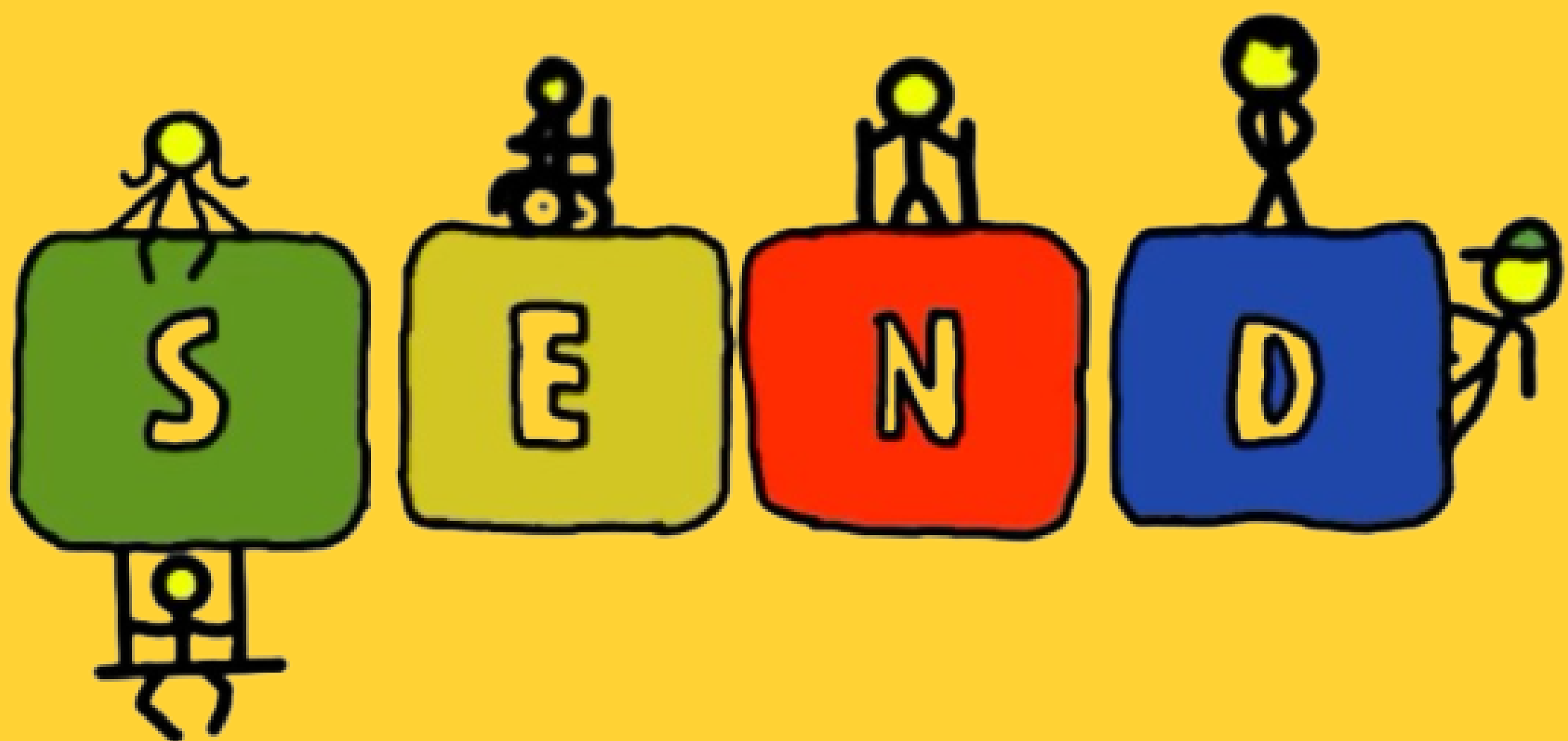


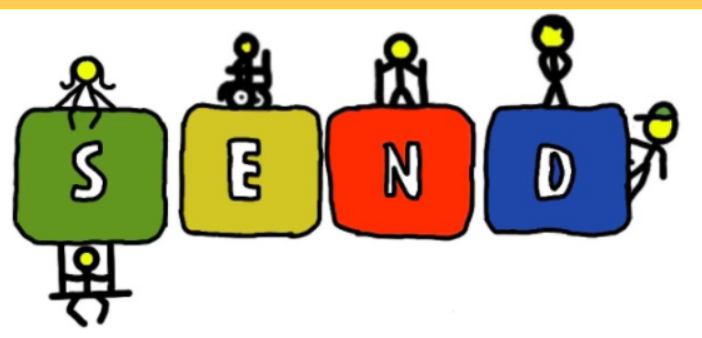
Ask, Listen, Act - working together to inform the provision of Special Educational Need and Disability (SEND) support for children after the COVID-19 pandemic.

The Impact of the COVID-19 Pandemic on the Education, Health and Social Care Provision for Children with Special Educational Needs and Disabilities (SEND): The Ask, Listen, Act Study

Evidence briefing 3: Qualitative survey data; Education professionals' perceptions of the impact of the COVID-19 pandemic on children with SEND



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Ask, Listen, Act - working together to inform the provision of Special Educational Need and Disability (SEND) support for children after the COVID-19 pandemic.

Executive Summary

Background to the Study

This study was funded by the National Institute for Health Research's (NIHR) Policy Research Programme (Recovery, Renewal, Reset: Research to inform policy responses to COVID-19 funding stream) in May 2021. The work aimed to examine the perceptions, experiences and lessons learnt in order to scope, understand, and co-develop the policy priorities for reducing inequalities and mitigating the long-term impacts of COVID-19 for children with SEND.


In the United Kingdom (UK), the Department for Education and the Department of Health (2015) states that a child that has special educational needs and disabilities (SEND) if 'they have a learning difficulty or disability which calls for special educational provision to be made for him or her' (p. 16). They then expand on this definition by stating that a child has a learning difficulty or disability if he or she 'has a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions' (p.16). To ensure that each child receives the support they need, some children with SEND have an Education, Health and Care plan (EHC Plan) drawn up by their Local Authority. An EHC Plan is a legal document that describes a child or young person's individual special education, health and social care needs and the additional support that will be given to meet those needs.

Before the COVID-19 pandemic, there were already stark inequalities and weaknesses in the provision of services for children with SEND (CQC & Ofsted, 2020; Harris & Davidge, 2019; Byrne, 2020; National Autistic Society, 2021; Alghrani & Byrne, 2020). In March 2020, the UK Prime Minister implemented the first national lockdown to slow the spread of the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and COVID-19. The lockdown involved those who were not key workers staying at home, not mixing with other households, and social distancing when in public. Schools were closed except for the children of keyworkers and vulnerable children. NHS staff were redeployed to respond to COVID-19 related pressures (Special Needs Jungle, 2020), and education, mental health and social care services were rapidly withdrawn (National Autistic Society, 2020). In May 2020, children with EHC plans had their educational rights formally downgraded (Byrne, 2020; Children's Commissioner, 2020) by the Coronavirus Act.

Study Design and Methods

The research was a rapid cross-sectional multiple phase mixed-methods study. The three phases of the study were:

- Phase 1: A rapid scoping review of the evidence related to children with SEND during the pandemic.
- Phase 2: An online survey and interviews to gain the perspectives of children with SEND, parent/carers and professionals (health, social care, education and local authority).
- Phase 3: Stakeholder workshops to co-develop priorities for 'going forward' for children with SEND, parents/carers and professionals to promote recovery and renewal.



This report focuses on the education professionals qualitative online survey data from phase 2 which examines the impact of the COVID-19 pandemic on children with SEND's education, health and social care. The online survey for professionals was designed with input from the project steering group. Responses were anonymous. Ethical approval was gained through the lead researcher's institutional research ethics committee (UREC Ref: 21/PSY/020 and 21/PSY/016). Participants were recruited using social media and through the distribution of study information via key organisations working with children with SEND. The data were collected between June and August 2021. Data were analysed using thematic analysis.

Key Findings

100 education professionals completed the online surveys, which consisted of multiple optional open-text response boxes. Qualitative data from these response boxes were analysed using thematic analysis, and six themes were identified: attending school during lockdown; support available for children with SEND during the pandemic; impacts on the mental health and wellbeing of children with SEND; support available for parents/carers of children with SEND during the pandemic; support available for schools and school staff during the pandemic; staffing and the impact of the pandemic on school staff.

Conclusion

Education professionals felt that children with SEND benefited from attending school during lockdown, and that a lack of resources and training meant children with SEND had difficulties learning effectively from home. Health and social care services for children with SEND were reportedly reduced, with professionals expressing concerns for children with SEND's health and welfare. There was also specific concern regarding children with SEND's deteriorating mental health and wellbeing, which had reached unprecedented levels.

