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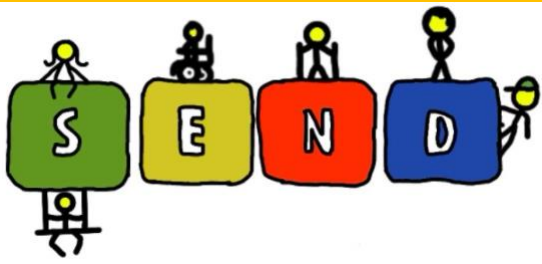
Ask, Listen, Act - working together to develop priorities for the provision of Special Educational Needs and Disability (SEND) support for children after the COVID-19 pandemic

Dr Emma Ashworth (LJMU), Professor Lucy Bray (EHU), Professor Amel Alghrani (UoL), Dr Carrie Hunt (LHP), Dr Joanna Kirby (LJMU)



@AskListenAct

<https://tinyurl.com/ALASEND>



Programme

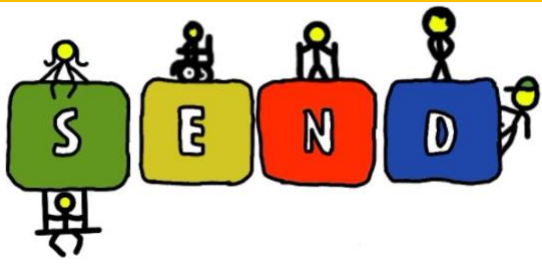
12:00 - 12:45 Introduction & Project Study Findings

12.45 - 13:00 Juliette Cammaerts, Children's Commissioner's Office; Director of Policy, Planning and Delivery

13:00 - 13:10 Olivia Blake MP, Chair of the All-Party Parliamentary Group for SEND

13:10 - 13:20 Professor Brian Lamb OBE, Chair of the Inquiry into Parental Confidence in the Special Educational Needs, Visiting Professor in SEND, Derby University and a Visiting Fellow, London South Bank University

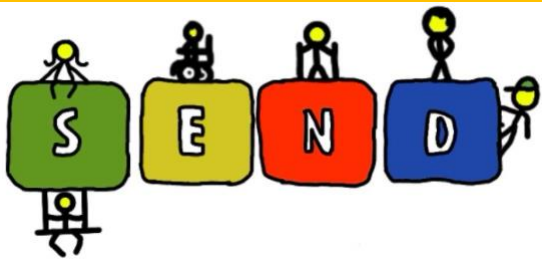
13:20 - 13:30 Q&A



Introduction:

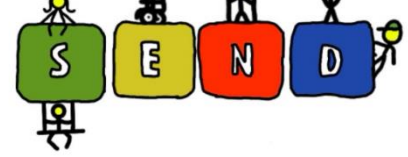
- Dr Emma Ashworth, LJMU (@emma_ash)
- Prof Lucy Bray, EHU (@LucyBray9)
- Prof Amel Alghrani, UoL (@alghrani)
- Dr Joanna Kirkby, LJMU (@JoKirkby)
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Thank you to the following:

- All the children and young people with SEND, their parents/carers and professionals who have shared their views, experiences and time with us.
- The National Institute for Health Research for funding the study.
- The Steering Committee for their ongoing guidance and support.
- The parent advisors and children and young people we consulted to help design and run the study.
- Dr Seamus Byrne for his help and guidance in determining the policy priorities.



Research title:

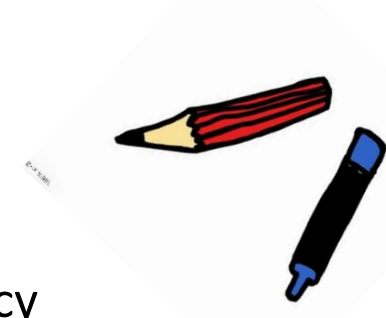
A Rapid cross-sectional mixed methods study to scope, understand and co-develop the policy priorities for reducing inequalities and mitigating the long-term impacts of COVID-19 for CYP with SEND.

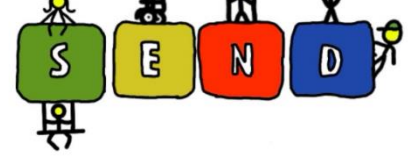
Research Aim:

To examine the perceptions, experiences, lessons learnt and priorities of CYP with SEND, their parents/carers and stakeholders, to reduce the inequalities and mitigate the long-term impacts of COVID-19 for CYP with SEND.

Funder:

National Institute for Health Research; Policy Research Programme: Recovery, Renewal, Reset: Research to inform policy responses to COVID-19.

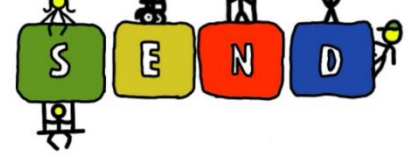




The different phases of the study:



- **Phase 1:** Rapid scoping review of current literature and evidence impacting on SEND education, health and social care provision during the pandemic.
- **Phase 2:**
 - Short structured online surveys with children and young people aged 5-15 years with SEND (n=55), parents/carers (n=893), education (n=100) and health and social care professionals (n=163) and local authority staff (n=44).
 - Semi-structured interviews with children and young people aged 5-15 years with SEND (n=4), parents/carers (n=10), education staff (n=3), health and social care professionals (n=11) and local authority staff (n=1).
- **Phase 3:** Collaborative priority setting face to face, or online workshops with children and young people with SEND aged 5-15 years (n=20), parents/carers (n=11) and professionals and key stakeholders (n=38).



Phase 1; Scoping Review

- Rapid scoping review of current literature and evidence impacting on SEND education, health and social care provision during the pandemic.
 - Literature search conducted in June 2021.
 - Included published research, reports conducted by charities.
 - 33 key pieces of evidence included.

