After disability benefits, is Labour really about to target the educational rights of special needs children?

What will Keir Starmer and his colleagues learn from the disaster of their attempt to cut benefits? Most speculation so far has been focused on the prime minister's prospects, and other ministerial careers. But there are soon going to be more big decisions to make, which will have massive consequences for people's lives.

One policy area in particular is about to return the political conversation to the subject that defined last week's fiasco: disability. Once again, Labour MPs from all wings of the party are feeling anxious and restless. Campaign groups and charities – not to mention the huge numbers of people who will be directly affected – fear the worst. With the wounds from the welfare bill fiasco still raw, there is a grim sense of a possible reprisal of the same story.

And this is why. The education secretary, Bridget Phillipson, wants to reform England's system of provision for children and young people with special educational needs and disabilities, or Send. Long years of Conservative failure – not least, reforms introduced a decade ago that were lamentably underfunded, and an exodus of children from mainstream to specialist schools – have resulted in ballooning costs amid disappointing outcomes. The councils that administer everything are crying out for help. The Treasury, meanwhile, surveys the mess and demands action.

A new education white paper will be published in the autumn. Phillipson says the government needs to “think very differently”. She wants to reverse a trend that took root in the Tory years and prioritise the inclusion of Send kids in mainstream schools. There is talk of somehow “making sure that all teachers are teachers of special educational needs [sic]”. A new neurodivergence task and finish group that will “work alongside the department to drive inclusive education” has been created; £740m of capital funding is being spent on “adapting classrooms to be more accessible and for creating specialist facilities”.

On the face of it, these moves are very welcome. But self-evidently, it will take much more – and a lot of time – to meaningfully turn things around. One of the big teaching unions has already said that without a commensurate increase in day-to-day schools spending, the plans could put “extreme pressure” on teachers. And there is an even bigger tension at the heart of the government’s plans.

Since Labour won the election, rising noise has been coming from Whitehall and beyond about drastically restricting the legal rights to dedicated provision that underpin the education of hundreds of thousands of children and young people. Those rights are enforced by the official Send tribunal, and embodied in education, health and care plans (EHCPs), which set out children’s needs and the provision they entail in a legally binding document. Contrary to what you read in certain news outlets, they are not any kind of “golden ticket”: parents and carers used to unreturned phone calls and long waits still frequently have to fight their local councils for the help their plans set out. But – and as a special needs parent, I speak from experience – they usually allow stressed-out families to just about sleep at night.

For about 40 years, such rights have been a cornerstone of the Send system. But their future is now uncertain: councils, in particular, are frantically lobbying ministers to get parents and their pesky rights out of the way. Late last year, a government source quoted in the Financial Times held out the prospect of “thousands fewer pupils” having access to rights-based provision. Despite the fact that EHCPs are most sorely needed in mainstream schools, a senior adviser to the Department for Education recently said that a consideration of whether EHCPs should no longer apply to children in exactly those settings is “the conversation we’re in the middle of”. There are whispers about families who currently have EHCPs being allowed to keep them, while in the future, kids with similar needs would be waved away, something that threatens a stereotypical two-tier model, another element with worrying echoes of the benefits disaster.

As a result, parents and carers – and many teachers – are terrified. Whenever ministers are asked about what is going to happen next, they tend to come out with the response: “no decision has been made”. On Sunday, the BBC’s Laura Kuenssberg challenged Phillipson on whether she is about to “get rid” of EHCPs, which was met with vague words about improved support in schools, familiar claims that the current system is too “adversarial”, and no specific answer. This, needless to say, is not exactly allaying people’s fears.

Just under 483,000 children and young people in English schools now have an EHCP, up 11% on the previous year’s figure. Their numbers have risen partly because ad hoc, informal special needs provision in schools has become so unreliable that the only way of having any chance of securing what a child needs is to apply for one. Official data shows that the majority of applications for EHCPs are initiated by schools and colleges, often as a last-ditch move. In short, many children desperately need them. Without the support such plans are meant to guarantee, even more pupils would either exit mainstream into specialist provision that is often eye-wateringly expensive, or end up joining the increasing numbers of kids who are not in formal education at all.

