PART B – Consultation questions

Q1. We want children, young people and their families to be involved in making better, evidence-based decisions about SEND, both in their local area and across the country. How can we make sure children, young people and their families have a genuine say in these decisions?
This question raises important issues regarding how children, young people, and families can be engaged both ethically and rigorously in service and policy development, educational decision-making and research. Children, young people and families can have a genuine say if involvement is built into decision-making at every stage (Burke et al., 2023). This can include using standing advisory groups, co-design of services, supports and innovation, and accessible consultation methods. Such an approach aligns with participatory approaches to child and family social work, which emphasise collaborative, relationship-based practice and practical tools for more responsive, family-centred decision-making (Wood et al., 2026). It is also consistent with participatory frameworks such as the Involvement Matrix, which helps to distinguish between different levels of involvement from listening and consultation through to partnership and decision-making (Smits et al., 2020). The What Works in SEND website offers a useful model, bringing together evidence, effective practice, implementation resources and examples from local SEND systems to support improvement. Its emphasis on collaboration, innovation and empowerment reflects the need for policy to be informed by the knowledge of children, families, practitioners and local systems rather than by central prescription alone (https://whatworks-send.org.uk/) However, meaningful participation for children and young people with disabilities requires significant ethical thoughtfulness and methodological innovation, including approaches that recognise diverse forms of communication and participation (Fletcher-Watson et al., 2019; Nowack et al., 2026). This is especially important for children and young people with SEND whose experiences are shaped by intersecting inequalities, including poverty, race, gender, and other forms of structural marginalisation (Nair et al., 2026; Grech, 2014; Nowack et al., 2026). For example, in her study on a pedagogy of play in autism schools, Nowack (2024) raises concerns about how 'voices' of autistic children (particularly those who are non-verbal or minimally verbal) are captured when exploring their experiences in schools. Drawing on embodied learning theories (Varela et al., 1991), she suggests that 'voice' might extend beyond speech to include body language, affect, and expressions of agency. In this view, participation, choice-making, and emotional responsiveness become forms of communication. Teachers and teaching assistants in her study demonstrated exceptional

sensitivity to learners' moods, needs, and preferences, flexibly adapting their pedagogy to support learner agency and comfort. Such practices point to the need to reconceptualise 'voice' as more than verbal expression. Rather, in line with an embodied pedagogy, 'voice' might be understood as enacted through interaction, engagement, and the creation of safe, responsive spaces. This challenges traditional linguistic-centric definitions and urges a broader, more inclusive understanding of how autistic children communicate - what might be termed different ways of 'languaging' (Nowack et al., 2026).

As part of the TICLD project (Frizelle et al., 2023), we have been collaborating with a group of parents of children with DLD and people with DLD to support the design, implementation and accessibility of our research project. Through this work, we have learned that families and young people want opportunities to contribute meaningfully, but this only works when participation is accessible, ongoing and genuinely valued. Families should not need high levels of literacy, confidence, time or professional knowledge in order to contribute. Children and young people with speech, language and communication needs need supported methods such as plain English materials, visual prompts, small-group discussion, extra processing time, familiar settings and skilled facilitation (Lyons et al., 2022).

Speech and Language Therapists have, often untapped, expert knowledge and skills in enabling the voices of children and young people with a range of communication, learning and physical abilities and needs to be heard. When developing the experts at hand model, and models of collaborative service design that consideration is given to accessing this expertise for local consultation/codesign work.

Payment, expenses, flexible timing and clear preparation materials are also important if involvement is to reach beyond the families who are already most able to participate.

Parent Carer Forums are currently trying to undertake work without adequate funding. This means they rely on the goodwill and ability of parents to volunteer their time. This is particularly hard for parents who have children with SEND and as such have additional caring responsibilities. This constrains the work they are able to do to draw in families who less regularly engage with such organised groups. Building trust with parents and open lines of communication between parents, local authorities and schools is fundamental in improving the SEND system. PCFs and local authorities are also limited in terms of the work they can do directly with children and young people in schools and in their local areas (who are not in school). More funding for these groups and a participation worker within PCFs would support this work. Some PCFs are establishing themselves as community interest companies which helps them to employ parent carers as staff, sustaining their involvement. The role of parent carers in Improvement Boards has been found to be particularly important in terms of promoting partnership working in local authorities and ensuring accountability.

Genuine involvement is also essential for trust. Policies and systems designed without meaningful engagement can generate mistrust, fear and avoidance of services, particularly where data-sharing and multi-agency working are involved (Gillies et al., 2026). This could be an important consideration if digital Individual Support Plans and wider system changes are proposed.

Involvement must also include feedback and accountability. Children, young people and families should be told how their views have influenced decisions, where suggestions could not be taken forward, and why. Without this feedback loop, consultation risks becoming tokenistic rather than a meaningful mechanism for building a fairer and more trusted SEND system.

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Q2. How can we make sure that high-quality evidence and best practice inform decisions about SEND? Please share examples.

To ensure that high-quality evidence and best practice inform decisions, the evidence must be rigorous, transparent and, crucially, usable.

This requires the identification of key gaps in the evidence base, the conduct of rigorous research, accessible dissemination of findings, and syntheses of research alongside CPD which enables practice change (i.e. coaching, mentorship, communities of practice (Murray et al 2010; Ecorys UK and Sylva 2025)

Crucially for SEND, research needs to be designed not simply to consider whether an approach, on average, 'works' but examine who interventions work for, in what contexts, with what resources, and for which outcomes. Whilst RCTs are a vital component of evidence creation they cannot answer all the evidence gaps which remain in SEND policy and practice.

