The Neurodivergence Task and Finish Group: report

Recommendations for mainstream education

February 2026

Contents

Abbreviated summary

Neurodivergent children and young people are at greatly increased risk of poorer education and health outcomes than their peers [1-3]. They are more likely to be suspended or absent from school, out of work, need mental health services, have poor long-term health, or end up in the criminal justice system [1-3]. These poor outcomes can be downstream consequences of barriers that make it hard for some neurodivergent learners to access, and benefit from, our education system [23]. This inequity of access is compounded by structural inequalities associated with ethnicity, gender, and socioeconomic position [5].

Equity will not be achieved by simply pasting a set of new initiatives on top of the existing, under-resourced system [6]. Nor will it be achieved by creating multiple parallel pathways, each for a different group of children. Instead, mainstream settings should become more inclusive as **standard**. To achieve this, as set out in our recommendations, we need both a **cultural** and **systems** shift – we cannot effectively change one without a transformation of the other.

> ## What success will look like
>
> The litmus test for success will not be measured in specific accommodations – important though these may be – but by whether neurodivergent children fundamentally feel that they **belong** and are **wanted** in school, and that they are supported to achieve, attain and prepare for adulthood.

Our report identifies four key priorities for action by government with the involvement, commitment, and support of all our organisations and communities:

Priority One: Timely identification of strengths and needs

Support must be independent – and perceived to be independent – from any clinical diagnostic process. Mainstream education settings – including Early Years settings, schools, and colleges – should be provided with free, reliable, evidence-based, validated, scalable, developmentally appropriate, and comprehensive assessment tools, enabling these settings to identify educational needs, and foster strengths, as early as possible and throughout a child's development [7, 8]. This is not about screening for specific conditions, but about offering effective support as quickly as possible: assessment tools must therefore be easily interpreted, implemented, and map onto deliverable education plans.

Our recommendations involve dialogue and information sharing between health, education and social-care systems, and incorporate a role for parents and neurodivergent young people in assessment and subsequent planning processes [6].

Priority Two: Workforce development

Senior leaders, teachers, and support staff need the time and resources to build their knowledge and understanding of neurodivergence. This requires a workforce strategy, including minimum standards within the Initial Teacher Training and Early Career Framework (ITTECF) and post-qualification professional development with NPQs for Head

Teachers, experienced teachers, and support staff. This training and quality recognition must move beyond partial coverage of a handful of clinical conditions and instead focus on the best evidence around common barriers to learning and participation that teachers will encounter, regardless of any formal labels associated with a child or young person [4, 9].

Priority Three: Learning environments, curriculum and assessment

Schools need the flexibility and incentive to adapt learning environments, including forms of assessment and curricula, to make schools more inclusive **by design** [10, 11]. For example, we know that attendance rates are particularly low for neurodivergent children and young people [3, 4, 12-14]. Suspension and exclusion rates are high for neurodivergent children and young people. Improving attendance for all children and young people, including those who are neurodivergent, begins with understanding and addressing why a child is missing school, rather than relying on sanctions and policies that may worsen anxiety or disengagement [3, 12, 15]. If a change to standard practice is vital for one child, it is likely beneficial for all and thus should become the 'new standard'.

Learning environments need to be accessible, paying attention to physical, social, sensory, and communication barriers [11]. We provide detailed recommendations for delivery within this report, including proposed national standards that are incorporated within Ofsted inspections.

Priority Four: Funding, accountability, and commissioning

A robust model needs to be developed to support strategic, integrated commissioning and planning for councils, educational settings, and health bodies. This model should incorporate the best data on support needs due to overall neurodivergence prevalence rates and predicted co-occurring needs, without relying solely on diagnosis rates. It should incorporate local population data from multiple services (including education, health, and social care). These data must record ethnicity, gender, and socioeconomic position, and other relevant demographic characteristics. This necessitates better data collection and linkage at a local level, capturing long-term outcomes across public services, and the implementation of an accountability framework [4].

The model must support targeted provision of additional funding when required and where specialist input is needed.

Executive summary

Background

The Neurodivergence Task and Finish Group (NDTFG) was commissioned by the Department for Education (DfE) in November 2024 to provide an expert view and make recommendations on the best ways to support and meet the needs of neurodivergent children and young people in mainstream education settings, including consideration of the types of learning support that **need not, and should not, depend on clinical diagnosis**. The Terms of Reference and the membership of the group are listed at the end of this report (see Annex A). This document is a joint report to which all members of the group have provided input.

The recommendations of this report reflect the consensus we found for a **needs-led** system in which all neurodivergent children and young people can learn and participate. In making these recommendations, the NDTFG has engaged and consulted with a wide range of partners and groups, including neurodivergent children, young people, and parents. The NDTFG has also consulted with:

- the DfE Expert Advisory Group for Inclusion
- Christine Lenehan, DfE SEND Advisor
- the independent ADHD Taskforce, commissioned by NHS England
- the Department for Work and Pensions (DWP) independent Academic Panel looking at employment prospects for neurodiverse people
- the DfE Change Programme
- multiple DfE policy teams engaged with the SEND reforms
- the Scientific Advisory Council (SAC).

A full list of those we have engaged with can be found in Annex C. These will be cited as Guldberg et al (2025) within the text when the NDTFG recommendations rely on evidence obtained through NDTFG engagement and consultation [16].

Introduction

Neurodiversity is a natural consequence of human variability, and our schools must therefore be inclusive by design. Neurodivergent children and young people have a wide range of different types of strengths and (legitimate) needs and **should receive support for their individual needs from an inclusive system** [17].

Unfortunately, there is overwhelming evidence that a large proportion of neurodivergent children and young people do not have their needs met by the current education and health system [18]. Our work identified a consensus, across a large group of partners with

extensive relevant experience, that all parts of the existing system need to focus on meeting needs [16]. For this alternative needs-led system to succeed we must shift mindsets and culture, as well as redesign the system.

Government possesses the levers necessary for this culture-change. Our work identified four key priority areas where these policy levers must be brought to bear:

> (i) identification of strengths and needs

> (ii) workforce development

> (iii) learning environments, curriculum and assessment

> (iv) funding, accountability and commissioning

Our group identified nine specific recommendations for policy change within these priority areas. These recommendations are interrelated and should not be seen or operationalised in isolation from one another.

We encountered some excellent inclusive practice delivered by local schools during our work [16]. Schools with this culture demonstrate the potential of inclusive education to transform a young person's life. Our report outlines concrete proposals on how this cultural shift can be embedded more widely and highlights the importance of the role of Educational Psychologists in this process. The priorities we outline, and how they work together to reinforce a needs-enabled approach, will allow a 'test-and-learn' transition to implementing a system that works for everyone, including those who are neurodivergent.

Priority One: Timely identification of strengths and needs

Recommendation One: Provide educational professionals with evidence-based valid and accurate holistic educational assessment, along with effective support tools

We must separate assessment of educational need from clinical diagnosis. Early Years settings, schools and colleges, should be provided with holistic, accurate educational assessment tools, and their application should be independent from any clinical diagnostic process or screening for specific conditions. This assessment should be scalable, free to access, validated, developmentally appropriate throughout a child's development (recognising the dynamic nature of development), strengths as well as needs based, sensitive to common barriers to learning and participation, and map onto deliverable education plans to inform effective support [19, 20].

This assessment process needs to incorporate the voice of the neurodivergent young person and parent/carers **by design**. The assessment should fold in relevant community, environmental or contextual factors so that it reflects the place where the neurodivergent

young person lives. Crucially, this process must be easily implemented and interpreted by educational staff and decrease pressure on teaching staff without increasing workload.

Recommendation Two: Introduce a 'commitment to listen' to parents/carers and neurodivergent young people and recognise where schools do this well

Whilst schools and teachers are responsible for and have expertise in educational needs and support strategies, parents/carers should be valued partners in the education of their children [6]. Parents are not expected to be experts in educational support strategies, but they know and understand their child. Dialogue between teachers and parents should include clear expectations about evidence-informed support and adaptations in the education and home setting, together with regular communication in a format that is inclusive of parents with learning needs. This 'commitment to listen' must include mechanisms for receiving and acting on feedback from neurodivergent children and young people and families.

