Department for Education

Cross-cutting themes in identifying, supporting and collaborating for children and young people with SEND: a rapid evidence review

Research report

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Executive summary

Background

As of 2025, over 1.7 million pupils in England are identified as having special educational needs (SEN), continuing a steady rise since 2016. These pupils face a broad range of challenges (e.g., academic, emotional, social, and physical) that affect their learning and participation. The most common type of need among pupils with an Education, Health and Care (EHC) plan is autism (33.6%) and the most common type of need among pupils with SEN support are speech, language and communication needs (SLCN). Educational outcomes for pupils with SEND remain consistently lower than their peers, with gaps exacerbated by the COVID-19 pandemic.

This review forms part of a wider series of Rapid Evidence Assessments (REAs) focused on the four key areas of SEND outlined in the SEND Code of Practice (2015): communication and interaction, cognition and learning, social emotional and mental health (SEMH) difficulties, and sensory or physical needs. Communication and interaction was approached as two reviews covering SLCN and autism separately. However, this report takes a different approach. Rather than focusing on a single category, it draws together cross-cutting strategies, models, and practices shown to be effective across different needs.

The report highlights a range of approaches, including identification, assessment, intervention, and collaboration, that, although sometimes developed in research with participants with specific diagnoses, have broader applicability to a range of individual pupils. Common findings across the REAs emphasise early identification, holistic and context-sensitive assessment, the central role of teacher expertise, the importance of motivation and self-regulation, and the value of supportive relationships. Several strategies, such as peer-mediated learning, literacy support, and universal design for learning, emerged as beneficial in address diverse and overlapping needs across different learner profiles.

In addition, the report explores the critical role of inter-professional collaboration involving educators, allied health professionals, and families. It also considers the importance of teacher training and whole-school approaches to inclusive provision. This synthesis aims to support more joined-up, evidence-informed practice to better meet the needs of children and young people with SEND in mainstream settings.

Approach

The evidence was collected by means of a rapid evidence assessment. A search of the literature aimed to retrieve key findings for children and young people with SEND aged 0

to 25. The literature search focused on systematic reviews and meta-analyses evaluating effective tools and strategies for the identification and support for educational outcomes for children and young people with SEND in mainstream classrooms, as well as reviews evaluating collaborative practices between families, schools, and healthcare providers or specialists.

Key findings

Identification and assessment

Findings from this REA indicate that while formal diagnosis remains the responsibility of specialists, teachers can play a central role in early recognition of educational needs through structured observation, accessible screening tools, and collaboration with Special Educational Need Coordinators (SENCos), parents, and external professionals. The importance of drawing on multiple sources of information, such as classroom observations, family history, and both standardised and informal assessments is emphasised to develop a holistic understanding of each learner's strengths and areas of need. Gathering data from multiple informants including teachers, caregivers, and the pupil themselves is also important in developing a holistic profile and in planning support plans. Accurate identification of educational needs also relies on a foundational understanding of child development and SEND. However, teacher training in this area may be limited and more evidence-based training programmes are needed to support ongoing professional development. This is also important as new knowledge is gained through ongoing research.

There are many different needs common among children and young people with different SEND profiles including language, communication, literacy, maths, and behavioural, engagement, and participation needs. Often, similar methods can be used with different pupils to identify and assess these needs. Our REAs identified oral language sampling and connected speech analysis as evidence-based methods for identifying expressive language and speech production difficulties. Screening tools, curriculum-based measures (CBMs), and dynamic assessments each play a role in profiling different components of literacy. Specific tools such as the Strengths and Difficulties Questionnaire (SDQ) are useful to profile emotional and behavioural concerns across different children and young people with or at risk of developing SEND. However, the self-report version of the SDQ and other tools that rely on self-report may disadvantage users with limitations in their language and communication skills. Thus, it is important to ensure tools are accessible and appropriate to a child's language abilities.

Given that children and young people's profiles can change over time in response to intervention, maturation, or contextual change, progress monitoring is also an important element of the identification and assessment process. Regular informal assessments,

supplemented by periodic standardised testing, ensure that support remains responsive and appropriately targeted.

Although some of these identification and assessment methods are often used by specialists or professionals with specialist qualifications, teachers can be involved in collecting and reviewing data. particularly when supported with appropriate training. However, specific training needs are not always specified.

Support and intervention

In terms of support, there were a range of different strategies identified in our REA that can be used by mainstream educators to meet the needs of various profiles of SEND. Support should begin with high-quality teaching to reduce the reliance on individual interventions where possible. This REA found that effective interventions tend to target underlying cognitive and behavioural difficulties, particularly executive functions such as working memory, attention, and self-regulation. Instructional approaches that reduce cognitive load, offer structure and routine, and promote active engagement, such as explicit instruction, scaffolding, task sequencing, and visual supports, are especially beneficial for a wide range of children and young people with SEND. Additionally, adjustments to the physical and social learning environment such as embedding predictable routines, setting clear expectations, and providing accessible materials can help to reduce processing demands and anxiety and promote engagement which lead to better learning outcomes.

Motivation was found to play an important role in supporting academic outcomes. When interventions incorporated motivational elements such as praise, goal-setting and autonomy, they tended to demonstrate better academic outcomes. Peer-mediated instruction (PMI) was another approach shown to benefit children and young people with diverse needs, including SEMH and autism, by promoting both academic engagement and social inclusion. Techniques like Class-Wide Peer Tutoring (CWPT), Peer-Assisted Learning Strategies (PALS), and structured reciprocal dyads can be flexibly applied across settings.

There were also a number of targeted interventions that were found to be useful in supporting children and young people with different types of SEND. Self-Regulated Strategy Development (SRSD) is one such approach which can be implemented in universal provision or as a targeted intervention. Additionally, vocabulary was an important area that often required support across different profiles of need. Interventions that use written word forms and motivational supports are effective in boosting vocabulary and, consequently, literacy.

Collaborative practices

This REA reviewed papers investigating effective elements of collaborative practices in supporting children and young people with SEND. The systematic reviews and meta-analyses included in this REA investigated different models of collaboration as well as the components or characteristics that foster effective collaboration between teachers, senior leaders, specialists, and parents/caregivers in the identification and support for children and young people with SEND.

Findings demonstrate that effective collaboration fosters knowledge exchange and shared decision-making, which are important for developing person-centred provision that meets the needs of different pupils with SEND. However, the nature of these partnerships varies, and challenges include unclear role definitions, differing professional priorities, and communication barriers, particularly for families navigating the system. Different stakeholders should be viewed as equal partners in the collaboration and should recognise the different expertise offered by each group to reduce hierarchies and provide a respectful environment to share ideas and work together.

Three key models of collaboration were identified in this REA; (1) multi-level service delivery (e.g., Response to Intervention), (2) social capital frameworks that promote trust and parental advocacy, and (3) knowledge-exchange partnerships between education and health professionals. Models that were successful combined both macro-level coordination (e.g., service integration) and micro-level practices (e.g., teacher mentoring and ecological interventions). Here, training works as a key enabler in driving the effective collaborations. Training approaches with multiple components such as modelling, feedback, coaching, were found to help align agendas from different stakeholders in developing support plans for children and young people, improve implementation fidelity and teacher confidence.

Elements that led to effective family–school partnerships were trust between families and schools or settings, shared goals, and flexibility in communication and participation. Parents and caregivers can be well-placed to provide knowledge and guidance in support planning for their child and may advocate more effectively when they are well-informed and actively included in decision-making. However, it is important that educators understand the different barriers that caregivers face in participating in collaboration including a poor understanding of the system, and/or cultural and logistical challenges. Strategies such as structured consultation models, remote collaboration tools, and jargon-free communication can help bridge these gaps.

Finally, coordinated identification, assessment, and support are most effective when embedded within a whole-school approach that is led and supported by senior leadership. Inclusive practices (including continued professional development) and universal provision should be embedded into daily routines, planning, and relationships.

Gaps and limitations

Although the findings from this work highlighted many useful strategies and techniques that can be used by mainstream educators to support academic outcomes for children and young people with SEND, there are several limitations to this REA.

First, there are currently few identification and assessment tools specifically designed for use by teachers without the necessary training to administer and interpret results. Parents and schools appear to be heavily dependent on external professionals to identify and support needs of children and young people with SEND. This is maybe concerning given the SEND Code of Practice (DfE, 2015) expects schools to support all children and young people who may have SEND with or without a diagnosis. We recommend two key areas for development. First, there is a need to create more teacher-focused tools that can reliably flag potential concerns and support systematic measurement of learning needs. Second, Initial Teacher Training frameworks should include foundational training in assessment principles, including how to administer standardised tools according to their manuals to support need identification, intervention planning, and progress monitoring. Alternatively, schools should ensure that teachers have timely access to qualified assessors or specialist teachers who can assist with both the administration and interpretation of assessments.

Another key challenge is access to resources. Where this report emphasises that specialist input is required in terms of identification, assessment, and support, it is not always available. The demand for specialists may outweigh the supply and education settings may not have timely access to these professionals. These series of REAs also highlight the importance of high-quality teaching and proper implementation of interventions. However, effective teaching and intervention also depend on robust teacher training.

Finally, many of the approaches discussed in this REA may demonstrate effectiveness in a controlled research or clinical setting, however, it is unclear how well improvements persist over time or transfer to other environments (e.g., from a special education classroom to a mainstream classroom). While this REA discusses approaches that have been shown to be effective, it does not always discuss how approaches can be feasibly implemented. Therefore, practical implementation of some of the strategies discussed may be challenging for practitioners. Future studies should include follow-up assessments months or years later to see if students continue to use the skills they learned. Additionally, more implementation research is needed to determine the specific contexts in which different strategies may work best for whom and under which circumstances, or how approaches can be tailored to meet more practical needs of educators.

Conclusions

This REA aimed to review the evidence-base addressing the effective identification, assessment, support, and collaborative practices to meet the needs of children and young people with SEND. This REA finds support for a range of evidence-based strategies available to mainstream educators that are effective across learners with different profiles of need. Schools and early years settings are encouraged to prioritise early identification using a variety of methods and informants, provide high-quality teaching using evidence-based instructional approaches, and work closely with families and specialists to guide and plan effective support. A shared, whole-school commitment supported by leadership is needed to provide an environment for children and young people with SEND can meet their educational goals.

Introduction

In 2025, over 1.7 million pupils in England have special educational needs (SEN), an increase of 93,700 (5.6%) pupils since 2024 (DfE, 2025). This includes pupils with an Education, Health and Care (EHC) plan and those receiving SEN support, continuing a trend of increases since 2016.

SEND encompasses a wide range of needs that impact students' learning capacity, including academic, social, emotional, and physical challenges. As of 2025, Speech, Language and Communication Needs (SLCN) are the most common primary type of need among pupils receiving SEND support in the UK, accounting for 25.7% of cases (Department for Education, 2025). Autism Spectrum Disorder (ASD) is the primary need for 16.2% of pupils with SEND, while 11.0% of pupils are identified with Specific Learning Difficulties (SpLD). Less common needs included Vision Impairments (0.83%) and Hearing Impairments (1.5%), among others.

Educational outcomes for pupils with SEND are often lower compared to those without identified SEND, and this achievement gap has widened since the COVID-19 pandemic (Tuckett et al., 2022). Thus, pupils identified with SEND often receive educational support beyond what is typically provided for pupils without SEND. Approximately 27.3% of pupils with SEND also have an EHC plan following a statutory assessment, which evaluates the pupil's educational, health, and social care needs. The plan outlines long-term outcomes and details the additional support required beyond what is provided through standard SEN support (DfE/DoH, 2025).

There has been a growing focus on using evidence-based practices to guide educational support for pupils with SEND. These are strategies, interventions, or approaches that have been systematically researched and shown to bring about meaningful change, improve outcomes, or solve problems in a particular context (Cook et al., 2012; Slavin, 2002, 2008a).

This cross-cutting themes review sits alongside a series of Rapid Evidence Assessments (REAs) focused on the four broad areas of special educational need and disability (SEND) as defined in the SEND Code of Practice (DfE/DoH, 2015):

1. Communication and interaction
2. Cognition and learning
3. Social, Emotional and Mental Health (SEMH) difficulties
4. Sensory and/or physical needs

These categories provide a helpful structure for organising provision, but in practice, these categories are not discrete, and individual children may have needs that overlap

across different categories or may present with complex and interacting factors. For example, children with primary needs in SEMH may also experience difficulties with literacy or numeracy which is typically associated with cognition and learning profiles. Conversely, children with learning difficulties (e.g., dyslexia) may be at increased risk of anxiety, low motivation, or poor self-esteem. Additionally, two children with the same diagnosis (e.g., autism) may have very different profiles of strengths and challenges. Special educational needs are best understood in terms of how they affect learning within educational settings. While a medical diagnosis can help identify these needs, it does not always capture an individual's specific learning profile. A needs-based approach is therefore valuable in addressing the diverse profiles of children and young people.

Over the past decade, numerous efforts have been made to promote the use of evidence to guide classroom practice for students with SEND. Initiatives such as the Education Endowment Foundation (EEF) in England and the What Works Clearinghouse (WWC) in the United States have provided accessible summaries of educational research. Structured programmes like Response to Intervention (RTI) and Multi-Tiered Systems of Support (MTSS) have also gained traction, particularly where early intervention and graduated approaches are needed (Fuchs & Fuchs, 2006). Despite this, significant variation remains in how research is used and applied in schools (Antalek et al., 2025).

In this context, an evidence synthesis plays an important role in bridging the gap between research and practice. This report forms part of a wider series of rapid evidence assessments addressing the identification and support of the needs of children and young people with SEND in mainstream settings. Each REA focuses on one of the four broad areas of need with the exception of communication and interaction, where autism and SLCN are considered separately due to their distinct characteristics and support requirements. The REAs present current evidence from systematic reviews and meta-analyses on effective strategies for identifying or assessing needs and providing support as well as effective elements of collaboration in these processes.

Across these reviews, a number of consistent findings have emerged. These include the importance of timely identification and implementation of support with strong and sustained collaboration between professionals and families. This approach should have a whole-school coordinated approach with support from senior leaders. Evidence also points to the significance of pupil voice in the decision-making process around provision, the need for flexible and individualised support, and the role of supportive relationships in reaching positive outcomes. In addition, high-quality teaching, including the use of effective instructional strategies alongside physical and social environmental adjustments, was consistently associated with improved educational outcomes and greater inclusion for children and young people with a range of needs. Several support strategies were found to be applicable across different pupil profiles, particularly those focused on supporting executive function, motivation and self-regulation. Literacy,

language, and communication support strategies also showed considerable overlap, often being relevant to children with different SEND profiles. Peer-mediated strategies likewise emerged as an evidenced approach in supporting a number of different outcomes in academic, communication, and social-emotional domains.

This cross-cutting themes review brings together such strategies and themes (i.e., those that were found to be applicable across more than one area of need). The focus is not on children and young people with overlapping or multiple needs (though such cases exist), but rather on approaches that have demonstrated relevance across different types of need. These cross-cutting approaches are not duplicated in the individual REAs unless they hold specific importance for a particular category of SEND.

Aims

This report takes a different approach to the other REAs in our series of reviews. Rather than focusing on a single area of SEND, it brings together strategies, models, and practices that were found to be applicable across multiple areas of need. These include approaches to identification, assessment, support, and professional collaboration that, while sometimes originating in response to a specific type of need, were relevant to broader populations of children and young people with SEND.

This cross-cutting themes review draws on evidence from studies that were originally assigned to individual REAs based on the primary type of SEND, typically determined by participant characteristics. As each REA was developed, a number of strategies emerged that were applicable across multiple areas of SEND. While these are discussed within their respective REAs, this report brings them together to examine the broader evidence base supporting approaches that span at least two or more areas of SEND.

In addition, this report explicitly explores models of collaboration between educators and schools, healthcare professionals and clinicians, and families of children and young people with SEND. It also addresses teacher training across range of approaches to supporting pupils with SEND, alongside whole school strategies to inclusive provision. While some collaborative practices were clearly aligned with particular needs (e.g., speech and language therapy for children with SLCN), most were widely applicable to SEND as a whole and are discussed in detail in this REA.

Our research questions throughout the series of REAs were as follows.

Identification:

- Which formal and informal methods and measurement tools are available to practitioners to identify children and young people with SEND within diverse classroom settings?

    - For which ages or age ranges can these tools be used?
    - What are the performance parameters of these measurement tools (e.g. reliability/validity/specificity)?
- How can these tools be used to guide decisions regarding the provision of universal, targeted or specialist support?

Support:

- What are the most effective universal and targeted strategies, approaches, or adaptations for supporting children and young people with SEND to improve educational outcomes?
    - What is the most appropriate level of delivery (universal or targeted or specialist) for each of these interventions?
    - What specific age groups are targeted by these interventions?
- What types of approaches/interventions do children and young people with SEND respond best to?

