



Inclusion Readiness in Schools:

**Evidence on Capacity, Confidence
and Workforce Conditions**

Contents

Executive Summary	2
1. Introduction and Purpose	3
2. What Schools Are Telling Us	5
3. The Conditions That Shape Confidence	10
4. Where Pressure is Most Concentrated	13
5. What the Findings Suggest for Policy and Practice	18
Conclusion	22



Executive Summary

About this paper

Schools are operating under growing expectations around inclusion and wellbeing. This paper examines how ready they feel to meet them. It draws on a survey of 1,018 education professionals conducted in January 2026, examining how practitioners assess their clarity about what is expected, their confidence across specific areas of practice, their readiness for joined-up delivery, and their perception of their setting's capability and capacity. 588 respondents also provided free-text responses. The sample skews towards those with specific inclusion and wellbeing responsibility, and findings should be read in that context.

What we found

- **85% of respondents** agree they have a clear understanding of what is expected of their setting but **only 52% agree** that national guidance, inspection frameworks and local authority requirements give a consistent steer on what to do in practice.
- Confidence in identifying and responding to mental health, emotional wellbeing and behavioural needs is comparatively strong; confidence in creating an inclusive curriculum, adapting teaching practice, and accessing and coordinating external support services is lower.
- **Only 23% agree** their setting has sufficient time and staffing to translate inclusion and wellbeing expectations into daily practice, the lowest agreement of any survey item.
- Among respondents who agree they have sufficient time and staffing, **92% agree** their setting is ready to deliver inclusion and wellbeing in a joined-up way; among those who disagree, **41% do**.
- **69% agree** that the demands of supporting inclusion and wellbeing have put significant strain on staff wellbeing and retention.
- Teaching staff are more likely to report low readiness to deliver inclusion and wellbeing in a joined-up way, with **42% of teachers** reporting they feel this way compared to **21% of SENDCos and DSLs**.
- Secondary school respondents are the most over-represented phase in the lowest readiness group (**37% vs 30% overall**).

What the data suggests

Settings that are confident in one area of inclusion and wellbeing practice tend to be confident across others. Confidence does not cluster around particular domains; it reflects something about the setting as a whole. The conditions most strongly associated with readiness for joined-up delivery are perceived capacity, agreement that the setting has access to specialist expertise when needed, and staff across the whole team understanding their role in delivering inclusive practice and wellbeing support. Where both capacity and specialist access are low, only 32% of respondents agree their setting is ready to deliver inclusion and wellbeing in a joined-up way.

What practitioners say would help

When asked in their own words (in a free text response) what are the most significant barriers their setting faces in delivering inclusion and wellbeing, one in three respondents (34%) cite funding, nearly three times more frequent than any other theme. Slow access to specialist services (12%), too few staff (12%) and limited training and CPD (11%) form the next tier.

When asked from a dropdown list what would most help their setting deliver effective inclusion and wellbeing in practice, 68% selected 'increased funding for inclusion/wellbeing staffing' 43% selected 'more time for staff to plan and deliver interventions,' and 35% selected 'high-quality, practical training for all staff.'

1. Introduction and Purpose

Policy ambition on inclusion and wellbeing is at a high point. Whole-workforce training on SEND and inclusion is planned from September 2026, £1.8 billion has been committed for specialist professionals to work within mainstream schools, and every secondary school will have an inclusion base. The Schools White Paper, *Every Child Achieving and Thriving* (February 2026), sets out the framework through which these expectations will be pursued.

This paper examines how ready schools feel to deliver on these expectations, and what the conditions that enable or constrain delivery look like from the inside.

We hope this discussion is a useful contribution to the conversation about what effective implementation of inclusion and wellbeing expectations requires in practice.

It draws on a survey of 1,018 education professionals conducted in January 2026, covering primary, secondary, special and alternative provision settings across England. The survey examined how practitioners assess their clarity about what is expected, their confidence across specific areas of practice, their readiness for joined-up delivery, and their perception of their setting's capability and capacity. 588 respondents also provided free-text responses, offering direct practitioner voice on what enables delivery and what would help.

Inclusion and wellbeing are addressed together because practitioners experience them as connected. ¹Inclusive environments support belonging and participation; stronger wellbeing supports engagement and learning. ²The survey examines both and the conditions that practitioners say shape their ability to act on either.



¹Cary, E., & Webb, L., 'Children's wellbeing in schools – UK Parliament POST,' (2025), p.6
<https://researchbriefings.files.parliament.uk/documents/POST-PN-0739/POST-PN-0739.pdf>

²Gutman, L. M., & Vorhaus, J., 'The Impact of Pupil Behaviour and Wellbeing on Educational Outcomes,' (2012), p.6, [The Relationship between Children's Wellbeing and their Educational Outcomes](#)

Method Note

The findings draw on a survey of 1,018 education professionals conducted in January 2026. The survey was distributed through Thrive and ImpactEd networks and newsletters, and shared openly via social media channels. Respondents were not recruited through a probability sample, and the findings should be read as practitioner perspectives rather than a nationally representative picture.

The sample skews towards primary settings (52%) and towards roles with specific inclusion or wellbeing responsibility. Secondary schools account for 17% of respondents and special schools for 13%, with alternative provision at 5%. To put those figures in context: while secondary schools represent around 16% of schools by institution count, they employ a far larger share of the school workforce, approximately 35–46% of teachers nationally (DfE School Workforce Census, 2024).

On a staff-count basis, secondary schools are therefore substantially under-represented in this sample, while primary schools (52% of respondents vs approximately 47–57% of staff nationally) are more closely proportionate. Special schools remain over-represented regardless of the benchmark used (13% of respondents vs ~5% of schools or ~6–8% of staff).

Weighting the sample to match the national phase distribution shifts the headline findings by 1–3 percentage points but does not change the substantive conclusions or their relative ordering. This means the over-representation of special schools nudges some figures slightly upward, but not enough to affect what the data is telling us.

By role, the largest groups are pastoral, behaviour and wellbeing staff (24%), classroom and learning support staff (20%), and SEND and safeguarding leads (15%). Teaching staff account for 13% and headteachers 6%. This composition reflects both a limitation and a feature of the data: the sample is not representative of the full school workforce,

but it is concentrated among those closest to the day-to-day delivery of inclusion and wellbeing support in schools.

