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The identification of special educational needs and the month of birth: differential effects of category of need and level of assessment

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The processes around the identification of special educational needs (SEN) should mean that those pupils who need most help receive it. However, there are concerns that this process is not working and there is an over-identification of pupils with SEN. Previous international research has shown that summer-born children are more likely to be identified as having SEN. However, these studies tend to treat SEN as a homogenous group. In this paper, we explore the extent to which the month-of-birth effect can be seen in subgroups of SEN. A survey of 450 schools in England was undertaken to explore the levels of provision and categories of SEN for 15,640 pupils. This led to differential month-of-birth effects being noted in category of SEN, with moderate learning difficulties being most susceptible. We hypothesise that teachers may be labelling younger children within the year group on the basis of political aspirations of attainments to be reached by the end of the academic year. When more thorough, multiprofessional assessments are undertaken, the month-of-birth effect is no longer evident. This has clear implications for assessment; identification; allocation of scarce educational resources; for educational policy on monitoring school performance and initial teacher training.

Keywords: special educational need; month of birth; assessment; identification; differential effects; category of special educational need; level of support; moderate learning difficulties

Introduction

In England, there are 8.1 million pupils in schools and 20.9% of these have been identified as having special educational needs (SEN) (Department for Education [DFE] 2011). The processes for identifying SEN are described in a Code of Practice for SEN and an associated toolkit (Department for Education and Skills [DFES] 2001a, 2001b). These are embedded in educational law and with an agreed definition of what is meant by the term, SEN. However, this definition was written in 1944 and is a comparative definition rather than one that is based on objective measures. This means that when considering whether one child has SEN, they are compared to their peers in terms of their learning ability and the degree to which they need to be supported in their education (Squires 2012). It is anticipated that

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around 20% of children will be identified as having a SEN at some point of their school career (DFES 2001a) and this was reflected in the 2010 headcount figure of 21% (DFE 2010a).

On first reading, this seems like a reasonable approach to take. Class teachers should be able to notice which children in their classroom are struggling or learning less well than their peers and subsequently adjust their teaching or the level of support provided in the classroom to enable the child to learn more effectively. In England, this responsive approach has been termed quality first teaching (Department for Education and Skills 2007) and is essentially an inclusive practice that encourages the teacher to think about the child's learning needs and make reasonable adjustments to the learning environment and curriculum to produce differentiated teaching. This can be differentiated through content, outcome, pace or support given. Some children do not make adequate progress through differentiated teaching alone and more direct intervention is required, often in small groups and involving more school-based assessment by the special educational needs co-ordinator. In terms of the Code of Practice for SEN, children provided with this level of support are described as being at School Action. Children supported by the class teacher and SENCo have their progress monitored and carefully reviewed. If they fail to make adequate progress, then they are referred to an outside specialist, such as a speech and language therapist, occupational therapist or educational psychologist. Once an outside specialist becomes involved, the children are described as being at School Action Plus. Further assessment is undertaken and more sophisticated interventions made and these are then monitored jointly by the school and the outside specialist. If adequate progress is not made, then the parents or school can request a more detailed and comprehensive assessment to be undertaken to see if the child qualifies for a Statement of SEN (often abbreviated to 'a statement'). This leads to additional resources being allocated to the child, or the child moving to a special school, in England the majority of children with statements are educated in mainstream schools. In 2010, 2.7% of pupils in England had a statement of SEN (DFE 2010a).

The logic of this approach seems to be clear. There is a noticing of a lack of learning, some attempt to adjust the educational experience, close monitoring and review and progressive assessment if the initial difficulties are not resolved. However, the difficulties of how this operates in practice are around two main issues: With whom is the child being compared? What is meant by adequate progress? There have been some concerns expressed that there is an over-identification of children with SEN (OFSTED 2010). Over-identification may result from numerous pressures on schools to demonstrate that they are providing a high standard of education for all pupils as measured through Standard Attainment Tests (SATs) and published school performance tables (Squires 2012). One possible explanation is that teachers compare individual pupils attainment levels with the political and aspirational targets set for SATs at the end of each phase of education. Those children, who are not making progress at a sufficient rate to meet the expected targets, are deemed to be making less than adequate progress and identified as having SEN. In a recent survey of teachers, 53% reported that they would consider a child to have SEN if their attainments were lower than the national expectations for pupils of their age (Ellis, Tod, and Graham-Matheson 2012). This would lead to underperforming schools identifying more children as having SEN. A critique of this practice was made by the school inspection service who recommended that 'schools do not identify pupils as having SEN when they simply need better teaching'

(OFSTED 2010, 8). Office for Standards in Education's (OFSTED's) view might be considered harsh by some, and it ignores the political pressure set up by the state system for monitoring school performance through a single testing point for an academic year cohort. When children in the same year group are measured on a common scale that does not take into account chronological age, then a month-of-birth effect is evident. This effect can also be seen in research studies that use standardised assessment instruments but measure performance on the measure in raw scores rather than in standardised scores (e.g. McPhillips and Jordan-Black 2009).