For the foreseeable future, because even an optimist would have to agree that improvements promised by the government will take years to really kick in, all that will remain the case. So the safest and most humane option would be to leave children’s legal entitlements in place, and start to improve Send provision as Phillipson wants, on the basis that boosted ad hoc help will naturally bring down EHCP numbers and costs. Instead, her most vivid move could be an awful rights grab, which would surely heighten the impression that this Labour party has an ingrained problem with issues around disability.

A new campaign titled Save Our Children’s Rights was launched over the weekend with a letter in the Guardian signed by leading figures from charities and lobby groups, including Disability Rights UK, the National Autistic Society and Mencap – as well as such high-profile Send parents as the broadcasters Christine McGuinness and Carrie Grant, along with the TV naturalist and neurodiversity campaigner Chris Packham (full disclosure: I am helping out, and I was one of the signatories). For the second time in less than six months, are these really the kind of people ministers want to argue with on Good Morning Britain, 5 Live and BBC Breakfast?

As I watched the benefits fiasco unfolding, knowing that the special needs story would soon explode, it brought one big thought to mind.

Labour needs to stop sowing fear and dread among people whose lives are already full of those things. Instead of picking on vulnerable parts of the population who already view the future with deep anxiety, they should maybe go after much more powerful interests, who might be compelled into helping the government with its financial woes. Instead, fear is swirling around parts of society that are already unable to cope. Labour governments are meant to make people feel less scared, not more. If there is going to be yet another “reset”, this is where it should be focused.

There is one point that may yet bring clarity to the government’s thinking. Governing politicians habitually pretend they will win future elections. But there is now every chance that Reform UK might end up in power, possibly in partnership with whatever remains of the Conservatives. Judging by his recent pronouncements, Nigel Farage has very questionable views about special needs and disabilities. There is strong evidence that the same is true of Kemi Badenoch. The current fashion on the political right for nonsense about savagely cutting back the state would have deep implications for Send families. If Labour takes away so many children’s basic educational rights, it may well end up leaving them at the mercy of politicians who will then vandalise their lives. “No decision has been made,” say ministers. It is time they took the only morally and politically right one, and fast.

Muscle-building supplements may put teens at risk for a body image disorder, study finds

Madeline Holcombe 19/02/2025

Muscle-building supplements, like protein shakes and pre-workout mixes, can pose risks for teenagers concerning body image disorders, according to recent research. These products are not just part of a fitness routine; they may lead to unhealthy preoccupations with muscle growth and leanness.

Dr. Kyle Ganson, the lead author of the study and assistant professor in the Factor-Inwentash Faculty of Social Work at the University of Toronto, stated, “The use of six different dietary supplements aimed at building muscle was linked to increased symptoms of muscle dysmorphia.” This includes common supplements like whey protein and creatine, which many young people use to build muscle.

The study found a strong connection between the use of weight gain or mass supplements and symptoms of muscle dysmorphia. Symptoms like spending excessive time at the gym and obsessing over food intake increased with the number of different supplements used, as reported in a study published in the journal PLOS Mental Health.

The research analyzed data from 2,731 participants aged 16 to 30 from the Canadian Study of Adolescent Health Behaviors. This study aims to gather information on disordered eating, muscle-building behaviors, body image, and social health. Researchers compared the participants' reports of supplement use with their muscle dysmorphia symptoms, which were assessed using the Muscle Dysmorphic Disorder Inventory.

Dr. Gail Saltz, a clinical associate professor of psychiatry at New York-Presbyterian Hospital, explained that since the study is observational, it is difficult to determine if supplement use causes muscle dysmorphia symptoms or if individuals with muscle dysmorphia are more likely to use supplements.

This study highlights that young people who might not use anabolic steroids, which are known to be harmful, may still resort to other substances to deal with muscle dysmorphia, and more public awareness is needed. “Many people assume supplements are safe just because they are labeled as such,” Saltz stated. “But that is not always true.”

What is Muscle Dysmorphic Disorder?

