



Institute for Public
Policy Research

BREAKING THE CYCLE

A BLUEPRINT FOR SEND REFORM

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SUMMARY

There is consensus that the education system is not working well enough for children with special educational needs and disabilities (SEND), their families, or the professionals delivering support. This isn't the fault of any of the actors within the system; families are legitimately seeking out support for their children while education providers, councils and health leaders are struggling to balance competing priorities and stretched resources.

There is a shared view that change is necessary and urgent, but less agreement on what change should look like or how it should be implemented. This report draws on expertise from families, education professionals and the third sector to identify the key concerns, challenges and causes. It then sets out the path to root-and-branch reform, starting with a vision for inclusive education and arriving at a system that can deliver better support sooner while providing assurance for families and young people along the way.

THE SYSTEM DOESN'T WORK

- The system doesn't work for children and young people. Outcomes for children with special educational needs and disabilities across a range of measures are not good enough. They achieve half as well as their peers and are much more likely to struggle with wellbeing. They have lower attendance and are much more likely to find themselves not in education, employment or training.
- The system doesn't work for families. Accessing support often involves lengthy and arduous processes, causing significant stress for families as children risk missing out on the help they need. This takes time and an understanding of how to navigate processes that are counterintuitive, bureaucratic and involve having to talk about their child's learning needs on their worst day and in terms of what they cannot do. Families report that the additional time required for advocacy can also cause stress.
- The system doesn't work for professionals. Educators report structural and systemic barriers to providing the kind of early holistic support that children need. They routinely experience the difficulties that arise from the fundamental tension between the individualised, arms-length nature of education, health and care plans (EHCPs) and the realities of delivering support for children, and often feel that they are failing despite their best efforts.

WHY THE SYSTEM DOESN'T WORK

- The percentage of children accessing the highest level of special educational needs support through education, health and care plans has, from 2017 to 2025, nearly doubled from 2.8 per cent to 5.3 per cent of all pupils. This marked increase is even more striking when considered alongside the percentage of children accessing wider special educational needs support. This is below its peak (in 2010 of 20.9 per cent), and those with mild and moderate needs accessing support organised by their school has risen only modestly from 11.6 per cent in 2017 to 14.2 per cent in 2025, despite growing needs caused by the impact of the pandemic.
- The causes of this stark increase in children accessing the highest level of special educational needs support are complex. The profile of needs has changed at the same time that support services have been reduced. Critically,

changes in education policy set a new direction in 2011 (outlined in a green paper which was put into law in 2014) to remove the bias towards inclusion while proposing to strengthen parental choice and move away from early intervention. More money has, necessarily, been channelled to high needs budgets as families that have been less able to access early support in mainstream settings have understandably sought support through assessment and diagnosis.

- The move to an individualised entitlements-based system has also led to a flawed and expensive commissioning model. Each local authority is now responsible for thousands of child level planning documents but is unable to make population level assessments of need. Being able to plan accordingly for a more efficient and coherent use of resources and funding is therefore challenging.
- There is no simple or single cause of these challenges. Instead, a combination of factors has created a vicious cycle where needs have increased, support has been delayed and resources are allocated inefficiently – all resulting in less provision in being available to identify and support needs early, perpetuating the cycle.

THE ROUTE TO REFORM

The systemic nature of this failure means that iterative, incremental reform of the existing system is not an option. The unavoidable work of implementing change lies ahead.

This set of recommendations is designed to provide a strong foundation for government to take the next step in charting a more positive course for children.

Recommendation 1: Design an education system for an inclusive society

Genuine inclusion starts with the premise that all children can live rich, fulfilling lives and that, by embracing differences in need, we can build an inclusive and equitable society. Delivering on this ambition will require policymakers to see inclusion as a design principle of education reform, rather than a separate ‘SEND system’.

Recommendation 2: Introduce a new model that delivers better support sooner

The vast majority of children should be able to attend a local school where they routinely receive timely, high-quality support through a combination of better universal provision and targeted support, including a new statutory category – Additional Learning Support – delivered in mainstream settings. New specialist plans should be coordinated by local authorities for and targeted towards those with the most complex needs.