Addressing gaps

Many large gaps remain in the empirical evidence required to inform these important reforms and so further funding of SEND research is essential. For example, how best to promote inclusion and best outcomes for children in inclusion bases; how to support educators to identify children with 'hidden' needs such as Developmental Language Disorders (DLD); how to promote inclusion of children and young people with SEND in 'enriching activities'; how to enable sustainable inclusive pedagogy in mainstream

classrooms; how to configure local multi-agency systems for maximum benefit to children and young people; what multi-level policy, system and practitioner change is required to address the intersectional issues of poverty, race, and SEND; how to enable whole school relational approaches; what configuration of early language interventions over the first years of life are most cost-effective; what flexible and accessible models of CPD enable change in practice and improve outcomes for children with SEND; developing approrate identification and intervention tools for children who are bilingual or who speak lanaguges other than English and so on.

Defining what constitutes rigorous research and high-quality evidence

These issues and other gaps in the evidence require the examination of complex approaches within diverse and complex systems. To address these, the appropriate research methodologies must be chosen. These include realist evaluations, novel trial methodologies, longitudinal cohort studies with nested intervention trials, retrospective and prospective analysis of statutory data, and economic evaluations, together with qualitative process evaluation, and participatory methods. (Craig et al 2010; Skivington et al 2021; PHE 2021; BiBBs 2016)

Reporting and implementation

The reporting of educational research could also be improved to ensure policy-makers, practitioners and other research consumers can more readily apply it to their work. A useful example is the TICLD project, which is developing reporting guidance so that intervention studies for children with and at risk of SLCN can be interpreted more meaningfully by practitioners and families. (Frizelle et al 2023)

However, better evidence alone is not enough. It also needs to be translated into practice in ways that schools can use. In practice, this means concise summaries, worked examples, implementation guidance, CPD, coaching and opportunities for professionals to reflect on and evaluate impact.

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Q3. How can we ensure that children are best supported by the Universal offer?

Drawing on the particular expertise of members of our group - and due to its central importance in children's development, high prevalence as an area of need, and broad relevance to children with SEND - the following relates to the promotion of robust speech and language skills in the early years.

Identification of children with stammering, speech, and language needs in this age range (0-5) will always be inexact. Universal Quality First teaching is vital to ensure that any children who have stammering, speech or language needs and are 'missed' will still benefit from language-enriching environments, interactions, and opportunities.

Monitoring children's speech and language development, including the identification of needs such as stammering, should be seen as a core component of quality universal provision.

Such monitoring and assessment cannot rely solely on "tools" but requires Early Years Practitioners (EYPs) to take a holistic approach and to have relevant and sufficient knowledge of child speech and language development.

A holistic approach to assessment, and monitoring would include consideration of: The child's communication in usual daily interactions; Parents and caregivers' knowledge of the child; The child's progress against usual developmental milestones; How the child responds to additional support and their developmental progress over time; How any difficulties affect the child's participation and inclusion in education, and social

interaction; The child's mental health and well-being; The presence of additional risk factors; and The views of other professionals who know the child and family.

The use of robust assessment tools, interpreted in conjunction with the holistic knowledge described previously, is recommended to support valid and reliable judgements about children's speech and language abilities and help identify those who will benefit from targeted or specialist support.

However, such tools are not available for all aspects of stammering, speech, and language needs, or at all ages.

Universal Support for speech and language development

Strategies which will support all children's speech include phonological awareness activities and recasting of children's speech using the correct speech sounds if they are still developing their full speech sound repertoire. A recast is a near imitation that maintains the original word order, word endings, and vocabulary but provides a clear speech model.

Strategies which support all children's language

In addition to supporting general development, high-quality universal provision acts as a safety net. It benefits children who may have unidentified language needs by offering a language-rich environment. Moreover, it can serve as an early indicator of need, signalling when a child fails to make expected progress despite when provided with an enriching environment.

Key components of high-quality universal provision include:

- Enriching physical and social environments, offering varied learning opportunities and high-quality adult-child interactions.
- Intentional and deliberate planning and implementation of strategies to enable high-quality input including, engaging frequently and consistently in responsive interactions with adults; hearing high-quality language models with recurrence and repetitions of key vocabulary and structures; and hearing diverse and varied input with respect to its content and vocabulary, form, and sentence structures, and use or functional purpose.
- Evidence-based approaches that enhance language development in a Universal setting include: Shared or dialogic book reading; Structured language learning opportunities; Explicit instruction, covering vocabulary, phonological awareness, and narrative structure; Language-supporting prompts and questions

- Regular audits of universal provision can help maintain and improve the quality of support. Tools like the Communication Supporting Classrooms Observation Tool (CSCOT) is freely available and useful for evaluating speech and language enriching characteristics. These audits can also form the basis for action plans when improvements are needed.
- To further embed high-quality language input, early years practitioners should include explicit goals related to language content, form, and use in their planning. Visual aids and prompts (e.g., summary cards in games or posters in role-play areas) can help keep effective language strategies 'front of mind' during implementation.
- Having the processes, knowledge, skills, and tools in place to assess children's speech and language skills and monitor progress is an essential component of quality universal provision. Clear, documented processes will support consistent and effective implementation.

Strategies which support all children to participate

Early Years Practitioners should focus on creating an environment where all forms of communication are valued, differences are accepted and celebrated, and strategies are used to promote all children's success in sharing and understanding ideas

Training

For the best available evidence to be implemented successfully, it is vital that the children's workforce have the appropriate skills and knowledge, confidence, and shared values.

To provide effective, 'Quality First', universal support for all children, all early years practitioners need relevant knowledge of speech and language development, the qualities of language-enriching environments, and strategies to enable their implementation.

To see sustained behaviour changes in the nature of adult-child interactions and pedagogy, coaching is a recommended component of such training. Early years practitioners may need tools, skills, and resources to enable them to be critical consumers of the evidence.

Assigning responsibility to Individuals to be speech and language leads/champions within settings/nurseries enables sustained focus and maintenance of quality. These champions would benefit from training regarding how to choose interventions considering contextual fit, child's needs, and quality.

See the following reviews for supporting evidence

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Q4. How can we ensure that children in the Targeted layer, are best supported?

