Monograph:
Atkinson, A. orcid.org/0000-0001-9536-6950, Papen, U. orcid.org/0000-0001-8989-6365, Wood, M. orcid.org/0000-0003-1882-2355 et al. (1 more author) (2024) An evidence-based plan for addressing the special educational needs and disabilities (SEND) assessment and support crisis. Report. N8 Research Partnership

https://doi.org/10.48785/100/268

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

Child of the North
N8 RESEARCH PARTNERSHIP
HEALTH EQUITY NORTH
CENTRE FOR YOUNG LIVES

Contents

Please sign our petition if you share our vision for building a better UK that invests in its future (the next generation of children and young people)

Foreword by Anne Longfield and Camilla Kingdon

Our support system for children and young people with Special Educational Needs and Disabilities (SEN(D)) is failing many vulnerable children. The new Government is faced with enormous challenges and an urgent need for reform.

Four out of ten children are identified as having SEN(D) at some point between the ages of five and 16 years – an extraordinary number – but the system cannot cope under the current arrangements and has been unable to keep pace with the advances made in identifying and recognising when children have additional needs and require extra support.

This broken SEN(D) system is holding back life chances and causing upset and distress to many children and families. Speak to any Member of Parliament and they will tell you of the large numbers of complaints, requests for help, and desperate pleas from constituents whose children are not receiving the assessment or the Education Health and Care (EHC) plans and support they need.

We've also spoken with, and have been contacted by, many parents ourselves over recent years, at their wits' end, deeply frustrated at the waiting lists and the layers of bureaucracy and hoops they need jump through, fearful that their children's opportunities to do well at school and beyond are being held back by an inadequate, underfunded, and overstretched SEN(D) system. Sadly, the evidence is clear that outcomes for children with SEN(D) are too often poor – much poorer than for those children without SEN(D). There is a persistent SEN(D) gap at all stages of education. Indeed, just 30% of young people with SEN(D) achieved a Grade 4 or higher in English and Maths in 2022/23, compared to 72% without SEN(D).

Children with SEN(D) 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 SEN(D).

Children with SEN(D) are also likely to have different outcomes depending on where they live in England. The percentage of young people with SEN(D) achieving a Grade 4 or higher in English and Maths in 2022/23 ranged from just 15% in Knowsley to 50% in the Isle of Scilly.

And children with SEN(D) are also more likely to struggle with their wellbeing and with bullying at school.

These disparities are not unique to children with SEN(D), but they act as extra barriers of disadvantage for an already vulnerable group and reinforce the need for early identification and robust EHC plans that support children on their journey through school.

Yet too many families are not receiving the EHC plans they need in a timely way. Some children are waiting for months and even years.

Local authorities should produce EHC plans within a statutory timeframe of 20 weeks from the date that a request is received, but only 49% of EHC plans were produced within this timeframe in 2022, a considerable drop from 60% the previous year. The percentage of EHC plans produced within 20 weeks in the North East of England ranged from 98% in Gateshead to only 13% in a neighbouring local authority, Newcastle upon Tyne, in 2022. A recent BBC News investigation found eight councils had met the deadline in fewer than 5% of cases in 2023.

This postcode lottery means that receiving support relies on being in the right local authority at the right time. We should not be content with a system based on good or bad fortune, nor one that leaves some councils simply unable to meet commitments because of the huge pressures on their finances.

This report is focussed on tackling the postcode lottery of EHC plans, the poor early identification of SEN(D), and the huge numbers of children not receiving the support they need. It puts forward proposals to tackle the SEN(D) assessment and support crisis by setting out an evidence-based plan that puts schools at its heart.

For example, the report sets out the need to use holistic measures of a child's development to identify those children and young people with

Just 30% of young people with SEN(D) achieved a Grade 4 or higher in English and Maths in 2022/23, compared to 72% without SEN(D).

Tackling the delays, the poor early identification, and the **postcode lottery should be a priority for our new Government.**

increased likelihood of having SEN(D) early, highlighting the potential expansion of the Early Years Foundation Stage Profile. These data are already available to all schools but are not currently used to identify children with SEN(D).

Yet the profiling is conducted only once in the early years, so it misses those children whose needs emerge later in childhood.

As the report highlights, data from the Born in Bradford longitudinal birth cohort study has found that children who did not reach a “good level of development” on the Early Years Foundation Stage Profile were six times as likely to later require SEN(D) support relative to children who reached a good level of development. It reinforces why, along with academic assessment, non-academic skills should be assessed beyond the early years in every school.

The roll out of standardised tools for schools specifically designed to identify and meet the needs of all students both at, and beyond, the ages of 4-5 years old would be game-changing. The report showcases the Electronic Development and Support Tool (EDST), designed to empower teachers in identifying and supporting the needs of all children within the classroom. It is already being trialled in 42 schools within Bradford for Year 1 children. The tool generates a simple report summarising a child’s support needs – rich information which can then be shared with health and social care for those children who would benefit from a connected support system.

The EDST can enable children to thrive in a classroom that meets their needs, starting at the level of school entry by supporting teachers to pinpoint specific areas of need and providing robust recommendations. This tool has the potential to be adapted for each key stage to support children through school transition and secondary education.

The report also highlights the lack of training on some SEN(D)-related issues in teacher training. It is not surprising then that many school staff have gaps in their understanding of SEN(D) issues. Families’ access to quality information relating to SEN(D) differs considerably depending on where they live and which school their child attends. We recommend the development of a “one stop shop” online resource for teachers and families to help support earlier identification of SEN(D), and for all school staff to have access to more mandatory continued professional development (CPD) about SEN(D) and related issues.

It is crucial that these resources are co-produced with individuals with lived experiences of SEN(D) and are accessible and useful to both professionals and families.

A criticism heard frequently across services supporting children is the problem of siloed working, and lack of information-sharing, particularly between education, health, and social care. In this case, it can lead to important health information that might help with earlier SEN(D) identification not being passed on to schools. This can result in delays in the identification and provision of SEN(D) support. So, connecting services is essential – better and earlier sharing of information must happen if we are to improve identification and speed up provision.

It is clear that many thousands of children and parents are crying out for a faster and kinder process and better early intervention support. The report includes heartbreaking reminders of the impact on families of the stress of trying to receive an EHC plan. Parents describe the whole process as “traumatic”, talk about the huge cost to their mental health and finances, and how they will “never forget how totally helpless [they] felt as a parent”. It is also striking to hear parents use analogies with battles and war. They talk about “going to war with the council”, or “taking time off work to do battle with local authorities over the EHCP”. This isn’t a system that is working.

Problems with the SEND system and how to navigate it are made more difficult by the inconsistent use of language, with the term SEN being used interchangeably with SEND without it necessarily being clear why one or the other acronym is used. This report addresses the confusion over terms and seeks to provide needed clarification and consistency.

It’s important to remember that the recent evaluation of Sure Start children’s centres by the Institute of Fiscal Studies found that early intervention and joined up services and support reduced the numbers of SEN(D) referrals for specialist support.

A new Government provides a fresh opportunity to level the playing field of support nationally, prioritising those areas of the country which are failing to meet the 20-week goal, and being much more creative about how they do that.

One and a half million children in England are identified as having SEN(D), whilst many others may never be identified. This is not a minor issue affecting just one or two children in every school class, it is a widespread need affecting a sizeable minority of our children, and it demands a system that is timely, responsive to need from the offset, fair, and provides the extra support that can help children reach their full potential.

Anne Longfield CBE,
Executive Chair of
the Centre for Young Lives

Dr Camilla Kingdon,
Former President of the
Royal College of Paediatrics
and Child Health

This report is a collaborative programme of work between Child of the North and the Centre for Young Lives.

Cite as: Atkinson, A. L., Papen, U., Wood, M. L. et al. (2024). 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, doi: doi.org/10.48785/100/268

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A note about language

Children and young people

In this report, CYP is used to refer to children and young people. A "young person" in this context is a person over compulsory school age (the end of the academic year in which they turn 16 years old) and under 25 years old (1). In keeping with this definition, we use the words "child" and "children" in this report to refer to individuals from birth to the end of compulsory school age.

Schools, nurseries, and educational settings

In this report, we often use "schools" as shorthand for "schools, nurseries, and other educational settings". A central message of this report is the need for a "whole system" approach that includes all relevant stakeholders, and this includes all parts of the education system.

Special schools

We note that "special schools" have limited spaces, meaning CYP who require the support of special schools are often in mainstream education, where the current support available for special educational needs cannot meet the growing demand.

SEN vs. SEND

The terms "SEND" and "SEN" are both used in policy documents and guidance and may both be used in information available to families. At times, these seem to refer to the same group of CYP. We use the term "SEN(D)" for consistency throughout this report, and as a means of highlighting the lack of standardised terminology (see the "Defining SEN(D)" section for further clarification).

About Child of the North

Child of the North is a partnership between the N8 Research Partnership and Health Equity North which aims to build a fairer future for children across the North of England by building a platform for collaboration, high quality research, and policy engagement. @ChildoftheNort1

About the N8 Research Partnership

The N8 Research Partnership is a collaboration of the eight most research-intensive Universities in the North of England: Durham, Lancaster, Leeds, Liverpool, Manchester, Newcastle, Sheffield, and York. Working with partner universities, industry, and society (N8+), the N8 aims to maximise the impact of this research base by promoting collaboration, establishing innovative research capabilities and programmes of national and international prominence, and driving economic growth. www.n8research.org.uk @N8research

Who is the Child of the North?

The "Child of the North" is an archetype (like the "unknown soldier"), representing all the millions of children throughout the UK whose lives are blighted by inequalities. We use the Child of the North as a means of illustrating the inequities that affect children and young people. These inequalities are well captured by the differences in opportunities available to the child growing up in the North of England versus the South. But inequalities are present throughout the UK at both a national and regional level. These inequalities are bad for almost everyone and the future of the UK depends on their urgent eradication. The Child of the North represents every child who deserves a better start to life, regardless of where they live.

About Health Equity North

Health Equity North is a virtual institute focused on place-based solutions to public health problems and health inequalities across the North of England. It brings together world-leading academic expertise, from the Northern Health Science Alliance's members of leading universities and hospitals, to fight health inequalities through research excellence and collaboration. www.healthequitynorth.co.uk @_HENorth

About the Centre for Young Lives

The Centre for Young Lives is a new, dynamic and highly experienced innovation organisation dedicated to improving the lives of children, young people, and families in the UK – particularly the most vulnerable. Led by former Children's Commissioner, Anne Longfield CBE, who has been at the forefront of children's issues for decades, the Centre's agile team is highly skilled, experienced, and regarded. It is already widely known and well respected across government departments, Parliament, local and regional government, academia, the voluntary sector, and national and local media. The Centre wants to see children and young people's futures placed at the heart of policy making, a high priority for Government and at the core of the drive for a future for our country which can be much stronger and more prosperous. www.centreforyounglives.org.uk @CfYoungLives

About the N8+

Collaboration lies at the heart of "Child of The North". The N8 has proved a useful organising structure but the Child of The North vision is to: (i) use the North-South England divide to show the impact of inequity on all children in the UK; (ii) bring together stakeholders from across the UK to build a better country for CYP. One aspiration is to link researchers from across the UK to support evidence-based approaches to policymaking. In particular, there is a desire to unite Higher Education institutes across the North of England so we can address problems in partnership. This report is a testament to the "N8+ vision" with colleagues from the University of Bradford leading its production. This reflects the wider collaboration between the University of Bradford and N8 partners in projects such as "Born in Bradford" and the Wolfson Centre for Applied Health Research.

Quotations

The illustrative quotations throughout the report were taken from extensive qualitative and consultation work with children, families, and professionals.

Acknowledgements

We would like to thank the Bradford Priority Education Investment Area and Educational Alliance for Life Chances (and associated DfE colleagues) for their amazing work on addressing inequity and for their support with getting this report off the ground. We would like to thank everyone who participated in the research that is described in this report and would like to particularly highlight the wonderful contributions made by the participants from the Born in Bradford programme, led by Professors Rosie McEachan and John Wright. This work would also not be possible without generous funding from our UK and EU research funding bodies who are an essential part of the system that needs to work together in the best interests of CYP. We would also like to thank the many parents/carers, young people, and professionals who provided valuable insights included in this report.

This report includes discussion of research that was conducted using data from the Office for National Statistics (ONS) which is Crown Copyright. The use of the ONS statistical data in this work does not imply the endorsement of the ONS in relation to the interpretation or analysis of the statistical data. This work uses research datasets which may not exactly reproduce National Statistics aggregates.

Key insights

1.5 MILLION

Over **1.5 million** pupils in England have SEN(D).

194 WEEKS (ALMOST 4 YEARS)

The average wait for an ADHD assessment for young people aged 19-25 years in a local authority in Yorkshire and the Humber.

99%

Of school leaders report that the funding they receive for pupils with SEN(D) is insufficient.

Of children are identified as having SEN(D) at some point between 5 and 16 years of age.

32%

Of children with SEN(D) are persistently absent from school (<90% attendance).

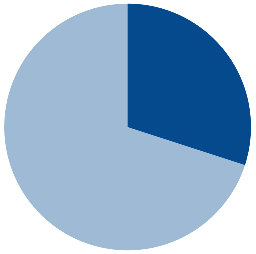
3.5 YEARS

By the end of secondary school, the achievement gap between pupils with no identified SEN(D) and pupils with an EHC plan is almost **3.5 years**. The gap between pupils with no identified SEN(D) and pupils with SEN(D) support (but no EHC plan) is **nearly 2 years.**

In 2021, **57%** of children with SEN(D) aged 6-16 years were reported to have a probable mental health disorder, compared with 13% of those without SEN(D).

ONLY 49%

Of Education, Health and Care (EHC) plans, setting out the needs of children and young people with SEN(D), were produced within the 20-week statutory limit in 2022.



When asked about training needs, **30%** of teachers reported that they wanted more training on SEN(D). This is higher than any other training area.