The survey covered four dimensions, each measured through standalone items on five-point scales. Clarity of expectations was assessed through three items covering understanding of expectations, sources of guidance, and consistency of that guidance. Confidence in delivery was assessed through nine items asking how confident respondents felt in specific areas of practice. Organisational readiness was assessed through six items covering joined-up delivery, capacity, staff role clarity, and outcomes improvement. Perceived capability was assessed through four items covering teacher skills, support staff training, senior leader expertise, and recruitment and retention. Two further items (access to specialist expertise and strain on staff wellbeing) are reported separately as contextual indicators rather than components of the capability measure. Internal consistency across the three main clusters is good to excellent. In plain terms: the items within each cluster are measuring the same underlying thing, which means each can be treated as a coherent measure rather than a set of unrelated questions.

588 respondents (58%) provided at least one free-text response across three open questions. These are drawn on throughout to illustrate and contextualise the survey findings.

The survey also captured regional identifiers for England-based respondents across nine regions. A small number of responses were also received from Wales, Scotland and Northern Ireland; too few to report separately, but reflected in the overall sample. Regional variation in readiness scores is present in the data but modest in scale, and given the non-probability sampling method cannot be treated as statistically reliable. Regional breakdowns are available on request.

2. What Schools Are Telling Us

The survey asked practitioners to assess four interrelated dimensions of their current position:

How clearly they understand what is expected of their setting.

How confident they feel across specific areas of practice.

How ready their setting is for joined-up delivery.

How capable they perceive their workforce to be.

The picture that emerges is not one of confusion about expectations. It is one of practitioners who largely understand what is being asked of them and are significantly less certain that they have the conditions to deliver it.



Clarity is high; coherence is not

Across the full sample, 85% of respondents agree they have a clear understanding of what is expected of their setting in relation to inclusion and wellbeing. Practitioners most frequently identify the SEND Code of Practice (69%), DfE statutory guidance (67%) and inspection frameworks (62%) as their primary sources of guidance. Fewer identify specialist services or local authority support as significant reference points.

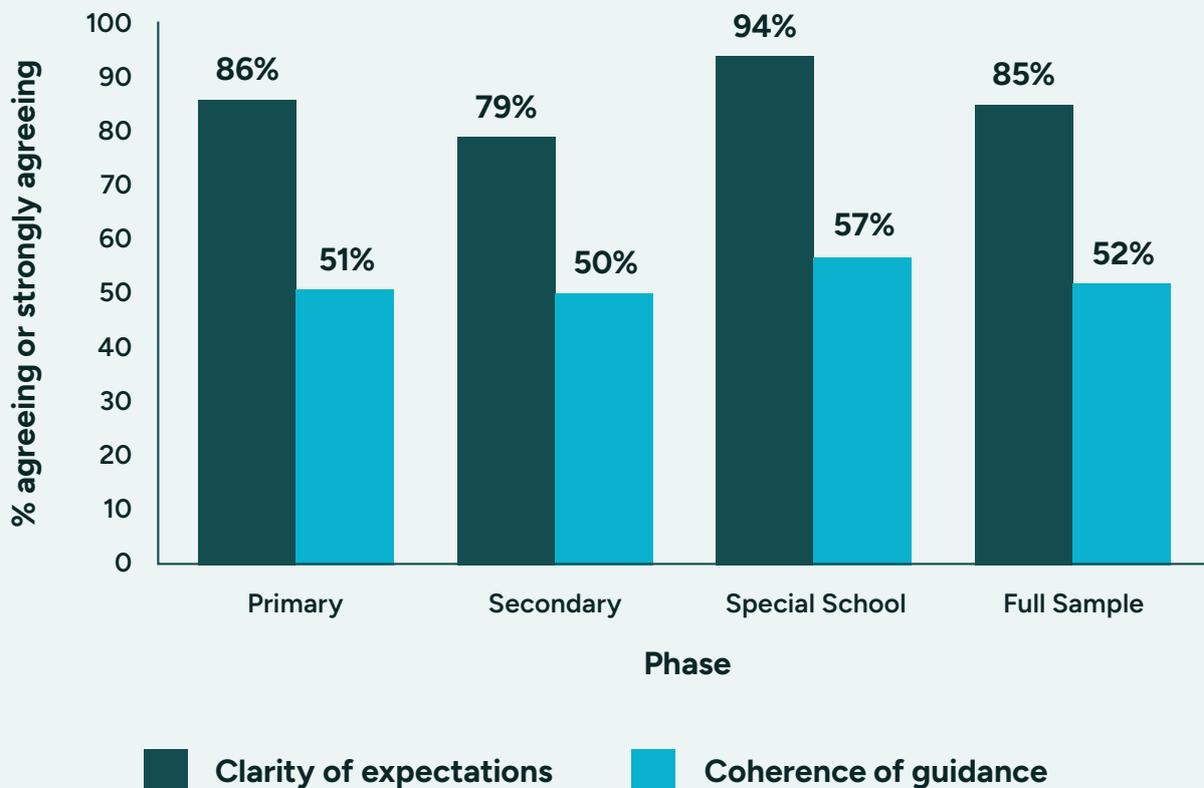
Clarity of expectations, however, is not the same as coherence of guidance. When asked whether national guidance, inspection frameworks and local authority requirements give a consistent steer on what to do in practice, agreement falls to 52%. A third of respondents, in effect, report understanding what is expected of them while simultaneously finding that the guidance pointing towards those expectations pulls in different directions.

This matters analytically because clarity and readiness operate largely independently in the data. The correlation between perceived clarity of expectations and perceived readiness for joined-up delivery is weak. Knowing what is expected does not, of itself, generate the conditions to act on it.

“It is demoralising for all involved knowing what needs to be done, but not having enough time or resources to do so.”