There is a second consequence of using end of Key Stage assessments as a way of judging whether a child has made adequate progress. Key Stage assessments are carried out at the end of Year 2, Year 6 and Year 9 and are curriculum based. There is no account taken of natural development of skills such as spoken language, social interaction or cognition that depends on chronological age. This means that some children are almost 12 months younger than the oldest children in the class, and hence developmentally weaker. Children who are born in the month that is at the beginning of the school year (September in England) are at an advantage, while those born at the end of the year (July and August) are at a disadvantage (Wilson 2000). This has a marked effect across the whole cohort of children, not just those with SEN, and can have lifelong implications (Crawford, Dearden, and Greaves 2011). In the most extreme case, children born on the 31 August will sit examinations a developmental year earlier than those born one day later on the 1 September (Crawford, Dearden, and Meghir 2011). Being born at the end of the school year can make 24% difference in attainment relative to children born at the beginning of the academic year (DFE 2010b). In countries where the academic year has a different start point then the same finding is shifted accordingly so that the youngest children in the class experience worse outcomes (e.g. Morrow et al. 2012; Zubero et al. 2008). There is a tendency for younger children in the cohort to be identified with SEN (e.g. Tarnowski et al. 1990). In Tarnowski's study, there was a steady increase of children identified with learning disabilities across the birth month within the academic year, despite there not being any differences in IQ or underlying language, maths or reading standardised scores. An earlier analysis commissioned by the UK government found that for younger children, the chance of being identified with SEN was twice as high at School Action, if they were born in August compared to September (Dyson et al. 2004).

A third effect of teachers using political targets to identify children as having SEN is on the identification of the type of need. This can lead to some categories of SEN being used as 'catch-all' categories for pupils who are not on track for end of teaching phase targets set for the academic year cohort. The English Government collects statistical data on 11 categories of need (See Table 1). Existing data suggests that there is a tendency for schools to identify more children as having moderate learning difficulties (MLD) or emotional and behavioural difficulties than any other type of SEN (DFE 2010a; OFSTED 2010).

Previous studies have tended to treat SEN as a homogenous category or look at patterns within one disorder. For example, the identification of dyslexia has been more evident in children born in the summer months (Livingston, Adam, and Bracha 1993; Martin et al. 2004). In the current study, we are exploring whether there is a differential effect for type of need. This study attempts to provide a comprehensive analysis across the full range of needs categorised by the DFE. This is important because it can lead to more effective assessment and better deployment of limited resources. We deal

Table 1. Categories of SEN used by the UK government.

-
- Moderate learning difficulties (MLD)
 - Behavioural, emotional and social difficulties (BESD)
 - Specific learning difficulties, such as dyslexia (SpLD)
 - Speech, communication and language needs (SCLN)
 - Autistic spectrum disorders (ASD)
 - Physical difficulties (PD)
 - Severe learning difficulties (SLD)
 - Visual impairment (VI)
 - Hearing impairment (HI)
 - Profound multiple learning disability (PMLD)
 - Multisensory impairment (MSI)
-

with two questions: Are some of the 11 types of SEN more or less affected by the month of birth? Is the month-of-birth effect reduced when there is more systematic assessment involving a wider range of professionals?

Methods

The data collected in this study was part of a larger nationally funded study (Humphrey and Squires 2010, 2011a, 2011b). Three hundred and forty six primary and 73 secondary schools were selected from 10 local authorities (LAs) chosen by the DFE to broadly represent the diversity of the 130 LAs across England. Within each school, we collected data on pupils with SEN in Years 1 and 5 of primary schools and Years 7 and 10 of secondary schools.

