Hooked on labels not on need
Report 2017
INTRODUCTION

No one doubts that children with special educational needs can be helped with proper diagnosis. They deserve to receive the right educational and, in some cases, clinical support most appropriate for their needs. Unfortunately, labelling children with a special educational need (SEN) isn’t always straightforward.

On the one hand, a label can be the trigger for targeted, funded intervention that supports the child and reassures the parent. On the other hand, its broad definition can obscure as much as illuminate. The label not only embraces an array of conditions, which can range from moderate to severe, but it also conflates clinical problems with those best tackled in the classroom. Unsurprisingly, this can lead to a lot of confusion about which children require the most help and what support exactly it is they need.

As our survey of teachers makes clear, there is a widespread feeling in schools that there is a misdiagnosis of SEN and that parental anxiety, however understandable, doesn’t always help with an objective evaluation. It is not that teachers think that SEN is an inflated problem, rather that some children who deserve support are not receiving it because it has been diverted to others who do not need it. At a time when school budgets are under pressure, this misapplication of resource should not be allowed to stand.

A SEN diagnosis is often about finding the things that are holding back a child who might otherwise do much better, rather than identifying a child with a broad difficulty in learning. That’s why the classroom solution is so often better. Accurate assessment, personalised teaching and targeted support can often overcome a specific difficulty without the disruption that an external intervention can cause to teacher and pupil.

Fortunately, as experts Lorraine Petersen, Poppy Ionides, Beccie Hawes, Barney Angliss and Tom Guy point out elsewhere in this report, there are measures teachers and schools can adopt to identify objectively those children who need help and give them the appropriate support. Robust assessment that is teacher-led plays a key part in identifying additional support needs and barriers to learning, as well as helping all children to reach their potential.

Greg Watson is Chief Executive of GL Assessment
GL ASSESSMENT ‘HOOKED ON LABELS’ REPORT

HOCKED ON LABELS
NOT ON NEED

Misdiagnosis of special educational needs

Survey context

According to figures from the Department for Education, just under a million children in England have a special educational need, 11.6 per cent of the school population. This is a significant drop from six years ago – when the percentage was 18.3 per cent. The proportions of children with additional learning needs in Scotland, Wales and Northern Ireland are higher, though the precise compositions vary.

The decline in England followed a much-publicised report from Ofsted that claimed as many as a quarter of all children identified with an SEN were misdiagnosed. Too many schools, the report said, were using low attainment and slow progress as their main indicators of SEN rather than more robust assessments. At one school, all pupils in Year 11 were categorised as SEN because they were at risk of not achieving their expected GCSE grades. At another, those who had parents serving in Afghanistan were labelled as SEN. What they and many other children needed was better pastoral support and teaching, Ofsted concluded. They should not have been identified as having a SEN.

At the time, many experts concurred, though they also warned that misdiagnosis should properly include under-reporting of learning difficulties in some cases as well as over-reporting in others. All the focus, however, was on teachers and schools, with the government promising a “crackdown on special needs misdiagnosis” and “teachers over-diagnosing behaviour and learning problems”. The role parents may have played in misdiagnosis was rarely if ever mentioned.

Since the Ofsted report government funding for SEN has been overhauled, with many school leaders complaining that squeezed budgets and assessment delays mean they are struggling to cope. The government disputes this, saying it has increased funding for children with “high need”.

Whichever is the more accurate claim, it is undeniable that resources are limited. It is equally true that in any system where resources are finite, those who understand the system well tend to receive more resources than those who do not. In other words, owing to conflicting incentives, it is possible to have a simultaneous under and over diagnosis of learning difficulties and there is a constant danger that limited resources will not be used for the children who need it most.

The debate should also come with another caveat: there is a big difference between what Lorraine Petersen, the former chief executive of the National Association of Special Educational Needs, calls “an identifiable need assessed by an education professional and a diagnosable need by a health professional.” One set of issues can be addressed in the classroom; the other requires external, clinical expertise. What is essential above all is accurate and informed assessment of individual child need.

The survey

GL Assessment commissioned researchers YouGov to ask teachers if they thought there was a misdiagnosis of SEN in children and specifically what part, if any, parents played in it.