Working with others:

- What components and characteristics foster effective collaboration between teachers, specialists, and parents/caregivers in the identification and support for children and young people with SEND, and how can clear role boundaries and knowledge-sharing frameworks support this process?
- What examples are there of different models of collaboration between the multidisciplinary team?

Methods

To address our research questions, a Rapid Evidence Assessment (REA) was conducted following Cochrane rapid review guidance (Garritty et al., 2024). This REA followed the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) statement when selecting relevant articles.

We conducted a targeted search in October 2024 of two academic databases (i.e., Scopus: PsychINFO and EBSCO: ERIC) as well as grey literature using specific keywords related to the research questions (see Appendix A: Search terms). We identified systematic reviews and meta-analyses published in English between 2014 and 2024, focusing on children and young people aged 0-25 with identified SEND in mainstream educational settings. Included studies evaluated identification, support, or collaborative practices that are feasible in UK classrooms, excluding medical, home-based, or highly resource-dependent interventions (e.g. beyond what is typically available in a mainstream classroom such as animals, robotics and virtual reality). Identification tools had to be usable by mainstream staff (not clinicians), and SEND status were independently verified through diagnosis, EHC plan, or standardised measures. Studies relying solely on teacher judgement were excluded. Studies reporting measurable educational attainment outcomes and (for SLCN) communication and language outcomes were included (i.e., excluding behavioural, social or mental health outcomes).

For identification and assessment, database searches yielded 9,734 records, with 5,405 unique records remaining after deduplication in Covidence. An additional 17 grey literature sources were identified. Following independent title and abstract screening and full-text review, 82 studies were included across five REAs.

For support and intervention, the search returned 7,451 records, reduced to 4,586 unique entries post-deduplication, plus 24 from hand-searching. Screening identified 853 eligible studies, with 196 ultimately included across the REAs.

Finally, the working with others search identified 4,292 initial records, with 2,796 remaining after deduplication and 8 added via grey literature search. After screening, 58 studies were included, primarily addressing collaborative practices that spanned multiple SEND categories rather than distinct areas.

Data from each study were then extracted by trained members of the team. We extracted descriptive information regarding the characteristics of each study as well as information about identification tools and support strategies from the included paper(s) where available.

Our search efforts prioritised high-quality and relevant research, ensuring the inclusion of peer-reviewed studies and robust methodologies. All studies identified in the final sample

were either systematic reviews or meta-analyses. However, to evaluate the quality of these studies, we used the Assessing the Methodology Quality of Systematic Reviews Tool 2 (AMSTAR2) (Shea et al., 2017). Findings suggest that the evidence base is mixed according to this tool. Most studies were rated as high or moderate confidence in the results, with some rated as low due to a 'critical flaw' (detailed in our Technical Report). The typical critical flaw was that many studies did not conduct a formal risk of bias assessment using a recognised tool (e.g., ROBINS-I, Cochrane Risk of Bias).

For a full account of our methodology including search terms, inclusion, and exclusion criteria, PRISMA flow diagram, and extraction variables, and quality appraisal see the Technical Report.

Studies were assigned to each REA based on the primary type of SEND involved, typically defined by participant characteristics. During the writing of each REA, we identified a range of strategies and approaches to identification, assessment, and support that appeared across different SEND categories. While these strategies are explored in detail within their respective REAs, this cross-cutting themes review brings them together to examine the broader body of evidence supporting each one. Only strategies and approaches that were relevant to two or more areas of SEND were included in this synthesis. This resulted in a total of 136 papers informing this current report, with 32 studies on identification and assessment, 46 studies on support and intervention, and 58 studies on collaborative practices (see Table 1).

Table 1. Number of identified studies informing each strand in the current REA

Strand	Number of studies included
Identification and assessment	32
Support and intervention	46
Collaborative practices	58
Total	136

Identification and assessment of educational needs

Early identification of SEND is crucial for ensuring that children receive effective support at an early stage, thereby improving their long-term outcomes (e.g., Dockrell, Peacey & Lunt, 2002; Snowling & Hulme, 2012). Many identification and assessment practices are broadly applicable to children with SEND, regardless of their specific needs or diagnosis. Effective decision-making about support for children and young people with SEND should be informed by a comprehensive and up-to-date assessment of their strengths and difficulties with input from parents and caregivers and the child or young person themselves. In this section, we discuss assessment and identification procedures that can help schools and educators to provide impactful and targeted support to children and young people with SEND.

The developing brain exhibits significantly greater plasticity than the adult brain, allowing it to adapt to areas of damage or weakness through functional reorganisation (Blakemore & Frith, 2005; Karmiloff-Smith, 1998). Given that children's cognitive abilities are in continual flux, it is expected that their cognitive strengths and difficulties will shift over time and in response to environmental demands. This dynamic nature makes the identification and assessment of SEND particularly challenging, as symptoms and behaviours rarely stem from a single, clearly identifiable cause. The profile of need is frequently multifaceted, stemming from a combination of cognitive, social, environmental, neurological, and genetic factors that interact in complex ways, sometimes across generations (Rauch & Lamphear, 2012).

For example, a reading delay could result from vision or hearing impairments, language difficulties, processing difficulties, memory difficulties, or wider environmental factors such as lack of access to books or an inconsistent home environment (Pennington, 2006). Different systems of support might be implemented depending on the level of influence of each contributing factor. Some of these factors may be directly observable, while others may be more difficult to measure. Additionally, many children and young people with SEND experience multiple difficulties and co-morbidities. These, combined with various restrictions and barriers to participation in education settings, may lead to complex medical, educational, and social support needs (Blackburn, Read & Spencer, 2012). For example, specific learning difficulties (SpLD) tend to co-occur more frequently than would be expected by chance and often co-occur with other developmental disorders such as ADHD and autism, as well as emotional and behavioural difficulties (Carroll et al., 2006).

Areas of need often share underlying risk factors, whether environmental (such as socioeconomic disadvantage) or biological (such as genetic predispositions). As a result, children and young people with SEND may present with complex and overlapping profiles of strength and difficulty. Understanding the full picture of need is often essential to determine what type and level of support is needed for children and young people with

SEND. This process of identifying and evidencing need can vary widely, involving different assessors, levels of clinical input, and diagnostic procedures depending on the area of need. Support may be initiated through a range of pathways, including parental or pupil concerns, teacher observations, school performance data, medical advice or diagnoses, or input from professionals such as educational psychologists, therapists, or social workers. While the SEND Code of Practice does not require a formal diagnosis or medical assessment for a child or young person to receive additional support, in practice, due to the complexity of many children and young people's profiles, access to specialist provision or an EHC plan often follows formal assessment or diagnosis by qualified professionals. Each individual REA in this series outlines the professionals and assessment procedures that may be involved in evidencing need for that particular area and, as such, these details are not repeated here.

As discussed, in schools, a formal diagnosis is not required to support a child that is struggling to access the curriculum. According to the SEND Code of Practice, support should be implemented via a graduated response of assess, plan, do, review; a systematic way for educators and professionals to identify and address the needs of children and young people who may have SEND. It's not a one-time event, but rather a continuous cycle of assessment, planning, implementation, and review. The goal is to ensure children with SEND make expected progress and that their needs are met. This response to intervention (Catts et al., 2015) has many advantages, but its success depends on well-planned interventions and careful monitoring of progress. It's important to recognise that even when early interventions are successful and support is withdrawn, students may still face difficulties later in school as academic demands become more complex.

In line with the SEND Code of Practice (DfE, 2015), the role of the class or subject teachers is to support the early recognition of students who may be experiencing difficulties, particularly those affecting educational progress. It is important to emphasise that subject and class teachers are not responsible for the formal identification or assessment of learners' needs. However, given their direct role in the learning process, teachers are often well positioned to identify early, previously unrecognised difficulties through their understanding of student behaviour, academic performance, and peer relationships. This can help to respond to emerging needs. Their close and sustained contact with children across both structured and informal contexts allows them to contribute valuable observations, particularly regarding age-appropriate abilities and behaviours (Atkins, Pelham, & Licht, 1985; De Nijs et al., 2004; Lauth, Heubeck, & Mackowiak, 2006). As a result, teachers frequently play a key role in the referral process for children with special educational needs (Rinn & Nelson, 2009; Stevens, Quittner, & Abikoff, 1998). Their reports also inform diagnostic assessments (Biederman et al., 2004; Sciutto, Terjesen, & Bender Frank, 2000) and are integral to the planning and implementation of individualised education programmes (Vereb & DiPerna, 2004).

Thus, the approaches identified in this REA are not intended to diagnose any conditions, but they can help mainstream educators in recognising children and young people's strengths and challenges to guide decisions about support or to highlight cases where referral for specialist assessment may be warranted. Where concerns are identified, these should be discussed with the school's Special Educational Needs Coordinator (SENCo) and the child's family to determine appropriate next steps, including referral and formal assessment where necessary.

Further, although many screening and assessment tools may be effective at identification and needs-based assessment, these tools should be interpreted with caution by mainstream educators without specialist qualifications. This is because many screening tools and assessments are founded on psychometric principles (e.g., reliability, validity, and standardisation) which determine how the results should be interpreted and used. Without specific training in these areas, it may be difficult to interpret how scores compare to typically developing populations or whether they represent meaningful results or what it means when scores fall within clinical ranges. In practice, this ambiguity places greater reliance on professional judgment, which can lead to variability in how results are interpreted, particularly among assessors with less experience or limited training. While educators play a vital role in completing these tools as informants, accurate interpretation should typically be assisted by an individual with specialist training. While the strategies detailed in this REA can be useful for intervention planning or flagging potential issues, they should not be used for labelling or identifying specific personality traits or diagnosis. Rather these tools should be used to identify critical areas of need that may impact a student's academic performance.

The purpose of identification is to verify the existence of an educational need, while assessment aims to characterise the nature and extent of the child's difficulties in terms of differing skills (e.g., cognitive, language, literacy) (McCauley, 2001). The terms 'identification', 'screening', 'assessment', and 'profiling' are often used inconsistently across research, policy, and practice and can have different meanings in relation to educational versus clinical context. For example, the term 'screening' in an educational context typically refers to the process by which a tool or a strategy is used to flag potential needs in a population (e.g., whole-school or whole-class), or of specific children who may be at risk, to provide timely support or targeted interventions in educational settings. In contrast, screening for clinical purposes is typically carried out by health or mental health professionals using standardised tools to determine whether a child may meet criteria for a specific diagnosis, with the goal of planning for further assessment. However, some processes can overlap. For example, a listening comprehension assessment could be used for identification purposes to initially identify oral comprehension and receptive language difficulties, or it could be used in formal assessment of needs (e.g., during a developmental language disorder (DLD) or dyslexia diagnosis) or to monitor progress of an oral language intervention. For clarity throughout

this document, we define each term within an educational context. Definitions of terms are provided in Table 2.

Table 2. Definitions of identification terms in the educational context

Term	Educational use	Clinical use
Needs-based identification	The process of recognising that a child may have additional needs (whether they do or do not have a diagnosis), often based on parental or child concern, observations, or professional judgement. However, this process can also include informal assessments. Informal assessments are flexible methods of gathering data to identify areas of need, guide interventions and monitor progress. These tools include checklists, questionnaires, or more structured assessments (e.g., listening comprehension, reading fluency).	Not a formal clinical term; overlaps with early signs that may prompt diagnostic referral but is not sufficient for diagnosis.
Screening	A brief, tool or procedure used to flag or identify potential concerns across a population. In educational contexts, the goal is to flag potential needs early so that timely support or targeted interventions can be put in place within the school setting. However, given that screeners are typically quick to administer and usually measure only a specific area of concern, their results should be interpreted with caution.	Tools used to determine whether further diagnostic assessment is warranted, often as a first step in a medical or psychological evaluation pathway. Typically, these tools should be administered by a trained specialist.

Term	Educational use	Clinical use
Assessment	Refers to a systematic structured process of data gathering from standardised tools to understand individual strengths and needs in order to plan intervention or monitor progress. For educational purposes, these can be informal or formal assessments. Assessment should be an ongoing process to monitor progress. Formal assessments are structured, standardised tools used to evaluate a student's performance against national or normative standards. These include GCSEs and A-levels but also standardised assessments of literacy or other types of skills. Formal assessments sometimes require input from specialists to administer and/or interpret results.	A systematic and structured process of data collection for diagnostic purposes. Assessment is conducted by specialists (e.g., speech and language therapists) and involves standardised diagnostic tools to determine specific conditions or developmental profiles.
Profiling	A holistic summary of a child's functioning, strengths, and areas of difficulty, often used to guide provision. Includes data from multiple informants and through multiple methods.	Less commonly used as a standalone concept; elements of profiling are embedded in comprehensive diagnostic assessments that explore functional impact across domains.

General identification and assessment considerations

Identifying and assessing special educational needs is a nuanced process that requires careful consideration of a range of influencing factors (Cuomo et al., 2021). While the specific approaches to identification and assessment may vary by area of need, there are several overarching principles that apply across contexts. This section outlines key considerations for teachers and other decision-makers when identifying and assessing the needs of children and young people with SEND, including the importance of early recognition, the use of multi-agency input, and the need to consider both strengths and difficulties within a holistic framework.

First, teachers, early years practitioners, and SENCos should have a foundational understanding of SEND and underlying difficulties that might be driving the behaviours that are presenting in the classroom. For example, a child who frequently calls out, leaves their seat, or avoids tasks may be interpreted as oppositional or inattentive, however, these may be signs that there are underlying needs to be addressed. The child may struggle to hold and process verbal instructions, struggle to read and complete worksheets or participate in activities which may lead to frustration, disengagement, or lack of motivation. Addressing underlying cognitive difficulties through visual supports, simplified instructions, and breaking tasks into manageable steps may reduce these behaviours and support more positive engagement. One systematic review identified in our REA found that noticing these early concerns were dependant on knowledge of child development and through comparison with other children (Cuomo et al., 2021). Given the limited instruction on these difficulties in initial teacher training programmes, teachers and early years practitioners may wish to engage in ongoing professional development to strengthen their knowledge and skills in identifying and supporting children and young people with cognition and learning needs.

A second recurring theme was the need for holistic assessment, with REAs calling for greater attention to functional and contextual factors in understanding a child's needs. Obtaining a family history and background information is important in the identification, assessment, and profiling process. Given that different types of SEND can be heritable and are impacted by environmental factors, it is useful, where possible, for the school or the setting to obtain a detailed family history. A developmental history and health background is the first important step to understanding a child's difficulties in certain areas. Highlighting recurrent childhood health issues or developmental milestones, such as learning to talk or developing physical skills, is essential alongside symptom interviews such as the Strengths and Difficulties Questionnaire (Goodman, 1997) to pinpoint areas of challenge. It is also useful to identify whether any support or interventions are taking place outside of the educational setting. Contextual factors can help identify areas that may have been overlooked, as characteristics of SEND can overlap. Schools or settings can gather a developmental history and health background directly from parents or caregivers during their identification and assessment process. Caregivers may also be well placed to discuss a child's strengths and difficulties. This may be completed with the SENCo or with specialists working within the setting (e.g., a specialist teacher or assessor).

Finally, all REAs emphasised the importance of ongoing monitoring. The profile of children and young people can change over time (e.g., in response to intervention, change in environment, cognitive development, and other relevant changes). Therefore, it is important that early identification is followed by monitoring and periodic reassessment, as highlighted in the review by Carroll (2020). Most standardised

assessments can typically be readministered every six months, but weekly or monthly informal assessments may also be useful.

Building on these principles, identification approaches should be multifaceted and evidence-informed. The following section outlines practical tools and strategies that can support comprehensive profiling of strengths and difficulties, ensuring a more accurate understanding of a child or young person's needs.

Identification approaches

Identifying special educational needs typically involves a combination of cognitive assessments, behavioural observations, and direct testing, carried out by qualified professionals such as educational psychologists, SENCos, or specialist assessors. The purpose is to understand the child's strengths and difficulties in relation to age-typical development. Additional information may be gathered on the child or young person's physical, emotional, social, and health needs, drawing on input from clinicians and other relevant professionals, as well as evidence from any prior support provided by other services.

While some identification methods require specialist training, our REAs highlighted several evidence-based tools that classroom teachers can use to assess key aspects of a pupil's needs. We identified a range of tools that support the identification of needs across multiple areas of SEND.

Teacher-led observation and informal identification

Teacher-led observation and informal identification featured prominently across all REAs, with teachers frequently described as the first to notice emerging needs in the classroom (Girolamo et al., 2022; DeLucia et al., 2024). Tools such as the Classroom Observation Scale (COS) and direct behaviour ratings were identified as accessible, low-burden methods that enable educators to contribute meaningfully to early screening and ongoing monitoring (Chesnut et al., 2017; McClain et al., 2017).

Direct observation remains one of the most common and valuable methods for identifying need, particularly through the monitoring of pupil behaviour and interaction during everyday classroom activities. All REAs reviewed highlighted strong evidence for the use of observation-based approaches such as checklists, time sampling, and structured rating tools. These methods offer real-time insight into pupil behaviour during specific tasks (e.g. literacy activities) or transitions, and, unlike self-report or questionnaires, allow for the capture of objective, non-verbal indicators such as body language, posture, and facial expression, which may reflect emotional or sensory needs.