The cover page features logos for Liverpool Health Partners, University of Liverpool, Edge Hill University, and Liverpool John Moores University. It includes the title 'A Rapid Scoping Review - The Impact of the COVID-19 Pandemic on the Education, Health and Social Care Provision for Children with Special Educational Needs and Disabilities (SEND)' and lists the authors: Joanna Kirkby, Emma Ashworth, Lucy Bray, and Amel Alghrani. The subtitle is 'Liverpool John Moores University, Edge Hill University, University of Liverpool'.

A Rapid Scoping Review - The Impact of the COVID-19 Pandemic on the Education, Health and Social Care Provision for Children with Special Educational Needs and Disabilities (SEND)
Joanna Kirkby, Emma Ashworth, Lucy Bray, Amel Alghrani¹
¹Liverpool John Moores University, ²Edge Hill University, ³University of Liverpool

Background to the review

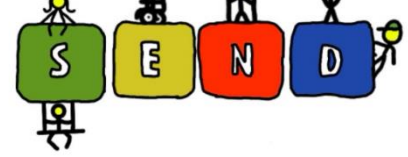
This rapid scoping review was conducted to inform the Ask, Listen, Act Study funded by the National Institute of Health Research.

In England, the term special educational needs (SEN) was first incorporated into law under the Education Act 1981 and 'represented an attempt to establish a new legal classification for children for whom the standard educational provision would not be adequate' (Harris, p. 446). This term is now included in the Children and Families Act (CFA) 2014, part 3 of which governs SEN provision. Within that legislation, a child is classed as having SEN if their learning difficulty or disability 'calls for special educational provision to be made for him or her' (s20(1)). Harris states that the definition is 'intended to ensure that the needs of children whose particular inherent difficulty or disability affects their capacity to learn are responded to via appropriate provision from the state, with the necessary support as their education progresses.' (Harris, p. 447). As Harris argues, the legal construction of 'special educational needs' can contribute to the over simplification of a complex issue (Harris p.448).

The Department for Education and the Department of Health (2015) Code of Practice provides statutory guidance on duties, policies and procedures relating to Part 3 of the Children and Families Act 2014 and associated regulations and applies to England. It relates to children and young people with special educational needs and disabilities (SEND). The Code of Practice expands on the legislative definition of SEND by stating that a child has a learning difficulty or disability if he or she 'has a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions' (p.16). As well as this, they organise SEND into four main groups: communication and interaction; cognition and learning; social, emotional and mental health difficulties; sensory and/or physical needs. The Department for Education and the Department of Health's definition of SEND has been considered problematic as it can lead to a 'deficit focused approach to meeting the needs of individuals, that is reliant on medical solutions' (Rolfe, 2019, p. 430). However, the statutory inclusion statement in the English National Curriculum helps to overcome this by stating that teachers should focus on 'setting suitable challenges' and 'responding to pupils' needs and overcoming potential barriers for individuals and groups of children' (DfE, 2013, p. 8). This inclusion statement is crucial as it recognises the impact of external barriers on the learning of children with SEND.

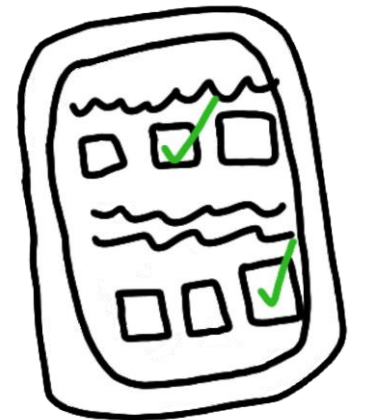
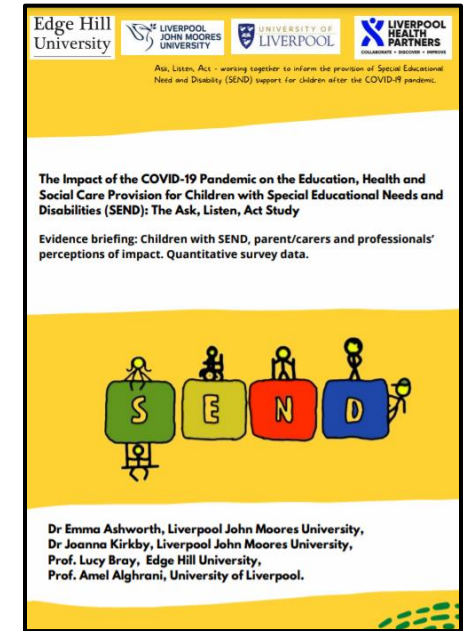
Overall responsibility for children with SEND rests under the CFA 2014 with each of England's 152 local authorities (LAs) (Harris p.448). Where a child or young person who has SEND has gone through the process of an Education, Health Care Needs assessment and it is deemed that special educational provision is needed, 'the LA must secure that an Education, Health Care (EHC) Plan is prepared for the child or young person' and 'once an EHC plan is prepared, it must maintain the plan' (CFA ss36-37).

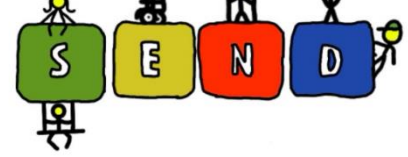
Study Overview



Phase 2; Online Surveys

- Structured online surveys with children and young people aged 5-15 years with SEND (EHCP & SEND support), parents/carers, education and health and social care professionals and local authority staff.
- Questions designed with input from children and young people with SEND, parents/carers and the steering committee.
- The children's survey used emojis, open text and places to attach drawings.
- Participants were recruited through social media and liaison with charities.
- Surveys ran between June and August 2021.
- Children aged 5-15 years with SEND (n=55), parents/carers (n=893), education (n=100) and health and social care professionals (n=163) and local authority staff (n=44).





