

Special education in lockdown: The experiences of school and college providers and families of pupils with Education, Health and Care Plans (EHCPs)

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1. Background and methodology

This research explores the experiences of providers of specialist education and the families of children with Education, Health and Care Plans (EHCPs) during the period from March to August 2020 covering the first Covid-19 national lockdown period and beyond.

Specialist provision and the pandemic

There are approximately 354,000 children and young people in England with EHCPs¹. An EHCP is a legal document describing a child's special educational needs and the support they require, and which their local authority (LA) must fulfil. Around half of children with an EHCP are educated in special provision (i.e. special schools or specialist post-16 colleges)² and nearly all pupils in special provision (97.9%) have an EHCP. Special schools can provide education for pupils from as young as three and up to 25 years of age, depending on their offer. The percentage of pupils with an EHCP who are eligible for free school meals is 34.6%, more than double that for pupils with no Special Educational Needs and Disabilities (SEND) (14.9%)³.

To support the additional needs of their pupils, special schools and colleges have higher staff ratios that include specialist staff (specialist teachers, speech and language therapists, physiotherapists), teaching assistants, care assistants and school nurses. Special schools have specialist resources and equipment available, such as sensory rooms and therapy pools. Class sizes in special schools are smaller than those in mainstream schools and teaching is 'individualised to pupils' needs and abilities'⁴. Independent schools in the special sector are different from those in the mainstream sector mainly as LAs pay the costs for pupil places (in order to meet pupils' needs set out in their EHCP).

On 20th March 2020, the UK Government closed educational establishments for the majority of pupils. The exceptions to this were children of critical workers and vulnerable children. Vulnerable children included those children and young people

1 Department for Education (2019) Statements of SEN and EHC plans: England, 2019. [Online] Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/805014/SEN2_2019_text.pdf

2 Department for Education (2019) Special Educational Needs in England 2019. [Online] Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/814244/SEN_2019_Text.docx.pdf

3 Department for Education (2020) Academic Year 2019/20 Special educational needs in England. [Online] Available at: <https://explore-education-statistics.service.gov.uk/find-statistics/special-educational-needs-in-england> (Figures from July 2020)

4 The schoolrun.com What is a special school? [Online] Available at: <https://www.theschoolrun.com/what-is-a-special-school>

with an EHCP⁵. The government also temporarily relaxed the EHCP laws under the Coronavirus Act 2020⁶ at this time. This meant that LAs had to use their “best endeavours” to provide the education, health and care input specified in pupils’ plans but were not legally obliged to provide it.

Details of this research

This study aimed to explore the experiences during the first national lockdown of special providers (special schools and colleges) and parents and carers whose children usually attend these settings. All fieldwork was carried out between 3 July and 3 August 2020.

In this study we:

- Surveyed a representative sample of 201 providers (senior leaders of special schools and colleges in England).
- Carried out in-depth interviews with a subgroup of 40 providers and 40 parents or carers.
- Received survey responses from 515 parents and carers whose children attend special schools and colleges.

Survey of providers

The sample of special schools and colleges is broadly representative of all special providers in England. We approached all 1,694 special schools and colleges in England and invited them to take part, either by phone or email and achieved a 12% response rate. The provider survey response data was not weighted, as the distribution of the achieved sample was representative of the national population of special schools based on school phase and free school meals (FSM) quintile. See Appendix B for details of the achieved sample.

The characteristics of our sample of special school and colleges are as follows:

- Two-thirds (67%) usually have fewer than 100 pupils on roll.
- Just under a quarter (24%) offer residential places.
- The majority (70%) are state-run but three in ten are independent.
- Almost a third (32%) are rated as outstanding by Ofsted, over half (57%), are rated as good, with just over ten per cent inadequate or requiring improvement (12%).

⁵ Department for Education (2020) Guidance. Supporting vulnerable children and young people during the coronavirus (COVID-19) outbreak - actions for educational providers and other partners. [Online] Available at: <https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-on-vulnerable-children-and-young-people/coronavirus-covid-19-guidance-on-vulnerable-children-and-young-people>

⁶ Department for Education (2020) Guidance: Education, health and care needs assessments and plans: guidance on temporary legislative changes relating to coronavirus (COVID-19) Updated 26 August 2020 [Online] Available at: <https://www.gov.uk/government/publications/changes-to-the-law-on-education-health-and-care-needs-assessments-and-plans-due-to-coronavirus/education-health-and-care-needs-assessments-and-plans-guidance-on-temporary-legislative-changes-relating-to-coronavirus-covid-19>

- Special schools and colleges often cover a wider age range than mainstream providers. Over half of our sample provide places for pupils with EHCPs in each year group from age 5 to 18 years, with slightly fewer providing places for nursery and reception aged children (39%) and those between 18 and 24 years (25%).
- Just over ten per cent of providers have no Black, Asian or minority ethnic (BAME) pupils, and over half have less than 9% of their cohort from a BAME background.
- Just over a third of the sample (36%) have more than half of all their pupils requiring personal care.
- Around a third (35%) have more than 70% of pupils requiring one to one support (either part- or full-time).
- Almost six out of ten (58%) said that three quarters of their pupils relied on home-school transport services.
- Three in ten (31%) said over a third of their pupils had little or no IT access at home.

In our analyses we compare schools whose FSM rates are in the lowest 50% of all special schools with those whose rates are in the top 50%⁷.

Survey of parents

We advertised our parents' survey through participating schools and colleges as well as organisations that support families of children with SEND. As a result, the respondents were self-selecting and we cannot say the extent to which the sample reflects the characteristics of all families who have children at special schools or colleges in England. The key features of our sample of 515 parents are summarised in Appendix A, along with a comparison of how the parent survey respondents compared with the 40 parents we interviewed.

As the sample of parents is not representative, we do not present any quantitative analysis of survey data from parents. We have taken this precaution because our results may not reflect the wider experiences of parents whose children attend specialist education. We do however, provide indications of where the weight of our findings lies, based on the strength of our qualitative analyses.

In-depth interviews

Interviewees were selected based on responses to the online surveys to achieve a cross-section of characteristics and experiences during lockdown. We spoke to providers offering different proportions of places and types of lockdown learning. Amongst parents, we selected our sample to include those with different family circumstances (e.g. number of children at home, whether parents were trying to work

⁷ The levels for this cut-off (the point at which half of schools have a higher rate and half have a lower rate) are 38.5% FSM eligibility for primary, 42.2% for secondary and 35.5% for all-through schools.

from home) and whether or not their child had been offered or had taken up a place in school or college. Interviews were conducted by telephone, based on an agreed topic guide for each cohort, which was used flexibly so that interviews were respondent-led. Interviews therefore lasted between 45 minutes to 1 hour and 45 minutes. We were often the only external people either providers or parents had spoken to since the start of lockdown, and so they frequently had many issues they wanted to tell us about. Parents were signposted to information, advice and support organisations after the interviews, including to specialist support (such as The Samaritans) if particular issues were raised during the interview. All communications, fieldwork tools and processes were ethically scrutinized by external advisors.

Definitions and conventions

We use the term 'lockdown' to describe the first period of national restrictions which altered educational provision from March 23rd to the end of the summer term in July 2020. During this period on June 1st DfE guidance for schools and colleges changed⁸, affecting providers' approaches to offering places. Where relevant, therefore, we present findings both before and after June 1st.

Quotes are from interviews and open survey responses.

Throughout the report when we refer to 'leaders' we are referencing both school and college leaders from the specialist sector.

In our analysis of differences between sub-samples of our provider survey sample (e.g. differences between independent and state provision), results were considered statistically significant if the probability of a result occurring by chance was less than five per cent ($p \leq 0.05$). All percentages are based on the number of individuals responding to the question, excluding non-responses (valid per cent).

⁸ Department for Education (2020) Policy paper. Actions for education and childcare settings to prepare for wider opening from 1 June 2020. Updated 16 June 2020[Online] Available at: <https://www.gov.uk/government/publications/actions-for-educational-and-childcare-settings-to-prepare-for-wider-opening-from-1-june-2020/actions-for-education-and-childcare-settings-to-prepare-for-wider-opening-from-1-june-2020>

2. How providers decided on in-school provision (March to end of Summer term, 2020) and allocated places to pupils

On March 17th, the Prime Minister announced that schools would have to close to the majority of pupils. The exceptions were children whose parents were 'critical workers' or children who were considered vulnerable. This latter group includes pupils with EHCPs. Following this announcement, leaders in special schools and colleges immediately had to decide what they could continue to offer in school and assess how many pupils could continue attending.

Deciding to stay open

Headteachers were concerned that the initial government announcement suggested that special schools and colleges should continue to provide in-school places for all of their pupils (as they all have EHCPs) during the first lockdown. This created a parental expectation of being offered a place for their child.

“Everyone else was told, just take a few pupils with the greatest need. We were told ‘carry on providing for 100%.’” Provider interview

Some parents had interpreted the Prime Minister's announcement in March to mean that all special settings would remain open and all pupils be offered a place. It was a surprise to them therefore not to be able to continue sending their child into school or college.

Initially, many leaders had presumed that specialist settings would be advised to close. This was because these settings contain significant numbers of medically vulnerable children and high volumes of staff, and high proportions of parents had already chosen, or been advised, to stop sending their children in to specialist schools and colleges.

“The clear message was ‘stay at home’ and yet special school staff were expected to be in work.” Provider interview

“We are a building of a high number of medically highly vulnerable children with increased susceptibility to infection coming from many different areas, all spending large amounts of time in one place in close contact with others. We seemed the least likely place they would expect to carry on.” Provider interview

Leaders adapted quickly to staying open. Up until June 1st, almost nine out of ten (89%) of all special providers were open to some extent. However, 11% of schools and colleges offered no in-school provision during this time (i.e. they had no pupils attending in person)⁹. The proportion of providers without pupils attending was higher

⁹ It is not possible to tell whether these schools and colleges were completely closed or whether pupils were choosing not to attend.

amongst colleges than schools (10% of schools had no pupils attending compared to 25% of colleges). Our qualitative research found that residential schools tended to be either closed fully to all pupils (including those who normally boarded) or stayed open for just residential pupils (i.e. not offering places to day pupils).

One in ten schools (10%) said that they were able to provide close to full normal capacity between March and the end of July. The number of places schools could offer was not associated with the size of the school meaning larger providers could not necessarily provide more places. Factors other than size, therefore, appear to have influenced the number of places that senior leaders felt their schools could offer. Among schools with at least one pupil attending, more than half (52%) felt they could offer less than 40% of their usual number of pupils a place.

Factors affecting how many places schools and colleges could offer

School leaders identified several factors affecting how many places they could offer. These included:

- The outcomes of school/college level risk assessments (95% of providers said they considered this) or pupil level risk assessments (94% considered).
- Government guidance (94% of providers said they considered this).
- The availability of teaching staff (80% of providers said this was a consideration) and support staff (79% considered this).
- The space available to be able to adhere to social distancing (considered by 78%).

Schools with higher proportions of families in receipt of FSM were more likely than other providers to consider the availability of support staff in their decision making (90% compared to 84% of schools with lower proportions of pupils with FSM, and 67% of providers in the independent sector). Independent schools were more likely to consider offering places to pupils whose EHCPs it could fully implement (44% compared to 30% overall).

Capacity issues

Having considered these factors, the majority of settings felt they would have to operate at reduced capacity to some extent. Several reasons were given for this:

- 1. They did not have enough staff.** Many staff in special schools and colleges became unavailable as they, or someone else in their household, were unwell or needed to isolate due to Covid-19 symptoms. Others were shielding or considered themselves to be medically vulnerable (due to their age, underlying health conditions or other factors such as pregnancy), whilst others were unable to secure childcare for their own children (whose own provision had closed), meaning they could not go to work.

2. The available staff could only support certain pupils. Staff to pupil ratios are high in special provision due to the specific needs of pupils, and pupils require support from staff with particular skills or knowledge.

“Pupils are supported by teams of staff specially trained to support their medical, social, learning and sensory needs. If those staff are unavailable, we cannot safely support the child. It takes 2 weeks to train up other staff.”

Provider interview

3. They anticipated difficulties in implementing social distancing. Many pupils in special settings could not adhere to social distancing (due to their need for personal care and support and behaviours) so providers had to reduce the number of children attending to minimise the potential spread of infection. Ninety-eight per cent of leaders stated that they had pupils who would find it hard to adhere to social distancing and safe practice. Three quarters of special schools and colleges (76%) have some pupils who require personal care (which includes help getting around, eating, going to the toilet, or medical monitoring) and therefore clearly require close contact. For 36% of providers, over half of all their pupils need this level of care.

4. There was a lack of space for social distancing. Providers did not have enough space to allow for the same amount of staff and pupils as usual to be on-site with social distancing implemented. Many specialist providers have small teaching spaces. As a result, having to ensure two-metre distancing (the distance initially suggested for social distancing) severely reduced the number of pupils that leaders felt it was possible to accommodate.

For example, one school detailed how they operate from a large building on a site of over 50 acres with fewer than 100 pupils on roll. During the first lockdown they were able to continue with relatively normal provision, allowing plenty of space between everyone. However, another school explained that their classrooms are sized to normally accommodate around seven pupils (and the staff they require) but with the need for social distancing the maximum number of pupils they could fit into each class was just two pupils. They also did not have all of their staff available to work in school and so were only able to offer around 20 in-school places during the first lockdown for their usual 300 pupils.

Interpreting guidance

Another aspect of decision making was how leaders interpreted the guidance that they had been given, along with other key messages from government, health professionals, unions, and the media. Many leaders believed that certain pupils or staff were too high risk to come into schools or colleges, and/or the number of staff and pupils on-site had to be limited.

It was clear from descriptions given by leaders that they had each interpreted guidance

and information on risks and mitigations differently. Furthermore, they had different ways of assessing risk and determining acceptable levels of risk. This affected the measures they thought had to be in place and, therefore, what provision they felt able to offer.

Headteachers overwhelmingly felt that the government issued guidance about education provision was unclear with regards to expectations around delivery, how risk assessment should be carried out and what counted as a 'risk'. There was no clarity around what the infection risk was for pupil to pupil contact, pupil to adult contact and adult to adult contact. Mixed messages were received on a range of issues which made decision making more difficult.

“All the guidance came out at 3.30 on a Friday, with no mention of specialist colleges, no advice. We had to decide it all for ourselves, take all the risk, but we knew we had no other choice, we knew we had to help our young people.”

Provider interview

“Within all of the outputs special provision was not just an afterthought, they made it quite clear, yet again, that they have no understanding of how we operate and so we were completely forgotten about.” Provider interview

“You could look at it as the guidance allowing flexibility for the special sector by not setting out what we should do. But you could also look at it as a way of passing all responsibility on to the Head.” Provider interview

“They said all pupils with an EHCP should come in but at the same time the advice was that all those with a learning difficulty should stay at home.”

Provider interview

“We found it difficult when initially they said those with ‘underlying conditions’ were more at risk, but not which. Most of our pupils have some underlying condition, so none of us were sure if that meant they were all at heightened risk.” Provider interview

Staff received different information from the press and various unions gave out different messages. This included messaging which suggested that:

- Heads would be held responsible for any risks to staff safety.
- Settings should not be open without full personal protective equipment (PPE) for staff.

Health and care staff working in schools also received different advice from their unions to the advice given to education staff (i.e. they were told to stay home, with no exceptions for those who work in educational settings that were continuing to provide places to pupils).

This lack of clear messaging meant that each provider had to interpret the guidance and Government messages themselves, which led to wide variation in provision. Whereas some providers were more 'risk averse' (for example believing it was unsafe to open unless all staff could be provided with full PPE), others were more 'risk aware' (for example, providers who felt able within the guidance to carry on providing places for pupils who require aerosol generating procedures).

Allocating places

Once they had decided the extent of their provision and the number of places they could provide, leaders then had to determine which pupils should be offered the available places.

Developing a hierarchy of need

Headteachers detailed how they had set out a hierarchy to allocate the available places, based on levels of vulnerability. This was:

1. Children with protection orders / Children in need, generally those on social services' caseloads (85% considered how to offer places to these pupils).
2. Critical workers' children who could not make other arrangements (81% considered this).
3. Pupils whose parents would struggle to have them at home or those in greatest need (77% considered this).

State schools and colleges were more likely to offer places to families who they thought were struggling to manage their child at home (86% considered this compared to 61% in the independent sector).

