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DOI:

[10.3389/feduc.2023.1125091](https://doi.org/10.3389/feduc.2023.1125091)

Document Version

Final published version

[Link to publication record in Manchester Research Explorer](#)

Citation for published version (APA):

Taberner, J. E. (2023). There are too many kids with special educational needs. *Frontiers in Education*, 8. <https://doi.org/10.3389/feduc.2023.1125091>

Published in:

Frontiers in Education

Citing this paper

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SPECIALTY SECTION

This article was submitted to
Special Educational Needs,
a section of the journal
Frontiers in Education

RECEIVED 15 December 2022

ACCEPTED 15 March 2023

PUBLISHED 12 April 2023

CITATION

Taberner JE (2023) There are too many kids
with special educational needs.
Front. Educ. 8:1125091.
doi: 10.3389/feduc.2023.1125091

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There are too many kids with special educational needs

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Over recent decades, special educational needs (SEN) policy and practice in the UK have been in flux as a succession of governments vacillates with competing social, political and economic agendas. The simultaneous pursuit of educational standards, inclusion and equity has created a fragmented system, as well as cognitive and ethical dilemmas for schools. Moreover, a divisive 'corporation' and lucrative SEN industry have been established, contributing to unsustainable growth of the SEN populace and political angst around SEN overidentification. Indeed, the extant literature suggests that for every pupil correctly diagnosed with SEN, another is misdiagnosed, diverting resources from pupils with genuine needs.

KEYWORDS

education, special educational needs, SEN, inclusion, learning difficulty, disability, overidentification, Warnock

1. Introduction

A pupil has special educational needs if they have a learning difficulty or disability which calls for special educational provision to be made for them (Davies, 2019). Historically, a dichotomic approach to SEN existed, whereby pupils' learning and behaviour difficulties were attributed to within-child and familial factors or tensions in school climate, curriculum and pedagogy (Tomlinson, 2012). More recently, a synthesised model of SEN came to prominence, aligning with the principles of inclusive education (UNESCO, 1994) and recognising learning and behaviour difficulties as artefacts of complex interactions between physiological, environmental, and social factors (Norwich, 2014; Norwich, 2016). Department for Education data (DfE, 2022) show a trend of increases in SEN prevalence since 2017, rising by 10% to 1.49 million in 2021/22 and representing 16.5% of all pupils. Further, requests for assessment increased by 18.5% to the highest total since data were first collected in 2016, causing renewed political concern about SEN overidentification. Bronfenbrenner's (2005) ecosystemic theory of human development provides a useful heuristic for examining causal mechanisms of SEN overidentification among the secondary-age populace (Humphrey et al., 2013). It will be evident how a child's interaction with a series of interdependent environmental systems through the lifespan shapes their development. Specifically, the interdependence of social, political and economic agendas (macrosystemic factors) has influenced school organisation and the home learning environment (microsystemic factors), created a divisive 'corporation' (Deleuze and Guattari, 1987) and lucrative SEN industry (mesosystemic factors) and increased SEN prevalence.

2. Discussion

2.1. Historical influence of global and national agendas on SEN prevalence

The Warnock (1978) and HM Government (1981) were influential in effecting change from a stigmatising medical model of disability to a nuanced model of SEN and continuum of provision (Webster, 2019). However, the nebulous definition of SEN and context-specific framework meant the school-aged SEN populace increased from 1.8 to 20% overnight (Rutter et al., 1970), a figure which still informs SEN policy despite being based on a statistical artefact. Over the next two decades, the simultaneous pursuit of educational standards, inclusion, and equity led to a quasi-market system of school performance measures, school diversity and parental choice (Norwich and Black, 2015; Rayner, 2017). ‘Catch-all’ categories of high-incidence SEN (e.g., MLD: moderate learning difficulties; BESD: behaviour, emotional and social difficulties) provided a perverse incentive for schools to explain poor performance in league tables, contributing to political angst around unsustainable growth of the SEN populace (Squires, 2012; Rayner, 2017; Davies, 2019). An imperative to raise educational standards in poorly performing secondary schools led to the introduction of autonomous state-funded academies and a rigorous school inspection framework (Tomlinson, 2012). However, the performance-driven academy model brought a commercial ethos, ‘managerial paradigm’ and a lack of common values (Heilbronn, 2016), while pupils with SEN were further disadvantaged as schools grappled with complex needs that were beyond their expertise, capacity and resources (Tomlinson, 2010; Ekins et al., 2016; Kerr and Ainscow, 2017).

