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Special schools' and colleges' experiences of the covid-19 pandemic: Summer 2021

Full findings

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About ASK Research

ASK Research is an independent research organisation who specialise in high quality, informed research aiming to influence policy and advise service provision, especially around issues concerning groups who face social disadvantage. The authors of this report each have over 20 years' experience of research into special educational needs for government and other organisations.

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The Nuffield Foundation is an independent charitable trust with a mission to advance educational opportunity and social well-being. It funds research that informs social policy, primarily in Education, Welfare and Justice. It also provides opportunities for young people to develop skills and confidence in science and research. The Nuffield Foundation is the founder and co-founder of the Nuffield Council on Bioethics, the Nuffield Family Justice Observatory and the Ada Lovelace Institute. The Foundation has funded this project, but the views expressed are those of the authors and not necessarily the Foundation

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Introduction

During the course of the coronavirus pandemic we have been funded by the Nuffield Foundation to monitor what has happened with special education, for pupils with Education, Health and Care Plans (EHCPs).

We have previously published our findings on how the first national lockdown, requiring the closure of educational settings to the majority of pupils, was managed in special schools and colleges¹.

During the coronavirus outbreak, the government classed children with EHCPs as ‘vulnerable.’ The requirement was set out that during educational lockdowns educational providers should shift to remote provision for all pupils except those considered vulnerable or the children of key workers². For the specialist sector, as all of their pupils have an EHCP, the expectation was that all of their pupils should be allowed to continue attending their setting in person.

Also in March 2021 the Coronavirus Act relaxed the duty on Local Authorities to provide all of the support (educational, health and care) set out in pupils’ EHCPs. They were expected to use ‘reasonable endeavours’ to deliver as much of this as possible. This relaxation was lifted in September 2020, meaning that from that point the legally required support stated in EHCPs should have been fully reinstated.

In the first national lockdown most special providers reported they were only able to offer a very limited number of pupils in-school places. On average their capacity was 30% of their usual intake³.

On January 4th 2021, at the end of the school Christmas holidays, the Prime Minister announced a further national lockdown, requiring educational settings to close to the majority of pupils for the second time. We refer to this lockdown in early 2021 as the second lockdown (although there was a national lockdown at the end of 2020, educational settings remained fully open).

¹ Skipp, Hopwood, Webster, McLean, Dawson (2021) Special education in lockdown: The experiences of schools and colleges and families of pupils with EHCPs. Nuffield Foundation.
https://www.nuffieldfoundation.org/wp-content/uploads/2021/02/FULL_Spec_Lockdown_Rpt_ASK-Research.pdf

² Prime Minister’s office, 10 Downing Street and the Rt Hon Boris Johnson Prime Minister’s address to the nation on coronavirus on 4th January 2021 (January 2021). Online. Available at:
<https://www.gov.uk/government/speeches/prime-ministers-address-to-the-nation-4-january-2021>

³ https://www.nuffieldfoundation.org/wp-content/uploads/2021/02/Special_Education_Lockdown_ASKResearch.pdf

We have published a [briefing paper](#) setting out a summary of what happened during this second lockdown, and in the term following the expected 'return to normal' (i.e. all educational establishments being fully open as before the pandemic).

This report provides all of the detail gathered to inform that report. It is based on:

- A survey of Headteachers from 190 special schools and colleges in England. This represents an 11% response rate across the sector.
- Depth interviews with senior leaders of 40 special school or colleges.
- Depth interviews with 40 parents of children with EHCPs who attend this type of setting.

See Appendix 1 for a breakdown of sample characteristics. Appendix 2 contains all tables cited in the text.

Notes

All bases are presented unweighted. All percentages and breakdowns are provided using weighted data. Percentages reported in the text are rounded to the nearest whole number.

Only statistically significant results are presented by school/college characteristics.

This report contains illustrative case studies and quotes. The case studies represent composites developed from a range of real-life examples to protect anonymity. The quotes are taken directly from individual interviews.

Part-way through the survey's fieldwork period, in order to boost response, respondents were given the option to complete a sub-set of questions, rather than the full question set. This resulted in some respondents completing a partial version of the questionnaire. Throughout the report, where responses are missing for this reason this is labelled.

