

Support for children and young people with SEND

Written response from the Children and Young People's Mental Health Coalition

Summary

The Children and Young People's Mental Health Coalition is a collaborative network of over 300 organisations and individuals dedicated to advocating for and influencing policy in relation to the mental health needs of babies, children, and young people. As such, this response will be shaped in relation to the mental health system which plays a crucial role in the lives of children and young people with special educational needs and disabilities (SEND) and has been informed by evidence from Coalition members. It is essential that any changes to the SEND system encompass reform of the mental health system and consider the way in which the two systems work together.

Key messages:

- Social and emotional needs are a common need in children with special educational needs and disabilities.
- The SEND and AP improvement plan recognises the importance of mental health support for children with SEND however focuses predominantly on existing support which is currently not sufficient to manage the rising level of need.
- Children with SEND face a range of barriers within and outside of school. Within school this includes disengagement with school, unmet needs and behavioural and attendance challenges.
- Outside school these barriers manifest in the inaccessibility of support from the mental health system and poor access to appropriate support.

Recommendations:

- The Government should commit at least an additional £1.7bn per year for Integrated Care Systems to deliver a comprehensive mental health pathway for all babies, children and young people aged 0-25.
- The Department for Education should enhance the offer of support provided by Mental Health Support Teams to children and young people with special educational needs, including providing training on neurodiversity, in order to enable more appropriate support for children with SEND.
- The Government should use the SEND improvement plan to strengthen the availability of specialist support services and to address gaps in the specialist workforce.
- Staff in school should be supported to shift away from the adoption of a one size fits all approach to behaviour.
- The Department for Education should ensure that all education staff are supported in their initial training and throughout their career in identifying and addressing needs that underlie SEND, and in understanding statutory responsibilities to children and young people with SEND.

- The Department for Education should ensure that there is high quality alternative provision available for children and young people for whom mainstream education is unsuitable.
- The Department of Health and Social Care should provide resource to introduce screening of neurodiversity.
- Local authorities and schools should support, listen to and engage with voluntary sector services and families themselves on the best ways to support families and children with SEND.

SEND and mental health

In 2023/24, 1.6 million pupils in England had special educational needs (Department for Education, 2024). In this period, 62,125 pupils with an Education and Health Care Plan (EHCP) and 254,202 with SEN support had social, emotional and mental health needs as a primary need. This was an increase from 54,598 pupils with EHCPs and 229,723 with SEN support in 2022/23. Amongst pupils with SEN support, social, emotional and mental health needs were identified as the second most common type of need (Department for Education, 2024).

There is a strong link between mental health and special educational needs and disabilities (SEND). If a child or young person's mental health difficulties become a barrier to learning then they may need special educational support, and children and young people with SEND can be at higher risk of developing mental health problems (Abdinasir & Rainer, 2023).

Research from Kings College London highlights that children and young people with neurodevelopmental conditions are three to six times more likely than peers to have mental health difficulties and these are less likely to be recognised, diagnosed and treated (Simonoff, n.d). Our members have shared that this is often because a diagnosis of SEND can mask other difficulties. Furthermore, research finds that anxiety is the most common co-occurring mental health difficulty in neurodiverse children referred to child and adolescent mental health services (Hansen et al., 2018).

Coalition members have also highlighted that sensory needs are common in pupils with SEND and low level anxiety, however, when these needs are consistently not met, and adjustments are not made, these needs exacerbate and can develop into more complex mental health conditions. This is particularly true for neurodivergent young people without learning disabilities who struggle to access support at school as no pathway exists for this group.

What is more, speech and language challenges in children with SEND have implications on mental health. Research from Speech and Language UK has highlighted that 56% of children and young people with speech and language challenges have had difficulties making and keeping friends, with isolation itself a risk factor for mental health problems (Speech and Language UK, 2022).

Mental health support

The Department for Education's SEND and alternative provision improvement plan recognises the importance of providing mental health support for children and young people. For example, the plan commits to:

- Publish three practice guides for frontline professionals building upon existing best practice such as the governments guidance on Promoting Children and Young People's Mental Health and Wellbeing.
- Improve joined up working between the Department for Education and NHS England to improve outcomes and experiences for children and young people with SEND including social, emotional and mental health issues.
- Earlier identification of needs and evidence based targeted support to meet needs promptly.

