

SEND services during the COVID-19 pandemic

1. Key points from children, young people, parents and carers:

- a. The COVID-19 pandemic presents particular challenges for children and young people with special educational needs and disabilities (SEND) and their families. These are often above and beyond those experienced by wider society.
- b. There have needed to be changes to the ways that education settings and agencies providing care and health support deliver their services, and most children and young people have been at home either all the time or most of the time. Most are not attending school, and those that are may only be doing so on a part time basis. Routine, often a source of support for children and young people with SEND, has been disrupted and access to activities such as swimming and using equipment like climbing frames in playgrounds has stopped.
- c. Children and young people have told us that when they are at home they really enjoy being contacted by “familiar faces” either by telephone or video link. Some report consistent receipt of helpful and interesting learning resources from their school. With less happening in their lives than normal, some have also enjoyed being able to contribute online to activities such as developing the Local Offer and improving the accessibility of communications. Children and young people have also told us though that the virus makes them anxious, that they are missing their friends and have become bored with a lack of structure to their day usually provided by school. They are also concerned about having to put plans for the future on hold, and lack of access to certain therapy support. Some have found accessing online learning problematic, either from an accessibility perspective, with a lack of bespoke / differentiated work, or because they lack IT equipment to easily access materials. This and staying in touch with others is also difficult for those with poor broadband connectivity, and very expensive for those with pay as you go access.
- d. Parents and carers have told us of the very significant additional pressures that “lockdown” has created for families with children and young people with SEND. Combining their own working commitments and household duties with homeschooling and their children’s additional needs has often been difficult. Over time schools have become more proficient in delivering learning opportunities with increasing levels of differentiation, and therapy support has become more widely available through video demonstrations and consultations delivered via video link. Some parents have reported that there are benefits to this that should be retained in the future (e.g. time efficiency). Many parents have extended their thanks to schools, and to the admirable dedication and commitment of their staff and all front line professionals, during the pandemic. They have also highlighted the innovative approaches adopted to deliver support such as occupational therapy. However some have also highlighted that most parents are not “trained teachers” and worry that the progress their children are making is not as great as it would have been in school. There have also been reports that the quality of home learning resources provided by schools has been variable, and that they have not had as much direct communication with their school as they might have expected. There have been reported differences in the way that schools have been carrying out risk assessments to determine whether a child would be offered a place in school or not, and sometimes parents and young people have not been sufficiently consulted. Whilst accepting that schools have done a very credible job in “reinventing” themselves during the pandemic, and that they are navigating their own issues such as staffing levels, and remaining open during school holidays and weekends, parents would like more information about how those staff normally involved in working “1:1” with their child in school could be used more to support their child at home. They would also like to see more emphasis in the contacts they are having with school on “meaningful learning” rather than more general “checking in” and welfare checks. Parents and carers also worry about the return to school, when it comes, as that is likely to present greater challenges for children and young people with SEND than for those without. Some also report a lack of access to equipment needed to support occupational therapy.

2. Education

- a. The proportion of vulnerable children and young people attending school locally during the pandemic is

amongst the highest in London. Our schools and their staff deserve huge credit for this performance.

- b. After schools were closed for the majority of children and young people in March, whether or not a child with SEND was offered a place to attend school was the product of a risk assessment. The Department for Education issued guidance on conducting a SEND risk assessment and this has been updated several times. The risk assessment is a consultative process that should include the views of parents and carers and of the child or young person. The risk assessment is reviewed on an ongoing basis, because the circumstances of the child or young person, the family and the school may change. The types of circumstances considered during the risk assessment include:
 - i. The risk to the child or young person's health, especially for those with underlying health conditions
 - ii. The benefit of children and young people maintaining some familiar routine, and of familiar settings and possessions
 - iii. The ability of school staff and other health and care professionals to be able to provide remote support
 - iv. The staffing capacity in school and what this might mean for the setting's ability to safely meet the child or young person's needs

Parents and carers may ask to see the risk assessment for their child. The process that education settings are using for SEND risk assessments is supported by AfC. AfC have issued detailed written guidance to all education providers and delivered online workshops for SENCOs to help them in this process. AfC and the CCG also wrote to all families with EHC plans about risk assessments in June (see [here](#)).