Speech and language needs

Drawing on the particular expertise of members of our group and due to its central importance in children's development, high prevalence as an area of need and broad relevance to children with SEND the following relates to the promotion of robust speech and language skills in the early years.

Local Authority areas and the relevant health services must work together to develop a clear understanding about how services will work together in this tier and indeed across all tiers. Collaboration is key to successful delivery at this tier.

Criteria must be developed regarding which children should receive the targeted layer of support. These criteria should not be about cutpoints in tests or tools but holistic evaluation (see above). Familiarity with these criteria and guidelines of local speech and language therapy services will help support early years settings to identify and support children with needs and mobilise available resource across the early years workforce.

The development of clear and accessible referral criteria and guidance by speech and language therapy service in partnership with local early years services and health visitor teams will facilitate referral and collaborative processes.

A child's response to additional targeted support offers valuable insights regarding the likely persistence and severity of their difficulties. Discussions between early years settings and local speech and language therapy services regarding targeted support will support monitoring of children to ensure they are referred to speech and language therapy should they not make relevant progress.

Interventions

A range of targeted interventions for speech, language, and communication needs (SLCN) have been identified, though the strength and quality of evidence varies.

For speech development, interventions focusing on phonological awareness and speech recasts have moderate supporting evidence. For language needs, several interventions are backed by moderate - good evidence, including NELI, NELI Preschool, Happy Talk (quasi-experimental design), and Talk Boost.

Inclusive strategies

Creating cultures within settings such that any and all modes of communication are valued and celebrated and that children with stammering, speech or language needs or differences do not feel stigmatised or excluded can promote optimal inclusion and participation.

Although the evidence base for compensatory strategies is limited, both professional guidelines and expert practitioner knowledge suggest several useful approaches. These strategies aim to support children's full participation in everyday interactions and learning experiences. Helpful strategies include:

- Use of gesture by adults when speaking to children
- Visual timetables and supports to successful communication
- Strategies to support children to engage in play with peers (Beilinson and Olswang, 2003)
- Use of clarification strategies such as giving choices, and/or asking children to point and show when communication breaks down

Early years practitioners should ensure they have a good level of knowledge and understanding about what stammering is, how stammering can impact communication and well-being, and how to support a child who stammers. Providing the incorrect support risks exacerbating the child's difficulties and causing emotional distress. Strategies which support a child who stammers include:

- Being patient, giving the child time to talk and finish what they are saying
- Focusing on the content of what the child is saying (rather than whether it is stammered or fluent)
- Avoid correcting stammered speech or asking the child to repeat what they are saying fluently

Implementation

Whilst this evidence exists it is not always possible for settings to provide interventions which have been tested in the research literature.

Choosing targeted interventions with good supporting evidence that are the best fit to the context and the child's needs will maximise intervention fidelity and child outcomes. Contextual factors to consider when choosing an intervention include staff capacity and

skill mix, feasibility and practicality of delivery, training requirements, and developmental appropriateness for the child's age.

Our work in the PLACES study (NIHR156329) suggest that pressures on many early years settings, especially those where there are very high levels of need, as is often the case in socially disadvantaged communities, make it impossible to implement such targeted intervention approaches with high fidelity. Issues of capacity and implementation barriers must be addressed.

Training

The points made above with respect to training at the Universal tier are relevant to all tiers.

Children with SEND in contact with children's social care

Drawing on the particular expertise of members of our group and the significant issues of intersecting and compounding challenges for this group we would like to draw attention to a significant gap in policy for children with SEND in contact with children's social care. It is estimated that 83% of Children Looked After (CLA) and 64% of Children in Need (CiN) have received SEN provision at some point in their schooling (compared with 37% of children who were neither CLA nor CiN during school) (Jay, and Gilbert, 2020). The Independent Review of Children's Social Care (MacAlister, 2022) did not adequately cover issues for disabled children and this White Paper has not adequately considered the role of the children's social care workforce. Training and understanding of SEND is limited currently within the children's social care workforce and this means that needs are not identified until too late for many children and families. The role of Designated Social Care Officer is not established in every local authority and where it is, it is not consistently funded or supported. This boundary spanning role and that of Designated Clinical Officer is paramount in helping the social care workforce to collaborate with health and education. In some LAs, the role of DSCO is providing training and support to social workers about SEND and within SEND to understand social care. This role needs much broader support and funding.

See the following publications for supporting evidence

McKean, C., Charlton, J., Knowland, V., Stringer, H., Thomas, U., Whelan, A., Millard, S., Levickis, P., Murray, L., & Richardson, E. (2025). *Supporting stammering, speech, and language needs in the early years: a rapid evidence review with case studies on working together* (1838707050). Department for Education. https://assets.publishing.service.gov.uk/media/68da49b249e17d00a56ffb34/Supporting_stammering__speech__and_language_needs_in_the_early_years_a_rapid_evidence_review.pdf

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Q5. How can we ensure that children in the Targeted Plus layer, are best supported?

Drawing on the particular expertise of members of our group and due to its central importance in children's development, high prevalence as an area of need, and broad relevance to children with SEND, the following relates to the promotion of robust speech and language skills.

This tier will require close partnership between SLTs and Early Years settings. Sufficient resource is necessary in SLT services but also in schools for the appropriate level of liaison and co-practice to happen. Class teachers are often the least able to liaise with and collaborate with external professionals such as SLTs and EPs (McKean et al 2017; see McKean et al 2025 for a review of collaborative models and illustrative case studies). Often SENCOs or LSAs have greater flexibility to enable this co-work.

Whilst some benefits can emerge from this model, it does not enable the two-way knowledge and skill exchange required to understand children's needs, create support plans which will are implementable within the school context and develop the negotiated flexible practice shown to enable relationships of trust (McKean et al 2017).

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Q6. How can we ensure that children in the Specialist layer are best supported?

The points above with respect to Targeted Plus support are relevant here.
See also responses on Q 9 regarding collaborative practice and systems

Q7. How do you think early years settings, schools, and college can best support the mental health and wellbeing of children and young people?