- Primary School, SendCo

Clarity and coherence are not the same thing

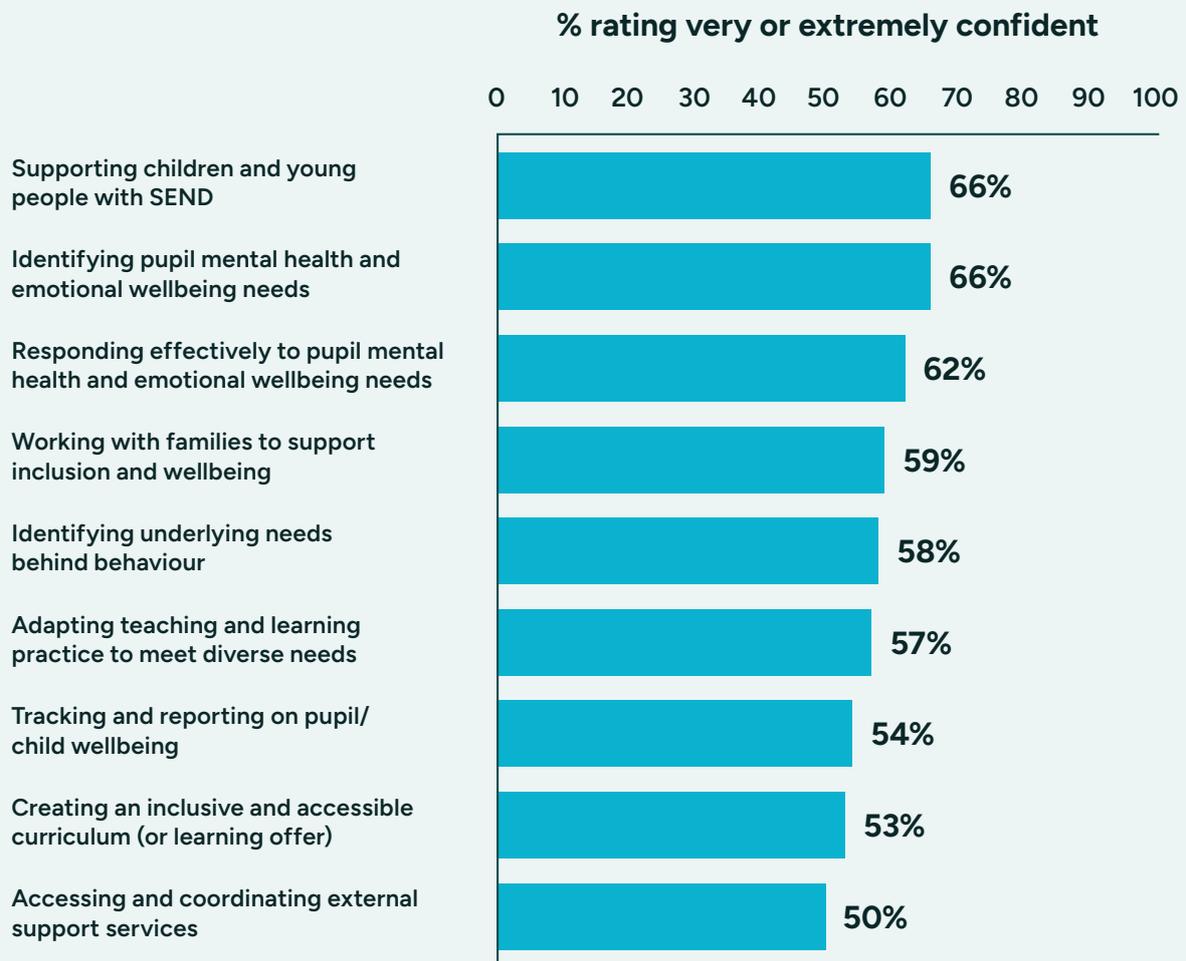


Confidence varies by domain

Respondents were asked how confident they feel in their setting's ability to deliver across nine specific areas of practice. Confidence is highest in activities involving direct identification and response to pupil need: supporting children and young people with SEND (66% reporting high confidence), identifying mental health and emotional wellbeing needs (66%), and responding to mental health and emotional wellbeing needs (62%).

Confidence is lower across other areas of practice. 59% percent report high confidence in working with families to support inclusion and wellbeing, 58% in identifying underlying needs behind behaviour, 57% in adapting teaching and learning practice to meet diverse needs, 54% in tracking and reporting pupil wellbeing, and 53% in creating an inclusive and accessible curriculum. Lowest of the nine items is confidence in accessing and coordinating external support services, at 50%.

Confidence across nine areas of practice



Confidence also varies by role. SEND and safeguarding leads report higher confidence across all domains than classroom-based staff, with the largest differences on items related to coordination and navigation of external services. The gap between SEND leads and classroom support staff on confidence in accessing and coordinating external services is large (Cohen's $d = 0.84$). Confidence in this area

is concentrated in specialist roles rather than distributed across the staff team.

Variation by phase is also consistent. Special schools report the highest confidence across most items. Secondary schools report lower confidence than primary on 19 of the 22 items tested, a pattern examined in more detail in Section 4.

Confidence in accessing and coordinating external services by role

SEND leads	MAT leaders	Headteachers	Classroom teachers	Support staff
3.74	3.69	3.31	3.11	2.97

Mean confidence score (1–5 scale)

The gap between SEND leads and support staff (Cohen's $d = 0.84$) on confidence in accessing and coordinating external support services is large in practical terms. This is not unexpected: coordination of external services often falls within the defined responsibilities of specialist and leadership roles. What the data adds is the contrast with capacity. Perceptions of insufficient time and staffing show no significant variation by role: all groups score below 3 out of 5, indicating that capacity concerns are shared across the workforce regardless of seniority.

Capacity is the binding constraint

Across the full sample, only 23% of respondents agree that their setting has sufficient time and staffing to translate inclusion and wellbeing expectations into daily practice. This is the lowest level of agreement recorded for any item in the survey. Disagreement is consistent across all role groups and all experience levels. Senior leaders and classroom staff report similar perceptions of insufficiency. Years of experience in education

are associated with clearer understanding of expectations but not with higher perceived capacity or greater readiness.

"I am well trained but I do not have the time or staff to implement many of the things I am trained in."

- Primary School, Head of Year

The relationship between perceived capacity and readiness is the strongest association in the data. Among respondents who agree they have sufficient time and staffing, 92% also report readiness for joined-up delivery. Among those who disagree, that figure falls to 41%, a gap of 51%. No other factor comes close to this association.