Phase 2; Semi-Structured Interviews

- Semi-structured interviews with children aged 5-15 years with SEND (n=4), parents/carers (n=10), education staff (n=3), health and social care professionals (n=11) and local authority staff (n=1).
- Interviews took place using online platforms, with augmented methods such as activity books being used with children.
- Interviews took place between August and September 2021.

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

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

Evidence briefing 2: Qualitative interview data; Children with SEND, parent/carers and professionals' perceptions of the impact of the COVID-19 pandemic

Dr Emma Ashworth, Liverpool John Moores University,
Dr Joanna Kirkby, Liverpool John Moores University,
Prof. Lucy Bray, Edge Hill University,
Prof. Amel Alghrani, University of Liverpool.

At home during lockdown
What was it like for you?

School and learning during lockdown
What was it like for you?

Health services like mental, physio or speech and language therapy during lockdown
What was it like for you?

Social care services like respite during lockdown
What was it like for you?

Play and seeing friends during lockdown
What was it like for you?

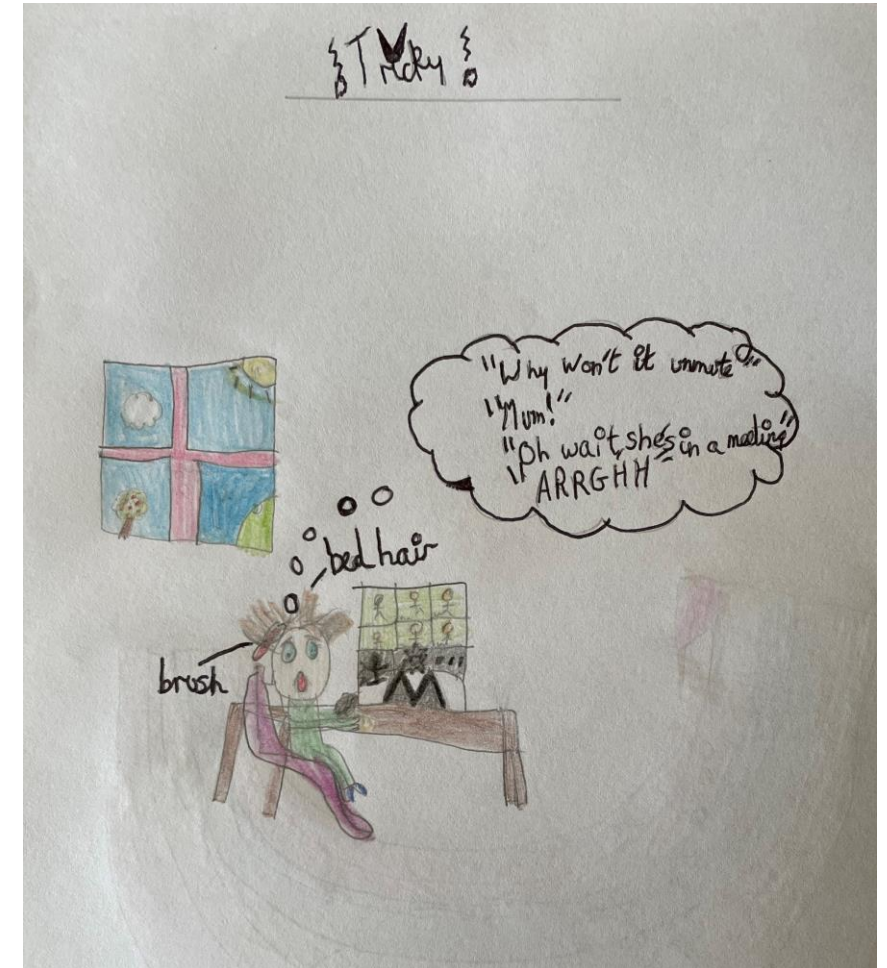
Other things I want to talk about.

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Findings From the Study

Main Points Drawn From the Findings

- The COVID-19 pandemic has disproportionately impacted children and young people with SEND, exposing and exacerbating already stark inequalities and weaknesses in SEND provision.
- Children and young people with SEND's rights and needs were not taken into consideration during pandemic management – only 6% of parents felt their child's needs outlined in their Education and Health Care Plan (EHCP) were 'completely met'.
- Services that support children and young people with SEND were prevented from operating and guidelines were unclear, inconsistent and rapidly changing.



Opportunities for me to socialise, have fun, be me and be part of something

- Decreased access to disabled playgrounds and activities
- Increased isolation and loneliness
- Less social engagement leading to slower speech and language development and decreased social skills
- decreased funding for charities providing short breaks and respite
- lost friendships and groups especially for children with autistic spectrum condition

- Lack of accessible activities and playgrounds within my community.
- Lack of opportunities to meet other people like me and build my self-esteem and self-worth
- Contribute to my community and develop life skills
- Need for children with SEND to be involved in service design

Support for my social, emotional and mental health; no child with SEND should have to struggle so much

- Challenges and a lack of provision of SEND specific CAMHS services
- Lack of early intervention initiatives - too little too late
- Lack of mental health and SEW workforce (recruitment and retention and training of whole school workforce)
- Services hard to access
- Lack of support for me to grow up healthy and gain life skills
- Lack of support to help me transition between services and for transitions

- Increased isolation and increased anxiety
- Deteriorating mental health and SEW over lockdown
- Resilience and confidence at an all time low
- Increased levels of self-harm
- Services have longer waiting lists and are harder to access
- Transitions occurred without support leading to poor outcomes

Flexibility, choice and support for me to feel safe, belong and learn in school; not just going back to how it was before

- Lack of inclusion in mainstream schools
- Lack of SEND support in schools - individual needs drowned out
- Rigidity of school systems making learning hard for children with SEND
- EHCP system broken - access/process/annual reviews
- Lack of training of school staff on SEND
- Lack of specialist staff in schools (recruitment and retention)
- Inclusion not part of OFSTED assessments

- Many SEND staff have left posts
- Overwhelming uncertainty and lack of routine
- Reintegration back into school and support for transitions
- Decreased ability to reach academic potential - lost learning and disengagement
- Online learning systems over the pandemic were not designed to meet the needs of pupils with SEND
- Some flexibility in learning worked well

Working together to get through it together; child-centred recovery and renewal

The system was broken before, COVID-19 has magnified the difficulties and increased inequalities.