Belonging

We advocate whole school approaches which focus on Belonging in Education. (see https://www.education.ox.ac.uk/wp-content/uploads/sites/2/2026/05/Statement-on-the-importance-of-belonging-in-education-May-2026.pdf) The Belonging in Education Research Network has developed the following definition.

Belonging in education refers to the dynamic processes by which schools and other learning settings create the conditions to ensure everyone in their communities:

• feels physically and psychologically safe, supported and included, and protected from discrimination;
• feels known, valued, and that they matter and can develop and express their authentic selves in a way that celebrates difference;
• can make, maintain, and mend positive relationships and navigate rupture and repair;
• can develop their learning aspirations and be enabled to achieve them; and
• is empowered with meaningful opportunities to actively participate, shape, and contribute to an increasingly inclusive, equitable, and anti-discriminatory environment that values difference.

There is a clear need to tackle stigmatisation of, and prejudice against or children and young people who are neurodivergent have Special Educational Needs and/or are disabled in society and in schools. There is also a need to tackle the trauma experienced by many children with and without SEND.

Trauma informed, restorative and relational approaches are required to support the mental health and wellbeing of children and young people with and without SEND.

The perception that pupil behaviour is a growing challenge has been met with an increased focus on school behaviour policies with stricter rules and the enforcement of conformity in many schools. But this has not been accompanied by improved outcomes, especially for the most vulnerable and disadvantaged children.

After more than a decade of the promotion of resilience-building policies and initiatives in schools, mental health figures have not improved. There is preliminary evidence to suggest that schools with higher exclusion rates tend to outline more severe escalation pathways for minor infractions while restorative, trauma informed and vulnerable-learner-focused policies are more common in schools with lower exclusion, suspension, and absence rates. And there is evidence that worsening behaviour may in part be driven by experiences of trauma, growing levels of anxiety, high levels of unmet need, and challenges in accessing timely assessments and support, and that behaviour management policies which fail to address these underlying factors may exacerbate them.

Bullying prevention

Bullying interventions also have a place in the prevention of mental health difficulties and recent developments in adaptations of whole school approaches for implementation in Special School Settings hold promise. (Badger et al 2023).

Language and communication interventions

Many children and young people with early language difficulties have associated mental health difficulties. These can be present very early (Conway et al 2017), can emerge later in childhood (botting et al 2016) and can persist into adulthood (Schoon et al 2009). Slower growth in children's vocabulary is associated with adolescent mental health difficulties (Westrupp et al 2020). Identifying language difficulties which often go undetected and providing intervention for these underlying needs is an important preventative approach. Further research is required testing the effects of language interventions on children's mental health and the long-term effects of such support.

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Q8. 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.

There are a number of positive consequences which may emerge from the refreshed 'areas of development'. If coupled with appropriate training and curriculum design, they could help educators better understand and address barriers to learning and participation. Executive functioning difficulties are increasingly understood as transdiagnostic across neurodevelopmental conditions rather than specific to a single diagnosis, strengthening the case for policy approaches that prioritise EF support as a universal foundation for learning and participation (Astle et al., 2022). In this context, a pedagogy of play is valuable. Research consistently shows that play is fundamental to children's development and learning. Through play, children develop intellectual and creative capacities (Ginsburg & Amit, 2008; Bateson & Martin, 2013), build social understanding and relationships (Shonkoff & Phillips, 2000), learn emotional regulation (Elias & Berk, 2002), explore emotions safely through pretend play (Rao & Gibson, 2019), and support physical development through embodied activity (Wennerstrand, 1998). Increasing evidence also highlights play as a core mechanism through which children learn and engage socially (Mardell et al., 2023; Solis et al., 2019; Zosh et al., 2018). The explicit inclusion of EF is important, as skills such as inhibitory control, working memory, and cognitive flexibility are strongly linked to academic achievement and positive learning outcomes (Marulis, Baker, & Whitebread, 2019). This is particularly true for children with SEND. Nowack et al. (2026) highlight that a neurodiversity-informed pedagogy of play for autistic learners rejects

deficit-based approach and centres around three indicators: exploration (making learning concrete), enjoyment (encouraging happiness), and empowerment (following children's interests). Trusting relationships and structures underlined all three indicators. Creating safe spaces, developing trusting bonds, and adhering to structured routines made exploration, enjoyment, and empowerment possible in the first place Such a pedagogy directly addresses the domains in the identified consultation framework (Figure 5): e.g., attention, managing impulses, gross and fine motor skills, and sensory processing (Nowack et al., 2024; 2026). By enabling children to "lead their own learning" and "explore the unknown," in a joyful way, a pedagogy of play creates these conditions for children with SEND to practice and strengthen these areas in safe, responsive environments.

Whilst they bring promise for trans-diagnostic approach to identifying needs in children, recognising the high levels of co-occurrence of needs and individual profiles of strengths and needs, we know from the previous SEND systems that this promise is not readily realised. In practice, when 'matching' children to SSPs and developing ISPs, consideration of 'primary needs', whether overtly or implicitly, can limit the consideration of the breadth of a child's needs. Furthermore, whilst 'medical' diagnoses do not translate directly to implications for education and needs based approaches are essential, diagnoses do have a place. For example, they enable understanding of differing underlying cognitive and psycho-social mechanisms of needs which my look similar at a surface level but require differing teaching approaches. Furthermore, knowledge of their own diagnoses can support neurodivergent young people to understand themselves, exercise self-compassion, find supportive community, and advocate for their needs in education, in work and in wider society (NAS 2026). Bringing needs-based approaches into dialogue with diagnostic approaches is therefore necessary.

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Q9. What arrangements would best support effective joint working between early years providers, Best Start Family Hubs, health, local authorities, and parents for children with SEND in the early years?

