

**Government  
consultation on  
SEND reform:  
putting children and  
young people first**

**Response of the Education Policy Institute**



## A. Introduction

1. The Education Policy Institute (EPI) is an independent, impartial, and evidence-based research institute that promotes high quality education outcomes, regardless of social background. We achieve this through data-led analysis, innovative research and high-profile events.
2. EPI welcomes the opportunity to respond to this consultation. Our response draws on our own research in this area, as well as the wider evidence base and our knowledge of the early years, primary, secondary, post 16 and specialist education sectors.
3. We have not answered every question in the consultation, focusing instead on those where we have the most knowledge and expertise.

## B. General points

4. Ensuring that children and young people with special educational needs and disabilities (SEND) receive the highest quality education and care is of paramount importance. There is near-universal agreement that the current system is not achieving this goal.
5. EPI welcomes many of the proposals in this consultation. There are, however, some areas in which the proposals do not appear to correlate with the available evidence.
6. In summary:
  - a. We believe that greater attention is required to the contribution of national policy towards the current trends in SEND identification. Attention should be focused on meeting needs by making expected outcomes more flexible and holistic, and through commitment to a transparent plan to increase the capacity of children's workforces.
  - b. Our research supports the aims of Experts at Hand and the refreshing of Areas of Development but indicates areas where the implementation of these can be strengthened.
  - c. Elsewhere, research suggests that there are weaknesses in the planning of Inclusion Bases, and that a fundamental rethink of the Specialist Provision Packages is urgently required.

## C. Answers to specific questions

### **Question 2: How can we make sure that high-quality evidence and best practice inform decisions about SEND? Please share examples**

7. It is important for evidence to inform national policy as well as practices, since national policy constrains the choices available to practitioners in schools and local authorities (LAs).

What is feasible and acceptable to teachers in today's classrooms is different from what would be feasible under different national policies.

8. It is also critical to decide on holistic and long-term outcomes against which policy and practice decisions can be assessed. For example, GCSE results are a very commonly used outcome measure, but they do not capture the transition from school to further education, or onwards to adult life and the workforce, and do not inform us about the health and social outcomes that matter disproportionately to young people with SEND. Too narrow a focus may lead to unintended consequences and poor overall outcomes.<sup>1,2</sup>
9. Finally, there are important aspects of policy that do not require novel and specific evidence to justify them. Having workforces with sufficient capacity and training to meet needs, for example, is the most fundamental requirement of a functioning system, and the school system cannot provide quality SEND provision either at universal or targeted level without these. It would, however, be redundant to set out to 'prove' this foundational point.

### **Question 7: How do you think early years settings, schools, and colleges can best support the mental health and wellbeing of children and young people?**

10. Schools, colleges and other settings are an important influence on children's mental health, and while they cannot be a substitute for adequate NHS care, they can support children whose mental health impacts on their functioning at school, such as through worsened memory, attention and motivation for learning, and/or attendance.<sup>3,4</sup> Research has shown this group to be broader than is sometimes recognised; for example, on average, adolescents with depression suffer a substantial decline in their attainment relative to their own prior attainment.<sup>5</sup>
11. As well as recognising the need to support pupils with attendance and learning, it is important to consider any aspects of national and school-level policies that may pose additional challenges for pupils with mental health conditions, such as academic expectations that may contribute to exam stress<sup>6</sup>, or behaviour policies that are perceived as imposing overwhelming requirements that may trigger anxiety in some. Good questions to pose of any expectation are 'is this really necessary for safety and good order?' and 'is the level of compliance expected achievable?'

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<sup>1</sup> Securing real SEND progress in the schools white paper. <https://epi.org.uk/publications-and-research/securing-real-send-progress-in-the-schools-white-paper/>

<sup>2</sup> How the school system "creates" SEND <https://www.tes.com/magazine/analysis/general/school-system-helping-create-send-heres-how>

<sup>3</sup> Christopher G, MacDonald J. The impact of clinical depression on working memory. doi:10.1080/13546800444000128

<sup>4</sup> Grahek I, et al. Motivation and cognitive control in depression. doi:10.1016/j.neubiorev.2019.04.011

<sup>5</sup> Wickersham A, et al. Educational attainment trajectories among children and adolescents with depression. doi:10.1192/bjp.2020.160

<sup>6</sup> Guo X, et al. The association between academic pressure and adolescent depressive symptoms. doi:10.1016/S2352-4642(25)00342-6

**Question 8: Do you agree that the refreshed ‘areas of development’ will support educators to understand and address barriers to learning and participation? Please explain your answer.**