Many professionals reported going above and beyond during the pandemic to support children with SEND's learning, as well as both the child's and their parents' physical and mental health. However, the extra burden placed on school staff, combined with increased staff shortages, and the provision of unclear, delayed, and rapidly changing guidance from the Government, had a detrimental impact on their own wellbeing. Education professionals were left feeling burnt out, stressed, and expressing concerns for their own health and wellbeing.



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Introduction

In the United Kingdom (UK), the Department for Education and the Department of Health (2015) stated that a child has special educational needs and disability (SEND) if 'they have a learning difficulty or disability which calls for special educational provision to be made for him or her' (p. 16). They then expanded on this definition by stating that a child has a learning difficulty and disability if he or she 'has a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions' (p.16). To ensure that each child receives the support they need, some children with SEND have an Education, Health and Care Plan (EHC Plan) drafted by the Local Authority in consultation with the parents/carers. The purpose of an EHC Plan is 'to meet the special educational needs of the child or young person, to secure the best possible outcomes for them across education, health and social care and, as they get older, prepare them for adulthood' (DfE & DoH, 2015, p.142). This EHC Plan identifies each child's individual needs and the additional support required to meet those needs. Currently, 3.3% of children in English schools (or 294,800 children) have an EHC Plan because of their disability, while 12.1% of children (or 1,079,000 children) receive additional special educational needs (SEN) support (DfE, 2020).

Children with SEND are some of the most vulnerable children in the education system (Byrne, 2020) and are disproportionately exposed to poverty. Government statistics show that more than twice as many pupils with an EHC Plan get free school meals (35%) than pupils without SEND (around 15%) (Skipp, 2021). Children with SEND are also more likely to have a diagnosed mental health condition. For example, just over a third (36%) of children with a mental health condition also have a SEND (compared to 6% of children without a SEND), and 72% of children with a diagnosed mental health condition also have a physical health condition or a developmental disorder (NHS Digital, 2018). Furthermore, in 2018 children with SEND comprised 45% of all children who had been permanently excluded from all state-funded primary, secondary and special schools (DfE, 2019; Byrne, 2020).

Before the COVID-19 pandemic, there were already stark inequalities and weaknesses in provision for children with SEND (CQC & Ofsted, 2020; Harris & Davidge, 2019; Byrne et al., 2020; National Autistic Society, 2020; Alghrani & Byrne, 2020). Support for children with SEND was described as already diminished, threadbare, and chronically underfunded (O'Hagan & Kingdom, 2020; National Autistic Society, 2020; Boesley & Crane, 2018; Byrne, 2020), with an estimated funding shortfall of £1.5bn (Disabled Children's Partnership, 2018). In 2019 the Disabled Children's Partnership found that only 4% of parents and carers could safely care for their disabled child(ren) with the amount of support they received. On top of this, the framework for the provision of services for children with SEND is 'characterised by confusion, unlawful practices, bureaucratic nightmares, buck-passing, and a lack of accountability, inadequate resources and an overly adversarial process for parents' (Alghrani & Byrne, 2020, p. 2).

In March 2020, the UK Prime Minister implemented the first national lockdown to slow the spread of the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2; COVID-19). The lockdown mandated that all except key workers stayed at home, to not mix with other households, and to socially distance when in public. Schools were closed except for the children of keyworkers and vulnerable children. NHS staff were redeployed to respond to COVID-19 related pressures (Special Needs Jungle, 2020), and education, mental health and social care services were rapidly withdrawn (National Autistic Society, 2020). In May 2020, children with EHC Plans had their educational rights formally downgraded (Byrne, 2020; Children's Commissioner, 2020) by the Coronavirus Act 2020. However, on the 28th April 2020, the Secretary of State for Education issued the relevant notification as required under paragraph 5 of Schedule 17 of the Coronavirus Act 2020 to modify section 42 CFA 2014 which meant the Local Authority only had to make 'reasonable endeavours' to provide children with EHC plans with the support they need.



Thus, from 1 May to 31 July 2020, the absolute legal duty conferred upon Local Authorities to deliver the special educational and healthcare provision set out in a child's EHC Plan under section 42 of the CFA was modified to a 'reasonable endeavours' duty to secure the provision. Whilst the relaxation was intended to balance the pressures that councils and others were under, the term 'reasonable endeavours' was vague, lacked specificity and left little room for accountability when vital services were not provided.

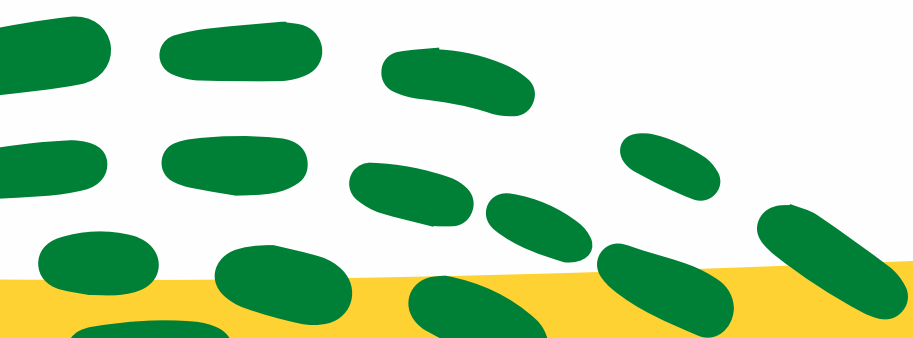
Study Overview

Dr. Emma Ashworth (Liverpool John Moores University), Prof. Lucy Bray (Edge Hill University), and Prof. Amel Alghrani (University of Liverpool) were funded by the National Institute for Health Research's (NIHR) Policy Research Programme (Recovery, Renewal, Reset: Research to inform policy responses to COVID-19 funding stream) in May 2021. The research was a rapid cross-sectional mixed-methods study to scope, understand, and co-develop the policy priorities for reducing inequalities and mitigating the long-term impacts of COVID-19 for children with SEND.

The research aimed to engage with children with SEND, their parents/carers, and key stakeholders across three phases;

1. Phase 1: A rapid scoping review of the evidence related to children with SEND during the pandemic, to examine the existing evidence and policy.
2. Phase 2: An online survey and interviews to gain the perspectives of children with SEND, parent/carers and professionals (health, social care, education and local authority) to capture the impact and lessons learnt, experiences and reported impacts of the COVID-19 pandemic on the long-term development and wellbeing of this generation.
3. Phase 3: Stakeholder workshops to co-develop priorities for 'going forward' for children with SEND, parents/carers and professionals to promote recovery and renewal.

This report focuses on the education professionals qualitative online survey data from phase 2 which examines the impact of the COVID-19 pandemic on children with SEND's education, health and social care. Ethical approval was gained through the lead researcher's institutional research ethics committee (UREC Ref: 21/PSY/020 and 21/PSY/016).



Methods

Participants and Recruitment

Participants were recruited to take part in the online survey using social media and through the distribution of study information via key organisations working with children with SEND. In total, 100 education professionals completed the survey. Respondents were located across the UK and had a wide variety of job roles such as teachers, teaching assistants, part of the senior leadership team, SENDCos and pastoral support. Education professionals worked across both primary and secondary education, and in both mainstream schools and specialist provision.

Data Collection

The data was collected as part of a larger survey examining the impact of the COVID-19 pandemic on children with SEND's education, health and social care. Separate online surveys were designed with patient and public involvement from children with SEND, parents of children with SEND, health and social care professionals, education professionals, and Local Authority staff. Health and social care professionals, Local Authority Staff, Parents, and Children's qualitative online survey data will be presented in separate reports. The data collected for this report came from 47 optional open-text response boxes. Example questions include 'If there was another school closure, what would you like to see done differently?' and 'Were there any differences in the issues facing children with an Education, Health, and Care Plan compared to those receiving SEN support?'. Responses were anonymous. The data were collected between June and August 2021.

Data Analysis

Qualitative data from the 47 optional response boxes were collated into a single document. Analysis took place in NVivo. Thematic analysis was used to analyse the data. Codes were analysed inductively to allow for unanticipated findings to be identified, and they were then grouped into themes and sub-themes. Themes and sub-themes were then checked, reviewed and discussed with members of the team

Findings

1. The Provision of Education and Learning During Lockdown

1.1 Attending School During Lockdowns

1.1.1 The Pupils who Attended School

There were varied reports of the pupils who were invited to continue to attend school during periods of national lockdowns. Some commented *“all my SEN children attended school”*, some noted that *“some attended school as part of the Vulnerable/Key Worker cohort”*, and some professionals reported that it varied by EHCP status: *“those children with an EHCP were invited to attend school, those on SEN support weren’t”*. However, several professionals commented that many children with an EHCP could not attend school as they were *“medically vulnerable”*, and one disagreed with the guidance that all pupils with an EHCP should have to attend school:

“Don’t make it a must that SEND learners have to be a vulnerable group. Some are not vulnerable and were safe to be at home and their families felt happier with them at home. They completed the same work as their non SEND peers but they were expected to be in.”