Around half of our sample of surveyed parents had been offered a place for their child in school or college before June 1st - with a relatively even split between those offered full-time and those offered part-time places. Amongst our sample, parents whose children had social, emotional, and mental health needs (SEMH) were more likely, and parents of children with physical and sensory needs less likely than others to have been offered a place.

Determining vulnerable and critical worker families

Leaders often found it difficult to assess which families were in the different groups within these hierarchies. Some providers contacted all families directly at this point to assess their level of need. In most cases, providers were required to determine the hierarchy based on their own knowledge of their families' circumstances. School staff generally already knew who the most vulnerable children were (i.e. those on child protection orders or designated as children in need). In some cases, social services provided lists of families they were in contact with, although leaders felt that these were not necessarily those families with the greatest need (as some are, for example, only on social services' caseload because they manage their Personal Budgets¹⁰).

However, some providers had more difficulties determining which children had parents who were critical workers, mainly as it was not clear at the time what jobs were included in this group. Some parents wanted a place because they worked for the NHS or were involved in food production, for example, but their role did not necessarily require them to be at their place of work (e.g. an administrative role in the NHS). Some leaders thought that some parents were claiming to have key roles despite working from home as they wanted their child to attend school so that they could work from home more easily.

Specifying the risks and needs of children being at home

Similarly, some leaders found it particularly challenging to assess which families would face the greatest difficulties with having their children at home. In general, pupils and families were rated according to likely levels of risk and need. Assessments of 'need' included parents' ability to manage the care and behaviour of a child at home which was considered likely to become more challenging as routines and structures changed. Other family factors were also considered including whether there were other children in the household.

Places available were then offered to those families rated as having the greatest need, in some cases outweighing the possible risks of being in school for pupils and/or staff.

Headteachers often detailed how they were having to strike a difficult balance between the potential risk posed by being in school and possible exposure to the virus, with the risks for some families due to having children at home.

“We had to go through a list of all our pupils and decide ‘Who is safer at school than at home?’” Provider interview

¹⁰ A Personal Budget is the amount of money a local council allows for the care of a person with support needs. Parents have the choice to manage this spending themselves (choosing which staff assist their family, or who provides respite care, for example) through Direct Payments but are on their local social services caseload as they still have to prove the funds are being spent in line with an agreed care package.

Many leaders reported that they felt the risks of children being at home and unsupported for an extended period was greater, more known or quantifiable than the potential effects of, or what they knew about Covid-19. Most found making this decision incredibly difficult and with no 'good' outcome.

“Throughout I’ve had to weigh up the possibility of a virus that may spread in children, and may or may not make some school members very poorly, with the certainty that lots of our pupils will find this massive change really hard and that this will be very difficult for many families to manage.” Provider interview

“For the risk assessment, we basically had to look at what would cause our greatest risks. Covid was unknown. But the impact on education, social development and relationships was clearly going to be significant.” Provider interview

3. Attendance

Leaders were required to make difficult decisions about the extent of their provision during the first lockdown. Similarly, parents faced tough choices themselves, having to weigh up the potential advantages of sending their child into school against the levels of risks involved.

Levels of attendance

During the initial lockdown period (between the 23rd of March and the end of May), a small proportion of schools and colleges (11%) had no pupils attending (i.e. were closed). Among open schools¹¹, most schools were running at less than 60% of total capacity (87%) with only 13% of schools operating with the majority of their pupils attending.

On average, among open schools, three in ten pupils who usually attend were reported to be in school between the lockdown announcement and the 1st of June, although there is a wide range of uncertainty around this estimate¹². Our sample of schools have an average of 86 pupils on roll, with only 17% normally having 20 or fewer pupils. Across the special schools with some pupils attending during the first national lockdown over half (59%) had fewer than 20 pupils in school, illustrating just how few pupils they could actually have in.

Factors affecting attendance

Even when offered a place in-school or college, parents had the choice of whether to take it up. Overall, special schools in our survey reported that the majority of their available places were filled¹³.

Half of the parents we surveyed had been offered a place for their child before June 1st, with around half of these parents having taken up this place. This means that around a quarter of our sample of parents, therefore, had sent their child into specialist provision between mid-March and the end of May.

11 Please note that the attendance to capacity ratio was not estimated for colleges due to data availability.

12 The confidence interval for this estimate is between 18% and 40%. It should be noted that this is higher than the attendance rate of 8% in special schools reported by the DfE attendance statistics on the 21st of May (DfE, 2020). One reason for this difference is that the DfE statistics record daily attendance whereas our survey measure is based on pupil attendance throughout the lockdown period. For example, these measures will differ where not all pupils are attending school full-time.

13 Over half of providers (54%) reported filling at least 80 per cent of their self-reported maximum capacity under lockdown.

Supporting factors

The main reasons parents gave for **choosing to send their child into school or college** during the first lockdown were:

- They were a critical worker (and needed to be out at work, so were unable to care for their child at home).
- They needed to keep the existing routine and support for the child's needs (such as particular interventions or behaviour management). This was reported as more of an issue for parents whose children have social and communication difficulties.

“The school know my son. They know he has episodes of distress, aggression and that he needs restraint. They acknowledged it would be very difficult for him to be at home. He likes routine and the activities school provide.” Parent interview

- They needed extra help supporting their child.
- They needed to support their other children. This tended to be a more significant factor for those with more children.

Families with children in residential provision were extremely grateful when their provider had been able to stay open. Many felt that they could not have managed with their child at home.

“I’m lucky because my son is at residential school that stayed open. I wouldn’t have managed during lockdown if he was home. I don’t know how parents are expected to cope. My son is impossible for me to manage if he’s frustrated and in crisis.” Parent interview

“When I heard schools were going to close, I was terrified. What would I do? I can’t cope with my children at home. They need the special support they get year-round at their residential school. I didn’t know what the local authority would do to help me if the school closed.” Parent interview

Where residential places had been withdrawn, this could lead to difficulties for parents as they felt less familiar than other parents with their child's needs and behaviours and less used to having their child at home (as residential settings normally accommodate pupils for most of the year). These parents also lacked connections to support services in their local areas as their child does not usually reside there.

“He normally spends most of his time at school. So it came as quite a surprise to us just how bad his behaviour is, just how much he struggles with and how much help he needs all the time. The other [children] couldn’t deal with having him around at all.” Parent interview

Perceived risks

The main reasons parents gave for choosing **not to take up the offer of a place** in school or college were:

- Their child or someone else in the house was shielding. This was an issue reported particularly by single-parent families, who had concerns about their childcare if they became ill.
- They did not think it was safe due to the possible risk of infection.

“The precautions in place at the school were insufficient. Social distancing was not being applied ... The risk was too high.” Parent interview

- They had concerns about how their child would cope with social distancing measures and therefore potentially be at greater risk themselves, or pose a risk to others.
- They thought the in-school experience would be too different from the normal routine and their child would not be able to cope with the change.

“He’d find the new environment of social distancing and PPE too distressing.” Parent interview

- They preferred to have their child at home during this time or thought other families' need for a place in school or college were greater than theirs.
- They were not willing to send them in without the child's full EHCP support being in place.

“They weren’t delivering the support set out in the EHCP and the strategies typically used to support my child. My child needs sensory input to squeeze and to hug, so no social distancing would have been possible.” Parent interview

Some parents from Black, Asian and minority ethnic (BAME) groups suggested that they were too worried to send their child in to school or college or were more likely to be choosing to shield during the pandemic, because they feared they would be at higher risk because of their ethnicity.

“I’m white but my partner’s black and so our kids are mixed race. So of course, I’m even more worried for all of them, and I do wonder if my son would be at greater risk in school than some of his friends.” Parent interview

Changes between March to the end of the Summer term

The number of open settings and how many pupils they were able to accommodate reportedly changed over time. This was in line with changes to DfE guidance (from

June 1st all schools and colleges were encouraged to open up more widely¹⁴), and provider experiences of how best to accommodate the needs of their pupils under the new circumstances.

March to June 2020

Concerns about pupils with EHCPs being in schools before the March announcement meant that attendance at special schools and colleges dropped the week before the government announced that schools would close for most pupils. Pupils had stayed at home due to possible illness in the family (as symptoms required the whole household to isolate) or concerns about exposure to the illness. Staff availability also reduced at this time for similar reasons. Many settings, which were initially closed, did start to offer places to some pupils after Easter.

“We consulted parents and they all said they were happy to have the children at home, so we just left them until Easter. But we were doing food parcel drops when it became apparent some were really struggling. I think now we were wrong to close. But none of the at-risk families wanted to send their children in. So from Easter we started going out and collecting them individually.” Provider interview

Several providers continued to offer places over the Easter holidays. This was to support critical workers who needed to continue to work and did not have access to other childcare. Also, this was to support families deemed to need the respite provided by their child attending school. Most providers asked staff to volunteer to come into work over this period.

A small number of providers described how they had been asked to provide places for pupils who did not usually attend their school. This included, for example, a child with an EHCP usually in a mainstream setting that was unable to provide the support required. Another school mentioned offering provision to pupils from a children's home whose usual schools could not manage their emotional and behavioural needs over this period.

Attendance increased following the Easter holidays¹⁵. This was due to a combination of:

- Changes in provider circumstances - more staff became available, providers increased their experience of the 'new' provision, enhanced their understanding or interpretation of the guidance, and perceived an increase in family need.
- Changes in parent circumstances – parents became less concerned about the risk of infection from school attendance and found having their child at home more difficult (for a range of factors).

¹⁴ Department for Education (2020) Policy paper. Actions for education and childcare settings to prepare for wider opening from 1 June 2020. Updated 16 June 2020[Online] Available at: <https://www.gov.uk/government/publications/actions-for-educational-and-childcare-settings-to-prepare-for-wider-opening-from-1-june-2020/actions-for-education-and-childcare-settings-to-prepare-for-wider-opening-from-1-june-2020>

¹⁵ Gov.UK (2020) Week 25 2020 Attendance in education and early years settings during the coronavirus (COVID-19) outbreak [Online] Available at: <https://explore-education-statistics.service.gov.uk/find-statistics/attendance-in-education-and-early-years-settings-during-the-coronavirus-covid-19-outbreak/2020-week-25>

By June, parent requests for places were generally increasing and for some providers, demand was now starting to outstrip supply. There was, however, still a limit to how many pupils could be offered places for all the reasons already discussed (e.g. space, staff numbers, ability to social distance). Some providers reported coming under increasing pressure from families to take their children into school.

“I came under attack from several parents. Crying, screaming. Telling me that I had no care about their children. I had to explain to them the situation was excruciating. But I felt I had to leave them high and dry.” Provider interview

June to the end of the Summer term 2020

From June 1st 2020 the DfE guidance changed¹⁶, and schools and colleges were asked to offer places to more pupils. Mainstream schools were advised to do this by year group, but special provision were advised to decide for themselves which pupils should have priority for returning to education¹⁷. Specialist headteachers had already been increasing the number of places offered before this point, especially on a part-time basis, but this guidance accelerated the change.

The majority of the parents we surveyed said their child was offered a place at school or college after June 1st. Most took it up, particularly if they were working parents. For the majority this was a part-time place, as opposed to full-time.

Provider constraints and concerns continued after June 1st, but the number of places offered increased, as schools and colleges:

- Offered places to families who were struggling as a form of respite. To do this many switched from offering fewer full-time places to more part-time places. This meant more families could have a break from having their child at home.

“By June we were getting parents who were a lot more emotional, requesting places. They were just at the end of their tether.” Provider interview

- Targeted pupils with attendance issues or other needs to take up places (such as school refusers or children about to change school).

¹⁶ Department for Education (2020) Policy paper. Actions for education and childcare settings to prepare for wider opening from 1 June 2020. Updated 16 June 2020[Online] Available at: <https://www.gov.uk/government/publications/actions-for-educational-and-childcare-settings-to-prepare-for-wider-opening-from-1-june-2020/actions-for-education-and-childcare-settings-to-prepare-for-wider-opening-from-1-june-2020>

¹⁷ The guidance noted 'Special schools, special post-16 institutions and hospital schools should work towards welcoming back as many children and young people as can be safely catered for in their setting. They may want to prioritise attendance based on key transitions and the impact on life chances and development, and to consider creating part-time attendance rotas so that as many children as possible can benefit from attending their setting. Special settings should work with local authorities and families to ensure that decisions about attendance are informed by existing risk assessments for their children and young people, which should be kept up to date.

“We made sure persistent absentees got back in before the end of term, else we feared we might never see them again.” Provider interview

Early on in the first lockdown, many parents felt strongly that their child was better off at home, but this feeling lessened over time. Many families found the prolonged lockdown period hard and, as time went on, they wanted more or a different type of support from school or college and other agencies, and increasing numbers sought a place in school or college. A small number of families said they had been able to secure a place by exerting external pressure on the school or college through a third party. This included using the local authority, charities or lobby groups.

“I just thought that it was unacceptable that my son wasn’t offered a place by his school. I’d asked and asked. Then I contacted the Local Authority and they arranged a meeting where I met with the school and it was agreed that [my son] would go in part-time.” Parent interview

“We were forgotten. Abandoned. It was only when we went to the LA to complain that we got any offer of provision in school.” Parent interview

4. In-school provision March to end of Summer term, 2020

The unprecedented effect of the pandemic on educational provision resulted in many special providers changing their approach to learning over this period. Educational providers had the freedom to determine the type of in-school provision they offered to pupils during the pandemic¹⁸.

The nature of the offer

Over half of special schools and colleges (53%) were able to maintain the education input set out in pupils' EHCPs to a large or very large extent for pupils in-school (compared to 4% of the sample who said they could not deliver this at all and 43% who said they could only maintain it to a small or moderate extent). This proportion was higher for Independent providers, who had maintained educational inputs as set out in pupils' EHCPs to a large extent for 73% of pupils in school. Headteachers pointed out that many pupils would find it hard to attend school without their designated support. One to one support, for example, not only helps pupils to access learning but also supports their mobility, socialisation, toileting, eating, etc. Children and young people's progress and development could be severely hampered without access to this support, especially if it was unavailable over a long period.

Overall, three-quarters of specialist providers (74%) said that the focus of their provision during lockdown was more on 'childcare' rather than delivering the national curriculum. Other research of senior leaders in mainstream settings found the same proportion (74%) reported a focus on non-curriculum activities for vulnerable pupils during lockdown¹⁹. However, although childcare (i.e. having children 'watched over') was the initial focus, this switched over time to offering more learning-based activities. Independent schools (with 58% saying they focused on childcare compared to 84% of state schools) and residential schools (with 59% saying their focus was on childcare compared to 79% of non-residential schools) were, on average, more focused on providing content with a curriculum-focus.

During the first lockdown period special providers had often developed activity-based learning. These activities provided learning opportunities across a range of subjects or addressed specific targets. For example, schools might suggest that pupils bake cakes rather than attempting specific lessons in maths or literacy. The activity of baking cakes with staff, a parent or siblings, incorporated a range of learning such as:

¹⁸ Department for Education (2020) Supporting Vulnerable Children and Young People during the Coronavirus (Covid-19) Outbreak – Actions for Education Providers and Other Partners [Online] Available at: <https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-on-vulnerable-childrenand-young-people/coronavirus-covid-19-guidance-onvulnerable-children-and-young-people> [3 June, 2020].

¹⁹ Julius, J. and Sims, D. (2020) Schools responses to Covid-19: Support for vulnerable pupils and the children of keyworkers. Slough: NFER. [Online] Available at: https://www.nfer.ac.uk/media/4075/schools_responses_to_covid_19_support_for_vulnerable_pupils_and_the_children_of_keyworkers.pdf

practising literacy (including reading recipes, comprehension, talking and turn-taking), and numeracy (counting, weighing, sharing); developing physical skills (fine and gross motor skills, balance); and social skills (working together, achieving and having fun). This approach seemed more about consolidating previous learning rather than attempting to progress learning.

“Our aim is to help our pupils to tread water during this time until we get back to normal and teaching them again.” Provider interview

Provision after June 1st was reported to have had more of a focus on preparation for returning to more normal schooling (moving to the next year or a new class group), mental health and wellbeing or activity-based learning. It included academic learning but not as much as the pre-lockdown timetable. Some therapeutic input was provided but, in the main, this was not back to normal in terms of delivery methods or who delivered it. Parents told us that some aspects of provision such as hydrotherapy, trips out, working in the community, and contact with animals were not available to their children at this point. These were missed by parents as they are perceived to be crucial to the development of many young people with SEND.