Originally we intended to collect our data from the national pupil database (NPD). This would allow us to access attainment data, data about type of SEN and data about level of support provided (School Action, School Action Plus or Statement). This is part of a larger data-set that is collected by schools, passed to the LA and then aggregated into a central government database. For children with Statements, the SEN need is selected from 11 possible categories. Children who have complex needs or co-morbid needs are classified according to their primary SEN need. However, it quickly became apparent that the national pupil data-set would not be as complete as we needed; while schools complete this census twice a year and while they are obliged to say if a child has been identified with SEN, they are not required to categorise the type of SEN for children at School Action or School Action Plus. We made use of online teacher surveys that were conducted at the start of the nationally funded study to look at behaviour, bullying and positive relationships. The surveys included questions about type of SEN and level of support provided (School Action, School Action Plus or Statement). All schools in the national evaluation project were asked to identify link teachers who knew the children well and who were then asked to go online and complete the surveys on a secure project website. There was a high expectation set out in the contracting arrangements with schools by the government funders of the national project that teachers would participate in the data collection and this led to reasonably high returns rate. This was a useful step in that it confirmed which children were identified with SEN in the NPD information, removed those children who were no longer considered to have SEN and added further children who had recently been

Table 2. Comparison of sample to national population.

Student characteristic	Sample% (N)	National average %
Gender – percentage of males	64 (10,013)	63.5
Proportion eligible for free school meals	32.5 (5070)	28.0
Proportion speaking English as an additional language	15.7 (2442)	14.8
Level of support being provided (N=15,640)		
School Action	56.3 (8806)	60
School Action Plus	32.1 (5020)	32.0
Statement	7.5 (1179)	8.0
unclassified	4.1 (635)	–
Primary type of SEN indicated (N=14,696)		
MLD	38.6 (6042)	24.7
BESD	18.1 (2836)	24.4
SpLD	15.8 (2476)	13.35
SLCN	11.2 (1754)	17.2
ASD	3.8 (599)	6.6
PD	2.3 (357)	3.7
SLD	1.6 (246)	1.2
VI	0.7 (115)	1.3
HI	1.3 (200)	2.3
PMLD	0.3 (53)	0.3
MSI	0.1 (18)	0.2
Type of SEN not classified according to DFE categories (N=944)		
Other	2.4 (375)	5.1
Unclassified	3.6 (569)	–

identified with SEN. The survey also provided teachers with the opportunity to say what level of support was being offered and what type of SEN each child had been identified as having. This provided us with a more accurate and complete indication of which children teachers believed had SEN and the level of assessment that had been completed for each child.

Table 2 shows that the data-set for the 436 schools was representative of the national data-set in that there were similar proportions of males and females; similar levels of SEN provision; similar splits between year groups and similar distributions of SEN type (Humphrey and Squires 2010). In our data-set, there were still some pupils for whom the level of support was unclear and/or for whom the type of SEN was unknown.

A small number of pupils were incorrectly described by teachers as having SEN for other reasons e.g. medical reasons (e.g. epilepsy and food allergy) or because they were gifted and talented. These will not be included in our analysis as they fall outside the legal definition of SEN in use in England (DFES 2001a).

Findings

Overall month-of-birth effect

Overall, our data support that from previous studies. When the whole cohort of children with SEN is mapped against their month of birth, it can be seen that there is an increase in the likelihood of being identified with SEN as the academic year progresses (see Figure 1). The younger children in each year cohort are more likely to be described as having SEN. A child born in August is one and a half times more likely to be identified as having SEN compared to a child born in September.

Differential month-of-birth effect and type of SEN

There are 11 categories of SEN that schools need to report on for statemented pupils and that they can optionally report on for pupils at School Action Plus. This allows us to explore whether there is a differential effect. The number of pupils

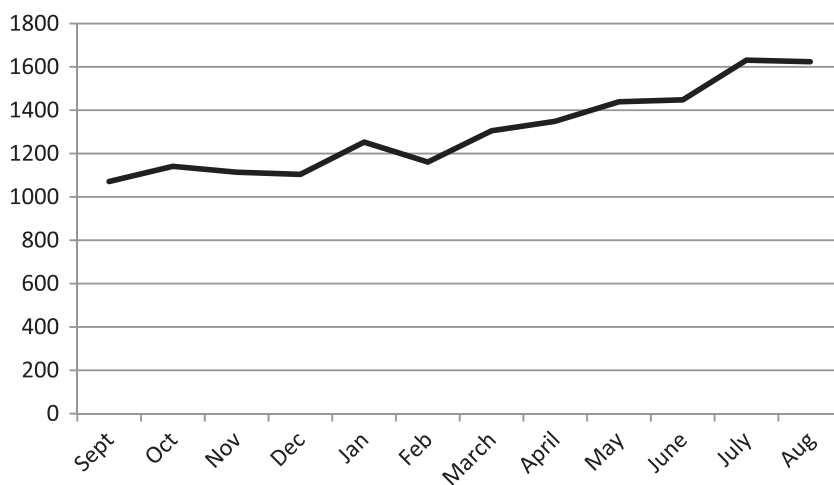


Figure 1. Number of children with SEN by month of birth ($N=15,640$).