Most professionals identified that some children with SEND were invited to continue to attend school during lockdown, but often they did not attend due to *“parental preference”* or *“heightened concerns for those with medical issues”*. A small minority of professionals also reported school refusal from the pupils:

“It highlighted how a slower pace, smaller groups, more playtimes and less pressure to learn to meet targets made them so much happier”

“Feeling very unsafe and worried that they [pupils] and we staff were more at risk of being ill if we caught Covid because govt said we shouldn’t wear masks but the children need very personal care and couldn’t be more than a few cm away”

“One child with an EHCP (Autism) found lockdown very difficult and resulted in poor attendance changing to school refusal. The break in the pattern coming to school exacerbated the problem.”

Several professionals commented on the health risks associated with attending school during lockdowns for both pupils and staff:

“Feeling very unsafe and worried that they [pupils] and we staff were more at risk of being ill if we caught Covid because govt said we shouldn’t wear masks but the children need very personal care and couldn’t be more than a few cm away.”

1.1.2 The Perceived Benefits of Attending School for Pupils with SEND

A large proportion of professionals commented on the reduced class sizes being a significant benefit for children with SEND’s academic progression: *“as some EHCP pupils attended school and as a result of more 1:1 support made good progress”*. Some thought this was due to the amount of one-to-one support they received from staff: *“the massive benefit for those children with SEND was the opportunity for more intensive one to one interaction in school with greatly reduced numbers”*. Others felt it was due to the slower pace of the classroom: *“they were not rushed like when all the children are in. Could take things at a much slower pace”*. One respondent noted:

"It highlighted for me that they get embarrassed when they compare themselves to peers. It highlighted how a slower pace, smaller groups, more playtimes and less pressure to learn to meet targets made them so much happier. This is at odds with the feeling that I usually have of ensuring that they get the education they deserve and to help them to reach their potential. When the rest of the children came back with their own learning needs, faster pace etc, I wonder if the children with SEND missed having the school to themselves."

Conversely, some noted improvements in wellbeing: *"because the numbers in class were smaller and their emotional state was healthier"*. In addition, they felt *"there was more opportunity to play"* and engage in *"outdoor learning"*. One professional summarised the varied benefits for children with SEND:

"The first lockdown - March to July 2020 - gave an insight into what school could be like. All pressure was off - we just had to keep students safe and happy. We went to the field, we followed their special interests, we did projects to develop their writing composition, we played board games together to boost social skills, we did practical Maths challenges every day, differentiated for students' needs."

"All pressure was off - we just had to keep students safe and happy. We went to the field, we followed their special interests, we did projects to develop their writing composition, we played board games together to boost social skills, we did practical Maths challenges every day, differentiated for students' needs"

Then they had a week of learning outside the classroom with outreach visits and walks to go birdwatching, insect-spotting or tree identifying. This led to projects that week which they could then bring into school. It really was idyllic - far less planning, TAs in the classroom just adapted to the needs of the students, and everyone felt happy and enjoyed learning.

"Parents were not willing (for a range of reasons) to support their children to access the online curriculum. We offered a range of opportunities however only 2 out of 10 parents supported their children to even watch fun videos we recorded."

It's so sad for the students that we appear to have learnt so little and have been pressured to go back to rigid timetables, a lower adult:student ratio, daily Maths, Phonics and English sessions, and not enough adults to take the whole class out on excursions in the afternoons. The students who did come in during the lockdowns had the best kind of education, I hope there will be some way that schools will be able to learn from that way of working."

1.2 Online Learning During Lockdowns

1.2.1 Parent and Child Engagement

Many professionals commented that children with SEND struggled to engage in online learning during periods of remote learning.

Reasons given included: *"the distractions of home life going on around them"*, *"aspects of their condition particularly linked to attention and focus"*, and *"motivation was low"*. Professionals commented that they found engaging children online difficult: *"managing meltdowns, emotional screaming, family stress, falling off chairs, completing work"*, and some felt that pupils with SEND particularly struggled with the blurred boundaries between home and school: *"the mindset that school is school and home is home! These clear lines should not be blurred for some children!"*.

Many professionals also cited difficulties with parental support as a reason for low levels of engagement from children. Some noted that parents tried hard to manage children's complex learning needs but this *"is difficult if not impossible for families"*, whereas others felt that parents were not very motivated to engage their child in their learning:

“Parents were not willing (for a range of reasons) to support their children to access the online curriculum. We offered a range of opportunities however only 2 out of 10 parents supported their children to even watch fun videos we recorded.”

Professionals also recognised that some parents did not understand how to support their child’s learning:

“It should be noted that the impact on the emotional wellbeing of parents and siblings for many families has been huge. Parents have found trying to ensure their child engages in learning extremely difficult and stressful. This combined with having to manage the additional anxieties and stress their children have faced and they themselves have also faced, has made this a very stressful and difficult year for them”

“[The work] either not being accessed or completed to a standard you know the child is capable of doing. Parents were unsure of the expectations of class so if the child had put pencil to paper in some capacity it was a win for them but standards and expectations dropped very quickly”.

Some parents were reported as juggling a lot of competing demands and were “very overwhelmed”:

“It should be noted that the impact on the emotional wellbeing of parents and siblings for many families has been huge. Parents have found trying to ensure their child engages in learning extremely difficult and stressful. This combined with having to manage the additional anxieties and stress their children have faced and they themselves have also faced, has made this a very stressful and difficult year for them.”

However, some shared learning between schools and parents was identified during this time:

“There was a lot of pressure on the parents which was hard as they were unsure of methods and techniques to help - on the other hand, they had lots of tips and information for what worked well for their children that was shared on return to help in the classroom.”

A small minority of professionals also felt that pupils did engage well at home: *“our second child with an EHCP for complex needs and attachment difficulties flourished while being taught by dad at home”.*

1.2.2 The Availability of Digital Resources

One key difficulty frequently mentioned by professionals was the availability of IT equipment and appropriate and SEND-specific software or online resources: *“technology was a big challenge and the learning platform we had at the time was not fit for purpose, especially for SEND”.* Many commented that families did not have the devices needed for their children to access online learning, and that schools needed to provide this: *“delivery of devices by school was a mass undertaking”.* However, even once this was provided, parents had *“difficulty with digital literacy”* and the parents and/or child lacked the IT skills needed to use it: *“children with SEND who have parents that don't read or are not confident with ICT”.*

“Technology was a big challenge and the learning platform we had at the time was not fit for purpose, especially for SEND”

The individual software used was also cited as a challenge: *“many really struggled with Zoom or TEAMS - they found it frustrating if connections were unstable and if they couldn't get a query answered immediately”* and *“most of the advice and resources available online were not suitable for SEND population”.* In an attempt to overcome these issues, many professionals *“sent printed work”* and resorted to *“creating physical resources which took up a lot of time”:* *“parents wanted overwhelmingly to have concrete and paper resources so getting them out to the parents to enable them to use them with their children”.*

1.2.3 Differentiation and the Appropriateness of Online Learning for Children with SEND

Many professionals reported that they continued to attempt to differentiate work for children with SEND during periods of remote learning, creating “differentiated curriculum and work packs” and “personalised learning resources”:

“Despite the SEN team preparing specific individual learning packs for SEN children, parents weren’t able to engage their children in these in the home environment”

“Pupils with an EHC plan had individual work plans prepared whether they were in school or working remotely. Some were very specific to their needs e.g. one child’s pack was based on their sensory needs”.

However, due to staff shortages, this was sometimes difficult: *“vulnerable and key worker groups were taught by a limited staffing so there was little evidence of effective differentiation”.*

Some also commented how they *“structured their home learning according to their needs and parents’ ability to support”* and provided a *“tailored programme of learning activities (online and paper copies), resources provided and dropped off, phone calls, video calls, pre-recorded video guides to learning”.* However, most education professionals found this difficult: *“remote learning is harder to personalise for pupils with an EHCP”,* particularly when there were *“expectations to deliver to those at home alongside those in school and all on a personalised curriculum”.*

As a result of this, there was generally a consensus among education professionals that remote learning was not suitable for many children with SEND: *“despite the SEN team preparing specific individual learning packs for SEN children, parents weren’t able to engage their children in these in the home environment”.* Respondents cited *“lack of appropriate ways to deliver learning, safeguarding concerns, medical and professional access”* as reasons. This was particularly the case for children with an EHCP: *“more of a challenge for pupils with an EHCP as they are used to receiving a higher level of individual support in school”,* and for those with complex needs, for instance *“complex needs learners need staff to facilitate learning, this is difficult if not impossible for families”* and *“[a challenge] was online learning that met the needs of PMLD pupils in a meaningful way”.*