Recommendation Three: Develop clear partnerships for supporting neurodivergent needs between education, health, and social care

DfE and DHSC must act at pace to co-ordinate activity for improving service integration. Health, social care and education should be better integrated with clear local partnership arrangements. Educational Psychology services should be enabled to play an important role in these partnerships through collaborating with professionals, supporting schools in identifying strengths and needs, delivering professional development, engaging with parents and carers, and providing advice on creating positive learning environments. Partnerships should enable information sharing across education, health, social care, and other relevant departments through connected data systems [21].

Children, young people, and their families should be central to this partnership, with clear signposting for navigating information on support and assessment. This will provide a co-ordinated approach that ensures support is evidence-based, holistic, consistent, place-based, and tailored to an individual's strengths and needs.

Priority Two: Workforce Development

Recommendation Four: Provide high quality professional development on strengths, needs, and support strategies for neurodivergent children and young people

Professional development for the workforce needs to include knowledge and understanding of different forms of neurodivergence, and best practice on how to respond to those differences [10]. Consistent evidence from neurodivergent children and young

people highlights that having teachers who understand them makes the biggest difference to their ability to achieve and thrive in education [16]. Our work highlights the desire of teachers to support neurodivergent learners, but their training often bears little resemblance to their subsequent experience in class.

Coherent and consistent professional development needs to run from initial teacher training and early career framework (ITTECF), through to professional post-qualifying development. This professional development should include reasonable adjustments under the Equality Act 2010.

Practical classroom toolkits, online resources, neuro-affirmative strategies, and placements for trainees in specialist provisions can enhance inclusive practice without increasing workload.

Priority Three: Learning environments, curriculum and assessment

Recommendation Five: Allow more flexible forms of assessment and curriculum

It is essential that the curriculum and assessment system goes further in offering flexibility to neurodivergent children and young people where necessary. Not just in what is taught, but in how it is delivered [19, 22]. Topics should reflect children and young peoples' interests while still developing their essential skillset. Adaptive teaching and individual holistic educational assessment of strengths/needs must be positioned as the default model for mainstream education [36].

New research should be commissioned on how adaptive teaching can support the strengths of neurodivergent children and young people. The research evidence needs to be built into guidance as we transition to evidence-based education. Research into diverse and adapted assessment methods should be explored to reduce reliance on formal academic routes, which can negatively impact on mental health for some young people [23, 24]. It is possible to balance flexibility with high academic standards through thoughtful planning.

Recommendation Six: Adapt learning environments and ensure behaviour policies are rooted in an inclusive school culture that values understanding, acceptance and curiosity

Inflexible learning environments, teaching styles, physical spaces, and rigid school policies, often create barriers for neurodivergent children and young people, as well as some of their neurotypical peers [16]. These barriers may constrain who can access, benefit from, and function within that learning environment. Clear and robust guidance is

vital to ensure policies are designed to reflect and accommodate the diverse needs of all children and young people, and that reasonable adjustments can be made. It is better for these diverse needs to be included by design, rather than via a patchwork of often impractical accommodations for school staff to juggle.

Rooted in a well-developed understanding of neurodivergence, schools should continually seek to understand the root causes of behaviour and distress and invest in preventative solutions, underpinned by an inclusive school culture. All school behaviour policies should include the reasonable adjustments that can be made to ensure inclusion for all children. Policies need to reflect a change of emphasis towards understanding and supporting schools to invest in preventative solutions rather than reactive strategies.

Priority Four: Funding, Accountability and Commissioning

Recommendation Seven: Develop a model to support strategic commissioning and planning for local authorities and health bodies

A robust model needs to be developed to support strategic commissioning and planning for councils, educational settings, and health bodies. This model should incorporate the best data on prevalence rates and predicted co-occurring needs [21]. It should incorporate local population data from multiple services (including education, health, and social care). These data must record ethnicity, gender, and socioeconomic position, and other relevant demographic characteristics. This necessitates better data collection and linkage at a local level, capturing long-term outcomes across public services, and the implementation of an accountability framework.

The model must support targeted provision of additional funding when required and where specialist input is needed. The model should enable scientific evaluation of what works best and for which groups.

Recommendation Eight: Increase funding levels to schools to reflect the level of need within their population so they can support more neurodivergent children and young people within their core offer

We welcome the additional funding secured in the 2025 Spending Review, and the commitment that this funding will be used to transform the SEND system. The existing funding formula for schools should be reformed to more accurately reflect the varying levels of need within their populations and increase the funds available to respond to additional needs, including those that are the result of neurodivergence. This means weighting funding as a function of the number of children with additional needs within the local population and factors such as socioeconomic disadvantage, English as an additional language, and the prevalence of adverse childhood experiences [25]. Schools would be better equipped to provide early assistance, specialist support, and pastoral care

as part of their core offer if these factors were more explicitly factored within the core national funding model [26].

This would allow schools and other service commissioners to flexibly allocate funds according to local intelligence rather than relying on national aggregate data and temporary grants.

Recommendation Nine: Develop clear and effective local routes to resolution when challenges occur

Parents need to have a clear and effective local route to seek a resolution when complaints and challenges to accessing support occur, without incurring cost. Local Authorities and schools need to act on concerns without the need for parents to appeal to Tribunals.

Full Report

Background

The Neurodivergence Task and Finish Group (NDTFG) was commissioned by the Department for Education (DfE) in November 2024 to provide an expert view and make recommendations on the best ways to support and meet the needs of neurodivergent children and young people in mainstream education settings, including consideration of the types of learning support that **need not, and should not, depend on clinical diagnosis**. The Terms of Reference and the membership of the group are listed at the end of this report (see Annex A). This document is a joint report to which all members of the group have provided input.

The recommendations of this report reflect the consensus we found for a **needs-led** system in which all neurodivergent children and young people can learn, participate and achieve. In making these recommendations, the NDTFG has engaged and consulted with a wide range of partners and groups, including neurodivergent children, young people, and parents. The NDTFG has also consulted with:

- the DfE Expert Advisory Group for Inclusion
- Christine Lenehan, DfE SEND Advisor
- the independent ADHD Taskforce, commissioned by NHS England
- the Department for Work and Pensions (DWP) Academic Panel
- the DfE Change Programme
- several DfE policy teams
- the Scientific Advisory Council (SAC)

A full list of those we have engaged with can be found in Annex C.

Introduction

Neurodiversity – the fact that we all process and experience the world differently – is one natural consequence of human variability. These naturally occurring processing differences reflect that each person's brain is unique. There are many underlying causes of these differences, with one being the particularly lengthy period of human brain development. Relative to other species our brain development is unusually slow, likely extending until ~30 years of age (27). This long developmental period maximises the differences from person to person (28,29). Crucially, not only is this variability naturally occurring, it also an adaptive feature of our species and central to our success (30-32).

Neurotypical is the term used to describe a population's statistical majority – those who process the world in-line with societal norms. **Neurodivergent** children and young people understand, process, and experience information about the world in a way that differs from

societal norms (see definitions of terminology in Annex D). Neurodivergent children and young people have a wide range of different strengths and needs [17]. When their needs are not met by learning environments (a disadvantage that can start in the early years of life), they can be unable to function and participate in learning effectively, and so unable to realise their strengths. An inclusive education system must celebrate and normalise neurodiversity and provide the support that ensures neurodivergent children and young people can thrive, learn effectively and achieve.

Neurodivergence, whilst useful as a single term to describe those who process and experience the world differently, can sometimes give the false impression that this is a homogenous group. On the contrary, neurodivergent children and young people can differ, in terms of both strengths and needs, from the neurotypical majority on several dimensions, and often along multiple dimensions [16]. Common differences include sensory processing, communication, language, attention, executive skills (e.g. organising activities), processing speed and memory [34]. This is certainly not an exhaustive list, and different combinations of divergence across these and other dimensions results in a very heterogenous group [16]. These differences can mean that different neurodivergent learners may experience different barriers to participation and learning.