- c. Education setting staff have been working hard to support all their pupils and students as best they can in the current circumstances. Since 23 March, many schools have been open a huge amount, including weekends and school and bank holidays, to provide for vulnerable children and those of key workers. One challenge schools face is that because family situations vary significantly, different families have been asking for very different types and amounts of provision. Whilst some families would like live lessons delivered throughout the hours of a normal school day, others have chosen to home educate using their own approaches for example through playing and working in the garden and cooking in the kitchen. Others struggle to access anything online due to for example one laptop between several children and poor internet access. Schools have also had to deal with an almost constantly evolving picture of government guidance and legislation and extra tasks. The workload involved in completing risk assessments alone for example is very significant, and this is just one of many additional extra duties schools are being asked to perform. Schools are now managing the return to school of a much larger number of students, and the huge amount of work involved to do this in a safe fashion.
- d. AfC have been working closely with schools to support them in areas such as the development of online learning resources and video conferencing (including safeguarding advice), risk assessments, and changes to legislation (through additional online meetings with SENCOs). Significant work is currently underway on delivering support for the "return to school phase" (including input from the Educational Psychology Service and Emotional Health Service) and planning for those children who are moving schools at the end of this academic year, for example from primary to secondary school. In addition, a new timeline is being put in place to extend the date by when families of children with EHC plans currently in Year 5 have to provide their preference for secondary school. This is in response to the fact that physical visits to potential secondary schools will not be possible for at least the rest of the summer term. A programme of online support is also being prepared to support decisions about transition to secondary school for both those with EHC plans and on SEN Support.

3. Health

- a. The Clinical Commissioning Group (CCG) and AfC have been working hard with health providers to ensure that health provision such as speech and language therapy provision can be delivered as fully as possible.

- b. In the early stages of the pandemic, many NHS resources and people were redeployed as part of the critical response. Business as usual at the CCG was suspended, but is now returning towards normal
- c. At that time advice from NHS England on for example therapy provision included:
 - i. To stop medium and lower priority interventions
 - ii. To prioritise urgent care needs only (this may include acute respiratory physiotherapy for example or acute SALT related to swallowing needs)
 - iii. To explore alternatives for providing support including via Skype , phone calls and use of on-line resources.
- d. Community paediatrics was to be based on clinical prioritisation and ongoing services focused on child protection medical assessments, telephone advice to families and triaging of Initial Health Assessments so that assessment of urgent referrals would continue, whilst routine referrals were likely to be delayed with appropriate support.
- e. Community nursing intervention was to be related to clinical prioritisation of urgent need.
- f. Updated guidance from NHS England on changes to this advice, has now been issued and business is now returning to normal.
- g. Mental health services continue and access to online support via www.Kooth.com expanded. Demand for mental health services is expected to increase in the coming months.
- h. Therapy services have been delivered in a range of innovative ways during the pandemic, and the response has been praised by many families, including that from both special schools and commissioned providers. Child specific videos have been made by school occupational therapists for use at home, and speech and language therapists have delivered appointments via video link. Although assessments are normally not possible online, and physiotherapy the most problematic, some parents have commented that the time efficiency of online meetings should be retained in the future for some of their occupational therapy and speech and language therapy.

