


ORIGINAL ARTICLE

A co-produced analysis of SEND policy for children and young people: Centring racial and ethnic equity, mental health and accountability

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Abstract

Despite decades of documented ethnic inequalities in Special Educational Needs and Disability (SEND), the well-established role of social determinants of health and growing awareness of cultural safety and trauma-informed practices in supporting children's mental health, their integration into England's *SEND* policy remains unclear. This study, co-produced with peer researchers and community stakeholders, examined national and local *SEND* policy and guidelines in England across three domains: justice and equity; content related to mental health, cultural safety and trauma-informed practice; and effective implementation. Systematic searches of national documents ($n=129$) and Local Authority websites ($n=152$) identified eligible content analysed using a co-developed coding framework. We calculated the frequency of content meeting baseline criteria and examined patterns and implications. Findings revealed current policy does not align with aspects of equitable and effective policy. Inequalities are superficially acknowledged with little recognition of social determinants of health. Although *SEND* provision, particularly for mental health, sits at the crossroads of education and health/healthcare rights, this connection is rarely addressed and requirements for children's participation are inconsistently exemplified. The *SEND* system lacks clarity in supporting mental health, cultural safety approaches are absent, and clear direction on trauma-informed practices is missing. Accountability mechanisms are insufficient with poorly defined roles, lack of transparency in complaints processes, inadequate monitoring of inequalities and missing enforcement mechanisms. There is an urgent need to establish a unified rights-based vision with tangible accountability measures and explicit equity-orientation to achieve an inclusive and equitable system.

KEYWORDS

anti-racism, emotional and mental health needs, equity, policy, social, special educational needs and disability

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Key Points

- Current SEND policy in England fails to integrate equity-oriented frameworks, with superficial acknowledgement of inequalities, minimal recognition of social determinants, absent cultural safety, and inconsistent implementation of children and young people's participation.
- The SEND system lacks a shared understanding of mental health difficulties, comprehensive guidance on responding to mental health needs and clear direction on trauma-informed practices, risking ineffective provision and perpetuating inequitable practices.
- Accountability mechanisms are insufficient to ensure equitable provision: poorly defined roles and responsibilities, complaints processes lack transparency, inequalities are omitted from monitoring processes, and enforcement mechanisms are missing.
- Co-production with peer researchers and community stakeholders enabled deeper critique of policy content and contextualisation of findings, surfacing critical gaps at risk of being overlooked in the absence of meaningful participation.

INTRODUCTION

Under the Special Educational Needs and Disability (*SEND*) *Code of Practice* 2015 in England (Department for Education, Department of Health, 2015), Local Authorities (LAs), schools and health bodies have a responsibility to identify and provide support for pupils who have special educational needs and disabilities. This statutory guidance outlines four areas of need: communication and interaction, cognition and learning, sensory and/or physical needs and, central to this analysis, needs resulting from social, emotional and mental health (SEMH) difficulties. Within schools, the *SEND* system is intended to serve as the formal escalation pathway to support children and young people who require additional or different support than that available through high quality teaching and ordinarily available provision. The *Code of Practice* aligns with principles of the United Nations Convention on the Rights of the Child (UNCRC) (United Nations, 1989) and the Convention on the Rights of Persons with Disabilities (UNCRPD) (United Nations, 2006), explicitly noting the rights to participation and inclusive education. However, systemic issues – including funding deficits, inconsistent application, ‘postcode lottery’ and difficulties in multi-agency co-ordination – impede effective and equitable implementation (Barnes, 2022; Education Policy Institute, 2025). Deep-rooted inequalities, including deprivation and systemic racism, and failures to address inequitable system legacies, disproportionately impact ethnically and racially minoritised children and young people, placing them at risk for over- and under-identification in the *SEND* system (Ní Chobhthaigh, Cox, et al., 2026; Strand & Lindorff, 2021).

The need for equity-oriented SEND policy

Structural racism refers to the cumulative effects of public policies, institutional practices, cultural representations and other norms across social, economic and political systems that systematically advantage white British people while disadvantaging racially and ethnically minoritised communities (Kapadia et al., 2022). This may manifest in education or health systems taking a one-size-fits-all approach, without integrating targeted equity practices or acknowledging social, environmental or spatial determinants of health (Selvarajah et al., 2022). Subsequently, even well-meaning providers may unintentionally replicate forms of discrimination by virtue of their working within the system. Structural discrimination has the potential to disrupt appropriate provision or referrals, lead to pathologising normative behaviours, or result in missed or misidentified needs (Ní Chobhthaigh, Musanu, et al., 2026). Concurrently, parents' ability to advocate for their child is thought to be the leading influence in the allocation of *SEND* support (Barnes, 2022), likely perpetuating inequalities in accessing support.

Historical embeddedness of discrimination is exemplified by the legacy of institutionalisation and policies targeting minoritised groups, such as the diversion of ‘West Indian’ children to ‘educationally subnormal’ (‘ESN’) schools in the 1970s (Coard, 2021), and internalised biases framing the white British experience as the implicit ‘norm’. These legacies perpetuate barriers to education and health, fuelling distrust and deterring help-seeking, as communities may learn to downplay difficulties or avoid help-seeking as a coping mechanism, rather than risk being ‘othered’, having their experiences dismissed or being labelled ‘unfit

parents' (Aguirre Velasco et al., 2020; Huff et al., 2024). Additionally, narratives that place blame on individuals and families, instead of acknowledging their lived realities and context of repeated system failures, perpetuate stigma. Within this socio-cultural-historical context, equity-oriented policy provides a foundational framework for addressing systemic biases and guiding equitable provision, making it essential to examine how current *SEND* policy acknowledges and seeks to reduce inequalities.

Within the socio-political-historical context, justice and equity-oriented policy provides a framework for addressing systemic biases and enabling inclusive and equitable provision to ensure all individuals are enabled to access health, healthcare and education. Drawing from health justice and educational equity perspectives, in this analysis *equity* refers to a pro-active approach to policy-making, curricula and systems design which recognises that different groups may need different approaches to achieve fair outcomes, accounting for historical and systemic oppression and exclusion. *Justice* refers to the equitable access to the social, economic and environmental conditions necessary for health and education, particularly in the re-distribution of resources, opportunities and rights. This explicit orientation in policy and implementation planning is essential; without it, reforms risk over-promising transformation while maintaining underlying systemic discrimination.

Previous analyses found despite promised reforms, the 2015 *Code of Practice* provided less guidance on needs to enable inclusive practice, and more emphasis on commissioning processes than the policy it replaced (Lehane, 2017). England's *SEND* policy has also been found to have less clear inclusion guidance than other UK nations and international comparators, its language ranks lower on positivity and trust, with non-mandatory and non-embedded continuing professional development further limiting effective implementation (Castro-Kemp et al., 2025). Additionally, emphasis on outcomes in educational policies frames needs as 'problems' to be solved rather than considering how education can enable inclusion – or may be disabling pupils (Nnamani & Lomer, 2024). The lack of clarity and comprehensive guidance at the national level trickles down to the local level with wide variation in *SEND*-related information on LA websites (Matthews et al., 2024), noted inconsistencies and a lack of transparency in accessing needs assessments (Middleton, 2025), contravening the statutory guidance. Crucially, policy orientation shapes what is prioritised in guidance and what is deemed 'successful' in practice. Considering participation, rule-oriented approaches, emphasising legal compliance, prioritise availability and accessibility over goal-oriented approaches valuing acceptability and attitudinal development, which shapes the metric of success: being there versus being engaged (Maxwell & Granlund, 2011). England's *SEND* policy is in a period of transition, with the system deemed in

'crisis' (Committee E. Education Committee, 2025), and reforms anticipated. Understanding how current policies integrate principles of equity and justice is therefore critical to inform a more equitable, effective and sustainable system.

The need for comprehensive mental health guidance

SEND provision for SEMH represents the only formalised channel for identifying children and young people with mental health needs within the school system captured at a national level. This has significant implications beyond education, influencing referrals and pathways to external services (ACAMH, 2025). The *SEND* system has the potential to act as both an early intervention pathway and a universal entry point to specialised mental health care if needed. Given this critical role, *SEND* policy must provide clear guidance for identifying the full spectrum of mental health needs and responding appropriately. Although the *Code of Practice* explicitly acknowledges that social and emotional difficulties may manifest as 'challenging, disruptive or disturbing behaviour' the policy shift in category title from 'Behaviour, Emotional and Social Development' to 'Social, Emotional and Mental Health' occurred without comprehensive explanation (Lehane, 2017), which risks gaps in understanding that behavioural difficulties remain indicators of need falling under SEMH – regardless of diagnoses or whether conceptualised as 'mental health'.

For ethnically and racially minoritised children and young people, this system operates within the broader context of structural inequalities. Without comprehensive guidance, specialised training or statutory integrated care pathways, SEMH identification is at risk of defaulting to subjective perception, creating heightened risk of discriminatory and culturally insensitive practices driving inequalities. National pupil data indicates systematic differences based on race and ethnicity in SEMH provision rates, with pattern variation by gender (Ní Chobhthaigh, Cox, et al., 2026; Strand & Lindorff, 2021). Further, among children and young people who have had mental health-related hospital contacts, there are systematic intersectional differences based on gender and racial-ethnic group in the likelihood of receiving *SEND* provision for SEMH (Ní Chobhthaigh, Musanu, et al., 2026). This raises questions about whether current policy establishes sufficient frameworks for consistent and appropriate identification and provision for mental health.

