsies-and-Travellers-living-in-caravans.pdf \(gypsy-traveller.org\)](#)

<sup>39</sup> [Progress report by the ministerial working group on tackling inequalities experienced by Gypsies and Travellers \(publishing.service.gov.uk\)](#)

<sup>40</sup> [Perinatal health outcomes of women from Gypsy, Roma and Traveller communities: A systematic review - ScienceDirect](#)

<sup>41</sup> [New guidance: Tackling Maternal Health Inequalities in Gypsy, Roma and Traveller Communities - Friends, Families and Travellers \(gypsy-traveller.org\)](#)

**Racism:** In 2023 York Travellers Trust and University of York interviewed 14 young people and 10 parents. Some of the children and young people enjoyed school and had positive things to say about the feedback from their teachers and feeling seen for their history and culture. There were also negative experiences of being frustrated with teachers reduced expectations of academic potential because of their ethnicity or having racist incidents from other pupils minimised and left unchallenged. None of the young people spoke positively about their experience of secondary school. Young people spoke about issues of bullying, discipline systems, or feeling labelled.

A national survey run by the Centre on Dynamics of Diversity showed that 62% of Gypsy and Traveller adults had experienced racial abuse<sup>42</sup>. This was higher than any other minoritised group<sup>43</sup>

In young people, racism impacts confidence and self-esteem increases stress and reduces concentration<sup>44</sup>. In adults, the long-term stress of racism has also been linked to high blood pressure, a worse immune system, and a range of heart and kidney conditions<sup>45</sup>.

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<sup>42</sup> [National survey exposes racism and discrimination faced by Gypsy, Roma and Traveller people - Friends, Families and Travellers \(gypsy-traveller.org\)](#)

<sup>43</sup> [Social barriers faced by Roma, Gypsies and Travellers laid bare in equality survey | Roma, Gypsies and Travellers | The Guardian](#)

<sup>44</sup> [Bullied, Not Believed and Blamed](#)

<sup>45</sup> [How Racism Affects Health and Wellbeing - Stop Hate UK](#)



## Children and Young People's Mental Health

**More than 4000 CYP seen in York every year with mild to severe mental health difficulties.**

**(TEVW 2024)**

**Definition and goal:** The goal is to improve mental health access rates for children and young people aged 0-17 for certain ethnic groups, ages, gender and deprivation.

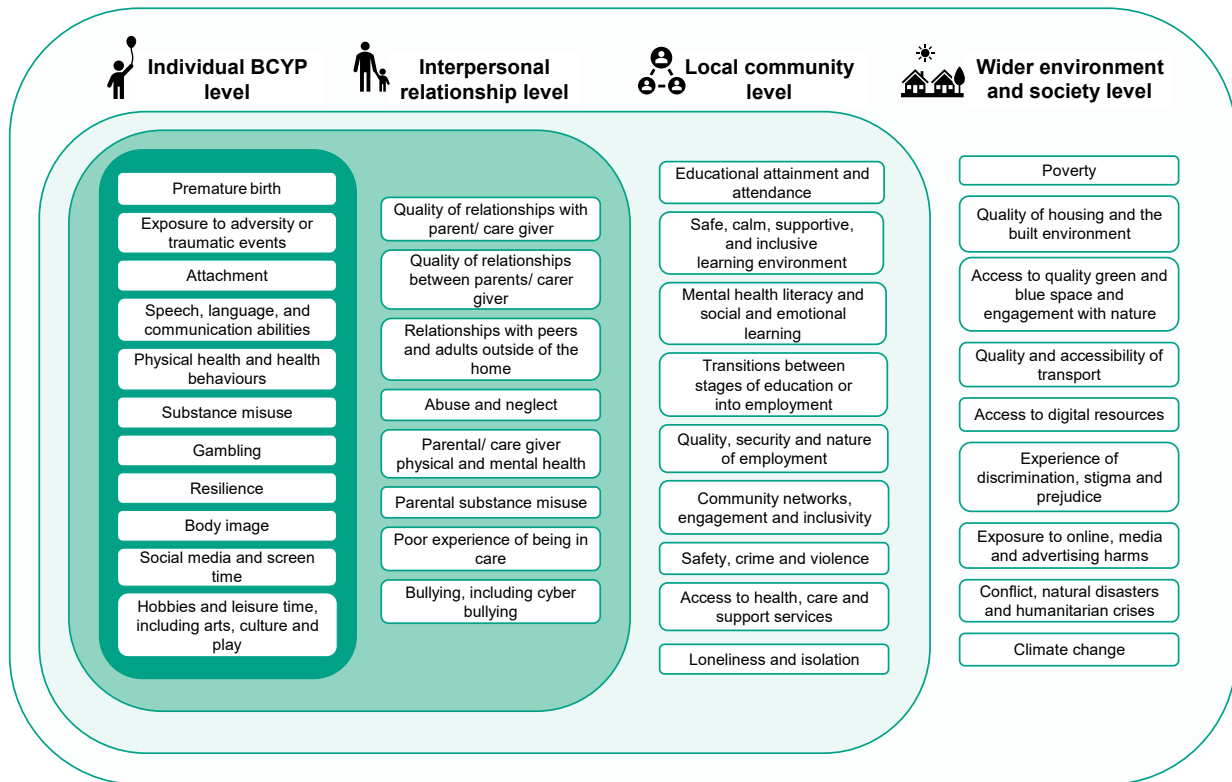
There is no single definition of an emotional and mental disorder. Moderate to severe mental disorders are those which significantly impact on daily functioning and are treated by the specialist Child and Adolescent Mental Health Services (CAMHS) service provided by Tees Esk and Wear Valley NHS Foundation Trust (TEWV). Prevention and early intervention for mild concerns are within the scope of schools, early help social care and health models such as School Well-being Service, Well-Being in Mind and York Mind. Certain mental health disorders have their own specific frameworks, for example the National Standard for Eating Disorders, or the Early Intervention in Psychosis model.