Features of in-school provision

Special schools and colleges used a range of different strategies to allow pupils to attend during the first lockdown in line with safety guidance. There were six common features of practice being employed over this period, namely:

- A. Setting up ‘bubbles’.
- B. Hygiene management.
- C. Delivering personal care.
- D. Altering activities.
- E. Managing behaviour.
- F. Using outdoor space.

A. Setting up bubbles

Providers identified that their pupils were unable and/or unlikely to adhere to social distancing. This was because of their learning needs and behaviours, but also requirements for personal care, one to one support or physical intervention. Leaders detailed how these requirements could potentially involve up to 6 staff being in close contact with each other and the pupil.

Bubbles were set up, with a specified group of pupils and staff, whose contacts with other pupils and staff was limited as much as possible. Headteachers tried to keep the staff from each bubble separate. Bubbles contained a mix of pupils in terms of their age and abilities, and so were not necessarily the most suitable for teaching.

In residential schools, living arrangements determined bubbles with pupils taught alongside those they lived with, often within their living accommodation.

For some pupils, there was felt to be a need to limit their exposure to others even further. This was often where the pupil had behaviours which increased the potential for them to spread infection (such as spitting, putting items in their mouth, physical aggression), or had a condition which potentially made them more vulnerable to catching any infection (such as HIV, severe respiratory and heart conditions). In these cases, the bubble contained fewer pupils, although often needed higher staff ratios.

“We have 12 pupils in a class normally but now we’ve set up ‘kingdoms’ with only 8 pupils in and 4 or 5 staff so that we can keep pupils who bite and spit away from others.” Provider interview

Bubbles were kept separate by:

- ‘Zoning’ – where spaces were only used by particular bubbles.

“Each of our bubbles has their own outdoor space attached to their dedicated teaching spaces, a third space for storing their own soft and sensory equipment, and a toilet for their sole use, so they don’t come into contact with any others.” Provider interview

“Our school now involves a lot of locked doors, to section parts off.” Provider interview

- Different start and end times, and lunch and break times.
- Different staff meeting spaces.
- Different collection and drop-off points – to prevent parents from coming into the building or large groups of children all entering the building at the same time.
- Seating plans.
- Stricter behaviour management - where pupils' behaviours which may pose a risk were sanctioned.

Special school and college leaders generally felt that enforcing one-way systems and similar processes for reducing contact would be impossible in their settings, as pupils would find this hard to understand, remember and adhere to. Very few leaders attempted this.

Leaders were unsure about how they should deal with communal activities such as assemblies and had considered having these on a rota too if bubbles were to be maintained. Some schools had found holding virtual staff meetings (both whole staff and one to one) were effective and they intended to continue with these to reduce contact across bubbles.

Other factors considered around bubbles included:

- Keeping bubbles in touch - Zoom and other online methods were used for pupils to maintain 'contact' with friends in other bubbles.
- Closing bubbles - Members of bubbles are all required to stay away from the school if anyone within that bubble tests positive for infection. In residential schools, this means confining all staff and pupils to their living quarters (rather than sending them home). Some schools had set up an isolation area for anyone considered potentially infected.
- Additional costs of separating bubbles - For example, buying fencing to partition the playground and providing separate hand sanitising stations.

B. Hygiene management

All providers had increased the amount and frequency of cleaning undertaken. They had removed equipment which they were unsure they could keep clean – often sensory toys, soft play items, books - and increased the use of laminated materials and equipment that could be wiped clean after use. Providers focused on cleaning frequent touchpoints such as door handles, provided hand sanitiser and wipes and made items of PPE available to all staff.

To encourage pupils to engage in regular handwashing, providers were using social stories²⁰ to explain to children how and why to do it; providing opportunities for water play, especially around eating times; and building handwashing times into timetables.

Other approaches to maintaining hygiene included carrying out temperature checks for staff and pupils on entry; keeping doors and other access points open to minimise the extent to which people had to touch them; setting up additional hand sanitising facilities; sterilising pupils' items from home on entry (for example, favourite soft toys/comforters); and preventing gathering at 'pinch points' (such as entrances).

C. Delivering personal care

Many staff in specialist settings provided personal care to pupils, medical interventions (including aerosol-generating procedures²¹) and support with feeding and mobility.

“Our support staff are pseudo medical. They understand infection control, and that’s no different today to any other day.” Provider interview

20 Social Stories are a social learning tool that supports the safe and meaningful exchange of information between parents, professionals, and people with autism of all ages. They use known situations and feelings to explain new or different concepts.

21 An aerosol generating procedure is a medical procedure, such as tracheostomy insertion or removal, that can result in the release of airborne particles (aerosols) from the respiratory tract. These are thought to constitute higher risk of potential infection transmission. See Department for Education (2020) Guidance: 6 Covid-19 Infection, prevention and control guidance aerosol generating procedures. Updated 20 October 2020 [Online] Available at: [https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-infection-prevention-and-control-guidance-aerosol-generating-procedures#:~:text=An%20aerosol%20generating%20procedure%20\(,airborne%20or%20droplet%20route.](https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-infection-prevention-and-control-guidance-aerosol-generating-procedures#:~:text=An%20aerosol%20generating%20procedure%20(,airborne%20or%20droplet%20route.)

These staff and pupils were therefore in very close contact, including several staff members having to be in close contact with each other. Changes that were made to providing personal care included:

- Ensuring support staff were placed at the side of pupils (rather than in front) as much as possible.
- Carrying out toileting support from behind the pupil where possible.
- Using social stories about why some people now look different (with masks and PPE on).
- Using visors or face masks with clear panels for pupils with hearing impairments.

Staff were provided with aprons, gloves, face masks or visors but approaches to PPE varied across providers. Whereas some providers mandated use of this equipment, others left it open to staff to choose.

Wearing PPE in specialist settings was detailed as causing some difficulties, including acting as a barrier to communication. For some students, not being able to see faces had led to them being disturbed or lashing out at those wearing face coverings. In many cases, this meant that wearing extra PPE could be seen as posing a more immediate risk to staff than the virus.

D. Altering activities

Some providers felt unable to carry out some of their usual activities because they had assessed these as no longer permissible or advisable under guidance. Such activities included: group trips out, working with or providing services to the public, as well as, working with animals, use of swimming or hydrotherapy pools, and use of sensory spaces. Providers had to develop alternative activities to provide a similar type of input (e.g. employment role-playing, foot rub for sensory support, Zoom calls involving animals, extra therapy input).

E. Managing behaviour

Managing behaviour, such as aggression or meltdowns, was viewed as high risk because it requires physical contact between staff and pupils. Settings resolved this in several ways, by:

- Continuing as normal - Restraint and contact are ordinarily only ever used as a last resort anyway, so the use of these practices simply continued in the same way as before lockdown.
- Reducing pressure and expectations - Schools deliberately limited the amount of academic pressure on pupils to try and reduce difficult behaviours.
- Strengthening behaviour policies - Many providers were establishing clearer expectations of what was and was not now acceptable in school, focusing on behaviours that could increase the risk of infection. Spitting, for example, was

seen as a red line for many. Other leaders, however, felt such an approach would have been inappropriate as it could result in vulnerable pupils being excluded and therefore left at home.

“We have a pupil who spits, bites, grabs and strangles. We just cannot risk assess him as ok to take back at present and Mum’s really worried about the risk to staff and other pupils. So we have agreed that staff will go to him once or twice a week and engage him in his favourite activities outdoors – so Mum gets a break but also gets more ideas of how to keep him regulated.” Provider interview

F. Using outdoor space

Providers who had access to outdoor space were using this as an area for lunch and break times but also for lessons and as an additional break-out space. This was made possible in the first lockdown as it occurred during the Summer term, when the weather was suitable to being outside. Being in the open air was seen by providers as safer than being indoors and anything that could be delivered outdoors was.

“Storytime for literacy took place sat under a parachute around the fire pit every day.” Provider interview

“We’re looking as creatively as possible at all of the space we have available to us and how we can limit in-school time as much as possible.” Provider interview

Providers who could not access outdoor space were keeping doors and windows open to allow fresh air to circulate as much as possible. However, these approaches were completely weather-dependent, and school and college leaders said they were grateful the measures had not been required during Winter.

Challenges for in-school provision

The type of ‘in-school’ provision available to pupils from March to July 2020 varied. As described, providers interpreted the guidance differently and made their own assessments of acceptable levels of risk. Providers and parents also faced additional challenges related to how to get children to school and help them adapt to changes to their routines and support. These included:

A. Transport

Transport was seen as a barrier to in-school provision. Most pupils in special education normally travel to and from school using Local Authority (LA) provided transport services (e.g. minibus or taxi). Many of these services stopped or were

severely reduced during lockdown. This was due to limited driver and chaperone staff availability, and concerns amongst transport staff about having contact with others, including pupils who could not social distance.

Transport services were also often unable to align the pupils they carried with the bubbles set up by schools. This meant increased potential exposure for pupils travelling by school transport to other groups of pupils outside of their bubbles. Over time, some transport companies insisted that their staff and/or pupils wore face coverings. Headteachers and parents identified this as an issue for many pupils.

Parents had also experienced issues securing transport arrangements. Problems included availability of local authority provision, changes to chaperones, and a lack of flexibility around travel times (e.g. in response to a move to part-time provision). Some parents told us that they had transported children to settings themselves, in some cases being reimbursed by their local authority later.

B. Adapting to new routines and different provision

For some families, maintaining their child's place in school or college was difficult as their child struggled to adapt to changed routines and staffing. Many children reportedly also found it difficult when they could not be with their friends or when they were unable to behave as they would have done pre-lockdown.

Some parents reported that they had been offered in-school places but in a generic 'childcare hub', rather than their child's usual setting. They did not take these places up as it would have meant disruption to the usual routine, places and people the child knew. Parents were also unclear whether any staff were able to appropriately support children with EHCPs in these new settings.

Switching from full to part-time provision had caused some issues for parents in managing their children and work commitments.

However, those parents whose children did return to school said that it had, in the main, been a positive experience for both the child and them.

"I am very very grateful school did offer both children a place. This has really helped my kids mentally. It was very hard for them staying at home every day and school learning at home was difficult with both of them. I do feel they have benefitted by going back. The school has been doing a great job." Parent interview

C. Addressing pupils' needs during transition to new settings

This period of changed provision was reported as presenting specific difficulties for those children due to move into a new educational setting (such as moving from primary to secondary school or from secondary school to college) or into adult social care services from September 2020. Some families had no agreed placements for their children to move onto because no transition planning had taken place. Similarly, some children and young people had been unable to visit new schools and colleges for familiarisation or to determine suitability.

Providers explained how they had tried to offer opportunities to support transition but that these had been severely limited by available staff, time and ability to deliver within guidance. They were concerned that a new cohort of pupils would be joining them in the new academic year whose needs were not known and who would be unfamiliar with their new setting. Some providers had attempted to address this by, for example, undertaking socially distanced activities outside with new staff, offering individual parent and child visits to classrooms when the rest of the school was closed, or running online 'meet your new teacher' events.

D. Staff allocation and use of Teaching Assistants

Initially during the first lockdown, staff allocations were determined by which individuals volunteered to come into school. Over time arrangements were formalised and schools and colleges set up in-school staffing rotas to match bubbles, manage possible outbreaks and manage staffs' childcare issues. Staff time spent on in-school activities also had to be balanced with the time required to develop and deliver remote support.

The role of Teaching Assistants (TAs) was vital during this period as they supported in-school delivery and provided one to one support and personal care similarly to normal (including some who undertook training to be able to support pupils with different needs). Some providers reported that TAs were overseeing classes or bubbles over this time, which ordinarily would not be allowed²² but was a way to facilitate supporting pupils in school and at home.

“[TAs have been deployed] to run the at school provision while teachers deliver the learning offer virtually.” Provider survey response

TAs were also often used to support home learning (including by producing or adapting resources and supporting online delivery) and provide EHCP input (such as therapy provision, monitoring development and social development work). In addition, they often led the pupil and family support, including by facilitating online social activities

²² Unison, NAHT, NET, MPTA, MITA and RTSA, (2016) Professional standards for teaching assistants. Advice for headteachers, teachers, teaching assistants, governing boards and employers. [Online] Available at: <http://maximising-tas.co.uk/assets/content/ta-standards-final-june2016-1.pdf>

and learning between peers, providing wellbeing support to pupils and families, and carrying out the welfare checks and visits to families.

“They have been instrumental in keeping daily contact with pupils and giving them and their family emotional support.” Provider survey response

E. Working across multiple local authorities

Headteachers reported difficulties working with multiple local authorities during this time. Each local authority made different requests from schools and colleges and had different versions of paperwork to be completed. This was particularly burdensome for specialist providers because they generally offer places to pupils from multiple local authority areas.

“We take pupils from over 30 LAs here, and each one of them had a different risk assessment form to be filled in, or asked for numbers to be presented in different ways. It was a full-time job just trying to keep up with all the paperwork.” Provider interview

“We really needed a template version that all LAs used in terms of data requests from schools. When we tried to submit the information in a standard format, they just rejected it, saying they needed it in the way they had requested, so this meant us having to sort it out for them, while we were busy trying to support our families.” Provider interview

Re-opening in September 2020

A report detailing our findings about pupils returning to special schools and colleges in the new academic year following the first national lockdown has previously been published²³. The expectation at that point was that schools and colleges should fully reopen and return to their ‘normal’ provision. Leaders thought that many of the issues affecting the provision available during the first lockdown would continue to affect provision in the following academic year (September 2020). For example, a lack of clear guidance, issues with staff and space availability, as well as collaboration with other partners and how to fund additional needs.

23 For full details see: Skipp, A. and Hopwood, V. (2020) Special education during lockdown: Returning to schools and colleges in September [Online] Available at: <https://mk0nuffieldfounpg9ee.kinstacdn.com/wp-content/uploads/2020/09/Special-schools-during-lockdown.pdf>

Predicted attendance

Providers and parents were asked to predict what they thought would happen at the start of the term following the first lockdown (i.e. from September 2020). Special school and college leaders expected less than full attendance in September, as 84% thought that some families would not send their children back to school in the new academic year. Leaders estimated that an average of 14% of pupils may not return. This prediction, if correct, would have meant over 20,000 pupils nationally not going back to special schools and colleges. Data from November 2020 showed that attendance in special schools and colleges was at around 75%²⁴, reflecting that leaders had slightly underestimated the issue with non-return and that one in four pupils were not attending their special placement at this point in the Autumn term.

Leaders felt that parents might not send their children back to school because of:

- **Safety** - almost two-thirds of leaders (64%) felt parents would not send their children back to school because of safety concerns.
- **Medical vulnerability** – over half of leaders (55%) thought some parents would not send their child back in September because their household had been shielding. The parents of children who had been shielding, or had other significant health issues, were particularly concerned that their child may be more susceptible to contracting or being adversely affected by the infection.
- **Pupil needs and behaviours** – a third of leaders (33%) felt that parental concerns about pupils' inability to adhere to safe practice and social distancing would result in parents not sending children back in September.

There were some concerns raised about it being made compulsory for parents to send their children back into special provision or face fines (as the Secretary of State²⁵ had set out). Providers said they did not feel comfortable with the idea of fining parents in these circumstances, and that a sanction of this type would not have the desired effect, possibly pushing some parents to deregister their child and 'elect' to home educate.

“If you have a child with a life-limiting condition that means an infection could kill them, do you think you’ll send them back in with all the risk that entails rather than get a £60 fine? Absolutely no way, and I don’t blame them.” Provider interview

24 Sibieta, L. (2020) School attendance rates across the UK since full reopening. Education Policy Institute. [Online] Available at: <https://epi.org.uk/publications-and-research/school-attendance-rates-across-the-uk-since-full-reopening-november/>

25 Politicshome.com (2020) Gavin Williamson says parents will be fined if they fail to send children back to school. [Online] Available at: <https://www.politicshome.com/news/article/gavin-williamson-says-parents-will-be-fined-if-they-fail-to-send-children-back-to-school>

Predicted changes to provision

School and college staff felt the changes that had been brought about during the first national lockdown due to Covid-19 restrictions, would lead to changes in their future offer. These changes included that they would need to offer:

- Reduced and altered contact hours (for example by maintaining part-time rather than full-time placements).
- Fewer activities (such as the use of sensory rooms and hydrotherapy pools; and activities which require leaving the school premises or coming into contact with the community, such as running cafés and shops).
- Less curriculum input in favour of addressing additional emotional and mental health needs as a result of the pandemic.
- Different routines (such as being in bubbles with set groups of pupils and staff, staying in certain parts of the school, and adhering to safety guidance).
- Stronger behaviour management policies (penalising pupil actions now considered to pose an increased risk).
- Lower levels or different methods of therapeutic input.