1.3 Returning to School After Lockdowns

1.3.1 Reported Feelings of Pupils Returning to School

Education professionals reported that some children with SEND were *“anxious”* about returning to school once school reopened to all pupils *“due to anxieties related to COVID”* and had *“anxiety surrounding school and large spaces”.* Some also found that some pupils *“loved being at home and it was hard to get them back into school”.* In contrast to some accounts which suggest that parents were not able to support their child's learning, some education professionals stated that some children had become very reliant on one to one parental support when they returned back to the classroom:

“Supporting areas that the children really struggled with as parents gave so much support - they came back very reliant on parents and technology and struggle with reintegration to the classroom”

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1.3.2 Provision for Supporting Transitions

Education professionals reported that the “transition back to school was well prepared for” and a wide range of provision was implemented to support pupils with SEND, including:

- *“Part time small group timetable for 2 weeks for all children to reintroduce them back to the school day”*
- *“A ‘Stepping Back’ programme involving CPD and a whole school approach”*
- *“Social stories to share images on the new classroom layouts”; “social stories with information about staff, changed rules around the school environment, new procedures and other alterations”*
- *“Differentiated curriculum”*
- *“Phased return”; “slowly weaned in”*
- *“Staggered transition for those with social anxiety”; “phased return for those that struggle with change and routine”*
- *“Gradual introduction of academic tasks when students were getting used to school environment”*
- *“Continuous offer of online learning and support”*
- *“Visits 1-1 into school”*
- *“Telephone conversations, Teams meetings”*
- *“Return to school video”*
- *“Recovery curriculum”*
- *“Adjusted timetable for more time for socialisation and play”*
- *“PowerPoints showing pics of the changes and new rules in school”*
- *“Support groups, assemblies, form times, buddy meetings”*
- *“Home visits”; “keep in touch visits”*
- *“Transition booklets for children and families”*
- *“Some children had a time of a reduced timetable if needed and others were given more time out and more breaks if needed”*
- *“As a school we adopted a more holistic approach with longer plays and more nurturing to ensure the children settled back in without the pressure”*
- *“Recovery curriculum”*
- *“Additional wellbeing support on their return”*
- *“Documents and photographs were sent home to reassure families and children”*
- *“We reintegrated vulnerable pupils gradually, with a gradual opening so they could once again get used to being in larger groups”*
- *“We had a transition timetable... this allowed reduced days and bespoke timetables. This included incorporating circle time into every lesson to allow time to recover in the environment of the classroom with each class group and teacher”*
- *“Lots of episodes of our school TV show; live broadcast and Q&A with groups of pupils”*

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2. Support Available for Children with SEND During the Pandemic

2.1 Health and Social Care

2.1.1 Reduced Access to Essential Services

Almost all education professionals commented on the “dramatically reduced” access to essential health and social care services for children with SEND during the pandemic and that this “lack of access” was “ongoing”. Professionals reported there was “no face to face support”, “cancelled appointments”, and that ensuring all children had access to occupational therapy and speech and language

“Some students have definitely suffered long term harm by lack of access to medical interventions”

therapy was “tricky and took a lot of negotiating”. There was concern about the negative impact on children with SEND’s health as they “could no longer access medical or professionals who supported them normally” which “compounded issues”, and that “some students have definitely suffered long term harm by lack of access to medical interventions”. One commented that both “community and NHS support for physical needs went AWOL”, and reductions were also noted for physiotherapy, speech and language therapy, occupational therapy, mental health support, diagnostic pathways, and medical referrals.

Education professionals reported that agencies “worked from home” and considered them to be “reluctant to engage”. They reported that if therapy did continue, it was online and via a “video call” or was “telephone calls with parents to offer advice”. Respondents felt that this put “pressure” on parents to be delivering the therapies at home which was problematic when “some clearly didn’t understand what was said and lots didn’t have resources or space to do things”.

Specifically, children with EHCPs were reported by education professionals as having “barely received their allocated support” and “lack of access to support services such as occupational therapy, physiotherapy, speech and language therapy were more challenging for those with an EHCP”. The children with EHCPs who did not have face-to-face support from external professionals found it “particularly difficult to engage using online methods”. Conversely, some felt this was more challenging for children on SEN support: “EHCP pupils tended to get access to health but SEN support pupils or pupils in referral or assessment stages of health services did not get seen”.

“The current wait to see a paediatrician is 24 months. This is too long”

There was also particular frustration from education professionals that health and social care services were still not back to ‘normal’ or conducting face-to-face sessions (this data was collected between June and July 2021 when national COVID-19 restrictions were still in the process of being lifted). Therapists that were returning to school could only do so in “full PPE”, “which is quite scary if you are only 4 and autistic”. Waiting lists had also increased: “the current wait to see a paediatrician is 24 months. This is too long”.

From a social care perspective, “school transport was not running” which placed the burden on the parents to take their children to school, and “a lot of respite services were closed, then on reduced capacity” which had “a huge impact on families”.

2.1.2 The Provision of Health and Social Care Services within School

While many external health and social care providers were not delivering face-to-face support, schools felt that it was left to them to deliver the necessary support:

"As a school we were totally alone, social service teams, SEN teams, Mental health teams, GPs, transport, everyone we work with, they were all unobtainable. It was all on us as a school to support pupils and their families. The responsibility to do that was enormous."

Professionals were keen for face-to-face visits from health and social care workers to return. Specifically, one felt that *"social care should carry out more duty visits instead of using covid as an excuse and sending school to do home visits instead"*. Another commented on the increased burden this placed on schools:

"The absence of any support from outside agencies, health, Local Authority staff, everyone was working from home, refusing to come into school even post lockdown. Waiting lists have become hellish, we as SENDCO (ALNCOS) have been left providing the only help and support vulnerable children and their families need. It's been nothing short of scandalous how we have been hung out to dry while the children with complex needs have been ignored."

"As a school we were totally alone, social service teams, SEN teams, Mental health teams, GPs, transport, everyone we work with, they were all unobtainable. It was all on us as a school to support pupils and their families. The responsibility to do that was enormous"

In terms of physical therapy, one professional explained how they educated and supported the parents themselves:

"Initially education of parents in use of standing frames, many of which were delivered home, teaching and supporting parents with physio programmes, essential home visits only, very few children seen in school as many were not in, use of telephone and video consultations as well as telephone check ups."

2.2 Interventions and One-to-One Support

"It's been nothing short of scandalous how we have been hung out to dry while the children with complex needs have been ignored."

Most respondents who discussed targeted interventions noted that they had ceased during the pandemic, although one commented that they were sent home to parents: *"specific interventions taken home and taught to parents to do with their child for continuity"*. If children were being taught remotely, this was because *"online time was controlled by main teaching"* and it was *"impossible to accurately assess the learning and progress of children whilst remote learning due to the level of support they received at home"*. For those who in school, it was largely due to *"limited time in the timetable and with no space as not mixing bubbles"* and *"staffing hours changed due to COVID restrictions"*. COVID-19 restrictions were also cited as a reason by another respondent: *"some SEN interventions such as Lego therapy could not take place due to cleaning protocols and non-mixing of children in different bubbles"*. However, some professionals did also mention pausing interventions due to health and safety concerns wanting to *"protect staff"* from working in small rooms in close proximity to children:

"My department had 6 staff contract Covid in a week in Nov 20... After that it was decided not to run interventions in our small rooms."

While interventions largely did not go ahead, one-to-one support often did, and sometimes increased:

"I was in school every day but was still unable to deliver Thrive or specific SEN interventions in groups. I could however do 1:1 SEN and much more in class support daily in terms of SEMH and well being. My role became heavily focussed on pastoral support."

"The gap for these children has widened. There is inadequate funding to support these pupils... schools cannot fund the support needed"

Smaller classes were seen as valuable to children with SEND due to the increased one-to-one support they allowed: *"the massive benefit for those children with SEND was the opportunity for more intensive one to one interaction in school with greatly reduced numbers"*. However, due to staffing issues, some children worked with different support staff who did not know their needs: *"[I was] working with a child I didn't know as her regular LSA was shielding"*.

Funding was also mentioned by several professionals regarding one-to-one support, with respondents suggesting there was a shortfall: *"The gap for these children has widened. There is inadequate funding to support these pupils... schools cannot fund the support needed"*.

2.3 The Availability and Provision of Resources and Equipment for Children with SEND

Many professionals highlighted the lack of appropriate resources available for children with SEND, both in school and at home.

In school, there was a lack of *"differentiation of resources for SEND"*. Particularly while delivering online teaching, this included academic resources such as worksheets: *"we didn't have a bank of resources as we provide individual lesson plans for each child"* and technology, specifically *"accessible technologies for those with SEND"*. They also felt there should be more *"chances for the children to be more creative"* and have *"more multi-sensory learning"*. Physical space in school was also problematic: *"our school is oversubscribed, we do not have enough space physically to maintain distancing - that was and is our biggest challenge"*.