Recommendation 3: Build capacity by rebalancing funding and investing in the workforce

Funding and resources should be rebalanced, so that there is a move away from ‘too little, too late’ to ‘earlier and faster’, allowing mainstream settings to deliver additional support where and when children need it. Government should invest in the workforce to ensure that the right balance of professionals with the right skills is in place to support children wherever they are educated.

Recommendation 4: Incentivise inclusion by making it a core part of school improvement and accountability

Reforms to inspection practice and performance tables should give greater weight to how well schools work individually and in partnership to support pupils with additional needs. Admissions practices should be improved and monitored so that fair access to education is the norm.

Recommendation 5: Retain existing EHCPs as the system gears up to deliver better support sooner

The government should ensure that it engages with families as key strategic partners to ensure that any reform reflects the needs of children. The new system should include specialist plans for complex needs, but children who have existing, old-style education, health and care plans managed through local authorities should keep them until there is significantly better support for families through substantial reform. Future changes to these plans should be preceded by consultation.

1. INTRODUCTION

There is consensus that the education system is failing children with special educational needs and disabilities (SEND), and their families. The impact of this failure is profound, affecting not only academic trajectories but also wellbeing and life chances. This isn't the fault of any of the actors within the system; families are seeking what is best for their children, while education settings, councils and health leaders are struggling to balance competing priorities and stretched resources. Instead, it is a systemic failure that will only be remedied through root-and-branch reform and determination from policymakers and government.

It is encouraging that the government has signalled the desire to make more provision in mainstream settings. In the long run, if implemented well, this is likely to deliver better outcomes and experiences for children and families at the same time as making better, more efficient use of funding and resources.

While there is broad agreement that system improvement is urgently needed, there is critical work to be done on understanding how this change can be achieved and how the interests of families and children can be protected while reform is implemented.

In this paper we consider the experiences of families, education providers and other system actors, the current challenges, and the systemic causes and drivers of system failure in order to set out a framework of recommendations that is designed to shape the government's approach to reform.

2. SCOPE AND METHODS

The recommendations in this report have been tested with an IPPR inclusion taskforce. This group of experts was convened by IPPR for the purpose of this work. Its members represent a broad set of views and together cover the full range of expertise. Crucially, families, sector experts and senior politicians of all stripes are represented in this group.

The taskforce heard evidence from a much broader group of stakeholders through an evidence panel process. These panels were themed, with experts organised into groups from mainstream settings, specialist education, a broad range of families and multi-agency specialists. Full details can be seen in the annex of this report.

The taskforce was also presented with thematic analysis of evidence from these panels alongside quantitative analysis and synthesis of existing research.

The taskforce's expertise and thoughtful review of this evidence base was essential in convening the wider sector and guiding the authors' development of the final pathway for reform. While the taskforce is not the author of the final recommendations, the final principles in this IPPR report are underpinned by their challenge and expertise.

3.

THE SYSTEM DOESN'T WORK

THE SYSTEM DOESN'T WORK FOR CHILDREN AND YOUNG PEOPLE

The education system isn't working for many children with special educational needs and disabilities (SEND). Outcomes across a whole range of measures – academics, attendance, post-16 destinations – are poor and have been repeatedly identified and discussed (NAO 2019; NAO 2024; Sibieta and Snape 2024; DfE 2022; Isos Partnership 2024; Harris et al 2025).

Attainment gaps are persistently poor. Children with special educational needs identified by their school achieve half as well as their peers at GCSE (22 per cent achieve a good pass in Maths and English compared to 46 per cent of all children (DfE 2025a)). These children usually have mild or moderate learning needs, and, with the right support, should achieve in line with their peers. These attainment gaps limit further education and employment opportunities, where children with identified needs are more likely to find themselves not in education, employment or training (NEET) than their peers (NAO 2024).

Beyond attainment, children with identified needs are also more likely to struggle with school engagement. Their attendance is lower and their wellbeing is worse than other children. Research from #BeeWell found that children with identified needs were more likely to report being lonely than their peers and less likely to feel like they belong at school (#BeeWell 2025). A lack of belonging is a driver of absence (EEF 2024) and may explain higher than average absence rates in this group of children (DfE 2025b).