The overall recommendation from special school and college leaders to address the issues about returning pupils to education full-time was for a need to provide:

- Guidance on safe in-school delivery for pupils with EHCPs.
- Guidance on special education delivery expectations, including how pupils who do not return are supported.
- Clear and consistent communication (for staff and families) about the risks to pupils and staff in special education and how these are being addressed.
- A reassessment of resourcing to reflect the additional requirements of special schools and colleges (such as additional staff, input and remote support).

5. Remote learning

Due to restrictions on the numbers of pupils able to attend school in person (around 30% before June 1st, as detailed in Chapter 3), parental reluctance to send their children into school, challenges in securing transport to and from school and the part-time nature of much of the available provision, support with home learning became extremely important during the first lockdown. Individual provider's approaches to delivering remote learning differed, providers faced challenges in creating their online offers and parents often struggled to support learning at home.

The type of remote learning special schools and colleges could offer

Special schools and colleges provided a range of support for learning at home, such as:

- Workbooks, sheets and paper resources (91% of providers stated they offered these). Parents reported also receiving resources such as colouring books, reading books, pens and pencils, sensory toys and tools to support learning strategies (such as now and next cards, timers, star charts, etc.).
- Educational websites or apps that the provider would usually use with pupils (79% suggested families use these). These were less likely to be used by colleges (54%) compared to schools (82%).
- Online resources (including links to other non-educational websites and online resources, such as news or information websites) (78% said they provided these).
- Online conversations between staff and pupils (58% of providers offered these). These were more commonly provided by colleges (83%) than schools (55%).
- Videos produced by the teacher (48% offered).
- School/college virtual learning environments (42% offered).
- Online 'live' lessons (39% offered).
- Support staff visits (40% offered).
- Teacher visits (38% of providers said they offered these). These were less likely to be carried out by schools with the lowest proportions of families eligible for FSM (24% compared to 43% of schools with the highest rates of families eligible for FSM).

In terms of how home learning opportunities were provided, parents reported that their children received:

- Formal 'lessons' provided by school/college staff.
- Activity-based or practical sessions like cooking, PE, colouring, word searches, puzzles and Lego games.
- Individualised projects based on the child's interests.
- Whole school or class-based group events - such as assemblies or weekly celebration events.

They also described receiving communications and updates from providers. These included details of what in-school provision looked like, surveys on support and placement needs, and options for returning to school.

In some cases, families had taken part in annual review meetings to discuss and update their child's EHCP. These were delivered by Zoom or on the doorstep, or, as time went on, via meetings at school with participants socially distanced.

Overall, 88% of providers said they were able to personalise or differentiate learning materials for over half of their pupils. On average, independent schools reported being able to do this for 90% of pupils whereas state schools were able to do it for 80%.

On average, special schools and colleges reported that staff were providing individualised feedback to 73% of their pupils. Schools in the independent sector had, on average, been able to provide feedback to significantly more pupils (86%) than those in the state sector (66%). Schools who usually offered residential places were also more likely to have offered individualised feedback (for an average of 84% of pupils who were learning from home) compared to providers with no residential places (for 69%).

Providers reported that on average 67% of pupils were engaging with activities being set, with the following breakdowns:

- Residential schools reported higher levels of pupil engagement than those without residential places (72% engaging compared to 66%).
- Providers in the independent sector reported higher pupil engagement (76%) compared to state providers (62%).

In terms of providing educational support set out in EHCPs, 31% of respondents overall said they were able to maintain this to a large or very large extent to pupils at home. This figure was higher in independent schools (52%).

Factors affecting the remote learning available

Headteachers described how they thought the requirements for remote learning support differed for special providers compared to those in mainstream settings. For example these differed due to:

- **The highly individualised needs of pupils** - Pupils are on individualised learning plans which means that different resources have to be made for every child for every lesson. Pupils with SEND access learning and resources in different ways and require a range of resources including online resources, paper-based materials, and other activities that require conversations led by teachers.

“My friends in mainstream are moaning about having to film and upload their lessons. But I point out they do it once for 30 kids. I have to make 15 versions of every lesson to suit each of my children.” Provider interview

- **Pupils needs and family circumstances which dictate the activities set** - Staff tried to provide activities which they knew pupils were interested in or would engage with. They also tailored it to the families' needs, providing activities the

whole family or pupil and siblings could do together, or short activities that could fit around other required activities.

- **Parents needing more guidance on how best to support their child with SEND** - Parents needed advice on how to support learning and use equipment in order to be effective. This meant teachers providing instructions for parents on how to engage their child or support them appropriately with tasks. In some cases, support strategies (such as timers, now and next cards and visual timetables) were shared with parents. Many schools also ensured equipment for learning (including chairs, laptops or writing equipment) was available at home.
- **Limited IT access** - On average, providers thought around 30% of families at their school or college had little or no IT access at home²⁶. Roughly one in three providers said that this was the case for over 35% of their families. Limited IT access was reported as more of an issue by settings with higher rates of FSM (with 37% of their families having limited access) than those with lower rates of FSM (22% of families at these schools were felt to have limited access). Additionally, pupil needs may mean accessing content online is difficult. This meant that to support remote learning school and college staff were having to regularly get paper learning and support materials and equipment out to pupils' homes. For some providers, this involved a lot of travel as pupils live across a wide area, which was costly.
- **A lack of suitable resources** - Resources produced to support home learning (such as Oak Academy and Joe Wicks PE classes) were generally not appropriate for pupils with SEND. Some special providers made their own versions, but these were not shared widely across the sector²⁷. One school set up a YouTube channel that was "like the Joe Wicks channel for children with special needs." Their physiotherapist made videos of activities to engage children with physical needs and disabilities in, with advice on how parents could deliver it.

Remote learning provision for pupils with SEND was therefore described as labour intensive for special providers. They also expressed concerns about if, or how, they could continue to offer remote learning due to costs (in terms of both time and money) and the need to provide it alongside educating pupils attending school or college. Providers also had concerns about what pupils who were not coming into school were missing – the interactions, their peers, the quality of learning and support - and that their parents were not getting a break.

Parents' experiences of remote learning

Most parents whose children were not in school or college over this period reported that they received some support with home schooling. However, what they received and how it was delivered varied considerably.

²⁶ This is a slightly higher rate than that reported for pupils in mainstream settings, where senior leaders reported around 25% of families would have issues accessing IT. See: Lucas, M., Nelson, J. and Sims, D. (2020) Schools' responses to Covid-19: Pupil engagement in remote learning. Slough: NFER [Online] Available at: https://www.nfer.ac.uk/media/4073/schools_responses_to_covid_19_pupil_engagement_in_remote_learning.pdf

²⁷ National resources have now been created by Oak Academy in association with Nasen. See: Oak National Academy (2020) Specialist classroom [Online] Available at: <https://classroom.thenational.academy/specialist#subjects>

“School kept in weekly contact with my son. This was via phone and by video and they sent us weekly emails of things to do.” Parent interview

“Resources were delivered to home... including textbooks, reading books, art supplies and weekly work. These were hand-delivered to our home.” Parent interview

Some parents of children at special schools and colleges reported being unable to do much home-schooling. A significant number of our sample (around 1 in 5) reported having engaged in no home learning with their children during the entire lockdown period.

Parents' satisfaction with support for learning at home

In many cases parents felt that, remote learning support did not meet their child or families' needs, and families reported their ability to engage in learning at home was limited. Parents reported in many cases that resources were too generic, not tailored to their child or family's needs, not accessible (including being online when they did not have online access) or unsuitable for the parents to adequately deliver.

“Work that was sent home initially was not suitable. I requested more differentiated work as the couple of packs of colouring activities were not suitable but received some work that was too difficult and some that was too basic...” Parent interview

“We were offered absolutely no support from anyone during initial lockdown and received just two phone calls in 12 weeks from the school. My child suffered substantially.” Parent interview

Factors affecting the ability of parents to deliver home learning

Other research has found that parents of pupils with SEND may struggle to educate their children at home²⁸. Our work with parents supports this finding. Parents detailed a range of challenges that they faced delivering remote learning. These included:

- How learning was not, or could not be, the parents' priority at this time (e.g. because it was a full-time job to care for their child, to keep them safe, happy and occupied).
- How getting their child to engage with learning was difficult, precisely because of their additional educational needs. Children's anxiety levels could be too high, their concentration too low and/or changes to their routine meant there had been little regulation which led to behaviour issues.

28 Tirraoro, T. Blower, R. and Keer, M. (2020) Coronavirus and SEND Education: A survey to determine the support provided to families who have children with special educational needs. Special Needs Jungle Ltd [Online] Available at: <https://www.specialneedsjungle.com/coronavirus-send-education-survey/>

- The extent to which they felt equipped or able to support learning. Parents highlighted that they are not specialists in educating children with SEND, and even when the school or college had provided ways to help their child learn, this was not always possible.
- The child's need for one to one support. Some children needed to have an adult constantly sat with them to support access to learning as well as specialised input and support.

Other factors that affected how much learning was possible, or how well parents felt able to support their child with learning related to the characteristics of families and their circumstances, for example:

- How many adults were at home - both parents being present allowed for more engagement with home learning.
- Whether there were other children in the household as more children restricted the time available to support learning.
- Whether parents were trying to work from home and therefore had sufficient time to also support learning.
- The ability to access remote learning e.g. access to IT or equipment such as a printer.
- The level of support provided by the school.

“My child has challenging behaviours and constantly refused to engage in school work after a while. It was tough.” Parent interview

“It is extremely difficult to educate a child with complex learning needs at home due to limited resources and knowledge. My child especially, needs the school surroundings in order to learn.” Parent interview

“It is impossible to educate a SEND child who requires a 1-1 and also work full-time especially with another child who also requires attention and education. There is a reason he needs specialist teaching and a 1-1. Also, I am not a therapist either. He needs the therapy.” Parent interview

Facilitators of successful home learning

A minority of parents were satisfied with the provision provided by the school or college and could understand the issues facing schools and colleges around remote support (e.g. no one had been expecting the need to provide it, it required everyone to have good IT skills and that it would take a while for settings and parents to become familiar with what worked). These parents with more positive experiences of home learning were able to identify the features of their provision that had been particularly useful.

“The provision the school provided was very good. The staff were helpful and caring. They were in regular contact with us and came out to see us.” Parent interview

“Enjoyable, fun and educational live online learning be able to see their friends and class teacher every day was totally amazing. They looked forward to the lesson every day.” Parent interview

“Tutors called us daily. There were lots of fun online activities. Staff dropped off resources and equipment (cooking ingredients, science experiments). They gave us supermarket vouchers even though we don’t get free school meals... We had frequent contact with the Head.” Parent interview

What helped learning at home

In terms of what was provided to support pupils learning at home, parents valued:

- **Learning materials provided in a medium that suited them and their child’s needs.**
- **Structure and routine available, but choice and flexibility in how to complete the remote learning provided** - Families appreciated having no pressure to complete the work provided by a set time and having lots of choice and flexibility in the range of subjects covered and whether to include academic as well as activity-based options.
- **Additional support** - This included support such as YouTube sessions, online or live sessions and doorstep visits (e.g. to deliver a cooking session). These helped to ease the burden on families to provide the input.
- **Differentiated work²⁹ and feedback** - tailoring work to the child’s needs, ability and interests, and providing feedback helped maintain the motivation to engage and learn.
- **Whole-family orientated activities** – These were valued as a means to support parents manage competing demands across family members.
- **Teachers and staff being easy to contact, willing to listen and ready to act to solve or discuss issues raised** - Parents appreciated being able to talk about their concerns and feel listened to. They valued two-way information sharing and communication.
- **A solutions-driven approach** – Families appreciated it when schools/colleges tried to address the difficulties they were facing. This included overcoming practical issues (for example, schools delivering out printed resources when a family’s printer broke and providing laptops); creating novel delivery methods in line with safety guidance (e.g. providing learning sessions in gardens); and tailored contingency planning (e.g. what families would do if their residential school had to close). Parents also valued providers adapting and improving their approach as time went on. This resulted in more online provision, an increased variety of learning methods and activities, more opportunities for social engagement (e.g. assemblies) and better communication processes and ways for keeping families and pupils in touch.

²⁹ Differentiated instruction allows for multiple pathways to ensure that students have equal and appropriate access to curriculum. It involves tailoring work to the needs and abilities of individual pupils.

No 'right' way to delivery remote learning

However, it was identified that there is no 'one-size fits all' solution to remote provision for families of children who attend special schools and colleges when they are unable to access in-school places. Whilst some parents wanted online or live lessons, others did not have the IT capability for this or felt that it was impossible to engage their children in this form of learning because of their child's SEND. Some parents wanted more academic learning materials whilst others did not. Providers therefore needed to be able to offer families a suite of different remote learning options to allow everyone to find the best approach for them.

"I preferred physical materials rather than online because I couldn't supervise or help all the times where the computer is in the home. I am not very good on computers and didn't feel I could navigate things at all... Thankfully the school arranged paperwork for us and we actually enjoyed doing it together." Parent interview

"My son did not participate to any of the online learning. He tried at first and will only stay for less than 5 minutes then will have a massive meltdown because of this I asked the school to send us workbooks." Parent interview

"Despite asking for video calls with school this has not happened. This would have massively helped my son." Parent interview

6. Delivering 'non-educational' support

Virtually all pupils at special schools have an EHCP. The EHCP is a document stating what provision should be delivered to support pupils to achieve the best life outcomes. It is a legal document, meaning the LA must provide the provision set out in the plan. It details not only what support pupils require to fully access teaching and learning, but also support for health and social emotional wellbeing. This may include access to specialist support, respite care for parent/carers, or access to additional out-of-school provision (e.g. support groups and specialist activities).

The health and care needs of pupils with SEND are often addressed as part of the package of support delivered in educational settings. This can involve either health and care professionals coming into the school or college to deliver it, or instructing school staff how to deliver or incorporate it into the school day. The Coronavirus Act (2020) disapplied the legal requirement for LAs to provide the exact support set out in EHCPs. This meant that there was no requirement to deliver the specified education, health and care input fully, but advice to use "best endeavours" to try and provide what was possible. At the same time many health and care professionals had been redeployed or advised to cease face to face work during the first lockdown. Education providers were frequently required to fill the gap left by this reduction in health and social care services. Determining the level of health and social support that special providers were able to offer over this period is therefore important in fully understanding the impact of the pandemic on the health, wellbeing and progress of children with EHCPs.

Maintaining EHCP support

Special schools and colleges reported it was difficult to maintain the usual levels of health and care support set out in pupil EHCPs during the first lockdown. Survey responses from education providers shows that health and care inputs were severely reduced for most pupils during this period.

Healthcare for pupils that was set out in their EHCPs was maintained:

- To a large or very large extent for 36% of pupils attending school or college and 18% of pupils at home.
- To a small or moderate extent for 51% of pupils attending school or college and 55% of pupils at home.
- Not at all for 14% of pupils attending school or college and 28% of pupils at home.

Social care for pupils that was set out in their EHCPs was maintained:

- To a large or very large extent for 44% of pupils attending school or college and 24% of pupils at home.
- To a small or moderate extent for 49% of pupils attending school or college and 63% of pupils at home.

- Not at all for 8% of pupils attending school or college and 14% of pupils at home.

The ability to deliver health and care support varied by school or college characteristics.

- At home, pupils from settings with higher FSM rates were more likely to not have their health and care input maintained at all (39% of respondents could not maintain health input at all, and 18% could not maintain care input at all) than those in settings with lower FSM rates (13% did not maintain health input, and 7% care input).
- Independent providers were more able to largely maintain social care input for pupils at home than other providers (44% said they delivered this to a large extent, compared to 15% of State schools).

Additionally it was clear that pupils attending school received more input than those at home. Almost twice as many providers were able to largely maintain health and care support for pupils in school (36% and 44% respectively) than at home (18% and 24% respectively).

Future EHCP support

Most parents were unsure whether their child's needs had sufficiently changed over lockdown to require their EHCP (and the support it stated they required) to be reassessed or amended. However, a small number felt that their child's support needs would change when their child returned to school or college. Families whose child had physical or sensory needs or social emotional and mental health issues were more likely to anticipate changing needs. Most parents assumed that when their child did return, all of the original support set out in their EHCP would be back in place.