Commissioning and service delivery models which enable joint working

Whilst sufficient overall system capacity is essential for joint working, how commissioning and service delivery models are configured can affect the quality of collaborative work and systems. Where systems or services are highly rigid, transactional and episodic the necessary norms required for successful co-practice cannot be developed or sustained. Rather flexible, negotiated and distributed support brings best outcomes and best

collaborative working. McKean et al (2017) identified seven norms of practice required. Negotiated, distributed and flexible action to support children: Agency and autonomy of individual practitioners; Empowering leadership; Strong individual relationship; Actively connecting across boundaries.

Co-design of local offers

Bringing all relevant stakeholders together to co-design systems which meet local needs is essential. A synthesis of local data, wisdom and experience of local families and practitioners and research evidence is required with a focus on acceptability, feasibility and equity by design. (McKean and Reilly 2023)

Creating and sustaining shared understanding and relationships

Time is needed to develop and sustain shared understanding of values and distribution of knowledge across practitioners and services. Creating regular and meaningful opportunities to connect and share is necessary. Inter-agency training and communities of practice centred around key themes are particularly successful. While training and short-term interventions are valuable, sustained working relationships require ongoing professional development and knowledge exchange. Providing opportunities for networking and co-constructing professional knowledge ensures continued collaboration and support (McKean et al 2017; McKean et al 2025)

Drawing on successful models and adapting to local needs and assets

McKean et al (2025) present a series of case studies and a summary of the evidence regarding collaborative working in this space. Key characteristics of successful working together are identified and also demonstrated how even in diverse service delivery contexts successful collaboration can be engendered (pages 114 – 125).

Currie, G. Gorin, S., Smith, P., Grindle, C., and Hastings, R. (2024) Inclusion of Children and Young People with Special Educational Needs and Disabilities in Schools – how can local areas support schools? A report commissioned by the RISE partnership on behalf of the Department for Education.

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Q10. How can the early years foundation stage (EYFS) two-year old progress check and the Healthy Child Programme development review be improved so that children's needs are identified and supported more quickly? Please share examples.

The ELIM-I is an example of an identification measure and linked intervention which was co-designed with health visiting teams, SLTs and parents and caregivers to create a feasible and accurate measure of children's early language development and a model of early intervention based on current best evidence, parent/caregiver preferences and methods to develop therapeutic alliance and equitable outcomes. The methods used in the development of the ELIM-I could be used for other areas of development (e.g. executive functioning). (McKean et al 2022; Law et al 2023)

Furthermore models of collaborative assessment and support should be developed.

Greater collaboration between EY settings and HV teams at this review could enable sharing of knowledge about the child, and provide additional support to families. However, this is not straightforward and many barriers to collaborative work exist. Research to explore methods for collaborative models of assessment and early language support across Health Visiting and Early Years settings and the accompanying benefits for families and children would be worthwhile. Early development work suggest such an approach holds promise (McKean et al 2023)

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Q11. What should the top three priority areas be for building and sharing evidence within the National Inclusion Standards?

1. The development and evaluation of methods to promote whole school approaches to Belonging
2. The development and evaluation of multi-agency early prevention pathways in the 0-4 years space examining localised offers and the effects of stacking support
3. The development and evaluation of innovative models of CPD, incorporating coaching, reflective practice, and mentorship to create sustainable inclusive practices and pedagogy

As identified previously such evaluation work require the examination of complex approaches within diverse and complex systems. To address these the appropriate research methodologies must be chosen. These include realist evaluations, novel trial methodologies, longitudinal cohort studies with nested intervention trials, retrospective and prospective analysis of statutory data, and economic evaluations, together with qualitative process evaluation, and participatory methods. (Craig et al 2010; Skivington et al 2021; PHE 2021; BiBBs 2016)

Q12. What are the most important issues for national training to cover, to help support children and young people with SEND?

Inclusion as core and integral concern

National training should move beyond viewing SEND as a discrete area of specialist knowledge and instead support teachers to understand inclusion as integral to curriculum planning, classroom interaction, assessment and participation. Research on inclusive pedagogy argues that inclusion is most effective when teachers extend what is ordinarily available in the classroom, rather than creating something separate or additional only for identified pupils (Florian & Linklater, 2010; Florian & Black-Hawkins, 2011). This requires teachers to develop professional judgement about learner variability, participation and belonging across the whole class, not simply to apply generic “adaptive teaching” strategies retrospectively.

Developing this professional judgement also requires a shared professional language for thinking about inclusion within subjects and phases. Inclusive pedagogy is not entirely generic: the barriers pupils encounter are shaped by the specific forms of thinking, language and knowledge demanded within different curriculum subjects. In history, for

example, pupils may experience difficulties linked to chronology, abstract disciplinary language, scale-switching between different historical periods, or interpreting sources and arguments. Supporting teachers to recognise and respond to these subject-specific barriers is therefore important if adaptive teaching is to move beyond procedural "tips and strategies" approaches towards more thoughtful forms of curriculum participation

National training should therefore support teachers to think carefully about the relationship between curriculum, pedagogy and inclusion. At present, adaptive teaching can sometimes become positioned as a set of strategies applied after curriculum content and assessment expectations have already been determined. The current CAR review exemplifies this-with no SEND specialist involved in drafting and unclear consultation mechanisms. More inclusive approaches instead involve designing learning environments, classroom routines and assessment practices from the outset in ways that anticipate learner diversity and reduce barriers to participation.

There is also a need for greater coherence across Initial Teacher Education (ITE), the Early Career Framework (ECF) and later professional development. Research suggests that beginning teachers often feel anxious and underprepared in relation to SEND, particularly where inclusion is presented as a specialist area removed from everyday classroom practice (Richards, 2010). At the same time, studies of teacher education for inclusion highlight the importance of sustained opportunities for reflection, practical theorising, mentor support and engagement with specialist expertise across mainstream and specialist settings (Mulholland, Thompson & Todd, 2022; Mintz, 2019).

Training should therefore not focus solely on individual teacher competence, but also on building the capacity of mentors, departments and school leaders to support inclusive practice within schools. This is especially important given evidence that inclusive practices are shaped not only by teacher knowledge, but also by wider school cultures, accountability pressures and curriculum structures.