In addition to universal obstacles to mental health support, ethnically and racially minoritised children and young people experience amplified risks to their mental health. School environments, interpersonal dynamics, academic, social and related pressures can act

as risk factors for poor mental health (Ford et al., 2021; Hjern et al., 2008; Steare et al., 2023) while inadequate support for learning needs can further increase the likelihood of anxiety, depression or low self-esteem (Nelson & Harwood, 2011). Schools also act as sources of xenophobia and racism, not just as spaces where discriminatory interactions occur, but also in workforce and curricula representations as well as institutional policies and practices (Joseph-Salisbury, 2020). Racially and ethnically minoritised children endure harsher discipline, are excluded at younger ages and higher rates and are more likely to be excluded both before and after receiving *SEND* provision for SEMH than their white British male peers (Hood et al., 2025; Ní Chobhthaigh, Greenway-Bailey, et al., 2026). The impact of racism on mental health as well as the functioning of stress-sensitive biological and neurobiological systems is well established (Cave et al., 2020; Paradies et al., 2015; Slopen et al., 2016). Combined with legacies of educational trauma, these factors necessitate the integration of both trauma-informed and cultural safety practices in supporting children's mental health. Trauma-informed practice provides a framework for understanding the ways schools may be sources of harm, in the present day, historically, intergenerationally and structurally and the components of safety schools have a duty to safeguard children from (Office for Health Improvement & Disparities, 2022). Cultural safety deepens this by drawing attention to the specific ways trauma is produced and reproduced through power, systemic oppression and exclusion for ethnically and racially minoritised communities (Curtis et al., 2019). Together, there is a critical need for equity-oriented policies that integrate both frameworks to lay the guiding foundation to address systemic biases, promote mental health equity and uphold children's rights across education and health systems.

Rationale

While socioeconomic and gender disparities are well-documented, this analysis centralises the persistent ethnicity and race-based disparities that have received less attention, recognising that discrimination based on class, race, ethnicity, gender and disability, among others, often precedes and intersects with socioeconomic inequalities. We adopt an intersectional approach (Hill Collins & Bilge, 2020), foregrounding racial equity in *SEND* policy analysis – previously unaddressed despite two decades of documented ethnic inequalities (Department for Education, 2025a). Without explicit equity-oriented policy and guidelines, structural biases undermine equitable implementation and even well-designed policies can fail to influence practice without robust implementation mechanisms. As previous analyses have shown, *SEND* reforms risk claiming transformation while maintaining underlying systemic

issues (Lehane, 2017). Therefore, given the deeply embedded systemic issues, we examine not only the presence of justice and equity-oriented principles and guidance on mental health, cultural safety and trauma-informed practices, but also clear accountability systems – critical for translating policy intentions into practice. With England's *SEND* system undergoing reform, there is a critical window to inform the development of more equity-oriented policy and ensure guidance is transformative in practice, not just in rhetoric.

Aims and objectives

In partnership with peer researchers and community-based stakeholders, we conducted a policy content analysis to examine national and local level policy and guidelines published by government bodies related to *SEND* identification and provision for compulsory school-aged children and young people (5–16 years) in England, focusing on three core domains:

1. Justice and Equity: To what extent are inequalities and social determinants of health, human rights to health and education and principles of participation and empowerment acknowledged in *SEND* policy and guidelines?
2. Specificity of Content: To what extent are mental health needs (including emotional and behavioural needs), cultural safety and trauma-informed practices reflected in *SEND* policy and guidelines?
3. Effective Implementation: What systems of accountability (responsibility, monitoring, complaint processes and enforcement mechanisms) are specified in *SEND* policy and guidelines?

METHODS

Co-production approach

This policy content analysis was co-produced with three Peer Researchers and a Stakeholder Advisory Group as part of a larger project examining intersectional discrimination in pathways to mental health care in England. Peer Researchers are young people (aged 18–25) with lived experience of racialisation and navigating mental health difficulties during their school years. Peer Researchers and Stakeholder Advisors – including policy advisors and advocates, mental health professionals, special educational needs co-ordinators, community-based providers and parent/carers – were recruited through community-based organisations, community networks, word-of-mouth and direct outreach. Peer Researchers received general and task-specific training, adapted based on individual needs, prior experience and components they opted to take greater ownership of.

Alongside regular team meetings, we integrated check-ins, co-working sessions and healing-centred activities into our working together practices.

Peer Researchers and Stakeholder Advisors were actively engaged throughout each stage of the policy content analysis. Brainstorming with peer researchers and consultations with stakeholders informed research questions and guided protocol development. One peer researcher opted to take the role of peer research lead in this analysis, as this aligned with their interests. They received intensive training in data extraction and analysis and collaborated closely on the development of the coding framework. All Peer Researchers engaged in collective decision-making around the coding framework and on 'borderline' decisions. During shared decision-making, the project lead and peer researchers held equal status, with decisions reached through consensus. To ensure all perspectives felt heard, understood and respected, at times, discussions were paused to allow for reflection, reducing the risk of feeling rushed, before returning to reach agreement at a later date. Additionally, consultations with Stakeholder Advisors shaped analysis, informed refinement of the coding framework and contributed to decision-making. Discussions with Peer Researchers and Stakeholder Advisors informed the interpretation of results and led to the development of co-produced recommendations.

This approach was guided by the principles of Participatory Action Research (Cornish et al., 2023), which emphasises meaningful partnership between researchers and people with lived experience of or those most affected by a research topic, purposefully navigating and challenging power dynamics with the goal of redistributing power equally across all voices.

The reality of co-production processes is that they are very complex and nuanced (Burgess & Choudary, 2021). As such, our detailed co-production process is beyond the scope of this paper and will be presented in future publications. To provide brief insights into some of our ways of working, we include reflections from Peer Researcher co-authors on their experience co-producing this analysis. They highlight the challenges of navigating difficult decisions while sharing power and confronting internalised power dynamics. Crucially, meaningful co-production started with – and depended on – co-developing our ways of working as a precursor, not an addition. These collective decisions formed the blueprint, and relationship-building the foundation, from which everything else evolved. Reflections are presented anonymously, in accordance with our working together practices which centre trauma-informed and cultural safety principles. This approach ensures recognition as co-researchers and co-authors without expectation of disclosure.

We contributed to every aspect of the policy content analysis, with opportunities for training in policy

content analysis, developing the research protocol and providing updates to our stakeholder advisory group. From the beginning, we shared decision-making as a team, including practical aspects of working together, as well as research-specific elements, such as how the coding framework was applied to local and government policies. We intentionally used the ladder of participation (Hart, 1992) to guide our work and act as a tool to check in how we were embedding co-production. By taking time to get to know each other through team-building activities and using online platforms to make meetings accessible, we created an environment where we could all share our ideas and opinions.

One challenge that we faced was dealing with disagreements, specifically regarding coming to a consensus on coding local content. At times, our passion led to differing perspectives, and we struggled to reach a simple resolution, creating tension. We navigated this by having open and honest conversations, reflecting on challenging sessions, not shying away from difficult discussions while being mindful of each other's feelings. Though our contributions as peer researchers were equal, this involved going against social norms and expectations, so we had to consciously challenge internalised narratives around unequal power dynamics and actively work to label and navigate them when they arose. Taking time to reflect, tackling issues together and planning for future conflicts or disagreements have enabled us to overcome these challenges and allowed us to find resolutions that we can all accept.

We encourage other researchers to consider the integration of meaningful participation as, when done carefully, it can allow for greater depth of analysis, providing new insights and perspectives, maximising the impact of findings. Valuing our expertise starts from the beginning and requires planning and intention. Participation cannot be an afterthought or a 'nice addition' – it must be embedded into processes, planning and decision-making. It is also crucial that the unique value of peer researchers' contributions is recognised and compensated appropriately, relying on free or underpaid labour replicates harmful extractive processes that contradict the values of meaningful co-production.

Policy analysis methodology

Theoretical perspective

This policy content analysis is grounded in critical theories including intersectionality (Hill Collins & Bilge, 2020) and critical race theory (Crenshaw et al., 1995) emphasising the importance of examining power structures and complex, interacting oppressions in systems, policy and practice. Devakumar

et al. (2022) conceptual model of how discrimination across ecosystems determines health and Burgess' Socio-Political-Economy (Burgess et al., 2025), which emphasises interacting mechanisms of oppression as driving forces in mental health, shapes the specific focus on mental health, trauma-informed and cultural safety practices. In addition, the policy analysis was informed by the policy cube approach (Buse et al., 2020) and human rights-based approaches, including the PANEL principles of participation, accountability, non-discrimination, empowerment and legality (SNAP Leadership Panel, 2023). This framework informs a comprehensive examination of how current policy acknowledges societal power dynamics, structural factors and accountability mechanisms, with a particular focus on responding to mental health from trauma-informed and cultural safety frameworks.

Search strategy

We completed a systematic search of all active policy documents and guidelines published by government bodies (i.e. national government and LAs) with specific reference to *SEND* identification and provision, for mandatory school-aged children and young people (5–16 years) in England, including statutory guidance and codes of practice, non-statutory guidance and policy papers, locally issued policy and guidance, as well as public guidance.

National level documents were sourced from the UK government website (gov.uk) using the search term 'Special Education Needs' in addition to hand searching the Department for Education, Department of Health and Social Care, Education & Skills Funding Agency and Office for Standards in Education, Children's Services and Skills websites for documents related to 'Special Education Needs', 'Disability', 'Education, Health and Care Plan', 'Mental Health'. Documents deemed potentially eligible based on title or keywords were screened for any reference to 'Special Education Needs', 'SEN' or 'Education, Health and Care'. Where the initial search returned a webpage with additional links, each link was reviewed until it either ended in a document or the content was no longer relevant. Searches were conducted December 2023, screening completed January–February 2024, and all searches and full-text screening were logged in an Excel spreadsheet.

For local level content, the approach differed due to the decentralised nature of local documentation; all upper-tier LAs in England are required to publish local area information regarding *SEND* provision on 'Local Offer' webpages under the Children and Families Act (2014). We compiled a comprehensive list of upper-tier LAs with *SEND* responsibility in England and identified 152 with active 'Local Offer' webpages at

the time initial screening commenced (October 2023). We systematically reviewed all pages and documents related to *SEND* provision published on each LA's website.