Defining SEN(D)

Special Educational Needs and Disabilities (SEND) is an umbrella term used to refer to any CYP who needs special educational support because of a learning difficulty or a disability. Having a learning difficulty and/or disability means that a CYP has: “a significantly greater difficulty in learning than the majority of others of the same age” or “a disability which prevents or hinders them from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions” (2). Children can be identified with SEND before they start school if the above definition is likely to apply to them by the time they reach compulsory school age (2).

“Special education needs” (SEN) is a legal term and is enshrined in law (3). The terms “SEND” and “SEN” are both used in policy documents, guidance, and information available to families, at times seemingly referring to the same group of CYP. It is therefore not always clear whether CYP with disabilities are included or not. Whilst CYP with SEN do not always have a disability, many of the conditions that may result in them being identified as having SEN are classed as a disability. A disability as defined by the Equality Act (4) can also encompass conditions such as asthma and cancer. A CYP with such a condition may or may not have SEN (in the sense of a significantly greater difficulty in learning than most others of the same age).

The World Health Organisation’s International Classification of Functioning, Disability and Health (ICF) (5) further helps to clarify how we understand disabilities in the context of special educational needs. The ICF defines disability as the inability to participate and engage in activities of daily living (which for children includes educational activities). The ICF emphasises that developmental differences (albeit unhelpfully described as “impairments”) can cause disability if the environment (or activities) are not modified to accommodate these differences. This means that an “impairment” may prevent a child participating in a school activity (and thus experience “disability”). It is worth noting that both “cognitive” and “physical” factors can contribute towards an “impairment” and this seems to contribute to the variable use of the terms “SEN” and “SEND”. In this report, we will use the term “SEN(D)” throughout to include all children with additional needs.

Types of SEN(D)

The SEND code of practice sets out the statutory requirements that local authorities, educational providers (including non-maintained schools), early years providers, NHS trusts, NHS commissioning boards, and others have towards CYP with SEN(D) and their families (2). The SEND code of practice applies to CYP from 0-25 years.

The SEND Code of Practice identifies four broad areas of need:

- **Communication and interaction:** This includes speech, language, and communication needs. These needs may be experienced, for example, by some autistic CYP.
- **Cognition and learning:** This covers learning difficulties, where the CYP learns at a slower pace than their peers. This includes moderate and severe learning difficulties, as well as specific learning difficulties such as dyslexia, dyscalculia, and developmental coordination disorder (DCD, formerly known as dyspraxia).
- **Social, emotional and mental health difficulties:** CYP with this type of need may become withdrawn, isolated, or display disruptive behaviour. These behaviours may reflect underlying mental health conditions (e.g., anxiety) or other diagnoses (e.g., ADHD).
- **Sensory and/or physical needs:** Some CYP have a disability that makes it difficult or impossible for them to make use of the general facilities provided in mainstream schools. This includes visual impairment, hearing impairment, and physical disabilities.

Types of support available

There are two levels of support available to CYP with SEN(D) (6):

- **SEN support:** Schools provide SEN support. What support looks like will depend on the age of the CYP and the needs identified. This may include support such as speech therapy.
- **Education, Health and Care (EHC) plans:** If the CYP needs more support than is available through SEN support, then a local authority must carry out an EHC needs assessment. This may lead to an EHC plan setting out the additional support needed. If an EHC plan is required, this should be produced within 20 weeks from the date the request is received (7).

In this report, we use “SEN(D) support” as an umbrella term when referring to both SEN support (without an EHC plan) and support covered by an EHC plan. To avoid confusion, we use “SEN support (without EHC plan)” to refer to the lower level of support.

Within schools, the Special Educational Needs Coordinator (SENCo) is responsible for coordinating provision to support pupils with SEN, including those who have EHC plans. Some schools may refer to their SENCo as the SENDCo (to clarify that their duties include support for pupils with disabilities). For consistency, we use “SENCo” throughout this report.

Our starting point

There is an understandable concern about adopting a “deficit model” when considering SEN(D). Indeed, simply labelling a child with having SEN(D) or a “condition” without putting in place support runs the risk of stigmatisation and self-fulfilling prophecies around underachievement. However, these sensible concerns reflect what currently, too often, is a piecemeal and reactive approach to SEN(D). These concerns fade in a context where schools are seen as a “hub” that exists to meet the holistic needs of the child, rather than having a narrow focus on educational attainment (see Report 4 of this series (8)). In this context, identifying a CYP’s strengths and difficulties is good pedagogical practice. We note that any good early years teacher would assess a child’s early maths and literacy skills. The assessment of these skills allows the teacher to tailor the curriculum to the needs of the child. Conceptually, we see no logical difference in the assessment of the wider skills that a CYP needs to survive and thrive in an education setting. Thus, we would argue that the holistic assessment of a CYP’s needs is consistent with sensible pedagogical practice – it is not framed by a deficit perspective, but instead seeks to capture the CYP’s strengths and areas of need.

The World Health Organisation’s ICF framework reminds us that an individual’s functional abilities need to be considered within the context of their educational environment (see the “Defining SEN(D)” section (5). Thus, a child’s “disability” can in some cases be removed or decreased by adjusting activities and the school environment. The process of identifying and assessing SEN(D) needs, based on information about the CYP’s strengths and difficulties, is an essential part of how support can be put in place. As we show in this report, the timeliness of such assessment, input from the CYP and their families, and the close cooperation of education, health, and social services are all essential to delivering this assessment and, ultimately, putting in place the support CYP need to thrive.

Mainstream education settings are well positioned to meet the needs of a large proportion of the SEN(D) population (2). However, there is a wide continuum of “need” that falls within this SEN(D) category, and some CYP will have needs that require accommodation and tailored support above and beyond what mainstream schools can offer. Some pupils are, therefore, likely to thrive in a special school with facilities designed to best support them.

> "My son, who is nine, attends a primary school with **leaders who are committed to inclusion...** I feel like I am working in partnership with them to ensure my son gets the support he needs to remain in mainstream education".
>
> – Parent

Policy recommendations

There is a clear SEN(D) crisis in the UK. Urgent action is required to ensure that CYP with SEN(D) are identified promptly and given the support they need to thrive. To facilitate the UK in its mission to improve the SEN(D) system, we make three evidence-based recommendations.

1

Use holistic measures of a child's development to identify pupils with increased likelihood of having SEN(D).

The evidence is clear – holistic assessments that evaluate both academic and non-academic abilities (e.g., motor skills, communication) can identify CYP at increased likelihood of needing SEN(D) support.

For example, the Early Years Foundation Stage Profile, which assesses academic and non-academic abilities at 4-5 years of age, can identify children who are much more likely to require SEN(D) support in the future. Crucially, teachers and school leaders already have these data at their fingertips.

However, as the Early Years Foundation Stage Profile is only conducted once in the early years, it may fail to identify CYP whose difficulties emerge at a later timepoint. Whilst academic abilities are assessed regularly throughout schooling, non-academic abilities are not routinely assessed beyond the early years.

Tools that assess non-academic skills beyond the early years should therefore be developed and rolled out nationally to facilitate earlier identification and support of SEN(D). The Electronic Development Support Tool (EDST) is an innovative example of an assessment that has been developed to suit this purpose.

2

Improve and extend training opportunities on SEN(D) for professionals and families.

Most educational professionals will interact with, and support, CYP with SEN(D) every day. But training on SEN(D) is limited. Not surprisingly, many educational professionals want to receive more training, and others do not feel sufficiently confident to support CYP with SEN(D). Families' access to information relating to SEN(D) also differs considerably depending on where in England they live. Families can therefore find it challenging to find and access reliable and accurate information, sometimes relying on low quality sources.

Continued Professional Development (CPD) courses on SEN(D) should be mandatory for educational professionals. Moreover, a "one stop shop" online resource should be developed to provide professionals and families with information and support on SEN(D). These resources need to be co-produced with individuals with lived experiences.

3

Connect systems more effectively to facilitate earlier identification of SEN(D) and the provision of more appropriate support.

Public services, such as education, health, and social care, often work in silos. As a result, health information (e.g., health conditions, birth factors) that may facilitate earlier identification of SEN(D) is rarely communicated directly with schools. This can place burden on families, and result in delays and inequalities in the identification of SEN(D). Better connected public services would enable free sharing of information, speeding up identification of SEN(D) and reducing structural inequalities.

The extent to which public services work together to produce support plans for CYP with SEN(D) differs considerably by local authority. This means that in some cases, support plans developed do not accurately reflect the CYP's needs. Consequently, the SEN(D) provision put in place is not always appropriate or sufficient. Connected services would facilitate a more holistic assessment and understanding of CYP's needs, drawing on expertise from across education, health, and social care. This would enable more tailored and appropriate SEN(D) provision to be put in place. Collaborative working would also allow professionals to develop practical and quick solutions to everyday issues and barriers that CYP with SEN(D) face.

These recommendations offer immense potential for decreasing the long-term costs associated with not acting early enough (e.g., the health, social care and criminal justice bills that can result from not supporting children's needs sooner); they will help the UK benefit from the sustainable economic growth available when the talents of every child can be deployed effectively within the workforce. Whilst there are resource implications, the recommendations do not require unfeasible levels of investment.

Principles

The current SEN(D) system is broken. CYP with SEN(D) face significant delays in having their needs identified and often do not receive the support they desperately need. There is also a postcode lottery, with identification and provision varying significantly depending on where in England a child or young person lives. Access to quality resources and training for professionals and parents also varies greatly between local authorities.

Our new government will need to act quickly to ensure CYP with SEN(D) receive timely identification and the provision of high-quality support they are entitled to.

Our recommendations are based on seven principles and the evidence that underpins the recommendations is laid out within this report. Whilst it is clear that the SEN(D) system needs significant financial investment, the recommendations we make are pragmatic in nature and recognise that the UK is in a perilous financial state. These recommendations do not pretend there is a magic wand that will immediately fix the system. Rather, they avoid the trap where the impossibility of perfection prevents change. Further, they provide a platform that would allow us to harness research and scientific evidence to learn what works best for which community – noting that science is one of society’s most powerful tool for improving education, health, and wellbeing.

Our seven principles

1. **Putting our children first** – The future of a country depends on a healthy workforce, equipped with the skills needed by the economy and society. Childhood determines long-term health and is the critically important period for developing the core skills needed to function within society. Logic thus dictates that the UK must prioritise children if we want to enjoy a healthy future. Timely identification and provision of support for CYP with SEN(D) would ensure that they can reach their full potential, and reduce the longer-term demand for health, social care, and other services.

2. **Addressing inequity** – This will reduce the financial burden of poor population health on public services. Concurrently, economic stagnation must be reversed to generate wealth and ensure the UK makes the best use of all its assets (i.e., the brilliant young minds located across all our communities). The UK's structural inequity is laid bare within the current SEN(D) system and a failure to support CYP with SEN(D) will starve the UK of talented individuals within the future workforce.

3. **Adopting place-based approaches** – Geography, culture, economic activity, and other factors vary between localities, changing the way that support needs manifest, and the way communities prefer to engage with services. New approaches to reaching and helping families must be planned and aligned to the needs and preferences of the locality and its communities. There are many cultural factors that impact assessment of SEN(D), including stigma and biases, and these local contexts must be addressed for efficient service delivery. Support, while needing to meet agreed standards (as set out in the SEND code of practice (2)), should be designed and delivered taking account of local contexts.

4. **Working together effectively across our public services** – The needs of CYP and their families cannot be neatly divided into silos such as "health", "education", "social care", "criminal justice" etc. We must recognise that our current organisational arrangements are not fit for purpose and find new ways of delivering connected public services so that the necessary holistic ("whole system") solutions to complex problems can be implemented. Public services should work together to co-develop initiatives to improve SEN(D) identification and support for CYP with SEN(D).

5. **Putting education at the heart of public service delivery** – Schools need to be at the epicentre of support. For example, typical "outside support" from specialist services (e.g., child and adolescent mental health services (CAMHS)) needs to be delivered within the school gates. In doing so, we start to remove the additional barriers encountered by the most disadvantaged children and reduce the burden placed on families. A genuine attempt to improve SEN(D) identification and the timely provision of support will involve closer working between health services and education settings.

6. **Establishing universities as the "Research and Development" departments for local public services** – Universities can bring together insights from across multiple disciplines, ensure decisions are based on the best possible evidence, oversee evaluation of service delivery, and train future health, social care, and education professionals. Universities have the capabilities to draw on existing evidence and conduct new research on SEN(D) to support public service colleagues and families.

7. **Using and sharing information across public service providers effectively** – Data are currently collected within organisational silos, which fails to reflect the reality of how families interact with services. Only by connecting our public service data (i.e., education, healthcare, social care etc.), can we: (i) begin to understand how services intersect and interact within families; (ii) allow the essential information sharing that will safeguard children. Information held within health systems could help schools to identify CYP with a greater likelihood of having SEN(D) earlier. Information held within education systems can also help clinicians (and services such as social care) to make more accurate decisions faster.

> "Often the messaging that professionals across education and healthcare receive is mixed and, in some cases, antagonistic to each other's settings. **This kind of disconnect is lengthening the time it takes for children to receive the support they require."**
>
> – Teacher

The evidence

The evidence is clear: individuals with SEN(D) are far too often not receiving the support they need, deserve, and are entitled to. We are facing a crisis, and this crisis is not new. The attainment of pupils with SEN(D) is behind that of their peers, and they are not given the opportunity to fulfil their potential. Action is urgently needed to improve the experiences, opportunities, and outcomes for CYP with SEN(D).

The SEN(D) crisis

There is a SEN(D) identification and support crisis. Around 40% of CYP are identified as having SEN(D) at some point during school (9). The number of pupils with SEN(D) at any one time is rising (see Figure 1), with over 1.5 million pupils in England being recorded as having SEN(D) in 2022/23 (10). In 2014, the government acknowledged that there was a need for improvement, with families "battling against a complex and fragmented system" (11). A new SEND and alternative provision code of practice was therefore introduced. This was recognised as "a landmark moment" and the "beginning of a journey" for schools, teachers, local authorities, and everyone supporting CYP with SEN(D) (11).