75% of all lifelong mental health disorders will set in by the age of 18. At the end of 2023/24 there were 322 children and young people aged 5-17 awaiting an initial mental health assessment by TEWV, 360 were awaiting an ADHD assessment and 500 an autism assessment. Since 2018, 944 children and young people age 5-17 have been diagnosed with autism in York, we know they live right across the City.

The National Prevalence Survey in 2023 concluded that up to 20% of 8-16 year olds had a diagnosable mental health disorder with increasing levels at age 13, whilst 23% of females aged 17-19 were likely to experience low mood or anxiety.

**Inequalities:** The National Prevalence Survey found that children and young people with a diagnosable mental health disorder are more likely to live in poorer households, in households where there is insufficient money for family holidays or outside interests. The Government described modifiable factors impacting on the emotional and mental well-being of children and young people across the individual, home and community environment, including: parental health, household employment status, housing, food quality, access to open spaces: see infographic. <sup>46</sup>

<sup>46</sup> [Improving the mental health of babies, children and young people: a framework of modifiable factors](#)



Some groups of children and young people are more vulnerable in terms of their emotional and mental well-being: children looked after, young carers, refugee children, children from minority communities, e.g. traveller groups. Long term health conditions such as diabetes carry greater risk of emotional and mental health difficulties, and a rapidly growing number of children and young people assessed as having autism are struggling with anxiety: approximately 45% of TEWV's total caseload experience difficulties relating to either autism or neurodevelopmental disorders, whilst around 200 pupils, many with neurodiverse needs, are finding their attendance at school reducing due to anxiety.

*'The doctors could only send me to CAMHS and in the meantime give me a crisis line to call which requires me to be in crisis when I should be helped before crisis.'*<sup>47</sup>

We have little current data regarding demographics of children and young people coming forward with emotional and mental health concerns: of commissioned services, most are across the whole population, but with some now focused on specific risk groups: Well-Being in Mind teams are targeted at schools in areas scoring 2 and 3 on Index of Multiple Deprivation (IMD), Youth Justice Service Health provision is targeted as is Together We Can, which is a York specialist Psychology led service that contributes to a psychologically informed approach to meeting the needs of care experienced children and young people and those on the edge of care.

Current initiatives that may impact positively on emotional and mental health:

- School Well-Being Service: in every York school.
- Well-Being in Mind: in targeted schools in areas more deprived.
- YorMind, ChatChit: provided by York Mind: targeted at age 12+ depending on exact service.
- YJS: CAMHS practitioner and SaLT
- Together We Can: focus on children looked after or at edge of care
- Thinking Together Team: training, multi-agency triage and caseload (Jan 2025)
- School reintegration worker: support for pupils with reducing attendance
- Clinical psychologist and Advanced Clinical Practitioners (ACPs) across Integrated Care Board (ICB) for children looked after (Jan 2025)
- Face Your Fears: post diagnostic parent and child/young person group to understand their autism diagnosis.

**Next steps:** we need improved demographic analysis across the population of children and young people accessing support for emotional and mental health. Provision is beginning to be designed with inequalities in mind, improved population data will facilitate further targeted support.



## Special Educational Needs and Disabilities (SEND)

**24.4% of all SEND needs in York have a primary need of for social, emotional and mental health need.**

**(Academic Year 2022)**

**Definition: Special educational needs and disabilities (SEND)** is a term used to describe learning difficulties or disabilities that make it significantly harder for a child or young person to learn compared to children of the same age, or a disability which prevents or hinders a CYP from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institution (Children and Families Act 2014). A Holistic Partnership Approach unites agencies to address the complex needs of young people with SEND, enhancing health outcomes and experiences.

**York: Types of Presenting SEND need:** The chart below shows the different types of SEND and their prevalence. In the 2022/23 academic year, social, emotional and mental health needs account for nearly a quarter of all SEND needs in York. Autism accounts for nearly a fifth. Ranked graph showing prevalence of each SEND recorded in York, (Academic Year 2022)

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

	Collection Frequency	Previous Years			2024/2025
		2021/2022	2022/2023	2023/2024	Q1
Total number of active Education, Health and Care Plan (EHCPs) for 0–25-year-olds overseen by SEND Services - (Snapshot)	Monthly	-	-	1,400	1,436

Source: City of York Council, Business Intelligence Hub October 2024

**CYP with SEND Specific inequalities:** There is a persistent SEND gap at all stages of education. Just 30% of young people with SEND achieved a Grade 4 or higher in English and Maths in 2022/23, compared to 72% without SEND. Children with SEND are also over three times as likely to be suspended from school, nearly twice as likely to be persistently absent from school, and three times as likely to be ‘Not in Employment, Education or Training’ (NEET) at 16-17 years of age, compared to children without SEND<sup>48</sup>

CYP with SEND face social class-based inequalities, with disabled youth from higher-class backgrounds achieving better qualifications, while those from working-class backgrounds often struggle academically and face unemployment in adulthood.<sup>49</sup>

Poverty disproportionately impacts disabled children, with low-income families struggling to navigate complex support systems, facing higher living costs, reduced earning potential, and limited access to private therapies and educational support (RCPCH, 2024).

Disabled children are also more likely to live in inadequate housing that fails to meet accessibility needs, further contributing to poor health and wellbeing (RCPCH 2024).

Efforts to improve health equity for children with SEND in the UK focus on reducing delays in service provision, increasing access to mental health care and therapy services, and improving the coordination between health, education, and social services. Continued policy reforms and investments in local services are vital to ensuring these children receive the support they need.