Exclusion and suspension rates are disproportionately high for this group of children. Analysis of Department for Education (DfE) data shows that children with special educational needs and disabilities are nearly four times more likely to be suspended than their peers and over five times more likely to be permanently excluded.¹ Some of this is unsurprising – children who have a variety of difficulties with learning are identified as having special educational needs and children who have negative experiences or poor outcomes are disproportionately represented among this group.

THE SYSTEM DOESN'T WORK FOR FAMILIES

Families report that it is sometimes challenging to access the support their children need. Mainstream support is often insufficient, driving families to seek support through access to education, health and care plans, but this can be a lengthy, bureaucratic and stressful experience often requiring assessment, diagnosis and extensive paperwork. A deficit approach is used for assessment, with parents often being asked to describe their child on their worst day and having to list all the things their child struggles with and can't do.

¹ Children on special educational needs (SEN) support had a suspension rate (per 100 pupils across state-funded primary, secondary and special schools) of 29.43 in 2023/24, compared to 7.55 for pupils with no identified SEN. The exclusion rate for children with no identified special educational needs was 0.08 in 2023/24. This compares to 0.41 for children receiving SEN support and 0.26 for children with EHC plans (DfE 2025c).

Navigation of this system requires time and the ability to understand the various interacting and sometimes counterintuitive processes. Some families have more resources to navigate this system than others – research by the Sutton Trust has found that 70 per cent of the most affluent households spent money on applications for education, health and care plans, compared to 30 per cent of the poorest households (The Sutton Trust 2025).

Parents report significant delays. Less than half (46.4 per cent) of education, health and care plans were issued within the statutory time limit of 20 weeks (DfE 2025d). For 6,500 children, the wait was longer than a year (ibid). The number of tribunals increased by 55 per cent in a single year (Moj 2024). The demands on parents doesn't end with assessment, diagnoses and access to a plan. In addition, families report that the extra time required for advocacy can also cause stress and that balancing this against other commitments can cause further difficulties.

While the bureaucratic nature of the system is a source of stress and friction for families, the culture of education settings was also cited as a barrier to parents trusting their local mainstream school. In our focus groups, families described feeling excluded and as if their child was a burden to the school. For many families, the culture trumped the system factors. Parents described how education, health and care plans are seen as the only way to access support for their children, with other routes – such as special educational needs support and reasonable adjustments – not being effectively resourced, incentivised or delivered.

This is the opposite of what parents want. In our focus groups, we heard that families want early, holistic support that is based on a sound understanding of child development so that education is (in the words of one focus group participant) “appropriate to the development of every child”.

THE SYSTEM DOESN'T WORK FOR PROFESSIONALS

Educators across early years, schools and colleges also report that they find the system challenging, with almost nine out of 10 (88 per cent) of teachers saying they need more help to support children with special educational needs (Teacher Tapp 2024). Many of these professionals also report structural and systemic barriers to providing the kind of early, holistic support that children need and families want. They are frustrated by the difficulties that arise from the fundamental tension between the individualised, arms-length nature of education, health and care plans (EHCP) and the realities of delivering support for children.

This frustration is felt by professionals inside and outside education settings. Teachers and school leaders, for example, describe a variation in how deliverable the support described in an EHCP is, having been written by a professional who has no experience of the type of setting involved and who has sometimes never even met the child. Professionals in local authorities are similarly frustrated, being tasked with and accountable for provision but without the levers to deliver support.

