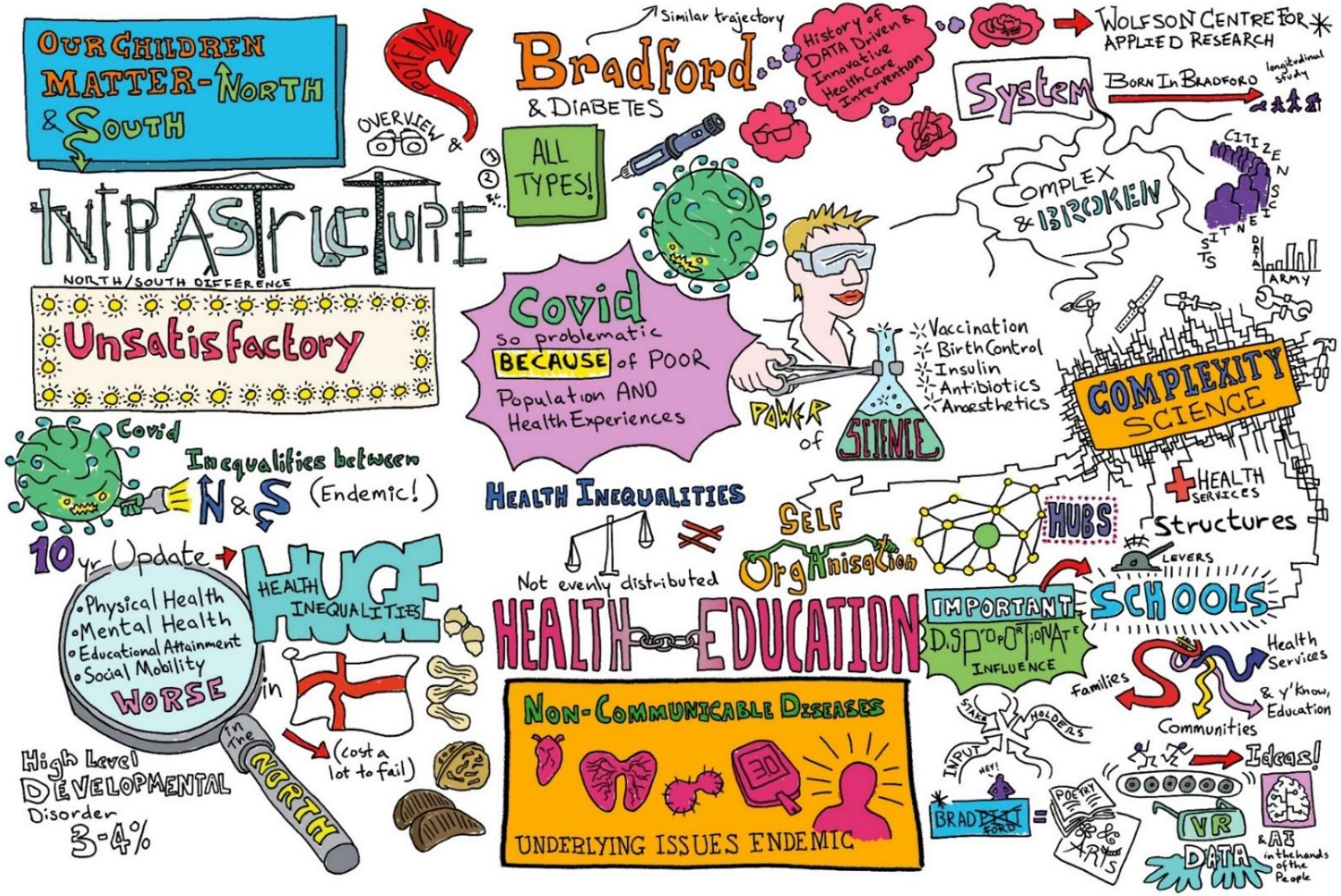
How the Independent Prevalence Review will help empower teachers



"Later this year, I will bring forward a new plan for Britain,

a 10-year plan"

GOV·UK

Home > Government

Speech

Andy Burnham's first speech as Prime Minister: 20 July 2026

Andy Burnham gave his first speech as Prime Minister on the steps of Downing Street.

From: Prime Minister's Office, 10 Downing Street and The Rt Hon Andy Burnham MP

Published: 20 July 2026

Location: Downing Street, London.

Delivered on: 20 July 2026 (Transcript of the speech, exactly as it was delivered)



Independent report

Independent review into mental health conditions, ADHD and autism: interim report

Updated 10 June 2026

Applies to England

Contents

1. Executive summary
2. The question this review is addressing and the purpose of this interim report
3. How the review has approached the evidence
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6. What administrative data shows
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9. The social context of diagnosis
10. Competing narratives about rising prevalence
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12. What we still do not know
13. Implications emerging so far
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1. Executive summary

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- some of our key findings from the data and evidence reviewed so far - and to clarify the gaps and key questions that remain
- what we have learned so far from discussions with people, including people with lived experience, and organisations with a diverse range of perspectives
- how we are bringing together and making sense of different forms of insight, data and evidence
- where different kinds of data and evidence appear to be showing different things, which can at times challenge assumptions and appear contradictory
- our plans for the next phase of the review and the key questions we intend to address in more detail

The purpose of this report is not to offer conclusions or recommendations. These will be set out in our final report and will address the central question for the review: how can we better understand why many people who are autistic, have attention deficit hyperactivity disorder (ADHD) and/or experience mental health conditions are not getting the support they need as quickly or as early as they need it; and what needs to change to address this.

We are committed to providing recommendations to government at the end of this review that will support real change and a fairer and better system of treatment and support for people with mental health conditions, ADHD and autism.

The review is seeking to understand what is changing and why. Demand has increased. We are looking at population-level prevalence, for example through national surveys that collect data on how people's mental and emotional wellbeing is changing across the population over time. These surveys can tell us important things, but they also have limitations, and we will examine them in more detail in the next phase of the review as part of developing a fuller picture. We are also looking at administrative prevalence, for example NHS and education data, to understand how services are used, how many people have a diagnosis recorded and where pressures are building, including long waiting times for assessment.

This report also highlights the importance of considering the wider social context in which mental health, ADHD and autism are recognised and supported. This includes:

- changes in education, work and daily life
- public awareness and expectations
- social media, artificial intelligence (AI) and digital change

Running order

Centre for Applied Education Research

- Why a prevalence review?
- Is autism a disability?
- A legislative response
- Teachers are the experts
- A brave new world



Running order

Centre for Applied Education Research

- **Why a prevalence review?**
- Is autism a disability?
- A legislative response
- Teachers are the experts
- A brave new world



The SEND crisis

Centre for Applied Education Research

The UK has a "SEND crisis":

"Children and young people's needs are identified late, then escalate and become entrenched."

"Parent and carers are frustrated with the difficulties and delays they face in securing support for their child."

"The [SEND] system is not equally accessible"

Quotes from SEND Review, HM Government, 2022

Born in Bradford

Centre for Applied Education Research

Everyone's life is a jump in the air;

Ten short years and these children grow

Like the springtime flowers in a Bradford park.

Everyone's life defies gravity;

Morning sunrise to evening's glow

A bounce in the light not a trip in the dark.