It found that a large majority of teachers (57 per cent) thought there was a misdiagnosis of SEN, with only a quarter (26 per cent) disagreeing. An even larger proportion thought misidentification was a concern. Over three-fifths of teachers (62 per cent) thought those children with genuine need were missing out because resources were being diverted to those who didn’t really need help. Less than a fifth (18 per cent) disagreed.
Just over half of teachers (54 per cent) said parental pressure was to blame for misdiagnosis, with just over a third (36 per cent) disagreeing. Almost three-quarters of teachers (72 per cent) believed some parents wanted their child to be labelled as having a learning difficulty even though there was little objective evidence to support that belief. Only one in ten (10 per cent) disagreed.

When asked why they thought parents pushed for an SEN diagnosis, almost two-thirds of teachers (64 per cent) said it was because some parents wanted a medical or psychological explanation rather than being willing to accept that their child had a classroom problem that could be addressed by a teacher.

Alarmingly, a large minority of teachers (39 per cent) thought it was because some parents wanted a label to help their child gain a competitive advantage in exams, although a similar proportion (37 per cent) thought that wasn’t the case.

### Parental pressure

Ms Petersen said she wasn’t surprised by the findings and that parental pressure was “a huge factor”. “Most parents will work on the assumption that the quicker you assess why a child is having difficulties and give him or her a label, the faster you can get extra support. There may also be a sense of relief that comes with being able to ‘blame’ a diagnosed disorder. Parents may think people will be a lot less judgemental of a child’s behaviour - and their parenting skills - if they know the child has a label.”

Some parents, she pointed out, had the opposite problem and were in denial about the support their children needed and resisted having them on a SEN register. But at the other extreme were parents who were looking for a label even though their child may not require one. “They feel a label will give the child and perhaps the family additional support that they may not get without it; access to benefits, for instance, or support with exams or a place in a specialist setting.”

On the whole, however, teachers in the survey thought most parents were supportive. Two-thirds (65 per cent) thought parental interaction with them and their schools was appropriate. Only a quarter (25 per cent) thought it was lacking with one in ten (10 per cent) believing it was intrusive and inappropriate.

Individual parents, however, presented a much bigger problem. Over half of all teachers polled (52 per cent) complained that at least one parent took up so much of their time that it was difficult to give others sufficient attention, with two-fifths (41 per cent) saying they had to deal with more than one difficult parent.

### I worry some genuine special needs children don’t get as much help as they need because resources are being diverted to children that don’t really need the help: How strongly do you agree or disagree?

- 62% Agree
- 18% Disagree
- 1% Don’t Know
- 19% Neither Agree nor Disagree

### I think some parents who have a child with a barrier to learning that could be addressed by a teacher are too quick to want a medical or psychological explanation: How strongly do you agree or disagree?

- 64% Agree
- 37% Disagree
- 21% Neither Agree nor Disagree
- 4% Don’t Know
- 17% Neither Agree nor Disagree
- 2% Don’t Know
Conclusion

Misdiagnosis of learning difficulties and barriers to learning is clearly a big issue for schools, according to teachers, who think external pressure is partly responsible. Parental anxiety, however understandable, may lead to some children being misidentified as having a SEN and consequently others who genuinely need help missing out because resources are limited.

The picture is complicated, however. Misdiagnosis can cover both under and over-reporting of SEN. Moreover, there is a difference between issues that should properly be tackled by health experts and those that can be addressed by teachers and education specialists in the classroom. The conflation of both by parents, according to teachers in our survey, can lead to a lot of confusion about what is and is not a special educational need. Robust, objective assessment, therefore, is the best way to determine what each individual child needs – or does not need.