Inclusion and exclusion criteria

National level documents primarily focused on *SEND* provision (i.e. with *SEND* as the 'main' focus), that directly inform implementation, inspection, or funding, were included and extracted. Additionally, documents with a section or paragraph dedicated to *SEND* provision (i.e. with *SEND* as a 'minor' focus) were included and relevant sections were extracted; content not specific to *SEND* was excluded. Documents that did not mention *SEND* or *Education, Health and Care Plans (EHCP)* explicitly or made a single reference to *SEND*, including as an example, a case study, 'Special Educational Needs Co-ordinators' (SENCOs) as roles, reference to a group of children with *SEND* or a link to a *SEND*-related document but that did not relate to *SEND* provision were excluded. Similarly, documents related to 'special schools' without specific reference to implementation of the *Code of Practice*, identification or provision were excluded. Documents deemed de facto inactive were excluded, such as those related to 'Managing the 2014 changes', as well as those deemed not to have direct influence over current implementation and practice, including consultation submissions, proclamations, reports/analyses, research papers, forms, complaint/tribunal outcomes, improvement notices, withdrawn documents and policies.

LA 'Local Offer' webpages, local area *SEND* strategies, as well as other official branded documents published by LAs on their website with specific reference to *SEND* were deemed eligible for review. Local area inspection reports were excluded as they are assessments of existing provision rather than policy or guidance. 'Written Statements of Action' in response to poor local area inspection outcomes were excluded to prevent bias towards 'poor performing' LAs. Where LAs did not have an 'in-date' *SEND* strategy, that is, active at the time of the analysis, the most recent available was deemed de facto active and included.

Data extraction

Ten percent of the national level documents, randomly selected to represent a variety of document types, were double extracted independently by two co-authors. Relevant content specific to *SEND* or *EHCP* assessment and provision was extracted from 'Local Offer' webpages and eligible LA documents. Due to the level of complexity of this data extraction, 15% of the local level

content was randomly selected for double extraction by two co-authors. The double extraction and cross-check procedure refined the coding framework. Using the final coding framework, only 3% of cross-check decisions required further discussion, which informed the sensitivity analysis. Data extraction was completed and cross-checked in an Excel spreadsheet (March–May 2024).

Concepts and coding framework

The coding framework (summarised in [Table 1](#)) was co-developed based on the research question concepts definitions (see [Table S1](#): Concepts Definitions), with respect to the *Code of Practice* and refined through an iterative process with peer researchers and stakeholder advisors (see [Table 1](#): Coding Framework Summary and [Table S2](#): Coding Framework & Breakdown).

Analyses

Extracted data was ‘rated’ based on the coding framework. Broadly, ratings were categorised as ‘below baseline’ for no or insufficient mention, ‘baseline’ for minimal mention without expansion and ‘above baseline’ for expanded mentions (see [Table 1](#) for overview).

In addition to calculating the frequencies and proportions of ratings, discussions with peer researchers and stakeholder advisors informed a narrative synthesis of themes and interpretation of the meaning and implications of patterns in relation to the research questions.

Sensitivity analyses

The complexity of the local level analyses and ambiguity in wording related to Participation, Empowerment and Responsibility necessitated a more detailed examination to understand how adjusted rating criteria would influence the overall findings with respect to these sub-questions (see [Table S3](#): Sensitivity Analysis & Breakdown). For Participation, the adjusted baseline criteria centred on children and young people's participation in decision-making related to *SEND* or *EHCP*, with mention of inclusion in both considered above baseline. The more stringent Empowerment baseline criteria required examples of children and young people's engagement in Local Offer development and strategic planning, with additional examples rated above baseline. Adjusted baseline criteria for Responsibility required descriptions of all roles in the *Code of Practice*; if captured in a single document or webpage, this was considered above baseline. Additionally, safeguarding and preventing

radicalisation documents that did not meet inclusion criteria were reviewed for mention of inequalities and social determinants to contextualise our results and whether trends were consistent.

RESULTS

Included documents

129 national-level documents were included, comprising 23 statutory, 88 non-statutory and 18 public guidance, related to *SEND* provision for children and young people aged 5–16 years in England, either as a main focus (Cave et al., 2020) or a minor section (100) (see [Table S4](#): Included National Level Documents). Documents were predominantly education-focused, followed by health, with minimal content from social care, youth justice and tribunals. Additionally, we reviewed 152 LA ‘Local Offer’ websites, analysing all webpages that pertained to *SEND* provision and where available, *SEND* strategies and accompanying ‘official’ documents. Results are summarised in [Table 2](#) and [Figures 1–3](#).

Justice and Equity

Inequalities

At the national level, most documents did not refer to inequalities (76.7%), with 21.7% mentioning inequalities broadly and only 1.6% referring to specific inequalities ([Table 2](#) and [Figure 1](#)). LAs performed better with 57.2% mentioning inequalities or group differences broadly (e.g. ‘9.1% Permanent exclusions were of EHC Plan pupils’), 13.8% labelled specific socially-based inequalities or disproportionality, such as ‘[Borough] has a higher over-representation of Black African pupils with *EHCPs* compared to London and England ethnicity’, while 28.9% did not make any reference to inequalities. No acknowledgement of intersectional inequalities was found. Among the boroughs that explicitly labelled specific inequalities, an overlap was observed with those that self-identified as experiencing high levels of deprivation and greater diversity. This pattern could indicate an element of increased awareness of, connectedness or responsiveness to community needs or simply an accurate description of the local context.

Social determinants

Few national level documents (5.4%) referenced social determinants of health, with only two documents, the *Code of Practice* and one non-statutory document,

TABLE 1 Coding framework summary.

Ranking	Below baseline	Baseline	Above baseline
Overarching criteria	No or insufficient coverage	'Bare minimum' coverage	Additional coverage, expanding on bare minimum
Justice and Equity			
Inequalities	<ul style="list-style-type: none"> • Definition of 'disability' as described in the CoP • Duty 'not to disadvantage' 	<ul style="list-style-type: none"> • General 'inequalities' • Description of differences between groups or in % but without explicit acknowledgement 	<ul style="list-style-type: none"> • Specific socially-based 'inequalities' OR experienced by specific groups • E.g. Racial-Ethnic groups, Indicators of deprivation
Social determinants	<ul style="list-style-type: none"> • 'ACES' 'Adverse Childhood Experiences' (without examples) • Risk factors related to educational outcomes not health, mental health, or SEND 	<ul style="list-style-type: none"> • Cite CoP 'If it is thought housing, family or other domestic circumstances may be contributing to the presenting behaviour...' • Impact of 'social' factors on health or mental health 	<ul style="list-style-type: none"> • Specific social/structural determinants of health on health or mental health • E.g. Deprivation, Poor educational experiences, Discrimination, Exposure to conflict
Rights	<ul style="list-style-type: none"> • Mention 'entitled' but not 'right' 	<ul style="list-style-type: none"> • Mention either right to health/ healthcare OR right to education 	<ul style="list-style-type: none"> • Mention right to health/ healthcare AND right to education
Participation (individual level decision-making)	<ul style="list-style-type: none"> • Only refer to parent involvement • Does not indicate active involvement e.g. 'voice', 'at centre of decision making' 	<ul style="list-style-type: none"> • 'Involve' • National: Clear reference to CYP involvement in assessment, planning, reviewing • Local: 2 examples of CYP involvement in assessment, planning, reviewing 	<ul style="list-style-type: none"> • 'Participate in decision-making' • National: Clear reference to CYP participation, engagement in decision-making (as appropriate) • Local: 2 examples of CYP participation, engagement in decision-making
Empowerment (strategic level decision-making)	<ul style="list-style-type: none"> • Cite CoP 'every local authority must ensure that children and young people... are involved in discussions and decisions... about local provision' 	<ul style="list-style-type: none"> • National: Document instructs collaboration, consultation, coproduction with CYP at strategic/service delivery level • Local: 1 example of CYP engagement in (1) strategic planning and local service development/delivery OR (2) Local Offer development 	<ul style="list-style-type: none"> • National: Document developed in collaboration, consultation with CYP AND instructs collaboration, consultation, coproduction with CYP • Local: Examples of CYP engagement in (1) strategic planning AND (2) in practice (e.g. Local Offer, clear opportunities to get involved)
Content Specificity			
Mental Health	<ul style="list-style-type: none"> • No mention of mental health, SEMH, emotional or behavioural difficulties re: SEND/EHC • Only mention mental health as a consequence of SEND 	<ul style="list-style-type: none"> • Mental health, SEMH needs, emotional or behavioural difficulties as a SEND/EHC area of need (without further explanation) 	<ul style="list-style-type: none"> • Provide accessible description, examples of presentations of or provision for mental health, SEMH needs, emotional or behavioural difficulties re: SEND/EHC
Cultural Safety	<ul style="list-style-type: none"> • Only mention 'diversity', 'equality', 'inclusion' or 'culture' • Only refer to the Equality Act or duty to not discriminate 	<ul style="list-style-type: none"> • Cultural safety, cultural sensitivity, anti-racist or anti-oppressive practices re: SEND provision (without further explanation) 	<ul style="list-style-type: none"> • Provide description, examples of implementation of cultural safety, cultural sensitivity, anti-racist or anti-oppressive practices re: SEND provision
Trauma-Informed	<ul style="list-style-type: none"> • Only mention 'ACES' 'Adverse Childhood Experiences' or 'trauma' • Not mentioned in context of SEND/EHC or Ordinarily Available Provision 	<ul style="list-style-type: none"> • 'Trauma-informed' or 'trauma responsive' practice in SEND provision (without further explanation) 	<ul style="list-style-type: none"> • Provide description, examples of implementation of 'trauma-informed' or 'trauma responsive' practice in SEND provision

TABLE 1 (Continued)