It's a decade reaching for the sky

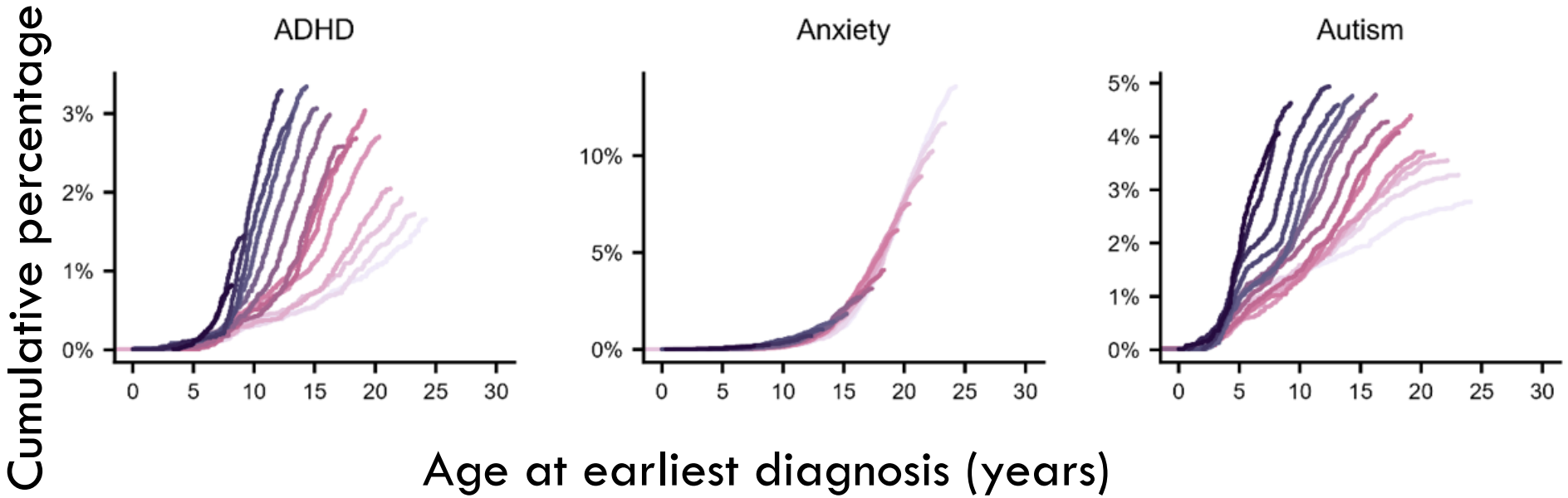
With each year a leap year: watch them fly!

Ian McMillan (poet in residence)



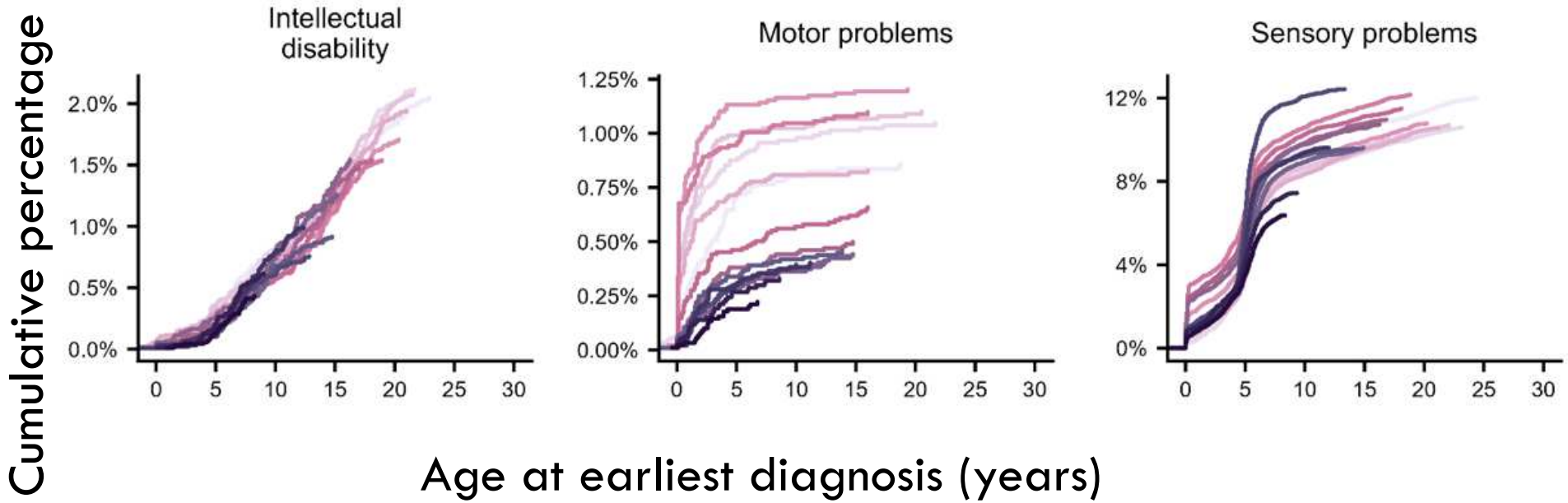
Autism and ADHD

Centre for Applied Education Research



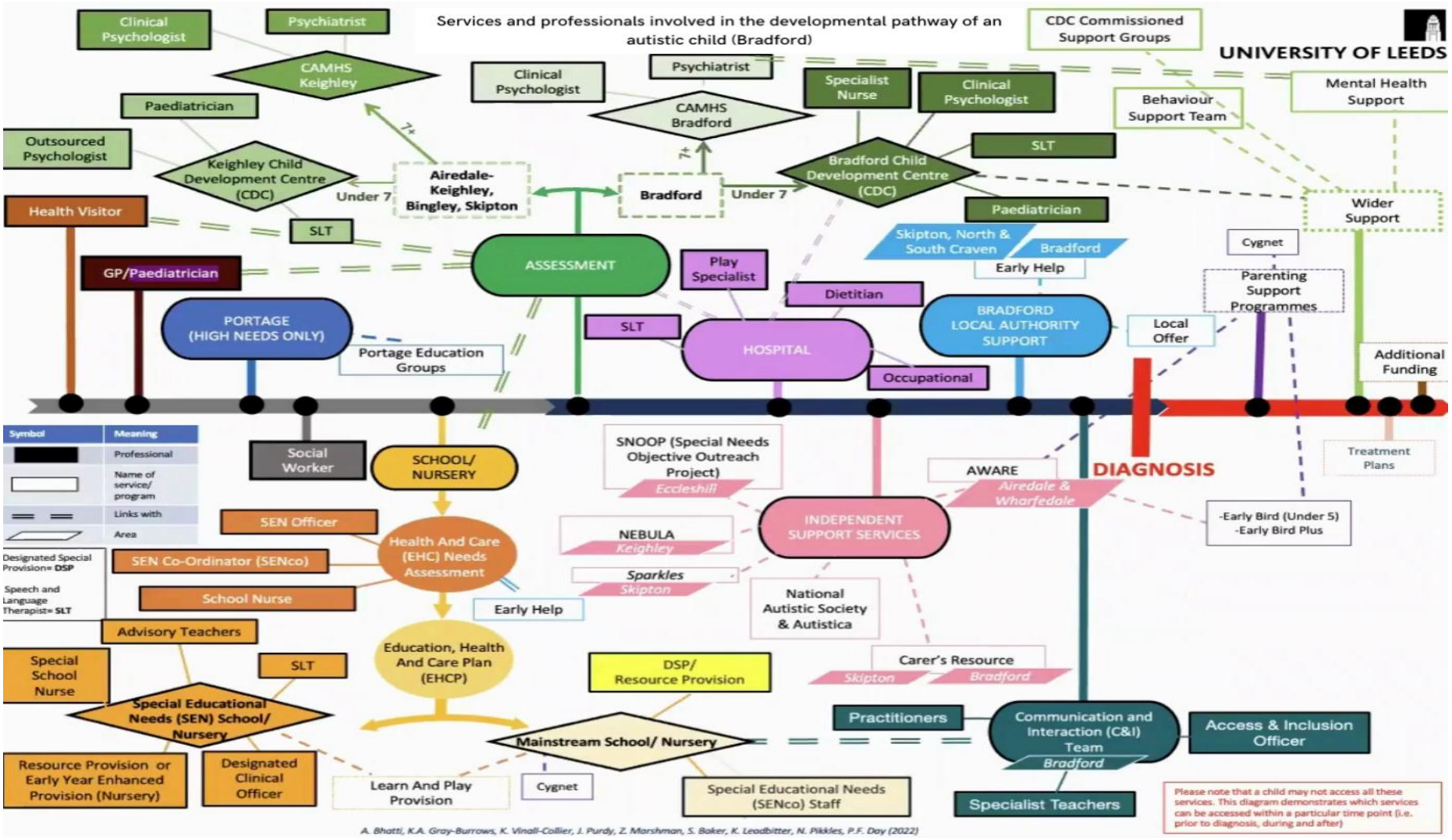
Motor problems

Centre for Applied Education Research



Pathways

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Autism inequalities

Centre for Applied Education Research

Original Article

autism

Autism
2019, Vol. 23(1) 131–140
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SAGE