Muscle dysmorphia is a type of body dysmorphic disorder. Individuals with this disorder obsess over perceived flaws in their appearance. They often feel that their bodies should be leaner and more muscular.

“People who suffer from muscle dysmorphia often face social challenges and significant emotional distress,” Ganson explained. “They might go to extreme lengths to achieve their ideal body, including using anabolic steroids.”

This issue is not only about lack of confidence. Even if someone with this disorder reaches their ideal body image, it does not alleviate their emotional distress. “When they look in the mirror, they don’t see what others see,” Saltz noted.

Other warning signs include having a strict exercise routine, experiencing emotional distress, and struggling to meet responsibilities such as school and work. People with muscle dysmorphia may also avoid normal social situations that involve body exposure, like going shirtless at the beach, or miss social events due to concerns about their appearance.

The Risks of Supplements

Using supplements to alter body appearance is common. A June 2022 study found that while only 2.2% of young adult males reported using steroids, 36.3% reported using protein powders and shakes, and 10.1% used other muscle-building substances like creatine and growth hormones.

Many supplements are easily accessible and often lack regulation. “Studies have shown that many of these products are mislabeled and can contain harmful substances like anabolic steroids,” said Dr. Jason Nagata, a coauthor of the study and an associate professor of pediatrics at the University of California, San Francisco.

While the US Food and Drug Administration (FDA) monitors health impacts and inspects manufacturing facilities, it does not have the authority to approve dietary supplements before they are sold. There are also few studies examining the safety and effectiveness of these supplements.

“Muscle-building supplements, even if legal, can lead to steroid use,” Nagata warned. Previous research indicated that young adults using muscle-building substances are three times more likely to begin using anabolic steroids seven years later.

Many pre-workout supplements contain high levels of caffeine, similar to several cups of coffee. Some individuals may also “dry scoop” supplements, consuming protein powder without mixing it with water, which can be particularly dangerous.

“Dry scooping is risky because it delivers a concentrated dose of a product meant to be mixed with water,” Nagata explained. “It poses a risk of toxic effects due to the high concentration.”

How to Treat Muscle Dysmorphia

An important step in addressing muscle dysmorphia is to challenge the unrealistic ideals perpetuated by social media, especially for teens. “Social media often promotes muscle-building supplements and anabolic steroids as having only positive effects,” Nagata pointed out. This can lead to body dissatisfaction and the use of harmful substances among teens.

Boys, in particular, are more likely to showcase their muscles on social media, often influenced by idealized images from popular influencers. “Men’s bodies are increasingly displayed on social media, often heavily filtered or showcasing only the best images,” Nagata added.

Effective treatment for muscle dysmorphia can include cognitive behavioral therapy, which helps individuals examine and change their thought patterns. In some cases, medications for conditions like anxiety, depression, or obsessive-compulsive disorder may also be necessary.

Families, healthcare providers, and coaches play a vital role in recognizing muscle dysmorphia in adolescents and young adults.

Because the perceived flaws feel very real to those experiencing the disorder, it can be challenging for them to recognize the problem. Those around them can help by knowing the signs to look for.

AI expert Meredith Broussard: 'Racism, sexism and ableism are systemic problems'

Meredith Broussard is a data journalist and academic whose research focuses on bias in artificial intelligence (AI). She has been in the vanguard of raising awareness and sounding the alarm about unchecked AI. Her previous book, *Artificial Unintelligence* (2018), coined the term "technochauvinism" to describe the blind belief in the superiority of tech solutions to solve our problems. She appeared in the Netflix documentary *Coded Bias* (2020), which explores how algorithms encode and propagate discrimination. Her new book is *More Than a Glitch: Confronting Race, Gender and Ability Bias in Tech*. Broussard is an associate professor at New York University's Arthur L Carter Journalism Institute.

The message that bias can be embedded in our technological systems isn't really new. Why do we need this book?
This book is about helping people understand the very real social harms that can be embedded in technology. We have had an explosion of wonderful journalism and scholarship about algorithmic bias and the harms that have been experienced by people. I try to lift up that reporting and thinking. I also want people to know that we have methods now for measuring bias in algorithmic systems. They are not entirely unknowable black boxes: algorithmic auditing exists and can be done.

