

Cyflwynwyd yr ymateb hwn i'r [Pwyllgor Plant, Pobl Ifanc ac Addysg](#) ar gyfer yr ymchwiliad: [A oes gan blant a phobl ifanc anabl fynediad cyfartal at addysg a gofal plant?](#)

This response was submitted to the [Children, Young People and Education Committee](#) for the inquiry: [Do disabled children and young people have equal access to education and childcare?](#)

AEC 58

Ymateb gan: Cymdeithas Seicolegol Prydain

Response from: British Psychological Society (BPS)

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# BPS Consultation Response

## Do disabled children and young people have equal access to education and childcare?

29 September 2023

This submission sets out the British Psychological Society's (BPS) response to the Senedd's Children, Young People and Education Committee's call for evidence to inform their inquiry into neurodivergent and disabled children and young people's access to education and childcare.

The BPS is the representative body for psychology and psychologists throughout the UK. We are committed to providing and disseminating evidence-based expertise and advice, engaging with policy and decision makers, and promoting the highest standards in learning and teaching, professional practice and research. Psychology has an important role to play in government policy and improving lives of the public. We are a registered charity with a total membership of around 60,000 – over 1,600 of whom are in Wales.

Our response comes from clinical, counselling and educational psychologists with expertise working with children, in health, education, and community settings. Some are parents of children with additional needs so also speak with lived experience.

We acknowledge that in Wales we have pioneering legislation and policies to support people with Additional Learning Needs (ALN), and we fully endorse the principles behind the ALN reforms and its commitment towards ensuring inclusion for all. But we worry that the introduction of these measures haven't been matched with adequate resources and with support for those who should be champions for change. We also feel that there is a lack of clarity, consistency and a shared understanding in the language used across the range of professionals working with children, young people and their families.

We believe that the reforms were delivered around a time when there wasn't enough awareness and understanding about inclusion and inclusive practices across education, health and community settings. This means that the ALN Code of Practice and some of the pathways are not working for families because there isn't a shared understanding about what individual's rights and needs are (whilst valuing and celebrating inclusion and diversity) coupled with services being 'service' led rather than 'person-centred' led.

*Before we can improve access to education for children who are neurodivergent or disabled, we urgently need to join up education, health, communities, and social care so that we view things in the same light, are speaking the same language, and are in agreement with the terminology. Fragmentation between or within organisations weakens the opportunities to build capacity and creativity to support children and families.*



**1. The extent to which children and learners are currently able to access all parts of childcare and education provision, including the way in which the curriculum is taught and extra-curricular activities.**

Neurodivergent and disabled children have more difficulty in accessing many parts of education provision in mainstream schools, compared with non-disabled and neurotypical children. The ONS report *Disability and education, UK: 2019*<sup>1</sup> highlights that:

- 21.8% of disabled people had a degree in 2019 compared with 38.0% of non-disabled people;
- Disabled men were three times less likely to attain qualifications than non-disabled men;
- Individuals with severe or specific learning difficulties were the disabled group least likely to have a degree (7.0%), a difference of 14.8 percentage points in comparison with the disabled population on average; and
- Disabled people who were “limited a lot” were more likely to have no qualifications than non-disabled people (10.7% compared with 6%).

Schools are well aware of this disparity, and under the Equality Act 2010 they must take positive steps where they can so that disabled pupils can access and participate in their education and other activities<sup>2</sup>. Schools are allowed to positively discriminate on behalf of disabled children but only in some cases are required to do so.

But we are concerned that if the ethos of education is centred on “learning” and not “wellbeing and inclusion”, which we feel will always take precedence, then we will never attach the same quality to those with disabilities, and neurodivergent and disabled children will continue to have lower attainment rates than non-disabled children.

*Schools and communities must be given resources and ongoing support to ensure that they can meet children’s needs, rather than looking for alternative provision because they aren’t equipped. This is a child’s right as set out by the ALN Code of Practice. We would like to see education settings and support services adopt a needs-led approach for the individual where everyone involved in children’s educational attainment agrees on what “inclusion” and “equity” actually mean and more importantly from the child and their family’s perspective. Unfortunately, we witness that provision is based on what the services have (or don’t have) and work within these confines.*

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<sup>1</sup> [Disability and education, UK - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

<sup>2</sup> [Equality Act Advice Final.pdf \(publishing.service.gov.uk\)](https://publishing.service.gov.uk) (p.11)



## 2. The extent to which children and young people have been excluded from aspects of education or childcare due to their disability or neurodivergence.

According to the Equality and Human Rights Commission, disabled children in Britain are more likely to be permanently or temporarily excluded than non-disabled children,<sup>3</sup> and we are concerned that the rate of exclusions in Wales continues to rise.<sup>4</sup>

We do acknowledge that exclusions are often due to unavoidable barriers; for example being unable to physically take part in sports, plays, or extra-curricular activities. But we worry that some schools are overlooking the impact that this can have on a child, and that many schools fail to listen to the child to come up with innovative solutions to enable inclusion and equity.