Observation typically involves systematic behavioural coding; for example, an observer may record a child's behaviour at 30-second intervals during a lesson. However, this approach can be resource-intensive and requires training in structured techniques (e.g. interval recording, frequency counts, event sampling), along with consistency across observers to ensure reliability. Across REAs, a recurring challenge was the limited training available to teachers, both in initial teacher education and through ongoing professional development (Dockrell & Howell, 2016; Clark & Adams, 2022). This was noted to contribute to under-recognition and misidentification, particularly in children with overlapping needs or English as an additional language (EAL) (Tuller, 2015; Paradis et al., 2010).

To minimise the resource burden and improve reliability of identification, digital approaches such as the Multi-Option Observation System for Experimental Studies (MOOSES; Tapp & Wehby, 1993), the Behavioural Observation of Students in Schools© (BOSS; Shapiro, 2011), and the Mainstream Code for Instructional Structure and Student Academic Response (MS-CISSAR; Greenwood et al., 2000) have been developed. These tools support consistent, efficient data collection and reduce observer bias.

Nonetheless, informal direct observation by teachers, teaching assistants, or early years practitioners remains valuable, particularly for identifying emerging concerns that may warrant further assessment. Such observations can serve as a crucial first step in understanding a child's profile of need.

Alongside observational tools, brief screening instruments can also aid in identification of needs. One such tool, identified in 18 different systematic reviews across our REAs (focused on SEMH needs, SLCN, and autism), is the Strengths and Difficulties Questionnaire (SDQ; Goodman, 2001). The SDQ is a brief behavioural screening tool designed to identify emotional and behavioural issues in children and young people aged 2 to 17. The questionnaire consists of 25 items divided into five subscales: emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems, and prosocial behaviour. The first four subscales combine to form a Total Difficulties Score, while the prosocial scale is reported separately to highlight the child's strengths. There are versions of the SDQ for parents (ages 2-17), teachers (ages 4-17), and self-report by young people (ages 11-17). It typically takes 5 to 10 minutes to complete and can be administered on paper or digitally. Respondents are asked to rate each item in the questionnaire based on their observations of the child. The SDQ is freely available for use on the official website. According to developers, this tool is not recommended for progress monitoring of interventions. While the SDQ is not recommended for monitoring progress, and can be a valuable tool for identifying whether emotional or behavioural needs may be present alongside other types of SEND. Its repeated inclusion across reviews highlights its relevance and utility in early assessment practices.

Finally, participation-based tools such as the Assessment of Preschool Children's Participation (APCP) and the Children's Participation Questionnaire (CPQ) were identified in multiple reviews as suitable for use by educators, particularly in early years settings (Lami et al., 2017; Clark & Adams, 2022).

Teacher-led observation and informal identification approaches summary

- Direct observation (incl. digital approaches)
- Strengths and difficulties questionnaire (SDQ)
- Participation-based tools

Identification of speech, language, and communication needs

Language and communication constitute the foundation for cognitive, social, and emotional development and are integral to educational engagement. They enable learners to access the curriculum, participate meaningfully in classroom discourse, and articulate their understanding. Critically, these skills underpin the development of literacy, influencing reading comprehension, written expression, and the acquisition of academic vocabulary. Language and communication difficulties are not confined to children with a primary diagnosis of SLCN; they are also commonly observed in children with ADHD, developmental language disorder, autistic children, and in other types of SEND (e.g., Geurts & Embrechts, 2008; Kim et al., 2014; Snowling & Melby-Lervåg, 2016). For example, autistic children and young people may present with delayed speech development (Cleland, Gibbon, Peppé, O'Hare, & Rutherford, 2010; Shriberg, Paul, Black, & Santen, 2011), disordered speech development (Cleland et al., 2010; Rapin et al., 2009) or even advanced speech development (Kjelgaard & Tager-Flusberg, 2001).

Language and communication skills are foundational to literacy development. A strong oral language base, including vocabulary knowledge, grammatical understanding, and narrative competence, underpins success in reading and writing (Carroll et al., 2011). Difficulties in oral language are well-established predictors of challenges in decoding, reading comprehension, spelling, and written expression. Given this close relationship, systematic assessment of language is critical not only for identifying speech, language, and communication needs, but also for understanding and addressing the roots of literacy difficulties in children and young people with SEND.

Given the evidence that language and communication difficulties are prevalent across multiple types of SEND and may be linked to wider difficulties including literacy, systematic assessment of language and communication can identify this as an area of difficulty across different types of SEND, not only to identify these needs directly, but also to understand their impact on wider learning and to inform appropriate support. Moreover, language and communication abilities can influence the validity of other

assessment approaches. For example, children with limited expressive language may be unable to engage meaningfully with self-report measures, such as the self-report version of the Strengths and Difficulties Questionnaire (SDQ). Recognising these limitations is crucial to ensuring that assessment processes are inclusive, developmentally appropriate, and reflective of the child's actual profile of needs.

One valuable approach for identifying speech, language, or communication challenges, such as difficulties with expressive language or speech sound production, is the collection and analysis of oral language samples. These challenges are commonly observed across a range of SEND profiles and can inform the design of targeted interventions. Oral language samples offer insight into key aspects of speech production, including speech rate, fluency, intelligibility, voice quality, and the presence of speech errors. They also provide opportunities to observe expressive language use, including vocabulary, semantic understanding, and pragmatic skills such as eye contact, topic maintenance, turn-taking, and perspective-taking. Three systematic reviews in our REAs, particularly the SLCN and autism REAs (Broome et al., 2017; Scott, 2020; Winters et al., 2022) found that collecting connected speech samples and language sample analysis can serve as evidence-based tools of measuring different types of speech and language needs.

Within this broader framework, a connected speech sample refers specifically to a continuous segment of spontaneous spoken language, typically elicited through naturalistic activities such as conversation, picture description, or storytelling. These samples are primarily used to assess features of speech production, including phonological processes, articulation accuracy, prosody, and fluency (e.g., stuttering, disfluencies). In contrast, language sample analysis (LSA) takes a broader view, analysing a child's expressive language abilities across multiple linguistic domains, morphology, syntax, semantics, and pragmatics, based on spoken or written samples collected during everyday tasks such as storytelling, play, or discussion. Educators can elicit these samples using accessible and engaging prompts, such as asking pupils to describe a recent experience or narrate a story from a picture sequence.

While LSA is traditionally carried out by speech and language therapists, teachers can also play a role in collecting and, with appropriate training or guidance, reviewing language samples. Although LSA was not identified as a widely adopted tool in our REA, Shipley and McAfee (2023) provide practical guidance for educators interested in its use. However, as Winters et al. (2022) note, more research is needed to determine the reliability of different narrative tasks (e.g., storytelling vs retelling) and the influence of individual characteristics (such as age or home language) on outcomes. Further evidence is required to establish the validity of LSA as a screening tool in educational settings, particularly when implemented by educators without specialist training.

Strategies for identifying speech, language, and communication difficulties across SEND summary

- Oral language sampling
- Connected speech sample
- Language sample analysis

Identification of literacy needs

Many children and young people with SEND experience difficulties with literacy skills, including oral language (as discussed under Identification of speech, language and communication needs), reading, spelling, and writing. These skills are central to communication in education, with reading and writing forming the foundation of most formal learning and assessment. Difficulties with literacy may include challenges with decoding, reading fluency, reading comprehension, spelling, writing, and speed of processing. Such difficulties are not limited to one specific category of SEND, they are often observed in children with autism, SEMH needs, SLCN, and other needs, as reflected in the findings across several of the REAs in this series.

While some studies in the Cognition and Learning Report focused on the identification of specific learning difficulties (SpLD), others addressed reading difficulties more broadly. Crucially, literacy difficulties should be viewed as indicators of need rather than as grounds for categorical diagnosis. Recognising that a child is struggling with aspects of literacy allows for timely support, even in the absence of a formal label.

Several types of literacy assessment serve distinct but complementary purposes. Norm-referenced tests compare a student's performance to a representative peer group (e.g. García & Cain, 2014), while criterion-referenced tests, such as those used in UK national assessments, evaluate whether specific learning objectives have been met. Curriculum-based assessments, in contrast, are informal, teacher-led tools aligned with classroom instruction, and are particularly useful for tracking progress and informing day-to-day teaching (Deno, 2014). Used alongside observational data, developmental history, and family input, these assessments help build a comprehensive picture of a pupil's literacy strengths and needs and guide appropriate intervention planning.

This section outlines practical tools and techniques available to mainstream educators for identifying and assessing literacy difficulties. These approaches are applicable across SEND profiles, as literacy challenges often intersect with a wide range of needs. They help identify barriers to learning and inform the selection of appropriate, evidence-based interventions.

Identifying reading difficulties

Given the complexity of reading development, which encompasses skills such as phonological awareness, decoding, oral language, vocabulary, executive functioning, and comprehension, identifying difficulties across all pupils in a class can be challenging. A structured, tiered identification process, planned in collaboration with the school's SENCo helps to ensure consistency and manageability. High-quality, universal instruction should always be the starting point. If students struggle despite this, brief, low-stress screening tools such as phonics screeners, sentence reading tests, and curriculum-based assessments can provide early indicators of difficulty. The Year 1 Phonics Screening Check, for example, is a helpful early measure of foundational decoding skills. Families also play a crucial role in highlighting early concerns about a child's literacy development.

For pupils flagged through initial screening or teacher/parent concerns, more targeted assessments can focus on specific components of reading. This stage should include gathering information about developmental and family history of learning difficulties. Word reading and decoding can be assessed using real and pseudoword lists, with pseudoword reading offering insights into phonological decoding ability (García & Cain, 2014). These are often static assessments, measuring current ability. However, dynamic assessment which evaluates a child's learning potential, has shown emerging promise, particularly in identifying reading difficulties among younger children (Dixon et al., 2023; Nelson-Strouts et al., 2020). While dynamic tools have, in some cases, outperformed static tools in predicting difficulties, the lack of consistent scoring criteria limits their use in routine classroom settings.

Curriculum-based measures (CBMs) allow teachers to assess reading fluency, accuracy, and comprehension using familiar classroom materials. Typically, timed and unprompted, these assessments can identify students in need of support and monitor their progress over time. Snyder and Ayres (2020) found CBMs effective for assessing oral reading fluency, letter-sound fluency, and comprehension in children and young people with 'intellectual disabilities' as determined by author report of a participant's medical diagnosis, educational eligibility, or author-documented cognitive functioning below a standard score of 70. Common tasks include timed readings and maze assessments, where students select the correct word to complete sentences. While tools such as DIBELS, aimsWeb, and easyCBM were included in the review, no direct comparison of their effectiveness was made. Tool selection should therefore consider alignment with curriculum goals, ease of use, required training, and contextual fit.

A second systematic review found that CBM could also be used to measure literacy (e.g., letter-naming fluency, letter sound fluency, phoneme segmentation fluency, nonsense word fluency and reading comprehension) in autistic children and young people aged 4 to 16 (Keller-Margulis et al., 2024). The aimsWeb tool was also included in this study

however, as with the Snyder and Ayres (2020) review, these tools were not directly compared to determine which work best.

Oral reading tasks are another useful way to assess accuracy and fluency, but they must be used thoughtfully. Whole-class reading aloud can provoke anxiety or embarrassment, particularly among struggling readers. Alternatives such as one-to-one or paired reading are often more supportive (Ash et al., 2008). These settings allow teachers to prioritise areas like decoding and comprehension, especially for early readers or those learning English as an additional language.

Reading comprehension is commonly assessed using standardised tests that require students to respond to questions targeting literal, inferential, and evaluative understanding. Cloze procedures (Bormuth, 1968), retellings, and summarisation tasks (Paris & Paris, 2003) are also frequently used. Comprehension monitoring, which involves detecting inconsistencies in texts, helps assess a student's awareness of their own understanding (Pressley & Gaskins, 2006). Guo et al. (2023) identified the Neale Analysis of Reading Ability (NARA; Neale, 1989, 1997) and the Woodcock Reading Mastery Tests (WRMT; Woodcock, 1987) as formal tools for assessing comprehension. NARA involves oral reading and comprehension questions, while WRMT includes cloze tasks. The WRMT typically requires more specialised training to administer and interpret, whereas NARA is more accessible to teachers, though results should still be interpreted with support from a SENCo or specialist.

Strategies to identify reading difficulties across SEND summary

- Dynamic assessment of reading skills
- Curriculum-based reading measures
- Oral reading tasks (one-to-one or through paired reading rather than whole class)
- Standardised reading comprehension assessment aided by a SENCo or a specialist

Identifying writing difficulties

Difficulties in handwriting can also affect many children and young people with different types of SEND. For instance, autistic children and young people frequently experience handwriting difficulties that affect both the product (legibility, form, and consistency) and the process (motor control, speed, spatial organisation) (e.g., Alaniz et al., 2015; Kushki et al., 2011). Studies have consistently found challenges in spatial alignment, letter formation, grip control, and handwriting fluency (Johnson et al., 2013; Engel-Yeger et al., 2012; Li-Tsang et al., 2018). These difficulties are closely linked to underlying cognitive and motor development challenges, including impairments in motor planning, visual-motor integration, and coordination (Fuentes et al., 2009; Dakin & Frith, 2005) which are

emphasised in models of the writing process and writing development (Berninger, 2000; Berninger & Graham, 1998).

Comparative research highlights significant differences between typically developing children and autistic children in various handwriting tasks, such as name writing, paragraph copying, and spontaneous writing (Rosenblum et al., 2016). A recent scoping review by van den Bos and Rosenblum (2022) maps the cognitive, sensory, and motor mechanisms contributing to handwriting outcomes in autism. They found that movement control and psychomotor functions are key to handwriting quality, while movement reflexes appear to influence consistency across both product and process dimensions.

Language skills also play a critical role in handwriting. There is growing evidence that oral language limitations can impede written text production in both children with and without learning difficulties (Berninger et al., 2006; Mackie et al., 2013). Therefore, writing outcomes may also be poorer for children with SLCN.

Since handwriting is a multimodal task, meaning both linguistic and fine motor skills are involved, it is also affected by broader neurodevelopmental conditions such as developmental coordination disorder (DCD), dysphagia, stroke, cerebral palsy, and muscular dystrophy.

Children with SEMH needs frequently experience difficulties with writing, and there is growing research to support this association. These difficulties often stem from a combination of low self-efficacy, writing anxiety, emotional dysregulation, and challenges with attention and executive functioning. Children with SEMH needs may struggle to initiate and sustain writing tasks, avoid writing due to past failure, or produce work that lacks organisation and coherence. Studies have shown that difficulties with emotional regulation can disrupt the writing process, while limited attention control affects planning and revision (Hooper et al., 2002; Dockrell et al., 2016). Connelly, Dockrell, and Barnett (2005) found that behavioural difficulties also reduce engagement with writing instruction and can lead to lower-quality written output. Research by Dockrell et al. (2019) reported that children with emotional and behavioural difficulties performed significantly below age expectations in terms of text length, grammatical accuracy, and cohesion. Interventions that target metacognitive strategy use and emotional regulation have been found to support writing development in this group (Troia & Graham, 2002). Based on this, effective assessment and intervention must attend to both the cognitive demands of writing and the emotional barriers that SEMH needs can present.

As handwriting is an important form of communication as well as the main method of assessment in education, it is an important aspect of educational performance. Thus, it is important to measure and support any handwriting difficulties in children and young people with SEND.

It is useful to take an unaided writing sample from a child to assess writing skills. Writing outcomes can be measured in terms of their product and process (Sumner & Connelly, 2020; Sumner et al., 2014). Although instruction requires emphasis on the writing process (planning and organising material, transcribing thoughts into words, and reviewing and revising), assessment of writing skills must focus primarily on the writing product. Table 3 summarises different types of product and process measures that can be assessed from writing. Here we list the different types of product and process measures that can be assessed from writing.

Product measures:

- Total word count
- Spelling
- Vocabulary
- Grammar
- Syntax
- Content/quality

Process measures:

- Planning
- Revising
- Speed of writing
- Handwriting legibility (although can also be a product measure)
- 4 P's (pen grip, posture, paper and pressure)
- Motivation or self-regulation

Identification of writing difficulties may involve informal classroom-based judgements, observation, and analysis of work samples, but a comprehensive approach often includes formal tools and standardised assessments.

Various tools are available to assess handwriting across different ages and needs that were identified across several reviews involving children and young people with general handwriting difficulties (Vico et al., 2023), physical difficulties (Bieber et al., 2016), and autistic children and young people (Verma & Lahiri, 2022). These tools include:

1. The Detailed Assessment of Speed of Handwriting (DASH; Barnett et al., 2007): Assesses handwriting speed in students aged 9-16, widely used for identifying candidates for exam accommodations.