Why is the problem "more than a glitch"? If algorithms can be racist and sexist because they are trained using biased datasets that don't represent all people, isn't the answer just more representative data?
A glitch suggests something temporary that can be easily fixed. I'm arguing that racism, sexism and ableism are systemic problems that are baked into our technological systems because they're baked into society. It would be great if the fix were more data. But more data won't fix our technological systems if the underlying problem is society. Take mortgage approval algorithms, which have been found to be 40-80% more likely to deny borrowers of colour than their white counterparts. The

reason is the algorithms were trained using data on who had received mortgages in the past and, in the US, there's a long history of discrimination in lending. We can't fix the algorithms by feeding better data in because there isn't better data.

You argue we should be choosier about the tech we allow into our lives and our society. Should we just reject any AI-based technology that encodes bias at all?
AI is in all our technologies nowadays. But we can demand that our technologies work well – for everybody – and we can make some deliberate choices about whether to use them.

I'm enthusiastic about the distinction in the proposed European Union AI Act that divides uses into high and low risk based on context. A low-risk use of facial recognition might be using it to unlock your phone: the stakes are low – you have a passcode if it doesn't work. But facial recognition in policing would be a high-risk use that needs to be regulated or – better still – not deployed at all because it leads to wrongful arrests and isn't very effective. It isn't the end of the world if you don't use a computer for a thing. You can't assume that a technological system is good because it exists.

There is enthusiasm for using AI to help diagnose disease. But racial bias is also being baked in, including from unrepresentative datasets (for example, skin cancer AIs will probably work far better on lighter skin because that is mostly what is in the training data). Should we try to put in "acceptable thresholds" for bias in medical algorithms, as some have suggested?
I don't think the world is ready to have that conversation. We're still at a level of needing to increase awareness of racism in medicine. We need to take a step back and fix a few things about society before we start freezing it in algorithms. Formalised in code, a racist decision becomes difficult to see or eradicate.

You were diagnosed with breast cancer and underwent successful treatment. After your diagnosis, you experimented with running your own mammograms through an open-source cancer-detection AI and you found that it did indeed pick up your breast cancer. It worked! So great news?
It was pretty neat to see the AI draw a red box around the area of the scan where my tumour was. But I learned from this experiment that diagnostic AI is a much blunter instrument than I imagined, and there are complicated trade-offs. For example, the developers must make a choice

about accuracy rates: more false positives or false negatives? They favour the former because it's considered worse to miss something, but that also means if you do have a false positive you go into the diagnosis pipeline, which could mean weeks of panicking and invasive testing. A lot of people imagine a sleek AI future where machines replace doctors. This does not sound enticing to me.

Any hope we can improve our algorithms?
I am optimistic about the potential of algorithmic auditing – the process of looking at the inputs, outputs and the code of an algorithm to evaluate it for bias. I have done some work on this. The aim is to focus on algorithms as they are used in specific contexts and address concerns from all stakeholders, including members of an affected community.

AI chatbots are all the rage. But the tech is also rife with bias. Guardrails added to OpenAI's ChatGPT **have been** easy to get around**. Where did we go wrong?**
Though more needs to be done, I appreciate the guardrails. This has not been the case in the past, so it is progress. But we also need to stop being surprised when AI screws up in very predictable ways. The problems we are seeing with ChatGPT were anticipated and written about by AI ethics researchers, including Timnit Gebru [who was forced out of Google in late 2020]. We need to recognise this technology is not magic. It's assembled by people, it has problems and it falls apart.

OpenAI's co-founder Sam Altman recently promoted AI doctors **as a way of solving the healthcare crisis. He appeared to suggest a two-tier healthcare system – one for the wealthy, where they enjoy consultations with human doctors, and one for the rest of us, where we see an AI. Is this the way things are going and are you worried?**
AI in medicine doesn't work particularly well, so if a very wealthy person says: "Hey, you can have AI to do your healthcare and we'll keep the doctors for ourselves," that seems to me to be a problem and not something that is leading us towards a better world. Also, these algorithms are coming for everybody, so we might as well address the problems.