Understanding inequities

While it will be important to train teachers in supporting individual needs, what is perhaps more universally applicable is training teachers to understand and recognise the impact of inequitable systemic issues within their schools. These issues may relate to concepts such as neuro-normativity and the way in which institutional expectations and attitudes drive student behaviour - ultimately exacerbating perceived SEND issues such as school anxiety (Fisher et al., 2026).

Whole school approaches to belonging and inclusion

Full inclusion requires equity in each pupil's chances for social-emotional, as well as academic, development. Evidence has consistently shown, however, that pupils with SEND are at a high risk of social exclusion in mainstream education (see Koster et al., 2009; Schwab, 2015), which can lead to negative academic and social outcomes and wellbeing

(see Schwab et al., 2019). Consideration must, therefore, be given to supporting the social participation (friendships, interactions, peer acceptance, self-perceptions) of pupils with SEND in mainstream schools and classrooms. Training, such as through school-based interventions, has been shown to be effective in facilitating this social dimension of inclusion (see Garrote et al., 2017).

Staff training in relational and trauma-informed practice bring benefits to staff-pupil relationships. (Belonging in Education Research Network 2026). However, for whole school approaches to belonging to be realised and sustained training, in the traditional sense of CPD events, is only the first step.

"belonging is not improved through isolated interventions but through consistent relational practice, inclusive policies, and supportive environments. Evidence suggests that schools can increase belonging by creating a school culture where everyone in the school community, including pupils, staff, and families feel known, valued, and heard. This involves prioritising strong staff–pupil relationships, fostering positive peer connections, and promoting inclusive classroom practices. .... Overall, the implications are that belonging should be treated as a core school improvement priority, embedded across leadership, teaching practice, and pastoral systems rather than addressed through stand-alone programmes" (Belonging in Education Research Network 2026 pg. 6)

Training on SEND across LAs and health

Outside of schools and educators, other agencies working with children with SEND and their families can lack training about SEND and this extends to leadership and council members. This needs to be improved in order to ensure that children in the targeted layer get the support they need. Lack of leadership understanding is evident in local areas who have an Improvement Notice (see above ref) and is a key enabler to SEND improvement. The Staff College SEND Leadership Training is a good example.

Collaboration across LAs, schools, special schools and Alternative Provision can provide mutual learning and support. Outreach work from Alternative Provision to schools provides improved expertise, an independent support for children and young people and is effective in improving integration of young people back into school following periods of absence.

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Q13. What practical actions can help teachers, educators and leaders manage workload whilst implementing these changes?

The workload and responsibility placed on individual schools as a result of these reforms is of considerable concern. If teachers, teaching assistants and school leaders are to implement reforms without unsustainable workload, change must be supported by practical tools rather than additional bureaucracy. Training should be focused, evidence-based and linked to specific classroom practices, with clear examples, observation tools, opportunities for reflection and peer support. Improvement is more likely when professional development is adaptive, targeted and embedded in practice, rather than generic or compliance driven. This is especially important in SEND, where staff need support to change practice in workable ways that strengthen provision without adding unnecessary burden.

While there are practical actions that may help to alleviate workload, it is also important to recognise the broader context in which the 'load' of supporting children with SEND is situated within the teaching profession as a whole. Some of these pressures relate directly to supporting students with SEND, but others stem from wider systemic issues, including inequities within the workplace; the often-negative national discourse surrounding teachers in the media; and limited opportunities for advice and guidance during the first five years of teaching (Procter-Legg et al., 2025). Put simply, many teachers are already working at or beyond capacity. Consequently, any additional responsibilities associated with inclusive practice are likely to require a corresponding reduction in administrative demands or other external pressures. Furthermore, although it is encouraging that inclusion now features within the Ofsted framework, linking inclusive practice to a punitive, outcomes-driven accountability system may ultimately undermine its effectiveness (Cremin & Bevington, 2017). In contrast, previous initiatives, such as the work of Whole School SEND, have provided practical resources and audit tools grounded in a coaching-oriented model of support. Building on these resources may be a useful starting point for practical support.

The workload associated with implementing these changes cannot be addressed only through expectations placed on teachers, educators and leaders. There are wider issues that the sector has been facing for a while and may have been exacerbated since the pandemic. At the same time, if we want to identify practical actions, it is important to recognize that the needs will differ across schools and contexts and therefore staff members themselves should be part of these conversations. In Bowyer-Crane et al (2026), educators identified several forms of support that they find helpful in order to be able to manage their general workloads. Participants highlighted the importance of having an environment where staff members can constantly communicate with each other, as well as regularly reevaluating their practices to identify what works and what doesn't work in their practices. In addition, some actions or support that they do not currently have but would help reduce workload pressures are: supervision for staff members similar to models used in professions such as clinical psychology, greater access to staff training and counselling services, hiring additional staff to have a more equitable distribution of workloads, and increases support and stronger connections with local authorities and external services, allowing schools to signpost families to appropriate services and therefore reduce their workload. These findings suggest that managing workload in schools also requires recognition of the broader support needed related to staff morale, wellbeing and training, as well as access to further services.

Workload cannot be addressed solely through asking teachers to "do inclusion better" within existing structures. Inclusive practice is shaped not only by teacher skill and commitment, but also by curriculum structures, assessment systems, accountability pressures and the extent to which schools are organised around participation and belonging as well as attainment.

If adaptive teaching is often positioned as something that occurs after curriculum content and assessment expectations have already been established. This can result in inclusion being experienced as an additional layer of individual adaptation rather than as a principle embedded within curriculum design from the outset.

Practical support for workload should therefore include protected time for collaborative curriculum planning, access to specialist expertise during curriculum design processes, and professional development that is embedded within departmental and subject contexts rather than delivered as generic compliance-focused training. Schools also need opportunities to draw more meaningfully on the expertise of Educational Psychologists, speech and language therapists and SEND specialists (parents) earlier in planning processes, rather than primarily once difficulties have escalated or formal identification has occurred.