There is overwhelming evidence that a large proportion of neurodivergent children and young people do not have their needs met by the current education system (despite the best efforts of many teachers and schools) [4, 37]. Many of these children and young people are at greatly increased risk of poor education and health outcomes compared to their peers. They are more likely to be suspended or absent from school, out of work, require mental health services, have poor long-term physical health, or end up in the criminal justice system [1]. This inequity is compounded by structural inequalities associated with ethnicity, gender, and socioeconomic position [10]. This serious systemic inequity starts early in life. If basic developmental needs are not met, neurodivergent children and young people may be less able to access and participate fully in our education system. This inequity can have cascading life-long consequences if not addressed and can have a devastating impact on a person's life as well as placing pressure on public services (with the associated strain on the economy) [1]. The consequences of a failure to recognise and support neurodivergence are immense and the importance of the lives of our children and young people means that urgent action is required if the government is to succeed in delivering against its five Missions.

The magnitude of the situation means that simply grafting a new system on top of the existing overstretched system will not address the inequity [16]. Only fundamental change in the way education is delivered will ensure the holistic needs of all neurodivergent CYP are met. However, looking only at the experience of children and young people within education through the lens of neurodivergence risks creating a parallel system, which would be both incoherent and unsustainable.

All parts of the existing education system should be refocused on meeting needs so **mainstream education can support all children and young people, including those who are neurodivergent**, to thrive and succeed and ensure the future education system is coherent and sustainable. This would be a generational shift for our country, and we believe the current confluence of changes in policy, the economy, and wider society present both an imperative and a clear opportunity to take a different approach.

Such a needs-led system would recognise that all children and young people learn best – and succeed and thrive – when their needs are recognised and met. It would build in 'inclusion by default' from the start of every child's education journey, moving towards models of teaching and learning which are flexible, adaptive, and build a sense of belonging for every child and young person. The primacy of identifying and meeting needs as the basis for learning would be recognised and reinforced by all parts of the system, from funding and commissioning to curriculum, assessment, and inspection. For this reformed **needs-led education system** to succeed, we must shift **mindsets and culture**, as well as redesign how the system works. To deliver a needs-led system, there needs to be an unshakeable conviction that this is the right thing to do, for children and young people, for families, and for the future of our country.

It is vital to emphasise that needs-led approaches are present already in many parts of the education system – some schools do exemplary work from a needs-led perspective [16]. It is equally important to understand that a needs-led system is not about giving teachers more work but about working in different ways [16]. Finally, it is critically important to understand that responsibility for children and young people's outcomes – and identifying and meeting their needs – lies outside schools too, with parents, health services, wider children's services, and other areas of policy.

For many in education, including school leaders, teachers and parents, a needs-led model of education may seem far away from the current reality. But the potential benefits for our children and young people of making this shift are very real, and the opportunity to address inequity, support social cohesion, and build economic success is huge. A needs-led system is not a refusal to recognise the challenges our teaching workforce have faced and continue to face – on the contrary, it is realistic, deliverable and sustainable, but only if approached carefully.

As part of our work, we heard from children and young people who described their positive experiences of 'can do' schools [16]. These were schools that showed a commitment to understanding and meeting the needs of their children and young people, and to make adaptations accordingly. We must ensure that all schools have a 'can do' mindset. This wider cultural shift will require an education system that places much stronger emphasis on high quality inclusive practice for **all children and young people**, celebrates the diversity of their abilities and backgrounds, and designs provision to recognise and meet

the needs of every child and young person from the outset. In doing so, we can evolve the education system for all children and young people in ways which enable everyone to succeed, support high standards, and are more cost-effective. The litmus test for whether we have achieved this cultural shift will not be felt in specific accommodations or redesigned policies but in whether neurodivergent children fundamentally feel that they **belong in school**. We need to see all neurodivergent children as individuals who are **wanted in school**, not as problems to be fixed.

Meeting the needs of neurodivergent children and young people should be both the signal and the gateway for wider reform across our education system. We describe four key policy priorities for action. These priorities must be scaffolded by a long-term vision with commitment and input from policymakers, school leaders, teachers, and parents/carers. A well-planned transition to a new system is needed, changing the fundamentals slowly and carefully so that teachers and leaders have the time and space to adapt sustainably, and with the voices of children, young people, and parents/carers placed at the heart of the process [6]. It is imperative that the highest standards of evidence are adopted at every stage. If these conditions are not met then any reforms will create an unacceptable level of risk for many neurodivergent children, young people, and their families

The key priorities for enacting culture and systems change

We have identified the four key priority areas for this culture and systems change as being:

   (i) identification of strengths and needs

   (ii) workforce development

   (iii) learning environments, curriculum and assessment

   (iv) funding, accountability and commissioning

The recommendations outlined here are all interrelated, and none should be viewed in isolation. For example, the creation of a needs-led system will require the development of effective educational assessment tools in tandem with the introduction of more integrated pathways and workforce development between education, health, and social care.

A fundamental principle across all our recommendations for the shift to a needs-led system is the need for a 'test and learn' implementation approach. This approach allows for steady cycles of implementation, research, and evaluation, making best use of the UK's assets, including universities.

Priority One: Timely identification of strengths and needs

Recommendation One: Provide educational professionals with evidence based valid and accurate holistic educational assessment, along with effective support tools

We must separate assessment of educational need from any clinical diagnosis. Early Years settings, schools and colleges, should be provided with holistic accurate educational assessment tools, and their application should be independent from any clinical diagnostic process or screening for specific conditions. This assessment should be scalable, free to access, validated, developmentally appropriate throughout a child's development (recognising the dynamic nature of development), strengths and needs based, sensitive to common barriers to learning and participation, and map onto deliverable education plans to inform effective support [19, 20].

This assessment process needs to incorporate the voice of the neurodivergent young person and parent/carers **by design**. The assessment should fold in relevant community, environmental or contextual factors so that it reflects the place where the neurodivergent young person lives. Crucially, this process must be easily implemented and interpreted by educational staff and decrease pressure on teaching staff without increasing workload.

Why recommendation one is important

To create an inclusive mainstream system of education, assessment and identification of educational strengths and needs should be embedded in the system from the outset as this is an essential element in ensuring educational settings are adaptive to children and young people's needs [16]. This needs-led approach should begin in early years settings as well as school settings and must not be delayed in cases where a formal clinical diagnosis is being sought. Support for educational needs must be disentangled from the existing clinical diagnostic system, ensuring that children receive timely support even if they do not meet clinical thresholds, are waiting for a clinical assessment, have needs outside of the clinical diagnostic frameworks, or do not want to pursue a formal clinical diagnosis [38].

Meanwhile, holistic educational assessment tools can be designed in a way that makes any later clinical diagnostic assessment easier [16]. That said, we emphasise here that this form of education assessment is a different and separate process from diagnostic assessment for a specific clinical 'condition' and does not replace clinical evaluation. Pursuing a diagnostic assessment is a matter for individual and parental choice and health services, with clinical assessment relevant to areas wider than education and sometimes enabling later support in life.

Effective and timely holistic educational assessment is crucial for understanding a child's strengths and needs [20]. The term 'profiling' is often applied to describe the identification of **strengths** and **needs** via educational assessment. We prefer the term 'holistic educational assessment' as this reflects the purpose of such approaches. This provides a comprehensive description of strengths and needs and a clear picture of a child or young person's development across several developmental domains. An understanding of strengths and needs is important because success in addressing needs may depend upon harnessing strengths. Crucially, such assessment should enable targeted support for areas of difficulty and should be based upon evidence-informed and focused approaches and strategies.

A holistic assessment of a child's needs can be helpful to parents and educators in providing a framework, language, and associated strategies for communicating a child's strengths and needs within the home, in the community, and at school [16]. When this is done well, it will have positive impacts and reduce stress for neurodivergent children, young people, and their families [16]. Over time, we anticipate that it will lead to improved wellbeing through a shared understanding between the young person, their family, and education staff, and less reliance on the holistic educational assessment tools tailoring individual support as the environment becomes more inclusive for all children and young people.

Practical steps to implement recommendation one

1 - Map and review current holistic educational assessment tools that are being developed

Several tools are currently being developed and used in different localities [16]. These have different content and conceptual underpinnings and are implemented in different ways. Research needs to map current tools and systematically review of what is being used internationally. We need to understand:

- what tools and approaches are being used
- how tools are used
- their respective evidence bases
- the developmental domains they cover
- the practical barriers and enablers for their use

This work is currently underway and is being undertaken by the 'What Works in SEND' (WWiS) programme, funded by the DfE, led by Council for Disabled Children (CDC) and the University of Birmingham. This work will be completed by April 2026.