Footnotes

2. This percentage does not include children with a statement or education, health and care plan whose numbers have remained approximately constant at 2.8 per cent of pupils for a decade.
3. The proportions of children identified with SEN but without a statement in Wales were 19.9 per cent (Statistics for Wales, July 2016) and in Northern Ireland 17 per cent (Special Educational Needs: a brief overview, Northern Ireland Assembly, August 2016). Pupils in Scotland are classified differently as having Additional Support Needs, which includes for instance children who have been bullied. 24.9 per cent of pupils in Scotland had ASN. High Level Summary of Statistics Trend: ASN, Scottish Government, December 2016
4. Special Educational Needs and Disability Review, Ofsted, September 2010
5. Daily Telegraph, 9 March 2011
6. Research by The Key, reported by BBC, 2 June 2016
7. YouGov polled 810 teachers between 19th January and 1st February 2017
Section 19 of the Children and Families Act 2014 makes clear that local authorities, in carrying out their functions under the Act in relation to disabled children and young people and those with special educational needs (SEN), must take into consideration:

- The views, wishes and feelings of the child or young person, and the child’s parents
- The importance of the child or young person, and the child’s parents, participating as fully as possible in decisions, and being provided with the information and support necessary to enable participation in those decisions
- The need to support the child or young person, and the child’s parents, in order to facilitate the development of the child or young person and to help them achieve the best possible educational and other outcomes, preparing them effectively for adulthood

This clearly puts children, young people and their parents at the heart of the SEND system. Schools, alongside local authorities, must have regard to these principles and this, at times, can be very challenging. High quality, differentiated teaching is the first response to SEN and where this is not supporting pupil progress then the school should make further assessments to identify each child’s individual needs.

It is at this point when schools will begin to refer to the four broad areas of need in order to give an overview of the range of needs that might be planned for. The four broad areas are:

- Communication and Interaction
- Cognition and Learning
- Social, Emotional and Mental Health Difficulties
- Sensory and/or Physical Needs

The purpose of using these is not to “label” a pupil but to work out what action the school needs to take in order to support the child. Many children will have needs that fit into more than one of these. Through detailed assessment the school must work out what provision they are going to offer to support the pupil.

Once the school has identified (and labelled) the child as having SEN, they must take action to remove barriers to learning and put effective special educational provision in place. This is called SEN Support. The decision by the school to place the child on the SEN Register as requiring SEN Support should be done in partnership with parents, meaning that the school must then provide additional and/or different provision, funded from the school budget and offer progress meetings with parents at least three times per year. The labelling has begun.

Schools must seek permission from parents should they decide to request external support from an educational psychologist or speech and language therapist. Any results from assessments that are carried out by the school or external professionals should be shared with parents, especially if this results in a diagnosed special educational need and a further label.

Some children will require a medical diagnosis for a particular special need through a referral to a GP or paediatrician. This will give a child a medical diagnosis and label for their specific need, for example autism or ADHD. The school should support the parent through this process, which may involve health professionals as well as education professionals. However, the school must always remember that every child is different and their needs are individual and unique. They should offer provision, therefore, to support the individual needs, not the label.

Most parents will work on the assumption that the quicker you assess and understand why a child is having difficulties and give the child a label, the faster you can get extra support. There may also be a sense of relief that comes with being able to “blame” a diagnosed disorder. The belief that people are a lot less likely to be judgemental of a child’s behaviour - and their parenting skills - if they know the child has a label.
Unfortunately this does not always follow. The process to move from SEN Support to an Education, Health and Care Plan assessment is time consuming and relies on a great deal of evidence collected over a period of time and not just on the gaining of a label. Schools need to work with parents collaboratively during this process to ensure the best possible outcomes for the child.

For some schools this may be a challenge as there may be a minority of parents who are not happy with decisions that the school has made. There will be those parents who do not wish their child to have any label, they do not want their child on an SEN Register and they do not give consent to any external agency involvement.

These parents may be in denial and need a great deal of support to ensure they do the right thing for their child. Schools need to work with parents as early as possible; this means as soon as they assess that the child may be having some difficulties and not making the progress expected. At this point the term ‘special educational needs’ might not be used but the school is alerting parents to the fact there are concerns. In a very small number of cases where parents consistently deny their child access to appropriate support they could be neglecting their duties as parents. In this extreme situation, schools may need to consider this as a safeguarding issue and instigate their safeguarding procedures to ensure the child gets the support they need.

At the other extreme are those parents who are looking for a label even though their child may not require one. They feel that the label will give the child and/or the family additional support that they may not get without the label. For instance, access to benefits, support with examinations, additional health and/or social care support or a place in a specialist setting.

If parents and pupils are at the heart of the SEND system then schools must work in partnership with them from as early as possible. If parents feel engaged, listened to and involved they will support schools in making the right judgements about the education of their child.

