



Special Educational Needs



In 2013, one in five pupils in England were identified as having special educational needs (SEN). The Children and Families Bill will reform the provision available for these children and young people.¹ This POSTnote summarises the nature and diversity of SEN and discusses the support and outcomes for affected children and their families.

Background

A child with special educational needs (SEN) has greater difficulties with learning than most children of the same age and thus requires special educational provision. The term SEN encompasses a broad and diverse spectrum of difficulties and learning profiles, often grouped as follows:

- **Learning and cognition** – difficulties in learning specific skills, including dyslexia (literacy), dyscalculia (numeracy) and general learning impairments of varying severity.
- **Communication and interaction** – such as autism spectrum disorders and speech and language difficulties.
- **Behaviour, emotional and social development** – such as Attention Deficit Hyperactivity Disorder.
- **Sensory and physical needs** – such as hearing and visual impairments.

Some children have complex learning difficulties and disabilities that span several areas (Box 1). The origin of some children's difficulties can be diagnosed, such as genetic disorders like Down's syndrome. However, for many children, the origin and classification of their needs is unclear. This can mean that some children's SEN may go unnoticed or be misidentified. For example, this is common for certain types of language impairments. Long-term outcomes for children with SEN vary widely; some progress to further or higher education, while others cannot live independently in adulthood. This presents challenges to

Overview

- The Children and Families Bill will radically reform provision for children with SEN.
- Research has identified several factors that increase the likelihood of a child having SEN. Such information can aid early identification of these children.
- It is intended that education, health and social care bodies will be more integrated and children and families will have greater influence over their interactions with professional services.
- Professionals will work with families to commission services. Recently 'toolkits' of successful evidence-based interventions have been made publically available.
- Long-term outcomes for those with SEN are improving. However, the transitions from child to adult services are problematic.

policymakers and professionals working with these children and young people. Children with diverse learning difficulties or disabilities are grouped together in SEN legislation and frameworks used within schools. The terminology about SEN varies across health and education sectors, which inhibits communication between groups. In many academic fields, children with different difficulties are studied separately. This makes it challenging to evaluate evidence and generalise about children with SEN as a whole.

Recent Trends in Special Educational Needs

The number of pupils identified with SEN is thought to have increased substantially in the 1980s and 1990s. Whether this increase reflected improvements in awareness and identification of pupils with SEN, or is a true rise in incidence, is not clear. Also, the method used to record SEN has changed over time making comparisons between recent and older figures difficult. Since 2004 the proportion of pupils identified with SEN has ranged from 17.4% to 21.1%.² Although it is difficult to calculate the exact proportion of pupils with SEN, national figures indicate that in 2013: 18.8% of pupils in England², 22.3% in Wales³ and 21.2%⁴ in Northern Ireland were identified with SEN. In Scotland, provision is termed "additional support needs", encompassing a broader range of children, including those who need support because of bullying or bereavement.

Box 1. Complex Learning Difficulties and Disabilities (CLDD)

Children have CLDD if they have two or more co-existing difficulties spanning learning or mental health.⁵ CLDD are not defined by academic attainment. For example, a child with high-functioning autism and bipolar disorder or a child with profound and multiple learning disabilities (PMLD) would both be classified with CLDD. As schools record a pupil's primary SEN only, there are no official estimates as to how common CLDD are. Research indicates that different types of SEN often co-occur, for example dyslexia and ADHD. Coupled with estimates that the number of pupils in England with profound and multiple learning difficulties increased by 35% in the past decade, it seems that those with CLDD may represent a substantial, growing number of those with SEN.

Supporting children with CLDD requires a flexible, personalised approach. The Department for Education piloted the Engagement for Learning approach in 2011, designed to be adaptable to individual needs and focus on improving students' engagement with learning. There has not yet been a controlled trial to assess this approach.

The nature of the difficulties that make up the SEN group has changed over time. More pupils are being identified with profound and multiple learning difficulties (Box 1) and the number of pupils identified with speech and language difficulties and autism has increased by 68% and 76% respectively (2005-2011).² The most frequent type of need varies by setting. In primary schools, it tends to be speech, language and communication difficulties and in secondary schools it is behavioural, emotional and social difficulties.