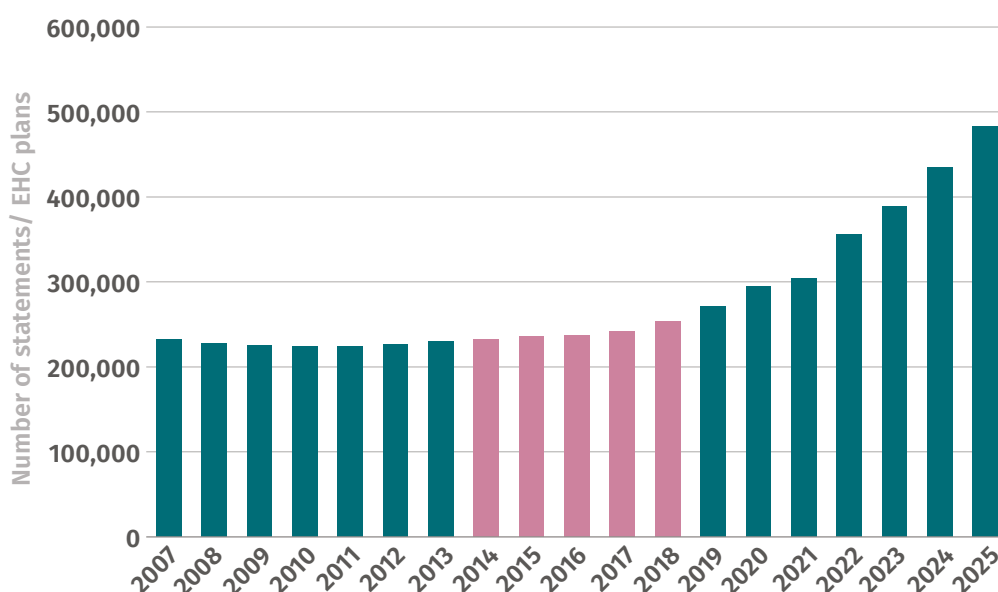
These challenges and tensions are compounded by the difficulties in accessing specialist support and resource. There is, for example, a vacancy rate of 25 per cent for children's speech and language services in England (RCSLT 2023a), waiting lists for mental health services regularly exceed two years (Children's Commissioner 2024) and health visitor numbers are at a record low, meaning needs cannot be identified and supported early (Institute of Health Visiting 2022).

4. WHY THE SYSTEM DOESN'T WORK

INCREASING VOLUME

One in five children (19.5 per cent) is identified as having special educational needs (DfE 2025e). Most of these children (14.2 per cent) have mild or moderate needs that are identified and supported by their education setting. The rest are supported through education, health and care plans (EHCP), which are organised by local authorities and underpinned by statutory entitlements, such as choosing a school place (including in special or independent special schools), a duty on local authorities to provide the support set out in their plan, and the right to appeal.

FIGURE 4.1: PERCENTAGE OF CHILDREN WITH STATEMENTS OR EDUCATION, HEALTH AND CARE PLANS



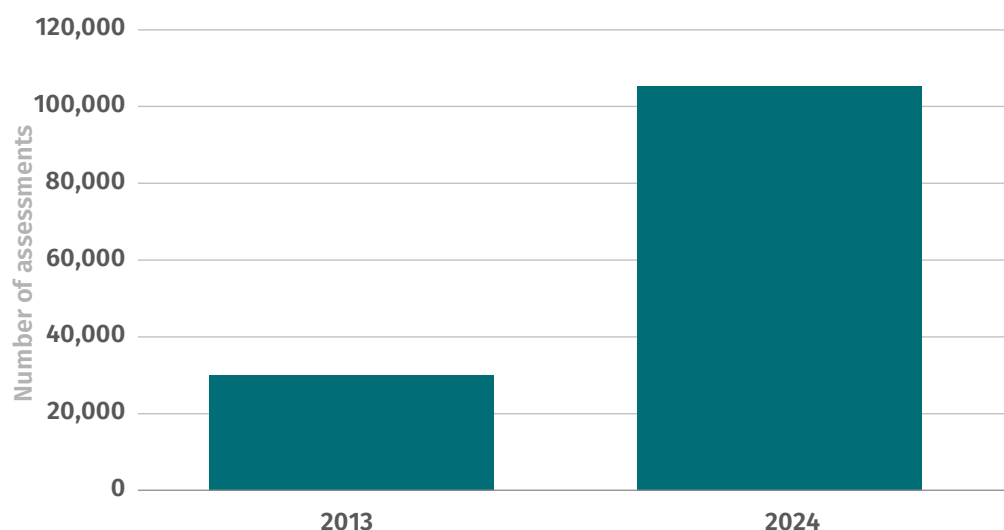
Source: Author's analysis of DfE data.

Note: Pink bars show when the system was in transition and both EHC plans and statements were in use.

The proportion of pupils accessing the highest level of support through an education, health and care plan has nearly doubled since 2017 (when the system had bedded in following the law change in 2014), increasing from 2.8 per cent to 5.3 per cent in 2025 (author's analysis of DfE data). This marked increase is even more striking when considered alongside the percentage of children accessing special educational needs support overall, which is below its peak of 20.9 per cent (DfE 2010). School-organised support for those with mild and moderate needs has risen only modestly from 11.6 per cent in 2017 to 14.2 per cent in 2025, despite growing needs caused by the impact of the pandemic.