At home, there were concerns from professionals that children did not have the specialist resources required to address their needs, for instance: *"specific interventions and resources that some children required. E.g. SALT, OT, Physio sessions. Physical resources (chairs, eating equipment, slopes, move and sit cushions) that were not at home"*. In some cases, the schools stepped in to deliver these:

"For those children whose parents wanted to keep them at home we delivered physical resources to their houses in order for the children to access learning- chairs, Sensory equipment, learning equipment, laptop. SENDCo carried out home door stop visits weekly to these families."

"Our school is oversubscribed, we do not have enough space physically to maintain distancing - that was and is our biggest challenge"

In terms of academic resources, children needed *"additional equipment at home - simple things like a duplicate reading book"*, and one respondent explained that reading was completed *"over the phone via TA"*. Almost all professionals reported that their school sent out printed resources through the post or via email, and some delivered them personally. This included *"tailored programmes of learning activities (online and paper copies)"* and *"personalised learning resources"*, but there were also some resources provided to promote wellbeing such as *"more creative and practical tasks (to be carried out with family)"* and the *"provision of meals (food parcels) and vouchers"*. One professional commented: *"we posted something to each child every week. It ranged from certificates to water beads to craft kits. We (the teachers) paid for it all from our own money including stamps."*

A minority of respondents also highlighted the loss of play and enrichment activities, for instance: *"We had to limit our sensory play and cut some on the amount of cooking and life skills we do"*.

3. Impacts on the Mental Health and Wellbeing of Children with SEND

3.1 Reported Impacts of the Pandemic on Mental Health and Wellbeing

3.1.1 Negative Impacts on Wellbeing

Many negative impacts of the pandemic were reported for children with SEND; specifically, there was thought to be a *"massive negative impact on social and emotional wellbeing, more so than the academic impact"*, and that this had *"reached unprecedented levels"*. This perceived impact appeared to be widespread: *"all children were impacted by COVID-19. SEND children have had such a lot of change to deal with emotionally and routinely that some have developed/ present with further needs as a result"*. Respondents mentioned *"regression"* in *"health and learning"*, *"behaviour issues"* and *"social communication skills"*. Specifically, there was concern that pupils had returned *"very withdrawn and quiet"* and that they had *"forgotten how to interact face-to-face and they really struggle with the masks as cannot see whole face to tell what your facial expression is"*.

"For some of our autistic children, the world they have is already small but during the pandemic this world became even smaller and the repercussions of that in terms of social anxiety, social appropriateness are huge for them and their families as we start to reengage with more around us"

Professionals cited various reasons for these impacts, such as socialisation, outside agency availability, and attachment: *"all SEND pupils struggled with lack of contact from usual friends"*, *"they were all affected by the absence of outside agency interventions and support"*, *"for a child on the SEND register they cope better with routine and to take all service away, was very hard for them"*, and *"separation anxiety, parents/ adults trust lost, as we haven't been able to make promises, children feeling less safe"*. Specific difficulties were also mentioned for autistic children and those with ADHD:

"The children have been confused and subsequently behaviour issues have dominated in both home and school as they cope with change... disruption to routines has caused distress and confusion"

"For some of our autistic children, the world they have is already small but during the pandemic this world became even smaller and the repercussions of that in terms of social anxiety, social appropriateness are huge for them and their families as we start to reengage with more around us."

"ADHD- massive impact due to restrictions around bubbles etc, we have seen increased behaviour needs"

However, the difficulty most commonly cited by respondents was *"changes to routine"*: *"they weren't in their usual routine so their behaviour and attitudes towards education was difficult"*. One teacher commented:

"The children have been confused and subsequently behaviour issues have dominated in both home and school as they cope with change. My class accesses a sensory and interaction early engagement-based curriculum (SLD ASD complex learners) and therefore disruption to routines has caused distress and confusion."

This was particularly the case for children with EHCPs, who found both working at home and returning to school challenging: *“many of the pupils with EHCPs found it more challenging (than the SEN support pupils) to accept the change of being at home”; “EHCP children struggled to settle back into a routine”*. However, it was noted that not all children were negatively impacted: *“some of our SEN pupils thrived, some regressed”*.

3.1.2 An Increase in Diagnosable Mental Health Conditions

One of the impacts reported most frequently by education professionals in terms of children’s mental health was an increase in anxiety, particularly in autistic children which *“went up loads”*. For some, this was *“related to COVID”*, and for others *“uncertainty”* was thought to be the trigger. Several professionals felt this may also be due to heightened difficulties experienced by parents, for instance: *“parents struggled and it made children very anxious”* and *“parents were struggling which then made an anxious home environment and dysregulated the children”*. Professionals also found it difficult to communicate *“next steps”* to pupils due to the rapidly-changing nature of the pandemic, and so they *“couldn’t offer reassurance to pupils with high anxiety”*.

“Epidemic of kids ticing since lockdown ended - I’ve never seen anything like it!”

In addition to anxiety, there were also some concerns with *“emotional health issues”, “meltdowns”,* and ramifications from *“loss and bereavement”*, as well as reported rises in OCD, suicidal thoughts, self-harming, and the levels of trauma experienced. One respondent also noted: *“epidemic of kids ticing since lockdown ended - I’ve never seen anything like it!”*.

3.2 The Schools’ Role in Promoting Wellbeing

Many professionals described how their school actively engaged in activities and implemented new strategies to promote and support their pupils’ social and emotional wellbeing. This was both during periods of remote learning, and once back in school. Whilst teaching online, professionals described *“weekly Thrive activities sent home”, “checks in online where pupils could meet as a small group to check on mental well being and allow them to socialise”, “social stories were sent home”,* and *“all class teachers provided daily mindfulness activities as part of the home learning plans”*. Almost all professionals also reported conducting *“wellbeing checks”* or *“family calls”* mostly via telephone or Teams/Zoom, but also via email and *“doorstep visits”, “where we spoke to parents, and children where appropriate”*. These was most often weekly, although did vary: *“daily check ins (online) and at least once weekly phone calls (if not more)”*. Wellbeing checks were designed to provide *“support to children and parents where required”,* to *“check on needs and social wellbeing of children and the parents”,* conduct *“pastoral Zoom meetings 1:1”,* and to *“ensure children were fed”*.

“We were unable to transport children. We were unable to do the usual trips to parks, swimming pool lessons or outdoor activities”

As noted in section 2 above, upon returning to school, staff also implemented various additional strategies, such as a *“recovery curriculum to support emotional wellbeing”, “mentoring sessions continued. Lunch time clubs continued”* and *“PSHE lessons on the situation”*. However, in line with COVID-19 restrictions, not everything could continue; for instance: *“we had to limit our sensory play and cut some on the amount of cooking and life skills we do”* and *“we were unable to transport children. We were unable to do the usual trips to parks, swimming pool lessons or outdoor activities”*.

One focus noted by several teachers was the prioritisation of mental health and wellbeing over academic progression. This was during periods of online learning, for instance some teachers commented there was *“limited academic work available... it was all about well-being”, “we focussed on their wellbeing and didn't push traditional education subjects”* and *“potentially more focus on wellbeing than before, with activities and PE done remotely”*. There was also *“more focus on wellbeing”* for many when children returned to

school: *“focus was 'happy and safe' not academic progress so just revisited previous skills”*. This included reducing the curriculum, e.g. *“reduced some classes to core lessons only to support mental health”* in order to *“reduce pressure”*, and going off-timetable, for example: *“they spent a week just with their form teacher and TA focussing on their wellbeing”*. One teacher felt that this trade-off was worthwhile: *“our school is a safe sanctuary for our children... they may be behind in their academic performance but school has remained safe for them (so they told us)”*, and another noted the school's need for increased flexibility to prioritise wellbeing:

“Schools to be given the flexibility to plan a programme of education that is appropriate and relevant to the needs of the pupils in the way schools feel fits best... sometimes wellbeing should be prioritised - schools should not have to feel pressurised to do everything all at once.”

“Schools to be given the flexibility to plan a programme of education that is appropriate and relevant to the needs of the pupils in the way schools feel fits best... sometimes wellbeing should be prioritised - schools should not have to feel pressurised to do everything all at once”

Some professionals reported offering increased mental health support to children with SEND during the pandemic due to CAMHS *“either not coming into school or only offering online/telephone support, which for children with complex needs wasn't enough”*. This included online provision, for instance *“online therapy sessions”, “online ELSA [Emotional Literacy Support Assistant]”* and *“our school counsellor provided online support”*. However, some noted that not all pupils were willing to accept additional support: *“the young person I work with has not coped well during the pandemic and is still struggling and is unwilling to take help”*.

4. Support Available for Parents of Children with SEND During the Pandemic

4.1 Support for Parents

Many professionals described how the provision of *“support for parents both emotionally and academically”* decreased during the pandemic, leaving parents *“unsupported”*: *“poor access to health and social care compounded issues in some cases. Family support services massively reduced access to support”*. This was highlighted both in terms of access to external services, and the availability of resources: *“some families could not access the limited range of foods their children ate”* and *“some could no longer access medical or professionals who supported them normally”*.