Support for my parent and family so they can support me; you can't pour from an empty cup

- Lack of parents to learn and gain support from others in the same boat
- Poverty, many parents of children with SEND are not able to work
- Struggles with mental health
- Lack of short breaks and respite care
- For systems to listen to children with SEND and parents to get the support and services they need

- Increased poverty
- Increased isolation
- Being left to get on with it
- Deteriorating mental health over lockdown
- Increased burnout - no access to short breaks or respite
- SEND provision over lockdown reduced and difficult to navigate

Access to the service and therapies I need to stay healthy, staffed by people with the right specialised knowledge and skills

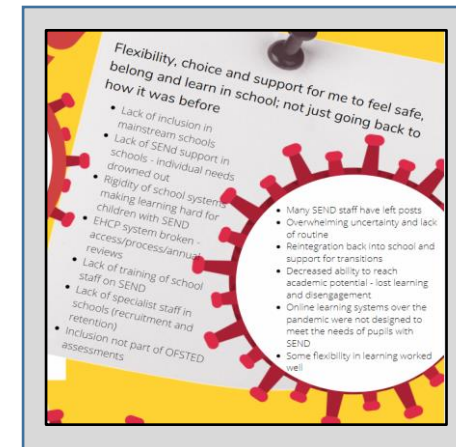
- SEND requests increasing
- Long waiting lists
- SEND staff vacancies not filled
- Lack of funding
- Lack of access to therapies in school

- Skilled SEND staff left posts after redeployment and work pressures (burnout and fatigue)
- Waiting lists and referrals increased
- Lack of access to NHS services or therapies
- Children's speech and language has deteriorated over lockdown
- Children have de-conditioned
- Some phone and online appointments have helped children and young people access some services.
- Increased ability of MDT members to meet online and integrate working



My right to play, socialise, have fun and be part of my community

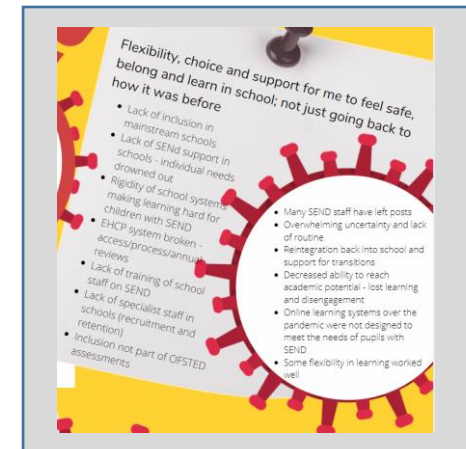
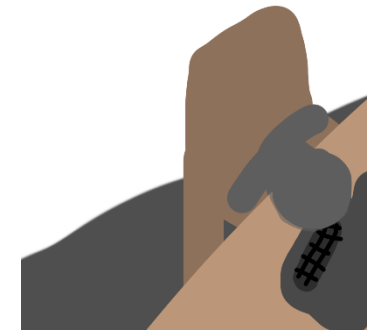
- Opportunities to maintain friendships and continue to join in activities 'online' were not accessible to many children with SEND (69% of parents said children's ability to sustain friendships got worse).
- Many children with SEND were not able to fulfil their sensory (vestibular) needs for movement and most specialist play services closed.
- Many children with SEND had less opportunities for social engagement leading to slower speech and language development (71% of parents said children's social skills got worse).
- There has been a lack of opportunities for children with SEND to build important life skills and independence within their community.
- There have been less opportunities to interact with others and play (86% of parents reported this).



My right to flexibility, choice and support, so I can feel safe, belong and learn in school



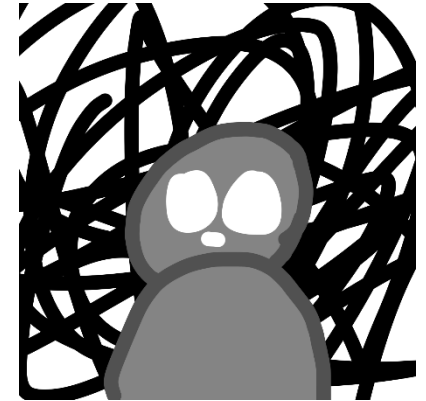
- Children with SEND's education has been adversely affected during the pandemic (69% of parents reported this).
- Although children with an EHCP plan should have been able to keep going to school, the majority (89%) did not, and many were not offered a place in school.
- Online learning was not an adequate substitute - it was inaccessible and work was not differentiated.
- Some children with SEND, particularly those with ASC, flourished as a result of not having to attend school.
- Many education professionals reported that they were not able to provide the alternative/specialist resources needed for children with SEND, and 58% felt that pupils with SEND had been more negatively affected by the pandemic than pupils without SEND.
- Many children with SEND who have an EHC Plan, did not have their education, health and social care needs met in accordance with their Plan.
- The majority (62%) of education professionals reported there had been an increased number of requests for SEND support and assessments.