Ranking	Below baseline	Baseline	Above baseline
Overarching criteria	No or insufficient coverage	'Bare minimum' coverage	Additional coverage, expanding on bare minimum
Effective Implementation			
Responsibility	<ul style="list-style-type: none"> Implied responsibility but not explicit 	<ul style="list-style-type: none"> National: Labels responsible for implementation of policy/service <ul style="list-style-type: none"> If re: Implementation of CoP, refers to all named responsible in CoP Local: Label all named responsible in CoP <ul style="list-style-type: none"> Including: Teacher, SENCo, Senior Leadership, Local Authority, Health, Designated Clinical/Medical Officer 	<ul style="list-style-type: none"> National: Clear description of roles and responsibilities for implementation of policy/service <ul style="list-style-type: none"> If re: CoP, defines all roles as outlined in CoP Local: Clear description of all roles and responsibilities as described in CoP (see good practice example)
Monitoring	<ul style="list-style-type: none"> Individual level School/Setting level Self-evaluation/Self-monitoring 	<ul style="list-style-type: none"> National: Refer to bodies/processes in place for monitoring implementation of policy/service Local: Refer to OFSTED/CQC Local Area SEND Inspection, Formal Self-Review or Independent Review of SEND/EHC 	<ul style="list-style-type: none"> National: Baseline PLUS explicit review of inequalities. Local: Inspection, review or service audit, with a particular focus on inequalities
Complaints/Disputes	<ul style="list-style-type: none"> National: Only provide link without explanatory sentence Local: Only refer to concerns/complaints/disagreements processes re: SEND OR EHC 	<ul style="list-style-type: none"> National: Refer to complaints processes regarding the policy/service <ul style="list-style-type: none"> Where would be deemed appropriate, mention of SEND Tribunal must include reference to discrimination. Local: Refer to complaints processes including: (1) SEND complaints (2) EHC appeals (3) Mediation & Disagreement resolution (4) SEND Tribunal <ul style="list-style-type: none"> SEND Tribunal: must include discrimination cases and single route of redress 	<ul style="list-style-type: none"> National: Baseline PLUS avenues of escalation, including signposting <ul style="list-style-type: none"> Where would be deemed appropriate, mention of SEND Tribunal: Baseline PLUS educational aspect binding. Local: Baseline PLUS step-by-step escalation and individual/bodies responsible with additional signposting <ul style="list-style-type: none"> SEND Tribunal: Baseline PLUS educational aspect binding
Enforcement mechanisms	<ul style="list-style-type: none"> Description of escalating complaints processes (e.g. if Local Authority does not adhere to Tribunal you can complain to Ombudsman) 	<ul style="list-style-type: none"> Mechanisms or threat of sanctions (but without tangible processes) 	<ul style="list-style-type: none"> Clear mechanisms of enforcement re: failures of LA, Education, Health or Social Care to complete statutory duties <ul style="list-style-type: none"> E.g. Public apology, financial penalties, management changes

Note: See Table S2 for full framework and breakdown. CoP refers to SEND Code of Practice statutory guidance.

mentioning specific determinants. Similarly, most LAs (60.5%) made no reference to social determinants in the context of *SEND*; 27.6% referred broadly while only 11.8% mentioned specific determinants, such as socio-economic disadvantage, discrimination or exposure to crime. While the *SEND* statutory guidance labelled a specific social determinant of health ('housing', Department for Education, Department of Health, 2015, p. 45), the wording is ambiguous and does not explicitly acknowledge deprivation or the aspects of housing which may negatively impact health. The repetition of this wording in non-statutory documents, and in turn at the local level, falls short of acknowledging the impact

of social determinants, instead, it appears to reflect a 'copy-and-paste' tick-box. Among the LAs that explicitly mentioned socially-based risk factors for *SEND*, poverty and housing instability were most frequently cited. Three referred to discrimination, with one LA including 'the impact of racial discrimination on people's everyday lives and mental health issues' in their *SEND* Strategy. At the same time, there were instances of inappropriate wording, with one LA listing 'BAME' (referring to 'Black, Asian and Minority Ethnic') under 'Social and cultural barriers' without further explanation, indicating lack of awareness around the reductive nature of the term (GOV.UK, 2024), as well as lack of

TABLE 2 Percentage of content below, at and above baseline criteria.

	National			Local		
	Below baseline	Baseline	Above baseline	Below baseline	Baseline	Above baseline
Justice & Equity						
Inequalities	76.7	21.7	1.6	28.9	57.2	13.8
Social Determinants	93.0	5.4	1.6	60.5	27.6	11.8
Rights	96.1	3.9	0	74.3	23.7	2.0
Participation	79.8	13.2	7.0	19.7	51.3	28.9
Empowerment	88.4	10.9	0.8	11.8	35.5	52.6
Content Specificity						
Mental Health	75.2	20.2	4.7	2.6	55.9	41.4
Cultural Safety	100.0	0.0	0.0	95.4	4.6	0.0
Trauma-informed	99.2	0.8	0.0	69.1	29.6	1.3
Effective Implementation						
Responsibility	45.0	49.6	5.4	80.3	9.9	9.9
Monitoring	84.5	15.5	0.0	5.9	94.1	0.0
Complaints	83.7	10.9	5.4	78.9	17.8	3.3
Enforcement	96.1	3.9	0.0	100.0	0.0	0.0

understanding of race and ethnicity-based inequalities, likely perpetuating misunderstanding (Commission on Race and Ethnic Disparities, 2021). Additionally, at the local level, there appeared to be a heavy emphasis on family-based factors and attachment as ‘risk factors’, in the absence of labelling wider socio-cultural-political-historical factors that contribute to family environment and caregiving.

Rights

Although some documents broadly referenced ‘rights’, or legislation which details a child's rights, no national level documents mentioned the right to health/healthcare, and only five non-statutory documents (3.9%) explicitly referred to the child's right to education. At the local level, 25% of LAs stated the right to education in the context of *SEND* while 2.6% mentioned the right to health/healthcare (23.7% either), with overall only 2% mentioning both. Many LAs mentioned other ‘rights’ in the context of *SEND* such as ‘right to participate’, ‘right to request’ and ‘right to appeal’ or even included ‘know your rights’ sections but without stating the overarching rights to access health and education. Several LAs used the wording ‘entitled to’ without explicitly stating children and young people had a ‘right to’.

Participation

While the *SEND* statutory guidance, and other key national *SEND* documents, stress the participation of children and young people in individual planning and

decision-making (7.0% overall, 27.6% of documents with *SEND* as the ‘main’ focus), this emphasis varies across documents. For example, among the guides to the *Code of Practice*, the health professionals and social care guides provide multiple mentions of children and young people's participation in decision-making, whereas the guides for schools and parents mention this only once. Mirroring the variation at the national level, 28.9% of LAs exemplified participation in decision-making, while 51.3% referred to lesser *involvement* and 19.7% failed to meet baseline criteria for promoting children and young people engagement despite statutory requirements. In the sensitivity analysis, fewer LAs performed above the baseline level, with only 7.9% referring to children and young people's engagement in both *SEND* and *EHCP* decision-making. Notably, across Local Offers, there was relatively consistent mention of involving parents.

Empowerment

While key *SEND* documents instruct children and young people involvement in local area provision and strategic planning (10.1% overall, 37.9% main), they fail to model co-production or consultation as part of the policy development, provide clear direction or acknowledge that co-production is resource intensive. The *SEND* improvement plan, a non-statutory policy document, was the only national level document developed in consultation with children and young people. Similarly, inconsistencies were found for engagement at the local level and there appeared to be over-use of the term ‘co-production’ without clear definition or evidence of the practice. Nearly all LAs mentioned some children and

young people engagement, 35.5% in local area provision and planning, 52.6% in strategic development with additional examples of engagement. However, the higher sensitivity analysis thresholds revealed 62.5% of LAs failed to evidence children and young people engagement in *both* strategy and Local Offer development, as set out in *SEND* statutory guidance. The sensitivity analysis also highlighted 29.6% LAs evidencing strong engagement efforts, with clear reporting of children and young people's participation in strategy and provision planning, Local Offer development and additional engagement opportunities.

Specificity of content to mental health, cultural safety and trauma-informed practice

Mental health

At both the national and local levels, there was a wide spectrum in the amount of information provided as well as the language used in relation to mental health and *SEND*. At the national level, 20.2% mention social, emotional and mental health (SEMH) needs as a type of *SEND* without further explanation (Table 2 and Figure 2) while only 4.1% provided an accessible description with examples. At the local level, 55.9% of LAs included reference to SEMH as a type of *SEND* or cited the *SEND* statutory guidance, while 41.4% provided clear description with examples of presentations and provision. However, across both national and local level, there were instances where *SEND* was implicitly framed as only attributable to neurodevelopmental or biological differences, where mental health was treated as separate from *SEND* (e.g. 'schools will also wish to ensure that their staff have adequate training on matters such as how certain special education needs or mental health needs may affect people's behaviour', Department for Education, 2024a, p. 12) or where content referred to emotional, behavioural or mental health difficulties solely *as consequences of and secondary to* other types of *SEND*, rather than recognising that these difficulties are collectively captured under the SEMH area of need itself. Although low academic performance is not a necessary precursor for *SEND* support, national guidance appears to prime adjustments for pupils identified with *SEND* as a learning difficulty (e.g. all curriculum adaptation guidance), and much local content framing appears to place emphasis on academic need relative to peers. There also appeared to be a lack of coherent direction regarding 'behaviour' and *SEND*. While documents on exclusion and behaviour in schools specify that a children and young people can only be excluded for their behaviour and not for *SEND*, they provide no further guidance. At the local level, there were also incidences of inappropriate language, for example, 'Identifying a child or young person as having SEMH as a primary area of *SEND* should be last resort', indicative

of active deterrence from seeking identification or provision through the *SEND* system.

Cultural safety

No national documents referred to cultural safety, sensitivity, adaptation or anti-racism. Only 4.6% of LAs mentioned cultural safety or anti-racism regarding *SEND* provision, although none provided further explanation or evidence of application. For example, one LA's *SEND* strategy included 'We are committed to addressing disproportionality in the identification of *SEND* and are working with partners to develop culturally responsive services.' or another Ordinarily Available Provision guidelines noted 'Schools having a strong understanding of anti-racist and anti-oppressive practice.'