**Learning Disability:** People with a mild *learning disability* are at the highest risk of dying avoidably from treatable health conditions. People with profound and multiple learning disabilities are at most at risk of dying young.

Receiving appropriate medical treatment and preventative care, including vaccinations is associated with a reduction in risk of dying younger.

<sup>48</sup> [CotN SEND-AP Report 6.pdf](#)

<sup>49</sup> [Childhood disability, social class and social mobility: A neglected relationship - Chatzitheochari - 2022 - The British Journal of Sociology - Wiley Online Library](#)



There are multiple barriers across the healthcare system which can prevent or delay people with a learning disability from accessing the care that they need. Both system and organisational level action is required, as well as better training and support for healthcare professionals themselves.

People with a learning disability from Black, Asian and minority ethnic backgrounds are dying even younger. [LeDeR](#) data suggest that their average age of death is 34, compared to their white counterpart at 62<sup>50</sup> and they have a higher risk of dying avoidably. It is likely that their deaths are under-reported to LeDeR due to under-representation on the LD register. (Please refer to [Adult Core 20+5 document](#))

**Health Inequality Initiatives:** To address these challenges, a partnership approach has been developed, focusing on the following priorities:

- Health Passports at York Hospital support young people with SEND by informing practitioners of their needs, while flexible, accessible appointment systems help reduce missed appointments.
- System Alerts for Education Health and Care plans (EHCPs), establishing system-wide alerts to flag when a young person has an EHCP, ensuring health practitioners provide timely and comprehensive advice for annual reviews.
- Supporting health practitioners to collaborate with education and social care for effective transition planning, preparing young people for adulthood through robust strategies and family engagement.
- Continuing Healthcare (CHC), Identifying young people who may be eligible for CHC and ensuring smooth transitions to adult CHC services with appropriate support in place.
- SEND Training, the ICB SEND Team deliver training to health professionals to support health's input into the EHCP process.
- Oliver McGowan Training equips NHS staff to provide tailored care for people with learning disabilities and autism, helping to reduce health inequalities.
- Section 23 notifications require health providers to inform the Local Authority of children under 5 who may need special arrangements due to potential SEND

### **Specialist Health Services:**

- Immunisation teams working to increase vaccine uptake for young people with SEND.
- Specialist dentistry services offering tailored appointments and interventions.

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<sup>50</sup> [Health inequalities for people with a learning disability | Mencap](#)

- Learning Disability Liaison Nurses are based in the hospital and provide support to children and young people with a learning disability and their families when accessing hospital care.
- Enhancing access to Child and Adolescent Mental Health Services (CAMHS) and preparing pathways for transition to adult mental health services.
- Health providers have support telephone lines for young people and families.



## CYP transitioning out of care (care leavers, 16-25y old)

**Total in education, employment or training:**

**Age 17 to 21: 71 care leavers**  
**Age 22 to 25: 102 care leavers**  
**(gov.uk 2024)**

**Definition: Care leavers** are young people aged 16-25 years old who have been in care at some point since they were 14-years old and were in care on or after their sixteenth birthday. These young people are statutorily entitled to some ongoing help and support from the local authority after they leave care<sup>51</sup>.

According to the Department for Education, in 2021/22 there were 45,940 care leavers in England now aged 17 to 21.<sup>52</sup>

The Department for Education's Keep on Caring policy paper (2016) said care leavers generally experience worse outcomes than their peers across a number of areas. The National Audit Office's report, Care leavers' transition to adulthood, identified poorer life outcomes for care leavers as a "longstanding problem" with a likely high public cost, including in mental health, employment, education, policing and justice services.<sup>53</sup>

Care leavers in the UK, transitioning from the care system to independent living, face significant health challenges that necessitate focused support. Having often experienced unstable and traumatic childhoods, they are more prone to mental health issues such as depression, anxiety, and post-traumatic stress disorder. Physical health problems may also be prevalent due to historical neglect and inconsistent healthcare access.<sup>54</sup>

*'Explaining more about our rights if we choose to be in care like with section 20. I didn't know I wouldn't get a care leaver package like the people who were in care.'*<sup>55</sup>

The sudden shift to independence can exacerbate these issues, as care leavers might struggle with securing stable housing, employment, and navigating adult healthcare services. They often lack the familial support that many rely on during early adulthood,

<sup>51</sup> [annex e: care leavers and care-experienced young adults](#)

<sup>52</sup> [Children looked after in England including adoptions, Reporting year 2023 - Explore education statistics - GOV.UK](#)

<sup>53</sup> [Care leavers' transition to adulthood](#)

<sup>54</sup> [The lifelong health and wellbeing trajectories of people who have been in care: findings from the looked-after children grown up project.](#)

<sup>55</sup> [Listening to Young People about Health and Social Care in York!](#)

which can lead to social isolation and exacerbate existing health problems (NICE, 2021).

### 17-21 year old care leavers activity – York Local Authority (in numbers)

	Aged 17 to 18					Aged 19 to 21				
	2020	2021	2022	2023	2024	2020	2021	2022	2023	2024
<b>Total in education, employment or training</b>	18	22	18	20	23	51	48	56	52	48
Education other than higher education	11	18	13	7	16			15	14	10
In training or employment (excl. apprenticeship)				11	6			33	33	31
<b>Total not in education, employment or training</b>			8	6		28	34	22	23	28
Not in education, training or employment, owing to illness or disability						11	10			10
Not in education, training or employment, owing to other reasons			6			7	15	10	11	12
Not in education, training or employment, owing to pregnancy or parenting						10	9			6

source: [17-21 year old care leavers activity - LA](#)

### 22-25 year old care leavers activity – York Local Authority (in numbers)

	Age 22		Age 23		Age 24		Age 25	
	2023	2024	2023	2024	2023	2024	2023	2024
<b>Total</b>	28	23	31	28	20	31	28	20
Education, training or employment	15	c	10	c	c	c	c	0
Not in education, training or employment	c	c	7	c	c	c	c	0
Care leaver not in touch with the LA during the year	c	10	14	17	15	22	c	20

source: [22-25 year old care leavers activity - LA](#)



## Children who are looked after (0-18y old)

**232 children in care, excluding Short Break between 01/09 - 30/09 2024 (York open data, 2024)**

**Definition-** In the context of the United Kingdom, ‘children looked after’ (CLA) refers to children and young people aged under 18 years, who are in the care of the local authority (also known as social services or child protective services). These children are often referred to as ‘looked after children’ (LAC) or ‘children in care’ (CIC). They may be placed in various types of care arrangements, including foster care, residential care homes, or with relatives, if it's deemed necessary for their safety and well-being.