Labels can be very supportive and give a feeling of relief to many parents but what must be remembered is the label is only the beginning; it is the support, the intervention and effective provision that will make the difference.

Why might labels be helpful?

- The SEND Code of Practice outlines the four broad areas of need and gives us national labels to use to categorise pupils
- Local authorities use labels as criteria for funding allocations
- Labels enable professionals to communicate with one another because each one will give a general idea about an individual need
- Labels can highlight a difficulty to the wider community and may make the wider population more tolerant to those with SEND
- Labels may lead to personalised interventions, teaching strategies and behavioural approaches to support the individual need
- Labels may get additional support for schools, parents and families.

Why can labels be unhelpful?

- Labels indicate that the difficulty is with the pupil. This may lead to teachers teaching to the label and not offering wider teaching and learning opportunities to meet the individual needs of the pupil
- Labels can cause stigma and may lead to long term social, emotional and mental health needs
- Labels can influence what people think, especially if they have a limited or negative view of a particular need or disability
- Labels can reflect a whole spectrum of difficulties and incorporate many different individuals. This requires us to look beyond the label and not prescribe stereotypical behaviour to each child
- The current process in schools is to allocate the label (SEN Support) before we offer additional support. Teachers should be offering high quality, differentiated teaching for all pupils and not waiting until the pupil gets the label
- Labels can often put the blame (and the guilt) for a child’s individual needs on the parent and this can cause a great deal of anxiety if they do not feel they are getting the support they need.
A study last year found that approximately two children in every Year 1 class of 30 pupils will experience language disorder severe enough to hinder academic progress. Data from the DfE also suggests that many fewer than this are identified by schools as having language difficulties. It’s likely that at least half of children with language difficulties miss out on the crucial support they need.

Children identified as having a language disorder in the research were reported by schools as having Autistic Spectrum Disorder (ASD). Currently, many areas are switching from paediatric diagnosis of autism to diagnosis by the Child & Adolescent Mental Health Service (CAMHS). We know also that, as children move up through school, their needs reflect their changing surroundings and challenges, so that the cause of their difficulty appears differently.

Yet even when we identify a language need, a child’s difficulties may not seem severe enough for therapy; there are long waiting lists; and other available interventions may seem like a ‘quick win’, even if they’re not properly matched to the child’s profile. The result is that we may ‘manage’ needs rather than meet them. Severity of need and complexity of need are different dimensions: we need to consider both and be prepared to argue about subtle signs of developmental challenge which may need support.

I’m often asked to observe children who have a number of developmental traits which create a special need, but some may just be under pressure and progressing slightly differently from others. Reaching for a label should not be our first response. Reductionism is an occupational hazard in education. Professionals must be able to work holistically and hold a fluid construct of the child’s difficulty. Focusing on the learning environment is every bit as important as focusing on the child. The vogue in teaching may be didactic, but understanding special needs will always be dynamic.

Before referring a child to a specialist who may be qualified to offer a specific explanation of a child’s needs, here are my six simple principles of good intervention in school:

1. Only respond to specific evidence for which you can offer reliable comparison, but…
2. Be prepared to consider a wide range of evidence
3. Actively engage families and let their story guide your thinking
4. Build resilience, from ‘can do’ to ‘do next’
5. Work together, from home to school, from classroom to classroom, to achieve consistency
6. Follow the intervention cycle: Assess, Plan, Do, Review

References:
WHAT IS BEST PRACTICE IN ASSESSMENT WHEN IT COMES TO UNDERSTANDING LEARNING DIFFERENCES?

By Poppy Ionides, independent educational psychologist

We all show shifts of behaviour in response to our environment – motivation, mood, attitude and attention wax and wane. As such, bringing together information from multiple sources covering multiple contexts is the key to building an accurate view of a child’s strengths and weaknesses. Note the reference to strengths as well as weaknesses. Oft-times those with learning difficulties are viewed primarily in terms of what they can’t do. Best practice in assessment of those with additional needs requires the focus to be broadened to see the whole child. This could involve the following:

- Look through the child’s school file/SEND file to ensure that you’re aware of relevant background information (assessments and reports from school and external professionals for instance; response to intervention; attendance records; home-school communications).