Almost three-quarters (72%) of school and college leaders thought that a significant proportion of their pupils would require a greater amount of support than was originally set out in their EHCPs after lockdown, as their needs had increased. This figure was greater for providers working with higher proportions of families eligible for FSM (81% of these providers compared to 69% of providers with fewer families eligible for FSM in their cohorts). Four in ten providers in settings with higher FSM rates (43%) said that reassessing EHCP content and providing additional support would be a priority for them in the new academic year.

Factors affecting the ability to provide EHCP inputs

The announcement of the first national lockdown in March 2020³⁰ led to restrictions on how health and care services could carry out their duties. These restrictions

30 UK Government Speech (2020) Prime Minister's statement on coronavirus (COVID-19): 23 March 2020. [Online] Available at: <https://www.gov.uk/government/speeches/pm-address-to-the-nation-on-coronavirus-23-march-2020>

resulted in a range of difficulties for education providers despite the fact that children with EHCPs and their families are supposed to be the joint responsibility of education, health and care services.

Working with health services

Most therapists who work in schools and colleges are employed at the local authority level. These staff were often furloughed or redeployed with the NHS which meant that they were not available to work in schools, at least initially. Even when their availability to provide services did increase, there were uncertainties around the level of risk presented by external professionals entering settings or coming into contact with pupils. As the first national lockdown period progressed, some health services increased their ability to provide remote input including providing advice or activities for families and phone/online support. Measures were also put in place to facilitate health service delivery within schools but outside of classrooms.

Different interpretations of what was safe and the rules around therapy visits further complicated the situation. For example, therapists were unclear whether they could work in schools (especially if they worked in multiple schools), whether they could visit homes, or whether they should use remote delivery methods. There were also concerns about the risk of infection transmission, including potentially from families to staff, and around safeguarding (for example, if a therapist was alone working with a child, or communicating with them using online methods).

The limitations of healthcare inputs during this time included:

- Child and Adolescent Mental Health Services (CAMHS) input stopped for many children who had been accessing it. Providers also observed that new referrals were less likely to be dealt with during this period.
- Many planned hospital and medical appointments were cancelled, including check-ups, operations and equipment provision (e.g. replacement or more appropriate splints, walking frames, chairs).
- Shielding letters (giving safety advice to those medically vulnerable) did not always align with other medical, school staff or parent judgements. These were received inconsistently and some arrived very late into lockdown. This confused both parents and providers creating a source of anxiety.
- GPs were not always available to talk to families about the risks to their children. This meant schools had to decipher why shielding letters had been received, and which children might be at what level of increased risk, and explain this to parents.

“Health has been a significant factor. Access to physio, speech and language therapy, nursing has been poor. Children have been less mobile... we are seeing the impact of 4 months of limited physical support. Some children have had poor nutrition, lack of access to routine care e.g. dental. Some children have not had access to medical review appointments.” Provider survey response

In a small number of cases, providers were able to make speech and language therapists (SaLTs), physiotherapists, behaviour psychologists, and counsellors available for parents to speak to. They did this by setting up private or traded services contracts. In the independent sector, health staff employed directly by the schools were more likely to carry on delivery. This included school nurses, play therapists, occupational therapists (OTs), SaLTs and physiotherapists.

Where education and healthcare providers had developed new ways of joined-up working as a result of the changes brought about by the first national lockdown, some of the resulting solutions were viewed as improvements on previous working practices.

“Previously we would never have shared information about families with the OT or Physio but we now have in place a process for sharing contact logs which benefits us and the families.” Provider interview

Working with social services

Headteachers were generally negative about the support they received from social services during the first national lockdown. Social services' staff mostly worked from home over this period and were unable to conduct in-person visits or checks. Providers and parents had often failed to receive responses to their requests for help or found the responses they did receive were slow. As a result, social services were often viewed as being unable to deliver a service or support families during this time.

“Social services were absolutely missing in action.” Provider interview

“When they were needed most, they all withdrew.” Provider interview

School and college providers found this disappointing and concerning as this was a period of potentially increased need for the support provided by social services. However, these experiences were often felt to reflect a pre-existing issue whereby the level of social care support received by pupils with EHCPs was generally seen as poor.

“We don't normally get much support from social services round here, so we weren't surprised to hear nothing from them over the whole time.” Provider interview

There were cases where social services had 're-classified' their EHCP caseload at the start of the first national lockdown so that levels of social care needs were downgraded, resulting in less input being delivered to pupils. School and college staff had concerns about whether the original level of support would ever be reinstated. Even though EHCPs are supposed to reflect a move to a more collaborative and

holistic support approach³¹, these difficulties working with social services meant that education providers felt that they were required to take on some of the social care workload.

“These pupils all have EHCPs, which are meant to involve support from three services. But everyone else just went home and expected us to pick it all up.”

Provider interview

“EHCPs were suspended, yet education was expected to carry on providing all the support the children need.”

Provider interview

“EHCPs have always been about education. The others have always been peripheral.”

Provider interview

“The change from statements of educational needs to EHC Plans was meant to signal a more holistic approach, with joined-up working and joint responsibility. What became clear very early on was that this change has been in name only – and pupils with SEND are still seen as something for education to deal with.”

Provider interview

Providers were particularly concerned about the amount and range of safeguarding issues that they identified and which they had to attempt to manage during the first national lockdown. Their view was that lockdown had increased the frequency of safeguarding occurrences, as well as their severity and implications. With fewer services in place to deal with increased demand, education staff dealt with issues to the best of their ability. This meant they were addressing a complex range of situations.

Staff discussed how they had been required to support pupils by:

- Finding and supporting run-aways, those who become homeless or who had moved out of care.
- Getting involved with the Police, including dealing with children who were not staying at home (as guidance was only to leave home for essential needs or daily exercise) or who were engaged in criminal or risky behaviours (including in gangs).
- Managing pupils' self-harming and physically aggressive behaviours towards others in and outside of the home.
- Addressing online bullying and grooming.
- Dealing with grief and bereavement.

Schools' and colleges' support for parents included dealing with:

- Substance abuse or relapse.
- Domestic violence.
- Parental relationship issues and separation.

³¹ See Chapter 9 of the SEND Code of Practice: Department for Education and Department of Health (2015) Special educational needs and disability code of practice: 0-25 years [Online] Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf

- Mental health crises, including psychosis and psychotic episodes.
- Parents unable to keep their children safe.

There was one example where, due to changes necessitated by lockdown, social services were made a greater part of the EHCP delivery package and the school leader reported this had made a real difference. A single named social services contact was set up for the whole school rather than one for each pupil. Education and social care worked collaboratively, sharing information about families and sharing the support burden between them.

“If school were more involved, Social Services stepped back, if Social Services were more involved, the school stepped back. It involved constant information sharing. This was just what we’d always wanted to happen. It makes so much more sense.” Provider interview

Alternative ways of securing provision

A significant proportion of parents indicated that the healthcare support and social care input they received (especially access to respite services) had worsened during lockdown, echoing the findings of other recent research^{32 33}. This meant that children lost many months of therapeutic provision and parents lost much-needed help and services due to the first national lockdown.

“It was difficult not having access to physio and hydro resources especially at start of lockdown.” Parent interview

“Education for pupils with SLD [severe learning difficulty] is not about learning. It’s about the whole school experience. There was no swimming, no gym, no sensory room, no playing with friends, no interaction with adults other than his parents, no travel training, no shop-training.” Parent interview

“Children with EHCPs really missed out on specialist support which is critical for their progress.” Parent interview

However, many parents highlighted that they were not receiving the health and social care support they needed even before the pandemic, and so this period had not lead to a sudden ‘loss’.

For the small number of families that had received some of their health and care

32 Disabled Children’s Partnership (2020) LeftInLockdown – Parent carers’ experiences of lockdown. [Online] Available at: <https://disabledchildrenspartnership.org.uk/wp-content/uploads/2020/06/LeftInLockdown-Parent-carers'-experiences-of-lockdown-June-2020.pdf>

33 Tirraoro, T. Blower, R. and Keer, M. (2020) Coronavirus and SEND Education: A survey to determine the support provided to families who have children with special educational needs. Special Needs Jungle Ltd [Online] Available at: <https://www.specialneedsjungle.com/coronavirus-send-education-survey/>

provision over this time, this had often been delivered differently. New approaches included providers offering telephone appointments and support, online sessions such as Zoom calls, guidance videos to help parents deliver support themselves, socially distanced doorstep visits, support through text messages, and, in some cases, going into school to deliver services.

Some families, who were not receiving regular therapeutic or alternative input during lockdown from their usual providers, looked to source it from elsewhere.

“We got a hot tub converted for home hydrotherapy.” Parent interview

“We spent money adapting the house to be able to do her usual activities. For example we got a trampoline.” Parent interview

“We have paid for specialist private tutoring and mentoring support which we can’t afford to and the physio part of my son’s EHCP. This has put us in debt but we need to as we are sitting here with nothing.” Parent interview

Parents either paid for this input for their child themselves, from their child's personal budget, or were provided with the service free by a charity. Several parents receiving Direct Payments³⁴ expressed concerns. They had often either been unable to use their child's personal budget during lockdown because their usual services were not available or they had had to use the funding in other ways. They were concerned they might be penalised or have to pay the money back to the LA at a later date.

“The Personal Budget surplus that we spend on short breaks will be clawed back but we spent it on activities in lockdown.” Parent interview

“Social Services said if the personal budget is unused, it will be clawed back.” Parent interview

Some charities were able to provide services such as physiotherapy, music therapy, life skills courses and education to families. Parents reported how these organisations had adapted to provide their services differently (in line with safety guidance). For some, this third sector provision was described as providing “a lifeline” for parents as they allowed families to have a break and as they continued offering services during the school holidays. However, many charities were reported to be unable to open during lockdown (as they could not deliver within safety guidance, or had insufficient staff available), and for some it was felt this closure may be permanent.

34 A personal budget is the nominal overall cost of the care and support the local authority provides or arranges for a child's EHCP. Direct payments are a funding choice that allow families to purchase their own care and support services to meet their needs (i.e. they arrange and manage it themselves, rather than relying on the LA). However this does need to be spent in line with the agreed care package, and so is managed by social services.

How providers addressed the gaps

Leaders detailed a range of ways in which their staff had attempted to address the gaps left by multiagency partners' lack of input or limited availability. They did this by developing their own wider packages of support.

It is perhaps not surprising therefore that 90% of schools and colleges strongly agreed that they had supported the wellbeing of families during this period. It should also be noted that these additional tasks were all being completed at the same time as trying to provide learning activities and maintain EHCP inputs as much as possible.

Welfare checks and home visits

All providers who participated in qualitative interviews carried out welfare checks with families of pupils who were not in school. These varied from daily to weekly contacts, and, in some cases, occurred twice daily where staff had concerns. These were conducted by classroom teachers, the senior leadership team, or pastoral staff. They covered basic questions about how the family was managing – with childcare, wellbeing, finance, food – and provided a check on the child's physical wellbeing.

Most welfare checks involved speaking to both the parent and child. Where communication with both was not possible (e.g. due to communication issues), providers were visiting the home to 'get eyes on' the child. Providers set up or adapted systems to log contact and any concerns. Any safeguarding concerns (often from welfare checks and communication with families) were identified and then addressed.

Special education leaders highlighted that although education staff tried their hardest to address families' needs, a lot of this wider support required trained, experienced and knowledgeable professionals to deliver it effectively. School staff found dealing with family issues and, in some cases being the only contact parents had 'outside of their house', difficult. This was both in terms of feeling unable to support families properly and the effect it had on staffs' own wellbeing.

Some providers reported splitting out the roles of teaching and family support more than they would normally. This was to reduce the burden on teachers but also to ensure the most appropriate staff were available to support families. Most often this involved pastoral staff or the senior leadership team becoming responsible for family support during this period.

Several providers had already been looking to increase their capacity for pastoral support before the pandemic (as need amongst pupils and families was seen as growing). They had accelerated these efforts due to their experiences of lockdown.

Practical or additional support

Some providers also delivered practical or additional support such as:

- Delivering food.
- Providing transport services (lifts to school).
- Supporting families (contacting GPs or benefits offices).
- Providing childcare/respice (for example, by spending time with the child or taking them out).
- Signposting on to wider advice, guidance and sources of support.
- Ensuring that families had the equipment they needed at home (e.g. standing frames, posture chairs), as families do not normally do physical treatments at home.
- Providing IT equipment (although many were unable to do this).

Over a quarter of parents reported they had been given or directed to food parcels or vouchers during lockdown. Access to food was the most common type of additional support families reported receiving (outside of general welfare services). This was more common for single-parent households, those who were not in paid employment and those with more than one child with SEND. A small proportion of families had also received support or direction to financial help and respice services.

Providers had experienced issues getting essentials, such as food, to the families who needed it. Their view of the food voucher scheme (which was set up to provide funding to families whose children would normally receive funded meals in school³⁵) was that it was not implemented quickly enough, was not simple enough for providers or parents to understand, and was not being aimed at the families who needed it (for example, those who could not leave the house to shop as well as those who were eligible for financial support for meals). Initially, providers struggled to get information on the scheme and to make it work for their families.

Parent experiences of support

Most parents appreciated the family support that schools and colleges had provided remotely. Parents generally appreciated regular 'welfare calls' provided they were supportive and that they considered the welfare both of the child and wider family. Welfare calls were more positively viewed when they were combined with other activities or support (e.g. when visiting families to drop off resources, as part of a class catch up or assembly or to ask if there was anything they needed). Home visits were highly valued by the families who were offered them. These visits not only supported children but also provided wellbeing support and advice to the whole family.

35 Department for Education (2020) Guidance providing school meals during the coronavirus (Covid-19) outbreak. [Online] Available at: <https://www.gov.uk/government/publications/covid-19-free-school-meals-guidance/covid-19-free-school-meals-guidance-for-schools>; <https://www.gov.uk/government/news/voucher-scheme-launches-for-schools-providing-free-school-meals>

However, some parents reported that they felt they were being 'checked up on' due to the regularity of contact from settings, and this feeling was intensified by the fact that pupils with EHCPs had been referred to as 'vulnerable' (by the government) and grouped into the same category as pupils who are at risk for other reasons (such as child protection issues, or monitoring by social services). Some parents found that the frequency of contact from school was too much in the initial phase and they requested it be reduced.

Although many parents reported having conversations with school staff, some detailed how this was more one-way communication, leaving them feeling unsupported. Whereas some parents had been able to access things they needed from outside (for example, if the household was isolating or shielding), others felt they had not been able to secure the help they needed promptly.

Some families continued to receive ongoing support from schools and services during the school holidays. However, many others were very concerned about the reduction in support over these periods.

Additional costs incurred by special schools and colleges during the first lockdown

Over the period of the first national lockdown providers reported how they had incurred additional costs due to the required changes in provision. These included:

- Additional cleaning (costs for both staff time and products).
- Building adaptations (such as for sanitation areas, facilities for separate bubbles, screens).
- Production of learning materials (including printing, laminating, etc).
- Resource provision (for items needed to carry out learning and activities).
- Transport (to carry out home visits and resource/learning material delivery).
- Postage (to regularly provide learning materials at home).
- Equipment for home use (including laptops, printers, and support equipment such as writing boards or posture chairs).
- Food for families.
- Additional staffing, training and support service buy-in (including private counselling, family support and therapy).

During the fieldwork period it was not clear if or how this would be reimbursed, as providers were paying out of their existing budgets. DfE guidance on this has since been issued³⁶. There was some concern that allowable expenses might not reflect the needs of special education providers. The guidance does indeed not allow costs for additional support input for pupils with SEND, does not cover Independent providers,

³⁶ Department for Education (2020) Guidance: School funding: exceptional costs associated with coronavirus (COVID-19) for the period from March to July 2020. Updated 7 December 2020 [Online] Available at: <https://www.gov.uk/government/publications/coronavirus-covid-19-financial-support-for-schools/school-funding-exceptional-costs-associated-with-coronavirus-covid-19-for-the-period-march-to-july-2020>

or make allowance for transport costs (which could be significant for special providers as their pupils do not necessarily live locally).

Independent providers (including many of the post-16 cohort) also identified that they can only claim their usual funding upon evidence of having delivered support set out in EHCPs. As the ability to provide all support over this time was restricted, some had concerns about whether this would reduce the amount they would be paid, affecting their income and sustainability.

7. The effects of lockdown

As described in the previous chapters, children and families had to deal with a new normal during the first national lockdown. This was a very challenging time for many families of children with EHCPs. Parents and providers reported how they thought this was likely to have lasting effects on them, pupils with EHCPs and their families and on the specialist education sector more widely.