2. Handwriting Legibility Scale (HLS): compliments the DASH to assess legibility of a sample of writing for children aged 9 and older.
3. Minnesota Handwriting Assessment (MHA): Targets ages 6-8, focusing on form, size, spacing, alignment, and legibility.
4. Children's Handwriting Evaluation Scale – Manuscript (CHES-M): Suitable for ages 7-12, assessing legibility at sentence level.
5. Concise Assessment Method for Children's Handwriting: Evaluates handwriting fluency and quality through passage copying in children aged 6-12.
6. Evaluation Tool of Children's Handwriting (ETCH): Offers a comprehensive assessment of legibility and speed through dictation, copying, and composition tasks.
7. International tools, such as the Hebrew Handwriting Evaluation (HHE), provide non-English options where appropriate.

Most of these tools are accessible to teachers and SENCos and require minimal specialist training.

Identification strategies for writing challenges summary

- Product and process measures from unaided writing samples
- Detailed Assessment of Speed of Handwriting
- Handwriting Legibility Scale
- Minnesota Handwriting Assessment
- Children's Handwriting Evaluation Scale – Manuscript
- Concise Assessment Method for Children's Handwriting
- Evaluation Tool of Children's Handwriting
- International tools, such as the Hebrew Handwriting Evaluation (HHE), provide non-English options where appropriate

Identification and assessment summary

The identification and assessment of special educational needs is a complex, multi-dimensional process that requires attention to developmental history, contextual factors, and the interplay of strengths and difficulties. While specific tools and methods may vary depending on the type of need, all reviews in our synthesis emphasised a set of overarching principles: the importance of early identification, holistic and context-

sensitive assessment, the role of teacher expertise and observation, and the need for ongoing monitoring.

Teachers and early years practitioners are often the first to notice emerging difficulties. Observations of classroom behaviour, such as task avoidance, inattention, or low motivation, can serve as early indicators of underlying cognitive, language, or emotional needs. Accurate identification at this stage relies on a foundational understanding of child development and SEND, yet teacher training in this area remains limited. Supporting teachers through ongoing professional development is therefore crucial to improving early recognition, particularly for needs that are often misunderstood or mislabelled, such as SEMH, SLCN, or overlapping conditions.

Holistic assessment emerged as another central theme, with reviews highlighting the importance of understanding the child in context. Developmental and family history, medical background, and input from caregivers offer critical insights into the origins and nature of observed difficulties. Tools such as the Strengths and Difficulties Questionnaire (SDQ) can help profile emotional and behavioural concerns, although limitations in expressive language may constrain the use of self-report versions. This highlights the importance of ensuring that assessment tools are inclusive, appropriate to the child's language abilities, and interpreted within a broader contextual framework.

Language and communication were repeatedly identified as foundational for broader learning, particularly literacy. Difficulties in vocabulary, syntax, and pragmatic communication can significantly impact reading comprehension, written expression, and engagement in classroom discourse. These challenges are not limited to children with primary SLCN needs, they are also common in children with autism, ADHD, and SEMH needs. Our REAs identified oral language sampling and connected speech analysis as evidence-based methods for identifying expressive language and speech production difficulties. Although these methods are often used by speech and language therapists, teachers can be involved in collecting and reviewing samples, particularly when supported with appropriate training.

In terms of literacy assessment, tiered frameworks that begin with high-quality, whole-class teaching and progress to targeted or specialist assessment are most effective. Screening tools, curriculum-based measures (CBMs), and dynamic assessments each play a role in profiling different components of reading. For writing, difficulties may arise from motor, language, or emotional barriers. Autistic children, for example, often experience handwriting difficulties due to challenges in motor coordination and visual-motor integration, while children with SEMH needs may struggle with the self-regulatory and motivational aspects of writing. Writing samples can be analysed in terms of both process (planning, revising, motor execution) and product (spelling, grammar, cohesion), using standardised tools such as the DASH or MHA.

Across all areas of SEND, ongoing monitoring was identified as critical. Children's profiles may shift over time due to intervention, maturation, or contextual change. Regular informal assessments, supplemented by periodic standardised testing, ensure that support remains responsive and appropriately targeted.

In sum, effective identification and assessment of SEND require a multi-faceted, evidence-informed approach. Classroom teachers, supported by specialists and robust tools, play a key role in the early detection and ongoing monitoring of need. Integrating observational data, developmental history, and direct assessment within a holistic framework ensures that interventions are grounded in a comprehensive understanding of each child's profile.

Support and intervention

Support and intervention for children and young people with SEND encompass a range of approaches designed to address specific cognitive, behavioural, and sensory needs. Effective interventions target specific underlying cognitive difficulties, meaning it is often the technique or strategy, not the specific programme or product, which drives impact. Support for pupils with SEND can be provided at different levels, starting with universal strategies delivered to all pupils through evidence-based 'quality first' teaching approaches. Universal provision, or ‘tier 1’, consists of evidence-based pedagogical approaches and may be delivered as whole-class teaching, small group tasks, or even individual activities. When universal approaches do not sufficiently meet a pupil’s educational needs, targeted or ‘tier 2’ support can be offered. Targeted support is tailored to individual needs and is typically implemented either in small groups or through one-to-one interventions.

Finally, if targeted ‘tier 2’ support is still not effectively addressing the needs of pupils, additional intervention at the specialist ‘tier 3’ level may be provided. This may involve external professionals such as speech and language therapists or coordinated multi-agency support (e.g., through an EHC plan). This tiered approach to supporting children’s educational needs is well established in the UK (e.g., see SEND Code of Practice, 2015). Similar models exist in the United States, such as Response to Intervention models (Fuchs & Fuchs, 2006) or multi-tiered systems of support (McIntosh & Goodman, 2016), where children who do not progress with universal interventions are offered more individualised and targeted support.

When reporting on intervention and support strategies in this REA, we sometimes refer to effect sizes that were reported in the studies reviewed. Effect sizes range from 0 to 1 and refer to how much of a difference an approach or intervention makes, beyond just whether it works. A small effect (around 0.2) means a modest improvement, a medium effect (around 0.5) suggests moderate improvement or progress, and a large effect (0.8 or more) indicates a strong impact on learning. Additionally, evidence can come from various study designs, each differing in the strength and type of reliability they offer. Single-case designs provide strong evidence for the consistency of effects within individuals, making them valuable for understanding how interventions work in specific cases. However, their findings may not be widely generalisable (i.e., applicable to other individuals and/or settings). In contrast, group-design studies such as randomised controlled trials offer more generalisable results across larger populations but may overlook important individual differences in how students respond to interventions. Ideally, a strong body of evidence should be based off of multiple types of study designs.

This section is organised into two main sections. The first section discusses universal or ‘tier 1’ approaches that can address a range of different learner profiles. These include adaptations to everyday teaching and learning activities in the classroom, changes to the

physical environment, or strategies focusing on interactions and relationships in educational settings. The second section discusses more targeted forms of support at the 'tier 2' and 'tier 3' level.

Universal support and high-quality teaching

The SEND Code of Practice (2015) emphasises that high-quality teaching, differentiated and personalised, is essential to meet the individual needs of most children and young people. Individual interventions will not compensate for lack of good quality teaching. By implementing universal support measures, educators can proactively address common challenges associated with SEND, reducing the need for individualised interventions.

Our REA identified several classroom-based approaches that provide broad benefits across different types of SEND from 46 systematic reviews and meta-analyses. Rather than targeting a single diagnosis or area of need, these strategies support a wide range of learning and developmental needs, fostering an inclusive environment that benefits all pupils. By implementing universal support measures, educators can proactively address common challenges, possibly reducing the need for individualised interventions for some pupils with SEND. The following section outlines key approaches that have been shown to enhance learning outcomes for students with diverse needs.

The role of executive functions

Difficulties with executive functioning, such as working memory, cognitive flexibility, and inhibitory control, are commonly reported across various SEND profiles, impacting learning, behaviour, and social interactions. While our reviews did not identify executive functioning as an explicitly targeted focus in many studies, a number of strategies and interventions were identified that support these underlying cognitive skills associated with executive functioning. These skills are foundational across many types of SEND and can be effectively supported through high-quality teaching, structured instruction, and targeted interventions.

'Executive function' is a term that refers to a set of mental skills essential for managing thoughts, behaviours, and emotions to achieve goals (Diamond, 2013; Miyake et al., 2000). Children aren't born with executive functioning (Diamond, 2002), rather children develop these gradually, influenced by environmental and social factors (Best & Miller, 2010). Executive functions are crucial for meaningful engagement in everyday activities such as speech, motor skills, and self-regulation. They positively impact on academic achievement, such as literacy and mathematics, and underscore their importance for school readiness (e.g., the ability to self-regulate and participate) and academic success. Difficulties or developmental delays in executive functions can lead to challenges in attention control, social interactions, and increased risk-taking behaviour. Some common

behaviours children who struggle with executive functions may exhibit in the classroom include inattention, poor planning ability, impulsivity, lack of insight, and poor organisational skills among others (e.g., Burgess & Simons, 2005).

Executive functions encompass a broad range of cognitive processes, with definitions varying across studies. This REA focuses on the executive functions most closely associated with academic achievement and those frequently highlighted in the studies included in our analysis, namely working memory, attention, planning and organisation, and self-regulation:

- Working memory is the ability we have to temporarily hold and manipulate information in the mind over short periods of time (Baddeley at al., 1975). Working memory is limited in capacity meaning that when too much information is presented at once, or if cognitive demands exceed capacity, performance can decline. For example, trying to remember a phone number is more difficult when simultaneously completing another activity such as having a conversation. This capacity of working memory varies by age and individual differences. Children tend to have a smaller working memory capacity than adults, and individuals with learning difficulties, ADHD, or dyslexia may struggle with holding and processing information efficiently (e.g., Alloway, 2006; Cowan, 2010; Gathercole & Alloway, 2008).
- Attention can be defined as the cognitive process of selectively focusing on specific stimuli while ignoring others. It allows individuals to efficiently process information, sustain focus, and manage competing demands (Posner and Peterson, 1990).
- Planning refers to the ability to anticipate future events, to set goals, and to identify sequential multiple steps to carry out a task or activity. Organisation can be defined as the ability to bring order to information.
- Self-regulation is defined as the deliberate use of skills to respond to demands of the environment in a contextually appropriate way and to achieve desired goals (Montroy et al., 2016).

Executive function performance is subject to cognitive load. Cognitive load refers to the amount of mental effort and working memory resources required to process information and complete a task (Sweller, 1988). The learning environment including the physical and social environment and also the teaching can significantly impact cognitive load. For example, poor instructional design, unnecessary stimuli, disorganised content and materials can all increase task demands and increase cognitive load thus hindering learning outcomes. High cognitive load can overwhelm working memory, which is limited in capacity, reducing attention, comprehension, and retention of information. Thus, effective teaching and learning of pupils with SEND is well-designed to reduce and manage cognitive load (de Jong, 2010; Elliott et al., 2010). This can be accomplished by

reducing task demands of teacher's instructional methods, the learner's internal processes, and the nature of the content and structure of the materials (van Gog et al., 2005).

Importance of executive functions summary

- Executive functions including working memory, attention, planning, self-regulation etc. have a significant impact on day-to-day functioning
- Children and young people with different types of SEND often experience difficulties with executive functioning, which can increase processing demands and negatively affect their educational outcomes, participation, and engagement
- Effective support for children and young people with SEND should incorporate strategies that account for executive functioning difficulties by reducing processing demands and scaffolding task completion

Instructional approaches

Given the challenges children and young people with SEND may have with executive functions, it is important to use instructional strategies that support these functions and reduce cognitive load. Instructional approaches refer to the methods, strategies, and techniques that educators use to facilitate learning and help students achieve specific learning goals. These practices include how teachers deliver content, organise learning activities, provide feedback, and adapt instruction to meet diverse student needs. Here, we outline key instructional and design principles which were identified in across the REAs that can help reduce cognitive load and support learners with SEND.

Approaches such as scaffolding, chunking, visual aids, and multimodal teaching have been shown to reduce cognitive load and enhance various learning outcomes, engagement and participation (Sweller, 1988; Rapport et al., 2016). These strategies are especially useful for learners who experience difficulties with executive function, including planning, goal setting, organisation, memory, and task prioritisation. Within the classroom, tools such as planners, checklists, and structured routines can reduce stress and support independence by minimising the demands on working memory.

A number of instructional strategies identified across the REAs were found to support both children and young people with different types of SEND. These strategies share several underlying principles, including reducing cognitive load, providing structure and routine, making learning explicit, and using motivation and reinforcement to sustain engagement.

For example, use of prompts and cueing strategies, including Constant Time (CTD), was one such strategy supported across autistic children and young people. For students with

SEMH needs, systematic reviews by Ralston et al. (2014) and Tan (2016) found CTD to be effective in maintaining on-task behaviour and supporting task completion. Similarly, Horn et al. (2023) and Knight et al. (2015) reported positive outcomes for autistic pupils, particularly in reading and content learning, when CTD was delivered through teacher-led or technology-supported methods. In both cases, CTD helped promote independence and reduce prompt dependency through the consistent use of delayed prompts.

Task sequencing, including high-probability task sequences and task interspersal, was reported as an effective way to manage behaviour and increase academic output in students with SEMH needs (Knowles et al., 2015) and improve academic outcomes in pupils with cognition and learning needs (Carroll et al., 2017; Dennis et al., 2016; Myers et al., 2021). While not explicitly evaluated in the autism-specific REA, task sequencing aligns closely with the structured routines and visual schedules that are well-established as effective for autistic learners (Connor et al., 2023; Sing et al., 2021). These approaches all help create predictability and reduce demand-related stress.

Peer-mediated instruction was another overlapping strategy. Therrien et al. (2014) found peer tutoring and cooperative learning approaches improved engagement and academic achievement for students with SEMH needs. For children and young people with cognition and learning needs, peer-mediated learning can also improve literacy and maths outcomes (Carroll et al., 2017; Dennis et al., 2016; Kuder, 2017; Myers et al., 2021).

Visual supports were also shown to be beneficial across both groups. In autism-focused reviews, visual schedules, pictorial task cards, graphic organisers, and colour-coded prompts were consistently associated with increased comprehension and independence (Connor et al., 2023; Knight et al., 2015; Finnegan et al., 2016). In the reviews focused on SEMH needs, visual organisers and graphic tools were also used as part of effective science and maths instruction (Therrien et al., 2014), aiding concept development and task sequencing.

Memory techniques such as mnemonics were shown to support both cognition and learning (Kuder, 2017; Kaldenberg et al., 2014) and SEMH needs (Therrien et al., 2014), particularly in science and maths contexts. Mnemonics were effective for fact recall, while explicit vocabulary teaching supported comprehension of subject-specific texts.

Explicit instruction, which includes clear explanations, modelling, guided practice, and feedback, is widely regarded as effective for students with different types of SEND. Explicit instruction was identified by 11 systematic reviews and meta-analyses as an effective technique in enhancing various academic outcomes for children and young people with sensory or physical impairments (Guiberson & Crowe, 2018), SLCN (Clark & Reuterskiöld, 2021; Frizelle et al., 2021; Lowe et al., 2017), cognition and learning needs (Dennis et al., 2016; Kaldenberg et al., 2014; Myers et al., 2021), SEMH needs (Tan,

2016) and for autistic children and young people (Alreshe et al., 2018; Ehsan et al., 2018; Spencer, 2014).

Direct instruction was another more specific instructional technique identified by systematic reviews and meta-analyses in our REAs on cognition and learning (Alqurani & Rao, 2020; Kuder, 2017; Rodgers et al., 2022), SEMH needs (Ralston et al., 2014; Therrien et al., 2014), autism (Barnett et al., 2018; Connor et al., 2023; Finnegan et al., 2016; Ledbetter-Cho et al., 2018; Tipton-Fisler & Knight, 2024), and physical and/or sensory impairment (Stauter et al., 2017). Direct Instruction (DI*)*, developed by Engelmann and colleagues (2002), refers to a structured teaching method, where instruction is delivered explicitly and concisely where teachers strategically sequence the lesson, and script everything included in a lesson. The teacher begins by presenting, demonstrating, and/or modelling specific skills, concepts, and behaviours then they supervise students while they practice the ideas or skills presented and provide continuous feedback and encouragement. This approach is often paired with visual materials such as graphic organisers and includes hands-on activities. While direct instruction is a specific, scripted teaching model characterised by highly structured lessons, sequenced skill development, explicit instruction on the other hand is a broader pedagogical approach where learning goals and strategies are made visible to students. It includes clear modelling, guided practice, and independent application, but it is not necessarily scripted (Archer & Hughes, 2011).