Warnock (2008) deplored the legacy of the eponymous report that had created a flawed SEN system and ideological tension between choice, educational standards and equity (Lamb, 2009; Ofsted, 2010; Norwich, 2014; Lindsay, 2018). Pupils with SEN were at increased risk of adverse psychosocial and economic outcomes, creating a socioeconomic imperative to enhance provision (Blatchford and Webster, 2018). In response, the UK government introduced a new Special Educational Needs and Disabilities Code of Practice (SEND: Department for Education and Department of Health, 2015), reformed examinations, a more nuanced performance measure and the requirement for all young people to be in education or training until their 18th birthday. Under the new legislation, financial and strategic decision-making would be devolved to Local Authorities and children and parents would have greater agency over decision-making. Most pupils’ needs would be met in mainstream schools as part of the usual curriculum (SEN Support), whereas pupils with more complex SEN would have their needs formally assessed and additional support set out in a statutory ‘education, health and care plan’ (EHCP). Whilst this endorsed the international agenda of high-quality inclusive education (UNESCO, 1994), the reforms were not evidence-based and vision did not reconcile with practice (Shaw et al., 2016; Webster and Blatchford, 2017; Baird et al., 2019; Timpson, 2019), as explored next.

2.2. Emergent influence of whole-community agendas on SEN prevalence

Under the new ‘Code’, Local Authorities effectively became responsible for a whole-community education-improvement programme and schools and colleges sought to navigate new SEN policies and procedures, reformed examinations and performance measures under a more rigorous inspection framework. Consequently, colleges withdrew courses popular amongst pupils with SEN who typically perform significantly worse across all performance measures (Burgess et al., 2017; Rayner, 2017; Department for Education, 2018, 2019; Liu et al., 2020), while schools requested vastly increased numbers of EHCPs for low-attaining pupils who are less likely to succeed in a performativity culture (Blatchford and Webster, 2018; Lindsay, 2018; Baird et al., 2019; Department for Education, 2019; Timpson, 2019). Together with a lack of guidance, inconsistent procedures, and financial constraints, this led to variation in SEN prevalence and provision between and within Local Authorities (Lindsay and Strand, 2016; Shaw et al., 2016; Department for Education, 2019).

Furthermore, less scrupulous academies engaged in covert selection procedures (Burgess et al., 2017; Rayner, 2017; Department for Education, 2018, 2019; Liu et al., 2020) and ‘off-rolling’ became a popular school-improvement tool as growing numbers of Year 11 pupils with social, emotional and mental health (SEMH) difficulties found themselves in alternative provision with only a 10% chance of being reintegrated into mainstream settings (Squires et al., 2012; Department for Education, 2018, 2019; Timpson, 2019). One Local Authority suggested alternative provision had become a *de facto* special school as pupils with high-incidence SEN were effectively erased from mainstream settings. Indeed, the ‘Code’ (Department for Education and Department of Health, 2015) was described as an ‘empty framework’ (Allan and Youdell, 2017) which caused a succession of ‘ghostings’ (Deleuze and Guattari, 1987). Added to this, members of the ‘corporation’ (Deleuze and Guattari, 1987) had vested interests in a growing client base, contributing to an expanding SEN industry with vested interests in SEN diagnosis (Ecclestone and Hayes, 2008). For instance, the patenting company of the psychotropic drug, Ritalin, made \$464 million in 2010 (Tomlinson, 2012), and the British Dyslexia Association (2017) reported £58,000 in income from Education Conferences in 2017. Yet, unlike in traditional industry growth is a negative trait and supply and demand must be carefully controlled, as the ‘back-to-school’ season should increase revenue in stationery rather than medication (Ecclestone and Hayes, 2008; Tomlinson, 2012; Harwood and Allan, 2014).