Nearly a decade on from the new code of practice and subsequent Green Paper (12), an improvement plan has been published (13), setting out ambitious plans for how to improve SEN(D) and alternative provision. The aim is to "improve outcomes for children and young people", to "improve experiences for families" and to achieve "financial stability" (13). The hope is that provision will be evidence-based, that those working with CYP will have the training and resources they need, and that the system will be much easier for families to navigate. These are good ambitions. To achieve these ambitions, the government must collaborate with all those working in the sector, including families and CYP, educational professionals, researchers, charities, and local organisations to ensure new approaches are co-produced, co-owned, and evidence-based.

However, the increasing demand for CYP seeking assessment and support is placing significant pressure on the system, with the amount of real-term funding available per pupil reducing (9). In 2021, councils faced a SEN(D) funding gap of £600 million (14). This poignantly illustrates the scale of the resource crisis. In recent surveys of school leaders, 99% reported the funding they receive for pupils with SEN(D) is insufficient (15) and 46% felt managing the needs of SEN(D) pupils would be a challenge over the next 12 months (16). Similarly, a recent National Education Union (NEU) survey (17) indicated that the majority of their members felt that resources for SEN(D) pupils, including the numbers of teaching assistants, were insufficient to meet pupils' needs.

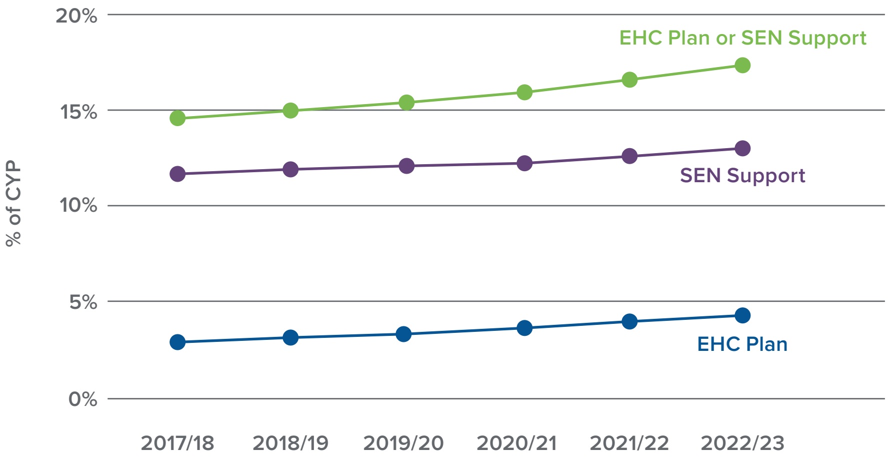


Figure 1. The percentage of CYP requiring SEN(D) support overall, and by type of support (EHC plan or SEN support (without EHC plan)) (18).

> "I firmly believe the **current system is failing our children.** The wonderful supporting strategies and documents with advice hinge around adults delivering intensive intervention, which contradicts the financial situation in schools."
>
> – Teacher

In addition to a lack of internal school resources, access to support from external professionals is also perceived to have reduced. In the NEU members survey (17), 25% reported that they did not have access to an educational psychologist, 26% reported no access to CAMHS support, and 28% had no access to speech and language therapy. Even when members did have access to these professionals, over 50% of respondents felt provision was insufficient. In addition to lack of services, waiting lists and paying for external services have also been highlighted as concerns by school staff (16).

Moreover, CYP with SEN(D), their parents, carers, and families are experiencing a system for acquiring support that has been described as "a bureaucratic nightmare" with a "lack of accountability" (19). This often means that families are "navigating an adversarial system and face difficulty and delay in accessing support for their child" (20). Parents and carers are often unhappy with decisions made and describe having to "battle" to get their child the right support (21). This "battle" can significantly impact parents' and carers' own mental health. For example, in a survey of 52 families conducted by the Cheshire West and Cheshire (CWaC) SEND Accountability group, a harrowing 92% said engaging with the SEN(D) team had been actively detrimental for their mental health (22). Delays or difficulties in obtaining the right support can also significantly impact families financially. Many have incurred considerable expenses, often thousands of pounds, taking cases to tribunals (23). Others have been forced to give up their jobs or reduce the number of hours they work due to delays in their child receiving appropriate support (24).

Outcomes and experiences for CYP with SEN(D)

There is a large academic attainment gap between CYP with and without SEN(D) at all stages of education. At the end of compulsory education, only 30% of pupils with SEN(D) achieved a Grade 4 or higher in GCSE English and Maths in 2022/23, compared to 72% without SEN(D) (25). At this stage, the achievement gap between pupils with no identified SEN(D) and pupils with an EHC plan is almost three and a half years (26). Meanwhile, the gap between pupils with no identified SEN(D) and pupils with SEN support (but no EHC plan) is nearly two years (27).

CYP with SEN(D) also have poorer wellbeing outcomes. In 2021, 57% of 6-16-year-olds with SEN(D) were reported to have a probable mental health disorder, compared to 13% of those without SEN(D) (28). CYP with SEN(D) are also more likely to be bullied than peers (29) and are less likely to feel safe at school (30). These experiences have both short- and long-term impacts on their health and wellbeing and can lead to feeling marginalised and unable to participate fully in the educational experience.

CYP with SEN(D) also experience a range of other adverse outcomes. Nationally, in 2022/23, 32% of pupils with SEN(D) were persistently absent from school (<90% attendance), compared to 18% in peers without SEN(D) (31). Furthermore, CYP with SEN(D) are over three times as likely to be suspended from school (32) and are nearly three times as likely to be Not in Employment, Education or Training (NEET) at 16-17 years of age (33) when compared to those without SEN(D).

Too often, CYP's needs are identified too late, resulting in the escalation of difficulties to crisis point. In too many cases, CYP's needs or disabilities are not identified until they have disengaged from learning, performed below expected levels academically, or have been excluded from school (34–36). For example, research has found that CYP with as-yet undiagnosed autism are at considerably greater risk of being excluded from school compared to those who already have a diagnosis (37). These exclusions may have been preventable if the CYP had received timely identification and high-quality support (35). Whilst the issue of delayed identification has been recognised by the UK Government (38), it requires urgent action to prevent CYP with SEN(D) from experiencing poor outcomes, both now and in the future.

Inequalities related to outcomes

Although outcomes for CYP with SEN(D) are generally poor, there is considerable variability across England. The percentage of pupils with SEN(D) achieving a Grade 4 or above in GCSE English and Maths in 2022/23 varied from just 27% in the North East and Yorkshire and the Humber, to 39% in Inner London (39). Disparities are even more apparent at the local authority level. For example, the percentage of pupils with SEN(D) achieving a Grade 4 or above in GCSE English and Maths in 2022/23 ranged from just 15% in one local authority in the North West to 50% in a local authority in the South West.

Outcomes from CYP with SEN(D) also vary by pupil characteristics, such as free school meals eligibility and gender. In 2022/23, just 16% of pupils with SEN(D) who were eligible for free school meals achieved a Grade 4 or above in GCSE English and Maths, compared to 38% of other pupils with SEN(D) (39). Moreover, boys with SEN(D) were less likely to achieve a Grade 4 or above in GCSE English and Maths compared to girls with SEN(D) (39). Whilst these disparities are not unique to CYP with SEN(D), they act as additional sources of disadvantage for this already vulnerable group. For example, just 8% of boys who had an EHC plan and were eligible for free school meals achieved a Grade 4 or above in GCSE English and Maths in 2022/23 (39).

The impact of COVID-19

CYP with SEN(D) were some of the hardest hit by COVID-19 and the associated lockdowns (40).

Despite UK schools being open to vulnerable children, not all took up places due to transmission concerns. The transition to home learning was particularly challenging for CYP with SEN(D). Changes to routine and the integration of home and school left many unable to engage (41,42). Families felt underequipped to manage their children's complex needs (43) and CYP were worried about falling further behind (44). Caregivers had reduced powers of advocacy, and a lack of respite affected their own mental health (45,46).

Educational professionals reported adverse effects of the pandemic on children with SEN(D)'s mental health, social skills, and academic performance (47). Some pupils with SEN(D) returned to school withdrawn and quiet, and there were increased rates of suicidal thoughts and self-harm (47). Moreover, professionals report that some pupils with SEN(D) had forgotten how to interact with others face-to-face (47).

Closure of schools is also likely to have disrupted the identification of SEN(D) (40). Even after schools re-opened, school leaders struggled to identify whether difficulties were due to SEN(D) or missed opportunities due the pandemic (40).

Inequalities in identification and support

The current system of identification does not work in the same way for all CYP, with some at a higher risk of their needs not being identified. For example, pupils who move schools frequently are underrepresented in SEN(D), as are pupils with higher rates of unauthorised or sickness absence (27). Some of the most vulnerable pupils in schools – looked after children – also face delays in identification (27). Moreover, a recent study found gender disparities in the identification of SEN(D). Nationally, only 35% of children receiving SEN(D) support were girls (48). This discrepancy may at least partly reflect biases in referrals, assessments, and the "camouflaging" of difficulties in girls (49).

Alarmingly, the school attended appears to be more important than any pupil characteristic in predicting whether they will be identified as having SEN(D) (27). Put simply, CYP with similar characteristics who live next door to each other could have vastly different chances of being identified with SEN(D) if they attend different schools.

In addition, where you live and grow up can cause inequalities in SEN(D) identification and support. Whilst pupils living in deprived neighbourhoods are significantly more likely to be identified as having SEN(D), there is evidence that more affluent families in these areas are "capturing resources" (27). Further, less affluent families have reported

Continued...

not feeling supported by school when a child has SEN(D) (50). This may result from more affluent families being better able to (or having more resources to) navigate the complex SEN(D) system. Consequently, there may be under-identification of SEN(D) in CYP from less affluent families in deprived areas. There are also fewer CYP with an EHC plan/statement in local authorities with higher levels of deprivation (27). This suggests a possible rationing of resources in some areas, whereby the threshold of need for an EHC plan to be offered may be higher in more deprived local authorities (27). CYP with SEN(D) also have vastly different experiences of SEN(D) provision depending on where in England they live. Some local authorities operate open referral systems and triage procedures to ensure that CYP receive the support they need quickly (51,52). In contrast, CYP in other local authorities regularly need to wait over a year for SEN(D) assessments (53–56). In one local authority in Yorkshire and the Humber, the waiting list for young people aged 19-25 years to receive an assessment for ADHD is almost four years (53). Without proper identification of the CYP's need, it is difficult or impossible for schools to put in place the right kind of support. These delays directly and significantly impact the lives of CYP and risk escalating their difficulties to crisis point, leading to some families paying for private assessments to access support more quickly (53).

The percentage of EHC plans produced within the 20-week target varies considerably between local authorities, even within the same region (see Figure 2) (10). For example, the percentage of EHC plans produced within 20 weeks (excluding exceptions) in the North East of England ranged from 98% to only 13% in 2022. Similar disparities are present in other regions, such as the North West and Yorkshire and the Humber. Thus, there is a clear postcode lottery in the timeliness in which EHC plans are produced. There is also considerable variability in the quality of EHC plans both across, and sometimes even within, local authorities (52,57–59). Often, plans are vague, and do not accurately describe the individual's needs (34,59–62). Many plans appear generic and lack specific recommendations for support (54,59,60,63,64). This can be frustrating for both families and schools. In some cases, school staff and families also feel that it takes too long for plans to be communicated, meaning that CYP's needs are not effectively met in the interim (51,54,62,63,65).

There is large variability in the extent to which local authorities run the Healthy Child Programme, which can facilitate identification of SEN(D) before school entry. Some local authorities are running the Healthy Child Programme effectively (58,63,66–68) meaning children benefit from early identification of SEN(D). However, many local authorities do not implement this programme effectively (34,53,55,56), limiting the potential for targeted support at the earliest opportunity. For example, in one local authority (55), one in five children do not receive their two-year developmental check, and in another (56), this is as high as one in three. As a result, there are missed opportunities to identify emerging SEN(D) and to ensure CYP get the support they need before they go to school.

It is critical to ensure that the likelihood of a CYP having their needs identified is not impacted because of who they are, the school they attend, or where they live.

> "This led us to tribunal. Ultimately, we won the appeal but **the cost was our mental health and our finances.**"
>
> - Parent

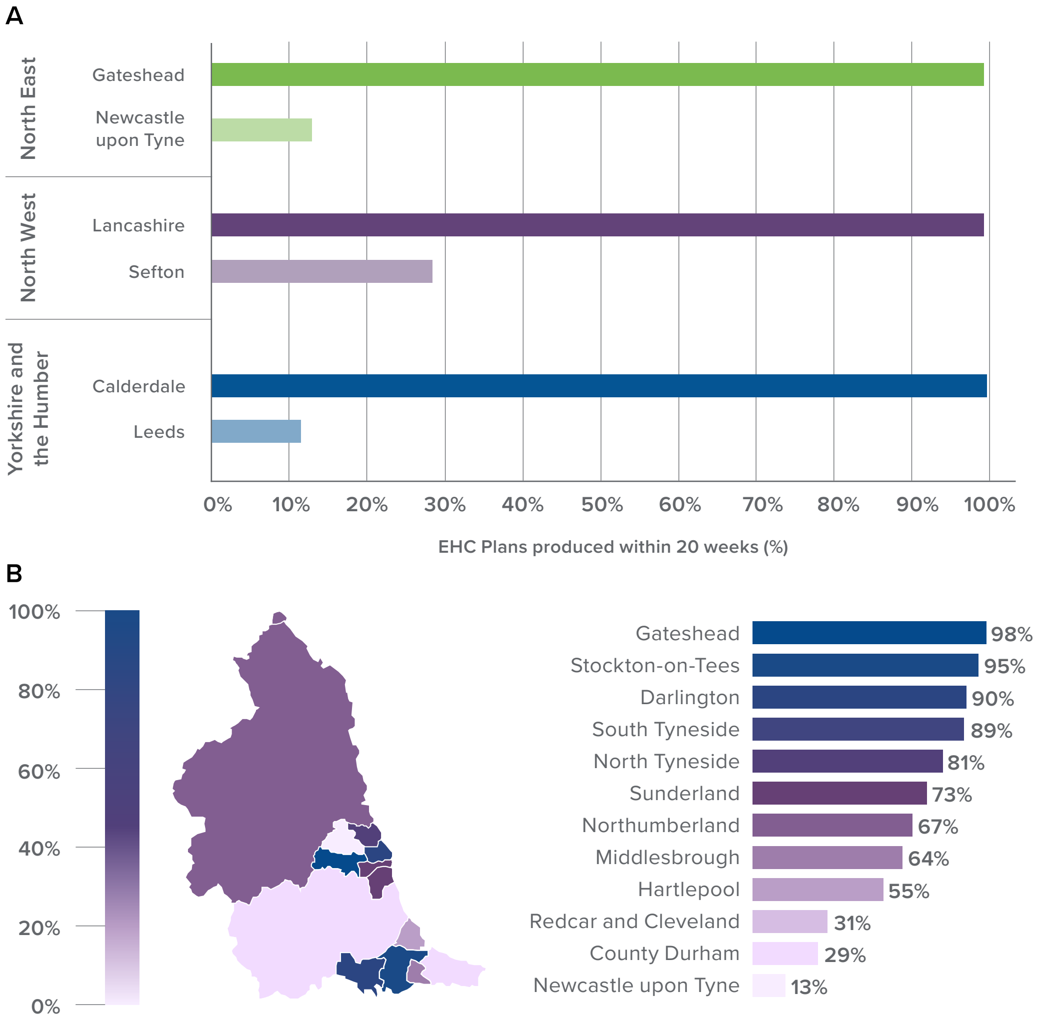


Figure 2. Panel A: Disparities between local authorities with the highest and lowest percentage of EHC plans being produced in 20 weeks (excluding exceptions) in the North East, North West, and Yorkshire and the Humber.