The association between socioeconomic status and autism diagnosis in the United Kingdom for children aged 5–8 years of age: Findings from the Born in Bradford cohort

Brian Kelly[1], Stefan Williams [2], Sylvie Collins[1], Faisal Mushtaq[3], Mark Mon-Williams [3], Barry Wright[4], Dan Mason[1] and John Wright[1]

Abstract

There has been recent interest in the relationship between socioeconomic status and the diagnosis of autism in children. Studies in the United States have found lower rates of autism diagnosis associated with lower socioeconomic status, while studies in other countries report no association, or the opposite. This article aims to contribute to the understanding of this relationship in the United Kingdom. Using data from the Born in Bradford cohort, comprising 13,857 children born between 2007 and 2011, it was found that children of mothers educated to A-level or above had twice the rate of autism diagnosis, 1.5% of children (95% confidence interval: 1.1%, 1.9%) compared to children of mothers with lower levels of education status 0.7% (95% confidence interval: 0.5%, 0.9%). No statistically significant relationship between income status or neighbourhood material deprivation was found after controlling for mothers education status. The results suggest a substantial level of underdiagnosis for children of lower education status mothers, though further research is required to determine the extent to which this is replicated across the United Kingdom. Tackling inequalities in autism diagnosis will require action, which could include increased education, awareness, further exploration of the usefulness of screening programmes and the provision of more accessible support services.

Keywords

autism spectrum disorders, diagnosis, school-age children

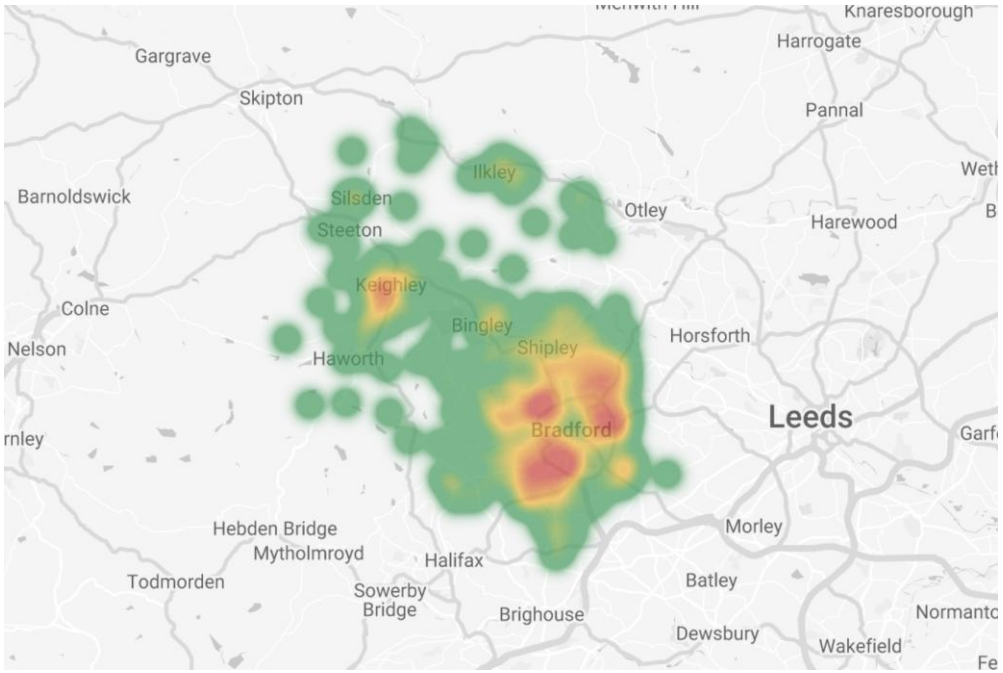
Introduction

When first identified in the 1940s (Kanner, 1943), childhood autism was more narrowly defined and considered a relatively rare condition. During the 1960s and 1970s, prevalence was estimated at around 2–4 per 10,000 in Europe and the United States (Boat and Wu, 2015). Reported prevalence increased substantially over subsequent decades (Weintraub, 2011), and currently, for children aged between 8 and 10 years, the prevalence of autism may be around 150 per 10,000 (1.5%) in the United States (Boat and Wu, 2015; CDC, 2014) and 100 per 10,000 (1%) in the United Kingdom (Baird et al., 2006; Brett et al., 2016; Green et al., 2005; Taylor et al., 2013). The reasons for this increase have been discussed and debated, and a number of factors have been identified including a widening of diagnostic criteria (Rice et al., 2012), increased awareness among parents and clinicians (Weintraub, 2011) and increased service provision (Elsabbagh et al., 2012).

While general awareness may have increased, it is also the case that achieving a diagnosis of autism for a child is a process that can take some time and require a good deal of determination from parents–carers. A recent study in the United Kingdom found that there was, on average, over

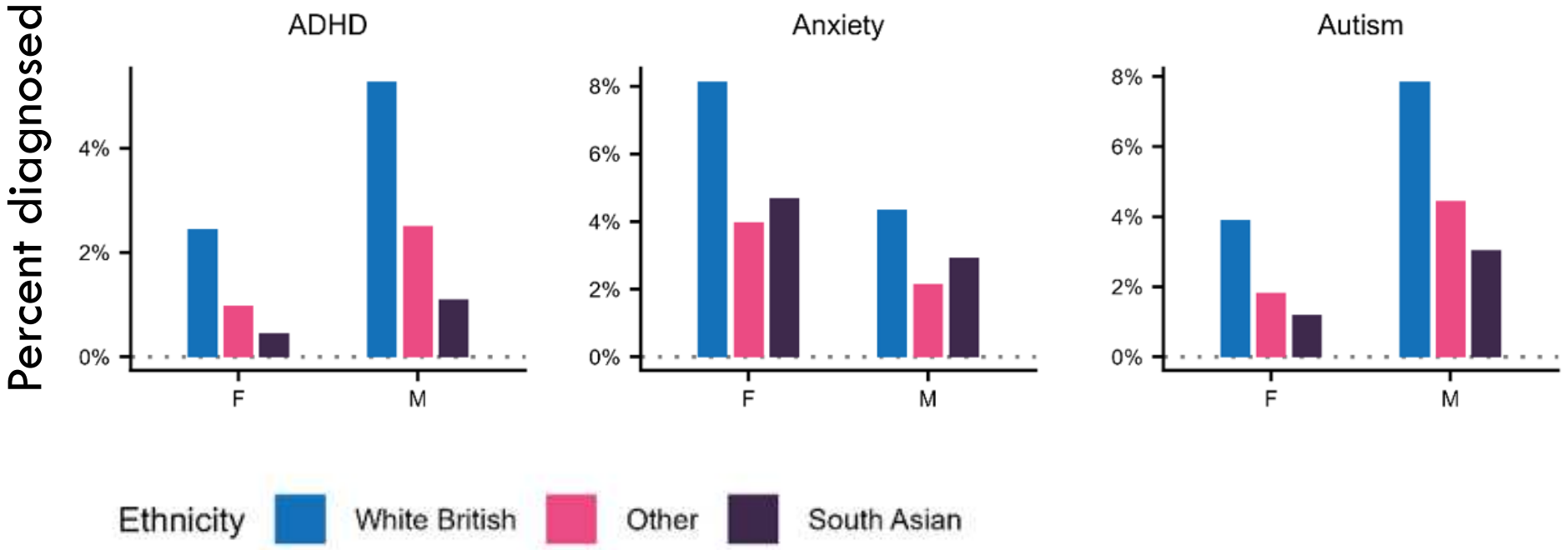
[1]Bradford Teaching Hospitals NHS Foundation Trust, UK
[2]Yorkshire & Humber Academic Health Science Network, UK
[3]University of Leeds, UK
[4]University of York, UK