Table 3. Type of SEN and relative month-of-birth effect.

Type of need	Gradient of trend over the year
MLD	30.797
SCLN	7.2168
SpLD	6.965
BESD	1.6084
SLD	0.7832
VI	0.4231
PMLD	0.2692
PD	0.1014
ASD	0.0944
HI	0.0909

who had a multiple sensory impairment is very small (just 18) and spread evenly across the year. It can be clearly seen that the majority of pupils with SEN are in the category MLD. It would appear to be the catch-all category. There were also 944 pupils for who teachers either did not know what the primary need was or they wrote something that did not fit into the government’s categorisation.

A way of exploring the susceptibility of a diagnostic category is to look at the trend equation over the year ($y = mx + c$) and to note the gradient of the line of best fit. A gradient of zero would indicate no month-of-birth effect. Random effects are more evident in small incidence needs, however, the closer to zero the less the month-of-birth effect occurs and the bigger the number, the more susceptible is the SEN to month-of-birth effects (see Table 3).

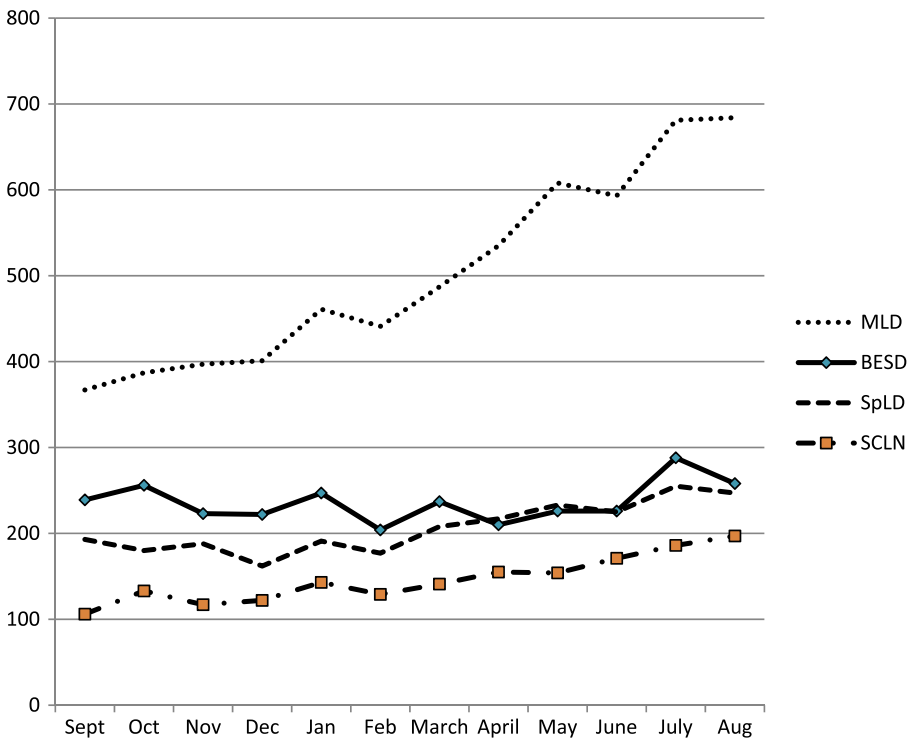


Figure 2. High incidence needs.