In 2023 there were 262 children looked after, a rate of 76 for every 10,000 children. This is lower than overall Yorkshire and the Humber region (81 per 10,000) and is higher than England (71 per 10,000) (Department of Education, 2024).<sup>56</sup>

Children in care and care leavers are more likely to have experienced early adversity including abuse, neglect or other forms of trauma. Experiencing trauma at a young age can have a profound impact on mental health and wellbeing and can contribute to the development of depression and anxiety (Wallace, 2024).<sup>57</sup> Additionally, they may experience developmental delays and chronic physical health conditions that have gone untreated due to instability in their living situations (Murray et al, 2020)<sup>58</sup>. The transitory nature of their care placements can also result in inconsistent access to healthcare services, hindering continuity of care.

Falling rates of premature mortality in the general population have not been mirrored in the care experienced population. Rather, the opposite is true, with much higher rates of premature mortality for those who were in care in 2001 than in 1971 (Murray, et al, 2020).

<sup>56</sup> Department Education 2024 [Step 6: Explore data - Create your own tables](#)

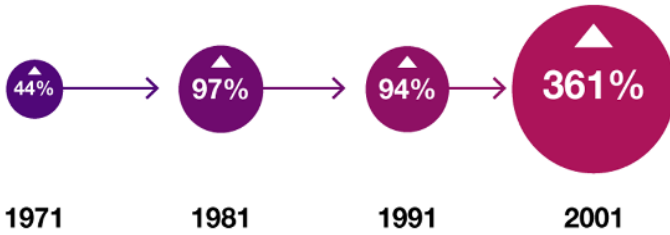
<sup>57</sup> Wallace, C (2024) [The mental health and wellbeing needs of care leavers | Research in Practice](#)

<sup>58</sup> [Association of childhood out-of-home care status with all-cause mortality up to 42-years later: ONS](#)



## Study 1 : Mortality

Increase in chance of dying early if in care  
Compared to living with one or both parents



An ONS Longitudinal study show that the main causes of death among people who had been in care were largely preventable.



## Study 1 : Mortality

Unnatural Other

Causes of death of 100 people...



In addition, this study showed that there was a stepwise increase in the probability of poor self-rated health, with those who had lived with their parent(s) having the best health and those cared for in a residential home having the worst health. But more than that, the differences widened as people aged.

Source [Murray, Lacey, Maughan and Sacker, 2020](#)

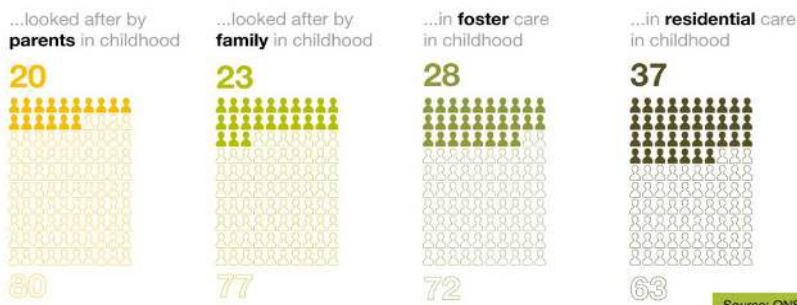


## Study 2 : Healthiness

Poor Good

Ages 40-49

Reported health of 100 people who were...



Source: [Looked after children grown up - Nuffield Foundation](#)

	Collection Frequency	Previous Years			2024/2025	
		2021/2022	2022/2023	2023/2024	Q1	Q2
Number of Children in Need (CIN Plan workflow or Open Assessment only) - (Snapshot)	Monthly	565	515	519	499	486
Number of children subject to a Child Protection Plan - (Snapshot)	Monthly	126	105	142	141	139
Number of children in care, excluding Short Breaks - (Snapshot)	Monthly	276	262	243	243	232
Number of care leavers open to Pathway aged 17-25 - (Snapshot)	Monthly	117	115	124	126	131

Source: City of York Council, Business Intelligence Hub October 2024

The "CE - Children - Social Care MI Pack 2024/2025" shows data on key social care indicators related to children, with trends across previous years and a forecast for 2024/2025

### Snapshot for period 2024/2025

	Number	Start / End date
<b>Number of children in care, excluding Short Breaks</b>	232	01/09 - 30/09 2024
<b>Number of children subject to a Child Protection Plan</b>	139	01/09 -30/09 2024

Source: <https://data.yorkopendata.org/dat>

### Number for Children looked after (CLA) on 31 March 2024 by characteristics in York between 2020-2023 (in numbers)

		2020	2021	2022	2023
<b>Age group</b>	<b>Total</b>	<b>263</b>	<b>279</b>	<b>276</b>	<b>262</b>
	Under 1 year	21	7	11	7
	1 to 4 years	52	60	51	46
	5 to 9 years	59	82	73	63
	10 to 15 years	79	88	100	100
	16 years and over	52	42	41	46
<b>Category of need</b>	N1. Abuse or neglect	197	210	212	198
	N2. Child's disability			6	6
	N3. Parental illness or disability	17	19	17	14
	N4. Family in acute stress	18	19	17	17
	N5. Family dysfunction	19	17	14	9
	N6. Socially unacceptable behaviour				
	N7. Low income	0	0		