Trauma-informed practice

One national level document, *Promoting children and young people's mental health and wellbeing: A whole school or college approach*, a non-statutory document with minor inclusion of *SEND*, mentioned trauma-informed practices in the context of *SEND*, although did not provide any further explanation. At the local level, 29.6% of LAs mentioned trauma-informed or trauma-responsive practices in the context of *SEND* provision, with 1.3% providing additional detail. Of those LAs who expanded on the term, emphasis appeared to be on understanding the impact of trauma (e.g. 'This approach is grounded in the understanding that challenging behaviour, emotional distress and impairment are responses to early trauma. The children and young people's brain is wired to be in survival mode with behavioural responses of "Fight, Flight, Freeze or Fawn" when they experience fear or perceive threat or danger.').

Effective implementation

Named responsibility

While 49.6% of national documents named the role/body responsible for implementation (see Table 2 and Figure 3), only 5.4% explicitly outlined expectations. None of the guides to the *Code of Practice* define all of the roles as specified in the statutory guidance; the schools guide does not specify the responsibilities of health, the health professionals guide does not specify all the responsibilities of school-based providers, and the parents' guide does not include the responsibilities of school senior leadership. Further, duties regarding *SEND* as detailed in the *Code of Practice* seemed to be omitted from relevant documents; for example, there was no mention of Teacher nor Senior leadership duties

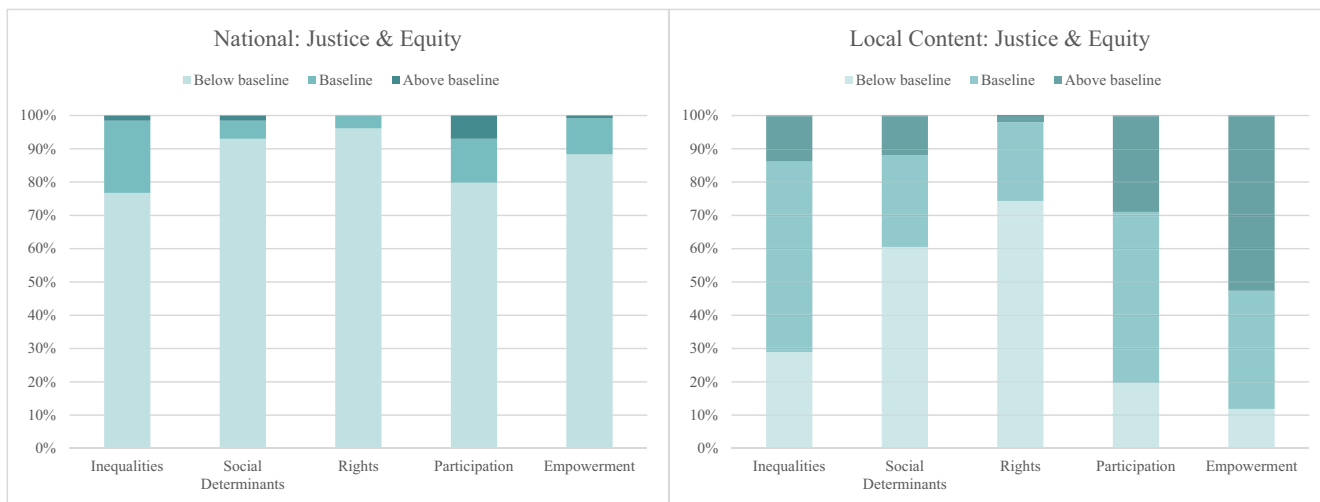


FIGURE 1 Proportion of national and local content below, at and above baseline for Justice and Equity questions.

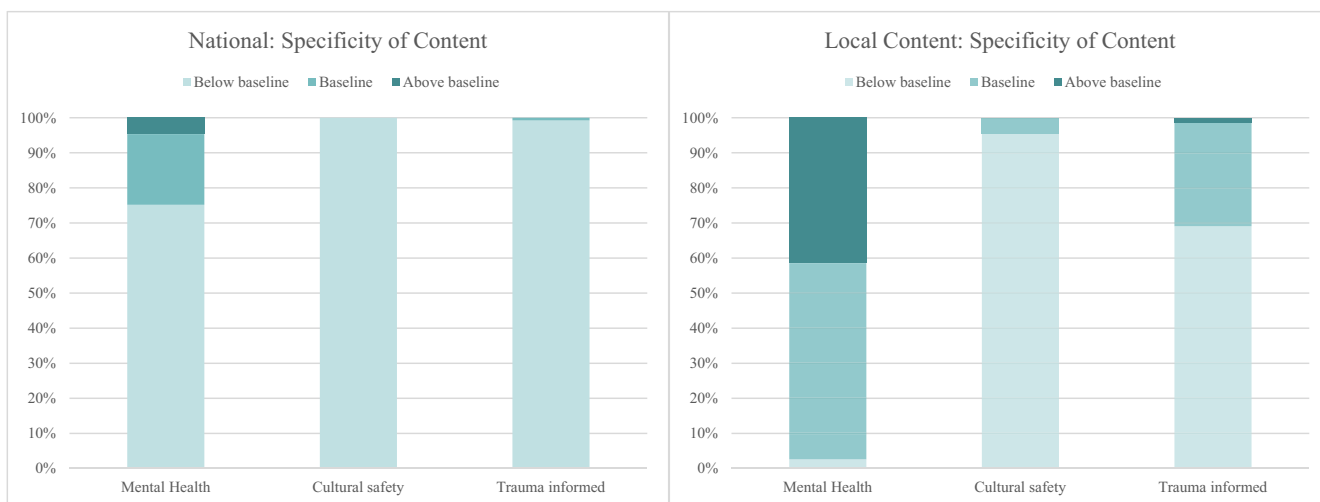


FIGURE 2 Proportion of national and local content below, at and above baseline for Specificity of Content questions.

in training documents. This lack of clarity, particularly in defining responsibilities required for facilitating joined-up care, was also evident at the local level; 80.3% of LAs failed to refer to all responsible roles, only 9.9% of LAs named all roles, and 9.9% defined responsibilities per the *Code of Practice*. The sensitivity analysis revealed that only 1.3% of LAs detailed all responsible parties and expectations in a single page/document, rather than spread across multiple pages and documents. Some LAs went so far as to state ‘this is the responsibility of the head teacher although it is usually passed to the SENDCo’.

Monitoring implementation

Only 15.5% of national documents referred to monitoring processes; none mentioned monitoring with respect to inequalities, ‘equitable’ implementation or consideration

of how provision might perpetuate or reduce inequalities. While 94.1% of LAs included mention of local area monitoring processes, none mentioned monitoring inequalities.

Complaints processes

Although the *Code of Practice* details complaints processes and information on the First-tier (*SEND*) Tribunal, including disability discrimination cases and binding tribunal decisions, many national level documents where this information would be expected – such as *SEND* Tribunal and *EHCP* appeals guidance – do not mention it. Among key *SEND* documents – those with *SEND* as the ‘main’ focus – 24.1% mentioned the complaints or resolution processes (10.9% overall) while 20.7% included additional information and signposting

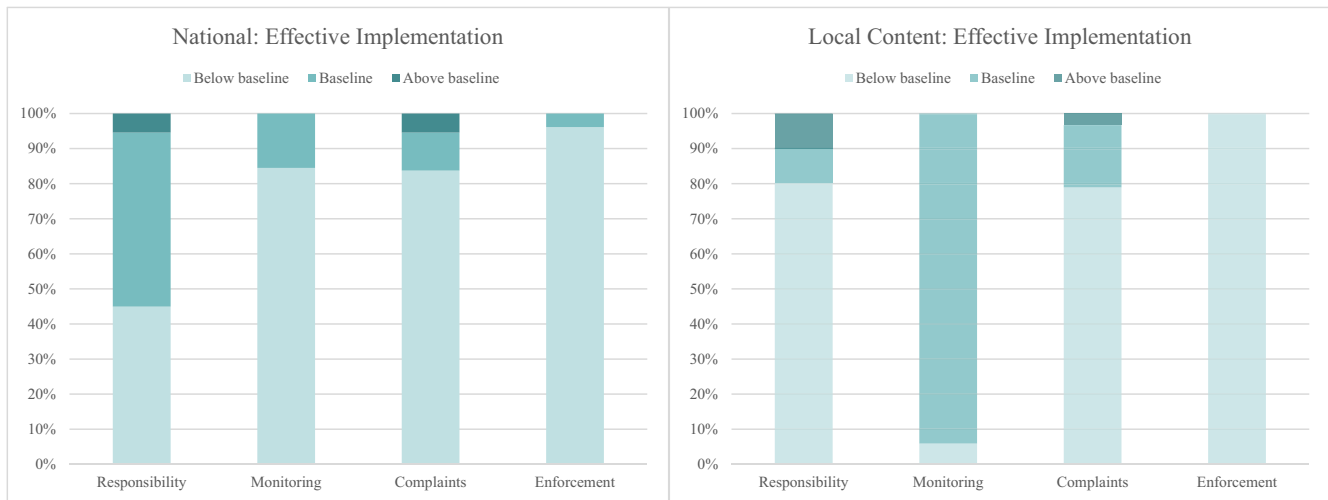


FIGURE 3 Proportion of national and local content below, at and above baseline for Effective Implementation questions.

(5.4% overall). Similar to trends in reporting responsibility, there was variation across the guides to the *Code of Practice*, as two (parents and health professionals) included mention of the *SEND* Tribunal and discrimination concerns in addition to signposting, while the schools and the social care guides do not. At the local level, 78.9% of LAs failed to adequately detail both the *SEND* and *EHCP* complaints processes, as well as the *SEND* Tribunal, crucially, with respect to the right to complain regarding discrimination concerns. Where information on the *SEND* tribunal was provided, LAs often noted that recommendations regarding health and social care are non-binding, yet only 3.3% acknowledged that recommendations regarding education are legally binding.