2 - Fund underpinning research and development of holistic assessment tools (for different ages and stages)

Further research should align with the WWiS funded project on holistic assessment tools with the goal of developing a set of free, usable, quality assessments that can be deployed in education settings. This work must draw on current research on child development and neurodivergence, map common barriers to learning (i.e., be transdiagnostic), and consider the deliverability of these assessments. This should involve deploying a 'test and learn' implementation approach, whereby tools used in different localities, or across connected datasets, are evaluated and expanded.

The result would be a suite of assessments that are underpinned by quality evidence, incorporating clear guidelines as to how and when they are implemented. Finally, these tools must be free to use and accessible through a reliable national portal. The motivation at the heart of this recommendation is to weed-out the barriers and bottlenecks that currently hamper assessment and access to support.

Recommendation Two: Introduce a 'commitment to listen' to parents/carers and neurodivergent young people and recognise where settings do this well

Whilst educational settings and teachers are responsible for, and have expertise in educational needs and support strategies, parents/carers should be valued partners in the education of their children. Parents are not expected to be experts in educational support strategies, but they know and understand their child. Dialogue between teachers and parents should include clear expectations about evidence-based support and adaptations in the education setting, together with regular communication in a format that is inclusive of parents with learning needs. This 'commitment to listen' must include mechanisms for receiving and acting on feedback from neurodivergent children, young people and their families.

Why recommendation two is important

Introducing a 'commitment to listen' to parents/carers and neurodivergent young people is essential if we want to create an education system that is inclusive, responsive, and grounded in lived experience [5]. Too often, families feel sidelined or unheard when trying to navigate support for their children, leading to frustration, breakdowns in trust, and escalating needs that could have been addressed earlier [6]. Listening to those with direct experience ensures that schools better understand individual needs, adapt their approaches accordingly, and build collaborative relationships that underpin successful support. The DfE can signal that valuing the voices of neurodivergent young people and their families is not optional, but central to effective practice, by celebrating schools that actively embed this commitment.

Practical steps to implement recommendation two

1 - The Department for Education should develop a national framework for what a 'commitment to listen' looks like in practice

This should be co-designed with neurodivergent young people, families, schools, and academic experts. This framework should include expectations for regular, meaningful consultation; the use of accessible communication methods; and feedback mechanisms that inform school improvement plans. It should be about building shared understanding, trust and expectations. Schools should be supported through professional development, model policies, and peer learning opportunities to embed this commitment in their culture and processes.

2 - Good practice needs to be recognised and incentivised

Ofsted should incorporate the quality of engagement with neurodivergent children, young people and their families into inspection criteria, and local authorities or academy trusts could introduce incentives for schools that demonstrate strong, inclusive engagement. Feedback from parents and young people themselves should be used as a key performance indicator, encouraging schools not only to listen – but to act on what they hear.

Recommendation Three: Develop clear partnerships for supporting neurodivergent needs between education, health, and social care

DfE and DHSC must act at pace to co-ordinate activity for improving service integration. Health, social care, and education should be better integrated with clear local partnership arrangements. Educational Psychology services should be enabled to play an important role in these partnerships through collaborating with professionals, supporting schools in identifying strengths and needs, delivering professional development, engaging with parents and carers, and providing advice on creating positive learning environments. Partnerships should facilitate information sharing across education, health, social care, and other relevant departments through connected data systems [4, 9].

Children, young people, and their families should be central to this partnership, with clear signposting for navigating information on support and assessment [4, 7, 20]. This will provide a co-ordinated approach that ensures support is evidence-based, holistic, consistent, place-based, and tailored to an individual's strengths and needs.

Why recommendation three is important

Public services often work in silos. Connected services would facilitate more holistic assessment and understanding of a child or young person's needs by drawing on expertise from education, health, and social care, in turn enabling more tailored and appropriate approaches and provision [4, 9]. Connected public services would also ensure

that health information that may facilitate earlier detection is communicated in a way which enables early years provisions, schools and colleges to co-ordinate responses to needs. Collaborative working would enable professionals to develop practical solutions to the complex cross-organisational barriers that children, young people and families face.

Practical steps to implement recommendation three

1 - Develop strong models for the identification of needs, with recognition and agreement from all partners at a local level about the importance of early identification and support

All should agree to play their part in that. These should be underpinned by a set of clear principles, and should include:

> (i) identification of need as early as possible, through an integrated approach across health and education

> (ii) support for neurodivergent children and families which is put in place as early as possible

> (iii) educational assessment, using evidence-based tools, drawing on input and support from health services where potential or diagnosed neurodivergence has been detected.

2 - Provide integrated partnership services through multi-disciplinary teams that bring together specialists, alongside education professionals

They should share insight and develop joint strategies to help schools to support neurodivergent children and young people. They should exchange data and information on good practice, work closely with parents, and provide effective signposting for navigating information and further support [16].

3 - Learn from the planned evaluation of the Partnerships for Inclusion of Neurodiversity in Schools (PINS) programme

This should specifically focus on the scalability, adaptability, transferability, and sustainability of the programme, its value for money in improving outcomes along with implementation fidelity and impact on children, staff, and families.

4 - When partner agencies from health work directly in schools and/or with individuals, there needs to be a platform for incorporating their voice and expertise into targeted resource and support plans

For example, referrals to mental health services should include a review of the school support plan for that child or young person to help clarify if it is therapeutic support that they need, or if it is a change in the school environment that would improve wellbeing and mental health [16].

Priority Two: Workforce Development

Recommendation Four: Provide high quality professional development on strengths, needs, and support strategies for neurodivergent children and young people

Professional development for the workforce needs to include knowledge and understanding of different forms of neurodivergence, and best practice on how to respond to those differences [10]. Consistent evidence from neurodivergent children and young people highlights that having teachers who understand them makes the biggest difference to their ability to achieve and thrive in education [4]. Our engagement with organisations and individuals highlighted the desire of teachers to support neurodivergent learners, but their training often bears little resemblance to their subsequent experience in class (16).

Coherent and consistent professional development needs to run from initial teacher training and early career framework (ITTECF), through to professional post-qualifying development. This professional development should include reasonable adjustments under the Equality Act 2010. Practical classroom toolkits, online resources, neuro-affirmative strategies, and placements for trainees in specialist provisions can enhance inclusive practice without increasing workload.

Why recommendation four is important

High quality professional development and support on inclusion for all staff and senior leaders will shift school culture and build greater awareness at all levels of the workforce, enabling the system to be truly needs-led [16]. Together with changes in the Ofsted assessment criteria to measure inclusion, this will support a positive culture in which schools choose to prioritise inclusion and meet needs by default.

Practical steps to implement recommendation four

1 - Develop a clear workforce strategy related to neurodivergent children and young people

Ensure there is a standardised professional development and competency framework which empowers teachers and support staff to deliver inclusive practice consistently [4, 9]. The workforce will need coherent and consistent professional development on the needs and support for neurodivergent children and young people, running from the ITTECF through to post-qualifying professional development. This should build in a minimum amount of material into ITTECF on responding to needs that commonly present because of neurodivergence.

The broader workforce strategy for professional development should prioritise professional development through NPQs for Head teachers and experienced teachers. Educators and

multi-agency teams should have access to ongoing refresher training to maintain high quality inclusive practice.

2 - Build a transition programme for the sector around the establishment of the individual strengths/needs holistic assessment

This should include leadership training on a needs-led culture, teaching and learning. This should include whole school learning and development, reflecting the myriad case studies showing how mainstream settings have shifted practice and culture towards meeting needs. Expert support needs to be provided to mainstream schools/settings from specialist providers, focusing on neurodivergence.

3 - Establish a national training entitlement that guarantees all school staff (including teachers, teaching assistants, senior leaders, and governors) access to ongoing, high-quality professional development on neurodivergence

This should include knowledge and understanding of neurodivergence, with a focus on strengths-based, inclusive practice. It should support school staff to recognise and know how to support children and young people's strengths and needs, including how to use the holistic educational assessment tools. One-off sessions are rarely effective on their own [16].