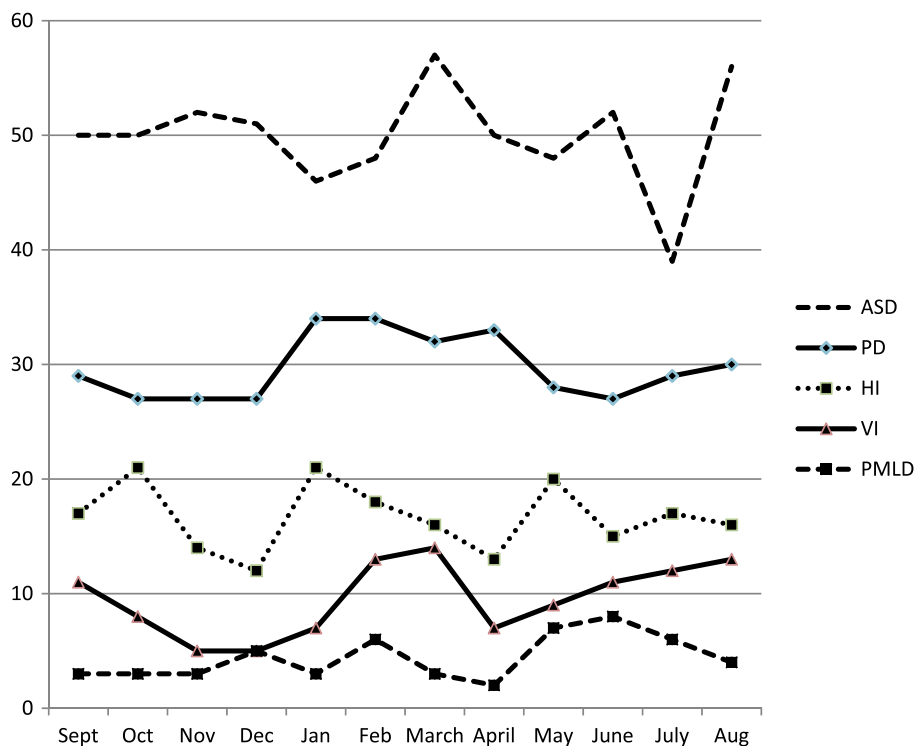


Figure 3. Low incidence needs.

Month-of-birth effects seem more evident for learning difficulties that interfere with literacy attainments such as MLD, speech and communication difficulties were development of speech underpins access to text (speech, communication and language needs [SCLN]) and specific learning difficulties (SpLD), such as dyslexia. Behavioural, emotional and social difficulties (BESD) that distract from learning or distract others from learning seem less susceptible (see Figure 2). For pupils who would be described as having complex or low incidence needs the month-of-birth effect is negligible (see Figure 3) or non-existent. This differential effect based on type of SEN seems overlooked in previous studies.

Differential month-of-birth effect and level of support

The decision to place children on the SEN register at School Action is determined by the class teacher and based on curricular assessments where the child is compared to others in the academic year cohort. This should be most susceptible to month-of-birth effects, since younger children in the class will not have developed the linguistic skills to deal with academic demands to the same extent as older children in the class. The teacher places them on the SEN register because they appear to be slower in reaching the political targets set for the academic year group. Standardised assessments are often used to decide which children need a statement and these differ from curricular assessments in that they compare more tightly defined age groups (usually three month bandings). These assessments should reduce month-of-birth effects with children who only appear to be doing less well than

chronological peers. The ‘false positives’ will return to School Action or be removed from the SEN register as they would now be re-framed as developing normally. The likelihood of standardised instruments being used increases as more assessment is undertaken and we would expect month-of-birth effects to decrease. This pattern of results is just what we see in our data (see Figure 4 and Table 4).

The differential impact of complexity of assessment and the levels of support provided on the month-of-birth effect is not evident in previous studies. Most of this effect seems to be contributed by those children identified as having MLD (Figure 5).

The extent to which the month-of-birth effect is more marked in teacher assessments compared to multiprofessional assessments can be seen in the relative ratios of SEN at School Action and School Action Plus compared to Statement. Within the whole cohort of SEN, teachers identify 9.7 children born in September with SEN for every one that gets a statement. This increases to 11.8:1 for August born children. This can be compared to the ratio of School Action and School Action plus in the national data-set for SEN as a whole of 6.7:1 (DFE 2010a). The ratios are far higher for pupils identified as having MLD with a similar increase in ratios between September and August births (Table 5).

On teacher assessments alone, month of birth has a large effect on a child being identified as having MLD. This supports the view that this category is being used as a ‘catch-all’ for pupils who are not achieving political academic targets and supports the view that there is over-identification of MLD. The effect increases as the month of birth passes and supports the view that some children are identified as having SEN simply because they are younger.