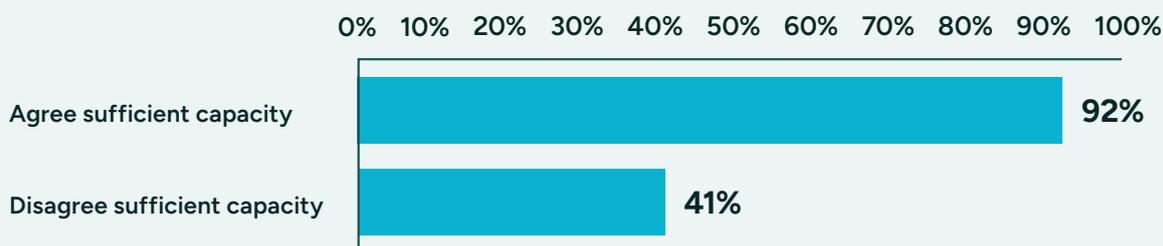
Among respondents reporting insufficient capacity, 76% identify staff workload as a barrier to delivery and 62% identify funding. These are not isolated concerns. Only 1.4% of all respondents in the sample report no significant barriers to delivering inclusion and wellbeing effectively.

What predicts readiness?

A multiple regression model examined which factors are most strongly associated with perceived readiness to deliver inclusion and wellbeing in a joined-up way. Perceived capacity (*sufficient time and staffing to translate expectations into daily practice*) is the strongest independent predictor,

with a coefficient more than double that of any other factor in the model. Confidence in navigating external services, staff role clarity, and coherence of guidance are also statistically significant, but none approaches the magnitude of capacity.

Readiness for joined-up delivery, by perceived capacity



The scale of this gap is visible in the raw figures. Among respondents who agree their setting has sufficient time and staffing, 92% report readiness for joined-up delivery. Among those who disagree, 41% do, a gap of 51%.

The data also indicates that clarity about what is expected, while meaningful, is unlikely on its own to generate high readiness. Understanding what is asked and having the conditions to act on it are not the same thing.

What enables delivery

The free-text responses add texture to these findings. When asked what most enables their setting to deliver effective inclusion and wellbeing, practitioners consistently point to clear and committed leadership, staff with relevant expertise, and where it exists access to specialist support. Many describe settings where these conditions are present and where delivery is working.



“We have a dedicated team of teaching assistants who know the pupils really well and share information and strategies.”

- Secondary school, Classroom and learning support role

“Inclusion and wellbeing support is prioritised by SLT. Training is consistently built in to staff meetings and INSET days.”

- Primary School, SendCo

What practitioners also describe, with similar consistency, is the gap between these enabling conditions and the resources available to sustain them.

The sections that follow examine the conditions that shape confidence, where pressure is most concentrated, and what practitioners say would most improve their ability to deliver.

3. The Conditions That Shape Confidence

The previous section showed that confidence varies across the nine practice domains. The pattern that emerges from closer analysis, however, is not primarily one of domain-specific strengths and weaknesses. It is one of settings that are generally more confident or generally less so across the board.

Confidence reflects the setting, not the domain

Settings reporting high confidence in identifying mental health needs also tend to report high confidence in adapting teaching practice, working with families, and accessing external services. Confidence is largely a characteristic of the setting rather than a domain-specific skill.

This has an important implication. Improving confidence in any single area of practice is unlikely, on its own, to shift the overall picture. The conditions that generate confidence appear to operate across the whole setting.

Within that overall pattern, the data also reveals three groupings of items that sit more closely together. The first covers identification and response; tracking wellbeing, identifying and responding to mental health needs, and identifying needs behind behaviour. The second covers external engagement and partnership; working with families and accessing and coordinating external support services. The third covers pedagogy and curriculum; SEND support, inclusive curriculum design and adapting teaching practice.

Confidence levels are consistently higher in the first cluster than in the second or third.

External service confidence is a partial exception

Confidence in accessing and coordinating external support services is the most analytically distinctive item in the survey. While it moves with the general confidence factor, it does so less strongly than all other items suggesting that factors beyond the setting's own capacity may be influencing responses here. The free-text responses frequently reference waiting times, eligibility thresholds and gaps in local provision which may partly explain why this item behaves differently from the other eight.

Mean scores on this item illustrate the variation by phase. Special schools report the highest confidence at 3.57 out of 5, compared with 3.37 for primary and 3.13 for secondary. But all three phases fall in the moderate range, even the highest-scoring group is not reporting high confidence. Special schools' relative advantage here may be better explained by more routine multi-agency engagement with therapeutic practitioners often working within or alongside the setting than by superior navigation of external systems. Secondary schools report the lowest confidence on this item at 3.13 sitting just above the midpoint of the scale.

The white paper's Experts at Hand programme, which is proposed to fund specialist professionals to work directly within mainstream schools without requiring referral or assessment, is an important policy response to the constraint this item reflects.

Whether that investment shifts self-reported confidence in accessing and coordinating external support will be one of the more meaningful things a future survey could track.

Distributed ownership, not leadership expertise alone

The survey includes one direct measure of leadership: agreement that senior leaders have the expertise to lead inclusion and wellbeing work. 65% of respondents agree, while 14% disagree, a moderately positive but not universal picture.

Senior leader expertise correlates meaningfully with overall confidence ($r = 0.479$), readiness for joined-up delivery ($r = 0.493$) and perceived capacity ($r = 0.414$). Settings where senior leaders are seen as expert in this area tend to report stronger confidence and readiness across the board.

But two other items correlate more strongly with overall confidence than senior leader expertise does. Readiness for joined-up delivery

correlates with confidence at $r = 0.640$. Staff role understanding (whether staff across the setting understand their role in delivering inclusive practice and wellbeing support) correlates at $r = 0.553$. Both substantially outperform senior leader expertise in isolation.

The implication is not that leadership is unimportant. It is that leadership expressed through distributed understanding and shared ownership across the staff team is more strongly associated with confidence than senior expertise concentrated at the top. Settings where staff know what their role is, not just where leaders are knowledgeable, report higher confidence across the board.

What is most strongly associated with confidence?