Summarily, the simultaneous pursuit of educational standards, inclusion, and equity created a fragmented education system and a SEN system that was unfit for purpose (Webster and Blatchford, 2019). Ultimately, a divisive ‘corporation’ (Deleuze and Guattari, 1987) comprising Local Authorities, multi-agency professionals, businesses, voluntary organisations and parents had been established, all of whom had vested interests in SEN diagnosis. Moreover, the most vulnerable pupils were further disadvantaged, as social isolation and feelings of poor self-belief intensified (Squires et al., 2012; Lindsay and Strand, 2016; Rayner, 2017; Department for Education, 2019) and unmet needs

'haunted' the near future (Deleuze and Guattari, 1987). Together, this highlights how SEN prevalence can be an artefact of complex interactions between and within whole-community agendas, leading to the claim that SEN prevalence increases when resources are linked with SEN diagnosis (Tomlinson, 2010, 2012; Lindsay, 2018). Next, Gallant's (2011) discourse on pupil disengagement provides a useful framework to explore how complex interactions between and within school contextual factors increase SEN prevalence.

2.3. Emergent influence of school contextual factors on SEN prevalence

Although it has been argued that SEN are entirely socially constructed (Prince and Hadwin, 2013), there is growing support for a social-medical model of disability, where pupils' learning and behaviour difficulties are artefacts of complex interactions between physiological, environmental and social factors (Harwood and Allan, 2014; Ekins et al., 2016; Blatchford and Webster, 2018; Galloway, 2019). The literature shows how changes to school organisation, driven by hegemonic socio-political and cultural rhetoric and the need to seek cheap fixes to compensate for systemic failures, have affected pupils' interpersonal experiences and engagement with the learning process (Lindsay and Strand, 2016; Perry, 2016; Shaw et al., 2016; Webster and Blatchford, 2017, 2019; Black, 2019; Mazenod et al., 2019). For instance, class sizes in the UK are relatively large due to limited resources, which presents challenges for the teacher in terms of maintaining an effective learning environment (Blatchford and Webster, 2018). Furthermore, schools have been incentivised to 'teach to the test' to raise attainment, resulting in a dry and uninspiring curriculum that is irrelevant to pupils' experiences (Squires et al., 2012; Menzies and Baars, 2015; Kerr and Ainscow, 2017), which causes disengagement from the learning process (Gallant, 2011). This typically manifests as externalising behaviour (e.g., aggression) in boys and internalising behaviour (e.g., anxiety, depression) in girls, which can incentivise schools and teachers to seek SEN diagnosis (Strand, 2014; Galloway, 2019).

Moreover, strategies such as attainment-based grouping or 'setting' have been customised and teaching assistants (TAs) have become a central feature of the education of pupils in low-attaining groups (Blatchford and Webster, 2018; Black, 2019). While the rationale ostensibly seems to be to support struggling pupils and narrow the achievement gap, these strategies are believed to perpetuate inequitable and socially segregationist practices and outcomes, as pupils experience non-specialist teachers, restricted curricula and limited social interaction (Blatchford and Webster, 2018; Black, 2019; Mazenod et al., 2019). In turn, this can lead to an absence of school connectedness and reciprocal peer relationships which has been strongly associated with adverse psychosocial and behavioural outcomes and can be misinterpreted as SEN (Sammons et al., 2012; Squires, 2012; Prince and Hadwin, 2013; Menzies and Baars, 2015).

In sum, the literature highlights how complex interactions between and within school contextual factors can artificially construct learning and behaviour difficulties, contributing to SEN overidentification. However, factors beyond the school gates also influence SEN diagnosis, as discussed next.