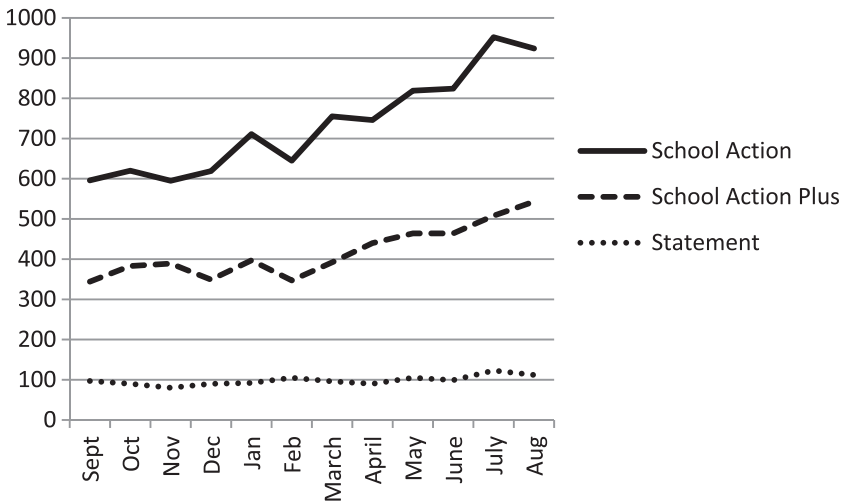


Figure 4. Level of assessment and month of birth.

Table 4. Size of trend and level of assessment.

Level of support	Gradient of trend over the year
School Action	32.916
School Action Plus	16.042
Statement	2.2902

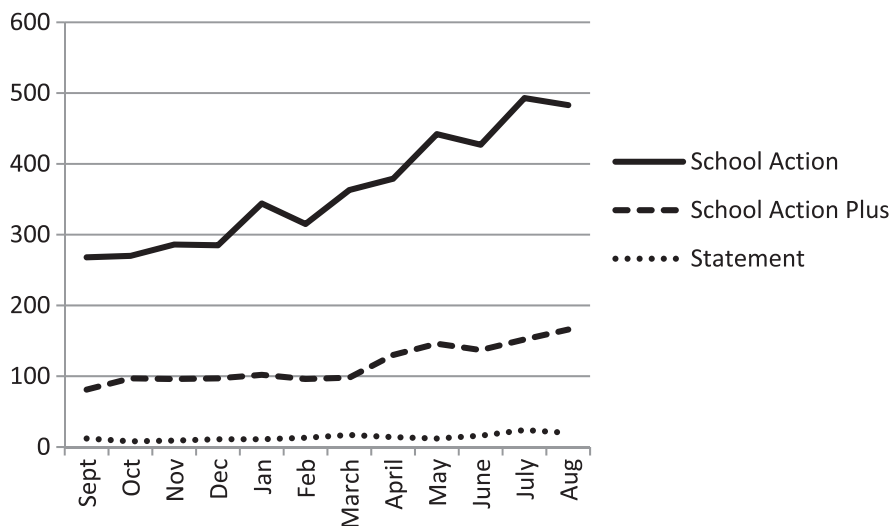


Figure 5. Level of support by month for MLD children.

Table 5. Ratio of teacher identification of SEN: Statements by month.

	Whole SEN cohort		MLD category	
	September born	August born	September born	August born
School Action and School Action Plus:	9.7:1	11.9:1	29.1:1	32.5:1
Statement				

Discussion

The data confirm what has been found in previous studies (Tarnowski et al. 1990) and there is a marked month-of-birth effect on the identification of SEN that leads to younger children in the academic cohort as being more likely to be seen to have SEN. The analysis of the data to look for differential effects on subgroups of pupils categorised as having SEN has identified two specific effects that are not considered by previous authors, who tend to treat SEN as a homogenous group.

Firstly, the type of assessment seems to matter. Teachers are likely to carry out curriculum-based assessments in order to compare children to nationally set targets; those not on track are deemed to have SEN (Ellis, Tod, and Graham-Matheson, 2012). Younger children in the academic cohort are more likely to have not developed the necessary linguistic, cognitive and social skills that enable them to have the same attainments as older children in the cohort. Outside professionals are likely to use normative tests that compare children with age related peers in the standardisation sample. Linguistic, cognitive and social skills are compared with children of the same age. Normative assessment allows children who are developing slowly to be differentiated from those who are developing normally but have not reached the political aspirational targets for their academic cohort. These two types of comparisons do not always agree. For younger children in the academic cohort,

teachers may perceive there to be a problem when the outside specialist confirms normal development. This can explain why the amount of assessment undertaken leads to a differential month-of-birth effect. The month-of-birth effect is evident at the level of teacher curriculum-based assessments but less evident when multiprofessional assessments required for a statement have been carried out.