*We think that schools should consider how to deliver effective solutions to tackling exclusions rather than letting the child simply observe as a bystander. Schools need ongoing support so that their default response is always about how they can ensure child-centred, creative/supportive solutions to inclusion, so that exclusion should never be an option.*

Neurodivergent children and those children who have experienced trauma are also often excluded, mainly because their behaviour is considered “challenging”. Head banging and an inability to swallow are two examples of behaviours that are often misinterpreted for bad behaviour or a ‘problem within a child’. But we find that these behaviours actually help a child to regulate themselves and prevent experiencing further challenges. We need to interpret and understand these behaviours in what they are conveying, so that we can provide the right support from those that can help.

*Staff must be given adequate training and ongoing support to ensure they use solution-focused and strengths-based approaches. This will allow them to tune into the needs of the child, support and build on strengths and interests, and avoid exclusions where possible. Key to this is an understanding about relationships and relational approaches.*

## 3. The extent to which families and children feel that they have been affected by direct or indirect discrimination arising from disability.

Neurodivergent and disabled children can experience discrimination on a number of levels, including social isolation, bullying, harassment, and negative stereotyping. If they are deliberately excluded from events due to ‘challenging behaviour’ or physical constraints, this will further impact their ability to integrate with classmates, will negatively impact on their overall experience of school, and will have an effect on their psychological and educational development.

We are very concerned about how ‘challenging behaviour’ is ‘managed’ in schools and the impact of restraining a child has on their emotional and mental wellbeing. As previously stated, we believe that behaviour should be understood, supported, and accepted rather

<sup>3</sup> [being-disabled-in-britain-executive-summary.pdf \(equalityhumanrights.com\)](#)

<sup>4</sup> [School exclusions and managing ‘challenging behaviour’ – Welsh Government assessment | Human Rights Tracker](#)



than managed. We are concerned that data are not regularly collected so its use can't be monitored or reduced.<sup>5</sup> Children often try to get their needs met through behaviour, and excluding or isolating them only adds to challenges and results in bigger needs 'to be met'.

*We feel that restrictive practices in schools (including restraint) should be avoided at all costs.*

We know that policies are developed with non-disabled and neurotypical children in mind, but they should be developed with all children in mind - with their voice and rights at the centre. We feel that schools can go some way to reduce discrimination by ensuring that their existing policies can be flexible to meet the needs of those with disabilities or who are neurodivergent. There should be an ongoing commitment to ensure that we are thinking about how we support this from the systemic (policies) to the individual level. For example, it is practice in some schools to inform children of their new teachers on transition day as it is deemed to be unfair for some children to know in advance of others. We feel that this discriminates disproportionately against neurodivergent children, where knowing information in advance is important in managing transitions and anxiety levels.

*There must be some flexibility for staff when carrying out school policies and guidance so that they are truly fair, equitable, and act in the best interests of the child, based on their unique strengths, interests and support needs.*

#### **4. The impact of any lack of or limited access on a child or young person's mental health and well-being and educational outcomes.**

Our members tell us that many more children and young people appear more anxious since the pandemic, either because of the pandemic and/or due to the increasing needs of society and communities, and that we are experiencing higher numbers presenting in mental health services. What is most alarming is the increase in the number of very young children in pre-school settings (between 3 – 5 years) with complex 'challenging behaviour'. Since a return to normality post-Covid, we worry that schools aren't equipped to deal with this rise.

Our members are also seeing many children in CAMHS who, while waiting for a mental health diagnosis, weren't able to access what they needed from mainstream school. It's vital to identify a child's needs early and to take swift action to provide tailored support.

Many children and parents wait years for a mental health or ALN diagnosis only to find that a diagnosis is not the panacea they had hoped. A diagnosis simply provides confirmation often regarding what they already know, rather than the additional support the child needs.

*We would like to see more early advice and support available within the whole community without the need for a 'referral' or 'label'. Mental health support must be person and needs-led rather than diagnosis-led, where support is tailored to the individual, taking the holistic view of what is important to the child at that time. We would also like Welsh Government, local authorities, schools, communities, and families to access reliable, psychologically*

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<sup>5</sup> [School exclusions and managing 'challenging behaviour' – Welsh Government assessment | Human Rights Tracker](#)