Family life

Our findings show how difficult family life was during the first national lockdown and reflect those of other studies of parents of children with SEND^{37,38}. Many families received little or no external support during this period and struggled to balance caring for a child with SEND with other commitments. This, combined with worries about work and the future, meant many parents found the changes brought about by the first national lockdown an isolating, exhausting and, in some cases, unbearable experience.

Reduced support

Many children with special needs and disabilities require constant care (including support with mobility, toileting, etc.). Parents ordinarily would have time during the day when their child is out of the house during which they can work, have a break from caring, catch up on household tasks or carry out social or leisure activities. In addition, time spent at school – engaging in activities, receiving therapy, being physically active - can reduce some of their children's needs when they are at home. In some cases, the needs of children with SEND are so great that parents/carers rely on significant levels of other support when their children are at home. This support includes overnight respite, personal assistants, social clubs and events for children and young people with SEND and informal support from parents, wider family and friends.

“During the week he stays at school. On Saturday afternoon he goes off for overnight respite, and then the carers come back to help settle him and do his meds on Sunday evening.” Parent interview

“Normally I’m at home during the day just with my little one. My mum and dad come over every night just before [my son with SEND] gets dropped off. They help me get both kids fed, bathed and into bed.” Parent interview

37 Disabled Children's Partnership (2020) *LeftInLockdown – Parent carers' experiences of lockdown*. [Online] Available at: <https://disabledchildrenspartnership.org.uk/wp-content/uploads/2020/06/LeftInLockdown-Parent-carers'-experiences-of-lockdown-June-2020.pdf>https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf

38 Rainbow Trust Children's Charity (2020) *Pandemic pressures: The struggles and resilience of families caring for a seriously ill child*. [Online] Available at: https://www.rainbowtrust.org.uk/uploads/other/pdfs/Pandemic_Pressures_Rainbow-Trust-Childrens-Charity.pdf

When the first lockdown was introduced most families saw both the time their child spent at school and the amount of additional support they received severely reduced or stopped altogether. Lockdown meant that parents were having to care for their children all day with no break, less help and reduced input for their child.

“I can’t take my eyes off him for one minute without fear of him putting stuff in his mouth and choking, climbing up the cooker or in the kitchen drawers, or trying to strangle his brother.” Parent interview

“I don’t even get time to go to the toilet. My daughter has to come with me and I sit her on my lap. Like having a toddler, except she’s twelve.” Parent interview

“I’m playing with bricks or reading stories with my son at the same time as trying to breastfeed the baby, and – at times – answer the door to the postman.” Parent interview

Adapting to changes in routine

Parents often reported how their children, especially those with Autistic Spectrum Conditions (ASC), relied on routine and structure. Parents reported that, due to them not being in school, the change to their routines and receiving reduced input, during lockdown their children were less regulated. In some cases, lockdown had increased their needs, meaning they had a greater need for support. The change and turmoil around them was reported as increasing their emotional health and mental health issues, and in some cases leading to more challenging behavioural needs.

“A change in routine is very hard to deal with. Especially when the child does not understand why.” Parent interview

Even when families were allowed to leave the house, and as the first national lockdown eased slightly, other issues surfaced. These centred around concerns that children could not social distance from others or that their behaviours were not socially acceptable, so parents reported continuing to keep them indoors.

“When we go out in the park, he can get very angry and shouts at people that they need to stay indoors, or not go near each other, or that they should wear PPE. I find this very difficult to deal with.” Carer interview

Juggling care with other commitments

At the same time as trying to manage their children with EHCP’s needs and maintain their stability, parents were facing the additional demands of trying to engage their child with learning whilst caring and supporting home learning for other children,

working from home and managing the household.

Even with two or more adults in the house, this did not necessarily mean the burden was shared. Often one parent had to carry on working, or needed to look after other children, meaning that the pressure of caring for the child with an EHCP often still fell largely on the shoulders of just one individual.

“I’m exhausted... I have another child and I am not able to give her any time and attention on her own. My partner is suffering with severe depression so isn’t able to help at the moment. I’ve been left to struggle.” Parent interview

Parents, especially those who were single parents, were incredibly concerned about what would happen if they got ill. Some parents explained that this was why they were ‘shielding’ (i.e. not leaving the house for risk of catching Covid-19).

Dealing with work and financial pressures

Working parents reported added difficulties of managing work commitments during this time. They described experiencing increased pressure from their employers or were concerned about the effects of appearing unable to manage.

“My husband had to have time off work when I got ill, as someone needed to look after our two kids. Even when I got better, we realised it needed both of us to manage at home all day so he asked for more time off. Every week his boss has been ringing asking when he’s going back and why I’m not better yet. It’s like they think he’s just sat on the sofa doing nothing. She’s said now that when he does go back it will have to be in a more junior role.” Parent interview

A small number of parents detailed how they had been allowed ‘parental/carers leave’ initially in lockdown but that this came to an end (i.e. employers wanted them back to work) before the end of the Summer term. Some had taken unpaid leave during this time.

Around half of parents we surveyed said lockdown had worsened their ability to work. A significant proportion of families also said lockdown had worsened their financial stability.

“As self-employed people, we’re living off savings at the moment and I don’t even want to think about what happens when that runs out. I can’t see how there are going to be many jobs available, certainly not ones that fit in with our need to care for our child.” Parent interview

Positive experiences of lockdown

A minority of parents found lockdown a positive experience. In the main, these were families with children with less severe and complex needs, those who had received wide-ranging education, emotional and outreach support from their child's educational setting or whose child had remained in residential provision.

“Education for my child was not difficult during this time. We were given lots of resources and in regular contact with teachers. The work I did with my son was all stuff that school had prepared him for. They made it easy for me to know how to teach my son.” Parent interview

“There’s been less pressure. We’ve had better time as a family.” Parent interview

“We’ve had a great time. We played games, we had movie nights. We went out on long walks.” Parent interview

“We have concentrated on gaining more practical skills and incorporating learning into those. I would say that we have had a very enjoyable lockdown.” Parent interview

Parents whose children had been given a place in school or college at some point during the first national lockdown also said that this helped ease some of the pressure, even if the place was not on a full-time basis. Where other researchers have found more positive family experiences of lockdown³⁹, this may be due to their focus on families of children with a wide range of SEND (i.e. not just those focusing on those in specialist provision who may have more severe or complex needs).

Effects of this period

Parents and providers detailed the various effects they felt this period was likely to have on families, pupils and special education provision, both in the short and longer-term.

Effects on parents’ wellbeing and mental health

The period of the first lockdown and beyond negatively impacted on many parents’ mental wellbeing. Many were struggling without having had a break and with very limited social contact for the whole period. This lack of normality was worsened by the fact that they did not know when it was going to come to an end. Concerns about

39 Shepherd, J. and Hancock, C. L. (2020) Education and Covid-19: Perspectives from parent carers of children with SEND. University of Sussex. [Online] Available at: https://www.acorns-sussex.org.uk/wp-content/uploads/2020/09/Education-and-Covid-19-Perspectives-from-parent-carers-of-children-with-SEND_3.9.2020.pdf

work, money, their own and their families' wellbeing and the future all weighed heavily on parents.

“Being in a position as a 24 hour, 7 days a week carer is exhausting and affects both yourself and your child’s mental health status and wellbeing.”

Parent survey response

Parents described how they were physically exhausted due to the relentless caring and physical demands of supporting their child. This intense pressure led to some parents feeling they were a failure or unable to cope.

“I was so worn out. I actually had this dream that I harmed my daughter. So straight away I rang the school and said ‘you’ve got to take her in or I don’t know what will happen.’” Parent interview

Some parents reported severe psychotic episodes, suicidal thoughts, poor physical and mental wellbeing, and struggling to manage their home, care of their child and the relationship with their partner. They described lockdown as unbearable and traumatic.

“I struggle with mental health issues and am currently on medication for anxiety and panic attacks which were helping until recently... I’ve been under so much stress. I’m getting migraines. I’m constantly crying and stressed because I have no idea what’s happening.” Parent interview

“It has been absolutely awful. I am trying to do a full-time job and home school a 5 and 3-year-old, one with ASD. My mental health is very much worse and I have felt suicidal at times.” Parent interview

During this time, many parents felt isolated and abandoned as a result of government messaging, restrictions and lack of support at this crucial time⁴⁰.

“I feel like we have been cut adrift. No services available. Very poor.” Parent interview

“We felt like we’d been forgotten.” Parent interview

“It’s like they [children with SEND] don’t matter.” Parent interview

⁴⁰ In line with quality practice, any safeguarding concerns were reported to educational leaders. All parents were signposted on to organisations offering information, advice and practical support for families of children with SEND. In some cases parents were also provided with details of specific help (such as how and when to contact the Samaritans). No parents were left distressed at the end of interviews. Those who had been distressed during the interview were recontacted afterwards to check on their wellbeing and offer further support.

Effects on family relationships

Many parents expressed concerns not only about the effects of this period on their children with SEND but also on other children in the household.

“My daughter found it hard being around her disabled brother 24/7 feeling like she didn’t get attention and irritated by the noises he makes.” Parent interview

“It’s my other boys who are suffering the most. They’re so angry with us that they have to put up with having [our child with severe needs] at home and that they cannot do anything, and that we have no time to spend doing fun things with them.” Parent interview

“Our other kids are being threatened and hurt [by our daughter] so it’s them we need respite for.” Parent interview

The increased stress of the lockdown situation, caring for children, plus wider concerns, reportedly put some couples under increased strain. A significant issue raised by parents was that their relationship with their partner had deteriorated over this period, in some cases to the point of breakdown.

“I have felt frustration and resentment toward my partner as I’ve picked up most of childcare whilst we both continue to work.” Parent interview

“Having no respite care has strained relationships at home between my husband and I, and between our child and siblings. Our children have been unable to see their grandparents who normally provide us with a lot of support as they have been shielding.” Parent interview

“We normally only have [our child] home at weekends, and even then, we have respite. So my husband doesn’t normally see how difficult or challenging he is, or how I try and support him. This intense time at home has really tested our relationship. We cannot agree on what to do for the best, or who’s right. We just desperately need our old life back soon, otherwise I don’t think we’ll make it through.” Parent interview

School staff were acutely aware of the effects that this experience had on families of children at special schools and colleges. They spoke of how parents were exhausted from what they had been through, that they must have felt they had been abandoned as schools and colleges could not offer them a place and other services also withdrew. Staff were aware that many parents were struggling in terms of their wellbeing.

“Mental health and wellbeing will affect families for a long time. The ability of parents to cope with the ongoing effects of Covid will also impact on individual children, high stress levels and financial struggles will occur for a long time.” Provider survey response

Providers were concerned about the longer-term effects of this period, not just on pupils but on families more generally. There were concerns that many parents were close to tipping point, in terms of their wellbeing and ability to successfully manage their families. It was felt this could result in increased family breakdown and all of the negative impacts (for children, parents, professionals and society) that can entail.

“Exhausted families will impact on pupils ultimately. Families have managed with no support from social care providers.” Survey response

“These children need 24/7 care. With the changes to school, social distancing and shielding that have been in place the days have been long and unimaginable at times. The responsibility for all care, medical and other support has placed a huge burden on tired parents.” Provider interview

Effects of lockdown on pupils

Both parents and providers felt that there could be significant short- and long-term effects on pupils from all the changes, challenges and uncertainties which characterised the lockdown period.

Short-term effects

For pupils, school and college attendance brings both a structured routine and educational benefits. During lockdown, students lost these elements of their life with consequences for their personal, social and educational development.

Behavioural changes

School and college leaders saw this period as likely to lead to increased mental health issues, and increased issues with behaviour management. Some parents said children had started to exhibit more anger issues, aggression and emotional outbursts, including hitting parents and family members and damaging property. Some children displayed self-harming behaviours such as head-banging, biting and spitting. These findings align with what has been identified by other researchers⁴¹.

⁴¹ In line with our findings the 2020 State of the nation report found ‘There are indications that some groups of children and young people have had lower personal wellbeing than others. Children with special educational needs or a disability, disabled young people, children and young people with disadvantaged family backgrounds and some children from Black, Asian and Minority Ethnic backgrounds reported (or were reported by their parents as) being more anxious than children and young people without these characteristics. See: Department for Education (2020) State of the nation 2020: children and young people’s wellbeing. [Online] Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/925329/State_of_the_nation_2020_children_and_young_people_s_wellbeing.pdf

“[Pupils will have] mental health issues from anxiety and isolation, boredom. Difficulty re-engaging with school routines and more formal learning. There will be behavioural issues arising from the above.” Provider survey response

“The upheaval and uncertainty has been very damaging to my child’s confidence and mental health.” Parent interview

“My son has become emotionally unstable and takes it out on me.” Parent interview

Providers foresaw a need for an extended period of re-acclimatisation of pupils to routine. Many said they would focus on pupils’ mental wellbeing when school and college restarted. Some were anticipating an increase in the amount and degree of challenging behaviour when pupils came back into education.

“Simply getting back into school routine after 5 months will be a challenge. Coming back after the summer break is usually difficult - the length of time out will exacerbate this. It is likely to cause a lot of anxiety particularly for pupils with ASD. This will often show itself in difficult or dangerous behaviours.” Provider survey response

Certain pupils, who have issues engaging with aspects of school, may actually have benefitted from some aspects of lockdown. School refusers or pupils with anxiety around school attendance were seen as having calmed and had fewer issues during the first national lockdown. Some students liked being able to get on with work by themselves. However, school staff identified that there could be problems in the future for these pupils when normal provision resumed. Nevertheless, leaders felt that there may be lessons for them in terms of why some pupils performed better at home.

“We may get the opportunity to learn from the elements that have worked well for some of our pupils who struggle with the rigid nature of schools and utilise these to provide a more flexible approach to what schooling and education looks like for some children.” Provider survey response

Loss of pupil progress

Another effect of not going to school and not receiving the usual level of support was described as the progress of some pupils being lost, and skills and abilities regressing over this period. Some parents reported that their child’s social and communication skills, ability to concentrate and their mobility had deteriorated. In addition, pupils had adjusted to life without school and may therefore find it hard to return to education.

“It was emotionally and mentally difficult for my child to be in isolation for so long. She developed face tics. Not being able to go out and move about made her physical disabilities worse. She became very stiff and gained extra weight.” Parent interview

“Physical mobility reduced. Son has become very weak in lockdown.” Parent survey response

“They have missed out on a significant amount of support and interventions. Physical deterioration could be permanent and therefore children will have far greater needs than before lockdown. This will mean more detailed assessments and more costly provision.” Provider survey response

Reduced expectations

School and college leaders also reported that, while at home during the first national lockdown, parental expectations of pupils had been less than would have been the case at school. This had led to some pupils struggling to adapt to rules and routines.

“[We’ll see] disengagement with staff and an inability to accept rules and routine.” Provider survey response

“We’ll struggle to engage them in anything that’s not an Xbox or PlayStation.” Provider survey response

Schools detailed how this will result in a need for an extended period of re-acclimatising and re-familiarising pupils with education, re-assessment and development of appropriate support packages as well as a need to manage parents’ increased anxiety (in general and about their child’s education).

“The lack of structure and routine for many children with EHCPs will mean that they have to become re-acquainted with school life. Students up until lock down were making good progress both socially and academically and for some this situation could have led to regression in these areas.” Provider survey response

Longer-term effects

It was difficult for Headteachers to predict what the longer-term effects of the first national lockdown could be on pupils. However, they all pointed to the fact that the short-term issues identified could lead to more profound and longer-term issues.

Mental health issues

It was thought that the fear of Covid-19, the increased overall anxiety and changes to normality, plus the isolation and lack of normal social interactions could lead to increased and ongoing mental health issues for pupils. This was already the case in

terms of more pupils displaying mental health issues and those with existing mental health issues seeing their situation worsen.

“For some pupils the short term impact of increased anxiety and loss of academic and social skills will persist and could result in ongoing mental health issues.” Provider survey response

Educational outcomes

Learning was described as disrupted and unstable during the first national lockdown, with school and college leaders initially fearing the potential for this to become a continuing situation. Headteachers felt prolonged disruption could affect pupils' educational outcomes, their grades, and their destinations (i.e. where they go after school or education).

“It's been bad enough. If we had rolling suspension and opening, or if we see peaks and have to keep shutting over the next 12 months then the effects would be even worse.” Provider survey response

The reduction in activities and the breadth of educational input was also felt to be likely to impact on pupils' levels of independence. Headteachers felt that these effects were likely to be felt most strongly by older students and/or those who were at a point of transition between providers as these pupils will not have as much time to make up for lost opportunities.