4. Care and short breaks

- a. The Short Breaks Team have continued to offer short breaks to disabled children with an assessed need. Delivery of group activities has not been possible as per government guidance but subject to risk assessments and staff availability 1:1 support in the child or young person's own home or in the Croft Centre and at Moor Lane have been offered. Many families have declined this support due to the family self isolating or not wanting to introduce additional adults into their home. Additional support from providers who have continued to be active and available has also been purchased.
- b. Commissioned providers have offered a mixed level of support. Some are delivering support in an alternative way such as online, whilst others have reduced the support to a safe level of one young person at a time. Some commissioned providers ceased services completely at the start of the pandemic and are yet to resume.
- c. Overnight short breaks have continued, although capacity reduced
- d. The way that the Activity Fund is being provided has been adapted to reflect the current situation and restrictions in place. The Activity Fund usually provides £140.00 towards activities for eligible children and young people to take part in, each financial year. These activities include activities such as swimming sessions, annual passes, and activity clubs during term time and during school holidays. As these activities remain unavailable for the foreseeable future, funds can now be used for alternative purposes until the usual activities can be accessed again. Activity options that may now be agreed are funds to purchase a trampoline, bicycle, scooter, bubble machine, keyboard or electronic device, garden toys, online subscriptions, sensory lights or musical instrument.
- e. Wider social care services continue to be delivered as fully as possible during the pandemic. Improvements also continue to be made. The Parent Carer Needs Assessments (PCNA) process for example has been revised over recent months and the updated information and procedure have been

published on the Local Offer in May. Recruitment of a Designated Social Care Officer for SEND is underway with an advert for applications currently live, and interviews scheduled for June.

5. Legislation regarding education, health and care plans

- a. On 30th April 2020 the Department for Education published guidance on temporary legislative changes to processes relating to education, health and care (EHC) needs assessments and plans. These reflect the challenges that the coronavirus pandemic is creating for the system that supports children and young people with special educational needs and their families. This legislation is temporary with a current end date of the end of July (it may be extended again on a monthly basis)
- b. The temporary changes can be summarised as follows:
 - i. Under normal circumstances, local authorities or health commissioning bodies have a duty to secure or arrange the support agreed in an education health and care plan. This is changed to be a duty for local authorities or health commissioning bodies to use 'reasonable endeavours' to secure or arrange the support. This might mean for example that the frequency with which support agreed in an EHC plan is delivered is reduced due to less staff being available, or that it is delivered virtually / online rather than face to face to minimise the transmission of coronavirus. This means that local authorities or health commissioning bodies must do their very best to provide the support specified in an EHCP, but they will not be penalised if they can't for reasons relating to the coronavirus pandemic.
 - ii. Under normal circumstances, specific timescales apply for various processes relating to EHC needs assessments and plans. For the time being, where it is not practical to meet that time limit for a reason relating to the incidence or transmission of coronavirus (COVID-19), the specific time limit will not apply. Instead, the local authority or other body to whom that time limit applies will have to complete the process as soon as is reasonably practicable. An example of such a time limit is the 20 weeks to issue a plan to someone eligible for one within 20 weeks of the initial request
- c. The guidance also confirms which key elements of the processes relating to EHC needs assessments and plans are unchanged. These include that a local authority must still:
 - i. consider requests for a new EHC needs assessment
 - ii. secure all of the required advice and information in order to be able to issue a plan
 - iii. have regard to the views and wishes of a child, the child's parent or a young person
- d. At a time of additional challenge for children and young people with special educational needs and their families, the guidance highlights the importance of local authorities, health services, education settings and all those involved in the processes relating to EHC needs assessments and plans working closely with families, and of involving them fully in decisions about their support.
- e. In April, the Director of Children's Services and Managing Director of the Clinical Commissioning Group wrote to all children and young people with EHC plans and their families ([see here](#)). In the letter, they said that "whether the child or young person is at home or in nursery, school or college, education, health and social care staff will continue to work with families, as well as the child or young person themselves, to do what they can to provide the support agreed in an EHC plan". This approach continues. Staff are and will deliver the support agreed in a plan as fully as possible, and complete processes as quickly as they can.
- f. The flexibility offered by the temporary changes are only used when absolutely necessary and on a case by case basis. These situations are discussed and explained to those individual parents and carers affected, and as much as possible with the children and young people themselves. This happens through updates in the risk assessment process
- g. Following the announcement of the changes, AfC wrote to all early years providers, schools and colleges where children and young people are educated, to explain and clarify the expected approach during the

time that these temporary changes to legislation are in place. They have also supported online briefings for all school SENCOs in the boroughs to ensure that the information is fully understood.