Professional development should be integrated into school improvement plans, with follow-up coaching, peer learning networks, and time allocated for staff to reflect on and adapt their practice collaboratively.

4 - Co-deliver content with experts by experience, including young people and families

Professional development courses, where possible, should be co-delivered with neurodivergent young people, families, and experts by experience to ensure authenticity, relevance, and insight. This would help challenge outdated stereotypes and ground professional development in real-life perspectives.

5 - Enhance the Head Teacher and Teachers Standards

To strengthen inclusive design of schools and classrooms, with means of measuring that these standards have been met. This includes providing clear standards to ensure schools are inclusive and neuro affirmative.

6 - Support senior leadership and whole-school culture

Professional development must be championed by school leaders if it is to be sustainable [16]. Programmes should include development opportunities for headteachers and senior teams on how to embed neurodiversity-inclusive values into school culture, policies, curriculum, and resource planning involving all school staff.

7 - Create a competency framework

To articulate the knowledge and competencies needed by head teachers and teachers and provide clear professional development for ensuring those competencies are met.

8 - Develop an online hub which gives guidance to education staff on the support for children and young people's needs, including for those who are neurodivergent

A one-stop-shop online hub, which should include resources co-produced with individuals with lived experience, should be developed to provide professionals with information and support. This online hub will consist of tools, practical advice and guidance, sharing of good practice and resources, and up to date information.

9 - Update Ofsted key lines of enquiry to interrogate levels of staff professional development

Expectations should be set that a school cannot be considered inclusive if professional development programmes on SEND and neurodivergence do not exist or are not implemented.

10 - Monitor impact and adjust accordingly

Schools and local authorities should have tools to evaluate the effectiveness of professional development both in terms of staff confidence and, crucially, improvements in outcomes and experiences for neurodivergent children and young people. This feedback should inform future planning and investment.

Priority Three: Learning environments, curriculum and assessment

Recommendation Five: Allow more flexible forms of assessment and curriculum

It is essential that the curriculum and assessment system goes further in offering flexibility to neurodivergent children and young people – not just in what is taught, but in how it is delivered [19,22]. Topics should reflect children and young peoples' interests and passions while still developing essential skills. Adaptive teaching and individual holistic assessment of strengths/needs must be positioned as the default model for mainstream education [36].

New research should be commissioned on how adaptive teaching can support neurodivergent children and young people. The research evidence needs to be built into guidance as we transition to evidence-informed education. Research into diverse and adapted assessment methods should be explored to reduce reliance on formal academic routes, which can negatively impact on mental health for some young people [23, 24]. It is possible to balance flexibility with high academic standards through thoughtful planning, ensuring all learners can thrive.

Why recommendation five is important

Inflexibility in what is taught and how it is delivered may create barriers to neurodivergent children and young people engaging in classroom activity [16]. Traditional modes of assessment such as timed exams requiring recall of knowledge may make it hard for some neurodivergent children and young people to show what they know and the skills they have developed [39]. From an early age some neurodivergent children and young people learn that school is not 'for them' and they can become disengaged or experience distress, deterioration in mental health and potential crisis [16].

Making the curriculum rewarding and assessments valid for all children and young people, including those who are neurodivergent, is essential to keeping them embedded in the school community [16].

Practical steps to implement recommendation five

1 - The curriculum should include materials on neurodiversity and neurodivergence for all children and young people, including how it is relevant to their lives

This could incorporate or build on the 'Learning about Neurodiversity in Schools' (LEANS) programme, for example, an evidence-based approach to introducing neurodiversity to children and young people [40].

2 - Curriculum planning should allow for adaptive teaching approaches

Use adaptive teaching that recognises diverse ways of thinking and engaging, supported by accessible teaching materials and assistive technologies.

3 - Child and young person specific formative classroom assessment

Assessment should recognise diverse ways of demonstrating knowledge, strengths, and progression.

4 - Access Assistive technologies

Assistive technology (e.g., speech-to-text, visual organisers) should be used to support personalised access to the curriculum.

5 - Introduce optional modules or 'passion projects' that align with children and young peoples' interests

Particularly in KS3 and KS4, while still mapping to key skill areas such as literacy, numeracy, and problem-solving.

6 - Promote thematic, cross-curricular projects

Where children and young people can demonstrate understanding in flexible ways (e.g., through art, video, and model-making).

7 - Research and review 'high-stakes' testing formats

Consider how the reliance on timed, written exams impacts on neurodiverse children and young people.

8 - Fund longitudinal and experimental studies

On how best to use adaptive teaching to support neurodivergent learners' attainment, wellbeing, and engagement, and make the findings accessible.

9 - National Curriculum reforms

As the National Curriculum is refreshed through the work of the national Curriculum and Assessment Review, ensure that it includes the lens of neurodiversity and flexibility and that neurodivergent learners and their families are involved, using structured feedback tools.

10 - Review Progress 8

Review progress 8 measures to enable schools and neurodivergent children and young people to have more flexible options.

11 - Provide guidance on learning environments

Support schools on accommodations they can make to make the learning environment more enabling for neurodivergent children and young people.

Recommendation Six: Adapt learning environments and ensure behaviour policies are rooted in an inclusive school culture that values understanding, acceptance and curiosity.

Along with their peers, neurodivergent children benefit from schools that are calm, inclusive, safe and secure. Any learning environment requires structure, routine and predictability. However, inflexible learning environments and rigid school policies can create barriers for neurodivergent children and young people, as well as some of their neurotypical peers, limiting their ability not only to access and benefit from the learning environment, but to be able to function within it.

Clear and robust guidance is vital to ensure policies are designed to reflect and accommodate the diverse needs of all children and young people, and that reasonable adjustments can be made. It is better for neurodivergence to be included **by design**, rather than via a patchwork of often impractical accommodations for school staff to juggle.

Rooted in a well-developed understanding of neurodivergence, schools should continually seek to understand the root causes of behaviour and distress and invest in preventative solutions, underpinned by an inclusive school culture. All school behaviour policies should include the reasonable adjustments that can be made to ensure inclusion for all children.

Policies need to reflect a change of emphasis towards understanding and supporting schools to invest in preventative solutions rather than reactive strategies.

Why recommendation six is important

A strong ethos of **belonging** helps create a safe and secure environment where all children and young people feel respected and supported [16]. An inclusive school culture is not built through compliance alone, but through relationships, understanding, trust, safety and a shared sense of belonging. By focusing on support, schools can build behaviour systems that nurture rather than exclude. Adapting learning environments and rooting behaviour policies in a calm and inclusive school culture is vital to ensuring that every child, regardless of background, ability, or neurotype, feels safe and valued and is able to attain and thrive [41]. Structure, routine and predictability are important aspects of the learning environment but must not be at the expense of understanding children and young people's individual needs. Embedding values of acceptance and curiosity encourages children to see difference as a strength and creates a school community where diversity is celebrated, not managed [16]. In this kind of environment, learning becomes more meaningful and more accessible for everyone, and attainment and broader outcomes will improve [42].

There is evidence that some traditional classroom models and rigid behaviour systems marginalise some neurodivergent children whose needs don't align with the norm, including those who have experienced trauma, or face social and emotional challenges [13, 43]. Neurodivergent children and young people can experience distress at school in a range of ways, including sensory overload or anxiety, and their distress can be misunderstood by educators as defiance or lack of cooperation [12]. Some communication, such as stimming, can be misunderstood in the same way. Having an inclusive and supportive school culture, well-developed staff knowledge of neurodivergence, and a focus on understanding the individual needs of the child or young person, all contribute to helping educators make the crucial distinction between deliberately disruptive behaviour and distress [16]. School staff can be helped to respond effectively and compassionately by being trained to understand neurodivergence, and to recognise the effects that trauma and distress can have on both learning and behaviour. This cultural shift will allow more schools to become inclusive by starting from a position of understanding the "why" behind a child or young person's actions [13].

When schools design their environments and expectations with flexibility, empathy, and equity at their core, they create the conditions where all children can develop socially and emotionally, in addition to achieving academically [16]. Approaches should focus on creating calm, safe and supportive learning environments that reflect an understanding of neurodivergence and recognise that strong and positive relationships and interactions are fundamental to learning and wellbeing.