“Staff from all sectors including health and social care [needed to be] in direct with children and families instead of working from home”

When asked what needed to be improved, several professionals highlighted the need for:

“Additional support from external providers. CAMHS, Speech and Language, OT, Physiotherapy, AOT, children's mental health workers etc could have worked with families and their children to help relieve some of the workload and help parents feel more able to cope”.

Others felt that staff working from home was not appropriate: *“staff from all sectors including health and social care [needed to be] in direct with children and families instead of working from home”*. Some highlighted that as a result of this, the responsibility to support parents and families fell to the school:

“Where students were at home, parents needed support with home learning and also in providing emotional support. I think SEND student families should have been offered some support from external providers rather than relying on schools to deliver all”.

Indeed, many professionals reported implementing additional support for parents during the pandemic; one commented that school was *“the only support they had”* and another felt *“it seemed that school were the only constant for them”*. Strategies included *“wellbeing checks”* as noted in section 3, offering training for parents: *“Online meets and simple training sessions for parents were arranged with OT and SALT services”*, offering places in school for children with SEND as a means of providing respite for parents: *“Some children were in school when parents needed a break at home”*, and generally increasing the support provided to parents by school staff: *“Our wellbeing worker provided support to children and parents where required”*.

“I think SEND student families should have been offered some support from external providers rather than relying on schools to deliver all”

4.2 Parental Wellbeing

Many professionals commented on the negative impact of the pandemic and school closures on parents of children with SEND, with one highlighting that *“home has suffered more than school”*. Some noted that *“parents were struggling”*, and that this also had a knock-on effect on their children, *“it made children very anxious”*. Indeed, several professionals noted the increased levels of anxiety not just in children, but also in parents: *“parental anxiety is the highest I've ever experienced with a lot of aggression shown towards me and the school”*.

“It should be noted that the impact on the emotional wellbeing of parents and siblings for many families has been huge. Parents have found trying to ensure their child engages in learning extremely difficult and stressful. This combined with having to manage the additional anxieties and stress their children have faced and they themselves have also faced, has made this a very stressful and difficult year for them”

The perceived reasons for the increased levels of distress varied, but were thought to be due to juggling work and school at home, *“parents were more frustrated as their work life balance had been off for so long”*, trying to support children with their learning, *“engagement from parents in terms of them supporting the home learning and support - parents felt very overwhelmed”*, and supporting children with SEND without the usual respite support, *“it has been extremely difficult for all during this time but for those families who have school as a respite it has been very difficult”*. One respondent also noted that this time had been particularly challenging for parents who also had SEND: *“for children with SEND who have parents with SEND - they are at a huge disadvantage as the parent/ carer struggled to support their child”*, and another also commented on the impact on siblings as well as parents:

“It should be noted that the impact on the emotional wellbeing of parents and siblings for many families has been huge. Parents have found trying to ensure their child engages in learning extremely difficult and stressful. This combined with having to manage the additional anxieties and stress their children have faced and they themselves have also faced, has made this a very stressful and difficult year for them.”

4.3 Parent-School Relationships

Several education professionals commented on the impact of the pandemic on the relationship between the school and parents, although perceptions of the types of impact varied. For some, they felt that the relationship with parents had been strained due to poor communication, *“communication with pupils and parents wasn't great”*, mis-aligned expectations, *“expectations of delivering small group and 1:1 provision didn't work as parents thought it would. This affected relationships with parents”*, and lack of trust, *“parental engagement massively varied some felt we were encroaching on family life – building trust rather than suspicious of our motives”* and *“parents/adults trust lost, as we haven't been able to make promises”*.

However, some professionals noted that this varied between parents: *“for some, they have engaged more positively with school and are seeking additional support but for others there is an angst”*. Some also felt that the school-parent relationship had improved, due to parents being more involved in their child’s education and healthcare, *“parents were more involved and better relationships have been formed with a lot of families as well as teaching staff who provide physio”*, and the level of support offered by schools when it was lacking elsewhere, *“families were grateful of schools’ support as we were often the only agency in touch especially with help accessing health appointments”*. Some felt that this was *“a positive that has come from the pandemic”* and another professional commented: *“we all did the very best we could given the scale of complexity and need to work on completely uncharted territory online, I believe the unexpected spin off is a closer relationship with our families as a result”*.

**“Parents/
adults trust
lost, as we
haven’t been
able to make
promises”**

5. Support Available for Schools and School Staff During the Pandemic

5.1 Support from External Agencies

The majority of professionals commented on the *“lack of support from external providers”* that their school received during the pandemic, explaining *“schools felt very much on their own”* and felt *“totally alone”*. This was particularly the case when supporting children with complex needs: *“the needs are far more severe and complex, and of course multi agency. The other agencies totally abandoned them and we were left holding the baton for everything”*, *“we as SENDCO (ALNCOS) have been left providing the only help and support vulnerable children and their families need... we have been hung out to dry while the children with complex needs have been ignored”*.

For several respondents, there was some resentment that they had been identified as key workers who were needed to be face-to-face in schools, but other external agencies were not. Some explained that they *“felt very isolated during this time because we were in school when no others were”* and explained *“if you are keeping schools open; keep their services open too”*. One suggested that they needed:

“If professionals in other services had continued to provide good support, things would have been much easier. Many ‘worked from home’ when it was not possible to do the job remotely (e.g. attempting to assess young children remotely) and many just said they could not provide support for many months, leaving schools ‘in the lurch’ at this tremendously difficult time”

“Outside agencies coming under the same ‘key worker’ heading as we did! School staff (and that is everyone that makes that school operate) were in, making it happen. The people we needed the support and backing from were all working from home. I understand that some of these people were shielding but this lack of physical involvement has not gone unnoticed and leave a bit of a bitter taste to be honest.”

Furthermore, the idea that some external agencies could provide services remotely also left education professionals feeling unsupported. For example:

“If professionals in other services had continued to provide good support, things would have been much easier. Many ‘worked from home’ when it was not possible to do the job remotely (e.g. attempting to assess young children remotely) and many just said they could not provide support for many months, leaving schools ‘in the lurch’ at this tremendously difficult time.”

As a result of this, some professionals felt they were doing the work of other agencies and that providers were *“relying on schools to deliver all”*: *“outside agencies e.g. CAMHS, CSC [needed] to actually do their job and see families face to face. An assessment via Zoom is not acceptable and school staff were the ones making home visits and welfare checks as no CSC staff would visit”*.

5.2 Local Authority (LA) Support

Some respondents commented on the support they received from their LA, and the services that they provide. In terms of support, one noted *“getting support and responses from the LA was impossible”* and another explained how *“Local Authority services were instructed not to come into school and we felt pretty much left to it”*. When asked what could have improved things during the pandemic, several highlighted *“more support and guidance from the LA”*, particularly from their *“specialist teams”*; they wanted more advice from their LA on

“The agency support has been minimised. It is most disheartening to see that LA agencies are still working from home. This shows no regard for staff that have worked face to face all through the pandemic. It has affected the mental health of staff who are still in schools - there's been no equality...”

“how to effectively support SEND learners remotely”, “less paperwork”, and “more funding”. One professional explained the impact that this perceived lack of support had on their staff:

“The agency support has been minimised. It is most disheartening to see that LA agencies are still working from home. This shows no regard for staff that have worked face to face all through the pandemic. It has affected the mental health of staff who are still in schools - there's been no equality...”

However, one respondent did highlight that the support from their LA had been good:

“As a head, my LA advisers provided great support, but otherwise I felt unsupported by government. My staff and I worked IN SCHOOL throughout and I did not have one day “home working” despite the evident dangers faced in an area with huge numbers of cases. Services were allowed to ‘disappear’ when we needed them most.”

Several professionals commented specifically on the provision of Educational Psychologists through the LA, explaining that there were *“absolutely none available”* and that they were *“still struggling now to get Ed Psychs”*. However, others explained that the service was reinstated by the time of the second lockdown: *“no contact from any EPs during first lockdown and has virtual assessments during second lockdown”*, although several noted that assessments and support continued to be held online *“via Zoom!”*, which was considered unacceptable.

In terms of annual reviews for children with EHCPs, there were varying reports; some said *“annual reviews continued”*, some explained that *“review meetings were completed online”*, and others mentioned that *“all annual reviews and meetings had to be put on hold which then created a back log”*. Several commented on the *“log jam”* of reviews and assessments due to agencies not being available, making it *“extremely difficult to ‘progress’ students”* and causing *“a large amount of EHCP applications having to be written at once”*. One explained that staff working from home was the main issue: *“with a lot of staff working from home, there were delays with EHCP reviews and reports being submitted”*, and another explained that trying to catch up once the children were back in school was difficult:

“All annual reviews and meetings had to be put on hold which then created a back log”

“Arranging and holding Annual reviews and meetings with parents and professionals was quite tricky. Finding time to fit the previously postponed meetings whilst school was running was very challenging.”