My right to support for my Social and Emotional Wellbeing and Mental Health



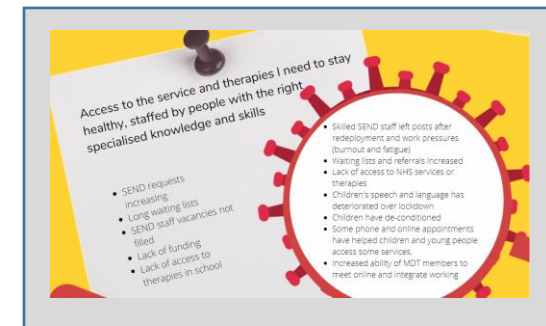
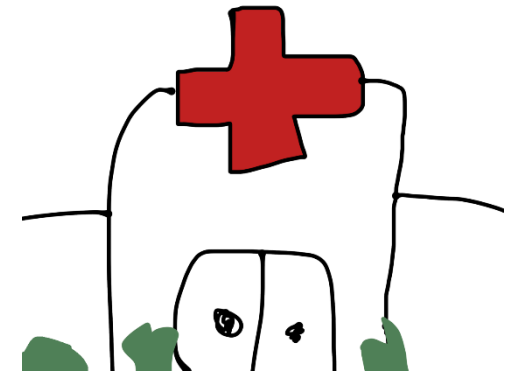
- Children with SEND experienced deteriorating Social and Emotional Mental health and Wellbeing (SEMHW) over lockdown (65% of parents reported it got worse), for which there was little or no support.
- Children with SEND (particularly ASC) struggled with changes to routines in education, family life and pandemic restrictions (anxiety, uncertainty, behaviours that challenge).
- Delays in children with SEND accessing appropriate early interventions for their SEMHW.
- 58% of teachers reported an increased demand for children with SEND needing SEMHW support.
- The delivery of SEHMW services were not tailored to meet SEND specific needs.
- Governments guidance was inconsistent and rapidly changing on how mental health service provision should be delivered.
- SEMH Services for children with SEND have even longer waiting lists and are harder to access.

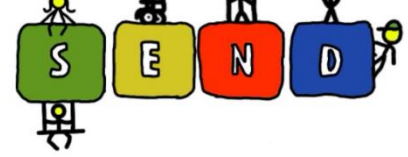


My right to health and social care services and therapies in order for me to stay healthy



- In many cases, health and social care provision completely stopped, or moved online, and children with SEND did not have access to the health care or therapies they needed
 - e.g. face-to-face physiotherapy dropped from 41% (pre-pandemic) to 1% (during the first lockdown).
- The majority of health and social care professionals reported more requests for support, resources and provision from their service. 77% said the quality of their service provision got worse.
- With very little respite care available, families of children with SEND were exhausted and 'left to get on with it' on their own.
- Professionals from all sectors reported increased number of safeguarding concerns for children with SEND over the pandemic.
- 47% of professionals reported longer waiting lists.
- Nearly two years from the beginning of the pandemic, support for children with SEND and their families has still not fully returned.

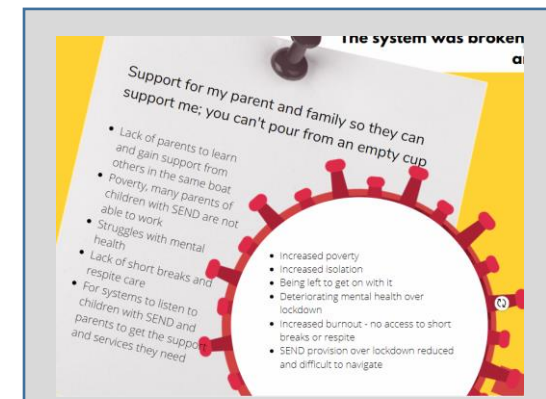
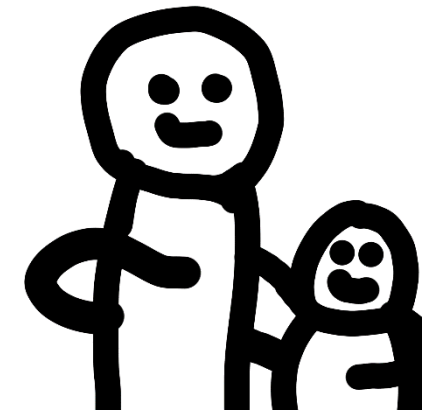




My right to support for my parents/carers and my family

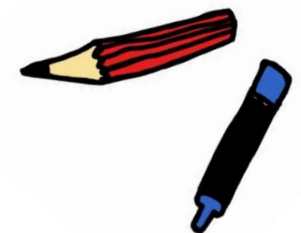
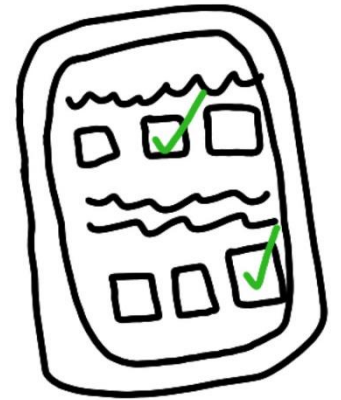


- Parents/carers and professionals reported increased poverty and deprivation over the pandemic which has disproportionately impacted families of children with SEND.
- Increased isolation of families, “being left on our own”. All the support groups stopped.
- Parents/carers reported deteriorating wellbeing and mental health over the pandemic (67% said it got worse).
- There has been increased levels of parental stress and burnout - no access to short breaks or respite.
- Access to SEND services, support and provision over lockdown was reduced and increasingly difficult to navigate.