1. Provision during the second lockdown (January to March 2021)

A. Capacity and attendance

Capacity increased during the second lockdown and Headteachers reported that by the end of this period, they were able to offer on average 74% of their usual capacity⁴. This is a significant increase from the first lockdown period, when amongst open special schools the majority were able to offer less than 60% of their usual capacity and only around three in ten pupils were reported to be attending⁵.

63% of pupils were attending in person during the second lockdown although 16% had been reduced to part-time hours [see Table 1 in Appendix 2].

37% of pupils did not attend at all.

The most common reason given for non-attendance was pupils' anxiety (70%) [Table 2], which was a significantly greater factor for pupils in settings serving the most disadvantaged populations⁶ (89% for FSM 4 (the quarter of settings with the highest FSM eligibility rates) compared to 62% for other FSM groups) [Table 3].

Headteachers in academies and LA maintained schools were significantly more likely than independent providers to state that parents did not send their children in over this period because they preferred having them at home or because they thought that other families needed a place more than them [Table 4].

28% of settings overall said that parental demand for in-school places over this period was greater than they could provide whereas 55% said that supply and demand matched [Table 5].

Low demand for places was significantly more likely in schools in areas with the highest levels of disadvantage whereas schools with lower levels of disadvantage were more likely to report high demand for places [Table 6].

⁴ Special schools/colleges estimated they were able to offer 73.7% of their places (all respondents - based on 134 cases unweighted, 10 with missing roll number information and 46 missing due to partially completing the survey).

⁵ Special education in lockdown: The experiences of school and college providers and families of pupils with EHCPs (2021) https://www.nuffieldfoundation.org/wp-content/uploads/2021/02/FULL_Spec_Lockdown_Rpt_ASK-Research.pdf

⁶ The indicator of disadvantage used throughout this report is that of Free School Meals (FSM) eligibility. This is expressed as the proportion of the student body within each provider that is eligible for FSM. The weighted distribution of FSM eligibility was then divided into quartiles, with the lowest rates of FSM eligibility in quartile 1 (Q1) and the highest rates of FSM eligibility in quartile 4 (Q4).

Whereas 45% of all settings said they were able to provide their normal number of places during this lockdown period, 55% said they faced limiting factors. The most common of these were lack of space (33%), limited staff availability (30%) and the needs and behaviours of pupils (21%) [Table 7].

Independent providers were significantly more likely to be able to offer all of their usual number of in-school places and significantly less likely to have experienced these limiting factors, compared to other types of providers [Table 8].

Staff availability was limited by a range of factors (in order of prevalence): their need to shield (98% of settings reported this as a factor), positive covid test (86%), childcare constraints (80%), illness (64%) and staff being unwilling to work during this period (e.g. due to the nature of support that pupils required which could bring them into close physical contact with pupils) (44%) [Table 9].

Factors affecting capacity and attendance

In interviews Headteachers and parents reported that their experience from the first lockdown, better understanding (of guidance and risk factors) and expectations⁷ had resulted in the changes between how they managed the two lockdown periods.

This meant in the second lockdown:

- Schools and colleges were better prepared and more able to quickly adapt their provision.
- Education guidance was flexibly and differentially interpreted. School leaders translated what education guidance meant for their unique settings and used this alongside Public Health guidance, local infection rates, risk assessments and other information – including their experience of the first lockdown – to work out how to open as safely as possible for as many pupils as possible.
- Headteachers and parents had more of an understanding of the virus and how to modify provision and behaviours. Consequently schools were more willing to take more pupils in and parents were less anxious about their child attending school.
- More staff were available. This was because:
 - Staff were less anxious and more willing to go into work
 - The vaccination programme had started and some staff had received a vaccine. This increased the confidence of staff and parents.
 - More staff were able to secure places for their own children in school which meant they were available to work. This was either due to their keyworker

⁷ Department for Education and the Rt Hon Gavin Williamson Oral statement to Parliament on national lockdown (January 2021). Online. Available at: <https://www.gov.uk/government/speeches/education-secretary-statement-to-parliament-on-national-lockdown>

status being recognised or because their Headteachers had impressed on schools the need to provide places for the children of special school staff in order to support 'vulnerable' pupils with EHCPs.