Corresponding author:
Brian Kelly, Bradford Institute for Health Research, Bradford Teaching Hospitals Foundation Trust, Bradford BD9 6RJ, UK.
Email: brian.kelly@bthft.nhs.uk

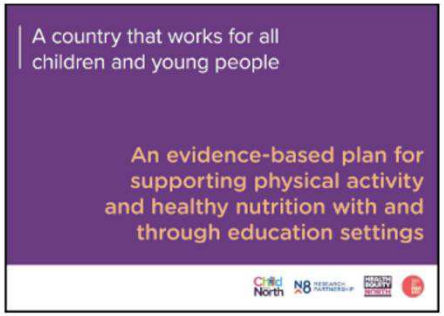


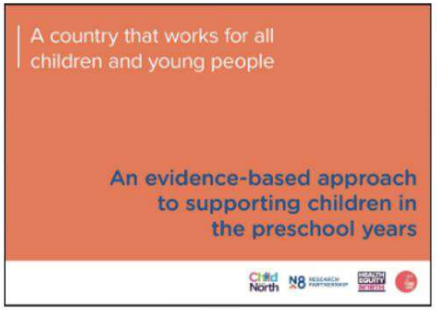
Structural inequalities

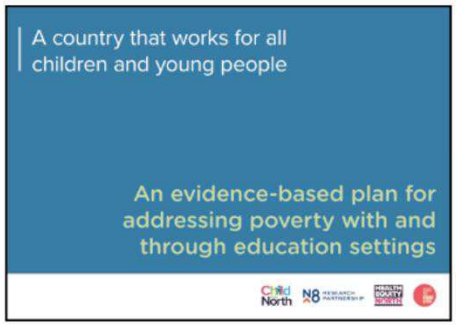
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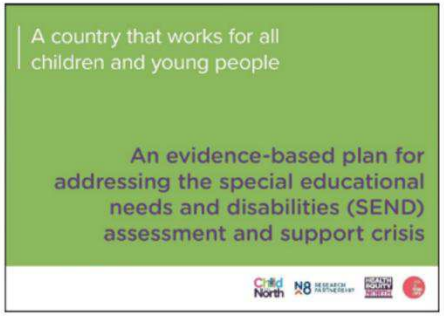



A country that works for all children and young people
An evidence-based plan for addressing the autism assessment and support crisis

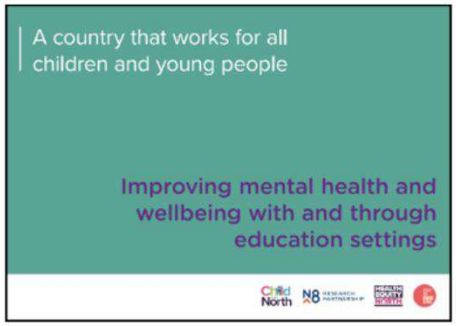

A country that works for all children and young people
An evidence-based plan for supporting physical activity and healthy nutrition with and through education settings


A country that works for all children and young people
An evidence-based approach to supporting children in the preschool years

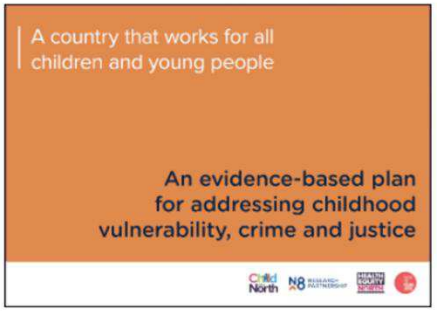

A country that works for all children and young people
An evidence-based plan for addressing poverty with and through education settings


A country that works for all children and young people
An evidence-based plan for addressing the special educational needs and disabilities (SEND) assessment and support crisis

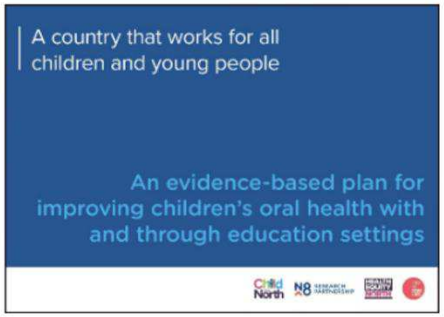

A country that works for all children and young people
An evidence-based plan for improving school attendance

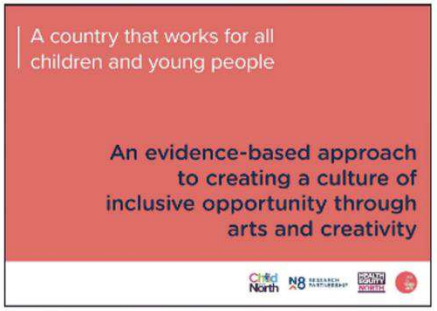

A country that works for all children and young people
Improving mental health and wellbeing with and through education settings


A country that works for all children and young people
An evidence-based plan for upskilling our children and young people for digital futures


A country that works for all children and young people
An evidence-based plan for addressing childhood vulnerability, crime and justice


A country that works for all children and young people
An evidence-based plan to build the foundations of a new "Sure Start" in and around education settings


A country that works for all children and young people
An evidence-based plan for improving children's oral health with and through education settings


A country that works for all children and young people
An evidence-based approach to creating a culture of inclusive opportunity through arts and creativity

Running order

Centre for Applied Education Research

- Why a prevalence review?
- **Is autism a disability?**
- A legislative response
- Teachers are the experts
- A brave new world



What is disability?

Centre for Applied Education Research

A dynamic interaction between an individual's abilities and environmental and personal factors that prevents participation in desired activities

What if schools didn't have to wait for a SEND diagnosis?

Too often schools are stuck waiting for a diagnosis before they can help pupils with clear additional needs, say these academics, who argue that shifting to a 'needs-led' system would benefit everyone

Mark Mon-Williams
Karen Guldberg · 2nd November 2026, 6:00am



A teacher notices that a child in her class - let's call her Tracey - struggles to follow spoken instructions, becomes distressed during noisy activities and finds unexpected changes overwhelming.

The school meets with the family, and it turns out they have been raising concerns with their GP for years. Tracey says it is the noise at lunchtime and not knowing what is coming next that she finds hardest.

What is autism?