Panel B: The percentage of EHC plans produced within 20 weeks in local authorities across the North East (excluding exceptions) as an illustrative example.

Delays and difficulties after initial identification

Unfortunately, being recognised as having SEN(D) is only the first step and delays do not stop once a CYP's needs have been identified. Whilst some CYP are well supported, many are not (9), with substantial variation in the quality, extent, and timeliness of SEN(D) provision. For example, many CYP face significant delays in EHC plans being produced, meaning they do not receive the support they need in a timely manner. In 2022, just 49% of EHC plans were produced within the statutory timeframe of 20 weeks (excluding exceptions) (18). This is a drop from 60% in the previous year (see Figure 3) (18). In many cases, CYP wait much longer, with some waiting over two years for a plan to be put in place (69).

Without an EHC plan, access to the higher-level government funded support that these CYP need is not available. For example, a child waiting to receive their plan may be educated in a mainstream school when a special school would better suit their needs. The delays in assessment are part of what creates the wide variation in provision.

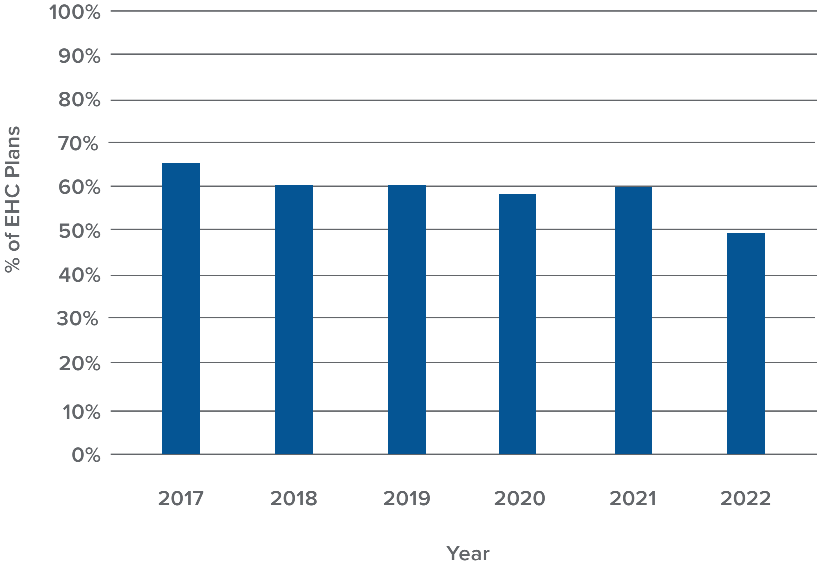


Figure 3. The percentage of EHC plans issued within 20 weeks (excluding exceptions) (18).

> "[The child] got this diagnosis of the chromosome disorder but we feel there's something else out there as well and **we can't seem to get anyone to listen to us."**
>
> – Parent

Many secondary school pupils with SEN(D) feel unsupported by their teachers (70). It is important to consider the context of such findings, where teachers are under pressure and in a system where resources available to support CYP with SEN(D) are extremely limited. Further, the significant pressure teachers face to get students through exams may mean they are less able to offer pastoral and additional educational support (70). This is an issue not just at secondary school, but at primary school too. A report from the National Audit Office (9) concluded that the Department for Education (DfE) has "limited assurance about the quality of support for pupils with SEND" in mainstream schools.

Finally, being already recognised as having SEN(D) can sometimes make it more challenging for additional needs or diagnoses to be identified due to "diagnostic overshadowing". This occurs when new behaviours are misattributed to the first diagnosis or need, rather than recognised as a newly emerging problem. For example, symptoms of anxiety may be misattributed to pre-existing diagnoses, such as learning difficulties or ADHD, rather than co-occurring mental health problems. This presents a significant barrier to CYP with SEN(D) accessing timely and appropriate support (71). It also affects CYP's willingness to raise difficulties they are facing, as they feel they will not be taken seriously, and professionals will simply attribute new needs to their primary diagnosis or difficulty (72).

Earlier identification of SEN(D)

The evidence is clear: current approaches to identify CYP with SEN(D) are not good enough. Too many CYP fall through the cracks, with some of the most vulnerable at the greatest risk. New approaches must be introduced to ensure CYP with SEN(D) have their needs identified quickly.

Motivated by this, research has investigated how existing data that schools already have access to could be used to help identify CYP with SEN(D). At 4-5 years of age, the Early Years Foundation Stage Profile is completed for all children in England. This assessment involves teachers reporting children's abilities in both academic (e.g., reading, maths) and non-academic abilities (e.g., language, social skills). Analysis of data from the Born in Bradford longitudinal birth cohort study found that 36% of children who did not reach a "good level of development" on the Early Years Foundation Stage Profile were identified as having SEN(D) in the 4-6 years that followed, compared to just 6% of children who did reach a good level of development (73). Children who did not reach a good level of development were therefore six times as likely to be identified as having SEN(D), relative to children who reached a good level of development. Similar outcomes were reported in a large-scale follow-up study involving over 50,000 children (74). Outcomes from the Early Years Foundation Stage Profile are readily available for millions of CYP in England (73). These data offer a simple, yet powerful, way of identifying CYP who would benefit from further monitoring for possible SEN(D).

Whilst the Early Years Foundation Stage Profile is a useful tool, it is administered at only a single timepoint (4-5 years of age). There is, therefore, an unequivocal need for a standardised tool specifically designed to identify specific SEN(D) difficulties as they emerge throughout childhood. Researchers are currently developing such a tool – the Electronic Developmental Support Tool (EDST; see "Innovative Approaches").

> "Children are more understood and getting what they need."
>
> – Feedback from a teacher after implementing the EDST

The need to assess common difficulties affecting CYP with SEN(D)

CYP are far from a uniform group and SEN(D) manifest in different ways. Within the early years, assessments in England focus on both academic and non-academic abilities (e.g., language, communication, social skills, motor skills; (75)). However, beyond the early years, statutory assessments have a narrow focus on academic abilities, such as reading, writing, and maths (76). In many cases, CYP with SEN(D)'s primary areas of need may be non-academic in nature (e.g., cognition, motor skills, communication) (2). However, if unsupported, these difficulties will likely impact educational outcomes. A narrow focus on assessing academic skills may therefore delay the identification of SEN(D) and, consequently, lead to delays in the provision of support.

There is thus an urgent need to develop and introduce free and easy to use assessments of difficulties that commonly affect CYP with SEN(D). Such assessments could be administered universally alongside existing academic assessments (77), to help identify CYP who are "under the radar". These could be used alongside other screening tools, such as the EDST. To ensure evaluations are useful, they should assess everyday activities that CYP engage in, such as following instructions in the classroom or running with friends. The aim should not be to "label" CYP, but to identify their strengths and difficulties so that support can be put in place where needed to maximise participation and positive outcomes for CYP with SEN(D). Teachers, who interact with pupils every day, are well-placed to conduct these assessments (77).

CYP and their families can understandably be anxious about assessments and their outcomes. Assessments need to be developed carefully to ensure they are sensitive to culture, gender, cognition, and language (78). For example, whilst difficulties using a knife and fork may be indicative of motor skills problems in some children, in others, it might simply reflect a lack of practice due to cultural norms (e.g., because they use chopsticks or their hands to eat at home). Outcomes should be communicated using appropriate language (e.g., avoiding acronyms) with families and other public services to ensure all are operating using the same knowledge of the CYP.

With these principles in mind, researchers have been working with schools to develop assessments of everyday non-academic abilities that are strongly linked to SEN(D) (e.g., working memory, gross motor skill difficulties).

> "In the National Curriculum, there is **little emphasis on behavioural assessment** - even Oracy Skills are often a last-minute thought as part of the English Programme of Study."
>
> – Primary school teacher

Continued...

Working memory

Working memory is our ability to temporarily hold information in mind and process this information to complete a task (79). This is often an area of difficulty for CYP with SEN(D). Yet, a large-scale study of over 1,400 educational professionals found that only 25% of educational professionals had received any training about working memory (79). For those who had received training, this was often brief (e.g., "part of a general SEND lecture"). Nearly 90% of surveyed educational professionals and 75% of parents/carers expressed a desire to receive additional information about working memory (79,80).

Unless needs are identified and appropriate support is put in place, CYP who have working memory difficulties can fall behind at school and become disengaged (81). While there is currently no easy and free way for educational professionals to identify CYP who have working memory difficulties, researchers are now developing a tool to address this gap (see "Innovative Approaches").

Motor skills

CYP with SEN(D), such as autism, also often have motor skill difficulties (82). One neurodevelopmental disorder typified by poor motor skills is Developmental Coordination Disorder (DCD), which impacts roughly 5-6% of children (49,83). Children with DCD have difficulties with fine motor coordination (such as using a knife and fork and handwriting) and gross motor coordination (such as running, catching a ball, and balancing), impacting their ability to engage with activities of daily living (84). Motor skills are also a core component of the Early Years and Key Stage 1 curricula (85), and are predictive of performance in key subject areas (e.g., reading, maths) (86). Identifying children with motor difficulties is therefore crucial. Despite this, research shows that only 5% of teachers claim to be "very knowledgeable" about gross motor skills (68) which can largely be attributed to a lack of training opportunities (87). Indeed, 85% of teachers report having received no training on motor skills (68). Furthermore, motor skills are not routinely assessed beyond the early years. To address this, novel tools are currently being developed (see "Innovative Approaches").

Vision, hearing and listening skills

Early identification of vision, hearing, and listening difficulties is crucial to ensuring CYP receive appropriate treatment and support. Not identifying such issues can mean that a CYP has difficulties with learning (because, for example, they cannot read what is on the board). In some cases, a failure to intervene can result in irreversible impairment (88). Despite this, vision screening at school entry is highly variable across England (89), and routine hearing screening is rarely conducted beyond infancy (90).

Vision screening

The UK National Screening Committee recommends vision screening should be offered to all children aged 4-5 years. A report by the British and Irish Orthoptic Society and the Clinical Council for Eye Health Commissioning found that only 47% of local authorities were offering vision screening in line with Public Health England service specifications pre-pandemic (89). In nine local authorities (6%), no vision screening was offered at all, with local authorities citing reasons such as insufficient funding (89). Thus, there is a clear postcode lottery in vision screening, with many children in England not receiving any vision check at all.

Hearing and listening screening

As part of focus groups, stakeholders including audiologists, teachers of the deaf, deaf children, and parents indicated a clear need for both hearing and listening assessments throughout childhood (90,91). Hearing and listening difficulties are estimated to affect 10-20% of CYP (92,93). Since newborn hearing screening was introduced in England in 2006, school-entry hearing tests only operate in a few local areas (90). However, newborn hearing screening can miss milder types of deafness. Moreover, whilst half of deaf children are born deaf, the other half become deaf over the course of childhood (94). Many children will therefore be missed by newborn hearing screening.

> **Only 47% of local authorities offered vision screening** that was in line with Public Health England service specifications pre-pandemic, and 6% of local authorities offered no vision screening at all.

In recent years, remote hearing screenings (95) and questionnaires screening for listening difficulties have been developed (96,97), which would facilitate the identification of hearing and listening difficulties. The UK National Screening Committee reviewed reintroducing childhood hearing tests in 2019 (98), but they were unable to make any recommendations due to insufficient evidence.

Sleep

Sleep difficulties are highly prevalent in CYP with SEN(D). For example, research estimates that up to 80% of young people with autism have sleep problems, but this is also the case for other neurodevelopmental and mental health disorders (114). In a survey of paediatric clinicians, 89% said that sleep is something that parents or teachers of children with neurodevelopmental disorders often bring up (115). Studies show that sleep difficulties are predictive of long-term outcomes, including employment, school grades, and mental health diagnoses (116–118). Notably, the impact of sleep difficulties on later outcomes (e.g., academic attainment, mental health) has been shown to be greater in individuals with neurodevelopmental disorders (119). But despite common myths, sleep difficulties are modifiable from early in childhood. Improving sleep cannot only have direct benefits but also increase the effectiveness of other education and health-related interventions (82,120). Improving sleep does not only have direct benefits but also increases the effectiveness of other education and health-related interventions (81, 120).