Research on teacher education and induction further suggests that teacher confidence in working inclusively develops through sustained professional dialogue, mentoring and opportunities for reflection on practice, rather than through one-off training sessions alone (Mintz, 2019; Mulholland, Thompson & Todd, 2022). Mentoring and coaching models may therefore be particularly important for enabling beginning teachers to develop confidence in working with complexity and learner variability in inclusive classrooms.

There is also a need to ensure that accountability systems do not unintentionally discourage inclusive practice. Where schools feel excessive pressure to prioritise narrow attainment outcomes, teachers may experience tension between responsive pedagogies and performative demands. Policies seeking to strengthen inclusion therefore need to consider how curriculum, assessment and accountability frameworks interact with everyday classroom practice.

Bowyer-Crane, C., Zuniga Montanez, C., Fricke, S., Hutchinson, J. & Lisauskaite, E. (2026). *The impact of COVID-19 on educational, language & socioemotional outcomes in Reception and KS1*. ICICLES Project. https://www.iciclesproject.com/_files/ugd/d162e9_96af1fe14d0f4d0e9b270aed87a66fd1.pdf

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Q14. How should the Special Educational Needs Coordinator (SENCO) role evolve to better meet the needs of children and young people with SEND?

Q15. What would provide assurance for families that an Individual Support Plan (ISP) is high-quality and contains the essential information?
Q16: How can we ensure Individual Support Plans are clear, concise and practical for professionals to use?
Q17: 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?
Increasing funding to support transition services within LAs to provide a bridging service between transitions at key stages of children's education can actively improve transitions for children, young people and families. Allocating funding to set up small teams in LAs that focus on all transitions across the 0 to 25 age range should be considered. The focus of the team would be on reviewing and improving transition planning, processes and procedures, to help improve the timeliness and experiences of transitions for families, and improve communication as to what provisions are inclusive and available. The transition team should work alongside families and children and young people to provide practical support as and when it is needed. This is being implemented in some LAs but is not consistent. Currie, G. Gorin, S., Smith, P., Grindle, C., and Hastings, R. (2024) Inclusion of Children and Young People with Special Educational Needs and Disabilities in Schools – how can local areas support schools? A report commissioned by the RISE partnership on behalf of the Department for Education.
Q18. How can we make sure that every area can meet the full range of the needs of children and young people through Inclusion Bases?
Q19. How can we make sure that Inclusion Bases help children and young people succeed in mainstream settings?
To avoid becoming exclusion zones, Inclusion Bases need to be properly resourced with qualified specialist staff who have pedagogical expertise as well as appropriate training in SEND provision. The aims of a Base should be to support young people to be reintegrated into mainstream settings wherever possible through early intervention and to provide meaningful educational opportunities for all. Where school's 'host' an inclusion base whole school approach will be required to ensure inclusion in classrooms and school activities outside of the base is real and meaningful. Opportunities for co-teaching between specialist and mainstream educators, shared

learning, observation and coaching should be encouraged to enable knowledge and skills to be developed across the school. This provision has major cost implications for schools. The necessary funding is likely to exceed current funding models. A staged approach with pathfinder inclusion bases could enable a realistic costing and funding model to be developed.
Q20. 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?
Q21. What needs to be in place so that children and young people with low incidence, highly complex needs can always access the right specialist placement?
Q22. How can Specialist Provision Packages be designed to effectively support the main types of need we currently recognise?
The development of the SPPs require co-design centering the voices of families and children and young people and integrating the knowledge and perspectives of all relevant professionals (educators, SLTs EPs, OTs etc) and of commissioners and providers of specialist provision. These must be synthesised with relevant research evidence. As SSPs are designed to identify and describe the type and nature of educational provision offered whilst ISPs describe the day-to-day support for individual children it will be crucial to consider how schools which will provide the SSPs will be configured, drawing on the knowledge of successful special school leaders. Mapping of the availability and gaps in provision of the planned SSPs at school, local and national level is also required.
Q23. We propose that EHCPs will guarantee educational provision set out in a Specialist Provision Package, with day-to-day provision captured in Individual Support Plans. What is needed to make these proposals work effectively?
Q24. We propose creating a more direct route to Specialist Provision Packages and EHCP assessments for children under 5 with complex needs. How can we make sure this works in practice?

This is a very welcome and important change. It will require local areas and ICBs to design systems within which health and education systems can share knowledge about individual children. These children will be first identified through health care systems. Timely planning and liaison with education colleagues will be required prior to key milestones/points of potential transition (e.g. take up of 2-year offer; entry to nursery) to ensure EHCP development is not delayed. Tackling issues of data sharing locally across health and education is vital to facilitate this process. Creating the expectation/mandating the development and annual update of shared education and health and social care plan from the point of identification of needs should be explored.
Q25. What would you expect to be considered as part of the needs assessment, for example evidence and expert or professional input?
Q.26. What factors should LAs take into account in proposing to parents and young people a list of potential settings to name on a plan?
Q27. What information and support do parents need to make a decision about which setting will be best for their child?
Q28. What do you think is the right maximum length of time for a temporary placement in Alternative Provision (AP) schools? Please explain your rationale.
Q29. We have set out our plans to regulate Independent Special Schools (ISS) sector. Do you agree that these proposed changes will lead to suitable placements being available at a fair cost? Please explain why.
Q30. How should settings be held accountable for how they spend their Inclusive Mainstream funding?
Q31. Do you agree that more SEND funding should sit directly within mainstream budgets? Please explain why.