There are substantial consequences to shifting support from education settings to local authorities. For example, there has been a surge in the number of children subject to formal assessment. Between 2013 and 2024, there was a 250 per cent increase in the number of assessments conducted by local authorities. Last year, 105,340 children underwent a needs assessment, involving a statutory process, an educational psychologist, additional paperwork and, too often, long delays.

FIGURE 4.2: INCREASE IN FORMAL ASSESSMENTS FOR SPECIAL EDUCATIONAL NEEDS



Source: Author's analysis of DfE 2014 and DfE 2025e.

Local authorities are struggling to process this dramatic increase in assessments. This has led to long wait times – 6,500 children waited over a year for a EHCP in 2024 – and professionals who are overwhelmed with paperwork rather than directly supporting children (DfE 2025d; House of Commons Education Committee 2025). In one local authority, 60 per cent of plans took over a year to be issued and there are 15 local authorities where one in five children wait over a year (see Annex A for a detailed breakdown). More assessments and more plans also mean more complaints, with families increasingly going to court to secure support. In 2023/24, there were 21,000 registered appeals, an increase of 55 per cent from the previous year (MoJ 2024). Almost all (99 per cent) were found in favour of parents (ibid).

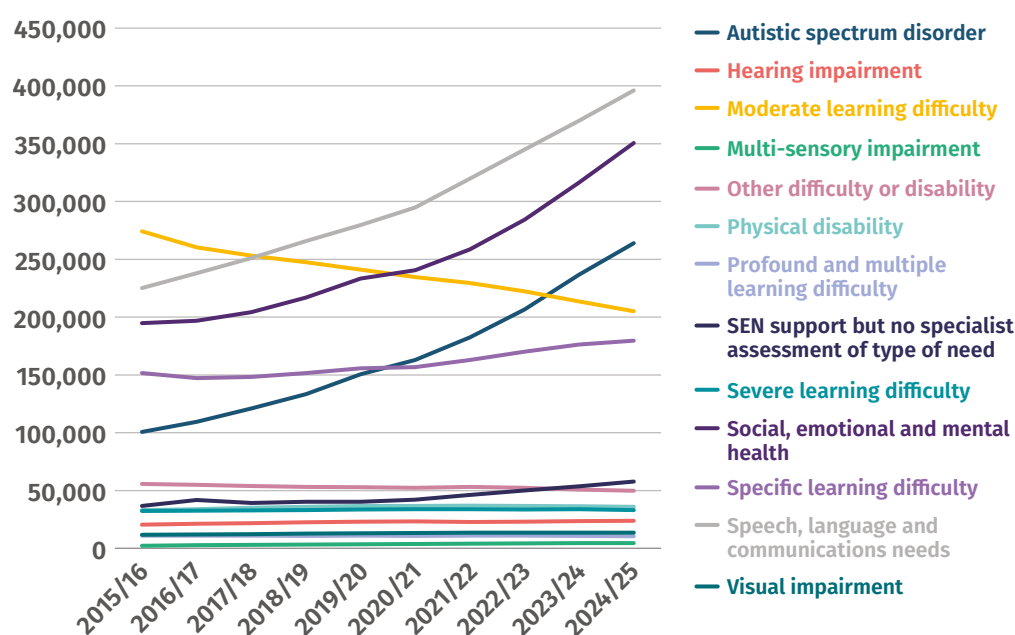
INCREASING NEED AND SYSTEM FAILURES

The causes of this increase are complex. There is a variety of reasons why needs have changed and increased over time, services have been unable to step in early to prevent escalation and the system has failed to deliver inclusion. This section sets out some of the biggest drivers of the increase in education, health and care plans.

Changing profile of needs

The profile and nature of special educational needs and disabilities have changed over time. There has been a decline in the identification of moderate learning difficulties (see the yellow line in figure 4.3), but a substantial increase in identification of autistic spectrum disorder (darker blue line), speech, language and communication needs (grey line) and social, emotional and mental health needs (purple line).

FIGURE 4.3: TYPE OF SPECIAL EDUCATIONAL NEED



Source: Author's analysis of DfE 2025f.