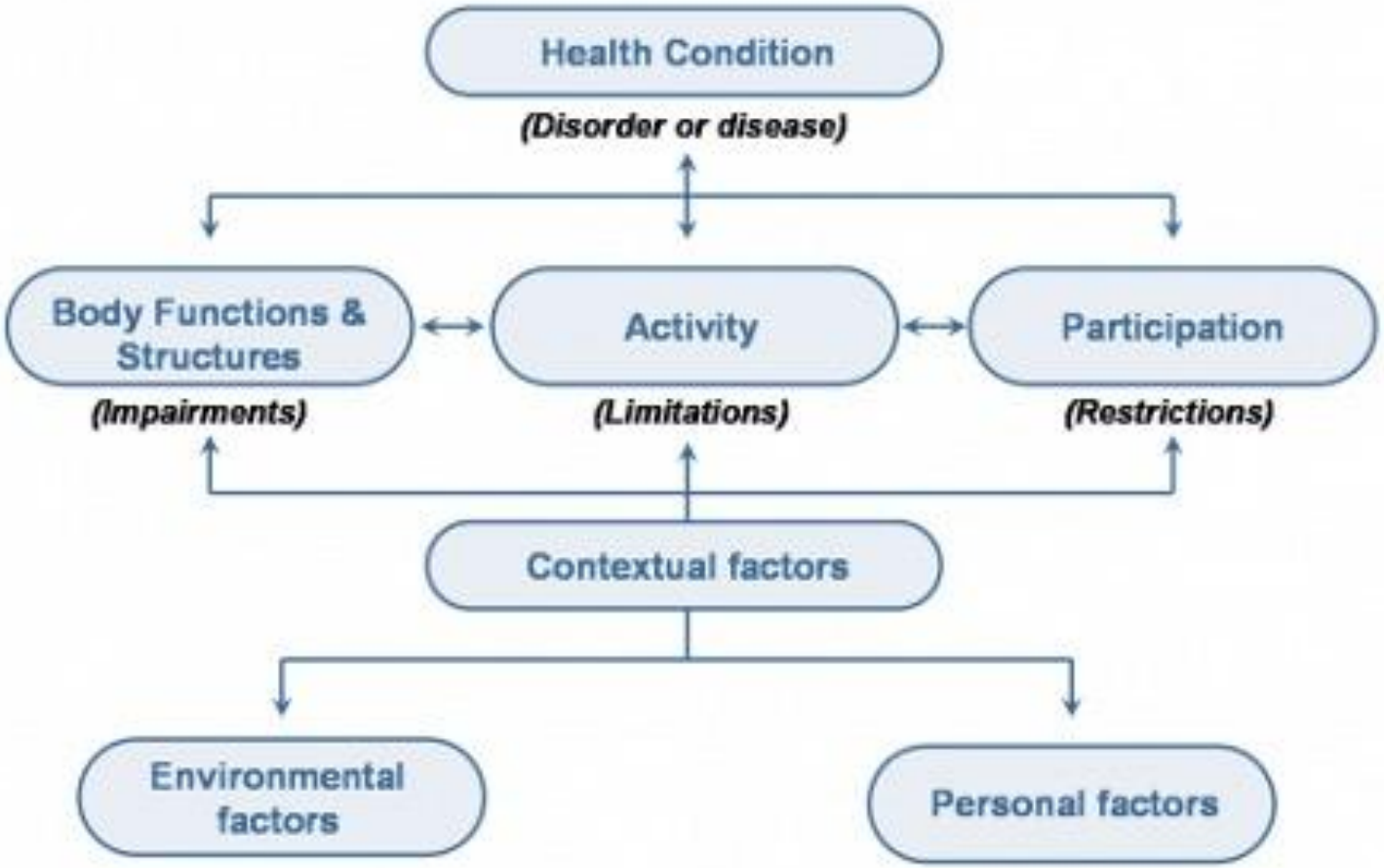
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A clinical diagnosis - based on an arbitrary but common set of difficulties faced by a number of individuals – made by clinicians for the purposes of health services



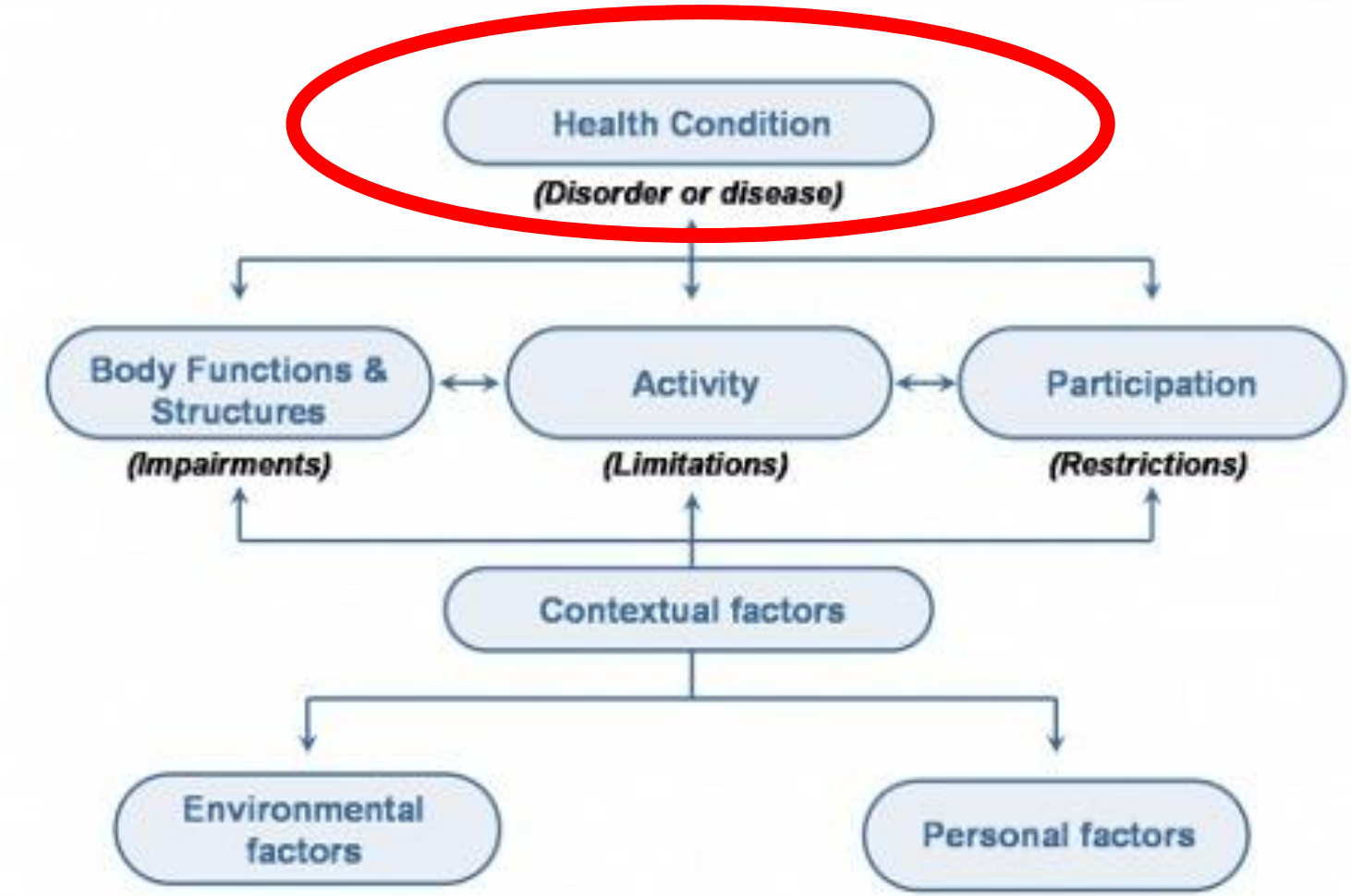
WHO disability model

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WHO disability model

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Running order

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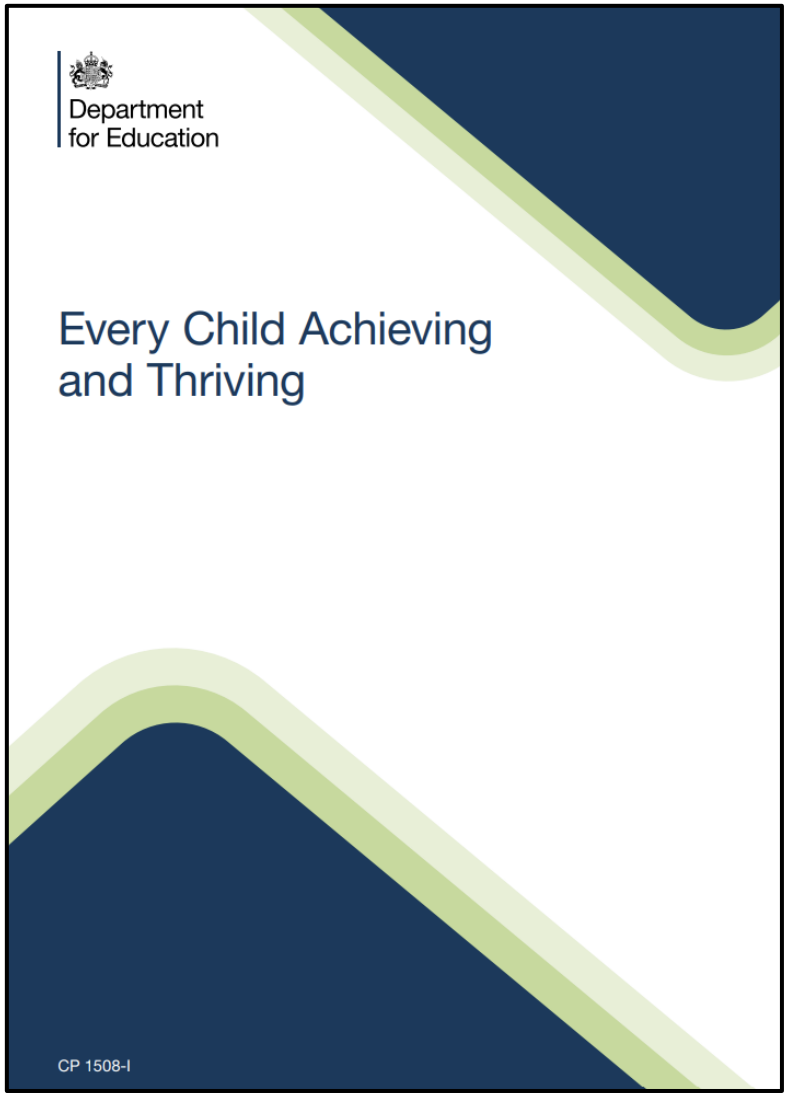
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Legislative change

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Legislative response

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Home > Education, training and skills > Special educational needs and disability (SEND) and high needs > Support for special educational needs and disability (SEND)

Independent report

Neurodivergence Task and Finish Group: report

The conclusions and recommendations of the independent review into ways to support neurodivergent children and young people in mainstream education settings.