5.3 The Governments' Response to COVID-19

5.3.1 Speed and Clarity of Messaging

A large number of professionals' comments related to the Government's guidance regarding working during the pandemic, and specifically the Government's "poor handling". For some, the main issue was the "absence of clear guidance" and the "at best confusing" messaging, resulting in "everything feeling hazy and unsure and ambiguous". Professionals expressed a desire for "clarity", "better and clearer guidance from DfE" and "straightforward and timely advice". One explained how this left schools feeling like they needed "to muddle through and read between the lines constantly".

Others also commented on the issue of timing, explaining they found it hard "managing the government changes with little notice"; instead they felt they needed "more time" to "plan effective support" and "implement and train for home learning". Education professionals wanted guidance "provided quickly to schools before newspapers", to reduce pressure on schools: "being told at 8pm on the night before the day it had to be implemented puts too much strain on staff/parents/children", "it would be very helpful if decisions at government level could be made at times that offered schools a fighting chance at putting them in place without huge and excessive stress and workload to SLT".

"It would be very helpful if decisions at government level could be made at times that offered schools a fighting chance at putting them in place without huge and excessive stress and workload to SLT"

5.3.2 COVID-19 Transmission Prevention Guidance

Some professionals focused on the guidelines themselves, explaining they needed "a more detailed action plan from the Government" and that this left them "not knowing what the school's role was". For children with SEND, respondents noted that the Government's guidelines "went completely against the guidelines for keeping [them] safe" and also put staff members at risk. Some described how keeping schools open "felt dangerous" at times as staff "had to work with little to no protection". The Government guidance regarding teachers not needing to wear masks left them "feeling very unsafe and worried that we were more at risk of being ill if we caught COVID". They felt they "had to work with little or no protection" and were "not able to socially distance from the children" due to the number of pupils with EHCPs who were required to be in school and some children needing "very personal care". Staff in special schools found this particularly challenging: "all our pupils had EHCPs so was impossible to invite them all in whilst following social distancing guidelines" and one noted "an EHCP does not protect anyone from COVID".

"We are as usual the hidden group. Government guidance was totally unhelpful and at best tokenistic, contradictory and disconnected from the complexities of running a special school"

Indeed, special schools felt "forgotten about", explaining how they "found it very difficult to meet the needs of these pupils", and one stated the Government needed to "stop playing politics with SEN in education". Some felt that special schools' needs were not taken into account in the Government's planning:

"We are as usual the hidden group. Government guidance was totally unhelpful and at best tokenistic, contradictory and disconnected from the complexities of running a special school".

Staff in special schools felt the Government needed *“more prioritisation of SEND students”* in *“planning support”* and more *“provision available for SEND”*, particularly for children with complex needs: *“more inclusive and understanding approach from PHE about managing complex health needs”*. Professionals noted there needed to be *“more information and warning for pupil with SEN”* and *“more flexibility for families to choose online or on-site provision along with better monitoring of the quality of education and care”*. One respondent explained:

“Schools to be given the flexibility to plan a programme of education that is appropriate and relevant to the needs of the pupils in the way schools feel fits best, not necessarily as directed by DfE. Providing a full timetable is not always suitable.”

5.3.3 Guidance to Parents and External Agencies

A smaller proportion of respondents highlighted the lack of consistent guidance regarding health and social care support from external agencies.

One respondent explained that it felt like a *“lottery of services”* and wanted clearer messaging on *“why some agencies were able to work and others not”*. Some felt that outside agencies should *“come under the same 'key worker' heading as we did”*, explaining *“the people we needed the support and backing from were all working from home”*, and noted the need for a clearer plan:

“There wasn't a holistic plan so some departments were open and able to come into school while others weren't and still aren't. The SALT team have been providing online support now since March 20 and the child has made no progress. It's extremely frustrating and will have a detrimental effect on the child going forward.”

“Need to have realistic guidance and not government updates left to interpretation so that there is consistency”

Conversely, some professionals focused on the lack of clarity surrounding the messaging to parents. They described a need for *“clearer messaging for school staff to pass on to parents”*, for instance *“[it] was difficult to communicate next steps to parents/students as we didn't always know and things changed all the time - so couldn't offer reassurance to pupils with high anxiety”*. However, they also described a need for clearer messaging directly to parents from the Government, for example: *“many parents were unsure as to whether they HAD to bring pupils with EHCPs into school due to ambiguous messages from Government”*. Some also felt clearer messaging to parents would ease pressure on school staff:

“SEND staff are exhausted as the expectation on them is far too high to “fix” everything. Parents expect SEND staff to tutor their children 1:1 at home - need to have realistic guidance and not government updates left to interpretation so that there is consistency.”

5.3.4 Funding and the Provision of Resources

Several professionals explained how they felt there were issues with funding during the pandemic, both specifically in terms of COVID-19 related measures, and the provision of specialist resources for children with SEND. Some explained they were *“constantly worried about money”*. One noted how *“due to the costs of COVID, our budgets have been impacted which will impact on SEND provision going forward”*. Respondents felt they needed *“COVID relief funds”*, to provide additional staff to *“run smaller sessions and one to one”*: *“we have no money to cover covid isolations so children requiring 1-2-1 received no support as it could not be afforded”*. They also felt they needed *“more monies to have more adults to support wellbeing”* and *“more funding for counsellors, therapists”*. One respondent felt it would be more beneficial if the National Tutoring money was given directly to schools:

“Schools to be given the flexibility to plan a programme of education that is appropriate and relevant to the needs of the pupils in the way schools feel fits best, not necessarily as directed by DfE. Providing a full timetable is not always suitable”

"Funding given to schools to deliver their own catch up. We know what will work if we can afford it! Less National Tutoring money and spend it elsewhere. We want to employ staff we know will have an impact - not be directed by government. As a head with a healthy budget, I am employing cover staff to facilitate class teachers (who have the best subject knowledge and know the children the best) to deliver intervention to groups in their own classes."

"Schools are being challenged on progress of SEND students when they are being expected to magic resources, staff and provision out of nothing"

Several noted how funding for specialist provision for children with SEND had got worse during the pandemic, explaining that *"the gap for these children has widened"*, that there is *"an insufficient amount of funding available to bridge the gaps"* and that there is *"inadequate funding to support these pupils"*. One highlighted how this was particularly problematic for *"SEMH pupils"* as *"their needs have significantly increased"*, explaining *"schools need immediate access to funds to meet the demands for 1:1 support so that [these] pupils can quickly and smoothly transition back into school"*.

Specifically, some respondents felt that they needed *"money to make sure all children got the resources at home that they needed"* during periods of remote learning and *"funding to ensure all SEND pupils have the right access"*. Some professionals also noted the pressure being put on schools to support children with SEND, despite this lack of resources:

"Schools are being challenged on progress of SEND students when they are being expected to magic resources, staff and provision out of nothing".

6. Staffing and the Impact of the Pandemic on School Staff

6.1 Staff Shortages and Role Changes

Respondents described the issues with *"not enough staff"* over the pandemic, including *"staff absence due to COVID"*, *"staff shielding or isolating"*, and *"lack of staff due to sickness"*. It was also noted that some staff were unavailable due to *"other responsibilities"* and that some staff members' time was taken up *"dealing with crises"*. This was particularly problematic in terms of teaching in bubbles and online, where professionals described not having *"enough staff to do breakout rooms to teach SEND children in small groups"*. One respondent also described how some support staff were leaving the profession entirely: *"support staff are paid a pittance and being let go. Many are retraining, leaving to work elsewhere as they're sick of working hard but can't afford to stay"*.

Several professionals described taking on additional work or having their role change in school during the pandemic. They highlighted a *"significant increase to workload"*, an *"excessive workload due to it being new and lots of uncertainty"* and some stated that their *"workload doubled"*. Many explained this was largely due to *"dual teaching"*, meaning there were *"expectations to deliver to those at home alongside those in school and all on a personalised curriculum"*.

"Support staff are paid a pittance and being let go. Many are retraining, leaving to work elsewhere as they're sick of working hard but can't afford to stay"

In terms of changes to role, some said how they had a *“different job entirely”*. Most role changes were *“heavily focused on pastoral support”*: *“[my] role had to change to enable me to focus more on wellbeing and safeguarding”*. This included *“lead in school provision, spoke to families daily, offering behaviour support, emotional support, supporting teachers, delivering home learning resources, safeguarding rise in concerns... It was non stop”*. Others described how *“my role became much more family liaison”* and that they *“became a social worker of sorts”*; they explained how they had *“more calls with parents”*, *“delivered lunch packs”*, and *“became a call centre for outreach”*. One respondent felt they were *“no longer seen as a teacher when in school - a child care provider for key worker children but then having to prepare, deliver and then assess work daily online as well as continue to keep up with SEND paperwork”*.