12. This proposal is broadly consistent with research evidence, with some suggested adaptation. Our recently published research on how different functional needs cluster among children at different ages found that social functioning and emotional functioning become distinct areas of development during adolescence, albeit closely related ones.<sup>7,8</sup> We therefore recommend that these are separated, at least for secondary school children.
13. Secondly, we found that ‘executive function’ and ‘speech, language, and communication needs’ are so closely related in terms of clustering among children that they may be better viewed as a single area of development that we referred to as ‘cognition and language’.
14. Finally, specifying the broad areas so that teachers are reminded of what needs are most likely to co-occur in the same child would be helpful in directing consideration of what needs should be kept under close assessment. Beneath this ‘domain’ level, more detailed ‘needs’, guided by (but not limited to) a national list, should be recorded in Individual Support Plans to focus specific interventions.

**Question 11: What should the top three priority areas be for building and sharing evidence within the National Inclusion Standards?**

15. We would suggest the top three priority areas should be those where there are significant variations in practices, gaps in the evidence, and some risk of over-focus on proximal outcomes at the expense of those which are holistic and long-term. These include (1) behaviour policies, (2) curriculum and assessment, and (3) children’s social development.
16. An important aspect of behaviour policies to understand, and to shape through the National Inclusion Standards, is how they differentially impact groups with protected characteristics. We are currently undertaking research to contribute evidence on current usage patterns of various behaviour practices, how they are combined, and resulting interruption or alteration to pupils’ participation in regular educational routines.<sup>9</sup>
17. Key issues with curriculum and assessment include that some early assessments are scoped so as not to capture important information about how children with SEND are developing<sup>10</sup>, and qualifications that are suited to the needs of disabled young people are not counted in

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<sup>7</sup> Toseeb U, et al. Rethinking Special Educational Needs and Disabilities. 2026. doi:10.5281/zenodo.19944939

<sup>8</sup> Deniz E, et al. A Network Approach to Developmental Differences and Disorders. Dev Sci. 2026;29(3). <https://onlinelibrary.wiley.com/doi/10.1111/desc.70174>

<sup>9</sup> Exclusionary practice in English secondary schools. <https://www.nuffieldfoundation.org/project/exclusionary-practice-in-english-secondary-schools>

<sup>10</sup> Bowyer-Crane C, et al. The impact of COVID-19 on educational, language & socioemotional outcomes in Reception and KS1. 2026. <https://sheffield.ac.uk/education/news/new-national-study-reveals-mixed-legacy-pandemic-early-childhood-development>

official performance and accountability measures.<sup>11</sup> Our research into identification of SEND found that Personal, Social and Emotional Development at age five has a strong correlation with subsequently receiving an EHCP, yet this is not assessed nationally after age five and competes with a heavy academic focus in the curriculum.<sup>12</sup> These issues require national policy change but should also be embedded in the Standards through a focus on in-school flexibility in curricular adaptation and holistic formative assessment.

### **Question 16: How can we ensure Individual Support Plans are clear, concise and practical for professionals to use?**

18. Well-specified (broad) areas of development, as outlined under our response to Q8, can provide a useful at-a-glance reference for teachers less familiar with the child. Our research supports each child having each area of development assessed and recorded as ‘applying’ or ‘not applying’, in place of the current primary and secondary need type. Recording of detailed needs sub-domains should be guided by a national list but not limited to that list for the purpose of planning support.<sup>13,14</sup>
19. This adaptation to the proposals would ensure that ISPs reflect both a broad overview of what has been assessed and a detailed plan for action. It would remove the current focus on ‘primary’ and ‘secondary’ needs, which is subject to inconsistent decisions and bias towards more visible or disruptive forms of need, and risks foreclosed assessment before needs have been fully understood.
20. This adaptation of the proposed new approach would also draw attention away from medical diagnoses as a determinant of what action should be taken in school. This is a function for which diagnoses are not best suited, since it often requires a specialist to interpret what their implications may or may not be in individual cases. This is not to say that diagnoses are not useful information for specialist assessments, but they are not the best guide for action without expert interpretation and other forms of assessment.

### **Question 17: How can we best support transition for young people with SEND, so that they are well supported into post-16 provision and further education, training or employment?**

21. This is an area where there are large gaps in the available evidence. We are currently undertaking research to explore transitions and outcomes when young people with SEND

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<sup>11</sup> Securing real SEND progress in the schools white paper. <https://epi.org.uk/publications-and-research/securing-real-send-progress-in-the-schools-white-paper/>

<sup>12</sup> . Hutchinson J, et al. Identifying SEND. 2025. <https://epi.org.uk/wp-content/uploads/2025/02/SEND-Final-Report-version-FINAL-04.02.2024-2.pdf>

<sup>13</sup> Toseeb U, et al. Rethinking Special Educational Needs and Disabilities. 2026. doi:10.5281/zenodo.19944939