What special school responses illustrate

Special schools report higher confidence across most items. Regression analysis indicates that their higher perceived staffing and time sufficiency accounts for much of that difference, when capacity is held constant statistically, the special school advantage reduces substantially.

The free-text responses from special school practitioners are consistent with this. When asked what most enables delivery, respondents most frequently cite staff dedication and compassion

(28%), specialist training and CPD (28%), and therapeutic and relational approaches (25%). Adequate staffing and resources feature explicitly (21%) as a basic precondition for delivery.

The responses are also a reminder that even where self-reported conditions are more favourable, delivery still depends heavily on individual staff commitment. As one special school respondent noted: ***“Staff going above and beyond. Sometimes to the detriment of their wellbeing.”***

What experience confers, and what it does not

More experienced practitioners report clearer understanding of expectations. Those with 15 or more years in education score meaningfully higher on clarity items than those in their first two years. The free-text responses reveal something more nuanced about what that experience brings.

Those with more experience tend to see the problem through the system; structural, resource-focused, and often explicitly critical

of accountability frameworks. Newer practitioners tend to see it through the child; focused on individual pupils, daily practice, and how behaviour is understood. Neither group reports higher readiness to deliver.

Experience clarifies what is expected and sharpens systemic understanding. It is not, on its own, associated with higher perceived readiness to deliver.

Experience and free-text themes: a note on sample size

The 0–5 years group is small ($n = 33$ usable responses) compared with the 15+ years group ($n \approx 289$). Thematic differences should be treated as indicative rather than representative. The directional contrast, practice-level versus system-level framing, is consistent with the quantitative finding that experience predicts clarity but not readiness.



4. Where Pressure is Most Concentrated

The previous sections identified capacity as the dominant constraint on readiness and confidence as a general setting characteristic. This section examines the specific areas where reported confidence and readiness are lowest, and where the pressures on delivery are most concentrated.

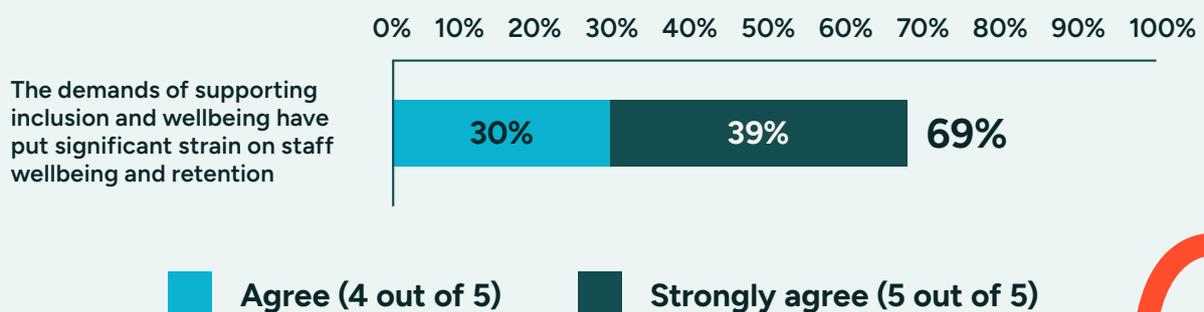
Staffing, time and staff wellbeing

Across the full sample, 23% of respondents agree that their setting has sufficient time and staffing to translate inclusion and wellbeing expectations into daily practice. The remaining three quarters disagree or neither agree nor disagree. This is the lowest level of agreement recorded for any item in the survey and it does not vary meaningfully by role or experience. Senior leaders and classroom support staff report similar perceptions of insufficiency.

69% of respondents agree or strongly agree that the demands of supporting inclusion and wellbeing have put significant strain on staff wellbeing and retention. Only 11% disagree. It is the item on which “strongly agree” is the single most common response, chosen by 39% of respondents.

Strain on staff wellbeing and retention

% agreeing or strongly agreeing (4 or 5 on a 5-point scale)



Staff strain by phase

Primary schools report the highest levels of staff strain (76% agree or strongly agree) — 7.5% above the overall average and 9 points above secondary schools (67%). Special schools report notably lower strain at 57%. The primary finding is striking because primary schools also report above-average access to specialist expertise (59%) indicating that access to support does not, on its own, appear to reduce the strain of delivery. The pattern may partly reflect primary sample composition, which skews toward pastoral and SEND roles closest to day-to-day delivery of inclusion and wellbeing support in school, and should be interpreted with that in mind.

Access to specialist expertise is uneven

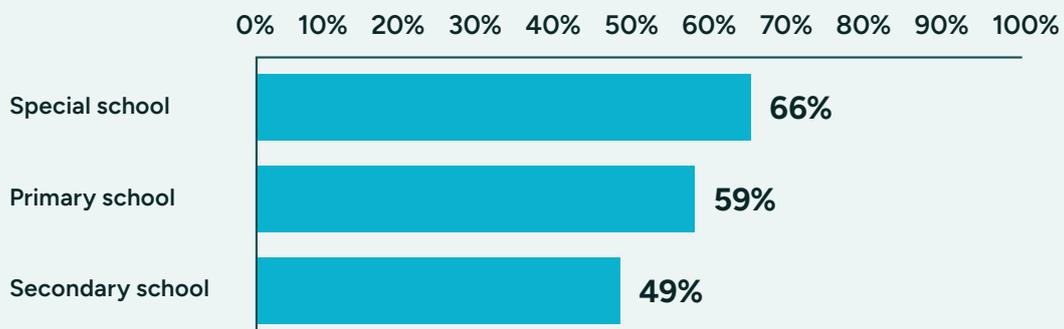
A slim majority of respondents (57%) agree that their setting has access to specialist expertise when needed. But 43% do not positively endorse this: 22% actively disagree and a further 21% neither agree nor disagree.

Access varies by phase. Special schools report the highest agreement at 66%, likely reflecting more embedded multi-agency partnerships. Secondary schools report the lowest agreement at 49%, 7.6% below the overall average, with one in four secondary respondents actively disagreeing.

This matters for the broader confidence picture. This question was treated separately from the main capability cluster in the analysis because it measures access to external resources rather than internal workforce skill. But access to specialist expertise and confidence in navigating external services are closely connected in practice and both are areas where secondary respondents report particular difficulty.