Factors Associated with SEN

A child from any background may have SEN but certain factors increase the chances of difficulties developing and being recognised.

Pre- and Perinatal Factors

Certain biological and environmental factors during pregnancy and shortly after birth increase the risk of children developing conditions classed as SEN. Some disorders result from genetic mutations during foetal development, such as Down's syndrome. Environmental factors, such as maternal alcohol and drug use in pregnancy can lead to conditions such as Foetal Alcohol Spectrum Disorder (FASD), which results in SEN. Premature birth is another significant risk factor that is suggested to account, in part, for the increase in children with CLDD (Box 2).

Social Background

Research indicates that children from deprived social backgrounds have an increased risk of being identified with SEN. Eligibility for free school meals is often used as a proxy measure for deprivation and children eligible for them are more likely to have SEN.² Parents' educational attainment is also relevant. Children whose mothers have a degree are less likely to develop SEN.⁶

Gender

Boys are twice as likely as girls to receive support for SEN. Research shows that several learning difficulties, such as autism, are more common in boys. However, it has been suggested that in some cases this may be due to girls'

Box 2. Prematurity

Babies are classified as premature if they are born before 37 weeks of gestation. The number of babies born before 25 weeks of gestation who survived increased by 13% between 1995-2006. Prematurity is linked to impaired brain development. The more premature a baby is, the more likely he or she is to develop SEN. The risk of developing SEN increases substantially for babies born before 32 weeks although all those born prematurely are at greater risk. These children are typically placed in school year groups according to their actual birthday rather than their expected due date which may exacerbate their risk of developing SEN, particularly for those born in summer.

needs being less obvious since they are less likely to display poor behaviour compared with boys.⁷

Ethnicity

Ethnicity is related to the likelihood of a child being identified with SEN, even when social background is accounted for, although not as strongly as poverty or gender.⁸ In addition, the type of SEN varies with ethnicity. An analysis of the 2005 School Census found that, for example, pupils of Asian heritage were less likely to be identified as having autism spectrum disorder than White British pupils.⁸ It is not known what drives these differences, but cultural factors could contribute, which may lead to varied levels of take up of interventions or greater difficulties in identification.

Support for Students with SEN

The nature of SEN support is determined by a child's precise needs, which can be difficult to specify and which depends on what is seen as their primary need. Children often transition between diagnostic categories. In addition, some pupils are only temporarily classed with SEN and after appropriate provision no longer need support. The current SEN Code of Practice (2001) specifies statutory duties on identification, assessment and provision for local authorities, education providers and relevant health and social services. It is used by all those who work with young people with SEN, including school heads, teaching assistants and speech and language therapists. Scotland, Wales and Northern Ireland have their own codes.

Local authorities have a duty to identify and provide for children with SEN. Children are typically identified through school, early years educational settings or health services. Children with SEN may be educated in special or mainstream schools. In recent decades government policy has encouraged inclusion; 53% of pupils with statements (see below) attend mainstream schools.²

The Role of Schools

Mainstream schools are required to appoint a qualified special educational needs co-ordinator (SENCO) who organises pupils' support. Existing support, subject to change via the Children and Families Bill, consists of three levels known as: School Action, School Action Plus (involving external specialists) and Statements.

Statements

Pupils are formally assessed by the local authority. This assessment will involve the pupil's school. If appropriate

support is thought to be beyond the remit of what the school can offer a statement detailing the provision that must be made may be issued. Local authorities fund this, which is often provided in the child's current school but sometimes a school move is required.

Statements are issued to 2.8% of pupils (14.8% of the total identified with SEN), who typically have the most severe needs.² Parents report frustration with the statementing process, including a perceived reluctance of local authorities to issue statements and the length of the assessment process, which takes up to 26 weeks. Parents have the right to appeal councils' decision through the First Tier Tribunal for Special Educational Needs and Disability.

Currently, pupils with a statement have specified amounts of support (usually a set number of hours) from various services. Specialists outside schools can be involved, commonly speech and language therapists and educational psychologists.

One-to-one and small group sessions with teaching assistants (TAs) are the most common form of educational support for children with SEN. Teaching assistants reduce teachers' workload and improve their satisfaction, and anecdotal evidence suggests that they often have a positive effect on pupil behaviour and motivation.⁹ However, research indicates that pupils with more TA support do not necessarily make better academic progress, even when pupil ability is taken into account.⁹ It is thought that this is because sessions with a TA reduce time spent learning with the class teacher and peers.