- Gather the views of all who work with the child at school. There is often an enlightening variation in views. A staff questionnaire could include: How would you describe the child’s wellbeing/motivation/behaviour/learning? Are they making adequate progress? When do you see them at their best? What do you see as their three biggest strengths? What three factors limit their progress/wellbeing? What strategies have you found particularly successful with them?

- Seek information from home using the questions for staff, above, as a starting point. In addition, find out the hopes and fears of the child’s family. This may involve mention of diagnostic labels such as dyslexia, AD(H)D or autism. Different individuals can have wildly different views on the use of such labels – be open to cultural and linguistic influences on views.

- If time allows do brief observations, one in a situation that usually shows the child at their best and one where they are more likely to have difficulty. Are your observations in line with those in the teacher questionnaires? If not, why not?

- Obtain the child’s view. Creating a rating line of learning with a child is a simple and often powerful way to gain their views on areas such as:
  o subjects
  o skills (reading, writing)
  o actions of self or others (getting things right, teachers shouting, learning in groups, disagreeing with friends)
  o classroom environment (noisy, quiet)

The child chooses a position on the line to show how they feel about each item, from intense positive on the right to extreme negative on the left. Offering to scribe for the child can work wonders.

- Use checklists and standardised assessments to generate and check hypotheses. As well as being used to identify areas of weakness, standardised assessments can be used as evidence of strengths, challenging negative perceptions of a child.

- Bear in mind the referral processes of different local agencies when devising ways of recording assessment findings.

- Involve outside agencies after the above if:
  o you remain unclear about a child’s needs, how to meet their needs or the capacity of your school to meet them
  o the child’s progress has stalled
  o there is agreement between home and school that it would be of benefit to the child to assess their needs against the criteria for a diagnostic label

The assessment model shown above gives an alternative to a within-child model of difficulty. Approaching individual pieces of casework in this way encourages teachers to seek the strengths of their pupils with learning difficulties and to reflect on the capacity of subtle changes in a learning environment to bring out the best in each child. As such, the use of this model can lead to systemic change in the values and beliefs that drive classroom practice. This in turn has the potential to enhance the engagement, self-worth and long-term outcomes of our children.
THE RISKS OF LABELLING A CHILD AS ‘AVERAGE’

By Beccie Hawes,
Head of Service at Rushall’s Inclusion Advisory Service

I was recently proof reading some end of term reports for a colleague. I always read the teacher’s comment at the end first because they often really capture what a teacher thinks makes that pupil special. One really stood out:

‘Sam is a lovely, quiet member of the class. He always completes his work to the best of his ability and always hands in his homework on time. He is a popular member of the group and always follows our class rules reliably.‘

When looking at standardised assessment scores for Sam you could perhaps expect to see them all say 100. You could then award him the dubious accolade of ‘Congratulations Sam, you are the most average of average’. You could also make the assumption not to worry about him as he’s there or thereabouts. But is that the right thing to do?

I had never met Sam before but felt that, although his report was good, it wasn’t remarkable in any way. I couldn’t help wondering if we were missing something and if we were doing all that we could to help Sam be the best that he could be.

Sam’s termly teacher assessments had placed him as meeting age-related expectations. When we delved deeper, however, his scores were all within the ‘average’ band but his numbers were declining over time. It became clear that Sam was on the slide. The beauty of a standardised assessment is that the scores show progress or lack of in real time as the goalposts move in line with the child’s age. His scores showed that he was not making or maintaining progress.

We decided to have a chat with Sam. The conversation was a revelation. Sam said he had always coped well with school work but was ‘running out of coping’ as the ‘work was getting trickier and trickier’. The conversation with Sam made us stop and think. We had missed the start of Sam’s slide and there could be others like him.

Consequently, we have adopted the following five key principles when scrutinising assessment data.

1. Accepting ‘average’ on face value is not satisfactory. The ‘average’ standardised score of between 85 and 115 is a large band to move within. ‘Average’ can be misleading as it may stop us from identifying pupils that are either beginning to experience difficulties as their coping runs out or identifying pupils that are making perhaps accelerated progress.

2. Pupil voice as part of assessment practice is essential. The pupil’s thoughts about their own performance and how they feel in the classroom can bring a whole new level of understanding of what it is like for each individual learner and their perceptions of barriers to learning that they face.