From: Department for Education
Published 23 February 2026

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Applies to England

Documents

PDF — The Neurodivergence Task and Finish Group: report and recommendations for mainstream education

PDF, 521 KB, 47 pages

PDF — Neurodivergence report for government about schools: Easy Read version

PDF, 665 KB, 12 pages

Independent report

Independent review into mental health conditions, ADHD and autism: interim report

Updated 10 June 2026

Applies to England

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- changes in education, work and daily life
- public awareness and expectations
- social media, artificial intelligence (AI) and digital change

Diagnosis led

Centre for Applied Education Research

DIAGNOSIS

FOR

SUPPORT (WHEN AVAILABLE)



SUPPORTING NEEDS

WITH

DIAGNOSIS (WHEN NEEDED)

Running order

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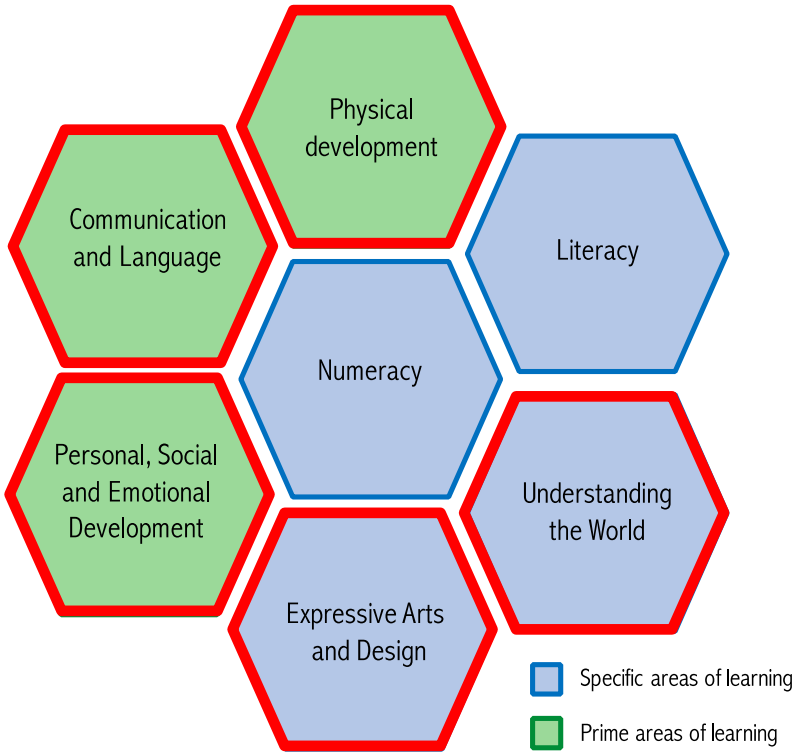
- Why a prevalence review?
- The SEND crisis
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- What is autism?
- **Teachers are the experts**
- A brave new world



The EYFSP

Centre for Applied Education Research

- Detailed and holistic teacher-reported evaluation, completed in Reception (4-5 years of age)
- Administered universally across England – conducted on over 7.5 million children so far
- Good level of development (GLD) is commonly used as a measure of school readiness



EYFSP and autism

Centre for Applied Education Research

The Early Years Foundation Stage Profile can identify children who will receive a downstream **autism diagnosis**

Open access Original research

BMJ Paediatrics Open

Investigating the association between early years foundation stage profile scores and subsequent diagnosis of an autism spectrum disorder: a retrospective study of linked healthcare and education data

Barry Wright [1], Mark Mon-Williams,[2] Brian Kelly,[3] Stefan Williams,[4] David Sims,[5] Faisal Mushtaq,[2] Kuldeep Sohal,[3] Jane Elizabeth Blackwell,[6] John Wright[3]

To cite: Wright B, Mon-Williams M, Kelly B, *et al*. Investigating the association between early years foundation stage profile scores and subsequent diagnosis of an autism spectrum disorder: a retrospective study of linked healthcare and education data. *BMJ Paediatrics Open*

ABSTRACT

Objective We set out to test whether the early years foundation stage profile (EYFSP) score derived from 17 items assessed by teachers at the end of reception school year had any association with autism spectrum disorder (ASD) diagnosis in subsequent years. This study tested the feasibility of successfully linking education and health data.

Design A retrospective data linkage study.

What is known about the subject?

- Routine education and health data are rarely linked.
- To date, there is limited evidence that screening for autism spectrum disorders in the first 6 years of life is cost-effective.

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School readiness and ADHD

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School readiness as a signal of attention-deficit hyperactivity disorder: a population-based cohort study highlighting structural inequalities

Matthew Warburton [1], Blandine French [2], Evie Shore [1, 3], Megan Louise Wood [1, 3], Mark Mon-Williams [1, 3]

Correspondence to Dr Matthew Warburton; pscmwa@leeds.ac.uk

Abstract

Objective Assess sociodemographic disparities in attention-deficit hyperactivity disorder (ADHD) diagnoses and determine whether England's universal assessment of 'school readiness' could provide a signal for ADHD-related educational needs.

Design Population-based cohort study.

Setting Bradford, UK.

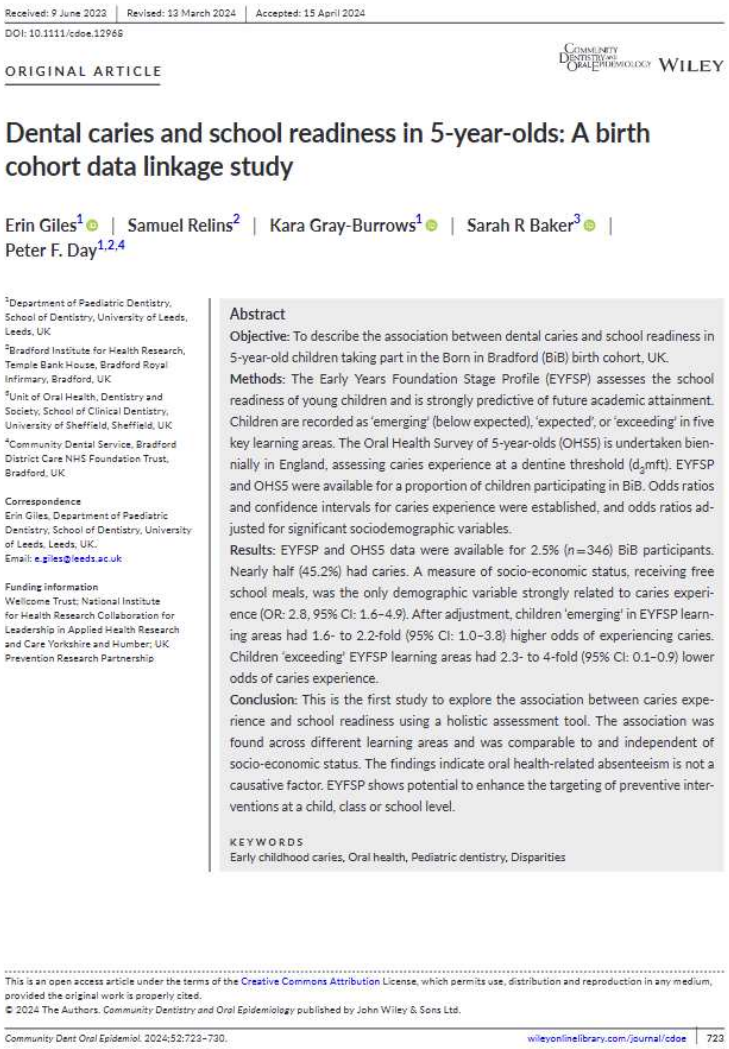
Method Education and health records were linked using the Connected Bradford database for individuals who completed their first year of compulsory schooling (age 4–5 years) between the 2006/2007 and 2018/2019 academic years (n=1 25 330). School readiness was indexed by the 'good level of development' threshold within the Early Years Foundation Stage Profile. Primary healthcare records were used to identify individuals with clinical codes recorded that indicate ADHD diagnosis. Regression analyses allowed controlling for covariates, including sex, ethnicity, free school meals receipt and local area deprivation.