	N8. Absent parenting	6	8	9	15
<b>Ethnicity</b>	<b>Total</b>	<b>263</b>	<b>279</b>	<b>276</b>	<b>262</b>
	White	241	248	250	224
	Mixed or Multiple ethnic groups	15	19	16	16
	Asian or Asian British				
	Black, African, Caribbean or Black British				
	Other ethnic group		6	7	14
	Refused or information not yet available	0	0	0	0
<b>Gender</b>	<b>Total</b>	<b>263</b>	<b>279</b>	<b>276</b>	<b>262</b>
	Male	135	142	145	142
	Female	128	137	131	120

Source: [Children looked after in England including adoption: 2022 to 2023](#)

### Children in need 31 March 2024 by primary need and local authority in York between 2020 and 2024

	2020	2021	2022	2023	2024
<b>Abuse or neglect</b>	786	679	747	711	704
<b>Child's disability or illness</b>	102	141	116	76	91
<b>Parent's disability or illness</b>	51	42	42	34	37
<b>Family in acute stress</b>	139	102	109	114	111
<b>Family dysfunction</b>	80	47	42	46	51
<b>Socially unacceptable behaviour</b>	40	33	42	17	20
<b>Low income</b>	0	c	0	0	0
<b>Absent parenting</b>	20	c	25	41	44
<b>Cases other than children in need</b>	21	26	17	26	31
<b>Total</b>	<b>1239</b>	<b>1070</b>	<b>1140</b>	<b>1065</b>	<b>1089</b>

Source: [statistics/characteristics-of-children-in-need](#)





## Children and Young People Experiencing Parental Substance Use

**81 Children Living with Drug Users Entering Treatment (2020-2021, NDTMS)**

Most parents and carers who drink alcohol or use drugs do so in moderation. It therefore does not present as increased harm to children and young people in their care<sup>59</sup>.

Parental substance use is defined as parents or carers who have long-term problematic use of drugs and/or alcohol and the impacts it has on their families. There are multiple and often complex factors behind substance use disorders. Peer pressure, genetic and environmental factors, physical and sexual abuse, and early exposure to drugs can significantly affect the likelihood of substance use. These can affect family dynamics and may mean parents and carers struggle to recognise and meet the needs of their children.

*Substance use becomes harmful when continued use puts users or others at risk of harm both physical and psychological. Individuals become dependent when they crave substances and continue to use them even if it harms themselves or others.<sup>60</sup>*

Substance use can negatively impact the health of children at different stages of their lives. In pregnancy, prenatal exposure to alcohol and drug use can increase the risk of premature birth, birth defects such as [foetal alcohol spectrum](#) disorder, low birth weight, and withdrawal symptoms. These can all impact on a child's development leading to impaired cognitive function, inhibited executive function skills (eg. learning and memory), and weakened immune systems.

As children become older, parental substance use can increase the risk of:

- Physical and emotional abuse, or neglect
- Emotional and behavioural problems
- Poor school attendance or low educational attainment
- Direct handling of substances and syringes
- Exposure to criminal activity
- Experiencing poverty
- Caring responsibilities

<sup>59</sup> [Cleaver et al, 2011](#)

<sup>60</sup> [NSPCC](#)

Children and young people may also experience separation from their parents or carers which may lead them being looked after by the Local Authority. This can often be a traumatic experience and can lead to increased feelings of insecurity and uncertainty.

### Adults in Treatment who are Parents/Carers and Their Children

The data below shows the number of adults using drugs who entered treatment in 2021-22 who live with children. Users who are parents but do not live with children and those for whom data is incomplete are also included. Data is from the National Drug Treatment Monitoring System (NDTMS)- *restricted access*.

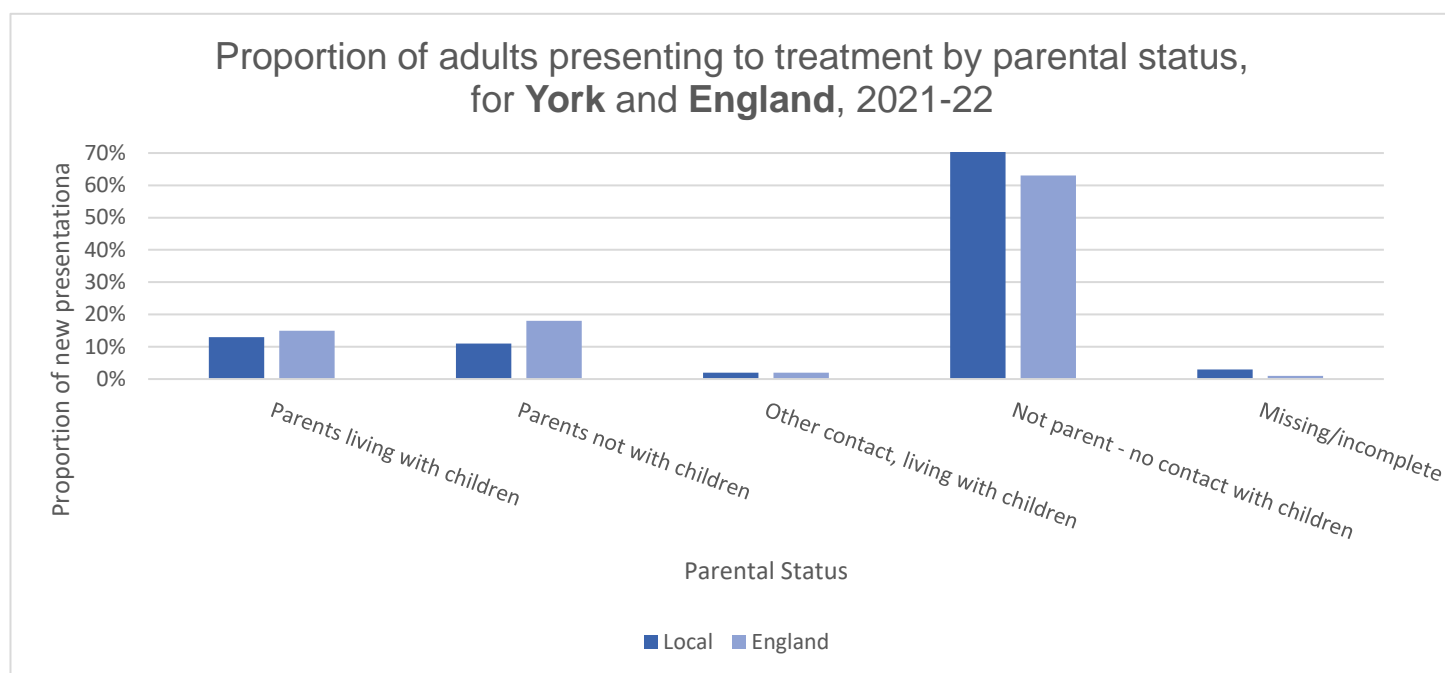
Total Number of New Presentations in 2021-22: 312 persons. Nearly 30% were parents, or were in contact with other children, or data was incomplete.