Furthermore, the plan intends to reduce the need for EHCPs by increasing early identification and SEND support. However, our members have expressed concerns about this due to the increasing demand for specialist mental health support and the crucial role of EHCPs in tailoring this support to individual needs.

There are also no new commitments made to improve mental health support for children and young people with SEND, with the plan citing existing approaches to providing mental health support such as Mental Health Support Teams and increased investment in NHS Children and Young People's Mental Health Services (CYPMHC). This is despite the fact that these services are increasingly difficult for children and young to access with long waiting lists, rejected referrals and high thresholds for support. Recent research from the Children's Commissioner highlights that in 2022-23, of the 949,200 children and young people with active referrals to NHS CYPMHC only 32% entered treatment and 28% were still waiting at the end of the year (Children's Commissioner, 2024). Our members have also highlighted that the plan does not focus enough on early identification and support to prevent these needs from occurring or escalating.

It is imperative that the mental health of children and young people with SEND is sufficiently prioritised. Children and young people must be able to access timely and appropriate mental health support, which requires overarching improvements to the mental health system. At the crux of this is a need for adequate funding for a sustainable system. In order to meet 100% of need for all those aged 0-17 living in their local area, an additional £1.7 billion per year should be made available to Integrated Care Systems specifically for babies, children and young people's mental health¹.

Additionally, children with SEND must have access to mental health support that is tailored towards their needs and in some cases, this may only be available through voluntary sector services. The #SENDintheSpecialists Coalition have also highlighted the importance of access to specialist support which stretches across all the different education, health and care professionals who work with children and young people to identify and support the totality of their needs (#SENDintheSpecialists Coalition, 2023).

- **Recommendation:** The Government should commit at least an additional £1.7bn per year for Integrated Care Systems to deliver a comprehensive mental health pathway for all babies, children and young people aged 0-25.

¹ This is based on calculations of NHS Integrated Care Systems planned spend of £998m in 2022/23 on children and young people's mental health (excluding eating disorders) which met approximately 37% of estimated diagnosable levels of need in England. Calculations available on request

- **Recommendation:** The Government should use the SEND improvement plan to strengthen the availability of specialist support services and to address gaps in the specialist workforce.

The school system

The entire system is currently struggling to cope with supporting children and young people with SEND. Despite SEND being a top priority for schools, 84% of respondents to the Schools North East State of the Region Survey shared that they did not have capacity and resources to adequately support SEND students (Schools North East, 2024). Schools have also reported to them that the SEND and AP Improvement Plan does not fully acknowledge the challenges that schools are facing in supporting SEND students.

Mental health support in schools

Mental Health Support Teams (MHST) are the Government's primary mechanism for supporting children and young people's mental health in schools. The roll out of MHSTs began in 2018/19, and they have three core functions: to deliver evidence based interventions for mild to moderate mental health issues, support the implementation of a whole school approach and advise school staff and liaise with external specialist services (NHS England, n.d.).

However, the programme currently only covers 44% of schools and colleges, with the ambition to reach 50% by 2025 (Department for Education, 2024b). Coalition members have long been concerned about the implementation timetable for MHSTs, and the risk that partial rollout leaves thousands of pupils without access to this support, maintaining a postcode lottery of provision. What is more, an evaluation of the MHST programme (led by NHS England) found that some groups of children and young people including those with special educational needs or neurodiversity continue to fall through the gaps in support (Ellins et al., 2023).

Coalition members have suggested that the approach of short term programmes, such as the MHST programme, may be more suited to neurotypical children, whereas children with SEND may require different approaches focused more on coping strategies and regulation techniques. Furthermore, school based mental health provision is generally verbally mediated. Therefore, pupils with SEND, especially those with speech and language difficulties may have difficulties discussing their needs and may require further adjustments to in order for support to be appropriate.

The offer of the current MHST model should be enhanced to work with pupils with SEND and full roll out must be achieved as soon as possible to end the postcode lottery of provision.

- **Recommendation:** The Department for Education should enhance the offer of support provided by Mental Health Support Teams to children and young people with special educational needs, including providing training on neurodiversity, in order to enable more appropriate support for children with SEND.