Access to specialist expertise when needed, by phase

% agreeing or strongly agreeing
(4 or 5 on a 5-point scale)



The secondary school gap in detail

Secondary school respondents score below the full-sample average on 19 of the 22 items tested. The specific items on which they score lowest and the combination they represent are worth examining directly.

The three items on which the fewest secondary respondents agree (score 4 or 5) are: sufficient time and staffing (15%), clarity on what external support services are available (37%), and confidence in accessing and coordinating those services (39%). These are closely linked. Respondents from secondary schools were the least clear about what external support services are available and reported the lowest confidence in accessing and coordinating those services of any main phase.

Secondary school respondents also report broadly comparable self-assessed confidence in identifying mental health needs (58%) and supporting SEND (58%) relative to other phases. The difficulty, as respondents describe it, lies in what happens next: acting on that identification within settings where capacity is lowest, clarity on available support is weakest, and confidence in navigating external services is most limited.

The readiness data reinforces this. 37% of secondary respondents fall in the lowest readiness quartile, the highest rate of any phase, and well above the 30% overall figure.

Where secondary school respondents report most difficulty

Item	Secondary school	Full sample	Gap
	% agree (score 4 or 5)		
We have sufficient capacity (time, staffing) to translate expectations into daily practice	15%	23%	-8pp
Clarity on what external support services are available, including eligibility and access routes	37%	44%	-7pp
Accessing and coordinating external support services	39%	50%	-11pp
Creating an inclusive and accessible curriculum (or learning offer)	39%	53%	-14pp

Who is most affected: role and phase

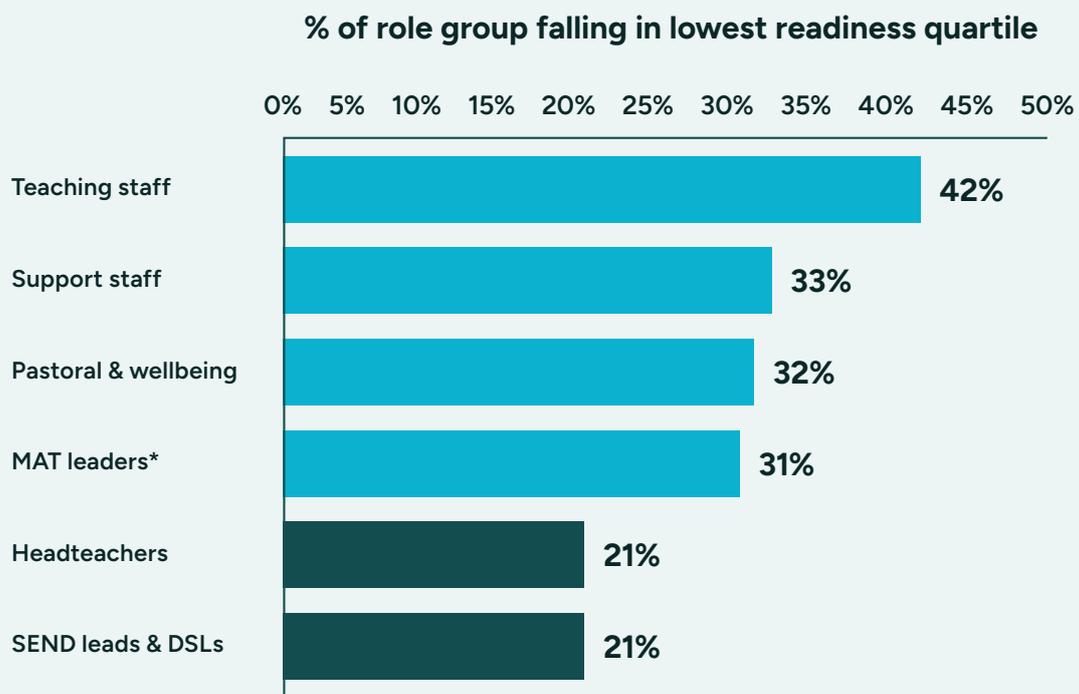
The lowest readiness quartile is not evenly distributed across the sample. Approximately 30% of respondents fall in this group but certain roles are substantially over-represented.

Teaching staff are the most clearly over-represented: 42% of all teaching staff respondents fall in the lowest readiness group, compared with 30% overall. Classroom support staff also appear at above-average rates (33%). By contrast, specialist and leadership roles are under-represented,

21% of SENDCos and DSLs, 20% of heads of year and school leaders, and 21% of headteachers fall in the lowest quartile, each well below the sample average.

The gap between teaching staff (42% in the lowest quartile) and SENDCos/DSLs (21%) is 21%. It is consistent with the distributed ownership finding in Section 3: readiness is concentrated in specialist roles and less present among teaching staff.

Lowest readiness quartile - breakdown by role



*These results are based on a small sample size (n=13 MAT leaders) and should be interpreted with caution.

■ Above average ■ Below average

A group reporting low readiness across multiple dimensions

Respondents in the lowest readiness quartile do not report difficulty on a single isolated measure. Across joined-up delivery readiness, staff role clarity, early identification confidence and confidence in improving outcomes, this group reports consistently lower scores than the rest of the sample.

Within the overall picture of widespread concern about capacity and workload, there is a smaller group of roughly one in three respondents for whom low confidence extends across multiple related dimensions simultaneously. For this group, the challenge is not a specific gap in one area of practice but a more pervasive pattern of low readiness across the system of delivery.

Understanding the views of leaders

System leaders (MAT and local authority, n=43) report similar levels of capacity pressure and staff strain to the wider sample. Where their responses differ is in their assessment of workforce capability.

They are the least confident of any role group that “senior leaders have expertise to lead inclusion”, recording a mean score of 2.9 compared to 3.7 overall. They also report lower agreement that “support staff have appropriate training to support inclusion in their roles” (2.9 vs 3.3 overall).

This pattern is reflected in their identification of barriers. System leaders are almost twice as likely as the overall sample to cite staff training gaps as a barrier to delivering inclusion and wellbeing effectively (23% vs 13%), and twice as likely to cite workforce recruitment and retention (18% vs 9%).