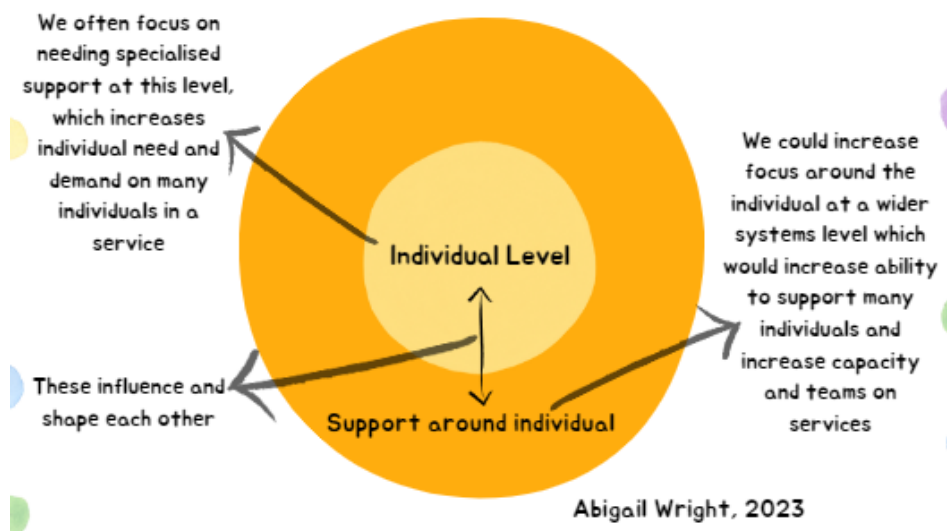
*informed information and support when they need it. This will go some way in ensuring that many of our concerns raised in this submission are addressed.*

## 5. Whether parents of disabled and neurodivergent children and the children themselves receive effective support from local authorities and schools

The type and quality of support provided by local authorities and schools will differ widely across Wales. The more successful ones are those which are integrated with communities, third sector, and health services. As we previously stated, it's important that there is clarity across all organisations about what "inclusion" means so that collectively we can provide truly equitable services.

Education Psychologists work within local authorities and schools and key to our role is to help explore the factors within a child's context and how these impact on them, and we do this through applying a variety of different theories and frameworks. We often use systems theory to make sense of a situation, to understand what is important to and for a child in their context, then work on what is working well for supporting them.<sup>6</sup>

We think the visual below highlights in simple terms the importance of a systems level approach.



Psychologists take a holistic approach and we have the skills to help make a difference and facilitate change, including helping to move away from more deficit or negative language that can create further challenges for children and their families. This is why we believe that Educational Psychologists should have a wider role in developing higher-level policy and in

<sup>6</sup> Key to this is Bronfenbrenner's Ecological Systems Theory.



decision-making. But there is a gap in the EP workforce across Wales, which is impacting on the level of support that can be provided for children that need it.

*We would like to see more Educational Psychologists employed by local authorities to enable a systemic change through our involvement and collaboration with many professionals, for a wide range of children. We would urge the Welsh Government and local authorities to review the current number of Educational Psychologists trained and employed in Wales.*

*We would also recommend a wider review into the workforce. We are concerned that we didn't see an increase in resources for health services within the ALN reforms and we would like to see the Welsh Government review how health services and local authorities are currently able to meet demand. This review must focus on strengthening collaboration and allowing support provided to be creative in meeting the needs. We would like the Welsh Government to consider workforce issues, particularly around recruitment and retention of staff within schools and local authorities. We see staff wellbeing as a significant issue impacting on children. Support staff, such as TAs and those in childcare settings, are working hard without the value and recognition with pay. We would like to see their expertise and involvement better acknowledged so that we don't continue to see many leaving the profession.*

We question how schools set outcomes, targets and provisions for neurodivergent children. We often find that these are not always appropriate for all children's needs; what we must do is to meet children at where they are developmentally and psychologically. If outcomes don't continually ensure this, we are at risk of making it appear that neurodivergent and disabled children are not developing or 'failing'.

We are also worried that masking has serious consequences for a child's development and attainment. This is when an autistic child consciously or subconsciously suppresses or hides their autistic identity in order to fit in to social situations. Masking causes a variety of issues that can impact on a child's wellbeing, such as increased worries/anxieties, decreased level of happiness, and difficulties with their identity. It's important that schools listen to the expertise of the child's parents/guardians to gain an insight into what behaviour is normal for them. We are concerned that masking does hide the true extent of many children's disabilities and that some schools may refuse to acknowledge that there is a problem.

*Outcomes and targets must ensure equity (as opposed to 'equality' per se) so that children who are neurodiverse aren't encouraged to behave like other children but are valued for being themselves. Targets must be meeting the child "where they are at", in line with the ethos of the new curriculum.*

### Early Intervention

Early advice and intervention around ALN is key to ensuring that those children likely to experience poor outcomes get the best support to improve their chances to succeed in school. Three approaches that could be adopted further in Wales are below:

- E-PATs, or Early Positive Approaches to Support programme, is an eight week group session led by a professional to help support families of children aged five and under with disabilities. The



programme seeks to improve parental psychosocial wellbeing, access to services and support, and positive approaches to behaviours that challenge. It's based on the premise that the parent/care giver is the expert on their child. In Neath Port Talbot, a multi-agency playgroup for pre-school aged children focuses on providing meaningful advice that is based on needs at the time and that can lead to meaningful change for families, based on their best hopes. This is a pilot group that is having some positive early feedback from families.