2.4. Emergent influence of home contextual factors on SEN prevalence

Although contentious, research suggests that socioeconomic and cultural factors which stem from the home environment contribute to SEN overidentification (Department for Education and Department of Health, 2015; Lindsay and Strand, 2016; Shaw et al., 2016; Oldfield et al., 2017; Black, 2019; Galloway, 2019; Mazenod et al., 2019; Timpson, 2019). For instance, Department for Education (2022) data show that: (1) pupils from low socioeconomic backgrounds are more likely to be diagnosed with SEN than their less-disadvantaged peers; (2) children in lone parent families are more likely to have SEN (12%) compared with children in couple families (7%); (3) looked after children (LAC) who have been in the care of the Local Authority continuously for 12 months are more likely to be diagnosed with SEN (56.2%) compared with the overall SEN populace (15.8%).

Explaining this, researchers suggest that learning and behaviour difficulties in school stem from a lack of core knowledge (Menzies and Baars, 2015) and reading experience (Huettig et al., 2018), as well as an exposure to negative social and cultural influences, such as unstable households and familial stress (Oldfield et al., 2017). Furthermore, scholars highlight how 'troubled families' discourse and 'dependency culture' rhetoric ensure a negative culture of values and behaviours is perpetuated through generations (Mazenod et al., 2019), incentivising schools and low socioeconomic families to seek SEN diagnosis for low-attaining children (Shaw et al., 2016; Baird et al., 2019).

Moreover, evidence suggests ethnicity plays a part in the likelihood of a child being diagnosed with SEN (Lindsay and Strand, 2016; Shaw et al., 2016; Tomlinson, 2016). For instance, Lindsay and Strand (2016) found that all Asian-heritage groups were overrepresented for speech, language, and communication needs (SLCN) compared to their White British counterparts, which varies in disproportionality between Local Authorities. Furthermore, teachers' perceptions of pupils' achievement potential have been found to relate systematically to ethnicity (Strand, 2012), with data showing that travellers of Irish heritage (5.7%) and Black Caribbean pupils (5.4%) have the highest percentage of EHCPs (Department for Education, 2022). Indeed, Strand's (2014) ethnographic study reported that Black Caribbean and White British pupils from low socioeconomic families are most affected by the *hidden curriculum*.

Taken together, the literature demonstrates how particular socioeconomic and cultural identity markers seem to make SEN diagnosis inevitable when intertwined with schools' and teachers' interpretations of pupils' learning and behaviour difficulties (Harwood and Allan, 2014). However, certain within-child factors have been identified as risk markers (Squires et al., 2013; Black, 2019; Kauffman and Anastasiou, 2019), as examined next.

2.5. Influence of within-child factors on SEN prevalence

Since the Warnock (1978), the simultaneous pursuit of educational standards, inclusion and equity has meant all pupils should be educated in mainstream schools, irrespective of academic attainment. Furthermore, all pupils should achieve a particular level by the end of each Key Stage (Squires, 2012). The literature demonstrates that interactions between these distal factors and certain within-child risk markers increase the

likelihood of SEN diagnosis and contribute to SEN overidentification (Squires et al., 2013; Lindsay and Strand, 2016).

First, scholars highlight how natural development is not considered when measuring pupils' progress, meaning those who are not making expected progress toward politically defined targets can be misdiagnosed with SEN (Squires, 2012; Lindsay and Strand, 2016). For instance, typically developing summer-born pupils are identified with SLCN more frequently than their autumn-born counterparts because they have not developed the physical, emotional and cognitive skills needed for Key Stage assessments (Martin et al., 2004; Lindsay and Strand, 2016). Indeed, Squires et al. (2013) reported that children born in August are 1.5 times more likely have conduct problems and be diagnosed with SEN than their peers who are born in September, which represents the start of the school year in the UK. This putative *month-of-birth effect* becomes more pronounced through adolescence when hormonal changes exacerbate SEMH difficulties (Squires et al., 2012, 2013; Department for Education, 2017). Specifically, the number of pupils with an EHCP peaks at age 15 (Department for Education, 2019), leading to the claim that school performance measures and 'catch-all' categories of SEN have incentivised schools to seek diagnosis for pupils who are unlikely to meet politically defined targets by the end of Key Stage 4 (Squires et al., 2013).