3. Trust your professional hunch. If a pupil’s scores don’t ‘sit right’ it is essential to delve deeper and drill down.

4. A fresh pair of eyes is vital in providing support and challenge when interrogating results. Having a colleague who doesn’t know the pupil explore your assessment data ‘cold’ can prompt questions that encourage you to look beyond the assessment score and performance descriptors to find the teaching tweak that could make a huge difference and the reasons behind any surprises.

5. Triangulation is crucial in getting the full picture. Look at all of the available assessment information about the pupil over time and compare performance across assessments so that a deeper understanding of the pupil’s typical progress from their unique starting point is clear. This can be used as an early alert system – proactive is always better than reactive.
Avoid labels and get to the real need – try to ask ‘what are these results really showing me?’ and uncover things that need attention, rather than placing children into easy categories.

Make sure that assessment leads to something meaningful – don’t just assess for the sake of it.

Use subtests if necessary – every child is unique. Learning difficulties with a neurological basis frequently occur together so one assessment is unlikely to provide a full picture.

But make assessment fun – be aware of fatigue and don’t feel you have to administer all subtests in one go.

Back your instincts – use standardised assessments in a pick-and-mix way to confirm or reject suspicions.

Identify the children who need the most help – assessment can help you with this. But don’t ignore children just outside the cut-off.

Make sure you consider average or even high attainers – they may have developed excellent strategies for masking underlying issues.

Consult closely with the class teacher – build awareness of SEN throughout the school rather than allowing all SEN assessments to be the sole responsibility of the SENCo.

Listen to parents – but honesty is the best policy, however difficult the conversation. Assessments provide robust evidence if parents disagree with you.

Assess early – you can make a much bigger difference to a child’s life if you catch any issues at a young age.

So what happened to Sam?
We developed a programme of subject specific vocabulary, key concepts and strategies to help Sam ‘cope’ in lessons and set up systems for him to signal when he needed help. Sam and his teachers can definitely see some promising green shoots. He now asks for help much more readily when he feels that his coping skills are low, he is becoming more resilient and confident and he answers more questions in a faster time. All in all Sam doesn’t sound so ‘average’ now!

HOW SHOULD TEACHERS ASSESS FOR THE INDIVIDUAL NEEDS OF CHILDREN?
By Tom Guy,
SEND publisher at GL Assessment
A HOLISTIC VIEW OF EVERY PUPIL

Sarah Haythornthwaite, GL Assessment’s Sales and Marketing Director, explains how the company’s ‘whole pupil’ approach to assessment provides teachers and senior leaders with the data and insights to gain a holistic view of each pupil.

GL Assessment has worked in partnership with schools for over 35 years to develop a range of assessments that support better outcomes for pupils. We believe in a whole pupil approach to assessment which, alongside a teacher’s own judgement, can provide a powerful and objective all-round view of an individual learner.

Our Complete Digital Solution (CDS) provides schools with unlimited usage of our leading assessments with ongoing support and training to help you use the data to your advantage. When used together, the assessments within CDS reveal pupils’ potential, track their progress and identify any barriers and learning difficulties they might have.

When more detailed SEN diagnosis is required, the SEN Assessment Toolkit has been created to help teachers and SENCos respond quickly to signs that a child may be experiencing more complex barriers to learning. Made up of a series of proven assessments, the toolkit can help identify issues and develop intervention strategies in four key areas: Dyslexia, Numeracy, Literacy and Mental Health. It is made up of a number of individual assessments that have all been chosen to ensure that whenever an issue is highlighted, schools have a relevant assessment that helps provide impartial evidence, as well as help inform interventions.

As this report has demonstrated, the role of the SENCo has never been more challenging. The identification of learning difficulties needs to be built into a school’s overall approach to monitoring the development of all pupils. Only deeper insight into a pupil’s capabilities, current and comparative performance and learning difficulties allows teachers to improve key information to parents and carers, and to personalise learning according to the pupil’s specific needs.

For further information please visit gl-assessment.co.uk. To arrange a school visit please visit gl-assessment.co.uk/consultants or to discuss your specific requirements, call 0330 123 5375.

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