Early Intervention

The current SEN Code of Practice (2001) emphasises the importance of early educational intervention, which improves achievement in the early years. Children with a stimulating home learning environment and high quality pre-schooling are less likely to be identified with SEN. However, it is difficult to know which aspects of early provision are most effective. Organisations, such as the Early Intervention Foundation, evaluate the evidence for different programmes and can advise local authorities on effective practice.

Intervention 'Toolkits'

A range of educational intervention programmes and techniques is used to support schoolchildren. Several organisations have created databases or 'toolkits' which summarise the evidence for the effectiveness of interventions. The Education Endowment Foundation and Sutton Trust's toolkit provides evaluations of the effectiveness of general educational approaches, such as peer tutoring and teaching assistants, without a specific SEN focus. Similarly, the Communication Trust – a coalition of voluntary organisations specialising in children and young people's communication – has a database of interventions for speech, language and communication needs, with an evaluation of their evidence base. Schools can use these new resources to decide how best to distribute their funding.

Box 3. Improving Attainment

Several organisations are looking at how to improve academic attainment in schools. For example, the 'Achievement for All' programme led to improved academic and behavioural outcomes for students with SEN compared to usual practice. The programme introduces leadership, teaching, assessment and parental engagement strategies through training. The pilot was funded by the Department for Education, but the programme is available nationwide for schools to purchase. Nasen, a leading SEN organisation, supports improved SEN training for teachers. Its forthcoming online resource, the 'SEN Gateway', will provide a directory of SEN resources for teachers and SENCOs.

In addition to specific interventions, there is a perceived need to focus on improving pupils' general educational attainment (Box 3).

Long-term Outcomes

Experts agree that educational attainment is only one of a number of important outcomes for children with SEN. Skills for independent living or improved social relationships are also valuable. Organisations such as Nasen have argued that SEN provision should focus more on achieving outcomes appropriate to the individual rather than quantifying the amount of support that should be given.

Education and Employment

Long-term educational and employment outcomes are poorer for those with SEN. In 2009, 30% of young people who had a statement at age 16 were not in education, employment or training by age 18 compared with 13% of those without SEN. Educational attainment has improved, with 31% more of those with SEN achieving five or more A*-C grades at GCSE in 2012 compared to 2008.² Students with SEN are still four times less likely to participate in higher education. A 2011 National Audit Office report suggested that there are long-term financial returns for both the state and the individual if students with SEN are successfully supported through education and into employment.¹⁰

Transition to Adult Social Care

Young people with more severe SEN often require support from social care services after they leave education. Provision for children and adults is stipulated in two Acts, with different criteria for support. This can lead to problems when transitioning between them, as individuals may lose support. The Department for Education's 2011 Green Paper (*Support and Aspiration: A New Approach to Special Educational Needs and Disability*) recognised the need to improve transition. The limited available research suggests that having a key person to co-ordinate transition and a transition plan are useful.

Mental Health and Social Issues

Young people with SEN are more at risk of mental health difficulties. For example, those with moderate and severe general learning difficulties are four times more likely to have an anxiety disorder. When both mental health and SEN are taken into account, education, health and social

care professionals can plan more appropriate interventions. The proposed new SEN Code of Practice revises the definition of behavioural, social and emotional difficulties to encompass mental health. There is also evidence that young people with SEN are more likely to have problems with peers, through being bullied or by bullying others. Furthermore, young people in custody are more likely to have SEN and there are specific concerns that provision for this group is particularly poor (see Box 4).

Forthcoming Policy Reform

Children with a disability may also have SEN. However, they are only provided for by SEN policies if their disability causes difficulties with learning or accessing educational provision. Recent research suggests that the overlap between disability and SEN may not be as extensive as previously thought.¹¹ Provision of support for children with a disability but no SEN is set out in the Equality Act (2010).