In this chapter, data covers the parental status of new presentations, the number of children living with drug users, and any contact with social and maternity services. England data is used as a comparator. York generally reported a similar picture to England in all sub-categories. The biggest variation was observed in those who were not parents and had no contact with other children. This was more prevalent in York than in England with nearly three-quarters of new presentations stating they had no children.

### Parental Status

<b>Parental Status</b>	<b>Local (n=)</b>	<b>Local (%)</b>	<b>Male (%)</b>	<b>Female (%)</b>	<b>England (n=)</b>	<b>England (%)</b>	<b>Male (%)</b>	<b>Female (%)</b>
Parents living with children	42	13%	11%	19%	11814	15%	12%	24%
Parents not with children	34	11%	13%	6%	13918	18%	19%	17%
Other contact, living with children	6	2%	2%	1%	1631	2%	2%	2%
Not parent - no contact with children	220	71%	70%	71%	48266	63%	66%	56%
Missing/incomplete	10	3%	4%	2%	1080	1%	1%	1%

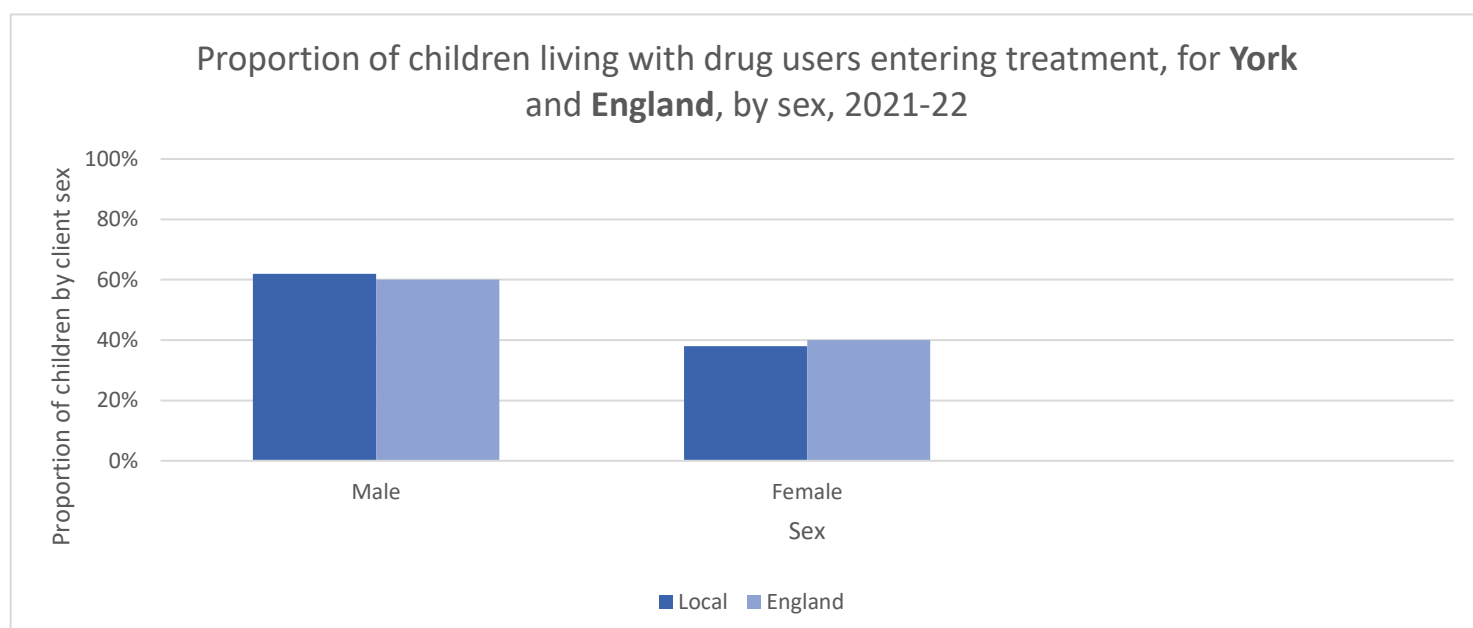
Table 3: Number and proportion of adults presenting to drug treatment by parental status, for **York and England**, 2021-22 (NDTMS)



### Number of Children Living with Drug Users Entering Treatment

Living with Children	Local (n=)	Male (%)	Female (%)	England (n=)	Male (%)	Female (%)
Number of children living with drug users	81	62%	38%	25402	60%	40%

Table 4: Number of children living with drug users entering treatment, for **York and England**, 2021-22



Both in York and nationally, more male children were exposed to parental drug use. Whilst this is itself is not statistically significant, there is evidence to suggest that parental substance use may manifest differently in boys and girls<sup>61</sup>. For example, parental smoke exposure can lead to greater mental health problems that are more apparent in boys<sup>62</sup>.