Gender is also an important factor in SEN overidentification, with recent national data (Department for Education, 2022) showing that more boys receive SEN support and have an EHCP (15.4 and 5.6% respectively) than girls (9.2 and 2.2%). Whilst Boaler's (1997) seminal study attributes this to girls' capacity to adapt to teaching approaches they dislike, research shows that some cognitive processes mature more slowly in boys and they are more likely to be affected by the *hidden curriculum* (Hehir et al., 2016; Black, 2019; Timpson, 2019). For instance, boys are twice as likely to be diagnosed with SLCN than girls (Lindsay and Strand, 2016), which has been associated with an increased likelihood of displaying conduct problems and SEN diagnosis (Squires et al., 2013).

Summarily, a child's interaction with a series of interdependent environmental systems through the lifespan shapes their development and certain risk markers increase the likelihood of SEN diagnosis. Indeed, within-child factors provide some explanation for: (1) variation in SEN prevalence between and within Local Authorities; (2) SEMH being a high-incidence 'catch-all' category of SEN; (3) poverty not having the same impact on all ethnic-minority groups; (4) increased numbers of boys being diagnosed with SEN (Tomlinson, 2010; Squires et al., 2012, 2013; Lindsay and Strand, 2016).

3. Summary

Drawing on Bronfenbrenner's (2005) ecosystemic theory as a conceptual framework, this paper has examined causal mechanisms of SEN overidentification and the consequences for the secondary-age populace in England. The literature shows how the simultaneous pursuit of educational standards, inclusion and equity (macrosystemic factors) has created a fragmented system (Shaw et al., 2016; Webster and Blatchford, 2017; Lindsay, 2018; Baird et al., 2019) and that SEN prevalence increases when resources are linked with SEN diagnosis (Lindsay, 2018). Whilst the rationale ostensibly seems to be to support struggling pupils and narrow the achievement gap, strategies adopted by schools (microsystemic factors) are believed to perpetuate inequitable and socially segregationist practices and outcomes (Blatchford and

Webster, 2018; Black, 2019; Mazenod et al., 2019). Indeed, alternative provision settings are increasingly supporting pupils with chaotic home lives and SEMH difficulties, suggesting schools are not coping with the changing demographic and more complex needs (Department for Education, 2019). Furthermore, a divisive 'corporation' (Deleuze and Guattari, 1987) and lucrative SEN industry with vested interests in SEN diagnosis have been established (mesosystemic factors), contributing to unsustainable growth of the SEN populace. Together, this shows how distal social, political and economic factors interact directly with within-child characteristics and some pupils become entangled in the system and divert resources from those with genuine needs (Squires et al., 2013; Baird et al., 2019; Davies, 2019; Timpson, 2019).

Although the Department for Education (2019) has proposed that school funding should be increased by raising the age-weighted pupil unit value, such a strategy could divert resources from younger pupils as schools are incentivised to seek SEN diagnosis for older pupils who attract the most funding. Instead, school leaders suggest inclusion should feature strongly in overall school inspection judgements and any future inspection framework should include understanding of the school context and wider socioeconomic conditions (Department for Education, 2018). Alternatively, academics propose that restructuring school organisation may be an achievable strategy (Squires et al., 2013), which together with a needs-based approach to assessment would provide insight into pupils' needs and the provision required while reducing SEN overidentification (Squires, 2012; Lindsay and Strand, 2016).

Creating a system *de novo* is neither feasible nor desirable; however, ensuring rigorous accountability at all levels would be a step toward ensuring that pupils with SEN receive 'the right support at the right time', rather than relying on psychotropic drugs to adapt *them* to the needs of the system (Harwood and Allan, 2014). Furthermore, it would pay dividends for schools and children's services to collaborate more effectively to ensure pupils' basic physiological and psychological needs are met, enabling them to engage with the teaching and learning process more readily. The dilemma now is how to do this by economically and administratively viable means (Wedell, 1995).

Data availability statement

The original contributions presented in the study are included in the article/supplementary material, further inquiries can be directed to the corresponding author.

Author contributions

The author confirms being the sole contributor of this work and has approved it for publication.

Funding

This study was supported by the University of Manchester.

Conflict of interest

The author declares that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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