Education, Health and Care Plans (EHC plans)

Statements of SEN, which can currently be maintained until age 19, will be replaced by Education, Health and Care (EHC) plans, which place statutory obligations on local authorities and health bodies to work together to meet a young person's needs. However, schools will still have the leading role in the creation and maintenance of these plans. The plans will focus on the outcomes a child wishes to achieve across the three areas and set out how services will co-operate to enable this. They may be maintained until a young person is 25, but only if he or she remains in education or training. The principles of extending the upper age limit of provision are widely supported. Many organisations and experts support the principles of improved co-operation and co-ordination between services that work with these young people. How funding arrangements across the different sectors will work is unclear and could lead to difficulties as organisations try to manage their budgets.

Removal of School Action and School Action Plus

School Action and School Action Plus categories (see page 2) will be replaced by a graduated school-based support system for students with SEN who do not have an EHC plan. There is uncertainty among teachers and parents on the legal and practical implications for those pupils who currently have SEN but no statement. As the School Action Plus category does not directly entitle schools to extra funding, the amount of money available to schools to spend on SEN support should be unaffected.

Local Offer and Personal Budgets

The Bill proposes to give children and families an enhanced role in decision making. Local authorities must publish a 'local offer' that includes information primarily on local provision but also relevant national provision. This aims to help families become part of an informed decision making process, allowing them to state preferences. Parents will be able to request non-maintained special schools, approved independent schools, academies and free schools, which, in a change from current law, will be obliged to provide for

Box 4. Young People in Custody

A 2012 report by the Children's Commissioner found that SEN are more common among young offenders, compared with non-offenders. Research shows that dyslexia (seen in nearly 50% of young people who offend) and communication disorders (seen in 60-90%), are particularly over-represented in this population. Other disorders, such as ADHD, autism and traumatic brain injury are also more common. Education provision for children in custody is the responsibility of the Ministry of Justice and is criticised as being inconsistent and patchy.¹² The Government is consulting on improving the system through a Green Paper on education in youth custody.

SEN. Parents will be given greater autonomy by having the option of personal budgets to buy services. While specific regulations stipulate what local authorities should include in a local offer, they allow some flexibility. Some organisations, such as NASS¹³, are concerned that this may lead to variability in quality and have suggested implementing a national framework to set a minimum standard.

Testing the Effectiveness of Policy Reform

In 2011, 31 local authorities in England began trialling proposed policy changes. Interim reports suggest that families are more satisfied with the overall process because of changes such as having a 'key worker' who helps to co-ordinate services.¹⁴ However, there is limited evidence on whether the changes improve outcomes. Full results of the evaluation are due in 2015 after the nationwide roll-out of the new system begins in September 2014.

Effects of Broader Education Policy Reforms

Wider educational policy reform will affect those with SEN. Reform of school funding and the national curriculum (due in September 2014), coincides with the SEN reforms. There is widespread concern that schools and local authorities will be overwhelmed with new policy and procedures and that, during the adjustment period, the SEN reforms may not be implemented as effectively as they could be.

Endnotes

- 1 www.parliament.uk/topics/special-educational-needs.htm
- 2 www.gov.uk/government/collections/statistics-special-educational-needs-sen
- 3 School Census Results, SDR 109/2013 Welsh Government first release 2013
- 4 Enrolments at Schools and in Funded Pre-school Education in Northern Ireland 2012/13, Department for Education statistical press release
- 5 The Complex Learning Difficulties and Disabilities Research Project, Specialist Schools and Academies Trust, 2011
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- 7 Vardill & Calvert, Gender imbalance in referrals to an educational psychology service. *Educational Psychology in Practice*, 16, 213-223, 2000
- 8 Strand & Lindsay, Ethnic disproportionality in special education: Evidence from an English population study. *Journal of Special Education*, 43, 174-190, 2009
- 9 Blatchford et al, Deployment and impact of support staff in schools. Research Report DCSF-RR148, Department for Children, Schools and Families, 2009
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- 11 Parsons & Platt, Disability among young children: Prevalence, heterogeneity and socio-economic disadvantage. Centre for Longitudinal Studies Working Paper 2013/11
- 12 Transforming Youth Custody: Putting Education at the Heart of Detention, Ministry of Justice, February 2013
- 13 National Association of Independent Schools & Non-Maintained Special Schools
- 14 Craston et al, Impact Evaluation of the SEND pathfinder programme. Research Report Department for Education, 2013