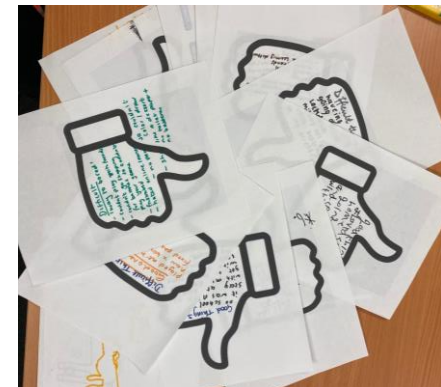
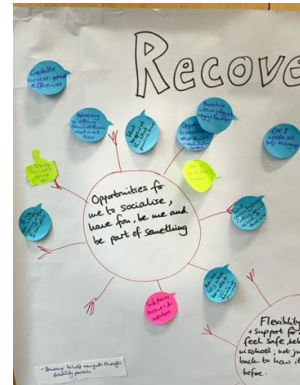
Identifying Priorities

- Questions as part of the online survey asked professionals to identify priorities for policy and funding.
- Questions as part of the online survey asked parent/carers and children for the ‘the most important thing’.
- The priorities were collated, organised, grouped, and tallied.
- The most frequent priorities from each participant group were extracted and amalgamated
- The priorities aligned with the five themes from the rest of the study.
- Priorities related to existing issues that had been exacerbated by COVID, and issues specifically related to the COVID pandemic.
- The findings, themes and priorities from the study were then taken to the collaborative priority setting workshops.



Phase 3: Collaborative priority setting workshops

- The workshops used a flexible, iterative process to the development of the policy priorities.
- Face to face workshops with children with SEND and parent/carers used:
 - Thumbs up and thumbs down asked, ‘what were the biggest challenges’, ‘what was good/worked well’?
 - Large displays of the 5 key themes on the floor or wall and we asked; ‘what would have helped’, ‘what would have made things better’ and ‘what is the most important’?
 - Post boxes and postcards to the prime minister to highlight; ‘the most important thing which needed changing’
- Online workshops with parents of children with SEND and professionals:
 - Presented the five key themes and facilitated discussion
- Participants included children and young people aged 5-15 years with SEND (n=20), parents/carers (n=11), and professionals (n=38).

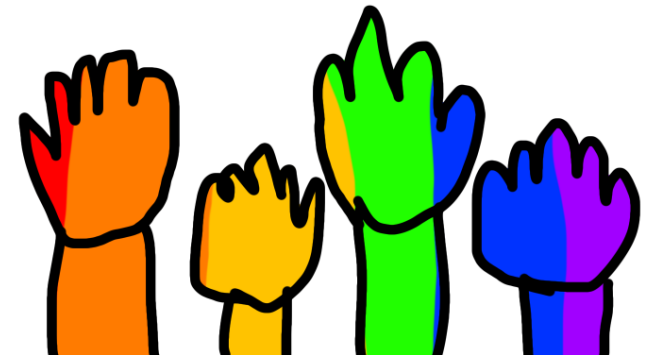


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Priorities for Policy and Practice

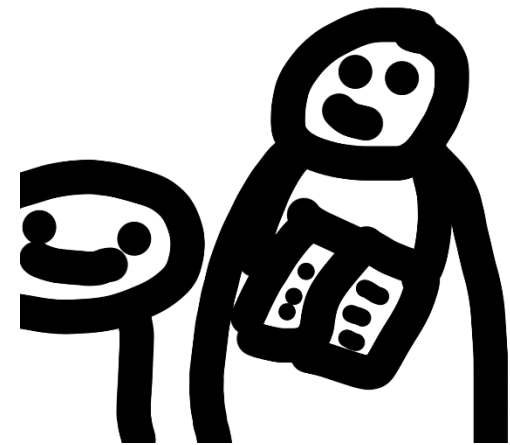
Framing the Priorities: The rights of children

- The priorities are framed within a child-centred rights-based approach to recovery and renewal.
- The priorities are mapped against the relevant articles from the United Nations Convention of the Rights of the Child (1989).
- The priorities have been developed from the research evidence from the study and through consultation with children with SEND, parents/carers, and professionals who work with children with SEND



Framing the Priorities: The Legal Context

- One of the earliest legislative changes enacted under the Coronavirus Act 2020 was to reduce the legal duty placed on the Local Authority contained in section 42 of the Children and Families Act 2014 to meet the needs of children and young people with SEND with a 'reasonable endeavours' duty.
 - This was enacted without the benefit of either a children's rights impact assessment (CRIA) or an equality rights impact assessment (ERIA).
 - To prevent against any future legal downgrading of the rights of children and young people with SEND, central Government, in conjunction with Local Authorities, should engage in an assessment to ensure sufficient staffing, resources and facilities are available to meet the needs of children and young people with SEND.



Framing the Priorities: The wider landscape

The priorities need to be considered alongside:-

- Recognition that many aspects of the SEND system were already underfunded and ill-equipped.
- Recognition that increased and sustained investment from the Government across all sectors is needed to meet the rights of children with SEND.
- Acknowledgement that we heard many examples of professionals working 'above and beyond' and creatively navigating round limitations to provide care and support.

In order for the priorities to be enacted the following are needed:-

- Proper implementation of the existing SEND legal framework.
- Increased integrated working between professionals/services working
- Accountability and clear lines of responsibility.
- Removal of the postcode lottery of service provision.
- Meaningful inclusion of children with SEND and their parents/carers.



My Right to Play, Socialise, Have Fun, and be Part of my Community

Policy and practice priorities specific to pandemic management

- **Retain existing opportunities for play and physical activity**, particularly where lack of it may compound and exacerbate existing SEND (e.g., the need for children with ADHD/ADD to move, sensory circuits).
- Play and activity sessions during lockdown should be **facilitated by credible and appropriately SEND trained professionals** who can provide 1-2-1 support.
- **Outdoor playgrounds and sensory rooms should remain open** and there should be greater coordination between LAs and Central Government regarding funding issues to ensure playgrounds are accessible, adaptable and available.
- **Areas for play and recreation should be provided within schools** that in previous lockdowns were closed (e.g., hydrotherapy pools and sensory rooms should be maintained and kept open as essential).
- Government guidelines should **allow children with SEND to play in close pairs or social bubbles** and engage in repeated mixing, and LAs should facilitate activities outside.
- Older children and young people should have **independence and life skills built into their curriculum** and this should remain accessible/ongoing.
- **Vocational skills** (e.g. work experience) should continue where possible.