6. Guiding principles

During the pandemic, local services have sought to facilitate a strong exchange of information, and to be flexible and responsive to the evolving needs of children and young people with SEND and their families. These principles will continue.

- a. **Communications.** The rapidly changing situation, whether that be in terms of the needs of children and young people and their families, service availability or legislation, has required information to be shared on a regular basis. Examples of how this has been done include:
 - i. AfC's Participation Team arranged an online survey to understand more about what "lock down" was like for children and young people with SEND. Young people also published "Top tips and positive messages from Young People" for their peers (see [here](#)).
 - ii. The Parent Carer Forum and Parent Consortium have provided invaluable insight into the experiences of families, not just in the fortnightly meetings with AfC and the CCG but also via regular correspondence in between.
 - iii. The SEND Partnership Board has met once virtually since education settings were closed for the majority of children and young people in March. The agenda was COVID-19 focused, and allowed children and young people, families and partners from across the system to share information, raise worries / concerns and to discuss opportunities to make things better.
 - iv. A 'COVID 19 SEND updates and resources' section was created on the Local Offer website, with updates advertised via social media and other networks such as school communication channels and the voluntary sector.
- b. **Flexibility.** Services have tried to be as flexible as possible during the pandemic. This is because it is appreciated that the challenges being faced by families of children and young people with SEND are often very significant. Two examples of this flexibility are:
 - i. The normal 15 day timescale that parents and carers are given to respond to proposed amendments to EHC plans was quickly extended to 30 days, and if longer than this is needed parents and carers were advised to contact their SEN caseworker to agree a realistic schedule. This includes amendments relating to changes arising from the LGSCO audit.
 - ii. There is greater flexibility in how direct payments received under the terms of an EHC plan can be used. Parents and carers have been invited to contact AfC with details of how they would like to use the money. Examples of alternative uses might include payment of family members to deliver support. An amended temporary direct payment policy on Personal Budgets and Direct Payments was rapidly agreed and published on the Local Offer.
- c. **Responsiveness.** Services have tried to respond to the evolving needs of children and young people with SEND and their families as quickly and as best they can in these extraordinary circumstances. Two examples are:
 - i. When in early April the government changed their pandemic / lockdown guidance on "what you can and can't do" to allow those with additional needs to exercise more than once per day and to travel outside their local area to do so (with their parent or carer), parents requested access for parents and carers to evidence of eligibility. An online application form was quickly produced, advertised and proof (in the form of a letter from the Director of Children's Services) issued.
 - ii. A 'SEND Advisory Support' helpline was set up for anyone (ie. families and professionals) to contact with any questions relating to matters related to SEND. Available via phone or online form, enquiries are dealt with by a team of multi agency professionals who can either deal with the issue themselves, or signpost to the correct place.

7. Next steps

- a. Services will continue to listen to the voices of children, young people, parents and carers. Priorities include:
 - i. Supporting the return to school process
 - ii. Supporting the development of the learning experiences of those remaining at home, and improving their access to extracurricular activities (including those who are shielding)
 - iii. Responding to new needs arising as a consequence of the pandemic and lockdown, including mental health needs, and adapting support for those children whose needs may have changed since March
 - iv. Restoring services to “business as usual” when possible and appropriate. Whilst some services, for example commissioned short breaks, may return as they were before the pandemic, others for example therapy services, may look different. These will incorporate lessons from the past 3 months and reflect the implementation of the new therapy model arising from the therapy review, the development of which continues.
 - v. Preparing to address the backlog of issues that will have accumulated during the pandemic, for example assessments of children by educational psychologists or therapists

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