Pupils' physical and social decline

Providers predicted quite extreme physical effects on pupils caused by the first national lockdown. Issues with declines in mobility, as well as speech and other skills (such as fine motor skills) were reported, as were the effects of a lack of suitable equipment at home (such as posture issues, reduced skin integrity, and possible need for correction surgery). The first period of national lockdown was reported to have led to reduced social skills in pupils, as they had less contact with other people and had not received their usual level of support with their communication and interaction.

“[We'll see] physical challenges from not engaging in regular positioning and postural management programmes.” Provider survey response

Headteachers therefore reported that there will be a need to reassess EHCPs and devise new packages of support, based on pupils' new situations and the severity of their existing and new needs. It was felt that many pupils would need greater support in the longer-term due to the effects of the first lockdown.

Cumulative impacts

The cumulative impacts of these effects were clear to a majority of headteachers. They foresaw that lower ability and achievement levels, along with a lack of skill development, plus the mental health impacts of the first lockdown may have longer-term effects on pupils at special schools and colleges, including on their future prospects.

“There will be a reduction in aspirations being met.” Provider survey response

Many leaders felt that pupils' loss of progress or skills could have severe consequences. They detailed how some pupils with SEND may have missed a development window during this period that can never be regained. This could mean that progress or skills will take longer to return or may never be developed.

“For many of our pupils it is going to take months or years to get them to the level that they were at pre lockdown. For some of our pupils who are nearing the end of their education this could be detrimental to their educational future.” Provider survey response

The lost opportunities during the first lockdown could therefore mean that pupils from special schools and colleges have worse life outcomes than would have been the case without the pandemic. In addition, leaders highlighted that the wider social environment that children will now be living in will have changed. The predicted economic downturn, lower employment rates, loss of community services and increased social deprivation were all seen as likely to have further negative effects on the life chances of pupils with EHCPs in the longer-term.

“[The longer-term effects of this period will be the] impact of recession or depression on national and community resources and the mental health and wellbeing of families and individuals.” Provider survey response

Effects on the special sector

The special sector was required to adapt and deal with many challenges during the first national lockdown. Leaders expressed concerns about the future of the sector.

An uncertain future

Headteachers knew that the changes implemented in lockdown could be required to remain in place for a prolonged period and were concerned this could become the norm for a considerable amount of time. This would reduce the scope of what special providers offer pupils and could lead to a reduced curriculum, and a much stronger focus on mental wellbeing (potentially instead of learning input).

“[The longer-term effects of this period will be the] further erosion of inclusive approaches to education if some of the temporary approaches are not removed or become part of the accepted educational landscape.” Provider survey response

Leaders were also concerned about having to maintain dual provision (i.e. in-school and remote learning at the same time) for a prolonged period whilst continuing to support pupils and families at home and in school.

Greater need for behaviour management

Behaviour management was a concern for providers in the longer-term too. They reported that increased pupil mental health issues, increased uncertainty, and changes to routine can all result in pupils being less able to control their behaviour. This means that staff either have to carry out more interventions or restraint, or that they have to operate stricter behaviour policies. These changes could result in pupils having to spend more time out of school or ultimately may lead to them being excluded.

Greater demand for specialist support

Leaders felt that there was likely to be an increase in the number of pupils looking to access special education for a number of reasons:

- The needs of pupils educated in mainstream settings may have increased during lockdown.
- Stricter behaviour policies in mainstream settings, which could lead to more pupils being unable to adhere to rules or manage their behaviour.
- Parents may be disappointed with the support their mainstream school was able to provide.

As a result of these factors, families of children with EHCPs may now believe that their child's needs could be better met in the special sector. Headteachers had concerns about the effect of this 'migration' on the sector, including the increased demand on specialist services and the different type of needs this 'new' cohort could have (i.e. they may find it difficult to make progress or stick to the rules in mainstream education but do not really have 'special educational needs').

Similarly, due to the disruption in provision, there could be an even greater need than before for health and social care input for pupils at special schools and colleges. Headteachers identified that if local authorities could not afford to fund this support, that it could result in poorer outcomes and potentially an increase in challenges and Tribunal proceedings.

“All pupils at our school have an EHCP and are in the care of a Local Authority. Their lives are already impacted and long term, we are concerned about how

this trauma will be compounded. In addition, we fear that without coordinated provision between school, health and social care, the gap between them and their mainstream counterparts may widen. Provider survey response

Staff burn out

Headteachers were keen to express how well their staff had worked over this period in the face of uncertainty, anxiety and lack of clarity. The responsibility school staff felt towards the families of pupils who attend their school, and the intensity of work put increased pressure on staff.

“We were expected to be there to be relied upon but noone was really sure we weren’t at any risk. Like care staff, it felt as if we were dispensable.”

Provider interview

Providers described how their staff were under pressure from:

- Carrying out a new role - Welfare checks required very different skills and dealing with very different issues.
- Managing support and education delivery - Producing a remote offer on top of their other work, and offering ‘support’ as well as teaching.
- Fatigue - Some staff (especially senior managers) worked very intensively throughout the whole of the first national lockdown, while also dealing with concerns about their staff and own families, without a break.

“Staff fatigue in working under such stressful circumstances is likely to lead to increased staff absence during the autumn and spring terms at a time we need to be working at capacity to support our cohort.” Provider survey response

The prospect of sustained pressures was also an issue. Staff could see that they would now be needed to do even more than before (supporting mental wellbeing, trying to provide catch up, remote support) without additional resources. School and college leaders reported they had already been struggling to manage their budgets before the pandemic. To offer the increased levels of support and deal with potentially rising demand, more funding would be necessary. However, school leaders did not anticipate additional support from local authorities as they were likely to have even less money available in future as they were required to divert funds to cover ‘Covid expenses’ (e.g. health and care services, public health, policing).

“Our revenue income has decreased for years, year on year, and we are expected to meet increasing need. Before lockdown, I would describe this as critical. Now, we are absolutely headed for uncharted waters in regard to resources and funding.” Provider survey response

“[This period will] put more pressure on the whole SEND system which will only have a detrimental effect in terms of finances which is already a huge issue.” Provider survey response

Impacts on provider/family relationships

Providers were split in their views on how their relationships with families had been affected since lockdown. Whilst some thought that parents felt let down by their schools and colleges, for others this period had resulted in them developing better, more trusting relationships. The key factor appeared to be whether families felt that they had been given enough support from external services. In some cases, Headteachers felt that this period had undone all of the good work they had spent years doing.

“Trust [will be affected]. The children and families have experienced abandonment; the doors closed from many essential services.” Provider survey response

For those schools where relationships had improved, they were able to build more effective processes to support and communicate with families and hoped to be able to capitalise and build on this going forwards.

“Families know, more than ever now, that we’re here for them. And we have a much better understanding of them. So hopefully we can build on this further.” Provider interview

8. Lessons from the first national lockdown

When we spoke to special school and college leaders in July-August 2020, they hoped that schools and colleges would re-open to all pupils from September and that the period of full national lockdown and reduction of provision in schools and colleges would be an isolated occurrence. The first national lockdown was undoubtedly difficult for everyone but our research found evidence of it being particularly difficult for families of children with SEND and specialist education providers. Families and staff were exhausted. Our respondents felt that the situation had not been handled well and hoped it would never be repeated.

“Don’t ever do this to us again!” Parent interview

Unfortunately it has since become clear this is not the case and we are likely to face a more prolonged period of change, with the potential for much wider-reaching and longer-lasting effects. It is important that any future national lockdowns are informed by the experiences of schools and colleges during the first lockdown.

Early 2021 lockdown

On January 4th 2021 the Prime Minister announced that from January 6th a further national lockdown would be required. This included reducing educational provision by closing schools and colleges to all except children of critical workers and vulnerable children. He said:

“Because we now have to do everything we possibly can to stop the spread of the disease, primary schools, secondary schools and colleges across England must move to remote provision from tomorrow, except for vulnerable children and the children of key workers.”⁴²

As was the case with the first national lockdown, this statement raised questions for specialist providers and their families - in terms of which children were included in the vulnerable category, whether the advice was that they could or should be attending and whether or not specialist settings were being asked to provide full capacity in school/college.

The DfE guidance that followed this announcement⁴³ clarified that:

- All vulnerable pupils, which includes those with EHCPs, should be allowed to attend school or college. The guidance says, “[We] recognise that the characteristics of the cohorts in special schools and alternative provision will

⁴² UK Government (2020). Speech. Prime Minister's address to the nation: 4 January 2021 [Online] Available at: <https://www.gov.uk/government/speeches/prime-ministers-address-to-the-nation-4-january-2021>

⁴³ Department for Education (2020, Updated 14 January 2021) Guidance. Actions for schools during the coronavirus outbreak. What all schools will need to do during the coronavirus (COVID-19) outbreak from the start of the autumn term. [Online] Available at: <https://www.gov.uk/government/publications/actions-for-schools-during-the-coronavirus-outbreak>

mean these settings continue to offer face to face provision for all pupils, where appropriate". Pupils who are self-isolating or clinically extremely vulnerable should not attend school.

- It remains the duty of the LA and any health bodies to deliver provision specified within the EHCP.
- Schools and colleges are "expected to allow and strongly encourage vulnerable children and young people to attend. Parents/carers of vulnerable children and young people are strongly encouraged to take up the place." LAs, social services and other relevant partners should discuss concerns about attendance with families "to encourage the child or young person to attend educational provision."
- Special schools and colleges should "continue to welcome and encourage pupils to attend full-time."
- Pupils in special schools and colleges should continue to receive high-quality teaching and specialist professional support. "This is because we know that children and young people with SEND, and their families, can be disproportionately impacted by being out of education."
- Specialists, therapists, clinicians and other support staff for pupils with SEND should provide interventions as usual.
- Transport services to education settings should continue to be provided.
- Adults should maintain a 2 metre distance from each other and from children. Although it was acknowledged that "this ... will not be possible when working with many pupils who have complex needs or who need close contact care. These pupils' educational and care support should be provided as normal."
- On occasions where special providers cannot provide their usual interventions and provision at adequate staffing ratios, or with staff with vital specialist training "they should seek to resume as close as possible to the child or young person's specified provision as soon as possible."
- "Teachers are best-placed to know how the pupil's needs can be most effectively met to ensure they continue to make progress even if they are not able to be in school. The requirement for schools to use their best endeavours to secure the special educational provision called for by the pupils' special educational needs remains in place."
- "Schools should work collaboratively with families, putting in place reasonable adjustments as necessary, so that pupils with SEND can successfully access remote education alongside their peers."

The guidance therefore implies that special schools and colleges should: open for as many children as possible; offer as much of their typical EHCP provision as they can; socially distance if they can; offer remote provision for those who cannot attend or who are self-isolating or clinically extremely vulnerable; and make decisions about which children are the most vulnerable or for whom it is safe to attend. We would suggest that our findings on what it was possible to deliver during the first national lockdown and what the barriers to fully supporting pupils' needs were, raise serious concerns about whether this level of provision is feasible.

Key recommendations from this research for special education during the Covid-19 pandemic

There are key lessons from special schools', colleges' and parents' experiences of the first national lockdown (March – July 2020) that should inform any future lockdowns and changes to educational provision as a result of Covid-19. Our recommendations are:

1. In order to provide specialist in-school and college places for a greater number of pupils with EHCPs, during the pandemic:

- More school staff need to be available, including those with appropriate skills and training to support the particular needs of children with SEND, to cope with higher than normal levels of staff absence and delivery restrictions.
- Government guidance needs to set out explicit advice for specialist providers (taking account of the ways they work and the normal activities they carry out).
- Specialist providers may need access to more physical space to deliver their support in line with safety guidance.
- Risks for pupils with special educational needs and those who work with them, and how these can be addressed, need to be clearly set out. This is in order to reduce parents' and providers' concerns about children and young people attending special schools and colleges.

2. Special schools and colleges are likely to need to continue to provide home learning support for a significant proportion of their pupils (due to isolation, shielding and part-time in-school provision). This means:

- Special schools and colleges, and families of pupils who usually attend them, need to be equipped to fully support some pupils with EHCPs at home.
- Extra resources will be required to continue providing remote learning support for pupils with EHCPs at home as this is extremely resource intensive for school staff (especially if they are also trying to support pupils in school at the same time).
- Families of children with SEND who are not able to attend school and college, need equipment, IT access, resources and support to be able to attempt home learning.
- The ability to deliver remote learning for these pupils needs to be assessed and lessons on effective practice shared.

3. Health, care and social support services for pupils attending special schools and colleges need to be maintained in any future lockdowns, including for pupils who cannot attend their school or college. Failure to do so is likely to result in pupils' needs increasing.

4. The effectiveness of remote delivery of health, care and social support must be urgently assessed, with lessons on effective practice shared.

5. It appears the first national lockdown could have had greater effects on pupils with EHCPs facing socio-economic disadvantage. Steps must be taken to prevent this in

future lockdowns and provide the extra support for recovery support these pupils will need.

6. Schools, colleges and parents reported that the disruption of the first national lockdown, the lack of support, and lost opportunities for development caused mental, physical and emotional harm to pupils from special schools and colleges. To prevent issues worsening and before educational and developmental loss can be addressed, schools and colleges must be supported to focus on addressing pupils' mental, physical and emotional needs.

7. Schools, colleges and parents reported that the first national lockdown placed great strain on families. Consideration needs to be given to what help they need to recover and how to ensure that during any future lockdowns they are not left isolated and trying to cope alone.

8. To help pupils with SEND recover from the disruption of this period any support and funding to help recovery (such as catch up⁴⁴ and tutoring⁴⁵ funding) must be appropriate to the needs of pupils with EHCPs and special education providers.

9. Local and national government need to help special education providers to: recover from the pandemic; develop new ways to deliver safe, full-time, in-school, fully supported places; support pupils at home; and devise plans for future lockdowns that recognise that their needs are very different from those of mainstream schools.

10. Pupil attendance at special schools and colleges and the extent to which they receive the support set out in their EHCPs needs continued monitoring to check if/which pupils are not returning or receiving their full, legally required support.

44 See: Department of Education (2020) Guidance catch up premium. [Online] Available at: <https://www.gov.uk/government/publications/catch-up-premium-coronavirus-covid-19/catch-up-premium>

45 See: Nationaltutoring.org.uk (2020) National Tutoring Programme [Online] Available at: <https://nationaltutoring.org.uk/>

9. Discussion

In terms of provision in special schools and colleges over the first national lockdown, staff adopted creative and flexible approaches, and it was often felt that they had gone 'above and beyond' to help families. Nevertheless, provision over this time was necessarily restricted, in some cases severely. Special education providers prioritised their duty of care for pupils, with the trade-off being loss of teaching and learning time for these vulnerable pupils.

The evidence from this study strongly suggests that transferring and delivering routine teaching and support to 'at home delivery' is more challenging for special schools and colleges than for mainstream schools. For many pupils with EHCPs, this requires complete individualisation of resources which is a highly intensive undertaking for special school and college staff. Parents felt home learning provision during the first national lockdown was not sufficient. They felt ill-equipped to 'home school' their child or were struggling with competing demands to care for and educate their other children or to work. This has resulted in a reported loss of learning for pupils with SEND who spent most of the first national lockdown at home.

Whilst transferring education to remote provision is more challenging for special schools and colleges, requiring schools and colleges to remain open for vulnerable pupils when all of their pupils are categorised as vulnerable is an immensely challenging task. Our research shows many schools and colleges simply do not have the capacity (staffing and space) to operate safely for all. Extremely clinically vulnerable children told by the government not to attend will also require alternative remote support. This presents specialist providers with a dual challenge - to provide in school/college and remotely (in ways that overcome the issues parents reported they faced) - and heightens existing capacity constraints.

Special schools and colleges not only provide delivery of learning and progression towards achievement of qualifications, but also personal skill development and wider developmental support to pupils. They act as a conduit for access to the other services vital to these children and young people – namely healthcare and therapy as well as personal and social care and support for families.

The absence of these health and social care services, at a time of increased need, left providers and families as one leader put it, 'high and dry', and was seen as exacerbating the situation facing pupils with EHCPs. This lack of support, and the uncertainty about when it could resume, informed participants' views about the negative impact of the first lockdown on outcomes for pupils with SEND and the need for increased support in the future. A survey of parents of pupils with SEND conducted

at the end of 2020⁴⁶ found that 28%⁴⁷ reported that the social care services they were receiving before the first national lockdown had not been reinstated at all and a further 29% had had it only partially reinstated. 37%⁴⁸ had not had the therapies their child was receiving before lockdown reinstated and an additional 33% had had them only partly reinstated.