- More providers required staff to return to work on site.
- Some providers bought in agency staff.
- Part-time places were used as a mechanism to provide greater opportunity for some in-school time for a greater proportion of pupils.
- Communication systems between schools and families had improved. This meant that parents understood more about the decisions schools were taking and their reasons, which helped alleviate some of the fear and frustration, related to whether or not their child was offered a place, felt previously.
- In the first lockdown the priority was to provide childcare for pupils, at school or home, whereas in the second lockdown there was much more focus on continuing learning and development, which could be better supported in settings.
- The negative effects of lockdown on pupil and families' mental health and wellbeing as well as pupils' academic and wider progress were recognised. This meant settings' risk assessments took better account of family circumstances and pupil needs.
- Schools had put in place additional support opportunities for families and staff. These included:
 - opening the school to act as a hub for other services – to provide a place from which specialist services could be delivered (e.g. NHS, CAMHS, GPs, dietician, wheelchair services, dentists).
 - buying in additional support, for example Occupational Therapy, counselling services and mental health support. This was not only for pupils but also for staff.
 - trying to plug the gaps in lost respite care services by offering weekend respite or overnight stays in their setting or by their TAs acting as personal assistants to families outside of their school working hours.
- More support services were operating and some therapies were being delivered online.

However, concerns about the virus and decisions on whether pupils should be attending their setting were linked to local infection rates, the nature of the child's SEND and perceived vulnerability to the virus, and parental/child anxiety. This meant that parent choices and provider decisions changed over time.

Parents also reported that there were greater expectations on them during the second lockdown – mainly to continue working (even if at home) and to be providing continued care for children at home. Many had found having their children with SEND at home for the extended period of the first lockdown very difficult and were often still dealing with the effects of this in terms of loss of resilience, poor mental and physical well-being and the lack of support for their family. The idea of having to cope with that again meant that more parents felt their child attending their special school or college was the better and, in some cases, safer option.

“I’m emotionally scarred, exhausted and cannot see how I’ll ever recover. As parents we just cannot go on, the strain has just been too great. I had covid at Christmas but just had to carry on caring. I’m so exhausted, it’s just been an uphill climb. I was completely exhausted after Lockdown 1, then had to find strength from somewhere for Lockdown 2. I thought ‘I can’t do this again’.” Parent

B. Remote support during lockdown 2 (January to March 2021)

Settings in the most disadvantaged areas were significantly less likely to provide remote provision than other settings [Table 10].

Around 70% of settings changed their remote provision from what they offered during the first lockdown. Generally these changes involved offering more live streaming of lessons and therapies, creating separate online content, developing home learning resource packs, organising online social events, signposting and offering support for families.

Ten per cent of providers offered fewer home learning packs than in the first lockdown and 14% offered fewer home visits, but this is likely due to having more pupils attending in-school [Table 11].

Factors affecting remote provision

Evidence from interviews with Headteachers and parents suggests that provision of remote support was generally improved during the second lockdown compared to the first⁸. There was a clear shift from predominant use of paper-based resources and website links in the first lockdown to reportedly greater use of online platforms, more live or pre-recorded online lessons, more online interaction and communication between pupils, and between providers and parents, in the second lockdown.

Feedback from Headteachers also suggests that schools:

- Developed written policies for remote learning and had provided more detail to parents around their remote learning offers and expectations.
- Invested in additional technology hardware (such as computers and dongles) and software (such as Class Dojo, Earwig, Tapestry, and Purple Mash).
- Prepared and trained teachers and TAs better, who were more familiar with software and skills to support pupils remotely.

⁸ Other research has reported similar findings for mainstream pupils in that learning time and quality improved. See ‘Home learning experiences through the Covid-19 pandemic’ (2021) Cattan et al <https://www.nuffieldfoundation.org/wp-content/uploads/2021/09/R195-Home-learning-experiences-through-the-COVID-19-pandemic.pdf>

- Provided videos, online sessions and doorstep visits to model to parents how to support their child at home (both for learning and/or therapeutic input).
- Maintained all pupils being part of the school community through offering live learning (involving both pupils in class and at home), assemblies, circle time, and social interaction opportunities (such as 15 minutes just for peers, before teaching started).
- Provided work packs and activities that included resources, sensory materials for children and families to use at home and adapted lessons that provided opportunities for learning in everyday things that families do – like pegging the washing out by matching colours, or weighing ingredients for cooking.
- Brought in other providers to deliver online sessions such as music activities or yoga.