Having clear links with health and social care partners who provide support for parents and young people around behaviour at home can foster stronger links and deepen understanding around distress behaviours.

Practical steps to implement recommendation six

1 - Ensure inclusion staff teams with knowledge of neurodivergence exist within schools

These should include the SENCo, and another qualified member of staff (ideally with QTS), who are responsible for working with class teachers, families and children to ensure that all those involved are supported.

2 - Embed neuroinclusive design principles across all aspects of the school setting

This includes creating sensory-friendly classrooms with flexible seating, quiet spaces, and appropriate lighting to accommodate a range of sensory needs for neurodivergent children and young people. Structured and calm environments that use visual methods of communication in which educators also adjust the ways they communicate and interact are essential to neurodivergent children and young people. Schools should be supported through national investment in inclusive infrastructure, with practical guidance and funding to make physical adaptations tailored to their population [44].

3 - Build on evidence-based models and frameworks for teaching and learning

Schools should be supported to adopt evidence-based models such as Universal Design for Learning (UDL) and relational practice. National guidance should signpost schools to accredited providers and toolkits that align with these principles [45].

4 - National standards for SEN

These should provide clear expectations around the importance of neuroinclusive culture, adaptive teaching and reasonable adjustments, effective holistic assessment, prioritising needs and listening to parents. There should be accountability and governance for these national standards along with funding for SEN support. These standards can ensure inclusive leadership is recognised, valued, and rewarded and that inclusivity is included in school monitoring processes.

5 - The Ofsted inspection framework needs to include clear specification of the characteristics of an enabling and inclusive learning environment

Including for neurodivergent children, in line with the national standards. Specific 'culture checks' around understanding of neurodivergence and commitment to recognising and meeting the needs of neurodivergent children should include the extent to which schools listen to parents of neurodivergent children and young people.

6 - Behaviour policies must move away from one-size-fits-all approaches

They should be based on an approach that works for the individual child, building on respectful relationships and a deep understanding of each child's context [46]. Schools should be encouraged to ask, "what does this child need to succeed?" rather than "how can we make them comply?" and all school behaviour policies should include the reasonable adjustments that can be made to ensure inclusion for all children.

Practical steps include investing in staff professional development and ensuring that behaviour frameworks are co-produced with children, young people and their families, especially those with lived experience of exclusion or unmet need [41].

7 - Improving attendance for neurodivergent children and young people begins with understanding and addressing the root causes of their absence

This includes the need to recognise that the framing of non-attendance in neurodivergent children and young people as 'school refusal' and 'school avoidance' frames the problem as being inherent within the child or young person. Evidence shows that non-attendance can be driven by educational environments and staff that do not understand and adapt to the needs of neurodivergent children and young people, with distress being a clear cause for non-attendance [12, 47]. Schools must create supportive environments that prioritise belonging, sensory needs, and emotional well-being along with alternative arrangements such as virtual schooling as part of a support offer for children and young people in crisis, to help transition them back into school [15].

Co-produced attendance policies, developed in partnership with children, young people, parents, and staff, are more likely to reflect real needs and foster trust [16]. By shifting from punishment to support, schools can build a culture where all children and young people feel able and willing to attend.

Priority Four: Funding, accountability and commissioning

Recommendation Seven: Develop a model to support strategic commissioning and planning for local authorities and health bodies

A robust model needs to be developed to support strategic commissioning and planning for councils, educational settings, and health bodies. This model should incorporate the best data on prevalence rates and predicted co-occurring needs [21]. It should incorporate local population data from multiple services (including education, health, and social care) [4]. These data must record ethnicity, gender and socioeconomic position, and other relevant demographic characteristics. This necessitates better data collection and linkage at a local level, capturing long-term outcomes across public services, and the implementation of an accountability framework.

The model must support targeted provision of additional funding when required and where specialist input is needed. The model should enable scientific evaluation of what works best and for which groups.

Why recommendation seven is important

Without cohesive commissioning models, services in health and education often operate in silos, leading to insufficient resources [26]. This lack of insight can result in resources being distributed unevenly, leaving some communities underserved. It is therefore important to invest in a unified system that provides real-time data and analytics to inform commissioning decisions and track outcomes.

Practical steps to implement recommendation seven

1 - There is a need for research into the development of commissioning models and tools that reflect neurodivergence, to ensure appropriate support and school places are tailored towards local need.

This research should be used to develop a national model that provides a consistent, data-informed framework for identifying local needs, aligning services, and planning long-term support for neurodivergent children and young people.

2 - The model should be co-designed by a multidisciplinary group including commissioners, service providers, education leaders, clinicians, and families with lived experience

It should bring together health, education, and social care data to enable local areas to understand trends in need, service gaps, and pressure points. This would allow for more proactive, joined-up planning. The model should also provide tools for forecasting future demand and evaluating the impact of early support strategies.

3 - Practical implementation steps would include piloting the model in selected areas with diverse demographics and system challenges, ensuring it is adaptable to different local contexts

The DfE and DHSC should jointly lead this work, providing funding, technical expertise, and oversight, with findings from such a 'test-and-learn' implementation approach used to refine and scale the approach nationally.

4 - Local commissioners should receive training and support to use the model effectively, including developing shared outcomes frameworks, pooling budgets, and engaging families meaningfully in planning processes

A national repository of best practice, case studies, and templates could further support adoption. There is a need to place educational settings at the heart of this process so that the organisations with the responsibility for delivery and the most detailed understanding of the issues can shape the commissioning decisions.

5 - Government should require improved data to be collected at a local area, including increased measures around progress and wellbeing

This could be pursued on a pan-SEN level, but it is important that the data collected must allow for sufficiently granular data on the profiles of needs of children to enable effective commissioning. The most feasible way of doing this is through recording primary educational need.

Recommendation Eight: Increase funding levels to schools to reflect the level of need within their population so they can support more neurodivergent children and young people within their core offer

We welcome the additional funding secured in the 2025 Spending Review, and the commitment that this funding will be used to transform the SEND system. The existing funding formula for schools should be reformed to more accurately reflect the varying levels of need within their populations and increase the funds available to respond to additional needs, including those that are the result of neurodivergence. This means weighting funding as a function of the number of children with additional needs within the local population and factors such as socioeconomic disadvantage, English as an additional language (EAL), and the prevalence of adverse childhood experiences [25]. Schools would be better equipped to provide early assistance, specialist support, and pastoral care as part of their core offer if these factors were more explicitly factored within the core national funding model [26].

This would allow schools and other service commissioners to flexibly allocate funds according to local intelligence rather than relying on national aggregate data and temporary grants.

Why recommendation eight is important

Funding challenges within the system can arise from fragmented financial structures, constrained budgets, and increasing demand, resulting in disparities in resource allocation [26]. Reliance on statutory support (EHCP funding), often requires lengthy administrative hurdles for school staff which further complicate and delay the distribution of funds, depriving those in need of timely support [16].

There is growing evidence that children facing disadvantage—whether through poverty, trauma, or special educational needs—are less likely to thrive in school without targeted, sustained support. Yet too often, schools serving the highest-need communities are the most under-resourced, forced to stretch limited budgets across growing demand [5]. Without a funding system that matches resources to need, we risk entrenching cycles of educational inequality and widening the attainment gap, particularly in areas hit hardest by economic hardship.

Furthermore, schools are increasingly being asked to act as a front line of support for children's mental health, safeguarding, and wellbeing, but without the resources to deliver this support effectively [26]. In order to improve life chances and reduce long-term costs to health, social care, and criminal justice systems, the government must invest in educational settings as hubs of early support. A needs-led funding model would not only deliver better outcomes for children but would also represent a more preventative, sustainable approach to public spending.

Practical steps to implement recommendation eight

1 - The funding and staffing of support services

These must be based on rigorous data relating to the number of children with additional needs in a local authority, including those that are the result of neurodivergence. The government should apportion this funding before allocation to schools and academies to avoid financial disincentives.

2 - Apply appropriate funding formulas

To support the implementation of Government plans to improve the allocation of funding to schools to meet needs of all children and increase transparency and accountability, it should ensure that the formulas used to decide allocations appropriately to resource schools to meet additional needs, including those of neurodivergent children.