When asked what makes professional development on inclusion and wellbeing effective, system leaders prioritised training that is practical and immediately applicable (62%), sustained over time with follow-up (55%), and transferable across settings (29%). Only 10% identified training tailored to a specific school or cohort as a characteristic of effective CPD.



5. What the Findings Suggest for Policy and Practice

The preceding sections have described a consistent pattern across the survey. Practitioners report comparatively high clarity about what is expected of them. Their self-assessed confidence in identifying and responding to need is comparatively strong. What is weakest and what most strongly predicts whether settings feel ready to deliver is the combination of conditions that makes day-to-day delivery sustainable: sufficient time and staffing, access to specialist expertise, staff who understand their role across the whole setting, and senior leaders who can sustain and distribute that ownership.

This section draws together what the data suggest about those conditions, and what practitioners say would most help.

The conditions that distinguish high-readiness settings

The survey data allows a comparison between settings that report the highest readiness for joined-up delivery and those that report the lowest. The differences are visible across three structural conditions.

The largest single gap between the highest and lowest readiness groups is on perceived capacity: sufficient time and staffing. Respondents in the highest readiness quartile score 3.77 on this item. The overall sample mean is 2.56. That is a gap of 1.21 points, nearly double the equivalent gaps on senior leader expertise or specialist access. Perceived capacity is the strongest predictor of readiness and the strongest differentiator between the highest and lowest readiness groups.

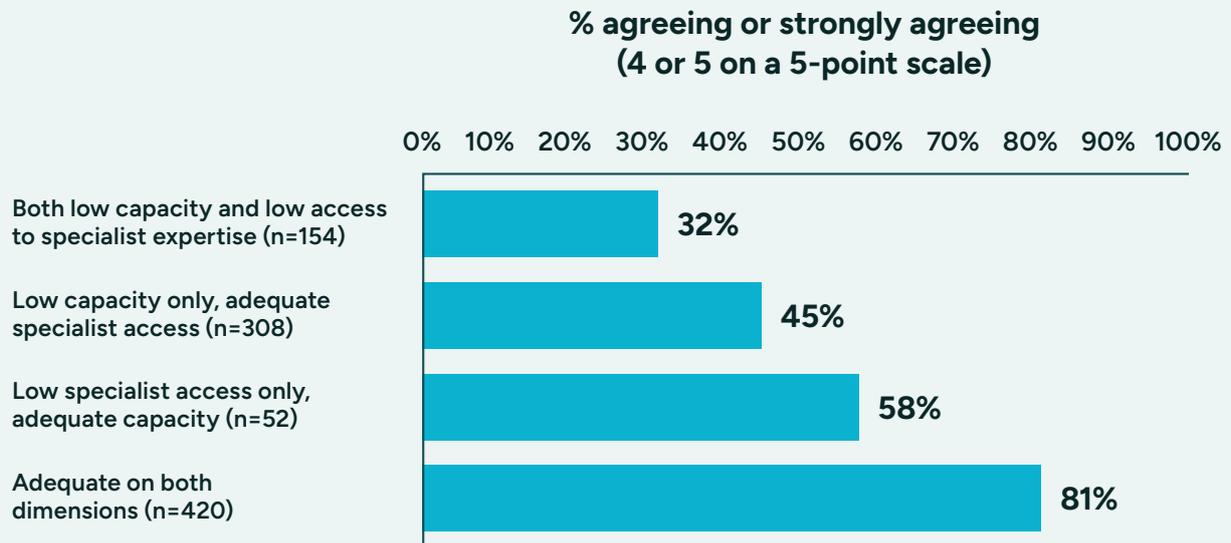
Specialist access and senior leader expertise also differentiate, and they track closely together: settings reporting strong leadership expertise

in this area also tend to report better specialist access. Both items show gaps of around 0.65 points between the high readiness group and the overall sample. The finding from Section 3 holds here too: it is not senior leadership expertise in isolation that is associated with high readiness, but leadership expressed through distributed understanding, settings where staff across the team understand their role in delivering inclusive practice and wellbeing support, and where that understanding is sustained and supported from the top.

The gradient from most to least constrained is steep. Among respondents who report both low capacity and low specialist access (17% of the valid sample) only 32% agree their setting is ready for joined-up delivery. Among those who report adequate levels on both dimensions, 81% agree. That is a gap of nearly 50%.



We are ready to deliver inclusion and wellbeing in a joined-up way — by constraint profile



A comparison of respondents in the highest and lowest readiness quartiles reveals a consistent pattern across phase, role and self-reported conditions.

High-readiness respondents are more likely to come from special schools (24% vs 8%) and less likely to come from secondary schools (10% vs 21%). Teaching staff are under-represented in the high-readiness group (9%) and over-represented in the low-readiness group (19%); specialist and leadership roles show the reverse pattern.

The mean score differences on four key items tell the clearest story:

The two largest gaps are on perceived capacity, sufficient time and staffing (3.79 vs 1.72, a gap of +2.07 points) and staff understanding of their role in delivering inclusive practice and wellbeing support (4.35 vs 2.43, a gap of +1.92 points). These two conditions are nearly equally differentiated between the two groups, and both are substantially

larger than the gaps on senior leader expertise (4.31 vs 2.86, +1.45) or access to specialist expertise (4.09 vs 2.84, +1.25).

Staff strain is present in both groups. 65% of high-readiness respondents agree that inclusion and wellbeing demands have put significant strain on staff wellbeing and retention compared with 74% of low-readiness respondents. High readiness is not the same as low strain.

The barriers cited also differ in a specific way. Both groups cite staff workload and capacity as their most common barrier. But high-readiness settings most frequently cite limited access to external services as their third barrier (33%), while low-readiness settings cite lack of specialist staff or expertise (23%). On self-reported measures, the high-readiness group has the internal workforce conditions in place and reports being most constrained by what sits outside the setting. The low-readiness group reports being constrained by both.