Universal instructional support strategies summary

- Explicit and direct instruction
- High-quality phonics instruction
- Peer-assisted learning
- Scaffolding
- Mnemonics
- Multimedia instruction
- Task-sequencing
- Metacognitive approaches

The physical and social environment

Similar to instructional approaches, reducing the load of sensory information and processing demands is helpful for children and young people with SEND (Carroll et al., 2017). Predictable routines, accessible resources, and well organised learning spaces support focus and reduce anxiety. Visual supports such as word walls, visual timetables, and learning goals help students anticipate tasks and maintain engagement. For students

with sensory processing differences, such as those with autism, ADHD, or hearing loss, classrooms can often be noisy and overstimulating, making it difficult to concentrate or self-regulate (Mansfield and Soni, 2024; Todorov et al., 2022). Simple environmental modifications, including soft furnishings, acoustic adjustments, and reduction of visual clutter, can significantly improve learning conditions (Archbold, 2010; Swanwick and Marschark, 2010).

The MATCH framework (Missiuna, 2004) offers a useful guide for inclusive adaptations: modifying the task, altering expectations, teaching specific strategies, changing the environment, and helping through understanding. These principles reinforce the importance of flexible, individualised teaching and responsive classroom design. Ultimately, inclusive practice is not only about what is taught but also how and where it is taught. It requires a holistic understanding of student diversity and a commitment to removing barriers across instruction, environment, and interaction.

Universal strategies for the physical and social environment summary

- Organised learning spaces
- Visual supports (word walls, visual timetables and learning goals)
- Classroom modifications (e.g. soft furnishings, acoustic adjustments)
- MATCH framework

Use of technology

The use of assistive technologies such as, Augmentative and Alternative Communication (AAC), was identified as an effect strategy to improve engagement and participation across children and young people with sensory and/or physical impairments and autistic children and young people. While assistive technologies can offer meaningful support for pupils with SEND, their effectiveness depends on more than just access to the tools themselves. Research indicates that misconceptions about assistive technologies can sometimes lead to unrealistic expectations of students' abilities. While these tools provide valuable support, they often require ongoing adaptation and guidance to be truly effective (Vincenti et al., 2014; Webster et al., 2010). Effective use requires careful alignment with individual needs, supported by tailored training and thoughtful classroom design (Hueske et al., 2015; Barkley, 2014; McDougall et al., 2017). For example, text-to-speech software may assist with decoding, but only if embedded within a structured learning environment that scaffolds its use. Organising space intentionally, using consistent schedules, and incorporating strategies that promote cooperative learning, and self-monitoring can support more inclusive and effective practice (Shogren et al., 2018; Slavin, 2014).

Motivation

Motivation plays a vital role in the academic development of pupils with SEND. While more difficult to quantify than cognitive or behavioural factors, motivation may contribute directly and indirectly to outcomes by shaping classroom participation, interest, and effort (Logan et al., 2011; Lackaye and Margalit, 2006; Zheng et al., 2014). Pupils with learning difficulties often show lower intrinsic motivation, which may decline further as they progress through school, particularly in secondary settings where external influences such as peers become more prominent (Wood et al., 2006). However, extrinsic motivators, such as praise, feedback, and reward systems, can foster increased engagement and, over time, enhance intrinsic motivation (Kausik and Hussain, 2021). Our REA identified studies that demonstrated the impact of motivation for children and young people with SEMH needs (Alsalamah, 2017; Markelz & Taylor, 2016; McKenna et al., 2021), cognition and learning needs (Cho et al., 2023), sensory and/or physical impairment (Stauter et al. (2017), and SLCN (Louick et al., 2023).

Two systematic reviews found that for children and young people with SEMH needs positive reinforcement through praise, both from teachers and peers were effective in reducing challenging behaviour and improving academic motivation, on-task behaviour and attending behaviour (i.e., the verbal and non-verbal actions that a listener takes to show they are actively engaged and interested in what a speaker is saying) (Markelz & Taylor, 2016; McKenna et al., 2021; Tan, 2016).

In literacy development, motivation is particularly significant. Reading motivation and attitudes are also key predictors of literacy performance for children and young people with cognition and learning needs (Breadmore et al., 2019). Research has shown that reading motivation contributes uniquely to comprehension growth, even after accounting for prior ability (Taboada Barber et al., 2009; Park, 2011). Interventions that incorporate motivational components, such as goal orientation, attribution training, or autonomy-supportive practices, have been found to improve both motivation and reading performance (Cho et al., 2015; van Steensel et al., 2017). Theories such as self-determination theory (Deci and Ryan, 1985) and expectancy-value theory (Eccles et al., 1983) underscore the importance of fostering autonomy, competence, and task value to sustain motivation. Meta-analyses included in our REA also support the inclusion of motivational strategies within reading interventions for children and young people with dyslexia, which may improve reading outcomes more than reading interventions without motivational components (Cho et al., 2023). The incorporation of motivational strategies in literacy instruction was also found to benefit children and young people with severe speech and physical impairments who used augmentative and alternative communication (Stauter et al., 2017)

Similarly, one systematic review (Louick et al., 2023) found that vocabulary interventions that also incorporated motivational techniques such as goal-setting and monitoring, self-

graphing (e.g., keeping a regular recording of one's ongoing scores/progress on a personal graph, either on graph paper or on the computer), using high-interest texts, and using rewards were effective for children aged 5 and older at risk of literacy or language difficulties.

The addition of motivation techniques in maths interventions have also been found to be beneficial in improving maths outcomes for children and young people with SEMH needs (McKenna et al., 2021; Tan, 2016).

In their review, Carroll et al. (2017) argued that it is better to foster intrinsic motivation versus extrinsic motivation (e.g., rewards) for children and young people with SEND. They review a range of techniques that can boost intrinsic motivation:

1. Designing tasks and opportunities that are challenging but achievable, to allow experience of success in academic tasks. This may allow for the development of self-efficacy (belief that one can achieve a particular task, Bandura, 1990)
2. Explaining intrinsic value of the task (how it will be useful in the future) to the pupil rather than focusing on outcomes or external rewards.
3. Providing some degree of autonomy in setting goals or selecting the materials to use.
4. By encouraging a ‘growth mind-set’ that all students make mistakes and that mistakes can be learning opportunities rather than failures (Dweck, 2000).

Overall, academic interventions are likely to be more effective when they address not only cognitive and linguistic skills but also the motivational context in which learning occurs. For students with SEND, this means designing instruction that builds self-belief, supports engagement, and fosters meaningful connections to learning.

Importance of motivation in support strategies summary

- Fostering intrinsic motivation is important in supporting children and young people with different types of SEND
- Inclusion of motivation strategies such as praise, goal setting, material section, etc in interventions can help improve participation, engagement, and literacy outcomes

Peer-mediated support

Peer-mediated interventions have demonstrated promising outcomes in supporting the academic and social development of students with SEND. These interventions use peers as facilitators of learning, behaviour modelling, and social engagement, typically in structured formats such as peer tutoring, cooperative learning, and social skills training.

Grounded in inclusive education principles, this approach positions peers as natural supports who can model behaviour, reinforce skills, and promote engagement in authentic classroom contexts.

Peer-mediated instruction (PMI) is a broad, evidence-based framework that encompasses a range of structured teaching strategies in which peers support each other's learning through guided interaction. These strategies aim to support a wide range of goals, from turn-taking and communication to academic collaboration and social inclusion. Importantly, they often provide reciprocal benefits, enhancing empathy, social awareness, and cooperative skills among both target students and their peers. Approaches under this umbrella include class-wide peer tutoring (CWPT), peer-assisted learning strategies (PALS), and class-wide reciprocal dyads, each of which pairs or groups students to promote academic and social engagement. While CWPT typically involves all students taking turns as tutor and tutee within a structured format, PALS includes scripted activities where higher- and lower-performing peers work together, often focused on literacy or mathematics. Class-wide reciprocal dyads operate similarly but emphasise role-switching and equal participation. These strategies are not mutually exclusive but form part of a wider PMI model that can be adapted to different classroom contexts, age groups, and areas of learning, with strong evidence for their effectiveness in supporting pupils with SEND (Delquadri et al., 1986; Fuchs et al., 1997; Greenwood et al., 1992). Key components of effective peer-mediated strategies include intentional peer involvement, structured adult guidance, and a clear skill-building focus. Teachers typically play a crucial role in setting up the intervention, modelling expected behaviours, and monitoring progress.

For students with SEMH needs, peer-mediated strategies have been shown to yield academic gains across reading, spelling, English, and mathematics. Dunn et al. (2017) reported medium effect sizes across academic domains, irrespective of whether the student with SEMH needs was the tutor or the tutee. Bowman-Perrott et al. (2023) report similar findings that pupils with SEMH needs demonstrate improved academic outcomes (maths, reading, spelling), behavioural outcomes (on-task behaviour and behavioural regulation) and social outcomes (peer interactions, active responding, and cooperation) using peer-mediated strategies. These included Class-Wide Peer Tutoring (CWPT) and Peer-Assisted Learning Strategies (PALS) are structured, evidence-based instructional approaches that use peer interactions to support academic learning. Notably, the act of tutoring peers often led to deeper conceptual understanding, particularly in mathematics, where students needed to articulate and scaffold content for their peers (Tan, 2016).

In the context of autism, cooperative learning has shown effectiveness in improving reading comprehension, expressive language, and social interaction. Haas et al., (2020; 2022) demonstrated that peer-mediated instruction led to improvements in academic skills and reading comprehension for autistic children and young people across school-

age groups. However, there was less evidence for improvement in engagement. Finnegan and Mazin (2016) found that autistic pupils benefited from structured peer interaction involving shared reading, reciprocal questioning, and task monitoring. These studies embedded comprehension activities into broader instructional units and often employed curricula like SCORE (Share ideas, Compliment others, Offer help or encouragement, Recommend changes nicely, and Exercise self-control) (Vernon et al., 1996) to teach cooperative learning behaviours explicitly. Outcomes included increased comprehension scores and unprompted question generation, although variation in effectiveness across individuals suggests the need for individualised planning and ongoing adult facilitation.

While further research is needed to isolate the most effective elements of peer-mediated approaches, especially in reading comprehension for autistic students, the evidence supports their use as inclusive, flexible, and engaging strategies for supporting students with a wide range of needs.

Peer-mediated strategies to support children and young people with SEND summary

- Class-wide peer tutoring
- Peer-assisted learning strategies

Targeted support

Pupils who do not make expected progress despite high-quality teaching and universal support should receive timely, evidence-informed targeted support, with their development regularly reviewed, and such interventions must adhere to principles shown to be effective (Law et al., 2012a). This section reviews targeted support that can be effective for children and young people with different types of SEND.

Effective components of targeted interventions across SEND

A recent systematic review with a meta-analysis investigated the evidence base on targeted interventions, examining their impact on reading, writing, mathematics, science, and overall attainment outcomes for children with various types of SEND (Van Herwegen et al., 2024). Findings indicated that manualised interventions designed to address specific needs can indeed improve educational outcomes for students with certain types of SEND.

This systematic review and meta-analysis examined interventions that addressed broader, domain general needs (e.g., approaches relevant across different types of SEND), which represented 25% of the included studies, while 68% focused on more

tailored approaches (domain specific) designed to meet the specific learning or developmental needs of children and young people with particular profiles. The wider or domain general interventions used a wide range of approaches including art therapy, attention training, auditory processing, behavioural intervention, buddy system, computer games, executive functioning, language programme, meta-cognitive strategies, multi-sensory strategies, music, physical activity, study strategies and tutoring, technology, visual attention, visualisation, working memory. Most domain specific interventions focused on reading (63%), followed by mathematics (21%), then writing (10%).

On average, the targeted interventions identified in this review resulted in five additional months of progress compared to business-as-usual or active control interventions, meaning that the positive outcomes observed can be attributed to the interventions. Clear evidence demonstrates that targeted interventions improve reading outcomes for students with dyslexia and reading difficulties, and mathematics outcomes for those with dyscalculia and mathematical difficulties; however, the evidence for improving writing outcomes among students with writing difficulties remains inconclusive, potentially due to challenges in defining and identifying specific writing impairments. Furthermore, the findings indicate that targeted interventions yield greater benefits in mathematics (6 months of progress) than in reading (5 months of progress). Finally, the analysis suggests that the effectiveness of interventions extend across various types of SEND. For example, reading outcomes had been improved for those with reading difficulties and SLCN, as well as mixed SEND groups and mathematical outcomes had been improved for those with mathematical learning difficulties, ADHD, and mixed SEND reading outcomes. Thus, the positive impact of interventions observed for reading, writing, and mathematical outcomes for students with different types of SEND suggests that the type of SEND need, rather than a specific diagnostic label, should guide the selection of interventions.

In terms of contextual factors, this meta-analysis found that the type of setting (mainstream versus specialist school) in which an intervention was delivered had no effect on reading or writing outcomes. However, interventions delivered in mainstream schools showed a larger positive effect on students' mathematical outcomes than those delivered in special schools. Maths outcomes were greater for primary students compared to secondary whereas writing outcomes were greater for secondary and post-18 students.

The method of delivery (small groups versus one-to-one) and the implementor (teacher versus teaching assistant) did not appear to impact the outcomes. Thus, educators can use a flexible approach in implementing interventions and can adapt delivery format to suit their available resources and contexts without compromising effectiveness, making interventions more accessible and scalable.

Effective components of targeted interventions

- Targeted reading and maths interventions can support a wide range of children and young people with reading and maths difficulties
- Intervention effectiveness for writing outcomes is less conclusive given current research
- Interventions delivered in small groups can be just as effective as those delivered one-to-one
- Interventions delivered by teaching assistants can be as effective as those delivered by teachers

Self-regulation strategies

Many children with different types of SEND often experience difficulties with self-regulation, self-monitoring, and organisational skills. These challenges are associated with poorer academic outcomes, while improvements in these areas have been linked to better educational performance (Kauffman, 2005; Polsgrove & Smith, 2004). Self-regulation strategies are effective because they provide the structured, scaffolded approaches needed to support attention and executive function difficulties as well as motivation to promote independence.

For example, one systematic review of single-case studies (Alsalamah, 2017) found that children with ADHD who were taught various self-monitoring strategies such as using cards or checklists demonstrated improvements in classroom engagement, preparedness, and on-task behaviour. The use of reinforcements (e.g., stickers) often further improved this behaviour.

Similarly, Didion et al (2015) found that interventions that incorporated one or more components of self-determination skills positively impacted a range of reading outcomes (i.e., reading fluency, reading comprehension, reading accuracy and vocabulary) for children aged 5-11 with or at risk of developing learning disabilities.

Self-Regulated Strategy Development (SRSD) is a structured, evidence-based instructional approach designed to enhance academic performance by explicitly teaching cognitive and metacognitive strategies while promoting students' self-regulation and independence. Originally developed for writing (Graham & Harris, 2003), SRSD has since been applied across domains including reading comprehension, mathematics, and self-advocacy, and has demonstrated effectiveness for children and young people with a range of special educational needs and disabilities (SEND), including those with autism, speech and language needs, and SEMH difficulties (Cuenca-Carlino et al., 2016; Garwood, 2018; Rodgers et al., 2022).

SRSD is particularly valuable for learners with executive function challenges, as it provides a scaffolded framework that reduces cognitive load while supporting goal setting, self-monitoring, and reflection. Instruction is structured around six stages: developing background knowledge, discussing and modelling strategies, memorising them, and progressing from guided to independent practice (Harris et al., 2008). These stages are designed to build learners' internal control while still offering necessary scaffolding.

Several task-specific mnemonics are embedded within SRSD to support writing. For instance, POW (Pick my idea, Organise my notes, Write and say more) offers a general framework for composition, while TREE (Topic sentence, Reasons, Explain reasons, Ending) supports opinion or persuasive writing. For more complex persuasive tasks, the STOP & DARE strategy is used. STOP (Suspend judgment, Take a side, Organise ideas, Plan more as you write) guides the planning stage, while DARE (Develop a topic sentence, Add supporting ideas, Reject arguments for the other side, End with a conclusion) structures the drafting process. These tools not only assist learners in managing their writing but also foster metacognitive awareness and resilience in academic tasks.

Empirical evidence supports SRSD's effectiveness across a variety of SEND profiles. For example, Spencer et al. (2014) found that SRSD improved both writing quality and use of descriptive language in autistic students. Similarly, a systematic review by Valasa et al. (2014) of single-case studies in secondary students with SEMH, SLCN, and cognition and learning needs demonstrated improvements in persuasive writing structure and essay quality following SRSD implementation. Further, McClure et al. (2024) report positive outcomes across multiple dimensions of writing for autistic students, including increased word count, spelling accuracy, sentence completeness, and communicative clarity.

Beyond writing, SRSD has shown evidence of effectiveness in supporting reading comprehension through strategies such as Question-Answer Relationships (QARs) and anaphoric cueing, particularly for autistic learners (Asberg & Dahlgren-Sandberg, 2010; O'Connor & Klein, 2004). These findings reinforce the adaptability of SRSD for procedural learning and its relevance across the curriculum.

Importantly, SRSD is a flexible approach that can be implemented across tiers of support. While commonly used as a Tier 2 intervention in small groups or one-to-one formats for students requiring targeted support, elements of SRSD can also be effectively integrated into whole-class (Tier 1) instruction. For pupils with more complex or persistent needs, SRSD can be individualised as part of intensive Tier 3 provision. Its broad applicability and strong evidence base make SRSD a valuable component of inclusive teaching and intervention planning.