3 - Evidence of use

As part of the requirements to report on how funding is allocated at a school level, schools should report on how that funding has been applied to the support of children and young people with additional needs, including those that are the result of neurodivergence.

4 - Ofsted reviews

Ofsted should inspect the use of funding within each school, and this should specifically look at how effectively neurodivergent children are being supported. A school should not be able to achieve a good Ofsted rating without demonstrating this commitment to support all children.

Recommendation Nine: Develop clear and effective local routes to resolution when challenges occur

Parents and carers need to have a clear and effective local route to seek a resolution that is fair to their child when complaints and challenges to accessing support occur, without incurring cost. Local Authorities and schools need to act on concerns without the need for parents to appeal to a Tribunal.

Why recommendation nine is important

It is critically important to ensure that families can access timely, fair, and supportive responses to their child's learning needs without unnecessary escalation. Currently, many parents feel they must fight or navigate complex and adversarial processes, often involving appeals, tribunals, or legal action, to simply secure the support their child needs [16]. This not only places an unsustainable and damaging emotional and financial burden on families but also consumes significant public resources. Moreover, these barriers create and exacerbate structural inequalities within our society. Establishing trusted local mechanisms for resolution can reduce conflict, restore relationships, and ensure that the child's best interests remain at the heart of the process [16].

Practical steps to implement recommendation nine

1 - Effective local dispute resolution

Effective local routes should offer families an accessible pathway to raise concerns, mediate disagreements, and resolve disputes collaboratively with schools and local authorities. This requires more than a simple policy fix. It demands a cultural shift that values transparency, active listening, and partnership.

2 - The existing SEND system should become more responsive

By embedding early resolution practices (e.g., mediation and independent advocacy) and ensuring decision-making is informed by both professional expertise and lived experience. Ultimately, resolving issues locally and constructively helps maintain trust, prevent delay in support, and improve outcomes for neurodivergent children and young people.

3 - Government should set out in guidance how early signs from neurodivergent children and young people that needs are not being met should trigger action

For example, there should be an expectation that when a child or parent raises a concern, there is a conversation involving them about what steps could be taken to address it. Notes and actions from that meeting should be agreed, recorded and followed up to check they have resolved the issue. Government should consider applying this to all children with SEND. If an issue progresses to a complaint or appeal, the Ombudsman and Tribunal should be granted access to these records. Where it is evident that schools and councils have not engaged in good faith or pursued agreed actions, decision makers should reflect this in their decision/award. In particular, tribunal judges should consider an appropriate costs order against the council.

4 - The SEND Tribunal should continue to report cases with the primary educational need of the child or young person at the centre of the appeal

These data should be used by DfE to consider where further guidance is needed to councils, and Ofsted and the CQC for Local Area SEND Inspections where high levels of appeals or judgments against councils are the result of practice that should be improved.

Annex A - Terms of Reference

Background

This government is committed to improving inclusivity and expertise in mainstream settings to break down barriers to education for children and young people with SEND, alongside ensuring that specialist settings can support children with the most complex needs. The work of the Neurodivergence Task and Finish Group (NDTFG) will support this mission, advising government on how to help improve inclusivity and expertise in mainstream settings in a way that works for neurodivergent children and young people.

Purpose

To provide an expert view and make recommendations on the best ways to support and meet the needs of neurodivergent children and young people in mainstream education settings, including consideration of the types of support that need not, or should not, depend on diagnosis.

How the group will work

The group will consider relevant academic and professional evidence, lived experiences, and examples of best practice to inform their recommendations. Where appropriate, the group may draw on international examples, including from the rest of the UK.

In developing advice, the group will draw on a wide range of inputs, including consultation with education professionals in both the mainstream and specialist sectors, alongside other experts, parents, children and young people, and stakeholders such as employers, colleges, trade unions, and charities. The group may establish specialist sub-groups to support this.

The group will work closely with the Expert Advisory Group for Inclusion, and Dame Christine Lenehan as the government's strategic adviser on SEND. The group will also work closely with the independent ADHD Taskforce (convened by NHSE) and interact with and consider other government department initiatives on neurodivergence.

Timings

The group will meet for the first time in December 2024 and will last for up to 8 months. The duration may be subject to change following ministerial decisions.

Membership

- **CHAIR - Professor Karen Guldberg**, Head of the School of Education, Professor of Autism Studies and former Director of the Autism Centre for Education and Research at the University of Birmingham
- **Heba Al-Jayoosi**, Assistant Headteacher and Inclusion & Research Leader at Mayflower Primary School, Deputy Regional Leader at Whole School SEND, NASEN
- **Professor Duncan Astle**, Gnodde Goldman Sachs Professor of Neuroinformatics in the Department of Psychiatry, and a Deputy Director at the MRC Cognition and Brain Sciences Unit, University of Cambridge
- **Dr Jo Bromley**, Strategic Lead for Learning Disabilities and Autism, Consultant Clinical Psychologist, CAMHS, Manchester Foundation NHS Trust
- **Ellen Broomé**, CEO of the British Dyslexia Association
- **Zoe Burlison**, Inclusion Lead at The Ruth Gorse Academy, Leeds
- **Dr James Cusack**, Chair of Embracing Complexity and CEO of Autistica
- **Hayden Ginns (MBE)**, Assistant Director for Children (Performance and Commissioning), Portsmouth City Council
- **Adam Micklethwaite**, Director of the Autism Alliance
- **Professor Mark Mon-Williams**, Chair in Cognitive Psychology at the University of Leeds. Professor of Psychology at the Bradford Institute of Health and Director of Centre for Applied Education Research (CAER). Professor of Paediatric Vision at The Norwegian Centre for Vision
- **Tim Nicholls**, Assistant Director of Policy, Research and Strategy at National Autistic Society
- **Professor Anita Thapar**, Professor of Psychological Medicine and Clinical Neuroscience at University of Cardiff; Chair of the ADHD Taskforce

Acknowledgements

Annex B – Methodology

The group convened for the first time in December 2024 and met at least monthly, in order to inform this report. The meetings focused on exploring key themes affecting neurodivergent children and young people.

Between meetings, members actively engaged with a diverse range of stakeholders (Annex C) to gather insights and feedback, which they brought back to inform the group's discussions and recommendations.

Report development process

The Neurodivergence Task and Finish Group engaged in a range of structured processes designed to guide exploration of the group's key focus areas and inform their recommendations. This included extensive consultation with scientific evidence. Two of the practical processes are outlined below.

Identifying Barriers and Enablers

To identify the key barriers facing neurodivergent children and young people in mainstream education, group members collaboratively contributed to a comprehensive mapping process. This process enabled them to capture a wide range of challenges and encouraged a holistic understanding of the systemic obstacles in place.

The group then explored underlying root causes for these, and identified practical solutions to mitigate for/ address these barriers.

Delphi process

The NDTFG then built on this using the Delphi Method, a structured and iterative approach which has been developed as a way to gather insights and opinions from a panel of experts in order to reach a consensus on a topic or an issue. Within the NDTFG the Delphi process was used to help to create and prioritise recommendations.

The Chair developed a series of broad statements which aligned to key areas of challenge as identified through the barriers and enablers process. The members then fed back their views on these statements, and the statements were refined and prioritised through discussion and debate. These finalised statements have formed the foundation of the group's recommendations presented in this report.

Annex C – Engagement with the sector

The recommendations developed by the Neurodivergence Task and Finish Group were directly shaped by members' extensive engagement with the sector. This engagement was vital in understanding the challenges faced by neurodivergent children and young people and to inform meaningful, practical solutions. Throughout the process, members consulted a wide range of individuals and groups across education, health, social care, academics, charities and those with lived experience.

Parents, Carers and those with lived experience

- National Network of Parent Carer Forums (NNPCF)
- National Autistic Society Parent Questionnaire
- Council for Disabled children (CDC) – Parents and Carers group
- Special Needs Jungle
- CDC facilitated roundtable on Dyscalculia, including Dyscalculia Network, experts and those with lived experience.
- CDC facilitated roundtable on Developmental Language Disorder (DLD), including Speech and Language UK, experts and those with lived experience.