- The Cerebra Report, Investing in Early Intervention<sup>7</sup> highlights that gaps in attainment between those with a learning disability and those without can be reduced. It provides examples of good practice, such as the family connector roles in Newham, London - paying parents with lived experience to provide emotional support to parents with children with LD; and family hubs where families can access peer-to-peer support, information and advice. But crucially, they stress the importance of health and social care working together to intervene in a timely way.
- “Early Positive Approaches” to working with families who have children with an intellectual disability is being employed in Cardiff and the Vale Health Board. The small team has been developing support mechanisms through the consideration of ableism, unconscious bias, prejudice and assumptions (which are aspects often considered central to the counselling psychology role). This has enabled the service to start to challenge how systems currently work, encouraging more joint formulation, and embedding joint working within teams stretched across health and the local authority.

*We feel that more work needs to be done in the community to generate support to families early on. For those children and families waiting for an ALN diagnosis or support, communities should be set up to provide activities such as playgroups, to help build stronger networks and build a child's confidence. There should be better signposting to existing support networks provided by community groups and local and national charities. We would also like to see best practice in early detection and intervention being adopted in schools and communities more widely across Wales, and to encourage multi-agency working and wider collaboration.*

## **6. The extent to which there is adequate provision for children with different types of disabilities.**

The needs of children and young people with ALN and physical disabilities can be vastly different depending on the individual. When factoring in co-morbidities it's clear to see the degree of complexity in supporting specific needs. What we need to ensure is that we develop services in a way that meets people's needs holistically, aligning and collaborating – with people at the centre – in line with the NEST framework and principles. If we don't do this, we are at risk of separating out needs that highly impact on each other.

Furthermore, if we continue to develop systems around neurotypical children, many mainstream schools will continue to be ill-prepared to meet the provisions for neurodivergent children. Dinah Aitken et al. states that “Neurodivergent people ... can struggle in these

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<sup>7</sup> [EARLY-INTERVENTION-REPORT-A4-FINAL.pdf \(cerebra.org.uk\)](https://cerebra.org.uk/early-intervention-report-a4-final.pdf)





systems because of the mismatch between the way their brains process information and the way the system implicitly expects them to operate”.<sup>8</sup> She suggests adopting a neurodiversity-affirmative approach in schools, which sets an expectation that needs naturally vary and we need resources to accommodate these variations. “A considerable added bonus of taking a universal design approach to classroom supports is that undiagnosed pupils can also benefit” as well as those waiting for a clinical diagnosis.<sup>9</sup>

While schools may not have resources to be wholly inclusive, if they don’t attempt to include neurodivergent pupils into mainstream education we will see a continued rise in them attending specialist education, which goes against the aim of the ALN Reforms.

We are particularly concerned around the lack of provision for children with sensory needs, which we are seeing all through the ages. Specifically related to neurodivergent children, the support early on and post diagnosis is usually focused on assessing and understanding social communication and interaction, but sensory needs can be equally as significant. “Sensory Integration Support” can help staff understand what has happened or is happening for a child’s sensory system that can impact on their behaviour. Many children with sensory processing difficulties overlap with neurodivergent children, learning difficulties and developmental trauma. The emphasis should be on how we ensure the right support around the child’s sensory environment and providing adaptations. It’s proven to be a successful intervention and is highlighted in NICE Guidance 2013 updated in 2021.

*We need more health care and educational professionals trained in sensory needs. Without appropriate advice and support related to sensory needs, there can be incorrect assumptions made about a child resulting in inappropriate referrals, or inappropriately focused support. Often sensory needs are a key need for preschool children.*

Many children with physical disabilities regularly require GP or hospital appointments, which impacts on their school attendance and ability to learn. There is access to education in hospitals for those requiring longer stays, but the provision is patchy and children in these settings struggle to engage.

## Conclusion

Wales is leading the way through policy and legislation to improve the experiences of neurodivergent and disabled children, but more must be done to ensure that services are joined-up with a common understanding across health, social service, education and the community around what inclusion and equity mean. To truly understand this, we must listen to children and their families on what works best for them as individuals. But schools can’t do this unless they work flexibly with their own policies and guidelines, and with the appropriate support and resources, to ensure that every child is given the best possible chance to succeed.

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<sup>8</sup> [Neurodiversity-affirmative education: why and how? | BPS](#)

<sup>9</sup> [Neurodiversity-affirmative education: why and how? | BPS](#)