### Early Help and Children's Social Care

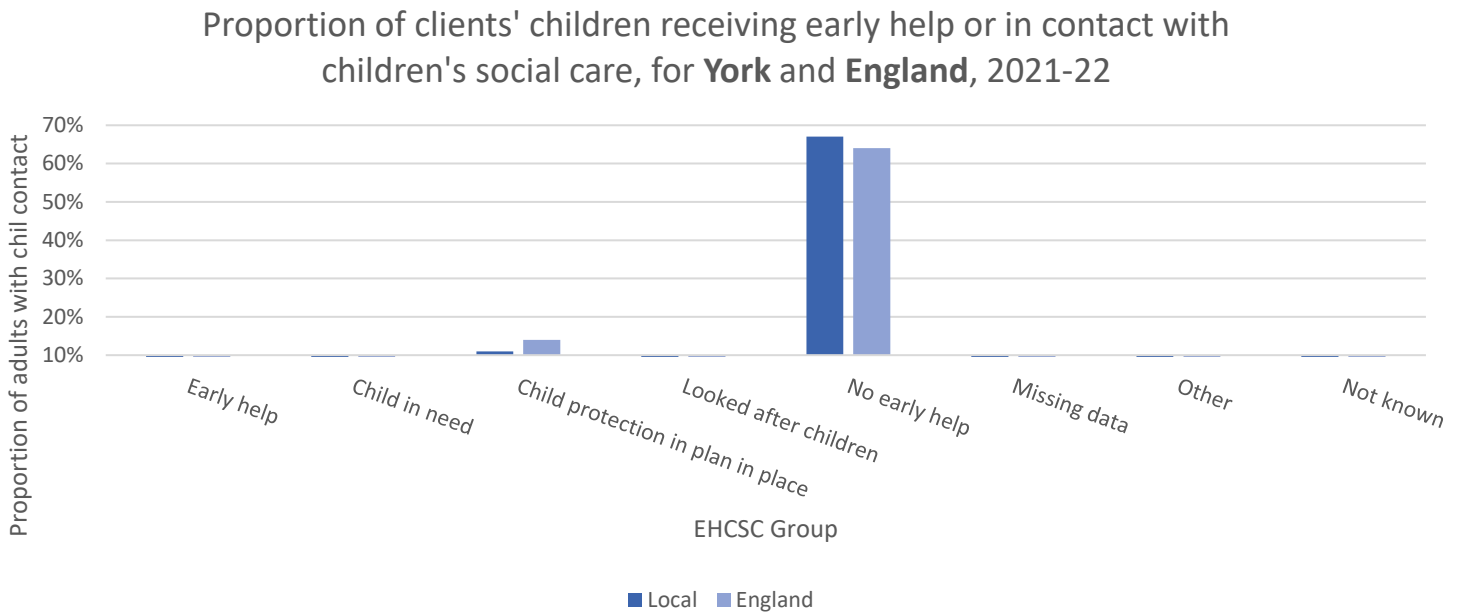
The data below shows the proportion of clients who are parents or carers and who have engaged with Early Help or Children's Social Care (EHCSC). The data can help identify the need to engage family support services to ensure appropriate support for families at risk.

<b>EHCSC Group</b>	<b>Local (n=)</b>	<b>Local (%)</b>	<b>Male (%)</b>	<b>Female (%)</b>	<b>England (n=)</b>	<b>England (%)</b>	<b>Male (%)</b>	<b>Female (%)</b>
Early help	6	7%	5%	14%	1664	6%	4%	10%
Child in need	3	4%	3%	5%	2092	8%	5%	13%
Child protection in plan in place	9	11%	7%	23%	3830	14%	9%	24%
Looked after children	5	6%	5%	9%	1504	9%	5%	17%
No early help	55	67%	72%	55%	17604	64%	73%	47%
Missing data	0	0%	0%	0%	58	0%	0%	0%
Other	0	0%	0%	0%	95	0%	0%	1%
Not known	0	0%	0%	0%	125	0%	0%	0%

<sup>61</sup> [Kuppens, S., et al \(2020\)](#)

<sup>62</sup> [Ibid.](#)

*Table 5: Clients' children receiving early help or in contact with children's social care, for York and England, 2021-22*



Additionally, two (2%) new presentations to treatment in 2021-22 were by females who were pregnant. This is slightly lower than England (5%) however does help to identify the need to engage with local antenatal services to ensure the health and safety of both the client and baby.

### Prevalence and Unmet Need

Below is the estimated rate/1000 of children living with adults living with alcohol dependency in York and England in 2018-2019 adjusted for double counting (where a child lives with both a male and female with alcohol dependence. Updated data on parental unmet need is due to be published later in the year.

#### Estimated Numbers of Children

England	York
188,858- 207,560	766- 842

#### Rate per 1000

England	York
16-17	21-23

Below is the estimated rate/1000 of children living with adults living with opioid dependency in York and England in 2014-2015.