However both Headteachers and parents reported how supporting children at home remained difficult. This was due to:

- Limited IT access and skills. Despite better provision of equipment to some families there were still issues with having to share devices between siblings or parents trying to work, being reliant on using mobile phones rather than computers, struggling for quiet or safe spaces to work, accessing the internet and feeling ill-equipped to use IT or uncomfortable about letting schools and other pupils into their home environment virtually.
- Accessibility of remote learning for pupils with SEND. Learning through a screen, both with a live teacher and with generated content were reported to be difficult, if not impossible, for pupils with some types of SEND and behaviours. Many were unable to undertake independent learning, so needed an adult with them the whole time, which was not always practical. Parents often found supporting specialist learning at home difficult, especially whilst trying to simultaneously care for children, keep siblings engaged in separate learning and trying to work.

Providers identified that offering full teaching and support to the pupils and families, both in-school and at home, was very difficult to manage at a time of increased pressure and reduced resource.

"I was furious about the legal requirement to offer remote provision. I was gob smacked. How do we do that and offer places for all in school?" Headteacher

C. Health and care input

We previously reported that significant proportions of pupils in special schools and colleges did not receive their usual EHCP input during the first lockdown⁹.

Our findings show that in the second lockdown:

Special schools and colleges were able to provide full *educational* support, as set out in EHCPs, to around three quarters of their pupils attending settings during lockdown. The remainder received partial input.

Just over half of pupils who attended settings received their full *health* (53%) or *care* (54%) input, with one in ten pupils receiving no input at all.

EHCP delivery was less likely for (the 37% of) pupils not attending their setting. Less than three in ten pupils at home received their full education, health or care support as set out in their EHCP during the lockdown. Around one in five received little or no educational support; and around two in five received little or no health or care input [Table 12].

However, pupils who stayed home but usually attended settings facing the highest levels of disadvantage were significantly more likely to get their full social care support, than those in less disadvantaged settings [Table 13].

Factors affecting health and care input

Headteachers and parents set out in interviews the range of activities usually offered in specialist settings that are designed to meet pupils' support needs and help with their wider development, e.g. hydrotherapy, community work. However most of these were not possible during lockdowns (as facilities were closed and guidance restricted them).

Respondents reported that health and care services were severely affected as providers:

- were working from home
- had been advised not to carry out face to face work
- were not allowed into educational settings (especially if they worked in multiple settings and/or hospitals)
- had re-prioritised their caseload
- the buildings they delivered services from were not able to open

⁹ Skipp, A., Hopwood, V., Webster, R., with Julius, J. and McLean, D. (2021) *Special education in lockdown: The experiences of school and college providers and families of pupils with Education, Health and Care Plans (EHCPs)* https://mk0nuffieldfounpg9ee.kinstacdn.com/wp-content/uploads/2021/02/FULL_Spec_Lockdown_Rpt_ASK-Research.pdf

Delivery of the legally required health and care input for pupils were therefore severely restricted over the periods of lockdown.

Where therapy and social care services *did* continue during the second lockdown this was often because:

- School staff delivered it or trained parents how to deliver it
- Remote service delivery was on offer (there were, however, questions raised by the Headteachers and parents about how effective this form of delivery was)
- Settings employed their own health and care staff 'in house' or privately sourced the provision of these services
- Settings brought pupils into the setting just for some aspects of their therapy to be delivered

Although the Government responded to calls to provide IT equipment for pupils at home¹⁰ there were no such procedures for providing the additional equipment, such as writing slopes, posture chairs and standing frames, pupils with EHCPs would need while at home.

In many cases special schools and colleges reported in interviews that they had delivered equipment from school to pupils' homes. However, this equipment is difficult to fit into the home environment and often requires trained adults to use it. This, along with the fact that more than one adult is often required to support its correct use, further reduced the use of equipment at home. In addition, pupils began to outgrow personal equipment such as wheelchairs and support boots and it was difficult to organise replacements.

