







Research to inform policy from the University of York, University of Oxford, and The Education Policy Institute

HOW CAN WE BETTER SUPPORT CHILDREN WITH SPECIAL EDUCATIONAL NEEDS (SEN)?

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Background

- The SEN system in England is broken. Over the last decade, the proportion of children and young people being identified as having a SEN has increased substantially, with a particularly stark rise in the number receiving a statutory Education, Health and Care Plan (EHCP) for more severe needs.
- The wait for diagnostic assessments can be years, and parents/carers describe an ongoing struggle to secure and maintain an EHCP that meets their child's needs. All the while, children and young people with SEN often experience substantially lower achievement than their peers, coping without the support they need.
- Even when children and young people are assessed and their difficulties are labelled (e.g., ADHD, autism, dyslexia etc.), the labels do not tell us how they can be supported at school.
- The SEND Code of Practice is already clear that gathering evidence about needs should not delay putting in place a response; however in practice the high levels of need and insufficient resource to cope with demand means formal diagnoses are usually used as a passport to support.
- Empowering schools to achieve needs-based support in a timely fashion, as envisaged in the SEND Code of Practice, involves designing the school system with the full range of children's needs in mind.

Recommendations for policy

- 1. Access to support for children with SEN, including specialist professionals, should not be dependent on diagnostic or statutory assessments.
- 2. Government should plan and provide for common needs to be met in all schools, through improvements to training, funding, curriculum, and accountability.
- 3. To better recognise the interconnection between areas of functioning, the four broad areas of need in the SEND Code of Practice should be amended to: learning; social functioning; emotional functioning; and sensory and/or physical needs.
- 4. School censuses should capture children's needs in all four of these areas of functioning instead of a primary and secondary SEN need type.
- 5. A holistic and specific view of each child's needs, alongside early intervention, is key to good practice; professionals should recognise that different areas of functioning are interconnected, and that similar needs can have different origins.

Our Research

We accessed existing data from over 45,000 children born in the 1970s, 1990s, and 2000s to understand what child and adolescent development looks like. The data was collected when the children were born (or soon after) and they were followed until they were teenagers.

We were interested in understanding what kinds of difficulties children and young people experience in school, how they are related to each other, and how they change as children move through pre-school, primary school, and secondary school. We were interested in all children, not just those with SEN.

We looked at skills and abilities that are important for learning and engagement in education settings. We worked with children and young people with SEN, their parents, and education professionals, to ensure that the skills and abilities we selected were also considered important by those with lived experience.

We fitted advanced statistical models to determine how various difficulties are related to each other and how they cluster. We then consulted again with children and young people with SEN, their parents, and education professionals to understand whether the clusters made sense and reflected their lived experiences.

What we found

In the early years and primary school, children experience difficulties in two main areas: 1) learning and 2) social and emotional functioning.

In secondary school, emotional difficulties become more common and can emerge separately from social difficulties. Adolescents experience difficulties in three areas: 1) learning, 2) social functioning, and 3) emotional functioning. These areas of functioning are separate but closely related to each other.

Having one SEN often (but not always) leads to having other SENs, like a domino effect (e.g., language difficulties may lead to reading difficulties, then to inattention and so on).

ADHD, autism etc. are labels used to explain clusters of related difficulties; but many children have patterns of difficulty with no label.

Learning challenges and social-emotional difficulties are interconnected. To address needs early and minimise the overall level of need, a holistic view of the child's functioning across all

areas is required, considering and monitoring the other potential areas of need that might either emerge or increase as the child develops.

Difficulties that are similar to each other are likely to be mutually reinforcing. If a child has poor literacy and poor attention, each may make the other worse because their struggle to read will make it hard to pay attention during reading sessions at school, which in turn will mean they continue to struggle with reading, and so on, in a vicious circle.

Whilst difficulties typically lead to similar types of difficulties, they might also lead to difficulties in other areas of functioning. For example, a learning difficulty might lead to social-emotional difficulties (or vice versa). Therefore, interventions aimed at reducing a learning difficulty might lead to positive effects on other learning difficulties and also social-emotional difficulties (or vice versa).

We found no evidence of a single core skill or ability that is important for all aspects of learning and social-emotional development. Instead, the same skill or ability may play a stronger or weaker role for a given child's overall development depending on the broader constellation of cooccurring difficulties.

When children have SEN, they are often assumed to be caused by an underlying condition (e.g. Autism, ADHD, dyslexia etc.). Our findings suggest that such labels tend to point to clusters of difficulties that commonly co-occur, rather than indicating a single underlying cause of all those difficulties. Relationships between diagnostic labels and difficulties are also somewhat fluid, e.g. one child with autism may experience different difficulties to another child with autism.

Further information

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