My Right to Play, Socialise, Have Fun, and be Part of my Community

Policy and practice priorities linked to recovery and renewal

- LAs should ensure **statutory provision of SEND-accessible play and recreation services**.
- LAs, Integrated Care Systems, and Third Sector Organisations **should co-design and deliver play and recreation activities** in collaboration with children with SEND and their families.
- Any new centrally-funded **recovery programmes and initiatives** (e.g., Holiday Activities and Food programmes) need to include activities that are **accessible and adaptable to children with SEND**.
- LAs need to **provide SEND-specific play and recreation activities and groups**, which are accessible, adaptable and available and designed to meet the needs of all types of SEND.
- **Non-SEND specific** play and recreational activities should be **inclusive and accessible**.
- Play and recreation activities should be **regular and ongoing** (not long waiting lists, not limited to 6 sessions).
- Play and recreation activities should be **facilitated by credible staff who have been provided with SEND-specific training** and who can provide 1-2-1 support.
- As part of **EHCP assessments/annual reviews**, LAs should specifically consider the **need to make individual play and recreational social communication interventions available**.

My Right to Support for my Social and Emotional Wellbeing (SEW) and Mental Health

Policy and practice priorities specific to pandemic management

- NHS England and LAs should provide **tailored information and interventions to provide public health information** to children with SEND (e.g. social stories to explain covid restrictions).
- If there is another lockdown, there needs to be **clear legislative guidance** for LAs, schools, and parents, provided in a timely manner, which **explicitly considers children with SEND**.
- School staff should **check in with parents/carers/children regularly** (e.g. minimum once per week) to identify any developing SEW or mental health issues, and then **offer or signpost to appropriate support**.
- SEW and **mental health services should continue to offer the option of face-to-face appointments**, with necessary PPE, for those who struggle to communicate via video/telephone.
- Any Government or LA responses to the pandemic, including future restrictions, need to **consider evidence which demonstrates how lockdowns impact on the mental health of children with SEND**, and **ensure provision is put in place** to mitigate these. This should be underpinned by a Children's Rights Impact assessment (CRIA).
- **Mental health services need to maintain the same, or increased, level of service** for children with SEND if lockdown restrictions come back into force.

My Right to Support for my Social and Emotional Wellbeing (SEW) and Mental Health

Policy and practice priorities linked to recovery and renewal

- DfE should require all schools to **deliver SEND-appropriate universal, mental health prevention and promotion programmes** (e.g. teaching healthy coping strategies, mental health literacy).
- DHSC, DfE, and PHE **initiatives linked to children's mental health** (e.g. Mental Health Support Teams, Psychological first aid training course) need to **consider and specifically address the mental health and wellbeing needs** of children with SEND.
- HEE should ensure that **GPs and primary care services should receive training in appropriate services** for diagnosis and support for children with SEND experiencing mental health difficulties.
- DfE and DHSC (HEE) should ensure investment in **training positions to increase the workforce within SEW and mental health** (e.g. CYP Psychological Wellbeing Practitioner, Education Mental Health Practitioner). Training should **include a SEND-specific component**.
- LAs should ensure there is a **comprehensive and up-to-date access point as part of the Local Offer** about the statutory and voluntary **services for SEW and mental health**.
- In line with the NHS long-term plan, all **children with SEND should be triaged and begin receiving support for mental health difficulties within 4 weeks** of referral, based on their individual specific needs.
- DHSC/HCPC should provide/require **specific SEND training** (both core training and post-qualification) **for all professionals** working with children (clinical psychologists, psychological wellbeing practitioners, school counsellors).
- DHSC and ICS should ensure alternative, **SEND-appropriate, therapeutic options are readily available and offered** (e.g. music therapy).

My right to flexibility, choice, and support so I can feel safe, belong, and learn in school

Policy and practice priorities specific to pandemic management

- DfE/LAs should ensure all children with SEND (whether they have an EHCP or not) are **offered the opportunity to attend in person education.**
- Where children with SEND must learn remotely, schools should ensure **online learning is inclusive and appropriately differentiated.**
- Government guidance for COVID-related restrictions should include a **specific focus and prioritised delivery of education for children with SEND.**
- LAs should ensure **EHCP assessments/annual reviews are completed within statutory deadlines**, with the **option** of face-to-face or online.
- Schools (with support from LA/DfE) should ensure a **child's provision detailed in their EHCP/IEP/EHAT is still delivered during lockdowns.**
- **Clear and timely guidance** from the Government needs to be provided to LAs/schools regarding shielding and restrictions, to allow enough time plan appropriate support and access.
- Schools (with support from LA/DfE) need to **offer CYP with SEND an individually tailored transition programme**, co-produced with children/parents, when returning to school.
- LAs should ensure children with SEND moving educational institutions are offered the opportunity to **visit new schools/education providers prior to moving** and continue with transition plans despite COVID restrictions.
- DfE should **provide education staff with training on how to provide and adapt online learning for children with SEND.**
- Schools (with support from LA/DfE) should **limit the amount of new pandemic-related responsibility placed on staff**, provide **guidance on ensuring their safety** in school, and offer **effective wellbeing support.**

My right to flexibility, choice, and support so I can feel safe, belong, and learn in school