The reasons for increasing identification of certain needs are debated but are likely to include a combination of factors such as different methods of identification and understanding, changing diagnostic criteria, biological causes, increasing poverty and other societal factors.

Poverty, screen time and the pandemic are three key contextual drivers of increasing need. One in three children now lives in poverty and one million live in destitution – meaning they are unable to stay warm, dry and fed (Child Poverty Action Group 2025; JRF 2023). This level of material deprivation is associated with increased needs and educational challenges (Anders et al 2011; EIF 2017; Shaw et al 2016; Kaiser et al 2017; Knifton and Inglis 2020; Villadsen et al 2023; Zhang 2003). Excessive screen time has also been linked to poor mental health and speech and language delays (Bye et al 2024; Carter et al 2024; RCSLT 2023b). The pandemic increased the prevalence of mental health challenges and disproportionately impacted disadvantaged children and those with special educational needs (NHS 2021; Office for Health Improvements & Disparities 2022).

Reduction in early intervention

At the same time that needs have increased, support services have been reduced. Between 2010-11 and 2021-22, spending on early intervention fell by 46 per cent (Franklin et al 2023). Despite evidence now showing that Sure Start centres – focussed on supporting families with young children – reduced special educational needs, 1,340 Sure Start centres closed and spending was reduced by 73 per cent between 2010 and 2022 (Carneiro et al 2024). Public health services have also been cut by 26 per cent in real terms since 2015/16 (The Health Foundation 2025).

Changes in education policy were outlined by a government green paper in 2011, setting a new direction to “remove the bias towards inclusion while proposing to strengthen parental choice” (DfE 2011) and move away from early intervention. Since then, we have seen an increase in the proportion of children educated in a

special school, with an increase of 50 per cent between 2015/16 and 2024/25 (Isos Partnership 2024). While school funding was largely protected during austerity, around half of the increase in funding went into local authority ‘high needs budgets’ rather than mainstream schools (Sibieta and Snape 2024), effectively removing the resources needed for early support through the mainstream.

System incentives

School performance metrics and the nature of inspection have become increasingly narrow in how they define and measure success, focussing on attainment without context. School and trust leaders report that delivering on inclusion within this environment is challenging and that they are often working against system incentives rather than those incentives driving inclusive practice. This has resulted in more families seeking the protections that EHCPs offer and uneven distributions of disadvantaged children and children with identified special educational needs across schools (EPI 2025; The Sutton Trust 2024).

Legal changes

Prior to the reforms outlined in the 2011 green paper and put into law in 2014, the proportion of pupils accessing support for the most complex needs supported by their local authority was stable at 2.8 per cent. New legislation introduced education, health and care plans (replacing statements) for children with the most complex needs and also extended the age range. The threshold for accessing these plans was also lowered, making more children eligible for the highest level of support. A middle layer of support – School Action Plus – was removed. This layer of support was organised by schools, but involved working with outside agencies, such as speech and language therapists. In 2013, a year before the legal changes, nearly half a million children (473,035 children) were receiving School Action Plus (DfE 2014). The 2014 legislation also increased parental choice, giving parents the right to select a special school, including independent special schools, if their child had an education, health and care plan.

Economies of scale

The individualistic nature of the EHCP process creates thousands of different planning documents for each local authority, which is then responsible for arranging provision on a plan-by-plan basis. This process is slow and inefficient. Rather than being able to proactively and strategically commission support, based on population needs assessments, local authorities are required, by law, to be reactive. This reduces economies of scale and the benefits of forward-planning, and limits options for the type of support available. It is much more expensive, for example, to purchase sessions of speech and language therapy on a case-by-case basis than it is to hire a therapist who can work across education settings.

This limits the ability of education settings and local services to proactively deliver the support that local children need and means that resources are deployed much less coherently. Frustratingly, this cycle is self-perpetuating – more individual plans lead to less efficient support and less resource available in mainstream settings for early intervention, ultimately leading to even more requests for plans.

5.

THE ROUTE TO REFORM

It is evident from our analysis that systemic factors have resulted in the education system not working well enough for children with special educational needs and disabilities, their families or the professionals delivering support. The impact of this is profound for children; it impacts attainment, wellbeing and life chances. It is also a source of stress for families who are navigating bureaucracy and professionals trying to deliver the undeliverable in a system that is stacked against them.