Classroom-based consultations and real-time skill development, further complement SRSD by embedding learning in students' natural environments. These approaches, including weekly in-class consultations, trauma-informed school-wide practices, and integrated health-education partnerships, have shown positive effects on behaviour, cognitive outcomes, and school engagement (Ballard et al., 2014; Holmes et al., 2015). When SRSD is combined with such ecological strategies, the potential for generalisation and long-term impact is strengthened, offering a comprehensive model for supporting diverse learners in inclusive settings.

Self-regulation strategies to support children and young people with SEND summary

- Self-monitoring strategies such as goal-setting, cards, or checklists
- Self-regulated strategy development (SRSD) for reading and writing outcomes

Vocabulary support

Vocabulary knowledge is an important component of language development and academic achievement, and its importance is particularly pronounced for students with SEND. Limited vocabulary has been consistently associated with poorer reading comprehension, reduced expressive language skills, and difficulties with writing (Snow, 2010; Nation, 2017). For pupils with SEND, such as those with SLCN, autism, developmental language disorder (DLD), or learning difficulties, vocabulary difficulties may further exacerbate challenges in accessing the curriculum, or engagement and participation in the classroom (Dockrell et al., 2011; Bishop et al., 2016).

Students with autism, for example, may show varied vocabulary profiles, with relative strengths in naming but weaknesses in understanding abstract or social-emotional terms (Norbury, 2005). Children with ADHD may acquire vocabulary more slowly due to inattention and working memory difficulties (Roesch et al., 2012). In children with SLCN or DLD, vocabulary deficits are both a hallmark and a persistent barrier to literacy and academic success. Because vocabulary underpins both spoken and written comprehension, explicit assessment and targeted instruction in word knowledge are essential for supporting learning across subjects. Tailored vocabulary interventions can improve not only linguistic outcomes but also broader educational engagement and attainment (Joffe et al., 2007; Beck et al., 2013).

Vocabulary knowledge can be effectively taught and supported as a Tier 2 intervention for children and young people with reading difficulties. One systematic review (Louick et al., 2023) found that vocabulary interventions that also incorporated motivational techniques such as goal-setting and monitoring, self-graphing (e.g., keeping a regular recording of one's ongoing scores/progress on a personal graph, either on graph paper

or on the computer), using high-interest texts, and using rewards were effective for children aged 5 and older at risk of literacy or language difficulties.

Presenting new vocabulary in its written form can enhance acquisition and retention in children and young people. A systematic review (Clark & Reuterskiöld, 2021) shows that children aged 7-11 with developmental language disorder (DLD), Down syndrome, autism, and dyslexia benefit from including written words (orthographic representations) during vocabulary learning rather than with images or oral presentation alone. Studies found that presenting the written form alongside spoken input helps these children learn new words more quickly and accurately, especially in tasks like picture naming. These findings suggest that integrating written word forms into vocabulary instruction can support better word retention, and that encouraging educators on the use of strategies that make the written word a visible part of learning could be beneficial for children with these needs.

Vocabulary support for children and young people with SEND summary

- Incorporating explicit vocabulary teaching paired with motivation components
- Presenting the written form of new words in addition to the spoken form

Support and intervention summary

Effective support and intervention for children and young people with SEND should follow a well-established tiered framework, starting with universal provision (tier 1), moving to targeted (tier 2), and specialist (tier 3) support. High-quality teaching and universal strategies are essential first steps, often supporting a wide range of learning needs and reducing reliance on individual interventions. Effective interventions tend to target underlying cognitive and behavioural difficulties, particularly executive functions such as working memory, attention, and self-regulation, rather than focusing solely on diagnostic categories. Instructional approaches that reduce cognitive load, offer structure and routine, and promote active engagement, such as explicit instruction, task sequencing, and visual supports, are especially beneficial for a wide range of SEND.

The physical and social learning environment matters. Predictable routines, accessible materials, and inclusive classroom design help reduce anxiety and support focus. Assistive technologies can be helpful when aligned with individual needs and embedded into structured teaching. Altogether, successful SEND support is not about a single programme but about using flexible, evidence-based techniques tailored to learners' specific cognitive and motivational needs within an inclusive setting.

Motivation also plays a crucial role in academic outcomes, and interventions that integrate motivational strategies such as praise, autonomy support, and growth mindset

tend to show stronger effects. Peer-mediated instruction (PMI) is another cross-cutting approach shown to benefit students with diverse needs, including SEMH and autism, by promoting both academic engagement and social inclusion. Techniques like Class-Wide Peer Tutoring (CWPT), Peer-Assisted Learning Strategies (PALS), and structured reciprocal dyads can be flexibly applied across settings.

Targeted interventions, when necessary, can lead to significant progress, particularly in reading and mathematics, with evidence suggesting that the type of learning need, rather than diagnostic label, should guide intervention choice. Self-Regulated Strategy Development (SRSD) is one such approach, providing structured and scaffolded instruction across domains like writing, reading, and maths, and is applicable across all tiers of support. Vocabulary development, often neglected, is a critical area of focus, particularly for learners with SLCN, DLD, and autism. Interventions that use written word forms and motivational supports are effective in boosting vocabulary and, consequently, literacy.

Elements of effective collaborative practice in identification and support

Supporting academic outcomes for pupils with SEND in English schools is a shared responsibility involving the senior leadership team (who oversee provision), the SENCo, and classroom teachers, with teaching assistants also playing a key role (DfE, 2015). These professionals form an interconnected support network through which knowledge and expertise can be exchanged (Penuel et al., 2009), shaping staff understanding, attitudes, and approaches to supporting pupils with SEND to help them achieve.

It is well established that having professionals from different disciplines working together in provision services for children and young people with SEND is the most effective approach to promote holistic development across life domains (Briggs, 1997; Rapport, McWilliam, & Smith, 2004). Effective collaborative partnerships between families, schools, and specialists including medical professionals are essential for successful identification and support for children with SEND.

Although teaching assistants may be highly experienced, they are often least formally qualified (Law et al., 2002), and may feel their influence on provision is limited. While class teachers are legally responsible for interventions delivered by teaching assistants (SEND Code of Practice, 2015), in practice teaching assistants frequently adapt, implement, and monitor these interventions, and sometimes even plan them (Blatchford et al., 2012). The SEND Code of Practice also emphasises the need for close collaboration between teachers, teaching assistants, and relevant specialists in planning support.

Collaborative partnerships facilitate knowledge exchange and shared decision-making to deliver personalised support for children with SEND, while recognising the unique contexts of schools, families, and individual students. However, there is often a question of how best to approach these collaborative relationships for the most effective decision-making, especially if multiple treatment options are available. Additionally, the type and level of training required for each stakeholder to develop a nuanced understanding of SEND, and to effectively support student outcomes, are not always clearly defined.

This section aims to review the evidence base on different models of collaboration, identifying the key components that promote effective partnerships between teachers, specialists, families, and students in the identification and support of children and young people with SEND. Specifically, we consider collaborative elements that address identification or support for academic outcomes (literacy, maths, STEM, or general achievement). In addition, this section will review the best available evidence on which training methods may best equip teachers/teaching assistants to work with others to deliver targeted interventions effectively for students with SEND. A total of 58 systematic reviews identified in our REA inform the subsequent sections.

The role of parents and caregivers

The Identification and assessment section of this report has discussed the important role that parents and caregivers can play in the identification and assessment of children with SEND in schools. For example, research indicates that parents are often better at identifying anxiety and depression dimensions on the Strengths and Difficulties Questionnaire (SDQ) while teachers may be better at rating ADHD related components. Thus, the best results from using this tool may be reached by combining parents' and teachers' ratings (Schulte-Korne, 2016). Greater involvement of parents and caregivers have also been found to be positively associated with average marks and school performance for children and young people with SEND and resilience in their families (Kovacs et al., 2022).

Coordination and partnerships between families and educators can also be invaluable in the decision-making around the support and intervention offered to students with SEND. Indeed, there is evidence that parental involvement in education-based interventions can have benefits on outcomes. For example, collaborative partnerships improve family engagement in assessment and treatment of ADHD (Dahl et al., 2020) and autism (Dawson-Squibb et al., 2020; Levy et al., 2016), leading to a reduced risk of later mental health and behavioural concerns (Garbacz et al., 2017). Similarly, interventions that take place in the home may help families address medical, behavioural, and emotional needs (Bagnato et al., 2004; Holmes et al., 2015).

Goldman and Burke (2019) reviewed the benefits of four types of parental involvement with schools in the care of autistic children and young people:

1. Parent advocacy refers to parents actively promoting and defending the rights, needs, and interests of their child.
2. Collaborative partnership is a cooperative relationship between families and professionals characterised by mutual respect, trust, honesty, agreed-upon goals, and shared planning and decision-making (Keen, 2007).
3. Home-school communication involves the regular exchange of information between parents and school staff to support the child's development, learning, and well-being.
4. School-based participation refers to parents' involvement in school activities, decision-making processes, or educational planning that directly or indirectly influences their child's experience at school. This may include activities such as volunteering at school, serving on school committees, helping on school field trips, being present at school for events or observations, and attending school programs.

Goldman and Burke (2019) found that some studies reported lower parental stress with more parental involvement. Higher parental satisfaction with school services (and lower use of safeguards) was related to greater involvement, particularly in the form of partnership. Partnerships were also associated with better family quality of life. Home-school partnerships were associated with better parenting efficacy. However, the quality of this evidence was reported to be poor with low representativeness of participants, lack of information on participant characteristics, and lack of information on the difficulties associated with the autistic children of the families involved. All of these factors limit the extent to which we can have confidence in these results. Thus, further research is needed to determine which types of parental involvement might demonstrate the best outcomes for autistic children and young people.

Family-school partnerships position families and educators as equal collaborators in shared decision making and planning, bridging home and educational settings, with the aim of promoting positive academic and behavioural outcomes for children and young people (Garbacz et al., 2020; Smith et al., 2019). Given the valuable role families can play in supporting children and young people with SEND, it is essential to understand how such partnerships can be effectively fostered. However, the process of identification, assessment, and support for children and young people with SEND can present complex challenges for parents and caregivers. Systematic reviews of qualitative data from our REA highlighted several barriers parents may encounter when engaging with SEND provision. Parents and caregivers report feeling a lack of understanding, awareness, and support from schools (Carrera et al., 2023; Fontil et al., 2020; Martin-Denham, 2022). Cultural differences or language barriers may also reduce the quality of communication and effective partnerships between schools and families (Garbacz et al., 2020; Ross, 2019). While these findings do not necessarily indicate a lack of support, they may highlight the challenges in communication between families and schools.

Research also indicates challenges with the assessment process and decision-making around support plans such as EHC plans. For example, parents and caregivers often struggle to navigate the SEND system and the educational supports available to their children (Gaona et al., 2024; McCarthy et al., 2022). For example, assessment reports may include structures or language that is difficult for laypeople to understand which can lead to stress or anxiety around the identification process. When invited to participate in decision-making, such as in meetings to plan interventions, parents and caregivers were often reported to feel unprepared, despite schools' expectations of meaningful contributions. Some parents and caregivers also struggle with balancing advocating for their child while not being perceived as adversarial to schools.

Studies identified in our REA suggest there are a number of factors that can help to increase effective family collaboration.

First, teacher beliefs (i.e., positive perceptions of family involvement) and the extent to which they encourage family engagement may significantly influence how actively families become involved (Garbacz, et al., 2017; 2020; McDowall, Taumoepeau, and Schaughency, 2017). For example, the more opportunities families are provided with to participate may improve the consistency of involvement. One systematic review of 36 studies (Smith & Sheridan, 2019) found that preparing teachers in family communication can have a positive effect on teacher-family engagement. Incorporating components such as communication strategies, collaborative planning, and problem solving were found to be beneficial in enhancing the teacher-family relationship.

It is essential that parents are provided with adequate, unbiased information and support on their rights and options to make informed decisions. Support can come directly from schools where educators can share knowledge. Providing clear, jargon-free information about identification and assessment processes and the types of support available may strengthen family-school collaboration and empower parental advocacy.

Providing alternative forms of participation (e.g., via technology) and considering the time restrictions of families can also help to improve collaboration (Garbacz, et al., 2017; 2020). Meetings could be scheduled flexibly to accommodate families' availability and offering parents and caregivers guidance in advance to support their meaningful participation. These measures are essential to enabling parents to advocate effectively for their child's needs and to participate confidently in collaborative planning.

Consultation models such as the Conjoint Behavioural Consultation (Sheridan & Kratochwill, 2008) may also be effective in fostering strong family-school partnerships which lead to better intervention outcomes (Sheridan et al., 2017). These models involve increasing family engagement through motivational interviews, explicit and formative feedback on implementation of support, goal-setting between families and school and follow up on progress.

Increasing family and caregiver collaboration summary

- Parents and caregivers play an important role in the identification and support of children and young people with SEND
- Schools can increase family participation by providing them with clear information and support, providing flexible opportunities for participation and engagement and through consultation models
- Incorporating teacher-family communication components in teacher training programmes

Interdisciplinary team

The SEND Code of Practice (DfE, 2015) emphasises the importance of collaboration between education, health, and social care to ensure that children and young people with SEND receive coordinated and effective support. Depending on the context and the special educational need, interdisciplinary support for children with SEND may include involvement of a range of different professionals such as teachers, senior leaders, educational psychologists, paediatricians, speech and language therapists, occupational therapists or social workers. However, this is not an exhaustive list. Local authorities must collaborate with local partners, including NHS England, ICBs, and Health and Wellbeing Boards, as mandated by health legislation. Collaboration should extend to voluntary, private, and community sector partners, including CAMHS, employment services, housing associations, and training providers, to ensure comprehensive support.

While some difficulties, such as physical, vision, or auditory impairments, may be identified by general practitioners, the identification and support of many children with SEND are often initiated by parental or caregiver concerns or by school-based practitioners (Both et al., 2016; Shelemy et al., 2019). As a result, decision-making around SEND support is often centralised within the school, with school-based practitioners responsible for determining whether to involve external professionals. However, it can be difficult for practitioners across different sectors to know when an interdisciplinary approach is needed, who should be involved, and the roles and responsibilities for each stakeholder (Ní Bhroin & Kind, 2020; Richards, 2024).

Furthermore, different stakeholders may have different views, understanding, priorities and approaches to identification and support of children with SEND (e.g., French et al., 2019). These varying levels of knowledge can be leveraged for effective support for children with SEND or could pose challenges to collaboration. For example, Gallagher (2019) found that speech and language therapists who prioritised a reduction in the severity of the child's language deficit used a narrower, but more ‘objective’ set of assessments (e.g. standardised assessments). On the other hand, educators who prioritised quality of life and learning outcomes, highlighted the importance of ‘ecological validity’ (i.e., refers to the extent to which assessment practices and decisions reflect real-world functioning and are relevant to the child’s everyday learning and social environments) and used a wider set of approaches such as dynamic assessment, observation, checklists, and response to intervention. A balanced approach integrating both perspectives is essential and can be facilitated through knowledge-exchange frameworks and effective models of collaboration.

To explore this, we will first examine the different models of collaboration identified in our REA, followed by a discussion of the key design components and implementation mechanisms that contribute to effective partnerships and better outcomes for students with SEND.

Models of collaboration

Our REA identified several models of collaboration between families, schools, and practitioners.

First, multi-level service models that begin from a baseline of high-quality classroom teaching and provide progressively intensive interventions based on students' responses have been shown to effectively support outcomes for children with SEND. These models were explored by two systematic reviews in our REA (Anaby et al., 2019; Gallagher et al., 2019; Lynch et al., 2023). Here the collaboration occurs at multiple levels including the individual level (students, teachers, specialists, parents), organisational level (schools, families, community agencies), and the systemic level (service coordination and multi-agency support). In our REA, ‘Response to Intervention’ models were the most frequently cited across reviews. These collaborative models, when implemented with effective design components (discussed further in the effective components of interdisciplinary support section) demonstrated improvements in academic achievement, interpersonal skills, social-emotional functioning and motor skills for students with SEND. In addition, these models result in improved knowledge, capacity and role clarity among professionals.

Social capital was another model of collaboration between stakeholders identified in our REA (Byatt et al., 2019). Social capital provides a framework for understanding how relationships, trust, and networks facilitate cooperation between different actors involved in supporting children with SEND. Social capital may help improve wellbeing, quality of life, self-efficacy, and self-determination for children with SEND. Families who actively engage with their child’s education and access to services contribute to their child’s academic and social success. Parents' ability to advocate for appropriate support can strengthen their child’s educational experience. Parental support and advocacy groups create networks that connect families with information, resources, and each other, empowering them to navigate the SEND system.