> **"There are loads of kids falling through the net."** [not having their hearing and listening needs identified]
>
> –Teacher of the deaf

Improving knowledge of SEN(D)

Training for all educational professionals

Most educational professionals regularly support CYP with SEN(D). As the number of CYP with SEN(D) continues to increase, there is a growing need for all educational professionals to have increased knowledge of SEN(D) and its impact on learning. General or subject-specific initial teacher training and PGCEs (post-graduate certificate in education) are unlikely to offer more than an initial introduction to SEN(D), and teachers' confidence to support SEN(D) pupils varies. In a survey of 1953 teachers, 30% reported that they wanted more training on SEN(D) (more than any other training topic). It is also crucial to ensure that teaching assistants have a good understanding of SEN(D) and how it affects learning. For a CYP with SEN(D), teaching assistants are often the most important adult in school, working closely with them in, and outside, the classroom (99). Yet, in a survey of over 150 teaching assistants, one in 10 reported not feeling very confident in supporting pupils with SEN(D) (100).

As teachers and teaching assistants regularly encounter new pupils with unique needs, ongoing CPD is essential to ensure that CYP with SEN(D) receive a high level of support. Training is also needed to raise general awareness of SEN(D), to dispel stigma, and to increase sensitivity in the language used when talking to and about CYP with SEN(D), avoiding labels that discriminate and risk hurting the individual (101). In mainstream schools specifically, this is essential for creating the desired inclusive environment and to ensure that CYP with SEN(D) are understood and treated as individuals with unique strengths (102). The responsibility (and financial burden) for the delivery of CPD for teachers and teaching assistants mostly falls onto schools (103,104). Ad hoc training may become necessary when a teacher or teaching assistant starts working in a new class and with a new group of children. Variability in the training that educational professionals can access means that the degree of understanding of SEN(D) varies enormously. This impacts the support provided, affecting not only the child's educational attainment but their social-emotional experience in school, their wellbeing, and happiness.

Mandatory SEN(D) training is thus needed for all educational professionals. The aim is to ensure that all are well-informed and well-positioned to provide high-quality support. Crucially, this training should be standardised and funded by central government, ensuring all educational professionals have access to the same high-quality information, and that some do not miss out because of budget constraints. Educational professionals should then work closely with their SENCos to tailor the information to their individual needs.

Training for SENCos

SENCos play a key role in a school's ability to support CYP with SEN(D). SENCos are the "lead trainer" (79) for their school as they coordinate the school's SEN(D) support (including drawing up individual children's support plans) and colleagues turn to them for help with individual children. Often, they are also the main contact and source of advice for families, who see them as the "expert", believing they are "a fountain of knowledge" (79). Despite this, in a study of 15 SENCos, most did not see themselves as experts, with one commenting on how they "just try their best for the children" (79). Lack of time is a concern for SENCos and this needs to be considered when planning CPD opportunities for them (79,99).

The need for more training for SENCos was acknowledged by the previous government. A new leadership level SENCo qualification is planned to be introduced from autumn 2024, as part of the government's SEND improvement plan (13). The National Association for Special Educational Needs (NASEN) considers this to be an important step in the right direction, highlighting that the lack of a SEN(D)-focussed NPQ (National Professional Qualification) has been an "omission" for "too long" (79,99).

> "Lots of professionals would start off by telling us they have a really good track record of working with autistic young people, and a couple of months later would come back to us saying **nothing is working and they can't get him to do anything."**
>
> – Parent of an autistic child with ADHD

Families' need and desire for information

To advocate for their child, many families want and need to be knowledgeable about SEN(D) to navigate the assessment and support system and so invest substantial time and energy in educating themselves (101). To do so, families are likely to turn to the internet. However, the quality and availability of information online is often poor. A recent study has shown that parents may, inadvertently, use low-quality sources as a means for support when their child receives a diagnosis (87). While local authorities provide some information on SEN(D), through their independent advice and support service, the quality of such information varies. Furthermore, sourcing evidence-based information and guidance can be an emotional burden for families. The charity Young Minds highlights that having a child with SEN(D) can result in feelings of losing control and lead to changes to the parenting role that are different from those anticipated (80).

Importantly, placing the burden of finding the right information and trying to understand how the system of seeking support works on parents and carers may introduce disparities amongst CYP with SEN(D). For example, parents and carers who have English as an additional language may struggle to obtain the right support for their child. Others who are not familiar with the UK system may be unaware of how to navigate the system or what their child is entitled to. Lack of knowledge is one of many factors negatively impacting parental mental health when raising a child with SEN(D) (84).

A "one stop shop" online resource

What seems to be most needed is an easily accessible and comprehensive information and training resource. This should contain accurate information about different types of SEN(D) and evidence-based recommendations that can be adopted by educational professionals, health professionals, and families. A national resource would also ensure that all professionals and families have access to the same high-quality information regardless of where they live in the UK. This resource should be co-produced with educational professionals, health professionals, and researchers to ensure that the information is accurate, reliable, and evidence based. Even more crucially, the resource should be co-developed with CYP and their families with lived experiences of SEN(D) (105). As well as providing support for educational professionals and families, this resource would be useful for trainee and recently qualified health and social care professionals (e.g., social workers, occupational therapists, speech and language therapists), who may receive only limited training on SEN(D).

While some online resources exist, there is no "one stop shop" easily accessible to professionals and families. For example, the Whole School SEND website hosted by NASEN and supported by the DfE, offers a teacher handbook on SEN(D), as well as CPD modules and webinars (106). Whilst these resources are useful, they have been developed with educational professionals in mind, and are not designed for parents, carers, or other professionals. Such a resource would drastically improve knowledge of SEN(D) for professionals and families alike.

Risk factors of SEN(D) and variation in provision

There are several conditions which are more likely to be associated with having SEN(D). These can often be present from birth (i.e., prematurity, congenital anomaly) or can arise over the course of childhood (i.e., physical disability). CYP with these conditions are not equally well supported by the current SEN(D) system and their needs are not always identified and responded to. It is vital to consider the range of conditions that may lead to CYP having SEN(D).

CYP with physical disabilities

Children with physical disabilities, such as cerebral palsy, epilepsy, and muscular dystrophy, make up 2% of the population receiving SEN support (13) although some will also have related difficulties, including communication, social skills, and learning. CYP with physical disabilities can experience discrimination, difficulties with accessibility, and bullying which can exacerbate feelings of exclusion, mental ill health, and isolation, and lead to obesity and sleep problems (107). CYP with disabilities and their families have said they want to be able to access mainstream activities (108). To facilitate inclusion, CYP with physical disabilities and their families rely on multiple services including the hospital, children's therapy, wheelchair services, social care and education, and these services need to work together. Such cooperation isn't easily achieved, and it is not always working. Lacking or delayed equipment can add to the issues CYP with physical disabilities experience. While in some local authorities access to equipment such as wheelchairs is readily available (58), in other areas, waiting lists for equipment are lengthy (34). The charity Disabled Children's Partnership (109) has described disabled children as "failed and forgotten".

CYP with congenital anomalies

Whilst we know a lot about some congenital anomalies and how they affect children's learning (e.g., Down Syndrome), less is known about rarer conditions. A recent systematic review of academic outcomes of school-aged children born with selected major structural congenital anomalies (such as congenital heart disease) showed that these children were at a higher risk of academic underachievement than peers and had higher SEN(D) rates (110). Further research linking data on live births to education data held in the National Pupil Database found that although many children with certain congenital anomalies achieved the expected academic level at 11 and 16 years of age, there was a higher risk of underachievement for these children compared to their peers (111). Because we do not know enough about the educational outcomes and needs of these children, they are not being well served by current provision. Families and teachers need better information about these children's possible difficulties and what special support could assist them.

CYP with intellectual and developmental disabilities of genetic origin

A range of genetic conditions have been associated with a high risk of intellectual and developmental disabilities. Approximately 80% of CYP with rare genetic conditions have at least one psychiatric disorder (112). Moreover, research has found that children with rare genetic conditions were twice as likely to have autism compared to children without such a rare genetic condition and were also more likely to experience academic difficulties throughout primary school (113). CYP with rare genetic conditions are therefore likely to require SEN(D) support integrated with multidisciplinary clinical care across psychology, psychiatry, occupational therapy, and physiotherapy specialities (112).

Yet, clear disparities exist in the degree of SEN(D) provision and the availability of an EHC plan for CYP with intellectual and developmental disabilities of genetic origin. Using the National Pupil Database and IMAGINE-ID study data, researchers investigated whether CYP (6-28 years of age) living in England with rare genetic conditions had received an EHC plan (114). Overall, 78% of CYP had an EHC plan, but there were striking disparities. CYP living in the most deprived areas were substantially less likely to have an EHC plan compared to those in the least deprived areas, irrespective of their degree of intellectual disability, academic performance, or associated mental health problems. There were also striking regional disparities (see Figure 4), with CYP living in London more likely to have an EHC plan than those living elsewhere in England. The lowest rates were in the East Midlands, Yorkshire and the Humber, and the North West.

The evidence presented in this report is clear: the SEN(D) system is fraught with too much variation. These inconsistencies show the vastly different experiences of CYP with SEN(D) and their families in England. Urgent action is needed to create a more consistent and more equitable system of support for CYP with SEN(D). All CYP with suspected SEN(D) deserve equal and timely access to the right type and level of support, allowing them to thrive as pupils and as human beings. Resources are needed to make this possible.

Figure 4. The percentage of CYP with intellectual and developmental disabilities of genetic origin in the study that have an EHC plan, by region of England.

Disconnect between public services

Our public services currently operate as if a child can be divided into different components, relating to their “education”, “health”, and “social care”. The absurdity of this situation is nowhere better illustrated than in the current SEN(D) system. Furthermore, the extent to which public services work together to identify and support CYP with SEN(D) varies considerably by local authority. In some local authorities, public services, such as education, health, and social care work effectively together to ensure that CYP with SEN(D) are identified early and that their needs are met (52,58). In other areas, public services do not work together (34) or share information effectively enough (59,115).

Why information needs to be shared between public services

When information is not shared between public services, identification of needs can be delayed, meaning that support is not put in place early enough.

An example of this is information relating to premature birth. Babies are considered premature if they are born before the 37th week of pregnancy. Around 8% of babies in the UK are born prematurely (116). Those born prematurely are more likely to be identified as having SEN(D) relative to those born at full-term (117,118). Children born moderate-to-late preterm (32-36 weeks) are nearly twice as likely to be identified as having SEN(D) relative to children born at term, whilst those born very prematurely (28-31 weeks) are four times as likely (118,119). Although only a small number of babies are born at 24 weeks, over 50% of those go on to require SEN(D) support (118,119). Despite these strong associations, information about prematurity is not provided to schools by health services, with parents and carers often needing to share this information themselves.

Another example is rare genetic conditions. As described earlier (see the “Risk factors of SEN(D) and variation in provision” section), these children often experience multiple conditions (120), which impact many domains of child development (112). When genetic conditions have been diagnosed, this information is rarely shared directly between health and education. As with prematurity, it is left to parents and carers to communicate this information (113).

Reliance on families

Reliance on parents and carers to share information between public services places a huge burden on them. There are also concerns amongst teaching and health professionals that relying on parents and carers to communicate information between public services may result in information not being shared for several reasons, including misremembering of details, or not seeing the relevance of the information to schools (121,122). It also deepens inequalities, as some parents and carers will inevitably be better placed to communicate their CYP’s health conditions and medical history than others. For example, many families are unaware that information is not shared without them doing so and may be unaware of the risks of not sharing the information. Furthermore, some parents and carers, such as those who do not speak English as a first language, may struggle to communicate such complex information. Thus, the current situation entrenches existing structural inequalities relating to factors such as language.

> "Many of our parents moved to the UK in their late teenage years and do not realise they need to tell us about the health problems of their children."
>
> – Headteacher

> "I was told by school that it was policy to require ‘a letter from his consultant’ to allow authorised absence when **my son was experiencing burnout and couldn’t get into school…** The idea of him having his own consultant, let alone one we could request a letter from, was just laughable."
>
> – Parent

Disconnect also affects SEND provision: Deafness and hearing loss

Even once CYP have been identified as having SEN(D), disconnect between services can significantly affect their everyday experiences and their quality of life.

Just one example of the clear disconnect between public health services is the separate funding routes for auditory technology for deaf CYP (90). Hearing aids and cochlear implants are funded by the health services. However, assistive listening devices for use at school are applied for by teachers of the deaf and are primarily funded by local authorities (123). Assistive listening devices relay the speech from a remote microphone, worn by the talker, directly to the child’s hearing aid/cochlear implant to bypass background noise. Due to separate funding routes, assistive listening devices funded by local authorities are often owned by the child’s school and must be left at school (124). This means that deaf children have to adapt to using different communication styles; with their assistive technology at school and without their assistive technology at home. This situation often presents during key periods of language learning and development of social relationships, which may have long-term consequences for affected CYP. This is simply not good enough.

Deaf CYP also face other barriers resulting from siloed services. For example, some parents and carers report that their child’s hearing aid chargers, given to them by health professionals, are not allowed in school due to safety concerns. Cooperation is urgently needed to ensure access to auditory technology for all children who need it, to help empower deaf children, and to reduce the large attainment gap present across primary and secondary school (see Figure 5). More generally, this is a striking example of how schools and health services need to work together to find better solutions to problems that have the potential to significantly impact the day-to-day life of CYP with SEN(D).

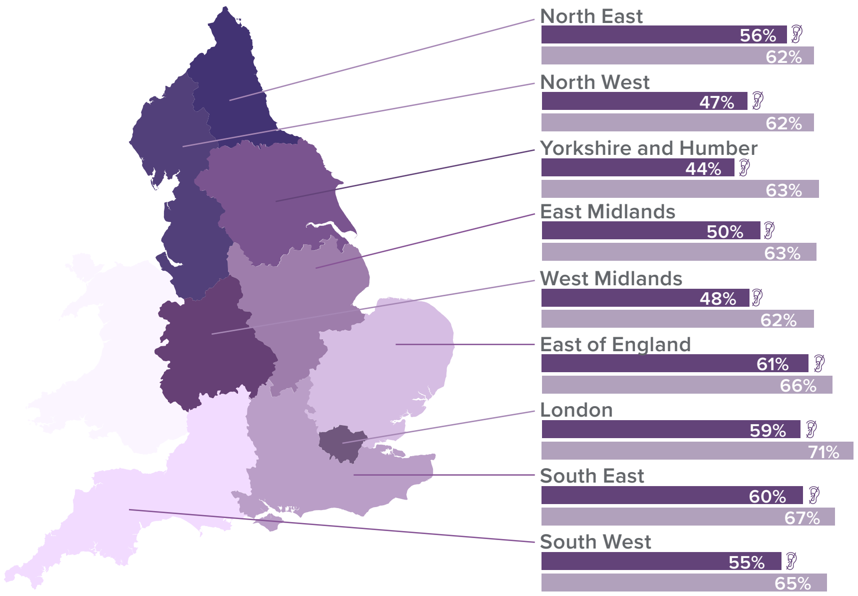


Figure 5. The attainment gap between deaf CYP and all CYP achieving a Grade 4 or above in GCSE English and Maths (15-16 years) by region. The darker bars show the data for deaf pupils, whilst the lighter bars show the data for all pupils.