York

<b>Sex</b>	<b>Est no. of opioid dependent adults living with Children (2014-15)</b>	<b>Rate/1000 of population</b>	<b>No. in treatment (2019 to 2020)</b>	<b>Unmet treatment need</b>
Female	100	1	46	54%
Male	194	3	59	70%
Total	294	2	105	64%

England

<b>Sex</b>	<b>Est no. of opioid dependent adults living with Children (2014-15)</b>	<b>Rate/1000 of population</b>	<b>No. in treatment (2019 to 2020)</b>	<b>Unmet treatment need</b>
Female	23884	1	12568	47%
Male	50828	3	18901	63%
Total	74713	2	31469	58%

# Support Available in York

[York Family Information Service](#): free and impartial information service for parents and carers of children and young people aged 0 to 19 (or up to 25 for disabled children)

[Healthier Together - a Humber and North Yorkshire Initiative](#): provides parents, carers, pregnant women young people with consistent and high-quality advice from local health professionals.

[Lets get better - starting-well](#): Getting the best start in life, from pregnancy through to teenage years, health and wellbeing

[Healthwatch York](#) and [Live Well York](#) have pages that provide support and advice for York residents.

Figure 1: Some of the topics/ support available on [Family hub network](#).

## Topics

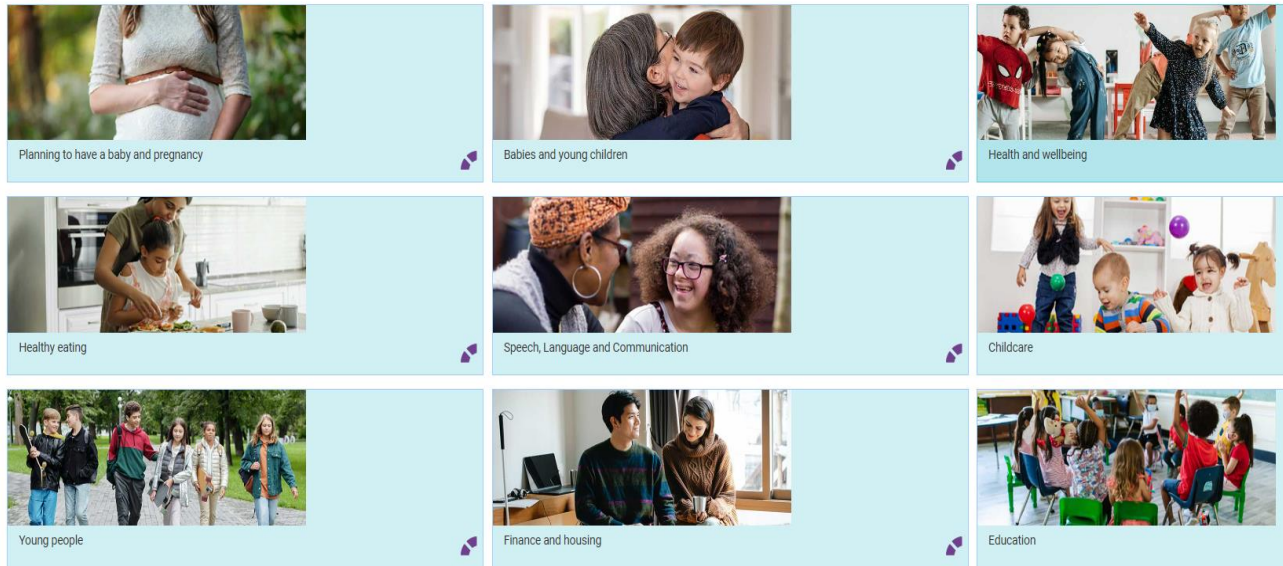
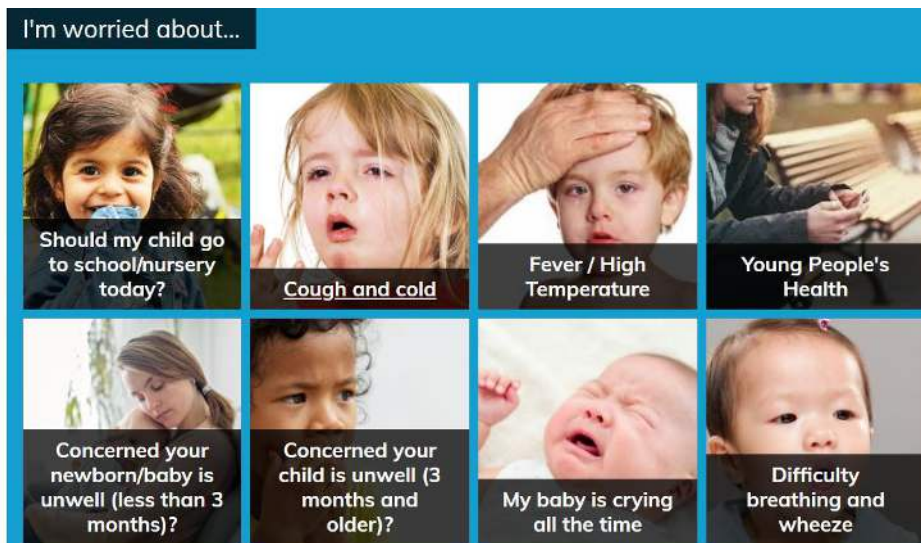


Figure 2. [Healthier Together](#) - Advice provided on some of the topics such as:



## Appendix

- (a) Primary care data extracted from SystmOne includes GP practices: Dalton Terrace Surgery, Front Street Surgery, Haxby Group Practice, Jorvik Gillygate Practice, MyHealth, Old School Medical Practice, Priory Medical Group, and York Medical Group. Only residents living within the City of York council local authority boundary have been included, unless otherwise stated.
- (b) Census 2021
- (c) The data covered within this pack is based on the boundaries outlined by the City of York Council. Using the council's footprint allows us to provide more accurate insights into health inequalities within the area.

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