Knowledge-exchange and knowledge-sharing in which professionals collaborate was also another model of collaboration between the education and health sector for children and young people with SEND. For example, Wintle et al. (2022) found that a strength of collaborative practice between teachers and occupational therapists was in the exchange of expertise between these two professionals in providing holistic support for the child. Here occupational therapists could also provide direct training or CPD to schools or educational settings. Co-teaching models have also been shown to be effective in providing holistic support for children and young people with SEND (Barron & Friend, 2025). However, Wintle et al. (2022) also highlighted some challenges in collaboration including navigating different perspectives that stemmed from different frames of reference (i.e., pedagogical vs. health), lack of communication, or lack of investment in the collaboration from either party. To better navigate these collaborations, Wintle et al.

(2022) suggest a model of co-equal relationship where there is no hierarchy between professionals. Instead, there is an equal exchange of information, and both individuals are considered experts. This also involves shared-decision making by both professionals, mutual trust and respect, and an open communication channel to ask questions without judgement.

In summary, three key models of collaboration were identified in our REA: (1) multi-level service models (e.g., Response to Intervention), (2) social capital frameworks, and (3) knowledge-exchange partnerships. Multi-level models support academic and social outcomes for students with SEND through coordinated efforts across individual, organisational, and systemic levels. Social capital emphasises the role of trust, networks, and parental advocacy in improving outcomes. Knowledge-sharing between education and health professionals, such as teachers and occupational therapists, was effective when based on mutual respect and shared expertise, though challenges like differing professional perspectives and poor communication were noted.

Models of multi-agency collaboration summary

- Multi-level service models
- Social capital frameworks
- Knowledge-exchange partnerships

Effective components of interdisciplinary support

Having explored models of effective collaboration, it is important to consider the components that determine whether these approaches are successfully implemented in practice. The effectiveness of interdisciplinary support does not rely solely on structural design but also on the presence of specific principles and mechanisms that enable professionals to work together effectively. This section reviews the evidence on the core components that underpin successful interdisciplinary collaboration in the identification and support of children and young people with SEND.

Anaby and colleagues (2019) reviewed 56 papers and identified 10 key common principles at the micro and macro level across various models of collaboration. The most effective collaborations involved at least three of these principles. Macro-level principles refer to system-wide structures and organisational features, such as service integration and policy alignment, while micro-level principles relate to the direct, interpersonal interactions between practitioners, families, and children. Four of the principles were at the conceptual or macrolevel and described the global organisation of services, including:

1. Multilevel services
2. Universal design and support

3. Collaborative intervention
4. Coordination of services

There were six principles at the micro-level which may inform specific service delivery, such as:

1. Supports for school staff
2. Direct service/group-based
3. Direct service/individual-based
4. Pull-out therapy
5. Ecological interventions (within the child's natural environment)
6. Family involvement

The most frequently observed macrolevel principles were the coordination of services and collaborative intervention, while the most common microlevel principles were individual-based direct service, support for teachers, and group-based direct service.

Among the microlevel principles, support for school staff was evaluated, featuring in over half of the reviewed studies. This typically involved mentoring, coaching, consultation, and training. However, few studies examined direct outcomes for staff, such as improvements in self-efficacy or the practical utility of newly acquired knowledge. Where teacher outcomes were examined, studies reported gains in capacity (Hui et al., 2016), knowledge (Barnett et al., 2012; Starling et al., 2012), and improved outcomes for students in motor development, behaviour, academic achievement, and social skills (Dreiling & Bundy, 2003; Han et al., 2005; Li-Grining et al., 2014; Mishna & Muskat, 2004; Strain et al., 2011; Pfiffner et al., 2016). Furthermore, other reviews highlighted teacher training as a cost-effective early intervention strategy in disadvantaged contexts (Reynolds & Temple, 2008).

Effective implementation of collaborative principles depends on more than just service design, it also requires strong implementation strategies. Training and information exchange were the most frequently cited strategies to facilitate school-based collaboration, particularly in building teachers' knowledge and confidence (Missiuna et al., 2012). These strategies align with the goal of building capacity among school personnel through knowledge translation and coaching, as exemplified in models such as Partnering for Change. Nevertheless, challenges remain. Fontil (2020) reported that while occupational therapists were often keen to engage in collaborative work, they were frequently excluded from formal planning processes, such as meetings to develop support plans. Such findings underscore the importance of clear, delineated roles and responsibilities (Anaby et al., 2019; French, 2019; Brock, 2021), including defining what classroom teachers can do and what should be delegated to other professionals,

effective signposting, and the importance of communication between teaching staff, the SENCo, and families. Accountability mechanisms and adequate training are also necessary to ensure effective delivery (French, 2019; Fontil, 2020).

Castro-Kemp and Samuels (2022) also identified key practices in collaborative work for children and young people with SEND in their scoping review of 8 studies. First, they found that higher education institutions can be useful in driving partnerships between different sectors. This can be accomplished through training and curriculum focuses where these partnerships (e.g., teachers, students, and clinicians) are embedded. Pre-service training for educators in partnerships with clinicians or other professional services can also help to embed more ecological and transactional approaches in practice. For example, implementing systems such as school clinics can be helpful in raising mental health outcomes. However, it is noted that these avenues to interdisciplinary work for children with SEND can be time-consuming and costly as it will likely involve some level of organisational restructuring.

Where systemic restructuring to enable sustained collaboration is not feasible, alternative strategies may still be viable. Videoconferencing, for example, has emerged as a promising tool for ad hoc cross-sector collaboration. The shift to remote models during the COVID-19 pandemic led to a substantial rise in virtual health and education consultations (Zhou et al., 2020; Webster, 2020). While not without limitations, such as difficulties in reading non-verbal cues or unequal digital literacy, studies show that those more familiar with such technologies report greater satisfaction in professional-parent communication (Tschamper & Jakobsen, 2019). This suggests that videoconferencing may remain a valuable tool for supporting interdisciplinary and even transdisciplinary collaboration in school settings, particularly where in-person models are impractical.

Similarly, Cooper and Pybis (2016) investigated facilitators and barriers to effective collaboration across mental health services for children and young people. Across 33 studies, they found that there were several common facilitators including (1) good communication, (2) joint trainings, (2) good understandings across agencies, (3) mutual valuing across agencies, (4) senior management support, (5) protocols on interagency collaboration and a (6) named link person. Inadequate resources, poor communication, poor understanding, and confidentiality issues were key barriers to effective collaboration.

This section synthesises findings from a broad literature base on effective interdisciplinary collaboration in school settings. Ten core principles were identified across 56 studies, spanning macro-level structures (e.g. service coordination, universal design) and micro-level practices (e.g. teacher support, ecological interventions, family involvement). Collaborative models were most effective when they incorporated multiple principles, particularly sustained teacher support through coaching, mentoring, and consultation. However, few studies assessed outcomes for school staff directly, despite

some reporting increased teacher capacity, knowledge, and improved student outcomes. Effective implementation relied on clear role definitions, strong communication, and the presence of dedicated facilitators to coordinate efforts. Challenges included inconsistent inclusion of allied health professionals in formal planning and lack of clarity around responsibilities. Where systemic restructuring was not feasible, videoconferencing emerged as a promising tool to support collaboration, particularly when underpinned by training and familiarity with digital tools.

Effective components of collaboration summary

- Ten core components underpin successful interdisciplinary collaboration, spanning macro-level systems and micro-level practices
- Macro-level principles include: multilevel services, universal design, collaborative intervention, and service coordination
- Micro-level principles include: support for school staff, group-based and individual-based services, ecological interventions, pull-out therapy, and family involvement
- Effective models typically implement at least three principles, with teacher support and clear role definitions particularly critical
- Implementation is strengthened by training, coaching, and knowledge exchange between professionals
- Barriers include unclear responsibilities and the exclusion of key professionals from planning

Characteristics of effective teacher training

Teachers have a multifaceted role that encompasses delivering instruction, managing classroom dynamics, identifying and responding to diverse learning needs, and fostering inclusive, supportive environments for all students. The identification and some formal assessment tools of children and young people with SEND may also to some extent rely on teacher's information about the child (Topkin et al., 2015; Wolraich et al., 2003). Teachers are often the first to identify behavioural or academic difficulties (Both et al., 2016; Shelemy et al., 2019). Since early identification and timely support is important in addressing needs of children and young people, it is important for teachers and early years practitioners to have sufficient understanding of SEND so that they can recognise early signs of difficulty and respond quickly and appropriately.

However, the systematic reviews and meta-analyses included in our REA indicate that limited training undermines inclusive practice, weakens school-home collaboration, and contributes to poor transition planning. Inadequate preparation fosters misconceptions, low staff confidence, and stigmatising attitudes, barriers that further disadvantage students with SEND (e.g., Brock, 2021; French, 2019; Carrera, 2023; Fontil, 2020). A

central concern is the inadequacy of current Initial Teacher Training (ITT) in equipping educators with the skills and knowledge necessary for the effective identification and support of learners with SEND. Ross (2020) highlights key deficiencies in ITT, including the lack of specific instruction on SEND identification and support planning. She recommends integrating SEND-focused content into ITT programmes, developed collaboratively with stakeholders such as the Department for Education (DfE), third sector organisations (e.g., the British Dyslexia Association), and educational institutions. This should be complemented by accredited postgraduate-level professional development, particularly aligned with SENCo pathways, and by improving access to qualified specialist teachers and assessors.

Some studies (Brock et al., 2017; Fallon et al., 2015; Finn, 2020) have identified key components of effective training: modelling, performance feedback, and implementation tools such as checklists. These strategies significantly improve fidelity of implementation (Brock et al., 2017), teacher confidence, and inclusive instructional practices (Anaby et al., 2019). Training should be data-driven and adaptive to the educator's current level of knowledge and skill to optimise effectiveness (Finn, 2020). Training via qualified experts (e.g., social workers, educational psychologists) can help raise awareness of mental health and illness in children and young people (Schulte-Korne, 2016). However, peer-led models (i.e., where trained teachers mentor others) can be successful when supported by clear role definitions, structured feedback mechanisms, and evaluative frameworks.

Workshops remain a common format for teacher training of teachers currently in-service (Anaby et al., 2019), but evidence shows they are limited in effectiveness when delivered in isolation, as they often lack follow-up support and do not ensure the practical application of skills (Clarke & Hollingsworth, 2000; Brock & Carter, 2015; Piasta et al., 2020). More effective models such as Behaviour Skills Training, Multicomponent Training, and Train-the-Trainer combine traditional instruction (didactic input) with active, practical elements such as modelling, rehearsal, and feedback, which are critical to improving teachers' implementation fidelity of evidence-based practices (Barton et al., 2013; Parsons et al., 2012; Suhrheinrich, 2015).

A review of 18 studies (Wang et al., 2024) on training for teachers supporting autistic pupils confirmed that such multicomponent formats, particularly those including practical exercises and performance feedback, achieve high implementation fidelity (often more than 90%). While didactic presentations (i.e., structured instructional sessions where information is delivered by a trainer or expert) were the most common method, they were not sufficient alone; ongoing feedback (including immediate and delayed forms) and repeated skills practice were essential for sustained behaviour change (Schaefer & Ottley, 2018; Simonsen et al., 2010). However, only a minority of studies assessed student outcomes, and those findings were mixed.

Finally, there is a normative dimension to this professional learning. Gallagher (2019) argues that training in SEND must go beyond technique and address underlying beliefs. Deficit-oriented thinking, which frames children primarily by their limitations, fosters low expectations. Training should therefore promote a strengths-based, inclusive ethos underpinned by high expectations, responsive pedagogy, and the belief in all learners' capacity to thrive.

The consensus from implementation research (e.g., research that directly measures the effects of training pre and post) is that one-off training events are insufficient. Instead, effective professional development must be sustained, evidence-informed, and practically oriented. For example, Ward et al. (2022) conducted a systematic review and meta-analysis showing that ADHD-focused teacher training significantly improves teachers' ADHD knowledge, though gains diminish over time without follow-up.

In summary, findings suggest several recommendations to improve teacher training and support for teachers and school staff. It advocates for SEND integration in ITT, structured and adaptive ongoing development, facilitation of inter-professional collaboration, and a shift in attitudes toward a more inclusive, capability-focused educational culture.

Characteristics of effective teacher training summary

- Effective training includes modelling, performance feedback, and practical implementation tools, tailored to individual skill levels
- Peer-led and expert-delivered training can be successful when supported by clear roles, structured feedback, and evaluative frameworks
- One-off workshops are ineffective unless followed by coaching and application; multicomponent models like Train-the-Trainer show stronger outcomes
- High-fidelity implementation is achieved through practical exercises and ongoing feedback, but few studies assess impact on student outcomes
- Training must also address deficit-based beliefs and promote an inclusive, strengths-based ethos
- Sustained, evidence-informed professional development is needed to improve teacher preparedness, attitudes, and inclusive practice

Whole school approach

Strong leadership, meaningful relationships, and ongoing staff development are consistently identified as crucial elements in creating schools that support all learners, particularly those with SEND (Broomhead, 2018; Martin & Alborz, 2014; McFadden et al., 2017; Slater et al., 2017). Leaders who are actively involved in shaping inclusive values and practices help set the tone for the whole school. When senior leaders support

learner-focused teaching approaches and flexible ways of grouping pupils, it fosters a more supportive environment for children and young people with SEND.

Whole-school approaches that support inclusive behaviour policies and prioritise staff development can positively affect student wellbeing (Kenny et al., 2023; Lester et al., 2020; Wyn et al., 2000). Schools that create strong partnerships with families and build trust with students often see benefits in mental health across the community (Goldman & Burke, 2019). In contrast, rigid or punitive behaviour policies can sometimes lead to negative behavioural and academic outcomes, particularly for students already facing challenges (Mansfield & Soni, 2024). Interest in trauma-informed approaches is growing as these methods encourage empathy and responsiveness, and they can lead to meaningful changes in how schools respond to behaviour. Studies show that both whole-school strategies and classroom-based efforts to boost engagement can lead to academic gains, especially for pupils who struggle with behavioural challenges (Goldberg et al., 2022).

For staff development to be effective, it needs to go beyond one-off training sessions. Learning that's built into the school day and involves collaboration with peers tends to have a larger impact on learning (Lynch et al., 2023; Ward et al., 2022). When trainee and experienced teachers work together with specialists in school settings, it can build shared understanding and increase confidence. In a similar way, running services like school-based health clinics offers another opportunity to identify and address issues that might otherwise go unnoticed.

At the same time, challenges remain for whole-school implementation of policies such as training or identification and support processes. For example, whole-school screening for mental health has presented specific challenges with coordination. Schools often lack the resources and training needed to do this well, and even when concerns are identified, support systems aren't always in place to follow through (Bruhn et al., 2014; Burns & Rapee, 2021). In some areas, school staff report feeling powerless without clear policies; for example, in cases involving eating disorders, many said they hadn't received training but felt it would be useful (Kalindjian et al., 2022). This highlights the need for clear guidance and proper preparation for staff.

Relationships with families also play a key role in how inclusive a school really is. When educators recognise and value what parents and carers bring, it helps build a sense of partnership. If schools ignore that potential, opportunities for working together are lost. Trainor (2008) stresses the importance of building trust with families and adapting to their strengths and needs. Physical spaces can even play a part here. In one example, Allan and Catts (2014) describe a shared space in a school where teachers and parents could connect more informally that can act as a neutral ground that encouraged mutual understanding.

Finally, successful inclusion often depends on how well people in schools work together. Staff are more likely to support new practices when there are trusting relationships and chances to solve problems collectively. The literature around Response to Intervention shows that collaboration, particularly around identifying and meeting students' needs, is one of the most valuable parts of the process (White et al., 2012). Overall, making inclusion work is not just about individual actions. It depends on school-wide commitment, shared responsibility, and an environment where all voices, staff, students, and families, are heard and valued.

Components of effective whole-school approaches summary

- Strong leadership and clear inclusive values guide school-wide practices that support all learners, particularly those with SEND
- Inclusive schools prioritise meaningful relationships with students and families, alongside staff collaboration and development embedded in everyday practice
- Trauma-informed and flexible behaviour approaches can enhance wellbeing and engagement, in contrast to rigid or punitive systems
- Staff benefit most from ongoing, collaborative training, especially when working alongside specialists and peers
- Inclusion is strengthened by clear guidance, family partnerships, and collective problem-solving that ensures all voices are valued

Summary of collaborative support for children and young people with SEND

Supporting children and young people with SEND requires coordinated efforts across multiple stakeholders—school leadership, SENCos, classroom teachers, teaching assistants, families, and allied professionals. Effective collaboration fosters knowledge exchange and shared decision-making, which are critical for personalised, responsive provision. However, the nature of these partnerships varies, and challenges include unclear role definitions, differing professional priorities, and communication barriers, particularly for families navigating the system.

Evidence from 58 systematic reviews highlights three key models of collaboration: (1) multi-level service delivery (e.g. Response to Intervention), (2) social capital frameworks that promote trust and parental advocacy, and (3) knowledge-exchange partnerships between education and health professionals. Successful models combine both macro-level coordination (e.g. service integration) and micro-level practices (e.g. teacher mentoring and ecological interventions). Training is a key enabler, with multicomponent

approaches (e.g. modelling, feedback, coaching) shown to improve implementation fidelity, teacher confidence, and inclusive practice.