Beyond the remarkable endeavours of the specialist sector and resilience shown by families of children and young people with SEND, it is difficult not to conclude, on the basis of the evidence presented here, that pupils with EHCPs have been disproportionately affected by the changes brought about to education in response to the Covid-19 pandemic. Providers and parents felt strongly that a continued period of disruption (which we are now experiencing in the third national lockdown in early 2021) would result in longer-term persistent effects on pupils with EHCPs, families and the special education sector.

70% of providers we surveyed were of the view that that the first national lockdown would exacerbate existing issues in the SEND sector. Six years ago, the government substantially changed the system for supporting children and young people with SEND under the Children and Families Act, 2014. The aims of the reforms were for: children's needs to be identified earlier; families to be more involved in decisions affecting them; education, health and social care services to be better integrated; and support to remain in place up until young people reached the age of 25. Even before the pandemic, there was widespread agreement that following these reforms, that funding in the SEND sector was inadequate and wide variability of provision existed in terms of access and quality (the so-called 'postcode lottery')⁴⁹. The National Audit office, having reviewed SEND finances in 2019, concluded:

“The system for supporting pupils with SEND is not, on current trends, financially sustainable. Many local authorities are failing to live within their high-needs budgets and meet the demand for support... Increased demand for special school places, growing use of independent schools and reductions in per-pupil funding are making the system less, rather than more, sustainable. The Department needs to act urgently to secure the improvements in quality and sustainability that are needed to achieve value for money.”⁵⁰

The issues around funding in the special sector have been brought into the spotlight more sharply by the pandemic, and we would suggest our findings have made the case

46 Disabled Children's Partnership (2020) The return to school for disabled children after lockdown. [Online] Available at: <https://disabledchildrenspartnership.org.uk/wp-content/uploads/2020/11/Back-to-school-poll-report.pdf>

47 From a self-selecting, non-representative sample of 1161 parents.

48 From a self-selecting, non-representative sample of 1805 parents.

49 House of Commons Education Committee (2019) Special educational needs and disabilities: First report of session 2019. [Online] Available at: <https://publications.parliament.uk/pa/cm201919/cmselect/cmeduc/20/20.pdf>

50 National Audit Office (2019) Department for Education Support for pupils with special educational needs and disabilities in England. [Online] Available at <https://www.nao.org.uk/wp-content/uploads/2019/09/Support-for-pupils-with-special-education-needs.pdf>

for more investment and lasting action more urgent, as pupils', providers' and families' needs are reported to have increased.

The first national lockdown resulted in a massive change, across all parts of families' lives, that has impacted on physical and mental wellbeing, employment and finances and family relationships. In 2019 the Education Select Committee, looking at SEND, reported that "The distance between young people [with SEND]'s lived experience, their families' struggles and Ministers' desks is just too far."⁵¹ We would suggest from our findings that this distance became all too evident during the first lockdown and this needs to be meaningfully addressed. Moreover, the logistical challenges special schools/colleges faced in the first lockdown have not been adequately taken into account in government guidance for the current (early 2021) lockdown.

Solutions cannot be provided by schools and colleges alone. It needs a joined-up effort and planning across special education providers, LAs, health and care services, additional support services (including respite, transport and wellbeing) and government. We believe policy makers need a better dialogue with, and understanding of, the special education sector to ensure access to high quality services and robust contingency planning.

Over and above the need for better planning for future disruption caused by Covid-19 or similar crises affecting education (and for which our research has identified lessons to be learned), we believe our findings add to a broadly bleak picture of SEND support that existed pre-Covid-19, has been exacerbated by circumstances brought about by the pandemic. The Government has promised a review of the SEND system in 2021 and so we hope they see this as the ideal opportunity to learn from what has and has not worked and "build back better"⁵².

51 House of Commons Education Committee (2019) Special educational needs and disabilities: First report of session 2019. [Online] Available at: <https://publications.parliament.uk/pa/cm201919/cmselect/cmeduc/20/20.pdf>

52 Conservatives.com (2020) Prime Minister Boris Johnson's keynote speech to wrap up Conservative Party Conference on October 6th 2020. [Online] Available at: <https://www.conservatives.com/news/boris-johnson-read-the-prime-ministers-keynote-speech-in-full>

10. Appendix A: Parent Sample

A total of 515 parents completed the survey and 40 were selected for depth interview.

Summary of characteristics

(Where figures do not total 100% this is due to rounding or multiple response answers)

	Survey		Depth interviews	
	Frequency	%	Frequency	%
Region				
<i>South East</i>	120	23	8	20
<i>South West</i>	47	9	3	8
<i>North West</i>	86	17	5	13
<i>North East</i>	58	11	5	13
<i>Yorkshire and Humber</i>	43	8	3	8
<i>East</i>	65	13	7	18
<i>West Midlands</i>	38	7	4	10
<i>East Midlands</i>	21	4	1	3
<i>Greater London</i>	34	7	4	10
<i>Missing</i>	3			
Ethnicity				
<i>White</i>	469	91	32	80
<i>Other</i>	44	9	8	20
<i>Missing</i>	2			
No. of adults in household				
<i>1</i>	100	20	10	25
<i>2</i>	289	57	23	58
<i>3 or more</i>	121	24	7	18
<i>Missing</i>	5			
Respondent work status				
<i>At work (critical worker)</i>	94	18	4	10
<i>Working from home</i>	110	22	11	28

<i>Furloughed</i>	60	12	5	13
<i>Carer</i>	70	14	4	10
<i>Unemployed</i>	175	34	16	40
<i>Missing</i>	6			
No. of children in household				
<i>1</i>	188	38	15	38
<i>2</i>	192	39	16	41
<i>3</i>	77	16	7	18
<i>4 or more</i>	33	7	2	5
<i>Missing</i>	25			
No. of children with SEND				
<i>1</i>	377	74	29	73
<i>2</i>	100	20	9	23
<i>3 or more</i>	30	6	2	5
<i>Missing</i>	8			
No. of children in special provision				
<i>1</i>	438	88	36	90
<i>2 or more</i>	58	12	4	10
<i>Missing</i>	19			
Age of child in special provision				
<i>3-4 yrs.</i>	8	2	0	0
<i>5-7</i>	59	12	5	13
<i>8-11 (at primary)</i>	117	25	9	23
<i>11-14 (at secondary)</i>	140	30	12	30
<i>15-16</i>	65	14	7	18
<i>17-18</i>	56	12	6	15
<i>19-24</i>	29	6	1	3
<i>Missing</i>	41			
Type of child needs				

<i>Sensory and physical</i>	177	34	12	30
<i>Cognition and learning</i>	342	66	25	63
<i>Communication and Interaction</i>	389	76	31	78
<i>SEMH</i>	142	28	11	28
<i>Other</i>	76	15	2	5
Type of placement				
<i>School</i>	413	92	37	93
<i>College</i>	36	8	3	8
<i>Missing</i>	66			
<i>State-funded</i>	359	80	27	68
<i>Independent</i>	90	20	13	33
<i>Missing</i>	66			

Appendix B: Provider sample

A total of 201 providers completed the survey and 40 were selected for depth interview.

Summary of characteristics

(Where figures do not total 100% this is due to rounding or multiple response answers)

	Estimated population		Survey		Depth interviews	
	<i>Frequency</i>	<i>%</i>	<i>Frequency</i>	<i>%</i>	<i>Frequency</i>	<i>%</i>
Respondent role						
<i>Headteacher / Principal</i>	-	-	170	85	39	98
<i>Other Senior leader</i>	-	-	31	15	1	2
Region						
<i>South East</i>	305	18	34	17	7	18
<i>South West</i>	166	10	17	9	4	10
<i>North West</i>	269	16	39	19	6	15
<i>North East</i>	91	5	12	6	2	5
<i>Yorkshire and Humber</i>	131	8	7	4	3	8
<i>East</i>	157	9	30	15	8	20
<i>West Midlands</i>	214	13	22	11	5	13
<i>East Midlands</i>	134	8	16	8	2	5
<i>Greater London</i>	219	13	24	12	3	8
Ages of pupils catered for						
<i>Nursery & Reception; 3-5 years old</i>	614	36	79	39	11	25
<i>Key Stage 1; 5-7 years old</i>	857	51	103	51	24	60

<i>Key Stage 2; 7-11 years old</i>	1,145	68	133	66	30	75
<i>Key Stage 3; 11- 14 years old</i>	1,327	79	145	72	27	68
<i>Key Stage 4; 14 - 16 years old</i>	1,313	78	149	74	29	73
<i>Key Stage 5; 16- 18 years old</i>	1,048	62	112	56	24	60
<i>18-24 years old</i>	857	51	50	25	18	45
Establishment type						
<i>Academy special converter</i>	267	16	27	13	7	18
<i>Academy special sponsor led</i>	67	4	8	4	1	3
<i>Community</i>	517	31	68	34	11	28
<i>Foundation</i>	84	5	7	4	1	3
<i>Free school</i>	43	3	6	3	2	5
<i>Non-maintained</i>	58	3	7	4	3	8
<i>Other independent</i>	525	31	54	27	9	23
<i>Special post-16 institution</i>	125	7	24	12	6	15
FSM Quartile						
<i>Lowest 25%</i>	248	25	42	36	7	18
<i>2nd lowest 25%</i>	247	25	22	19	4	10
<i>2nd highest 25%</i>	247	25	27	23	6	15
<i>Highest 25%</i>	246	25	26	22	7	18
<i>Unknown</i>	706		84		16	

Ofsted rating						
<i>Outstanding</i>	436	30	55	32	9	23
<i>Good</i>	857	59	98	57	19	48
<i>Inadequate/ Requires improvement</i>	161	11	20	12	5	13
<i>Unknown</i>	240		28		7	
School size						
<i>Less than or equal to 50 pupils</i>	492	34	56	33	12	30
<i>Between 50 and 100 pupils</i>	410	28	58	34	13	33
<i>Greater than 100 pupils</i>	560	38	55	33	8	20
<i>Unknown</i>	232		32		7	
Ethnicity						
<i>No BAME pupils</i>	134	13	14	12	2	5
<i>0.1 to 4.9%</i>	312	30	32	26	10	25
<i>5 to 9%</i>	147	14	21	17	9	23
<i>10 to 29%</i>	231	22	38	31	10	25
<i>30 to 49%</i>	113	11	10	8	3	8
<i>50% plus</i>	90	9	5	6	2	5
<i>Unknown</i>	667		79		4	
Residential						
<i>Residential places offered</i>	274	17	48	24	5	13
<i>No residential places offered</i>	1,329	83	153	76	35	88

Appendix C: Technical detail

Surveys

Provider survey sample

NFER sent a survey to all 1,694 special schools and colleges in England to collect data about the impact of Covid-19 on them and their pupils. We asked senior leaders (headteachers, principals, deputy headteachers and business managers) to complete the survey on behalf of the school. The survey was administered online and invitations were sent to all special schools and colleges in England. NFER also called the schools and colleges to ensure that they had received the invitations.

The data collection window was open between July 1st and August 3rd 2020, during which time we received responses from 201 schools and colleges, representing 11.9 per cent of the special schools in England. The achieved sample had good levels of representation of special school population in terms of school phase and disadvantage. A few providers gave more than the requested number of responses, which was addressed in the majority of cases by excluding the partial responses from these schools⁵³.

Average survey completion time was 22 minutes.

Provider survey analysis

The NFER team used DfE administrative data to identify the characteristics of each school, including phase, proportion of pupils eligible for free school meals (FSM), school type, and region. The data was not weighted as the distribution of the achieved sample was representative of the national population of special schools based on phase and FSM quintile.

The analysis used two main approaches: descriptive statistics for all of the survey questions and tests of statistical significance to identify associations between selected questions and school characteristics. Questions were collapsed as appropriate where cell counts were too low for reliable analysis. For discrete questions, associations between selected questions and school characteristics were identified using a Chi-squared test for independence. Questions based on continuous scales were analysed using a one-way anova with a Bonferroni adjustment⁵⁴.

⁵³ There was only one case where multiple responses from the same school were both completed. Only the response from the most senior respondent was included in the analysis. There were also two instances of the same respondent partially completing the survey multiple times. Only the first response from each of these individuals was included.

⁵⁴ Bonferroni, C. E. (1936). *Teoria statistica delle classi e calcolo delle probabilità*. Pubblicazioni del R Istituto Superiore di Scienze Economiche e Commerciali di Firenze, 8, 3–62.

Results were considered statistically significant if the probability of a result occurring by chance was less than five per cent ($p = < 0.05$). All percentages are based on the number of people responding to the question, excluding non-responses (valid per cent). In some cases percentages may not sum to 100, due to rounding.

A note on derived variables

We created free school meals (FSM) halves by identifying the proportion of pupils in each school who are eligible for free school meals. Based on this, we then split schools into two evenly sized groups.

We created the category of BAME pupils by identifying the share of pupils with Black or Asian ethnicity within a given school. Pupils from mixed backgrounds were not counted as BAME.

The school phase breakdown in our survey was based on statutory low and high age recorded for each special school. Schools were assigned to phases as follows:

- Primary schools: Statutory high age is lower or equal to 11⁵⁵.
- Secondary schools: Statutory low age is between nine and 16. Statutory high age is above 14.
- All-through schools: Statutory low age is below nine and statutory high age is at least 14.
- Post-16 schools: Statutory low age is at least 16.

A note on sample weighting

To ensure the sample of respondents was representative of the population of all schools, we created a variable that identifies whether a school is a primary, secondary or all-through and its level of FSM eligibility. FSM information was downloaded from the Department for Education's website in April 2020, and the figure identifying the proportion of pupils eligible for FSM was used to separately create eligibility quintiles for both primary and secondary schools. This created a 13-category variable of sector and quintile, including two missing categories and a single category to indicate all-through schools. We compared the distribution of the responding schools to the population distribution and used a Chi-squared test for independence to determine if weighting was required. It was determined that weighting was not required.

Parent survey

Participating schools and colleges were asked to distribute the online survey link to all parents at their school. Only a small number did this. In addition SEND information and advice services in local areas, as well as national organisations supporting families of children with SEND were asked to share the link. It was made clear that the survey

⁵⁵ There were three cases where the statutory high age was 12 which were also assumed to be primary schools.

was only for those with children at special schools in England. Responses concerning children not at special schools, not resident in England and partial completions were removed from the sample. The data collection window was open between July 1st and August 3rd 2020, during which we received 515 valid responses.

Basic descriptive analyses (including variable cross tabs) were run on the final dataset to indicate experiences and key issues.

This data was primarily used as a means of selecting a sample of parents to be interviewed who reflected a range of circumstances and experiences.

Depth interviews

Interview sample

All survey respondents were asked if they would be willing to take part in a follow-up interview and if so to provide their contact details. Interviewees were selected from the final response sample to reflect the characteristics of the entire sample as closely as possible, including reflecting a range of experiences.

Interview methodology

Interviews were offered by telephone or video call at any times suitable. All respondents opted for telephone calls. These were audio-recorded and full fieldnotes made.

Topic guides were used flexibly to allow respondents to lead the discussion, although all interviews covered the same issues. Interviews with providers lasted between 60 and 125 minutes. Interviews with parents lasted between 35 to 110 minutes.

Interview analysis

Interview responses were analysed using a Framework⁵⁶ approach. This method has five distinct phases that are interlinked and form a methodical and rigorous framework for analysis. These phases enable researchers to understand and interpret data, and move from descriptive accounts to a conceptual explanation of what is happening from the data of participants in the study. The method is transparent and enables teams of researchers to work together. It enables theming of responses by research question and allows analysis within and across cohorts.

⁵⁶ Ritchie, J. and Lewis, J. (2003) *Qualitative research practice: A guide for social science students and researchers*: London. Sage

Incentives

Parent respondents were given a £20 shopping voucher to reflect the time they had contributed to taking part in the project. These were issued online or by post.

Signposting

All parents were sent details of sources of information, advice and support for families of children with EHCPs. Those who were distressed during the interviews were followed up within 2 days of the interview to check on their wellbeing. In a small number of cases they were also given details of more specialist help, such as the Samaritans.

Safeguarding

Where any issues of concern regarding the welfare of children were raised during interviews, the appropriate educational leader was made aware of these. Again this only involved a very small number of cases.



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