Families who required home adaptations (such as wider doorways for wheelchairs, hoists or accessible bathrooms) also reported that this had been postponed during the pandemic, even though having a house suitable for their child's needs became a greater priority when children were spending longer periods at home.

Respite services had often closed completely in the first lockdown but the picture was more mixed in the second lockdown. Where services had reopened they were operating under strict restrictions affecting what, and the amount of, care could be offered. The types of issues Headteachers and parents reported with respite services included:

- Fewer providers available due to some being unable to sustain their business through closures/periods of reduced income.

¹⁰ <https://www.gov.uk/government/news/hundreds-of-thousands-more-laptops-to-support-disadvantaged-pupils-learn-at-home>

- Providers limiting the number of children who could attend at one time, so the amount of time each family got was reduced.
- Raising the threshold for services, making some families no longer eligible.
- Not taking private referrals.
- Not offering overnight provision.
- Offering only one-to-one care and no activities, so families felt the benefit of the service to their child was reduced.

Headteachers identified the lack of social care services, social support and particularly respite as particularly concerning to them. School and college staff had been left with the responsibility for dealing with struggling families, safeguarding concerns and families in crisis. In many cases they felt that existing systems had not been able to cope with changes in circumstances and increased demand, resulting in families being unable to get the help they needed.

Stanley is a large 17-year old. He has issues with socialising and attending school; he often absconds from home and is frequently violent towards his single-parent mum. Stanley's mum felt she was reaching crisis point by Christmas 2020 as the changes to his routine, lack of full-time school place and limits on his activities were making his issues worse. *"I've heard this phrase carer burnout and I think I was maybe at that point. My mum and dad usually help me with him but I hadn't seen them since March and I was finding it really hard. I tried to access Children's social services. I had a child in need meeting and then was allocated a social worker early in the new year, but they never got in touch and I wasn't offered any other help. The Disabled Child team said I didn't meet the criteria for any respite. I was frazzled. I just had enough. I think I'd heard 'no' one too many times. So I took myself off one day...."*

Stanley's mum ended up in A and E and was assessed by a social worker. She told them she could not cope with her son. Later that night she was discharged with no support offered, back to care for her son. *"They said because mum and dad were near they could keep an eye on me. But the closest they could be was outside the kitchen window. My GP got in touch and put me on anti-depression meds. So they thought they were saving money by not giving me any respite, but I ended up costing them a fortune that day, all the people who had to help me. And who's to say that won't happen to me again. It terrified me how much of a breakdown I had so quickly and yet that wasn't enough to trigger any help."*

2. The ‘return to normal’ (March – May 2021)

Educational settings were instructed to reopen fully for face-to-face delivery for all pupils from March 8th 2021. Twice-weekly rapid testing for secondary and college pupils was introduced in addition to regular testing for all teachers. Pupils beyond secondary age were also encouraged to wear face coverings in communal areas. Those considered Clinically Extremely Vulnerable (CEV) were advised to continue shielding (i.e. not attend their settings) until April 2021.

A. Attendance post-lockdown (May 2021)

Almost all providers (97%) said they were able to offer all of their usual in-school places following the second lockdown [Table 14].

Providers reported that, in May 2021, 95% of pupils were attending full-time and 4% part-time with around 1.5% of pupils not attending at all [Table 15].

Across our whole sample 0.7% of pupils were said to be still choosing to shield at this point, 0.1% had deregistered and 0.5% were choosing not to attend for another reason [Table 16].

Additionally, settings reported that 4.3% of their pupils had not been attending in person up to April 2021 because they were CEV [Table 17].

B. Remote support post-lockdown

Around seven in ten providers said they were still offering remote support for pupils not attending in person, although for another 29% this was not applicable as all of their pupils were attending [Table 18].

Around half of settings changed what they offered remotely after the lockdown, compared to during it. This was significantly more likely in LA maintained settings [Table 19].

Overall settings were providing less online social events and home visits (but this is probably due to them having most pupils attending in person). However they also reported offering more live streaming of lessons, more separate online content and more home learning packs.

Interestingly in this period around four in ten providers said they were offering more signposting to services and support to families and more welfare checks [Table 20].