Enforcement mechanisms

Five non-statutory *SEND* documents (3.9% overall) mentioned enforcement measures but lacked tangible processes. The wording appeared aspirational rather than active mechanisms; for example, the *SEND* Improvement Plan noted this as an area for improvement. Accordingly, no LAs mentioned enforcement or consequences for implementation failures nor how *SEND* tribunal recommendations are enforced or monitored.

DISCUSSION

Key findings

Overall, our analysis suggests that current *SEND* policy and guidelines do not align with key aspects of effective implementation and equity-oriented policy examined. We found superficial acknowledgement of inequalities, with limited mention of specific, race and ethnicity-based

inequalities. References to social determinants of health were minimal, and explicit recognition of the impact of discrimination was rare, at the same time, there was an increasing emphasis on family-based factors and British-centric psychological frameworks in the context of *SEND*. Although *SEND* provision in the context of mental health sits at the intersection of the right to education and the right to health/healthcare, acknowledgement of this is scarce. Similarly, while statutory directives emphasise the importance of children and young people's participation in individual and local provision planning, wide variation in language and inconsistencies in reported application, raises questions about whether policy makers and LAs are adequately enabled to implement these participatory practices. Our findings indicate a lack of shared understanding and responses to mental health difficulties through the *SEND* system. There is a failure to recognise the need for cultural safety and anti-oppressive approaches, as well as a lack of clear direction on trauma-informed practices, risking it becoming a mere 'buzzword'. Finally, this analysis highlights inadequate accountability mechanisms to ensure equitable provision, including poorly defined roles and responsibility, lack of transparency around complaints and discrimination, omission of inequalities in monitoring processes and the absence of mechanisms to address system failures, rendering monitoring efforts futile.

Findings in context

Failures to contextualise

Superficial mentions of inequalities and absence of explicit labelling reflect reluctance to prioritise addressing drivers of inequities. This omission suggests a lack of targeted efforts to ensure equitable provision, consistent

with decades of documented inequalities (Department for Education, 2025a; Strand & Lindorff, 2021). Similarly, the failure to acknowledge the role of social determinants, particularly structural determinants like discrimination, while emphasising family-based factors and attachment, risks perpetuating blaming narratives or pathologising children and young people perceived as ‘different to the (majority group) familiar’. Reduced funding for Early Help limits early intervention social supports (Action for Children, 2024), increases the likelihood of escalation in demand for *SEND* provision. In turn, this increases the likelihood that children and young people with parents in a position to advocate will receive support, while others risk either having genuine needs overlooked or being inappropriately identified due to culturally insensitive interpretations of presentations. For contrast, social determinants, including poverty, deprivation, discrimination, as well as exposure to conflict, were consistently mentioned in documents regarding safeguarding and preventing radicalisation. This indicates an awareness at policy-making and local levels that these factors can be impactful but there appears to be selectivity when they are deemed ‘relevant’ or not.

Despite stated commitments to Equality Act (2010), Children and Families Act (2014) and mention of the UNCRC (United Nations, 1989), documents failed to clearly articulate rights to health, healthcare or education. Neglecting to acknowledge provision as essential to fulfilling human rights obligations risks failing to ensure cohesive and equitable support. Continued gaps in provision (OFSTED, 2021), reliance on parental advocacy (Barnes, 2022), use of exclusions and off-rolling (Jay et al., 2022, 2023), *SEND* tribunal cases (Ministry of Justice, 2023) and the rising numbers of children and young people disengaging from education (Department for Education, 2024b) point to system failures to uphold its duty to meet these rights. Documented racial and ethnic inequalities in referrals, absences and exclusions further indicate bias in who is supported to access their rights (Chui et al., 2021; Edbrooke-Childs & Patalay, 2019; Ní Chobhthaigh, Greenway-Bailey, et al., 2026). More explicit articulation of how directives are underpinned by rights, and expectations of providers to support access to these rights could help concretise responsibilities around ensuring equitable access.

Roughly one quarter of LAs failed to meet baseline criteria for promoting children and young people engagement in their own *SEND* and *EHCP* planning and provision despite statutory requirements, aligning with previous research documenting failures of Local Offer websites to adhere to the statutory guidance (Matthews et al., 2024). Over-use of the term ‘co-production’ without clear definition or evidence, casts doubt on understandings and approaches to meaningful engagement. However, the failure to define or model participatory approaches with children and young people at the national

level may be partly to blame and the intensive resource requirements may force LAs to ‘cut-corners’ to meet statutory requirements. When children and young people’s input is ignored, it not only undermines the appropriateness of supports, but can lead to disempowerment, increasing disengagement and undermining motivation to engage in supports (The MHPSS Collaborative, 2024). For racially and ethnically minoritised families historically failed by the system, this likely worsens feelings of mistrust, further deterring help-seeking. National-level policymakers need to model and communicate effective methods, with targeted efforts to engage and build trust with racially minoritised children and young people, as well as ensure sufficient resources for meaningful co-production.

Lack of comprehensive guidance

Misleading language and reliance on poor academic performance as a threshold for *SEND* provision risks delaying identification of and responses to SEMH need. There is a lack of shared understanding of mental health needs as a type of *SEND*, particularly in recognising the spectrum of presentations and indicators of need, and the profound impacts on social, emotional, cognitive and executive functioning (Blanken et al., 2017; Flouri et al., 2019; Romer & Pizzagalli, 2021). Wording regarding *SEND* and exclusion across national and local levels appears contradictory to mental health guidelines that conceptualise behaviour as an indicator of need (Department for Education, 2018). While exclusion policies state that a child cannot be excluded for *SEND* but can be for behaviour, without clarification, this fails to acknowledge that challenging behaviours may be manifestations of undiagnosed or unmet SEMH needs, or responses to perceived injustices and biased practices within the school environment. This lack of cohesion across policies creates confusion about what behaviours warrant exclusion versus assessment for *SEND* provision versus application of cultural safety principles to examine whether concerns reflect genuine need, environmental factors or biased interpretations of behaviour. This confusion leads to inconsistencies in practice and likely plays into internalised biases, which aligns with the inequalities in exclusions data (Department for Education, 2025b; Ní Chobhthaigh, Greenway-Bailey, et al., 2026).

The absence of standardised guidance for integrating cultural safety, such as through a national health equity or race equality framework, represents a critical gap in current policy. This is a necessary first step in establishing expectations and providing a foundation for a more equitable system. Comprehensive guidance could acknowledge the realities of systemic inequities and unconscious bias, provide actionable steps for integrating cultural safety principles, as well as mandate

ongoing training and reflective practice. Without such explicit guidance, the status quo is maintained and there remains a risk that misunderstandings of ‘cultural differences’ may reinforce stereotypes, perpetuating harmful exclusionary or pathologising practices. The few LAs that mention anti-racism or the need for cultural sensitivity exemplify a step in the right direction. However, while these mentions at the local level are encouraging, there remains a potential risk of performative activism without comprehensive implementation strategies and resourcing. Further research is necessary to understand the real-world application and impact of these policy statements. Crucially, in the absence of labelling the need for and providing directive around cultural safety, there is a lack of targeted action and racial inequities remain.

With regards to trauma-informed practices, the analysis revealed a lack of coherent definition of trauma-informed practice in school or *SEND* contexts, raising concerns about potential misapplication. LAs that included a definition emphasised understanding the impact of trauma; however, this addresses only one aspect of trauma-informed practice and does not inherently lead to safe practices or contexts (Office for Health Improvement & Disparities, 2022). To ensure consistent understanding and application and to avoid pathologising developmentally appropriate responses to stress, unsafe/unjust environments, or pubertal-related emotional changes, standardised training and clear distinctions are required. Further, to cultivate safer spaces, it is necessary to recognise the potential for educational settings to be trauma-inducing for some individuals or communities, where racism, unconscious bias and adultification of racialised children and young people prevail (Institute of Health Equity, 2024).

Absence of accountability mechanisms

Our analysis highlighted the relative absence of accountability systems and failure to define roles beyond the *Code of Practice*. Disconnect between provider and parent guides to the *Code of Practice* creates confusion, opportunities for ‘passing the buck’ and disables effective joined-up care. Some LAs openly state ‘this is the responsibility of the head teacher although it is usually passed to the SENDCo’, exemplifying how in practice the burden and blame falls heavily on the SENDCo rather than senior leadership as specified in the statutory guidance. This mis-delegation places undue burden on SENDCos, who legally should not hold this level of accountability and risks undermining compliance with statutory obligations. The failure to enable co-ordinated care is further reflected in the relative absence of integrated social care or youth justice policy and guidance meeting inclusion criteria. Despite the *Code of Practice* emphasis on multi-agency collaboration, policy fails to provide sufficient guidance to enable this within

education and health, let alone with other agencies. This also recreates an exclusionary power dynamic, whereby those with knowledge of the system can navigate it while those facing barriers related to knowledge, language, resources and trust are further disadvantaged. Ultimately, for service recipients and providers alike, this undermines effective provision, deteriorates trust and perpetuates exclusion within the system.

While Local Area *SEND* inspections establish structure and clear expectations, they completely neglect inequalities. Without accountability – particularly with respect to addressing system failures and inequities in provision – monitoring procedures will fail to catch ‘gaps’ or biases. Additionally, information regarding discrimination concerns at *SEND* tribunals was noticeably absent from local content and few LAs acknowledged that tribunal decisions regarding education are legally binding. Nevertheless, in the absence of monitoring procedures for tribunal recommendations, there is nothing holding those responsible to account, raising questions about whether the tribunal adequately protects the rights of children and young people. There appears to be a reliance on the threat of consequence rather than tangible actions to ensure compliance. This risks rendering monitoring efforts futile in addressing structural issues and undermines public trust. To ensure that policy is consistently applied and targeted at reducing inequitable provision, accountability measures must be formalised at the national level. Simultaneously, there is a need to foster buy-in at the local level to view measures as essential for ensuring consistent, equitable standards and equipping providers to fulfil their roles effectively, while alleviating concerns about scrutiny and administrative burden.