Family–school partnerships are essential, particularly when built on trust, shared goals, and flexibility in communication and participation. Parents bring valuable insight into their child's needs and may advocate more effectively when they are well-informed and actively included. Yet barriers remain—ranging from poor understanding of the system to cultural and logistical challenges. Strategies such as structured consultation models, remote collaboration tools, and jargon-free communication can help bridge these gaps.

A whole-school approach to inclusion is also important in creating a supportive environment to meet the needs of children with different profiles of strengths and challenges. Commitment from senior leaders, shared professional learning, inclusive behaviour policies, and strong staff relationships all contribute to a positive climate for SEND support. When inclusion is embedded into daily routines, planning, and relationships, with families as equal partners, schools are better equipped to identify needs early, deliver targeted interventions, and improve outcomes across academic, social, and emotional domains.

Conclusions

This cross-cutting themes rapid evidence review synthesises evidence addressing the identification, support and collaborative practices used to meet the needs children and young people with diverse profiles of SEND. Although some strategies may have originated in response to specific types of need or from research using participants with specific diagnoses, these findings indicate broad applicability across categories generating evidence for a needs-based approach to supporting children and young people with SEND.

Identification and assessment of SEND are multi-dimensional processes requiring early recognition and collaboration between educators and specialists. Data from multiple sources (e.g., observations, assessments) and multiple informants (e.g., teachers, caregivers, and pupils themselves) should be used to guide provision and monitor progress rather than relying on a single tool or strategy. Teachers can be well-placed to identify emerging educational needs, but further training and understanding of SEND may be needed to do so accurately, which is not always part of initial teacher training programmes. All REAs emphasised the importance of teacher expertise, obtaining a background and developmental history, and ongoing, holistic assessment, especially for needs that are frequently misunderstood, such as SEMH difficulties, autism, and SLCN.

Language and communication needs were widely reported across different SEND groups but can sometimes be identified using similar methods. Vocabulary, syntax, and pragmatic difficulties can significantly affect learning, particularly in literacy. Oral language sampling, curriculum-based measures, and dynamic assessment methods, while often used by specialists, can be integrated into classroom practice with appropriate training. However, further research is needed to specify what kind of training is most effective to support teachers in identification of these needs.

Effective support to improve academic outcomes for children and young people with SEND should follow a tiered framework as specified in the SEND Code of Practice (DfE/DoH, 2015), beginning with high-quality universal teaching for all pupils. Instructional strategies that reduce processing load, foster a routine, and promote participation and engagement, such as explicit instruction, scaffolding, and visual supports, were found to be effective for children and young people with different profiles of need. Interventions using principles based on reducing processing demands consistently improved outcomes. Motivation-enhancing strategies and peer-mediated instruction also demonstrated broad utility, particularly for SEMH needs and autism.

More, structured, targeted interventions, such as Self-Regulated Strategy Development (SRSD), have evidence of effectiveness across domains and a range of needs particularly in improving writing outcomes. Linked to oral language, vocabulary

development remains a critical, cross-cutting focus, particularly for children with developmental language disorder, autism, and SLCN.

Effective collaborative practice is important in the timely identification and support of children and young people with SEND. Multi-tiered service delivery, interdisciplinary partnerships, and shared professional development were consistently associated with more timely identification and better educational outcomes for children with SEND. However, the success of collaboration depends on having clear role definitions, clear and established lines of communication, and sustained implementation support. Whole-school strategies, supported by leadership, inclusive policies, and meaningful family engagement, foster a strong foundation for early identification and timely support which lead to improved education outcomes for children and young people with SEND.

Although the REA draws evidence from systematic reviews and meta-analyses which are strong in their methodology and thus create a strong evidence basis, there are some limitations to the research base. One concern is the methodological quality of some of the studies included in these REAs. Some systematic reviews note that the available studies from which they draw their evidence (especially single-case designs or small group trials) have design flaws that threaten internal and external validity (e.g., the extent to which they are measuring what they intend to measure and the extent to which findings can be generalised). For example, some studies lack randomisation, control groups, or adequate baseline data. All of these omissions make it difficult to definitively attribute improvements in academic outcomes to the intervention. Additionally, most studies only report on short-term or immediate outcomes with a lack of information on longitudinal maintenance.

Second, the different outcome measures in research addressing support for children and young people with SEND were not always standardised within and across different studies. This makes it difficult to summarise findings across several studies and to directly compare different interventions to determine which might be most effective. While we address this issue in part by highlighting where there are shared elements across effective interventions, more research is needed to compare these effective elements and support strategies to determine what might work best for whom and in what context.

Finally, many interventions demonstrate success in a controlled research or clinical setting, but it’s unclear how well those skills persist over time or transfer to other environments (like from a special education classroom to the general education playground). Therefore, practical implementation of some of the strategies discussed may be challenging for practitioners. Future studies should include follow-up assessments months or years later to see if students continue to use the skills they learned. Additionally, more implementation research is needed to determine the specific contexts in which different strategies may work best or how approaches can be altered to meet more practical needs of educators.

In sum, this review finds strong support for evidence-based strategies that are effective across learners with SEND. Rather than focusing solely on diagnostic categories, schools should prioritise inclusive teaching, contextualised assessment, responsive intervention, and cross-professional collaboration. A shared, whole-school commitment supported by leadership is needed to provide an environment for children and young people with SEND can meet their educational goals.

Appendices

Appendix A: Search terms (PICOS criteria)

We conducted 15 separate searches across five rapid review categories, each focused on a distinct population: SEMH, SLCN, autism, sensory and/or physical needs, and cognition and learning. For each population, three searches were performed, focusing on: identification terms, support terms, and working with others. The intervention, comparison, and study type remained consistent across all searches, while the population and outcome terms varied to capture the unique characteristics of each group. This approach ensured comprehensive examination of the research literature across the different populations. PICOS stands for: (1) Population; (2) Intervention; (3) Comparison; (4) Outcomes; and (5) Study type.

Population:

- Population terms: "adolescent" OR child* OR "children and young people" OR kid* OR "post 16" OR pupil* OR "school aged" OR student* OR teen* OR "young learner*" OR "young people" OR "young person" OR youth
- Educational setting terms: "alternat* educat*" OR class* OR "class* setting" OR "comprehensive school*" OR "early year*" OR educat* OR elementary OR "elementary school*" OR "extra-curricular setting*" OR "further educat*" OR "further educat* setting*" OR "grammar school*" OR "high school" OR "higher educat*" OR inclus* OR kindergarten OR "learning environment*" OR mainstream* OR "middle school*" OR nursery OR preschool OR "primary educat*" OR "primary school*" OR reception OR "remedi* class*" OR "school setting" OR school* OR "secondary education*" OR "secondary school*" OR "special educat*" OR "university" OR "whole school" OR "independent school"
- General SEND terms: SEND OR SEN OR "special educat* need*" OR "special need*" OR "learning difficult*" OR "learning disab*" OR "learning difference" OR "additional need*" OR impair* OR disorder* OR neurodivergent OR "additional learning need"
- SLCN terms: DLD OR "primary language disorder*" OR SLCN OR SLI OR SSD OR apraxia OR "articulat* disorder*" OR "childhood apraxia of speech" OR "cleft palate" OR "communicat* disorder*" OR "communicat* impair*" OR "communicati* dysfunction*" OR "comprehen* difficult*" OR "comprehen* disorder*" OR "comprehen* impair*" OR "developmental language disorder*" OR disfluen* OR dysarthr* OR "expressive language" OR "fluency difficult*" OR "fluency disorder*" OR "grammar difficult*" OR "grammar disorder*" OR "grammar impair*" OR "language delay*" OR "language development* disorder*" OR "language difficult*" OR "language disabilit*" OR "language disorder*" OR "language impair*" OR

"language need*" OR morpholog* OR morphosynta* OR "phonological disorder*" OR pragmat* OR "produc* difficult*" OR "produc* disorder*" OR "produc* impair*" OR "receptive language" OR semantic* OR "specific language disorder*" OR "speech difficult*" OR "speech disorder*" OR "speech dysfluen*" OR "speech language communication need*" OR "speech production" OR "speech sound disorder*" OR stammer* OR stutter* OR synta* OR "vocabulary difficult*" OR "vocabulary disorder*" OR "vocabulary impair*" OR voice OR "voice disorder*" OR "voice problem*" OR "word find*" OR "word learn*"

- Cognition and learning terms: DCD OR SpLD OR attention OR "cogniti* difficult*" OR "development* disab*" OR "developmental co-ordination disorder" OR dyscalcul* OR dyslexi* OR dyspraxia OR "general learning difficult*" OR "handwriting difficult*" OR "handwriting impair*" OR "learning difficult*" OR "literacy difficult*" OR "math* anxiety" OR "math* difficult*" OR “mild learning difficult*” "moderate learning difficult*" OR "numeracy difficult*" OR "profound and multiple learning difficult*" OR "reading difficult*" OR "reading impair*" OR "severe learning difficult*" OR "specific learning difficult*" OR "specific learning disab*" OR "writing difficult*"
- Autism terms: autistic OR autism OR “autistic disorder” OR “autisti* spectrum disorder*” OR “autism spectrum condition” OR “autism spectrum condition*” OR ASC OR ASD OR “asperger syndrome” OR “child development disorder* pervasive” OR asperger* OR “pervasive development*” OR “social communication” OR “pragmatic communication”
- SEMH terms: ADD OR ADHD OR EBD OR OCD OR SEMH OR "affect* disorder*" OR anxiet* OR "anxiety disorder*" OR "attention deficit disorder" OR "attention deficit hyperactivity disorder" OR "attention deficit*" OR "attention difficult*" OR "behavior disorder*" OR "behavior problem*" OR "conduct disorder*" OR "conduct problem*" OR depress* OR "emotion* regulat*" OR "emotional and behavioral difficulties" OR "emotional disorder" OR "emotional problem*" OR "emotional symptom*" OR "emotional wellbeing" OR hyperactivity OR inattention OR "mental disorder*" OR "mental health" OR "mental illness*" OR "mood disorder*" OR "obsessive compulsive disorder*" OR "oppositional defiant disorder*" OR "peer relation* problem*" OR "psychiatric disorder*" OR "psychological health" OR "psychosocial difficult*" OR "self-esteem" OR "self-regulat*" OR "social emotional and mental health" OR "social emotional*"
- Sensory and/or physical needs terms: CVI OR MDVI OR MSI OR PCHL OR PMLD OR SLD OR "sensory impair*" OR "vis* impair*" OR blind* OR "cerebral vision impair*" OR "cochlear implant*" OR "cortical vision impair*" OR deaf OR deafblindness OR "dual sensory impair*" OR "hard of hearing" OR "hearing impair*" OR "hearing loss" OR "low vision" OR "multi* need*" OR "multi* sensory impair*" OR "multiple disabil*" OR "multiple impair*" OR "permanent childhood

hearing loss" OR "profound deaf*" OR "residual vision" OR "sensory deprivation" OR "severe deaf*" OR "severe sight impair*" OR "sight impair*" OR "vision loss" OR "visual disab*"

Intervention:

- Identification terms: assess* OR "assessment app*" OR "assessment tools" OR "behavio* checklist*" OR checklist OR "class* assess*" OR "classroom observation" OR "cognitive assess*" OR "computer* app" OR "curriculum-based measure" OR diagnos* OR "dynamic assessment" OR "early screening tools" OR "educational assessment tool*" OR evaluate OR "formal assess*" OR "formative assess*" OR "graduated approach" OR identif* OR "informal assess*" OR measure OR "multi-disciplinary assessment" OR MTSS OR "multi-tiered system of supports" OR "neuro* assess*" OR observ* OR "parent* report" OR "pupil observation" OR "response to intervention" OR RTI OR screen* OR "self-assessment" OR "self-report" OR "smartphone app*" OR "standard* test*" OR "student observation" OR "tablet app*" OR "teacher judgment*" OR "teacher observation" OR tool* OR “performance-based”
- Support terms: "classroom environment" OR "SEN support" OR "SEND support" OR SWPBS OR accommodat* OR adaptat* OR approach OR "assistive tech*" OR "classroom interve*" OR "collaborative teach*" OR curriculum OR "curriculum adapt*" OR "differentiat* instruction" OR “digital learning” OR "early interven*" OR "education* program*" OR "education* support" OR "evidence-based interven*" OR "evidence-informed interven*" OR "exam access arrangement*" OR "exam accommodat*" OR "graduated approach" OR "group intervention" OR "high-quality instruct*" OR "high-quality teach*" OR inclus* OR "inclusive education" OR "inclusive practice" OR "individual support" OR "individual* education plan*" OR "instruct*" OR interven* OR integrat* OR "mainstream class* support" OR "mainstream education" OR “mainstream environment” OR “multimedia learning environment” OR "multi-tiered system* of support" OR "one-to-one" OR "parental support" OR pedagog* OR "peer support" OR personali*ed OR provision OR remediat OR "school support service*" OR "school-based" OR "special* interven*" OR "special* support" OR "specialist teach* support" OR support* OR strateg* OR "targeted interven*" OR "target* teach* strateg*" OR targeted OR "targeted support" OR teach* OR "teach* adaptation*" OR "teach* principle*" OR "teach* strateg*" OR "teach* approach" OR therapy OR "tier 1 interven*" OR "tier 1 support" OR "tier 2 interve*" OR "tier 2 support" OR "tier 3 interven*" OR "tier 3 support" OR treat* OR "universal design" OR "universal interven*" OR "universal provision" OR "universal support" OR "whole-class support" OR "whole-class teaching"

- Working with others terms: collabor* OR parent* OR carer OR caregiver OR famil* OR specialist* OR “specialist teacher” OR teacher OR educator OR TA OR “teaching assistant*” OR “support staff” OR “educational psychologist*” OR EP OR SLT or SLP or “speech and language therapist*” OR “speech and language pathologist*” OR “speech therapist” OR “speech pathologist” OR “health visitor” OR HV* OR “Ed Psych” OR counsel* OR “mental health support workers” OR “child and adolescent mental health service” OR CAHMS OR psychologist* or therapist* OR “learning support assistant” OR LSA OR “communication support worker” OR QTOD OR QTMSI OR QTVI OR “co-production” OR “joint working” OR “healthcare professional” OR “personal carer” OR “occupational therapist” “Inter-professional collaboration” OR IPC OR expert OR clinician OR nurse

Comparison:

- Left blank to include studies without comparison groups

Outcome:

- Identification terms: N/A - Not needed for identification terms as there is not always a specific outcome
- Behavioural, Inclusion, Motivation, and Engagement terms: attendance OR "behavio* outcomes" OR "behavio* regulation" OR "behavio* improvement" OR "cognitive development" OR "communication skills" OR criminal OR economic OR employment OR engage* OR financial OR "functional independence" OR "functional skills development" OR "access to learning" OR "improvement in learning" OR "inclusive classroom" OR "increase* inclusion" OR "independent living" OR independent* OR "mental health outcomes" OR motivate* OR offend OR "prosocial behavio* " OR "reduce* learning barriers" OR “reduce* symptom*” OR "self-regulat*" OR "school performance" OR "school retention" OR "social inclusion" OR "social-emotional development" OR "teacher perceptions of student progress" OR “well-being” OR workplace
- Educational outcomes (General): "academic achievement" OR "academic progress*" OR "academic attainment" OR "academic measure" OR "academic performance" OR “additional learning support*” OR "educat* achievement" OR "educat* assess*" OR "educat* attainment" OR "educat* measure" OR "educat* outcome*" OR "educat* performance" OR "educat* progress" “executive function*” OR "functional skill* develop*"OR "improve* learning" OR learn* OR "learning progress" OR "problem solving" OR "reduced learning barriers" OR "school outcome*" OR "school performance" OR "school retention"
- Literacy outcomes: read* OR literacy OR “letter recognition” OR “letter-sound knowledge” OR “word reading” OR phonic* OR phonolog* OR “reading

comprehension” OR “reading accuracy” OR “reading fluency” OR “reading delay*” OR “print knowledge” OR decod* OR “alphabet knowledge” OR “listening comprehension” OR “word recognition” OR “sentence completion”

- Writing outcomes: writ* OR literacy OR punctuation OR spelling OR “sentence writing” OR “free writing” OR “early writing” OR “emergent writing” OR “guided writing” OR “writing fluency” OR handwriting OR “interactive writing” OR “letter typing” OR “sentence completion”
- Mathematics outcomes: math* OR numer* OR numb* “number sense” OR arithmetic* OR geomet* OR shape OR calcul* OR algebra OR counting OR addition OR subtraction OR multiplication OR division OR fractions OR statistics* OR “place value” OR “math* competenc*” OR “math* concept*” OR “math* knowledge”
- Working with others terms: collaboration* or partnership* or co-practice* or multidisciplinary* or transdisciplinary or interdisciplinary

Study type:

- Review type: review OR “systematic review” OR “meta-analysis” OR “narrative review”

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