Neurodivergent Children, Young People and Adults

- FLARE- DfE Young People's SEND Advisory Group
- Office of the Children's Commissioner Children and Young People SEND Panel
- National Autistic Society Online Children and Young People Survey
- Ambitious about Autism engagement group for neurodivergent young people
- Survey to neurodivergent young people and adults
- Neurodivergent doctoral students

Education Staff

- NPQ SENCO Cohort, Leeds
- Midlands Headteachers Network
- National Association for Special Educational Needs Whole School SEND Team
- Schools from ITE Providers at the University of Birmingham
- CEOs and Headteachers of Schools including at all age phases including specialist provision
- Leora Cruddas, CEO, Confederation of Schools Trusts
- NDTFG members School Staff Networks (Survey)
- STARS - AET Hub for Yorkshire and Humber
- GORSE academies trust – SEND partnership meeting
- Veronica Armson, Executive Headteacher of Phoenix School

- Colin Townsend, Principal, University of Birmingham School
- Hardip Bissell and Tosin Gabriel, Principal and Vice Principal of James Brindley Academy
- Chadsgrove School, Bromsgrove
- Sarah Wild, Headteacher, Limpsfield Grange School

Charities and networks

- What works in SEND Group
- Jane Harris, CEO, Speech and Language UK
- Square Peg
- SEND Community Alliance
- National Campaigners Group (Elaine Davis-Kimble)
- Charities from across the Autism Alliance
- Council for Disabled children (CDC) – Members group

Academics and sector leads

- Prithvi Perepa, Associate Professor in Autism Studies (University of Birmingham)
- Anthea Gulliford, Associate Professor Educational Psychology (University of Birmingham)
- Professor Julie Allen, Professor of Equity and Inclusion (University of Birmingham)
- Dr Penny Hannant, Programme Lead: Dyslexia and Literacy Difficulties (University of Birmingham)
- Laura Crane, Professor of Autism Studies (University of Birmingham)
- Amy Grove and Richard Hastings, Professor of Implementation Science and Professor of Psychology Health and Social Care (University of Birmingham)
- Professor Courtenay Norbury, Professor of Developmental Language & Communication Disorders, UCL
- Julia Carroll, Professor of Psychology in Education (University of Birmingham)
- Marie Dunnion and Joanna Moss, Cerebra Network for neurodevelopmental disorders
- Penny Smith and Meanu Bajwa-Patel, 'What works in SEND' team, University of Warwick
- Barbara Sandland, autistic Research Fellow, University of Birmingham
- Charlotte Brooks, neurodivergent PhD student, University of Birmingham
- Nikki Smith, autistic PhD student, University of Brighton
- Emma Fisher, PhD student, University of Newcastle
- Gemma Cartwright, Consultant Occupational Therapist, System Clinical Lead for Neurodiversity (Coventry and Warwickshire), NHS England regional Clinical Director for Autism

DfE and across-government

- Tom Rees, Chair of the Expert Advisory Group on Inclusion (EAG)
- Dame Christine Lenehan, DfE Strategic Advisor on SEND
- Dr Anne Heavey, Director of Insights for Ambition Institute
- DfE Governor Network
- DfE SENDAP Change Programme Advisory Group
- DfE Stakeholder Early Years Network
- DfE Improving Education Together (IET) SEND Sub-Group
- Professor Anita Thapar, Chair of the NHS England ADHD Taskforce
- Professor Amanda Kirby, Chair of the DWP Academic Panel
- Professor Becky Francis, CBE, Chair of the National Curriculum and Assessment Review
- DfE Research and Evidence Roundtable
- Helen Hayes, Chair of the House of Commons Education Select Committee
- DfE Science Advisory Council
- House of Lords Committee on the Autism Act 2009

Other groups – local and national, including health providers

- A needs-led ND system for Leeds meeting, inc. LA and other bodies
- North-West Diagnosticians Group
- North-West Neurodiversity in Education Group

Annex D - Terminology used in this report

Neurodiversity: describes the population as a whole and recognises the diversity and importance of different brain architectures. Neurotypical describes most of the population, the majority group, that express themselves in ways that are seen as the societal "norm".

Neurodivergence: Generally, neurodivergence describes behaviours exhibited by a group of people whose brain, or neurological development, or function, or ways of processing information, or experiences of the typical environment differ from what is often considered to be "typical" or the behaviours demonstrated by the majority. The term 'neurodivergence' can encompass those who would meet diagnostic criteria for a neurodevelopmental diagnosis (and commonly is used in this manner in clinical and research sectors) but the term neurodivergence is not restricted to specific diagnoses.

* Neurodevelopmental diagnoses can be viewed as differences rather than as deficit, and the term neurodivergence is preferred by many with lived experience.

In contrast to clinical diagnoses, there is not a nationally or internationally accepted definition of the term neurodivergence and the term is not included in clinical diagnostic manuals. The definition is evolving and may vary by context.

Needs: The assessment and definition of needs depends on the context and sector involved (e.g. school, home, education, social care, workplace health care), varies with development, and is dynamic. The purpose of a 'needs' assessment is to identify strengths and challenges in a particular context and work out how best to support an individual to optimise their functioning and outcomes and reduce negative impacts. A needs-based assessment does not necessarily result in or require a diagnosis.

Holistic educational assessment: (also known as developmental profiling): The structured process of building a holistic picture of a child's strengths and needs across multiple domains (e.g. cognition, communication, sensory, social-emotional, and physical development). It draws on educator observations, parent input, and, where appropriate, health data, to guide tailored educational support and trigger referrals to more specialist services when needed. Unlike diagnostic assessments, it does not classify or label, but instead supports timely, responsive support within an inclusive framework. The aim of such assessment is to understand a child's strengths and needs especially in terms of their learning and how their other characteristics (e.g., sensory needs) affect their learning or other outcomes (e.g., social outcomes in the community).

An assessment of needs should link directly to support strategies to help the person develop specific non-academic skills and/or lead to a better understanding of a child's needs and the related adaptations that they may require. This type of assessment is not about diagnosis, nor focused on academic progress.

Educational Needs (EN): refers to the barriers to skill acquisition experienced by a child or young person which, in the absence of tailored support, result in a significantly greater difficulty in learning than most others of the same age. These needs arise not solely from medical conditions but also from structural, social, developmental, or environmental factors, and may be temporary or enduring, health-related or not. SEN should not be viewed as a fixed state describing the child, but as an interaction between the learner and their environment, where educational participation and progression are hindered because a child's specific needs are not met by support systems. A needs-led approach recognises that many such needs can be met effectively through responsive teaching, adapted provision, and timely support, without requiring diagnostic labelling or categorisation.

Education: the process by which children and young people are supported to acquire the skills they need to thrive in adulthood and contribute to a healthy, prosperous, and happy society. It involves guiding learners to solve the problems posed by developmental and life tasks through experiences that promote adaptation, participation, and growth. Skill acquisition (academic, social, emotional, and practical) is the primary measure of educational progress and requires environments that are safe, inclusive, responsive, and tailored to the diverse developmental profiles of learners.

Inclusive education: the design and delivery of education in ways that recognise, accommodate, and value human diversity, ensuring that all children, regardless of ability, background, or health status, can participate, progress, and achieve within the mainstream system. Inclusion is not about "adding on" support for some; it is about embedding flexibility, responsiveness, and equity at the core of educational practice and policy.

Educational assessment: refers to the ongoing process by which educators evaluate a child's current level of development and learning, typically using both formative and summative approaches. It is used to plan teaching, monitor progress, and identify learning needs, and is central to the graduated approach ("assess, plan, do, review").

Clinical assessment: a specialist health service process used to diagnose neurodevelopmental or medical conditions (e.g., autism, ADHD). It is conducted by trained clinicians using validated tools and structured interviews. While diagnosis may support access to certain medical or legal protections, it does not define educational need or determine the exact nature of support a child requires in a school setting.

A needs-led system: one in which educational support is provided based on the specific, observable learning needs of a child, not dependent on clinical diagnosis or categorisation. It allows children to access timely, and appropriate help based on how they are functioning in context, rather than waiting for confirmation of a medical condition or label.

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