C. Restrictions to provision

Following the easing of lockdown in 2021 many special settings reported that they were operating differently to before the start of the pandemic (March 2020).

70% were restricting their out of school activities and over half (52%) were restricting their in school activities [Table 21].

Over one in five providers were delivering more small group work. Just under one in ten (8%) were reducing contact hours.

Interestingly similar proportions of providers had more adult support (16%) as had less adult support (17%).

Half were using technology differently from before the pandemic, and this was significantly more likely in colleges [Table 22].

Overall 17% of providers had made no changes to their pre-pandemic provision [Table 21]. This was significantly more common in Independent providers (40%), meaning that they were less likely than other types of providers to have made any of these changes [Table 23].

D. Restricted time on curriculum

Only about one in ten special providers said they were focusing solely on usual teaching and learning when they fully reopened following the 2021 lockdown [Table 24].

83% of special schools and colleges said in May 2021 they were focused on reacclimatising pupils to being in their setting and re-establishing their confidence and routines.

Just under three quarters of providers said they were focusing on addressing increased emotional wellbeing and behaviour issues.

Around six in ten providers said they were re-assessing pupils' needs or addressing learning loss [Table 24]. Independent providers were significantly less likely to be doing this (possibly due to the fact that pupils were less likely to have been away from their setting) [Table 25]. Over half of all providers (54%) said they were having to address pupil skills loss or regression.

Staff were spending around a quarter of their time (26%) on return to school measures rather than routine teaching and learning [Table 26].

There were no significant differences in the proportion of staff time spent on return to school measures by provider characteristics.

Generally the new measures required for the full return to settings (face masks, bubbles and testing) were not seen as especially problematic for providers to implement. However around one in five providers said they found keeping bubbles separate, and implementing routine covid testing (at this stage mainly for staff) created major or extreme problems. Around one in three providers with non-primary aged pupils said that getting secondary-aged pupils to wear masks was problematic¹¹ [Table 27].

E. Health and care input

Following the 2021 lockdown, implementation of EHCP input improved slightly.

88% of pupils attending their setting were receiving their full *educational* support, with less than 1% receiving none of their usual input [Table 28]. However college pupils were significantly less likely to be receiving their educational support (67%) compared to peers in other settings [Table 29].

65% of pupils were receiving their full *health* input and 63% their full *care* support. However 6% were still receiving none of their health input and 12% none of their care support package.

For (the 2% of) pupils still at home only around one in ten (12%) were receiving their full health input and two in ten (21%) their full care support. Around four in ten of these pupils were still receiving little or none of their health (44%) or care (39%) input [Table 28].

Factors affecting ‘the return to normal’

In interviews with Headteachers and parents it was identified that even when pupils returned to normal education, the activities on offer were reduced, time spent on normal curriculum learning was reduced and, in line with government safety guidance, other measures had had to be implemented which reportedly caused further disruption.

These changes were felt to be continuing to negatively affect the progress of pupils at special schools and colleges, and in some cases exacerbating issues and increasing needs further.

Changes to provision

The types of activities that were temporarily suspended in special schools and colleges included:

¹¹ Either by rating this as a moderate problem, a major problem or extremely problematic.

In school/college

- Swimming and hydrotherapy
- Physical activities such as soft play, gym use, use of standing frames
- Communal events such as assemblies, play time, lunch in a hall
- Activities in communal spaces such as cooking, use of IT suite, sensory rooms
- Opportunities to foster independence – pupils encouraged to get their own equipment, get their lunch or get themselves dressed
- Provision of support activities – including delivering therapies and supporting pupils (including personal care)
- After school and social activities
- Full-time overnight residential places
- Mixing with peers

Out of school/college

- Physical activities in local venues – swimming, trampolining (Rebound therapy)
- Outdoor activities such as horse-riding, farm visits
- Trips out (e.g. getting on the bus, going shopping, walks in woods)
- Activities in the community (farm shops, cafes, work experience)
- Opportunities for travel training

As Headteachers and parents were keen to point out, these activities are not just ‘nice to have’, ‘add ons’ or enrichment. They are key to the provision pupils with EHCPs need. Many of these activities are used to deliver the health, care and social support vital to pupils’ wellbeing and development. Therefore the loss of these was felt acutely.