<sup>14</sup> Deniz E, et al. A Network Approach to Developmental Differences and Disorders. *Dev Sci.* 2026;29(3). <https://onlinelibrary.wiley.com/doi/10.1111/desc.70174>

enter post-16 education. This will not answer every question but will progress our knowledge from a low baseline.<sup>15</sup>

### **Question 18: How can we make sure that every area can meet the full range of the needs of children and young people through Inclusion Bases?**

22. There is no clear evidence as to whether units and bases can meet needs or not, nor as to which needs they can or cannot meet. This will inherently depend on how they are implemented, such as how much specialist input contributes to their design, and to what extent children are socially segregated within school by the provision.<sup>16</sup>
23. An unplanned and unregulated approach to the introduction of inclusion bases that is left entirely to local decision-making is likely to have the same weaknesses as current SEND provision – it will be hugely varied and good practice will be mixed in with bad, making it difficult to evaluate meaningfully as a guide for future action.<sup>17</sup> Since the proposal is that the new bases will supersede both SEN units and resource bases, and internal alternative provision, the range of practice will be even broader, and there is no guarantee that any particular need will be met.
24. The government should therefore be clear about the specific aims it has for inclusion bases and set guardrails for acceptable provision within which schools can innovate. The government should also plan from the outset to evaluate different formats and features of the bases to guide their development over time.

### **Question 20: Through the Experts at Hand offer, we want to ensure that mainstream settings can get quick specialist support for children and young people. What arrangements are needed between local area partners (education, health, social care) to deliver this Experts at Hand offer effectively?**

25. The Experts at Hand proposal has huge potential to improve early access to support if it is implemented well. However, before local multi-agency arrangements can be considered, there is a prior necessary requirement of national workforce planning to make the proposal deliverable. No kind of local arrangement can make it possible to hire educational psychologists or speech and language therapists where insufficient numbers exist.
26. While a degree of local autonomy in the make-up of the expert team is sensible, it would not be helpful to have teams which either cannot or do not include both of these groups, alongside specialist school leaders and others. Our research estimates that approximately

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<sup>15</sup> How do students with SEND fare in the transition to post-16 education?

<https://www.nuffieldfoundation.org/project/how-do-students-with-send-fare-in-the-transition-to-post-16-education>

<sup>16</sup> Tang S, et al. High-SEND Schools: Understanding the Uneven Distribution of Pupils with SEND across England's Mainstream Schools. 2025. <https://www.nfer.ac.uk/publications/high-send-schools-understanding-the-uneven-distribution-of-pupils-with-send-across-england-s-mainstream-schools/>

<sup>17</sup> Gilbert R, et al. Evaluation of special educational needs and disability provision in English primary schools. doi:10.23889/ijpds.v10i2.3331

1400 extra educational psychologists are required to close the national shortage, based on benchmarks for local areas with better outcomes for children with SEND.<sup>18</sup> This does not allow for additional demand that inevitably follows from white paper proposals, since it is derived from historical data.

### **Question 22: How can Specialist Provision Packages be designed to effectively support the main types of need we currently recognise?**

27. The proposed introduction of Specialist Provision Packages is not supported by research evidence. Our research confirms that underlying individual needs and clusters of co-occurring needs are highly variable, and this is before one even approaches the level of detail required for designing specialist provision.<sup>19,20</sup> Having a small number of finite categories is simply not a good match for the reality of complex and severe needs, and risks leaving children without support that is commensurate to their needs simply because they do not fit a template.
28. In the same way that medical diagnoses are ill-suited to designing educational support, as they are both too specific (not covering all needs) and too broad (many different profiles of need within one diagnosis), these packages are flawed in their conception of needs.
29. We therefore recommend a fundamental rethink of the introduction of these packages. Attempts to reduce the number of people using services often result in simply moving those pressures to a different part of the system in unplanned ways. This has happened before to SEND with previous cuts to SureStart and the ‘removal’ of children at the previous School Action level.

## **D. Summary**

30. We hope that this response is of value to the consultation. EPI is willing to be further consulted and to assist in any way we can.

Jo Hutchinson  
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<sup>18</sup> Zucollo, J. Educational psychologists in England. 2026. <https://epi.org.uk/publications-and-research/educational-psychologists-in-england/>

<sup>19</sup> Toseeb U, et al. Rethinking Special Educational Needs and Disabilities. 2026. doi:10.5281/zenodo.19944939

<sup>20</sup> Deniz E, et al. A Network Approach to Developmental Differences and Disorders. Dev Sci. 2026;29(3). <https://onlinelibrary.wiley.com/doi/10.1111/desc.70174>