Strengths and limitations

To our knowledge this is the first equity-oriented analysis of *SEND* policy and guidance in England. We utilised a systematic approach to analysing content, including the use of cross-checking and sensitivity analysis. Integration of co-production with peer researchers and community-based stakeholders throughout the project represents a novel approach to participatory policy analysis, enabling deeper engagement with and critique of content, surfacing issues at risk of being overlooked. The iterative approach to developing the coding framework and collaborative decision-making created opportunities for discussion which, in turn, guided recommendations.

Given that Local Offers are live webpages updated on a rolling basis, this analysis examines a snapshot of content that may not reflect current updates, nor can we infer from content what is being actioned in practice. At the time of initial screening, one upper-tier LA did not have an active Local Offer webpage, likely due

to local government reorganisation that year and was not included. A few areas also had additional (non-LA) websites with SENDCo resources that were not included, potentially excluding practice-related content. Practical barriers including accessibility issues, broken and convoluted ‘rabbit holes’ of links risked missed content; though, cross-checking indicated this was negligible. Despite the specificity of the coding framework, the potential for subjective interpretation cannot be eliminated, particularly when rating ambiguous wording. This was most pronounced with respect to participation; however, the sensitivity analyses aimed to mitigate this. Additionally, we did not include a detailed analysis of budgetary line allocations, which would require in-depth examination through freedom of information requests as this information is not routinely available on LA websites. Finally, we were unable to obtain input from policymakers or LA *SEND* representatives as part of our co-production process, which could have offered additional perspectives and strengthened the national-local link.

Implications and conclusions

Without targeted efforts to create equity within a historically biased system, universal policy application risks perpetuating biases in provision and pathways to specialised care. Our findings align with previous critiques of insufficient national guidance on inclusive practice (Lehane, 2017; Nnamani & Lomer, 2024), implementing meaningful participation (Maxwell & Granlund, 2011) and inconsistencies and lack of transparency at the local level (Middleton, 2025). As proposed changes to the *SEND* system are yet to be formalised, our findings provide timely insight into current gaps and opportunities for improvement in future iterations of both national and local level policy and guidelines. There is an urgent need to ensure *SEND* policy and guidance are equity-oriented, comprehensive and aligned across levels of government, agencies, professionals and families. Future research expanding this analysis to early years and transition to adulthood policy could provide complementary insights, while analyses of Local Area *SEND* inspection reports may provide insight into the extent to which equity, mental health or accountability are considered in practice evaluation.

Establishing an equity-oriented policy approach is crucial to uphold the government's commitments to the UNCRC and UNCRPD (see Table S5: Core Policy & Practice Recommendations) (United Nations, 1989, 2006). Addressing inequitable provision starts with labelling inequalities, acknowledging the role of social determinants in increasing risk and need and establishing a unified action plan that emphasises equity, early intervention, community partnerships, adequate

training and resourcing. Consistent and coherent messaging regarding provider responsibilities is needed to clarify roles, scope of practice and expectations for joined-up care between health, education and social care systems. Accountability mechanisms must move beyond aspirational intent to specific actioned measures, with monitoring processes that ensure the equitable application of policy across education, health and social care. Integrating meaningful participation and engagement requires best practice guidance and sufficient resourcing. Finally, safety, inclusive of physical, psychological and cultural dimensions, must be centred in policy, participation and practice. By addressing these areas, policymakers can work towards a more equitable, effective and responsive *SEND* system that truly serves the needs of all children and young people in England.

AUTHOR CONTRIBUTIONS

Sorcha Ni Chobhthaigh: Conceptualization; data curation; formal analysis; funding acquisition; investigation; methodology; writing – original draft; project administration; writing – review and editing; supervision; validation; visualization. **Josephine Musanu:** Conceptualization; formal analysis; investigation; methodology; writing – review and editing; validation; writing – original draft. **Camille Cox:** Conceptualization; formal analysis; methodology; writing – review and editing; writing – original draft. **Twyla Greenway-Bailey:** Conceptualization; formal analysis; methodology; writing – review and editing; writing – original draft. **Amie Buhari:** Conceptualization; methodology; writing – review and editing; formal analysis. **Cyra Neave:** Conceptualization; methodology; writing – review and editing; formal analysis. **Mina Mawi:** Conceptualization; methodology; writing – review and editing; formal analysis. **Mel Green:** Conceptualization; methodology; writing – review and editing; formal analysis. **Diana Ceccolini:** Formal analysis; investigation; writing – review and editing; validation. **Delan Devakumar:** Writing – review and editing; supervision. **Rochelle A. Burgess:** Writing – review and editing; supervision. **Ariel Lindorff:** Writing – review and editing; supervision. **Matthew A. Jay:** Writing – review and editing; supervision.

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CONFLICT OF INTEREST STATEMENT

There are no conflicts of interest to disclose.

DATA AVAILABILITY STATEMENT

The policy documents analysed in this study are publicly available from UK Government (gov.uk) and Local Authority websites. Full details of all policies, guidelines, and local authorities included in the analysis are provided in the supplementary material. The coded dataset is available from the corresponding author upon reasonable request.

ETHICS STATEMENT

Ethics approval was granted for this research by the University College London Research Ethics Committee (24,643/002).

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REFERENCES

- ACAMH. (2025) CAMHS Child and Adolescent Mental Health Services. <https://www.acamh.org/topic/camhs/>
- Action for Children. (2024) Early help – fragmented, uncertain and underfunded 2024. [cited 2024 Oct 5]. <https://www.actionforchildren.org.uk/blog/early-help-fragmented-uncertain-and-underfunded/>
- Aguirre Velasco, A., Cruz, I.S.S., Billings, J., Jimenez, M. & Rowe, S. (2020) What are the barriers, facilitators and interventions targeting help-seeking behaviours for common mental health problems in adolescents? A systematic review. *BMC Psychiatry*, 20(1), 11.
- Barnes, S. (2022) HOPE Study. HOPE Study Key Findings: Parent and Carer's Survey. https://www.ucl.ac.uk/population-health-sciences/sites/population_health_sciences/files/hope_study_-_national_surveys_key_findings_poster.pdf
- Blanken, L.M.E., White, T., Mous, S.E., Basten, M., Muetzel, R.L., Jaddoe, V.W.V. et al. (2017) Cognitive functioning in children with internalising, externalising and dysregulation problems: a population-based study. *European Child & Adolescent Psychiatry*, 26, 445–456.
- Burgess, R.A. & Choudary, N. (2021) Time is on our side: operationalising 'phase zero' in coproduction of mental health services for marginalised and underserved populations in London. *International Journal of Public Administration*, 44(9), 753–766.
- Burgess, R.A., Ní Chobhthaigh, S., Biswal, B., Ceccolini, D., Fadipe, B., Khan, D. et al. (2025) Intersectional discrimination, exclusion and the socio-political economy of global mental health: a systematic scoping review of the literature. *SSM – Mental Health*, 7, 100382.
- Buse, K., Aftab, W., Akhter, S., Phuong, L.B., Chemli, H., Dahal, M. et al. (2020) The state of diet-related NCD policies in Afghanistan, Bangladesh, Nepal, Pakistan, Tunisia and Vietnam: a comparative assessment that introduces a 'policy cube' approach. *Health Policy and Planning*, 35(5), 503–521.
- Castro-Kemp, S., Antalek, C., Van Herwegen, J. & Kemp, P. (2025) An international analysis of SEND policy and practice: ScopeSEND. <https://www.nuffieldfoundation.org/project/an-international-analysis-of-send-policy-and-practice-scope-send>
- Cave, L., Cooper, M.N., Zubrick, S.R. & Shepherd, C.C.J. (2020) Racial discrimination and child and adolescent health in longitudinal studies: a systematic review. *Social Science & Medicine*, 250(1), 112864.
- Children and Families Act. 2014. www.legislation.gov.uk/ukpga/2014/6/contents
- Chui, Z., Gazard, B., MacCrimmon, S., Harwood, H., Downs, J., Bakolis, I. et al. (2021) Inequalities in referral pathways for young people accessing secondary mental health services in south east London. *European Child & Adolescent Psychiatry*, 30(7), 1113–1128.
- Coard, B. (2021) *How the west Indian child is made educationally sub-normal in the British school system*. Kingston, Jamaica: McDermott Publishing.
- Commission on Race and Ethnic Disparities. (2021) Commission on Race and Ethnic Disparities: The Report. https://assets.publishing.service.gov.uk/media/6062ddb1d3bf7f5ce1060aa4/20210331_CRED_Report_-_FINAL_-_Web_Accessible.pdf
- Committee E. Education Committee. (2025) Solving the SEND Crisis Fifth Report of Session 2024–25 HC 492. <https://committees.parliament.uk/publications/49536/documents/265373/default/>
- Cornish, F., Breton, N., Moreno-Tabarez, U., Delgado, J., Rua, M., de-Graft Aikins, A. et al. (2023) Participatory action research. *Nature Reviews Methods Primers*, 3(1), 34.
- Crenshaw, K., Gotanda, N., Peller, G. & Thomas, K. (1995) *Critical race theory: the key writings that formed the movement*. New York, NY: The New Press.
- Curtis, E., Jones, R., Tipene-Leach, D., Walker, C., Loring, B., Paine, S.J. et al. (2019) Why cultural safety rather than cultural competency is required to achieve health equity: a literature review and recommended definition. *International Journal for Equity in Health*, 18(1), 174.
- Department for Education. (2018) Mental health and behaviour in schools. <https://www.gov.uk/government/publications/behaviour-and-discipline-in-schools>
- Department for Education. (2024a) Behaviour in Schools Advice for headteachers and school staff. https://assets.publishing.service.gov.uk/media/65ce3721e1bdce001a3221fe/Behaviour_in_schools_-_advice_for_headteachers_and_school_staff_Feb_2024.pdf
- Department for Education. (2024b) Children Missing Education 2023/24. <https://explore-education-statistics.service.gov.uk/find-statistics/children-missing-education>
- Department for Education. (2025a) Statistics: special educational needs (SEN). <https://www.gov.uk/government/collections/statistics-special-educational-needs-sen>
- Department for Education. (2025b) Suspensions and permanent exclusions in England. <https://explore-education-statistics.service.gov.uk/find-statistics/suspensions-and-permanent-exclusions-in-england/2024-25-autumn-term>
- Department for Education, Department of Health. (2015) Special educational needs and disability code of practice: 0 to 25 years. Statutory guidance for organisations which work with and support children and young people who have special educational needs or disabilities. https://assets.publishing.service.gov.uk/media/5a7dcb85ed915d2ac884d995/SEND_Code_of_Practice_January_2015.pdf