How to become more connected

The evidence is clear: the current system of disconnected services is failing CYP with SEN(D). More collaborative ways of working are urgently required to ensure CYP with SEN(D) are identified quickly and that the support available enables CYP to reach their full potential.

Free sharing of data across public services would enable information about risk factors for SEN(D) identification to be available to schools. This solution would enable CYP at elevated risk of being identified as having SEN(D) to be monitored more closely, potentially facilitating earlier identification. This would, in turn, enable CYP with SEN(D) to receive timely support, potentially improving their longer-term outcomes. This would also remove the need for parents and carers to communicate information, reducing the burden on them and mitigating associated inequalities (121,122).

One method of connecting information across public services is through the linkage of public service datasets. Everyone registered with the NHS in England, Wales, and the Isle of Man has their own NHS number (125). Linking data through NHS numbers would enable free sharing of information across public services. This approach has already been adopted for research purposes (126). This model could now be rolled out more widely to support the identification of CYP with SEN(D).

With the case of SEN support, it is abundantly clear that there needs to be more communication between different public services that support CYP (127). This may enable simple solutions to be found for issues that currently act as significant barriers to CYP with SEN(D). For example, through discussion, it is likely that audiologists and school leaders would be able to find a simple solution for issues surrounding safety testing of hearing aids.

In their own words...

Teacher: “The number of pupils with SEN(D) is increasing whilst school budgets relating to this are static. It is therefore imperative that the culture of all schools supports CPD in line with this demand. The level of SEN(D) training that teachers receive is variable since it is ultimately determined by the budget constraints of individual schools and the priorities of leadership. The cost of training alongside the cost of taking teachers off timetable to attend training is prohibitive. Generic whole staff SEN(D) CPD is common yet provides only surface level understanding. Personally, I feel that the training that I received did not prepare me sufficiently enough to meet the needs of learners with SEN(D). Often I felt that it was up to me to research ways in which to support these learners, relying on the student’s personal SEN(D) profiles, which can be generic and limited, and some general advice on a training day at the start of the academic year."

Teaching assistant: “Working with children individually or in small groups is a big part of my role. I often take children out of the classroom to read with them. I also work with small groups of children who struggle with maths. Teachers usually provide guidance on activities to be carried out, but I did not receive any training on how to ensure that individual children can access these activities. I often draw on my extensive experience in sports coaching, by breaking skills or procedures down into smaller parts and teaching them one at a time. Also providing them with lots of repetition and encouragement. Teachers are usually open to discussing the approach I’ve taken with a particular child, but there is too little time to do so for each child. It would be helpful to know a bit more about SEN(D) and about the support needs for individual children.”

Headteacher: “Schools have always worked hard to support effectively children with a range of SEN(D). Teachers need to know and understand the growing range of SEN(D) needs, how to plan and adapt teaching and learning to ensure full access to the curriculum and wider school provision. Often this also requires a secure understanding of children’s behaviour and communication and how to manage this successfully within the classroom environment. Teachers also need to be aware of the referral process to specialist support, including for EHC plan applications. Currently, with the huge backlog and increasing demand for these, as well as the very limited places available in specialist school settings (where these are appropriate), teachers need to be aware of how to work effectively with parents, the school’s SENCo and SEN(D) team, the Local Authority as well as with the Educational Psychology service, specialist teacher and other specialist services as part of this often complex and time-consuming process. As such, student teachers as well as those both new to the profession and experienced in their role require extensive and regular training to understand the complexity of SEN(D) provision in schools to be able to navigate and manage it effectively for a growing number of children and their parents as well as to share best practice.”

> "Where is social care in the process of creating EHC plans? My son's social worker, who knows and understands his needs, has tried to input into his EHC but **her views have been ignored."**
>
> – Parent

> "My EHC plan was too late. By the time it was written, I was in my GCSE year but I'd been struggling since the start of secondary school. I felt the educational psychologist got it and he persuaded the school to stop putting me in detention when I walked out of classrooms due to anxiety. But **my EHC plan came too late to give me the support I needed at school…** Eventually, a meeting was held with my mum, the SENCo, and the educational psychologist, who asked whether the endless detentions were helping me. After that, I was given a pass which enabled me to leave and return to lessons without challenge when I needed to. It was a massive help as **I no longer felt trapped, and consequently felt able to stay in the classroom for longer. But why couldn't they have done that earlier?"**
>
> – Young person with SEN(D)

Innovative approaches trialled in the real world

The following innovative approaches illustrate the incredible work that schools, universities, teachers, researchers, and others undertake to ensure the best possible SEN(D) provision. They show what can be achieved even in the context of limited resources and growing demand.

The approaches respond to several of the issues already discussed and draw attention to the importance of training and sharing of expertise. They emphasise collaboration and multiagency working, revealing what can be achieved when professionals from education, the health and care sectors, and the local authority work together effectively. The benefits of families, third-sector organisations, academic experts, and front-line professionals working collaboratively is shown.

These examples demonstrate good practice that others can draw on, offered here not as blueprints for copying, but to inspire new thinking and practice in SEN(D) identification and provision.

1

Hilltop and Forest View Schools

Hilltop is a special needs school that serves students from two years of age, through a part-time Early Years class. Children often then progress to Forest View, a post-14 school located on an independent site which serves CYP up to 19 years of age. Both Hilltop and Forest View are located within areas with significant levels of deprivation and served by the Rotherham Local Authority in South Yorkshire. Forest View is a new setting, having opened in September 2023, in a collaboration between Hilltop and Kelford School (another Special Needs school serving ages 2-19, within the Nexus multi-academy trust). Forest View aims to foster independence, social opportunities, teach functional skills, and readiness for life after school. By working together, the schools aim to provide a smooth transition and comprehensive support system for their students, ensuring they are fully prepared for the next stage of their journey into adulthood.

Hilltop and Forest View are dedicated to providing specialised education and support for CYP with additional needs from diverse backgrounds. With a combined enrolment of 155 students (with agreed places of 103), the schools cater to a range of needs, including those with profound and multiple learning disabilities, autism, severe learning difficulties, speech and language difficulties, sensory impairments, complex medical needs, behavioural difficulties, and social, emotional, and mental health challenges. Of the 155 pupils served by these schools, nearly a third receive free school meals, seven are Looked After Children, and 19 have English as an additional language.

To address the needs of their pupils, Hilltop and Forest View employ a comprehensive approach that integrates academic, therapeutic, and life skills education. The curriculum is tailored to achieve EHC plan outcomes, alongside personal, social, and health education (PSHE) objectives, and preparation for adulthood initiatives. The bespoke curriculum acknowledges the diverse learning needs of students, and a re-stabilisation curriculum is offered for those displaying behaviours of concern or trauma. Much of Hilltop and Forest View's success lies in their safeguarding policy and procedures, ensuring a safe and nurturing environment for all pupils. Staff undergo regular training covering relevant updates on safeguarding issues, including radicalisation, child exploitation, and online safety.

The schools have a dedicated family support team made up of highly skilled practitioners who assist in transition planning, health management, communication strategies, and behaviour management. This collaborative approach extends beyond the school gates, as Hilltop and Forest View actively engage with external services and families to provide holistic support for their pupils. They rely on positive working relationships with speech and language therapy, educational psychology, physiotherapy, occupational therapy, and other health professionals, and have strong links with the Independent Travel Service and the Careers Advice and Guidance Service.

Hilltop and Forest View promote a positive culture in school and encourage and support each pupil to communicate effectively with school leaders and staff. At a basic level, this includes keeping them safe and allowing them to communicate their needs. As pupils' skills develop, they are encouraged to become a key part of society and to be aware of the “societal rules” that help every person thrive. There is an active pupil parliament which impacts on the work of the school and is part of any leadership interview process.

Recognising the importance of extracurricular activities in enhancing pupils' social skills, independence, and overall wellbeing, Hilltop offers a wide range of holiday and after-school clubs. During the school day there are clubs that meet, such as a Makaton singing and signing choir that performs at Nexus multi-academy trust and local authority events, and a football club supported by Rotherham United, which also has sponsored residential trips and after-school activities for pupils. Clubs and activities provide opportunities for pupils to explore their interests, develop new skills, and build meaningful relationships in a supportive environment. By partnering with Nexus multi-academy trust, the schools extend their reach to borough-wide opportunities, facilitating pupils' participation in the world of work through various activities and links with local businesses.

Hilltop and Forest View are committed to providing exceptional education and support for CYP with SEN(D), through holistic approaches, collaborative partnerships, and innovative initiatives. Through a tailored curriculum, robust safeguarding measures, dedicated family support team, and enriching extracurricular activities, the schools empower pupils to thrive academically, socially, and emotionally.

2

Tees Valley Education

Tees Valley Education (TVEd) is a multi-academy trust, in the North East of England, serving learners from nursery through to secondary, in a range of mainstream specialist units, and full specialist school provisions.

At TVEd, the belief that "every teacher is a teacher of special educational needs" (2) is fully endorsed and founded upon an ethos of highly inclusive practice. CPD centred on ensuring effective curriculum access and delivery for all learners is offered to all staff. Through deliberate design, TVEd academies collaborate closely to integrate high-quality educational and therapeutic methodologies focused on excellence across the continuum of need. A systematic graduated approach allows timely identification of need to allow removal of barriers to learning and implementation of effective interventions.

A strong culture of support and challenge exists in the Trust and a close working network for SENCos ensures no single person or academy is working in a silo. By working collaboratively, expertise across all settings in the Trust can be shared, resulting in all academies providing high-quality teaching and targeted support. This is particularly important as part of the Trust's overall approach to teacher training and teacher support. Clearly sequenced plans, guidance and assessment milestones have been developed to allow every teacher to know and understand each subject and the content to be taught. Regular staff development sessions focus on key subjects and how best to develop provision for all pupils across a continuum of need. Alongside this, CPD considering the science of learning and how this relates to SEN(D) specifically, allows further refinement and development of classroom practice leading to high expectations and outcomes for all.

Trained teacher educators then monitor and review the impact of the curriculum which then forms the basis of continued training and development at both a group, and individual, level. Specific coaching or mentoring needs may be identified which embody the principles of assess, plan, do, review at a teacher level.

Figure 6 The cycle of support at TVEd

From this, and through reflection and discussion between leaders and teachers at all levels, further refinements and development of the curriculum can be systematically and deliberately planned and implemented. Thus, the curriculum continues to grow and strengthen overtime, while never losing the core intention of excellence for all CYP (see Figure 6).

Collaboration

TVEd champions both formal and informal collaborations. Drawing from their experience in delivering high-quality educational provision for a diverse range of SEN(D) learners, TVEd has cultivated a broad spectrum of partnerships. These encompass other special schools, mainstream primary and secondary schools, area resource bases, and mainstream and special multi-academy trusts as well as the Local Authority.

The depth and breadth of SEN(D) expertise within the Trust enable all partners to access high-quality CPD and educational development support. This support is provided by staff with extensive operational and leadership experience across mainstream, additionally resourced provisions, and special school settings. This collaborative network fosters a strong sense of community and offers a tangible CPD platform for SEN(D) professionals throughout the Tees Valley.

Looking ahead, future partnerships will further refine existing CPD and outreach offerings through the establishment of a Tees Valley multi-academy trust SEND Education Hub. This hub will expand and enhance the continuum of regional SEN(D) support and provision.

Provision pathways

CYP with SEN(D) exhibit diverse learning pathways, necessitating responsive provisions tailored to individual needs and outcomes. To fulfil this commitment, TVEd adopts a systematic approach of assess, plan, do, and review, continually monitoring learners' progress to ensure alignment with their unique learning journey. This is realised through the establishment of three bespoke learning provision pathways (see Figure 7).

Provision pathway		
Formal Mainstream taught	Semi-formal ARP in Mainstream/specialist	Informal Special Academy
Universal and SEND support needs are met	SEND unit provision and specialist provision	Highly specialist provision

Figure 7 Provision pathways at TVEd

It is important to note that these pathways are not fixed, but rather exist on a continuum and pupils may access different pathways at points within their learning journey. Equally, pathways can be merged to form an even more granular offer where appropriate. Inclusive education can only exist in a system that continually considers, reviews, and refines practice and provision.

Within these pathways, the curriculum's core intention is to cater to the unique needs of pupils, offering motivating and relevant learning experiences to enhance engagement and foster outstanding progress across all learning domains.

Personalised provision allows for tailored planning, considering each pupil's individual needs, interests, and learning barriers.

The impact of the curriculum is significant, facilitating outstanding progress in learning and development, preparing pupils for various post-16 education and adult social care opportunities. Pupils acquire enhanced communication, confidence, and independent living skills, laying a strong foundation for their transition into adulthood.

As pupils progress to Key Stage 3 and beyond, they gain valuable accreditations and qualifications, enabling them to continue their educational journeys into adult life.

3

Dixons Academies Trust

Dixons Academies Trust often uses the metaphor of students “climbing their mountain” to university. So, if there’s a difficulty along the climb, Dixons has Mountain Rescue. This is not specific to students formally diagnosed as SEN(D). Mountain Rescue’s motto is *“Whatever it takes for as long as it takes. When they need it and because they need it”.*

The Mountain Rescue model is a multi-disciplinary approach, utilising shared spaces, combined resources, and collaborative leadership to streamline provision and meet the needs of all children holistically. In each school, it involves school pastoral staff working closely alongside the school SENDCo, our Mountain Rescue mentors, and other professionals who come into school (e.g., educational psychologists, psychotherapists).