Secondly, the type of SEN identified seems to matter. The majority of children identified with SEN are those that are considered to have MLD. The ratio of teacher identification to those that go onto have statements is much higher for children with MLD compared to the SEN cohort as a whole. This is also the group with the highest month-of-birth effect and supports the view that this group might include children identified with SEN who are developing normally but not meeting academic cohort targets. This would be in line with the concern raised by the UK government that there is an over-identification of this group (DFE 2010a, 2010b; OFSTED 2010). Teachers are under pressure to ensure that the academic cohort does well in meeting targets measured by SATs that are designed to measure school performance. Children who are not on track are likely to be given additional attention and this leads to the labelling of them as having SEN (Squires 2012). However, there are multiple reasons why a child might not be succeeding with a reading or writing task aimed at an academic cohort. It might be that they are slower learners than peers (MLD); or that they are dyslexic (SpLD); or they have an underlying speech and language difficulty (SLCN) or that they are just younger. The teachers' default position seems to be to consider the first option more often than the other possibilities. This does not seem to be the case for some of the other types of SEN which are less susceptible to month-of-birth effects; this may be because these difficulties (hearing impairment, visual impairment, physical difficulties, autistic spectrum disorder, profound multiple learning disability, and severe learning difficulties) often involve multiprofessional assessments at an earlier point in the child's life.

In this paper, we have explored how the identification of SEN is affected by month of birth and how there are differential effects within level of support and type of SEN identified. It is possible that there are other differential effects that have not been explored in this study; for example, social economic status, gender or language skills.

These findings challenge the current view of SEN and are a reminder that SEN is a socially defined construct rather than an absolute condition. How the term is used and how children come to be labelled is influenced by changing social and political conditions (Squires 2012). Policy-makers need to consider how SEN is defined, how resources are allocated and how school performance is measured and then consider how this might lead to some groups of children being labelled as having SEN when different approaches would see their development as normal.

Implications for practice

There is a need to ensure that scarce educational resources reach the children with the greatest need and are not wasted on children who are developing along normal lines. This seems to be most problematic in the categories of SEN most closely linked to literacy and nationally determined measures for comparing school performance. An unintentional consequence of the national system is that it creates a pressure to label children with SEN who are younger in the year group but developing normally when age is taken into consideration.

There are a number of ways that the month-of-birth effect might be reduced:

- The month-of-birth effect is not evident when there has been a multiprofessional assessment. This suggests that there should be more involvement from other professionals when SEN is suspected. However, this is a costly option and one which many governments would not support.
- A much cheaper option is to create change at the national level by dealing with the unintended outcomes of measuring school performance based on individual children's data. There is sufficient data collected by governments to take month of birth into consideration when comparing the attainments at each national assessment point. This could allow a moderation of teacher expectations from considering all children to be the same to one that takes account of normal development and maturation.
- Teacher training could be improved so that there is greater understanding of child development and the impact of month of birth on scholastic learning that is based on an academic cohort (curriculum led teaching) so that teachers could consider a more individualised approach that matches learning tasks to child development (child-centred teaching).
- Teachers within the school, such as the SENCo, could be encouraged to use normative tests to discriminate between slow learners and younger, normally developing children. This would be particularly helpful for children who might be considered to fall into one of the categories where the month-of-birth effect is highest (MLD, SCLN, SpLD or BESD).
- Rather than measuring attainment which is a comparison of a child's level of skill on a particular day, schools could be encouraged to measure achievement which is a comparison of change in level of skill over time. This second type of measure is less likely to have a month-of-birth effect because children of different ages will have different baselines.
- A tighter definition of SEN is needed, particularly for MLD, to help teachers recognise those children who are likely to have a lifelong learning difficulty and to distinguish them from children who are developing normally but who are younger in the class.

In this paper, we have supported the internationally recognised month-of-birth effect when whole cohorts of children are considered. We have dug deeper into the data and our original contribution is that we have identified two differential effects for children who are identified with SEN: increasing the amount of assessment reduces the month-of-birth effect; and some types of SEN are more susceptible to the month-of-birth effect than others. This is the first time such factors have been assessed in research of this kind; our findings have clear implications for policy, assessment of SEN and teacher training.

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