- Devakumar, D., Selvarajah, S., Abubakar, I., Kim, S.S., McKee, M., Sabharwal, N.S. et al. (2022) Racism, xenophobia, discrimination, and the determination of health. *Lancet*, 400, 2097–2108.
- Edbrooke-Childs, J. & Patalay, P. (2019) Ethnic differences in referral routes to youth mental health services. *Journal of the American Academy of Child and Adolescent Psychiatry*, 58(3), 368–375.
- Education Policy Institute. (2025) Identifying SEND: Final Report on Special Educational Needs & Disabilities and contact with CAMHS. <https://epi.org.uk/wp-content/uploads/2025/02/SEND-Final-Report-version-FINAL-04.02.2024-2.pdf>
- Equality Act 2010. 2010. www.legislation.gov.uk/ukpga/2010/15/contents
- Flouri, E., Papachristou, E., Midouhas, E., Ploubidis, G.B., Lewis, G. & Joshi, H. (2019) Developmental cascades of internalising symptoms, externalising problems and cognitive ability from early childhood to middle adolescence. *European Psychiatry*, 57(1), 61–69.
- Ford, T., Degli Esposti, M., Crane, C., Taylor, L., us Montero-Marín, Blakemore, S.J. et al. (2021) The role of schools in early adolescents' mental health: findings from the MYRIAD study. *Journal of the American Academy of Child and Adolescent Psychiatry*, 60(12), 1467–1478.
- GOV.UK. (2024) Writing about ethnicity. <https://www.ethnicity-facts-figures.service.gov.uk/style-guide/writing-about-ethnicity/#bame-and-bme>
- Hart, R.A. (1992) Children's participation: from tokenism to citizenship. UNICEF International Child Development Centre. <https://digitallibrary.un.org/record/227219?ln=en>
- Hill Collins, P. & Bilge, S. (2020) *Intersectionality*, Second edition. Cambridge, UK: Polity Press.
- Hjern, A., Alfvén, G. & Östberg, V. (2008) School stressors, psychological complaints and psychosomatic pain. *Acta Paediatrica*, 97(1), 112–117.
- Hood, S., Anwari, H., Suleman, A., Francis, H., Bristol-Abbott, S. & Nelson-Addy, L. (2025) History on loop: The sustained impact of school exclusions on Black communities. https://cdn.prod.website-files.com/61488f992b58e687f1108c7c/68d4f481f0db39ecf0677e30_History%20on%20loop%20_230925.pdf
- Huff, N.R., Dunderdale, L., Kellogg, A.J. & Isbell, L.M. (2024) Factors related to help-seeking and service utilization for professional mental healthcare among young people: an umbrella review. *Clinical Psychology Review*, 114, 102504.
- Institute of Health Equity. (2024) Structural Racism, Ethnicity and Health Inequalities in London. www.instituteofhealthequity.org/resources-reports/structural-racism-ethnicity-and-health-inequalities/main-report
- Jay, M.A., Grath-Lone, L.M., De Stavola, B. & Gilbert, R. (2022) Evaluation of pushing out of children from all English state schools: administrative data cohort study of children receiving social care and their peers. *Child Abuse & Neglect*, 127, 105582.
- Jay, M.A., Grath-Lone, L.M., De Stavola, B. & Gilbert, R. (2023) Risk of school exclusion among adolescents receiving social care or special educational needs services: a whole-population administrative data cohort study. *Child Abuse & Neglect*, 144, 106325.
- Joseph-Salisbury, R. (2020) Race and Racism in English Secondary Schools. https://cdn.prod.website-files.com/61488f992b58e687f1108c7c/61bcc0cc2a023368396c03d4_Runnymede%20Secondary%20Schools%20report%20FINAL.pdf
- Kapadia, D., Zhang, J., Salway, S., Nazroo, J., Booth, A., Villarroel-Williams, N. et al. (2022) Ethnic Inequalities in Healthcare: A Rapid Evidence Review. https://www.nhs.uk/wp-content/uploads/2023/05/RHO-Rapid-Review-Final-Report_.pdf
- Lehane, T. (2017) “SEN's completely different now”: critical discourse analysis of three “codes of practice for special educational needs” (1994, 2001, 2015). *Education Review*, 69(1), 51–67.
- Matthews, J., Black-Hawkins, K., Basu, A., Necula, A.I., Downs, J., Ford, T. et al. (2024) To what extent do England's local offer websites adhere to the statutory guidance as set out in the special educational needs and disabilities code of practice? *British Educational Research Journal*, 50(4), 1724–1740.
- Maxwell, G. & Granlund, M. (2011) How are conditions for participation expressed in education policy documents? A review of documents in Scotland and Sweden. *European Journal of Special Needs Education*, 26(2), 251–272.
- Middleton, T. (2025) Justice-involved children with special educational needs and disability: what are the implications for access to identification and support through an education, health and care plan? A thought piece. *Social Science*, 14(5), 273.
- Ministry of Justice. (2023) Tribunal Statistics Quarterly: July to September 2023. <https://www.gov.uk/government/statistics/tribunals-statistics-quarterly-july-to-september-2023/tribunal-statistics-quarterly-july-to-september-2023#annual-special-educational-needs-and-disability-send-statistics>
- Nelson, J.M. & Harwood, H. (2011) Learning disabilities and anxiety: a meta-analysis. *Journal of Learning Disabilities*, 44(1), 3–17.
- NiChobhthaigh, S., Cox, C., Musanu, J., Greenway-Bailey, T., Neave, C. & Mawi, M. (2026) Racial-Ethnic and Gender Inequalities in Mental Health-related SEND and Hospital Contacts among Children and Adolescents in England. Manuscript under review.
- NiChobhthaigh, S., Greenway-Bailey, T., Cox, C., Musanu, J., Green, M. & Neave, C. (2026) Intersectional Discrimination in School Responses to Indicators of Need: Absences, Exclusions and Mental Health SEND Provision among Children and Adolescents in England. Manuscript under review.
- Ni Chobhthaigh, S., Musanu, J., Cox, C., Greenway-Bailey, T., Devakumar, D. & Burgess, R.A. (2026) Intersectional Discrimination in Cross-System Pathways of Mental Health-related school SEND provision and Hospital Contacts for Children and Adolescents in England. Manuscript under review.
- Nnamani, G. & Lomer, S. (2024) What is the problem represented to Be' in the educational policies relating to the social inclusion of learners with SEN in mainstream schools in England? *Journal of Research in Special Educational Needs*, 24(4), 1046–1059.
- Office for Health Improvement & Disparities. (2022) Working definition of trauma-informed practice. www.gov.uk/government/publications/working-definition-of-trauma-informed-practice/working-definition-of-trauma-informed-practice
- OFSTED. (2021) Supporting SEND Report. <https://www.gov.uk/government/publications/supporting-send/supporting-send>
- Paradies, Y., Ben, J., Denson, N., Elias, A., Priest, N., Pieterse, A. et al. (2015) Racism as a determinant of health: a systematic review and meta-analysis. *PLoS One*, 10(9), e0138511.
- Romer, A.L. & Pizzagalli, D.A. (2021) Is executive dysfunction a risk marker or consequence of psychopathology? A test of executive function as a prospective predictor and outcome of general psychopathology in the adolescent brain cognitive development study®. *Developmental Cognitive Neuroscience*, 51, 100994.
- Selvarajah, S., Corona Maioli, S., Deivanayagam, T.A., de Moraes Sato, P., Devakumar, D., Kim, S.S. et al. (2022) Racism, xenophobia and discrimination: mapping pathways to health outcomes. *The Lancet*, 400(10368), 2109–2124.
- Slopen, N., Lewis, T.T. & Williams, D.R. (2016) Discrimination and sleep: a systematic review. *Sleep Medicine*, 18, 88–95.
- SNAP Leadership Panel. (2023) SNAP 2 Scotland's second National Human Rights Action Plan: A Scotland where everyone can live with human dignity. <https://www.snaprights.info/wp-content/uploads/2023/03/SNAP-2-March-2023-FINAL-PDF.pdf>
- Stearse, T., Gutiérrez Muñoz, C., Sullivan, A. & Lewis, G. (2023) The association between academic pressure and adolescent mental health problems: a systematic review. *Journal of Affective Disorders*, 339, 302–317.
- Strand, S. & Lindorff, A. (2021) Ethnic disproportionality in the identification of high-incidence special educational needs: a National Longitudinal Study Ages 5 to 11. *Exceptional Children*, 87(3), 344–368.

- The MHPSS Collaborative. (2024) What is Tokenism – According to the Youth Expert Advisors. <https://mhpscollaborative.org/what-is-tokenism-according-to-the-youth-expert-advisors/#:~:text=One%20major%20impact%20of%20tokenism,in%20the%20decision%2Dmaking%20process.>
- United Nations. (1989) United Nations Convention on the Rights of the Child (UNCRC). <https://www.unicef.org.uk/wp-content/uploads/2016/08/unicef-convention-rights-child-uncrc.pdf>
- United Nations. (2006) United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). <https://social.desa.un.org/issues/disability/crpd/convention-on-the-rights-of-persons-with-disabilities-crpd>

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.