“Being in the pool or soft play room are not for fun. That’s what he needs to keep him mobile and improve his core. Not having had that for this long has clearly had a huge effect on him, and when he’s physically less able, he’s mentally less good too.” Parent

Parents felt their children were not getting their full educational entitlement even though schooling was supposed to have ‘returned to normal’ since March 2021.

“We chose this school because it is all practical, which suits our daughter’s needs. Her SEND means she cannot, and would not benefit from, sitting at a desk all day. She benefits from going out and meeting people in the college cafe, burning off energy on a trampoline or horse-riding, learning about plants from gardening. Since she’s returned she is sat in the same four walls all day, looking at a screen. It’s boring; it’s damaging her mental wellbeing. And it’s the same for all the kids, so the noise and behaviour issues in her class are absolutely going through the roof.” Parent

“My son is regulated by all of the activities his school offers. He needs to be active and swimming and walking to stop him spiralling out of control. The loss of all this has

seriously affected his behaviour and he's gloomy, moody, apathetic, not sleeping and lashing out more than we've ever known." Parent

Headteachers expressed concern that this restriction of activities might be leading to further effects on pupils' progress and development.

Some parents were considering whether these enforced changes meant the placement their child was in was still appropriate to meet their needs and in a small number of cases were considering home educating.

"All of the things he loves about school no longer exist – swimming, playing outside, mixing with friends. But if I gave up work I could do all of these things with him and provide the little bit of learning he'd get there." Parent

Continued remote provision

In addition to these return to school measures and enforced changes, many providers reported a need to continue offering remote support alongside in-class delivery. This was because:

- Pupils had periods where they had to self-isolate (as a result of covid-testing or being in contact with a positive case).
- Some pupils, including those who were CEV, or from a medically vulnerable household, still did not feel safe returning to their setting (especially without child vaccination or if doing so required use of shared transport).
- Parents' and pupils' views about in-person attendance changed over time – with, for example, some families deciding to keep children home when local infection rates increased.

Continued reduction in EHCP input

After March 2021, when settings opened up fully, much more external delivery reportedly resumed. However, therapies involving activities that were still restricted – such as swimming, hydrotherapy, and community engagement – were still not possible or only available to a limited number of pupils because of the safety measures in place. In some settings physical contact was still being seen as not allowed and so, for example, hands on physiotherapy could not be delivered. In some cases professionals (and potentially pupils) were wearing face masks (due to sessions taking place in confined spaces). Some parents and Headteachers questioned the effectiveness of the therapy under these circumstances.

"She gets speech therapy because she has such great communication problems. The sessions focus on developing her speech production and social communication skills. Yet the SaLT [Speech and language therapist] is wearing a mask covering her face, which is absolutely ridiculous. I've asked the college for this to stop but they say it's in place to keep everyone safe." Parent

In addition some input had not been possible remotely and/or had not resumed since March. This was most commonly physiotherapy, but also included SaLT and Occupational Therapy (OT). There were also some reports of therapy provision changing in scope to manage high demand and long waiting lists generated by the pandemic. This meant OTs and SaLTs providing more assessment and reporting rather than direct input for pupils.

“I calculated that over this period we are supposed to have received 65 hours of input from SaLT. In all that time they have only managed to make a phone call to 5 families.”
Head

Families who had previously received in-home services (such as physiotherapy and OT) often reported these had not resumed. In some cases parents had paid for these services themselves, in order to address their child’s needs and/or to prevent further deterioration of skills. Some Headteachers had also bought in services to fill the gap, for example mental health and psychiatrist support when CAMHS services were not available or able to take referrals.

Headteachers and several parents had asked external health and social care services why they were not getting their legally required EHCP input and/or when it would resume. Most felt they had not received a satisfactory answer, being told there was no definite plan, or they would do so ‘when it was safe’ or ‘when guidance allowed’. Headteachers pointed out that their risk assessments did not prevent these external visitors from entering their setting (although health and care services often stated their staff were still unable to enter schools, homes or work across bubbles).

Parents who accessed multiple health, therapy and social support services reported that multi-agency working seemed to have been disrupted since March 2020 with professionals working from home. Headteachers also reported issues with joined up working. They said this was leading to a lack of coordinated support, information-sharing and delays in getting input.