SEN(D), safeguarding, challenging behaviour, poor attendance, and various other vulnerabilities are often spoken of as if they apply to groups of children distinct from one another, but in reality, that is not the case. The highest profile students are likely to fall into multiple categories, and every child has elements of each and the potential to escalate through school pastoral systems. “Edge of education” students are often caught in a tug of war between supportive (but segregating) SEN(D) systems and overly punitive behaviour systems, or life-changing placement decisions being made in the absence of important safeguarding or SEN(D) information.

The Mountain Rescue approach allows for collective, holistic decision making, with constant input from all relevant professionals. It is about finding ways to do better for the children who are most at risk of losing their entitlement to the best protective factor they can be given; a high-quality education. Mountain Rescue optimises the flows of information, resource, and support to protect that entitlement for every student. Put simply, bringing together all the relevant people on an ongoing basis, enables staff and families to make the right, individually tailored decisions for each child.

> "Whatever it takes for as long as it takes. When they need it and because they need it."

4

The Bradford Alternative Provision Academy (BAPA)

> **"The help and support provided has been invaluable** to my son's journey through his education, I can honestly say that without their specialist services, he would not have made it to his GCSE's which he has now completed."
>
> –Parent of BAPA student

The Bradford Alternative Provision Academy takes referrals for secondary school-aged CYP who live in Bradford and have been permanently excluded from school. BAPA have a Specialist Taskforce – the Alternative Provision Specialist Taskforce (APST) – who take a multidisciplinary approach to identifying and supporting CYP with SEN(D). A significant number of BAPA referrals are for pupils with suspected autism or ADHD, indicating that many children are being excluded from school because of unrecognised and unmet needs. The APST is funded by the DfE and other partners to address the needs of CYP who have been permanently excluded from mainstream schools.

The APST includes a mental health therapist and nurse, a speech and language therapist, youth workers, a justice worker, a post-16 coach, a family support worker, and an enrichment coordinator, building a robust support system for the students. This multidisciplinary team is designed to work with students who often have unidentified SEN(D), with the aim to reintegrate them into mainstream education or to provide appropriate special education placements.

BAPA aims to initiate SEN(D) assessments within a month and complete the assessment in three months, facilitating faster diagnosis and support (against the normal backdrop of approximately 130 weeks waiting for CAMHS assessments in Bradford). Outcomes from this approach have been positive, with virtually all assessed individuals receiving diagnoses, enabling timely educational support and appropriate placement, significantly improving the CYP's educational and developmental outcomes. The process is facilitated by the inclusion of detailed developmental histories from families and schools, which help in the acceptance of referrals into CAMHS.

The APST has thus far worked with 132 students. In its first year, the programme saw 66 students referred to APST, with 40 continuing to engage actively in the support offered. The attendance for students involved with APST was significantly higher at 71%, compared to 64% for the wider pupil cohort at BAPA, underscoring the effectiveness of the programme in improving student attendance. Academically, the programme has demonstrated substantial success among Year 11 students; in the first year of operation, 15 students were referred to APST, and 13 engaged with the support. Impressively, 92% of the students who engaged with the support achieved a GCSE qualification in both English and Maths, compared to only 68% of the whole of the BAPA cohort. Furthermore, all students who scored Grade 4 or higher in GCSE English and Maths had received support from APST.

All Year 11 students who received APST support successfully enrolled in courses for the next academic year, effectively preventing any instances of NEET, compared to 95% in the overall BAPA cohort. Additionally, other students transitioned successfully to either mainstream schools or specialist provisions.

The BAPA experiences underscore the critical need for educational environments to adapt to the needs of students with SEN(D) through better-informed staff and more thoughtful, inclusive policies. The findings advocate for a systemic change in how schools address SEN(D), aiming to transform educational experiences into supportive, inclusive journeys that recognise and accommodate the varied needs of all students. BAPA illustrates the power of conducting autism and ADHD assessments with and through educational settings (see also Reports 1 (128) and 4 (8) in this series) and starkly illustrates the costs of a system that does not provide timely support to CYP with SEN(D).

The taskforce now aims to expand its reach and capabilities. This includes implementing a model co-developed with local schools to reduce exclusions and improve educational outcomes for students with SEN(D). The taskforce seeks to ensure that all students, especially those at risk of exclusion, receive the necessary interventions to succeed in their educational journeys by increasing the capacity of alternative provision placements and enhancing the quality of support.

> "I've gone from being permanently excluded to having a full-time job in scaffolding. I even finished all my exams and I never thought I would be able to do that. **Massive thumbs up for all the help."**
>
> - Former BAPA student

5

The Morecambe Bay Curriculum (MBC) project

Morecambe Bay is the largest intertidal area of the UK. As one of the most biodiverse places in the country, the Bay is not only beautiful, but ecologically important.

Inspired by the Eden Project Morecambe, the MBC brings together educators from across the Bay to develop ways in which themes relating to the environment, sustainability, and place can be embedded into teaching from pre-school to college level. Initiated and led by local teachers, the MBC is a partnership between Lancaster University, Lancaster & Morecambe College, University of Cumbria, and the Eden Project.

The core aim of the Morecambe Bay Curriculum is to develop place-based curricula that help young people understand the local environment and the ecological challenges we face, and gain the knowledge and skills needed to promote sustainable practices. Current activities include the “Eden Bear”, a resource Early Years classes use as a stimulus for children to explore their local surroundings. Other initiatives promote storytelling and writing. The MBC has also supported children’s research projects on local environmental issues.

Beginning in January 2024, researchers from Lancaster University have been working with a group of teachers from around the Bay to co-design content that links directly into the National Curriculum. This work covers a range of subjects, including art, geography, science, and design. One of the teachers is acting as informal SEN(D) advisor to the co-design project, drawing on his long-standing experience working with CYP with SEN(D). He has shared expertise on how to make curriculum content accessible and engaging for all CYP.

Outdoor learning activities are an important part of the MBC. The Bay has beautiful beaches, nature reserves, and other places to visit, where children can learn about the environment, how it is affected by climate change, and what this means for the local population including themselves and their families. To promote access to such activities for all CYP, including those with SEN(D), the group’s SEND advisor has produced generic guidance materials for outdoor learning activities. Teachers can adapt this guidance to the needs of the children they work with and the places they intend to visit. The material includes advice on how to manage physical and cognitive barriers to outdoor learning and shows teachers how to make learning materials more accessible. For example, to reduce the amount of information in learning materials that needs to be cognitively processed, visual support can be created.

“Social stories”, a type of visual storyboards, are a particularly useful tool to support learning outside the classroom for CYP who, because of their special needs, might find travelling and engaging with physical spaces different from their known environment and having to encounter people they don’t know challenging and or even distressing.

They are called “social stories” because they are about helping CYP to be out in the world, engaging with their social and physical environment.

The MBC co-design project has developed social stories that support CYP’s engagement and enjoyment of beaches, and other places of social and ecological interest, including the Walney Island beaches, the South Walney nature reserve, and Sunderland Point. These social stories can be used by the teachers to prepare the CYP for a trip and to pre-empt issues they may experience as distressing. By talking them through the story, including a series of slides including pictures of the actual place to be visited, the children can envisage what to expect and how they will travel. The stories can be printed out and turned into a small booklet that the children and their teachers and teaching assistants can bring along to the trip, so that, for example, on the bus they can read about what to expect next, when they have reached their destination. While these social stories were developed having in mind CYP who are neurodivergent, they are likely to help many others enjoy outdoor learning.

In the next phase of the MBC co-design project, the SEND advisor will work with subject teachers and academics who create learning materials on specific ecological topics and issues related to the Morecambe Bay area. The aim is to share with teachers and academics in the group knowledge about SEN(D)-specific expertise on how to produce teaching materials and learning activities that are accessible and engaging for all CYP including those with SEN(D).

6

Beaumont Hill Academy

Seven years ago, Beaumont Hill Academy identified persistent absence within the SEN(D) sector as a significant challenge. Despite noting reasons for absence, a lack of deeper understanding prevailed, exacerbated by a growing acceptance of poor attendance among the school population. Recognising additional barriers faced by students, leadership redeployed support staff and formed a Family Wellbeing Team to address attendance issues. Their work included a fortnightly analysis of pupils below 93% attendance, allowing for early intervention. Families with declining attendance received immediate support, including daily phone calls and home visits.

Over time, the school implemented a case allocation system, assigning cases to pastoral leaders and three family wellbeing officers, based on specific needs. The pastoral leaders coordinate warning letters and fining, and track effectiveness of these approaches. The three family wellbeing officers serve in different roles: one coordinates support for the hardest to reach families who frequently refuse consent for multiagency involvement; one supports families with children who have complex medical needs; and one coordinates work with multi-agency professionals for cases that have met the threshold for Early Help. This approach has led to significant improvements: 139 active cases with engagement from families, consistently higher attendance than national averages for SEN(D) settings, and halved persistent absence rates. These improvements reflect a cultural shift, with families understanding the importance of attendance.

Beaumont Hill often views attendance as an indicator of broader issues affecting pupils’ lives and households, and in many cases, the school and local authority need to work together in addressing these underlying challenges. It is understood that health, education, and police are all able to act as the lead professional in Early Help cases, along with the local authority themselves, who aim to hold 75% of cases opened. Beaumont Hill has been proactive in engaging families early on through pre-early help initiatives, to prevent escalation of cases. However, school leaders have found that this early intervention work is not necessarily accounted for if cases need to be escalated to the local authority as this early intervention has not hitherto been recorded on local authority systems. This means efforts can then be duplicated once the case has opened or, in most cases, family consent for multi-agency involvement is even withdrawn, as external agencies do not always have the same foundations of a trusting relationship with the families, a relationship that the school has worked hard to establish.

The school emphasises the importance of collaboration and partnership working with the local authority. They recognise the necessity of building strong relationships with the local authority and have initiated discussions to consider how to better record and account for the early intervention of schools without requiring the school to duplicate effort. They are developing a closer working partnership with the local authority, via the creation of a working group, and piloting the integration of an early help local authority worker within the school. The hope is that, if the pilot project proves successful, the local authority will have improved intelligence regarding the early interventions in schools and, together, agencies can implement an effective and efficient means of recording these interventions as an important part of the chronology of support for a family. Furthermore, the local authority and the school have discussed holding face-to-face or video conferencing interactions to triage cases more effectively on the cusp of multi-agency early help.

Beaumont Hill's commitment to addressing both student and parental needs is encapsulated in their motto: "we can't improve children’s life chances if they’re not in school". This belief has transformed the culture of the school and the culture of attendance. By implementing a Family Wellbeing Team and case allocation system, implementing innovative Early Help initiatives, and developing stronger partnerships with the local authority, Beaumont Hill Academy continues to pave the way for improved attendance and better outcomes for all CYP.

7

Trafford Emotionally Based School Non-Attendance Working Group

Over the past four years, Trafford Council have worked to develop their own multi-agency approach to reduce rates of emotionally based school non-attendance. Since initially establishing a working group in January 2019, their multi-agency team have met half-termly to develop a strategic approach, focusing on early identification of and intervention for school attendance difficulties. While the working group is currently facilitated by Trafford Educational Psychology Service, members of the group represent a range of specialities within the local authority, including representatives from the Virtual School Team (responsible for the education of children in care), CAMHS, the Pupil Attendance Team (responsible for monitoring and supporting the attendance of all pupils in the local authority), the Special Educational Needs and Disabilities Information, Advice and Support Service (an advice and advocacy group), the Special Educational Needs Advisory Service (specialist teachers who advise a range of education settings), the Parent Carer Forum, and local third-sector family support groups. Thus, the group brings together representatives from several public services including education, health, and social care, alongside parent and carer representatives who have also advocated young people's voices within the group.

To aid this work, the group have commissioned a series of action research projects via the University of Manchester's Doctorate in Educational and Child Psychology programme, to support the work, to be evidence-informed, and to capture their own practice within the evidence base.

Initially, the working group developed an early identification of need tool (a checklist) to guide early identification and understanding of the factors contributing to individual school attendance difficulties.

This was disseminated to educational professionals and settings via local forum events and training opportunities, including through cascading to different teams within the local authority (e.g., Social Care, SEN Advisory Service, Virtual School) who each encouraged effective use of the tool through their own workstreams. The tool is now used widely across Trafford and neighbouring authorities and has received positive feedback around its ability to support staff to understand the causes of pupils' attendance difficulties and to develop tailored programmes of support.

Subsequently, the working group have developed a broader guidance document to sit alongside this assessment tool. The guidance aims to answer, "what next?" once settings have identified the potential causes of the difficulties and is focused on effective whole-school practice and the development of an effective graduated approach to supporting attendance difficulties within a range of settings, in line with the already familiar assess, plan, do, review cycles. The guidance document has received very positive feedback from a range of professionals since its launch in 2023 and is now widely used across Trafford to inform school-level support.

Following an initial pilot, it was identified that further training and support would be beneficial to settings to inform their intervention for school attendance difficulties and ensure effective implementation of the advice. As a result, Trafford Council have commissioned centralised training, to be delivered by the Educational Psychology Service, for all schools within Trafford. This will sit alongside two half-termly drop-in sessions for parents and professionals, to each access more informal advice and peer support. Whilst the project is still in the early stages of a pilot, initial feedback from settings, professionals and parent/carers has been positive and welcoming of this additional support.

Via the University of Manchester Doctorate in Educational and Child Psychology research commission model, the working group was recently supported to evaluate their work to date using an action research model. The research identified that a strategic and consistent approach across the organisation has allowed misconceptions about attendance to be identified and challenged and promoted earlier identification and intervention for attendance difficulties through organisational culture shifts and evidence-informed practice. The findings also indicated that a cumulative benefit was achieved via the multi-agency collaboration, which has allowed knowledge and resources to be effectively shared and cascaded, while reducing the impact on individual workloads and maximising available resources.