“Solely down to support staff to cover the provision of SEND whilst in school”

In addition, role changes also involved delivering resources to families and supporting with IT. Some described how they were *“multi-tasking - deliver vouchers/call children/give out laptops/admin work”*, and noted tasks including: *“additional roles: covid reporting, class teacher emails for parents, dual teaching face to face and online, food provision”*, *“helped with IT, designing work for some, adapting work, collecting work from houses, delivering laptops, managing people virtually”*.

Teaching assistants also commented on changes in their workload, with some explaining there were *“expectations on TA team to deliver everything”* and that it was *“solely down to support staff to cover the provision of SEND whilst in school”*, as teachers took responsibility for online teaching.

6.2 Staff Training

Several respondents expressed a desire for more training for staff in schools, particularly *“on how to provide online teaching”*. They felt teachers *“were not trained to use the online platforms”* and *“not fully trained in the delivery methods”*. Some also specifically wanted training for teaching assistants so they could work one-to-one online with pupils: *“training TAs on online learning so they could support the children online as again many did not want to come in”*. Indeed, the value of teaching assistants was acknowledged by one respondent, who noted that this highlighted how teachers often relied on the knowledge of teaching assistants when working with children with SEND: *“lack of teacher knowledge showed tendency on TAs in the classroom to differentiate and scaffold”*.

“Most of the advice and resources available online were not suitable for SEND population. It would be great to have more guidance for teaching and supporting diverse groups of learners online”

In particular, respondents emphasised the need for training in supporting pupils with SEND and commented that this should be included in all teacher training as *“here is not the time to train properly [on that] in school”*:

“Most of the advice and resources available online were not suitable for SEND population. It would be great to have more guidance for teaching and supporting diverse groups of learners online.”

One professional also noted how useful they had found receiving support from a local special school:

“We received support from [local special school] for remote education and I wish that was set up sooner. They prepared a toolkit with all resources and delivered staff training for us, all for free. We needed that on the start of the pandemic.”

6.3 Staff Wellbeing

The wellbeing of education professionals who were working with children with SEND during the pandemic was mentioned frequently by respondents. There were multiple comments surrounding “high workload” and there were descriptions of staff who were “on their knees due to extra workload that has come from COVID, duties, paperwork, extra teaching, less support from wider team, due to not mixing”.

Respondents explained they were “spinning” multiple and additional responsibilities which “affected the mental health of staff” and left them feeling that “it felt more like surviving that teaching”. They also noted how “staff needed much more support”.

The impact of rising pressure on staff wellbeing was commented on by several respondents: “do not pressure schools to open or meet xyz demands if their staff cannot mentally cope. Better support [is needed] for staff. They already want to do their best by the children”.

Respondents appeared to feel that SEND staff in particular faced high levels of pressure, which had a detrimental effect on their wellbeing; for instance: “SEN staff were called on above and beyond realistic expectations as teachers didn't set appropriate work” and “SEND staff are exhausted as the expectation on them is far too high to ‘fix’ everything”. Specifically, some commented how the rising levels of mental health difficulties among children with SEND during the pandemic impacted staff, leaving “teachers thoroughly stressed by it all.

Deflated.” Conversely, some noted how the sense of responsibility and desire to support children with SEND took its toll on staff wellbeing, and how this in turn would negatively impact the children:

“Staff have experienced huge pangs of guilt that we couldn't give the SEN children what they needed. The phenomenal relationships many staff had with their classes whilst wonderful has taken its toll on them emotionally. Staff are on the brink of collapse and the children who will suffer most from this exhaustion and burn out will be SEND pupils who always need that little bit more. You can't pour from an empty jug”

“Me personally? I couldn't get my own children a keyworker place at their school so trying to run a school and be SENDCO, DSL, Vice Principal and look after my own two children at home with no support bubble was the worst thing I have ever experienced. I just don't understand how we were expected to do that”

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Another factor that was mentioned by several education professionals were worries about COVID-19 and the “personal stress and worry” surrounding issues in their personal life. Again, for some it revolved around a sense of responsibility towards the children they supported: “I had covid and felt guilty for being offline for 6 weeks”, while for others it was the “challenge” of juggling issues at home while also facing an increased workload in school: “high needs at work while having to leave my own children at home”. Some described how “other schools [were not] able to provide places even though we were keyworkers”, which left staff needing to “look after their own children” whilst also trying to teach in school. One respondent explained the impact this had on their wellbeing:

“Me personally? I couldn't get my own children a keyworker place at their school so trying to run a school and be SENDCO, DSL, Vice Principal and look after my own two children at home with no support bubble was the worst thing I have ever experienced. I just don't understand how we were expected to do that.”



Conclusion

In conclusion, education professionals reported the application of varying criteria for the children who could attend face-to-face schooling during lockdown. However, they felt that the pupils with SEND who did continue attending benefited from the smaller class sizes and more tailored support, in terms of both their academic progression and emotional wellbeing. Professionals found it difficult to engage many children with SEND in learning from home, and could not differentiate work for them appropriately. They felt they needed more training and support, SEND-specific resources, and clearer guidelines in order to do this more effectively. Education professionals commented on the dramatically reduced access to essential health and social care services for children with SEND, expressing concerns for children with SEND's health and welfare. There was also specific concern regarding children with SEND's deteriorating mental health and wellbeing, which was reported as having reached unprecedented levels.

Many professionals reported going above and beyond during the pandemic to support children with SEND's learning, as well as both the child's and their parents' physical and mental health. However, the extra burden placed on school staff, combined with increased staff shortages, and the provision of unclear, delayed, and rapidly changing guidance from the Government, had a detrimental impact on their own wellbeing. Education professionals were left feeling burnt out, stressed, and expressing concerns for their own health and wellbeing.

References

- Alghrani, A., & Byrne, S. (2020). The impact of COVID-19 on education and children's services. <https://committees.parliament.uk/writtenevidence/5816/pdf/>
- Boesley, L., & Crane, L. (2018). 'Forget the Health and Care and just call them Education Plans': SENCO s' perspectives on Education, Health and Care plans. *Journal of Research in Special Educational Needs*, 18, 36-47. <https://doi.org/10.1111/1471-3802.12416>
- Byrne, S. (2020). The impact of COVID-19 on children with special educational needs and disabilities. <https://www.liverpool.ac.uk/media/livacuk/law/2-research/ecru/Briefing,Paper,2,-,The,Impact,of,COVID-19,on,Children,with,SEND,-,Seamus,Byrne.pdf>
- Children's Commissioner (2020). Childhood in the time of Covid. <https://www.childrenscommissioner.gov.uk/wp-content/uploads/2020/09/cco-childhood-in-the-time-of-covid.pdf>
- CQC & Ofsted (2021). SEND: old issues, new issues, next steps. <https://www.gov.uk/government/publications/send-old-issues-new-issues-next-steps/send-old-issues-new-issues-next-steps?s=09>
- Disabled Children's Partnership (2018). The secret life of us campaign. <https://disabledchildrenspartnership.org.uk/wp-content/uploads/2018/07/Case-for-a-Disabled-Childrens-Fund.pdf>
- Department for Education (2020). State of the nation 2020: Children's and young people's wellbeing. <https://www.gov.uk/government/publications/state-of-the-nation-2020-children-and-young-peoples-wellbeing>
- Department for Education & Department for Health (2015). Special educational needs and disability code of practice: 0 to 25 years. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf
- Harris, N., & Davidge, G. (2019). The rights of children and young people under special educational needs legislation in England: an inclusive agenda?. *International journal of inclusive education*, 23(5), 491-506. <https://doi.org/10.1080/13603116.2019.1580923>
- Hunter, S. V. (2010). Analysing and representing narrative data: The long and winding road. *Current narratives*, 1(2), 44-54.
- National Autistic Society (2020). Left stranded: The impact of coronavirus on autistic people and their families in the UK. <https://s4.chorus-mk.thirdlight.com/file/1573224908/63117952292/width=-1/height=-1/format=-1/fit=scale/t=444295/e=never/k=da5c189a/LeftStranded%20Report.pdf>
- NHS Digital (2018). Mental health of children and young people in England, 2017: Summary of key findings. <https://files.digital.nhs.uk/A6/EA7D58/MHCYP%202017%20Summary.pdf>
- O'Hagan, B., & Kingdom, S. (2020). Experiences of children with special educational needs and disabilities and their families in the UK during the coronavirus pandemic. *Tizard Learning Disability Review*, 25(4), 229-235. <https://doi.org/10.1108/TLDR-09-2020-0025>
- Skipp, (2020). Special education during lockdown: Provider and parent experiences. *Journal of Research in Special Educational Needs*, 21(2), 168-84. <https://doi.org/10.1111/1471-3802.12513>
- Special Needs Jungle (2020). Coronavirus and SEND education: A survey to determine the support provided to families who have children with special educational needs and disabilities in England during the Coronavirus lockdown. <https://www.specialneedsjungle.com/coronavirussend-education-survey/#DLreport>

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