What distinguishes high-readiness settings

	Highest readiness quartile (mean Q11 \geq 4.0, n = 259)	Lowest readiness quartile (mean Q11 \leq 3.0, n = 292)	Gap
Phase Breakdown			
Primary school	44.4%	54.5%	-10.1pp
Secondary school	10.4%	20.5%	-10.1pp
Special school	23.6%	7.5%	+16.1pp
Alternative provision	9.3%	3.4%	+5.9pp
Role Breakdown			
Teaching staff	9.3%	18.5%	-9.2pp
Classroom and learning support	17.8%	21.2%	-3.4pp
Pastoral, behaviour and wellbeing	25.1%	26.7%	-1.6pp
SEND and safeguarding statutory role	16.6%	10.6%	+6.0pp
Headteacher / Principal	8.1%	4.5%	+3.6pp
Head of Year / school leadership	12.0%	7.5%	+4.5pp
Mean scores (1-5 scale)			
Sufficient capacity (time and staffing)	3.79	1.72	+2.07
Staff understand their role in delivering inclusive practice	4.35	2.43	+1.92
Senior leaders have expertise to lead inclusion	4.31	2.86	+1.45
Access to specialist expertise when needed	4.09	2.84	+1.25
Staff strain and barriers			
% agreeing demands have put significant strain on staff wellbeing and retention	65.0%	73.5%	-8.5pp
Most common barrier	Staff workload / capacity (52.1%)	Staff workload / capacity (69.9%)	+17.8pp
Second barrier	Insufficient funding (47.9%)	Insufficient funding (49.7%)	+1.8pp
Third barrier	Limited access to external services (33.2%)	Lack of specialist staff or expertise (22.9%)	-

What practitioners say would most help

When asked what single change at system or policy level would most improve their setting's ability to deliver inclusion and wellbeing effectively, 477 respondents answered. The responses are striking in their consistency.

One in three respondents cite funding or financial resources, by far the most common theme, and nearly three times more frequent than any other. The four most common themes, funding (34%), faster or better access to specialist services (12%), more staff or staffing capacity (12%), and more training and CPD (11%) form a coherent cluster centred on the structural conditions of delivery.

Around 12% of respondents also call for curriculum and assessment reform, including reduced accountability pressure and more flexible approaches to what schools are expected to deliver and how they are measured. This is a distinct set of concerns, concentrated among those with more experience, and one that sits alongside rather than instead of the resource themes.

Where the data points

Several things follow from the overall pattern of findings.

Workforce development that reaches the whole staff team is likely to matter more than specialist-only training. The readiness gap between teaching staff and SENDCos is 21%. Confidence is a general setting characteristic. Settings where staff across the team report understanding their role in delivering inclusive practice and wellbeing support show higher confidence and readiness than those where expertise is concentrated in specialist posts. This has implications for how training and professional development are designed and targeted.

Perceived capacity is the strongest predictor of readiness and the item on which agreement is lowest across the full sample. Workforce development, specialist access and leadership investment are all associated with higher readiness but their effect is substantially reduced among settings where capacity is deemed insufficient. The doubly constrained group illustrates this most clearly: when both capacity and specialist access are low, perceived readiness is at its floor.

Confidence in accessing and coordinating external services behaves differently from all other confidence items, more weakly associated with internal setting conditions and more likely shaped by factors including local service availability, referral thresholds and pathways and service waiting times. This dimension of confidence may respond differently to interventions focused on building in-house specialist expertise than to those focused on external navigation and the data cannot determine which approach is more effective. What it does suggest is that this item warrants separate consideration from the other dimensions of confidence when designing support.

The secondary school picture warrants specific attention. Secondary schools are the most over-represented phase in the lowest readiness quartile and the most under-represented in the highest. Their lowest-scoring items combine capacity, external service clarity and external service confidence, a profile that is distinct from the full-sample picture and points to a phase-specific combination of pressures.

69% of respondents agree that inclusion and wellbeing demands have put significant strain on staff wellbeing and retention. The workforce delivering inclusion is, in large numbers, reporting that current demand is not sustainable at current resourcing levels. That is the context in which expectations about inclusive practice will land.

A note on what this survey can and cannot tell us

This is a survey of practitioners' perceptions, not an audit of what settings are actually delivering. High self-assessed confidence does not guarantee high-quality practice, and low perceived readiness may reflect genuine under-resourcing, accurate self-awareness, or both. The sample is not nationally representative, and those closest to the day-to-day delivery of inclusion and wellbeing support in schools are over-represented which may mean the findings understate the gap in awareness among less engaged parts of the workforce.

What the data can tell us, and tell us with consistency, is how the practitioners most responsible for translating inclusion and wellbeing expectations into daily practice currently perceive their position. That perception, and the structural conditions that shape it, are part of the evidence base for what realistic and effective policy design in this area may need to take into account.

Conclusion

The picture this survey presents is not one of a workforce that lacks commitment, understanding or skill. Across 1,018 practitioners, clarity about what is expected is high, self-assessed confidence in identifying and responding to need is comparatively strong, and the free-text responses consistently describe staff who care deeply about the children they work with.

What the data describes, with equal consistency, is a gap between that commitment and the conditions needed to act on it. Perceived capacity, sufficient time and staffing, is the single strongest predictor of readiness for joined-up delivery, and the item on which agreement is lowest across the entire sample. Among respondents who agree their setting has sufficient time and staffing to translate expectations into daily practice, 92% perceive their setting as ready to deliver inclusion and wellbeing in a joined-up way. Among those who disagree, that figure falls to 41%.

Nearly seven in ten respondents agree that inclusion and wellbeing demands have put significant strain on staff wellbeing and retention. These findings describe a widespread pattern in which the workforce most responsible for delivering inclusion and wellbeing is reporting, in large numbers, that current conditions are placing the workforce under significant strain.

The survey also points to what distinguishes settings that are managing well. High-readiness settings tend to have stronger perceived capacity, better access to specialist expertise, and staff across the whole team who understand their role in delivering inclusive practice and wellbeing support. Settings that are confident in one area tend to be confident across others, which means confidence reflects something about the setting as a whole, not expertise in any particular domain. The conditions that enable inclusive and wellbeing practice are similarly distributed across the whole setting. Where those conditions are strong, they lift confidence and readiness for inclusive and wellbeing practice broadly across the workforce.





Proudly part of



Supporting
Education
Group



ImpactEd
Group



Contact information

ImpactEd Group:

Visit: www.impact-edgroup.uk

Email: hello@impact-edgroup.uk

Thrive:

Visit: www.thriveapproach.com

Email: enquiries@thriveapproach.com