Results Male and White British heritage individuals were more likely to have received a diagnosis for ADHD than females and those of South Asian heritage or other ethnicities, with the lowest diagnosis rates among South Asian girls. Those who attained a 'good level of development' were also less likely to have received a diagnosis for ADHD (attained: 1.0%; not attained: 2.6%, OR=0.40, 95% CI (0.35, 0.45)), even after controlling for covariates (OR=0.42, 95% CI (0.37, 0.48)).

Conclusions There are structural inequalities in ADHD diagnosis, particularly across sex and ethnicity. Universal school readiness assessments, such as the Early Years Foundation Stage Profile used in England, could act as a signal of ADHD-related educational

EYFSP and caries

Centre for Applied Education Research



Received: 9 June 2023 | Revised: 13 March 2024 | Accepted: 15 April 2024

DOI: 10.1111/cdoe.12968

ORIGINAL ARTICLE

Community Dentistry and Oral Epidemiology WILEY

Dental caries and school readiness in 5-year-olds: A birth cohort data linkage study

Erin Giles[1] | Samuel Relins[2] | Kara Gray-Burrows[1] | Sarah R Baker[3] | Peter F. Day[1,2,4]

[1]Department of Paediatric Dentistry, School of Dentistry, University of Leeds, Leeds, UK

[2]Bradford Institute for Health Research, Temple Bank House, Bradford Royal Infirmary, Bradford, UK

[3]Unit of Oral Health, Dentistry and Society, School of Clinical Dentistry, University of Sheffield, Sheffield, UK

[4]Community Dental Service, Bradford District Care NHS Foundation Trust, Bradford, UK

Correspondence
Erin Giles, Department of Paediatric Dentistry, School of Dentistry, University of Leeds, Leeds, UK.
Email: e.giles@leeds.ac.uk

Funding information
Wellcome Trust; National Institute for Health Research Collaboration for Leadership in Applied Health Research and Care Yorkshire and Humber; UK Prevention Research Partnership

Abstract

Objective: To describe the association between dental caries and school readiness in 5-year-old children taking part in the Born in Bradford (BiB) birth cohort, UK.

Methods: The Early Years Foundation Stage Profile (EYFSP) assesses the school readiness of young children and is strongly predictive of future academic attainment. Children are recorded as 'emerging' (below expected), 'expected', or 'exceeding' in five key learning areas. The Oral Health Survey of 5-year-olds (OHS5) is undertaken biennially in England, assessing caries experience at a dentine threshold ($d_2$mft). EYFSP and OHS5 were available for a proportion of children participating in BiB. Odds ratios and confidence intervals for caries experience were established, and odds ratios adjusted for significant sociodemographic variables.

Results: EYFSP and OHS5 data were available for 2.5% (n=346) BiB participants. Nearly half (45.2%) had caries. A measure of socio-economic status, receiving free school meals, was the only demographic variable strongly related to caries experience (OR: 2.8, 95% CI: 1.6–4.9). After adjustment, children 'emerging' in EYFSP learning areas had 1.6- to 2.2-fold (95% CI: 1.0–3.8) higher odds of experiencing caries. Children 'exceeding' EYFSP learning areas had 2.3- to 4-fold (95% CI: 0.1–0.9) lower odds of caries experience.

Conclusion: This is the first study to explore the association between caries experience and school readiness using a holistic assessment tool. The association was found across different learning areas and was comparable to and independent of socio-economic status. The findings indicate oral health-related absenteeism is not a causative factor. EYFSP shows potential to enhance the targeting of preventive interventions at a child, class or school level.

KEYWORDS
Early childhood caries, Oral health, Pediatric dentistry, Disparities

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The Early Years Foundation Stage Profile can identify children who will have **dental caries** downstream

School readiness: NEET

Centre for Applied Education Research

RESEARCH Open Access

Risk of not being in employment, education or training (NEET) in late adolescence is signalled by school readiness measures at 4–5 years

Matthew Warburton[1*], Megan L. Wood[1], Kuldeep Sohal[2], John Wright[2], Mark Mon-Williams[1,2,3] and Amy L. Atkinson[4]

Abstract

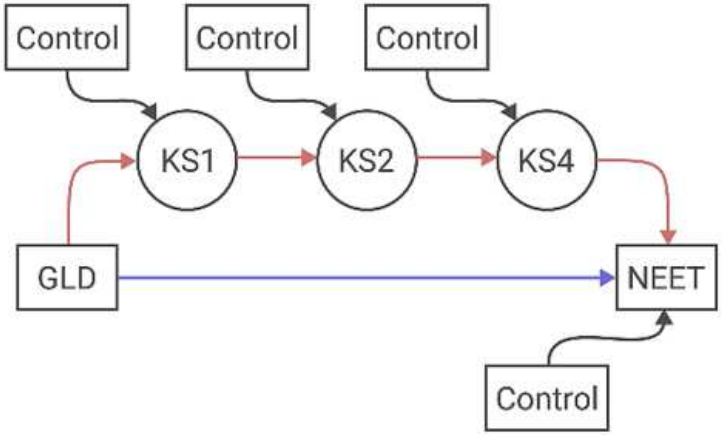
Background Not being in employment, education, or training (NEET) is associated with poor health (physical and mental) and social exclusion. We investigated whether England's statutory school readiness measure conducted at 4–5 years provides a risk signal for NEET in late adolescence.

Methods We identified 8,118 individuals with school readiness measures at 4–5 years and NEET records at 16–17 years using Connected Bradford, a bank of linked routinely collected datasets. Children were categorised as 'school ready' if they reached a 'Good Level of Development' on the Early Years Foundation Stage Profile. We used probit regression and structural equation modelling to investigate the relationship between school readiness and NEET status and whether it primarily relates to academic attainment.

Results School readiness was significantly associated with NEET status. A larger proportion of young people who were not school ready were later NEET (11%) compared to those who were school ready (4%). Most of this effect was attributable to shared relationships with academic attainment, but there was also a direct effect. Measures of deprivation and Special Educational Needs were also strong predictors of NEET status.

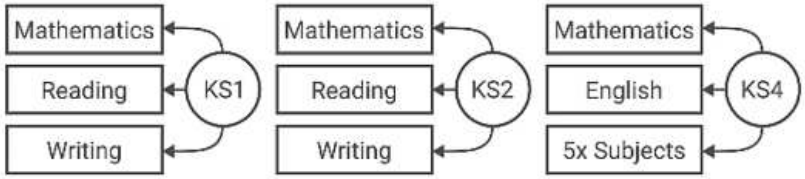
Conclusions NEET risk factors occur early in life. School readiness measures could be used as early indicators of risk, with interventions targeted to prevent the long-term physical and mental health problems associated with NEET, especially in disadvantaged areas. Primary schools are therefore well placed to be public health partners in early intervention strategies.