Q32. In relation to pooled funding, we propose that every school becomes part of a local SEND group. Do you agree that this proposal aligns with our aim for all schools to be part of high- quality, community-based trusts?
Q33. How should disagreements about membership, provision, or funding in groups of schools for SEND be resolved?
Q34. How can we ensure the most effective use of these local partnership groups?
Q35. Which stakeholders are important for the success of local partnership groups, and why?
Q36: How can we build stronger collaboration and a culture of improvement through local SEND strategic plans?
Q37. What information, advice and guidance can best support children, young people and their families to ensure greater fairness across the system?
Q38. Do you agree that a SEND specialist (e.g. a SENCO) should sit on the school complaint panel, when the complaint relates to SEND support and provision? Please explain why.
Q39. This consultation outlines a series of measures intended to reform the SEND system. Some of these measures have already been finalised, and this is clearly indicated within the document. With this in mind, is there anything further you would like to contribute to help inform the remaining proposals that are still under consideration?
Monitoring effectiveness and equity of reforms Little has been explicitly written into the proposed reforms to address how their effectiveness and equitable implementation will be monitored; we know, however, that there are issues with inequitable provision under the current system, and analyses of current policy suggest specific ways in which this could be improved upon (see e.g. Chobhtaigh et al., 2026). It will be important to consider what accountability measures are

put in place, not just for schools but at higher levels of the education system. For example, monitoring should include not just raw percent of pupils or subgroups of pupils identified as having SEND or receiving particular types of support, but also consideration of the relative representation of different groups (e.g. by ethnic group, socioeconomic disadvantage, or sex), to gauge the extent to which reforms mitigate or exacerbate over- or under-representation (see, for example, Strand & Lindorff, 2018; Strand & Lindorff, 2021).

Curriculum, assessment and accountability structures as barriers to inclusion

Although the white paper and consultation acknowledge the importance of curriculum breadth and adaptation, it does not fully grapple with the extent to which a narrow secondary curriculum and high-stakes GCSE assessment can limit opportunities for CYP with SEND to demonstrate their knowledge, skills and understanding. Recent qualitative research with mainstream secondary teachers in England describes a one-size-fits-all system in which exam pressure, accountability culture and curriculum expectations can work against genuine inclusion, while also squeezing out more practical or vocational routes that may be better suited to some learners with SEND (Lin et al., 2026).

A more inclusive system would therefore need greater flexibility in curriculum design, teaching and assessment, so that breadth, engagement and achievement are recognised alongside formal attainment.

That flexibility would also need to be reflected in accountability measures, so that schools are not penalised for adapting the curriculum in meaningful ways for learners with SEND or criticised for lowering standards when they are seeking to provide a more appropriate and accessible education. Accountability should reward schools for enabling pupils with SEND to participate, progress and achieve in ways that are valid for them, rather than encouraging narrow definitions of success.

Although the consultation recognises the importance of inclusive mainstream provision, less attention is given to how curriculum, assessment and accountability structures shape the possibilities for inclusion in practice. In secondary education particularly, high-stakes assessment and tightly prescribed curriculum pathways can limit opportunities for some children and young people with SEND to participate meaningfully and demonstrate their knowledge, strengths and understanding in different ways.

Inclusive education is not solely a question of placement or additional provision. It also concerns whether children and young people experience participation, belonging and recognition within the ordinary life of the classroom and school community. This also has important implications for teacher education and professional learning. Beginning teachers often enter schools where inclusive values may sit alongside accountability structures that privilege performance outcomes over relational and participatory dimensions of learning. Developing more inclusive systems therefore requires attention not only to formal training, but also to the cultures, mentoring practices and professional environments within which

teachers learn their craft (Black-Hawkins & Florian, 2012; Mulholland, Thompson & Todd, 2022).

Without opportunities for shared professional language and critical engagement with the purposes and dilemmas of inclusion, there is a risk that more procedural or additive approaches to adaptive teaching become dominant. Research on inclusive pedagogies suggests that performative educational cultures can encourage the search for technical "quick fixes" to complex pedagogical issues, rather than supporting deeper reflection on participation, curriculum and belonging (Stentiford & Koutsouris, 2020). Consideration should also be given to how inclusive pedagogies are conceptualised across teacher education and professional development frameworks.

In practice, this can contribute to a well-documented theory-practice tension for beginning teachers, who may encounter significant dissonance between the inclusive and dialogic approaches encountered during teacher education and the performative pressures of school environments (Smagorinsky et al., 2004; Bainbridge, 2011).

More inclusive approaches require sustained opportunities for teachers, mentors and specialist professionals to engage in collaborative enquiry around how different learners encounter particular forms of knowledge, language and participation within specific subjects. Such work is unlikely to develop through procedural guidance alone, but instead depends upon professional cultures that support reflection, dialogue and practical theorising about inclusion in context (Black-Hawkins & Florian, 2012; Mulholland, Thompson & Todd, 2022).

More broadly, reform will require stronger collaboration between schools and specialist professionals, including Educational Psychologists, speech and language therapists and SEND specialists, at earlier stages of curriculum and provision design. At present, specialist expertise is too often accessed only after difficulties have escalated or formal identification processes have begun. A more preventative and inclusive system would integrate such expertise more routinely into mainstream educational planning.

Finally, consideration should also be given to the coherence of policy frameworks across teacher education and professional development. The relative separation of adaptive teaching within existing professional frameworks risks positioning inclusion as an "additional" area of practice rather than a principle that underpins curriculum, pedagogy, assessment and participation across all aspects of teaching.

Children with SEND in contact with children's social care

There is currently a gap in policy for children with SEND in contact with children's social care. The Independent Review of Children's Social Care (MacAlister, 2022) did not adequately cover issues for disabled children and this White Paper has not adequately considered the role of the children's social care workforce. Training and understanding of SEND is limited currently within the children's social care workforce and this means that

needs are not identified until too late for many children and families. The role of Designated Social Care Officer is not established in every local authority and where it is, it is not consistently funded or supported. This boundary spanning role and that of Designated Clinical Officer is paramount in helping the social care workforce to collaborate with health and education. In some LAs, the role of DSCO is providing training and support to social workers about SEND and within SEND to understand social care. This role needs much broader support and funding.

Children educated at home

The provision for children who are not able to attend school for physical or mental health reasons is not adequately considered.

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