Policy and practice priorities linked to recovery and renewal

- DfE should require all mainstream schools to **embed inclusive teaching practices** in the classroom (e.g. active listening, visual aids).
- DfE should allow the option of a **flexible curriculum** (e.g. subjects) and delivery (e.g. outdoor learning), and **provide the resources**.
- LAs should ensure **EHCPs are specified and quantifiable** as per the Children and Families Act 2014.
- DfE should provide schools with the **opportunity to promote wider skills** (e.g. life skills, transitions, work experience).
- DfE should increase **the links for education staff between special and mainstream schools** (e.g. school buddy system), to share learning.
- DfE should **ensure all school staff receive SEND-specific training** (both core and post-qualification).
- **Ofsted criteria should incorporate the extent to which schools are inclusive** and children with SEND feel psychologically/physically safe, supported, and included.
- DfE should **invest in recruitment, training, and retention of all SEND-related education posts**, e.g. offering bursaries.
- DfE should **avoid pressure on academic 'catch-up'** and ensure children have opportunities to reach their own potential.
- Schools should restore or **establish means of day-to-day communication with parents/carers** to pre-pandemic methods, to facilitate communication and ensure that a child's daily needs are known by educational professionals.
- DfE should **offer flexibility for compulsory assessments** (e.g. GCSEs) for CYP with SEND.

My Right to Health and Social Care Services and Therapies in Order for me to Stay Healthy

Policy and practice priorities specific to pandemic management

- Integrated Care Services (ICS) for Health and Social Care should ensure **uninterrupted regular and ongoing access to therapies** (especially in school), even during lockdowns and restrictions.
- NHS England/ICS should **ensure families are offered face-to-face access to therapies** and health services.
- LAs should **ensure sensory circuits/movement plans put in place by Occupational Therapists are maintained in school settings** and where not possible **shared with parents/carers** for a child to do at home.
- **Clear and timely guidance** from the Government is needed regarding shielding and restrictions, to enable professionals adequate time to plan appropriate support and access.
- LAs should ensure that **EHCP assessments and annual reviews are completed within the statutory deadlines** with families being offered **face-to-face or online meeting options**, regardless of COVID restrictions.
- ICS should provide **tailored physical activities** for children with SEND to maintain their physical health, regardless of restrictions (e.g. hydrotherapy, occupational therapy).
- Where there are safeguarding concerns, LAs should ensure health and social care professionals **can always see children considered to be at risk face-to-face** throughout lockdowns with suitable PPE.

My Right to Health and Social Care Services and Therapies in Order for me to Stay Healthy

Policy and practice priorities linked to recovery and renewal

- Investment and resources (workforce, funding, equipment, facilities) are needed from DHSC/NHS England to **reduce waiting lists for therapies/treatment and health assessments**.
- LAs should ensure that **EHCP assessments and annual reviews are completed within the statutory deadlines** with families being **offered face-to-face or online meeting options**.
- NHS England/ICS should provide **options for face-to-face or online therapies and assessments** based on families' preferences.
- NHS England/ICS should **streamline the administration process** for accessing health and social care services and therapies, reducing the volume and length of forms and phone calls needed.
- DHSC (HEE) should ensure all professionals working in health and social care are **trained (both core training and post-qualification) in, and are knowledgeable on, SEND-specific conditions** and the physical and mental health implications of these.
- NHS England/ICS should ensure that **first assessment occurs within 3 months** and the pathway for ASC and ADHD/ADD to diagnosis should be no longer than 12 months.

My Right to Support for my Parents/Carers and my Family

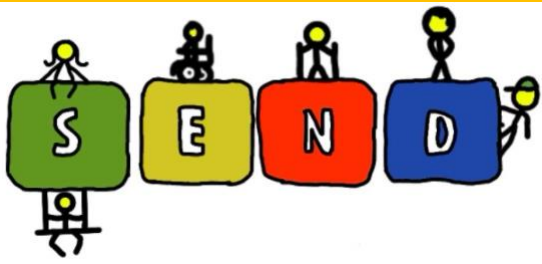
Policy and practice priorities specific to pandemic management

- **All children with SEND (not just those with EHCPs) need to be offered a place in school** to enable parents to continue working.
- Government restrictions should **always allow any 1-to-1 carers to attend to children with SEND** in home and school, with appropriate PPE.
- Schools should ensure that **children with SEND in receipt of free school meals have money vouchers sent home** if they are not in school.
- DfE should ensure necessary ring-fenced funding is put in place for schools to be able to **provide equipment needed for CYP with SEND** to facilitate their ability to study remotely. This should go beyond the provision of laptops/tablets (e.g. ear defenders, weighted items etc.).
- Government guidance and resources should ensure that **respite and short break provision** can be maintained in future lockdowns.
- LAs should **update the Local Offer to include information about changes to service access** and provision during restrictions.
- LAs should **inform parents/carers of children with an EHCP of any change in laws/regulations/restrictions** and explain specifically how it will impact the provision offered to their child, and what support remains available to them during any restrictions.

My Right to Support for my Parents/Carers and my Family

Policy and practice priorities linked to recovery and renewal

- LAs should **increase the provision of parent support groups** and schools should provide **opportunities for parents to connect** (this may be particularly important in specialist provision).
- DHSC should **enhance support for statutory, charitable and centrally-funded organisations to provide support and advocacy services** for parents/carers and siblings.
- LAs, health and social care services, and schools should **acknowledge parent/carers' expertise and include them meaningfully** in meetings, EHCP assessments and Annual Review meetings.
- LAs should **update the Local Offer** to include clear and accessible information for parents about their **child's legal entitlements and available services**.
- ICS should **streamline the processes for applying to DLA, schools and other services** so the same forms do not need to be completed multiple times.
- DHSC should **provide parents/carers with access to training** from statutory, charitable, and centrally-funded organisations to **improve their SEND health literacy and knowledge of children's rights**.



Many thanks!

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<https://tinyurl.com/ALASEND>

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