It also recognises that the Educational Psychology Service were well placed to lead this working group. However, the research also noted that within this type of organisational development, sufficient staff capacity and funding are required for actions to be undertaken effectively, including consultation with stakeholders and piloting of guidance and training. A strategic approach to supporting attendance cannot be used as a "quick fix", as work must be tailored to the local systems and context to be successful.

> "Well, I think **it's been a really positive impact** and [the guidance] it's one of the things, one of the tools, that the schools go to first and this is what we always do in our team now ...".

8

University of Liverpool's Special Educational Needs Law Clinic

The SEN Law Clinic at the University of Liverpool was established in 2017. Assisted by students who participate either as volunteers or as part of their degree, the team of solicitors advise parents and carers of children with SEN(D) on all related education legal issues in the Merseyside area and beyond.

Due to increased demand, since September 2023, the Clinic has helped more clients than ever. It has provided approximately 140 clients with individual advice appointments and ongoing support for those most in need, as well as assistance via a judicial review project.

The Clinic also works with local third sector organisations and MPs to provide advice in communities (e.g., in schools or constituency offices), and to provide Public Legal Education to parents and schools.

There are no signs of a slowing of the request for advice and assistance. Although legal aid is available for families who meet the financial eligibility threshold, many do not receive legal assistance through the legal aid scheme because capacity is limited. Even when providers do have capacity, this might be limited to an appeal to the SEN Tribunal only. This means they are unable to obtain help with other urgent issues which may need alternative legal challenges (e.g., where a child is out of school). In addition, many families do not know legal aid is even an option. Of those who do, the Clinic's experience is that some parents/carers find the administrative burden of providing proof of eligibility difficult (given I.T. issues, caring responsibility, inability to see a lawyer in person).

The Clinic seeks to plug a gap in the availability of support whilst teaching its students legal skills, a novel area of law, and the issues many parts of the population encounter when seeking access to justice.

The advice and assistance provided to parents and carers has evolved as the difficulties faced in obtaining appropriate support have intensified. Common cases now seen in the Clinic include children out of school, either because they have been formally excluded or because the school named on their EHC plan is not able to meet their needs. Accessing an environment where a child's needs can be met and one that is appropriate is a fundamental aspect of the advice the Clinic provides, particularly as children move through the stages of education. In this respect, expert evidence is important.

Most of the children have no involvement from external agencies and generally, advice from a speech and language therapist or occupational therapist is not obtained when requested during an assessment. The Clinic also assists a significant number of parents/carers who are in the process of applying for an EHC plan to support their children, and who require advice about appealing a decision to refuse to assess needs, or to issue an EHC plan after the assessment. Families report that there are barriers at each stage of the process.

After over a decade of austerity, there appears to be a widespread lack of compliance with the law designed to protect CYP with SEN(D). Whilst parents can bring complaints to the Local Government and Social Care Ombudsman (LGO) about education, this can take months and is not a suitable remedy when children are without a suitable education.

A new judicial review project supports families to send formal letters of claim to their local authority on their behalf. The majority of the cases involve disabled children who are out of school or do not have access to suitable education. The project enables families to hold local authorities to account at a time when it is harder than ever to access legal support. Examples of the work undertaken this year include preventing a local authority from terminating a child's place at an independent special school and successfully challenging a mainstream school's refusal to admit a child who had an EHC plan that named the school.

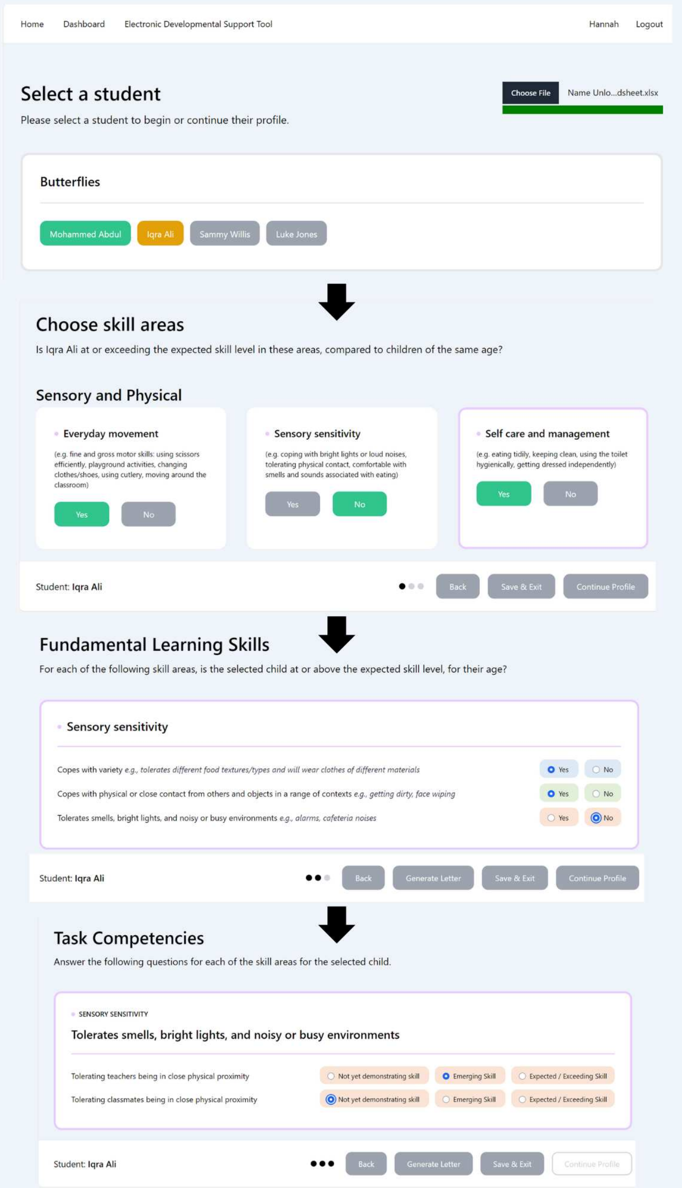
> "You have not only helped my family but many, many families across the city and I know they will be **extremely grateful."**
>
> – Parent

9

The Electronic Development and Support Tool

The Electronic Development and Support Tool (EDST) is an online standardised tool designed to empower teachers in identifying and supporting SEN(D). The EDST is inspired by several existing measures, including the Early Years Foundation Stage Profile. Teachers are instructed to indicate whether a child is meeting the expected skill level in 12 areas, which sit within four domains: communication and interaction, cognition and learning, sensory and physical, and social, emotional and mental health. This assessment takes approximately 60 seconds to complete. For skills which a child is not at the expected level, the EDST produces more detailed questions, and encourages schools to complete the final stage of the EDST alongside families. The EDST then generates a report summarising a child's support needs. This rich information can, and should, be shared with other services, such as health and social care.

The EDST is being trialled in 42 schools within Bradford for Year 1 pupils. As part of the second phase of the pilot, teachers will be provided with an evidence-based digital advice bank tailored to the needs of each pupil. These recommendations can be implemented immediately within the classroom without any additional resources. While the EDST has the potential to reduce reliance on specialist services (as many CYP can thrive in the classroom when their needs are accommodated by reasonable adjustments), some students will require specialist support. The EDST recommends ways in which schools and families can support these students whilst they wait for specialist support. The EDST has the potential to be adapted for each key stage to support children through school transition and secondary education.



Select a student

Please select a student to begin or continue their profile.

Butterflies

Choose skill areas

Is Iqra Ali at or exceeding the expected skill level in these areas, compared to children of the same age?

Sensory and Physical

Everyday movement (e.g. fine and gross motor skills: using scissors efficiently, playground activities, changing clothes/shoes, using cutlery, moving around the classroom): [✓ Yes] No

Sensory sensitivity (e.g. coping with bright lights or loud noises, tolerating physical contact, comfortable with smells and sounds associated with eating): Yes [✓ No]

Self care and management (e.g. eating tidily, keeping clean, using the toilet hygienically, getting dressed independently): [✓ Yes] No

Student: **Iqra Ali**

Fundamental Learning Skills

For each of the following skill areas, is the selected child at or above the expected skill level, for their age?

Sensory sensitivity

Copes with variety *e.g., tolerates different food textures/types and will wear clothes of different materials* ● Yes ○ No

Copes with physical or close contact from others and objects in a range of contexts *e.g., getting dirty, face wiping* ● Yes ○ No

Tolerates smells, bright lights, and noisy or busy environments *e.g., alarms, cafeteria noises* ○ Yes ● No

Student: **Iqra Ali**

Task Competencies

Answer the following questions for each of the skill areas for the selected child.

SENSORY SENSITIVITY

Tolerates smells, bright lights, and noisy or busy environments

Tolerating teachers being in close physical proximity ○ Not yet demonstrating skill ● Emerging Skill ○ Expected / Exceeding Skill

Tolerating classmates being in close physical proximity ● Not yet demonstrating skill ○ Emerging Skill ○ Expected / Exceeding Skill

Student: **Iqra Ali**

Figure 8 Example of the EDST dashboard

10

Empowering schools to identify SEN(D)

Schools are well positioned to identify children's SEN(D) in a timely fashion. This observation opens the exciting possibility of developing tools that help school staff identify barriers to education at an early stage in a child's life. Two promising tools highlight such an approach.

A screening tool for working memory

To identify working memory difficulties in CYP, researchers from the Universities of Cambridge and Leeds are currently developing a working memory screener questionnaire for teachers that is free and easy to use. This screening tool involves the teacher answering a series of questions about the child's classroom behaviours. The tool focuses on real-world, classroom-based behaviours that tend to be associated with working memory difficulties (e.g., difficulty following instructions, needing to be reminded what to do next). Whilst the screener is not diagnostic, it allows teachers to identify pupils who show behaviours consistent with working memory difficulties. The screener takes only a couple of minutes per pupil, and a whole class can be screened within an hour. This screener will be rolled out over the next few months, providing a much-needed free-to-use tool for schools that enables teachers to provide more targeted, tailored support for CYP.

> "This is a quick screening tool that anyone who knows the child well **would find easy to use."**
>
> – Teacher describing the working memory screening tool

FUNMOVES

FUNMOVES is a universal screening tool that empowers schools with the knowledge and skills necessary to measure their pupils' gross motor ability. It is a freely available tool that can assess a class of 30 children within an hour using resources readily available in education settings, such as beanbags. It focuses on six key playground movement skills – running, jumping, hopping, throwing, kicking, and balancing. The tool was co-produced with schools in Bradford and has incorporated the views of teachers nationally to ensure it is feasible for use in increasingly pressured school environments.

FUNMOVES enables schools to identify children struggling to develop these foundational motor skills and expedite access to healthcare services for a formal assessment of DCD when universal intervention is not effective. This approach is being trialled in the Bradford District, with FUNMOVES being used to triage and help prioritise the DCD waiting list. This has led to significantly reduced waiting times and has helped ensure that those with the most severe difficulties are seen in a timely manner.

National roll out of FUNMOVES would enable CYP with common difficulties to be identified quickly and easily and enable schools to use evidence-based resources to tailor teaching and opportunities for children that would benefit from additional support.

> "FUNMOVES has absolutely **radicalised our waiting list."**
>
> – Physiotherapist

End word

Charlie’s story

Charlie is a child with SEN(D) growing up in Bradford. Here, Charlie’s mum, Joanne, shares his story.

Charlie started school in 2019 just before the pandemic. To be honest, he found things difficult from the start. Now, with the support of the multidisciplinary team approach at school, he is doing much better, but as every parent of a child with SEN(D) will know, it is always an ongoing struggle with "the system".

Charlie has always had issues with regulating his emotions, sleep, and food. He could also be quite volatile in his behaviour when he became dysregulated. We started the whole process with a school nurse referral, and he was lucky to be able to get support from the school's in house speech and language therapist in reception (although this was during the pandemic).

The school applied for an EHC plan for him which was finalised in 2021. He was put on the waiting list for an autism assessment, and in November 2022 was given a diagnosis of autism, along with a profile of PDA. Charlie was then put on the waiting list for an ADHD assessment and was diagnosed in July 2023.

It has been hard, and it still is, most parents don't know what this sort of journey is like.

Through school, I have been able to access support through different parenting courses for children with additional needs, and have access to the support of a family aide worker. School also arranged for me to attend PDA training along with his 1:1 supports, which gave us all an insight into how Charlie works and how we can best support him.

As he is getting older, I feel it is worth exploring specialist provision for Charlie. Unfortunately, no placements are available in our area at the moment, so we have to work hard to get things right in school. Charlie's sleep problems continued. He wanted to sleep a lot in school in the sensory room and would become quite dysregulated if he wasn't able to sleep. We were able to access support from the Children's Community Support Team to focus on sleep. Our fantastic specialist supported us with the bedtime routine at home and visited school to advise them, which has really helped. Alongside this, the school has done more training for all their staff around how to better support autistic children. Now, Charlie is staying in school for longer than ever, and he's accessing learning with the help of two one-to-one staff.

It's been a long and difficult learning experience for us all. I'm glad that the school have been willing to work with us to get things right for Charlie, and they've been able to access the support we all need to best help him.

We've all had to figure out how to work differently to help him be successful. Every parent in this kind of situation knows that, as parents we have to challenge our own preconceptions of our role, and teachers and schools certainly have to as well. We're getting there. There's a long road behind and a long road ahead. It should be easier for families to have immediate access to the right support they need through school. At the moment it's such a lottery. Families with children with SEN(D) are constantly thinking, "would they be better off in a different provision? Or if I roll the dice, will I just end up with somewhere worse?" Society, and the system, should see my little boy for the amazing little man he is.

We spend our lives working hard and giving and giving, we need a system that recognises young people with SEN(D) for who they are and affords them the education, support, and dignity they deserve.

Schools are essential places for getting the support we are entitled to. People might argue that this costs money, and it does. But, not doing this costs more because whole families fall by the wayside and are not able to thrive.

I don't mind having to work hard to support my boy. But we can and should make it easier than it is now to access and deliver support to families.

> "We need a system that **recognises young people with SEN for who they are** and affords them the education, support and dignity they deserve."

> "Society, and the system, should **see my little boy for the amazing little man he is.**"

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