Keywords School readiness, Not in employment, education, or training, NEET, EYFSP, Academic attainment



Total effect = direct effect + indirect effect

Latent structure:



Running order

Centre for Applied Education Research

- Why a prevalence review?
- The SEND crisis
- A legislative response
- What is autism?
- The role of teachers
- **A brave new world**



ELECTRONIC DEVELOPMENTAL SUPPORT PASSPORT

A NEEDS-LED DIGITAL TOOL THAT:

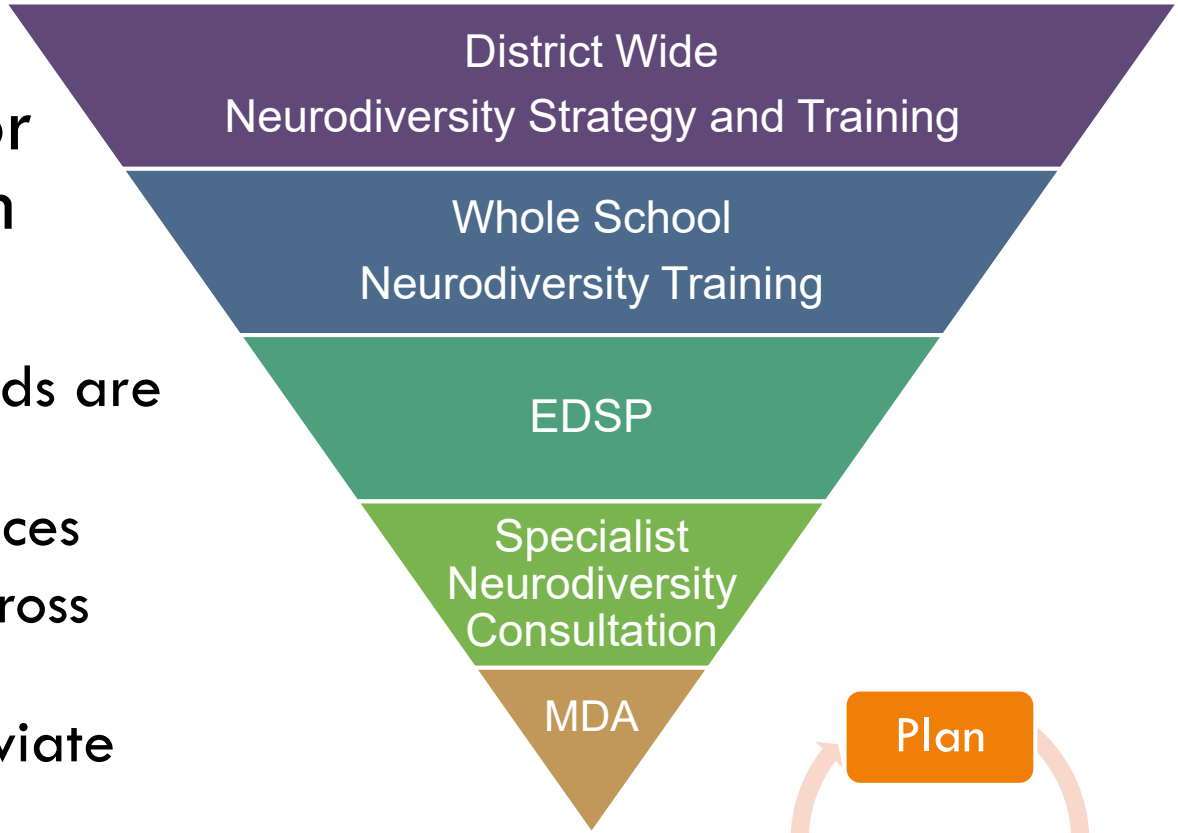
1. Empowers teaches to pinpoint needs, from skill domains to specific task competencies
2. Automatically provides tailored evidence based support recommendations and resources
3. Enables implementation of first line support & reasonable adjustments to promote classroom engagement, learning, and wellbeing
4. Has the potential to enhance diagnostic pathways through secure data sharing between health and education systems

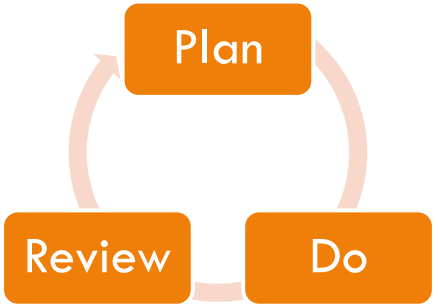
Future Pathway Project

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Transform services for neurodiverse children

- Only children whose needs are still unmet are referred
- Reduce pressure on services
- Eliminates duplication across services
- Has the potential to alleviate structural inequalities
- Allows children to thrive and reach their full potential





Health and education

Centre for Applied Education Research



Open access Original research

BMJ Open

Systematic approach to school-based assessments for autism spectrum disorders to reduce inequalities: a feasibility study in 10 primary schools

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ABSTRACT

Objectives This was a pilot study to explore whether the Early Years Foundation Stage Profile (EYFSP) carried out by UK teachers within the 'reception' year, combined with the Social Communication Questionnaire (SCQ), can lead to early identification of children with autism spectrum disorders (ASD) and early access to intervention and can reduce inequity in access to assessment and intervention.

Design Pragmatic prospective cohort.

Setting Ten primary schools from the SHINE project in Bradford.

Participants 587 pupils from 10 schools who transitioned from reception to year 1 in July 2017 and had the EYFSP completed were included in the final study.

Interventions The assessment involved a multidisciplinary team of three staff who completed Autism Diagnostic Interview–Revised, Autism Diagnostic Observation Schedule Version 2, classroom observations with an ASD checklist, a teacher-based ASD questionnaire and a final consensus meeting.

Primary outcome measure National Institute for Health and Care Excellence guideline-compliant clinical diagnosis of ASD.

Strengths and limitations of this study:

- Consent was sought from all parents regardless of the language by flexible use of interpreters.
- Education and health data were shared, yielding significant benefits.
- We conducted the Social Communication Questionnaire (SCQ) (threshold of 12) with children who scored ≤9 in the Early Years Foundation Stage Profile (EYFSP) and with a random subsample from the high EYFSP group (15% of children with score ≥10).
- All children with a score ≥12 on the SCQ received a detailed comprehensive autism spectrum disorder assessment, and the rest had a teachers' screening questionnaire.
- Any child who had already had a diagnosis on the autism spectrum from the local diagnostic services was also noted.

ASD is a neurodevelopmental condition

Support

Centre for Applied Education Research




AUTISM ASSESSMENT AND SUPPORT UPDATE:
THE CRISIS IS WORSENING


IMPROVING PHYSICAL ACTIVITY UPDATE:
ACCUMULATING EVIDENCE FOR EFFECTIVE INTERVENTIONS


SUPPORTING CHILDREN IN THE PRESCHOOL YEARS :
PRESCHOOL CHILDREN ARE THE UK'S FUTURE


ADDRESSING POVERTY UPDATE:
UK CHILDREN DYING THROUGH POVERTY


ADDRESSING THE SEND CRISIS UPDATE:
IMPLEMENTING WHAT WORKS IN A WORSENING CRISIS


SCHOOL ATTENDANCE UPDATE:
URGENT IMPROVEMENT REQUIRED


IMPROVING MENTAL HEALTH AND WELLBEING UPDATE:
LEARNING WHAT WORKS IN A WORSENING CRISIS


DIGITAL UPSKILLING UPDATE:
INNOVATIVE APPROACHES TO CLOSE THE DIGITAL DIVIDE


CHILDHOOD VULNERABILITY, CRIME AND JUSTICE UPDATE:
STRENGTHENING PROTECTION, PARTNERSHIP AND PREVENTION


REIMAGINING SURE START UPDATE:
SCALING BEST START TO BEST START EVER


IMPROVING CHILDREN'S ORAL HEALTH UPDATE:
INTEGRATED HEALTH AND EDUCATION SOLUTIONS


CREATING A CULTURE OF INCLUSIVE OPPORTUNITY:
THE ARTS AND CREATIVITY CAN MAKE THE DIFFERENCE

How the Independent Prevalence Review will help empower teachers