Approaches to behaviour and attendance

In recent years, the prevalence of behavioural issues in schools has increased and unmet needs in children and young people with SEND can often manifest in their behaviour. In the

Schools North East State of the Region Survey nearly 70% of respondents reported that they were seeing an increase in behaviour related issues (Schools North East, 2024).

Children with SEND can display behaviours of concern for a range of reasons – they may not be accessing their education, have speech, language and communication needs, unmet mental health needs, or there may be issues outside of school. In some cases, behaviours of concern can arise directly as a consequence of a disability, or a lack of reasonable adjustments made to accommodate this (Children’s Commissioner, 2022). Our Behaviour and Mental Health in Schools inquiry found that of those surveyed, 29% of young people strongly agreed and 32% agreed that a young person’s behaviour is linked to their special educational need and disability. Furthermore, 59% of parents and carers strongly agreed that a young person’s behaviour is linked to their SEN and disabilities (Abdinasir et al., 2022).

Unmet educational needs in children with SEND can increase their risk of being caught up in disciplinary processes. An exploration of the educational experiences of children with SEND conducted by the Office for National Statistics found that unmet educational needs can result in a range of reactions from young people, including feeling angry or frustrated, which sometimes is treated as ‘naughty’ behaviour and met with punishment, such as isolation and exclusion (Office for National Statistics, 2022).

Whilst government guidance recognises that behaviour could be a manifestation of mental health problems or special educational needs, young people’s experiences of school responses to their behaviour do not match up to this. Punitive behavioural management techniques, which are harmful for young people’s mental health, are often disproportionately used on young people with SEND (Abdinasir & Rainer, 2022). Unmet social, emotional and mental health needs can also manifest in school absence in children with SEND with these young people disproportionately represented in both absence and persistent absence figures (Department for Education, 2020).

It is important that the school environment is supportive of children with SEND. There needs to be a cultural shift in the way that behaviour is perceived towards seeing behaviour as communication. Furthermore, staff need to be better trained to identify needs at an early stage and equipped to support pupils needs.

While work to improve inclusion in mainstream settings can be beneficial, in some cases there will be children and young people for whom a mainstream setting will not work. In these cases, it is important that these students are provided a suitable environment with a focus on wellbeing and access to a high quality education and equality of educational experience.

- **Recommendation:** Staff in school should shift away from the adoption of a one size fits all approach to behaviour and consider more flexible and tailored approaches to support that recognise pupils’ individual needs and diversity.
- **Recommendation:** The Department for Education should ensure that all education staff are supported in their initial training and throughout their career in identifying and addressing needs that underlie SEND, and in understanding statutory responsibilities to children and young people with SEND.
- **Recommendation:** The Department for Education should ensure that there is high quality alternative provision available for children and young people for whom mainstream education is unsuitable.

Working with families

Members of the Coalition have highlighted that some groups of young people with SEND may disengage with support services in school, an example being through turning to home education. This may be because of accusations of bad parenting, attendance fines or fabricated or induced illness claims. This has implications for families, with carers often having to quit work to support their child and families left angry, unsupported and anxious. Nearly two thirds of parents say that caring responsibilities means they or their partner has to give up paid work, losing on average £21,270 from their family income and 92% say that this impacts their wellbeing (Contact, 2021).

Moreover, parents of children with speech and language challenges also face barriers to accessing support for their children's mental health, sometimes due to limited professional understanding about their children's language needs. Parents have argued that language and communication have a significant impact on the delivery and success of psychological therapies and interventions (Hobson et al, 2022).

To improve pathways of identification and support, our members have highlighted that screening neurodivergent conditions is key, and cheaper than diagnosis. Local lived experience charities should be adequately funded to support these families once needs have been identified. Local authorities and schools should engage with the voluntary services supporting these families who better understand their circumstances and can advocate for them. This should be in addition to ensuring that parents and carers receive adequate support to address the challenges they face, including support to recognise behaviours that could indicate SEND early on. It is also crucial to provide comprehensive support for parents particularly for those who are not native to the UK or for whom English is not their first language.

- **Recommendation:** The Department of Health and Social Care should provide resource to introduce screening of neurodiversity.
- **Recommendation:** Local authorities and schools should support, listen to and engage with voluntary sector services and families themselves on the best ways to support families and children with SEND.

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