This is not only the case now; things are getting worse and will continue to do so because we are in an inevitable compounding downward spiral. There is no simple or single cause of these challenges. Instead, a combination of systemic factors has created a vicious cycle where needs have increased, support has been delayed and resources are allocated inefficiently – all resulting in less provision in being available to identify and support needs early, thus perpetuating the cycle. Addressing this cycle through iterative, incremental reform of the existing system is not an option. Instead, root-and-branch reform is necessary.

The five principles set out below provide a bold vision for reform. They describe an education system that works for all children and imagines a future where inclusion is at the heart of what nurseries, schools and colleges do. They have been developed in partnership with experts, families and the education sector, and draw on the deep expertise of an inclusion taskforce. The hard, unavoidable work of implementing change lies ahead. This set of principles is designed to provide a strong foundation for government to take the next step in charting a more positive course for children.

1. AN EDUCATION SYSTEM FOR AN INCLUSIVE SOCIETY

Education has the power to change lives, and to define the type of society we live in. It can shape the hearts and minds of individuals and strengthen our collective social fabric.

These recommendations set out the framework for an inclusive education at the heart of a more inclusive and equitable society, and the journey from here to there.

- **What the future looks like:** We should, collectively, communicate a social mission that starts from the premise that all children can live rich and fulfilling lives together and that by embracing differences in background, need and talent, we can build an inclusive and more equitable society.
- **A new vision for education:** This starts from the premise that all children can achieve and thrive in their local school with their friends and support from their family. In this vision, there is a culture that allows everyone to feel like they belong. This vision moves beyond the medicalised deficit models of the past and embraces diversity.
- **Inclusion by design:** We must be intentional and focussed on creating the right environment, removing barriers and routinely and expertly embracing additional learning needs. This will not happen by accident and within the system as it is; instead, it needs a systematic alignment of policy and practice and the deliberate creation of capacity and inclusive culture.

2. A NEW MODEL THAT DELIVERS BETTER SUPPORT SOONER

Childhood is short and precious. We must not keep children waiting for the right support or subject families to the adversarial interactions that are characteristic of the current system. Instead, we should create a system where most children will be able to attend a local school, where they routinely receive timely, high-quality, evidence-based support that responds to their changing needs and ongoing development.

Therefore, we recommend the following.

- **Transformational universal provision:** Inclusive provision starts with high-quality teaching, adaptive classroom practice and better whole school approaches to inclusion. It requires excellent early years and family support that focusses on supporting child development. Making the education environment more inclusive will mean that more children get the support and adjustments that they need to thrive as part of their day-to-day experience.
- **A new layer of additional learning support delivered in school:** The government should introduce a new category of support that is managed in mainstream settings and determined by a child's needs, rather than relying on a diagnosis or lengthy assessment. Additional Learning Support should be evidence based, responsive and flexible so that it supports children as their needs change. It should be recorded in a digital format that is easily accessible to parents and be underpinned by legislation, accountability and a route to redress.
- **Specialist plans for the most complex needs:** Some children with more complex needs or those who need coordination between multiple agencies will always need specialist plans coordinated by local authorities. In some cases, these children will need specialist settings to help them achieve and thrive. These settings should form an element of the overall continuum of school provision and be integrated into groups of schools rather than operating as a separate sector. This will allow for more fluid support for children, which responds to their changing needs and ongoing development.

3. BUILDING CAPACITY AND EXPERTISE

We need to make better use of funding, so that we routinely meet children's needs earlier. This means altering the way that resources and funding are allocated, so that parents no longer feel that a diagnostic pathway or statutory assessment are necessary for their child to receive support. It also means acknowledging that more complexity necessitates more expertise.

Therefore, we recommend the following.

- **Rebalancing funding:** The government should rebalance funding and resources, so that there is a move away from 'too little, too late' to 'earlier and faster', empowering groups of schools and other providers to deliver high-quality support in mainstream settings.
- **Strong foundations:** The government should make sure that its reforms to early years provision lay strong foundations for children, with a particular focus on speech and language as key enablers of children's learning development, underpinned by enhanced knowledge and training.
- **Workforce development:** The government should target more investment into professional development for the workforce supporting children with additional learning needs, bringing the same level of rigour and evidence we expect in other areas of education and health.
- **The right mix of professionals:** The government should consider the shape of the workforce, including the proportions of teachers, teaching assistants,

school leaders with responsibility for inclusion and other professionals, ensuring that we have a workforce that is optimised for inclusion within the resources available.

- **Evidence-based practice:** The government should build the evidence base for effective intervention for special educational needs and disability support. This should start from the strong foundation of what the evidence already tells us about how children learn and what makes good teaching. The evidence base should be foundational to professional development across the early years, schools and colleges, and improve the effectiveness of interventions.

4. INCENTIVISING INCLUSION

There are many educators and settings that deliver inclusion against the odds, but there are too many examples of where they are working against system incentives instead of being recognised for inclusive practice. The incentives and rewards in the system need to support educators in delivering high-quality inclusive practice first.

Therefore, we recommend the following.

- **Inclusion must be a core part of school improvement and accountability.** Reforms to inspection practice and performance tables should give greater weight to how well schools work individually and in partnership routinely to include and support pupils with additional needs. Inclusion should be measured as rigorously as other aspects of schooling and use wider measures of success that give a fair reflection of what a school does.
- **Education settings should reflect their local communities.** All nurseries, schools and colleges should welcome children from their local community, regardless of need or background. Admissions practices should be improved and monitored so that fair access to education is the norm.

5. THE ROUTE TO REFORM

Reform that routinely delivers better outcomes for children because of systematically inclusive practice will not happen immediately or by accident; it will engage parents and families, and treat them as partners. Parents of children with additional needs, particularly those with existing education, health and care plans, will need assurance and protection through system reform.

We therefore recommend the following.

- **Parents as change partners:** The government should ensure that it engages with families as key strategic partners to ensure that reform is informed by lived experience and reflects the needs of children and families. Their active involvement in shaping policy and practice is essential to achieving the vision.
- **Retaining existing EHCPs:** Assurance should be given to schools and parents that provision identified in EHCPs will be protected through system reforms. The new system should include specialist plans for complex needs, but children who have existing education, health and care plans managed through local authorities should keep them as the system gears up to deliver better support sooner.
- **Future consultation:** Any future reforms to existing education, health and care plans should only be implemented following the existence of significantly better support for children and families, and any changes should be preceded by consultation. As a first step, the government should clearly set out how it will decide whether the condition of significantly better support for children and families has been met.

CONCLUSION

The current approach to supporting children with special educational needs is not fit for purpose. Children and families are being driven to seek support through education, health and care plans because their needs are not being met elsewhere. This in turn takes the focus and funding from early intervention in mainstream schools, creating a self-perpetuating cycle.

There is consensus that reform is not only necessary but urgent and any approach to reform should place outcomes and experiences for children at its centre. There is a critical opportunity for the government to act, instigating root-and-branch reform with the intention of providing better support sooner for all children and young people. This has the potential to deliver an education system that is genuinely inclusive and which in turn has the potential to deliver a more equitable and inclusive society.

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ANNEX

LOCAL AUTHORITIES WHERE MORE THAN ONE IN FIVE (20 PER CENT) OF EDUCATION, HEALTH AND CARE PLANS TAKE OVER 52 WEEKS TO BE ISSUED

Local authority	Percentage of plans that take 52+ weeks
Leeds	57.2%
Kirklees	46.2%
Leicestershire	44.6%
Plymouth	32.3%
West Sussex	31.7%
Stockport	30.3%
Slough	30.1%
Portsmouth	29.5%
Medway	27.8%
Cornwall	25.1%
Devon	23.6%
Suffolk	22.3%
Wirral	21.4%
Essex	21.4%
Southend-on-Sea	21.4%

Source: DfE 2025g

EXPERT ADVISORY PANELS

	Expert panel (focus group)	Participants (n)
1	Mainstream education, including early years, schools and post-16	17
2	Specialist education, including special schools and alternative provision	12
3	National Network of Parent Carer Forums regional representatives	13
4	Parent and carers and advocacy groups	9
5	Multi-agency specialists, including local authorities, health and third-sector organisations	15
6	Academic researchers and experts	13

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