“If we suspect a safeguarding issue our local protocol says we need two different agencies to agree. But we’ve been the only agency working, so we’ve not been able to refer any safeguarding concerns in all this time.” Head

In addition Heads reported that they still had not had confirmed where their pupils were moving on to and what new pupils (and related funding) they would be receiving in the new academic year. Parents reported that EHCPs did not always name a school or college for their child to attend from September 2021, and some had received little or inadequate transition support.

Restrictions in wider society

Families were unable to access most of the usual activities they would take their children to during lockdown, but these restrictions did not necessarily lift once the national

lockdown ended. Activities that had reopened were altered, with restrictions or limits on numbers. These activities not only provided fun engagement for their children but also a break from full-time caring at home, and a way to manage children's needs and behaviours.

“Our strategy for managing (our son) is to be out and about doing all the things he loves all of the time. Usually at weekends we are swimming, at the climbing centre, trampolining, go-karting. It’s fun for all the family, a bit of normality, and a way for him to manage his behaviours. But none of this has been possible for over a year.” Parent

“All that was available to us over the Summer [of 2020] were activities for Special needs children. They were the only places willing to take my son because of risk of infection. He’s not more likely to have covid because he has learning disabilities, but we felt that was what people thought. We’re really worried that he’s being segregated from society and seen as different, more risk, which we’ve fought against ever since he was diagnosed.” Parent

3. Effects on the progress of pupils in special schools and colleges

Headteachers stated that, overall, their pupils were around 4 months¹² behind where they should have been with their progress in literacy, numeracy and behaviours for learning.

Around 80% of providers felt that their students were, on average, behind where they would have expected them to be academically prior to the pandemic. In more detail [Table 30]:

- Almost one in ten providers considered their pupils, on average, to be nine months or more behind in their literacy (9%) or numeracy (9%)
- A third of providers considered their pupils to be, on average, six months or more behind in their literacy (34%), and numeracy (32%)
- 18% of providers felt that their pupils were on track with their literacy and 17% that they were on track with their numeracy
- Two per cent of providers considered their students to be ahead of either their literacy or numeracy targets

Progress was said to be significantly more greatly affected for pupils in settings facing the greatest levels of disadvantage, with average losses of around 5 months for literacy and numeracy and 6 months for behaviours for learning [Table 31], compared to their less disadvantaged peers.

In terms of their wider progress, overall pupils were reported to be around [Table 32]:

- 4 months behind in their health and physical development (this was 6 months in settings where pupils had physical needs [Table 34])
- 4 months behind with their independence and life skill development
- 4 months behind with their social and communication development
- 4.5 months behind with their self-regulation and behaviour
- 5 months behind with their emotional health and mental wellbeing (this was 8 months for pupils in colleges [Table 35]).

Again progress in all of these areas (with the exception of independence and life care skills) was said to be more greatly affected for pupils in settings facing the greatest levels of disadvantage (with losses of between 5 and 6.5 months), compared to their less disadvantaged peers [Table 33].

¹² In the text, the number of months of losses has been rounded to the nearest 0.5 year for ease of interpretation. Tables in the Appendices provide the unrounded data.

Over 5% of all providers said that across all of their pupils the average levels of losses in these areas were 12 months or more (8% for emotional wellbeing) [Table 32].

What these effects looked like

Academic losses and behaviours for learning

Interviews with Headteachers suggested that academic progress across all domains may be affected similarly to literacy and numeracy.

They identified that not only does knowledge loss and lack of progress in particular subjects need to be addressed, but also that support for behaviour for learning is required to enable them to do this. Several Headteachers had observed that pupils were now slower to master skills and so they had reduced targets set for pupils. This was reportedly the case across all age ranges.

Samir is 16 years old and was really looking forward to moving on to his local college after leaving the special school he's been at for the last 5 years. He was progressing well and due to take Entry Level English and Maths exams in the Summer of 2021. However he was not in school during the two lockdown periods and now he has returned it has become clear that he is no longer on course to get these qualifications. His writing and ability to form sentences has diminished. He also now struggles to concentrate and stay on task. His teacher is talking to him and his parents now about looking for a place in a Specialist college where he can continue to get more support with his basic academic skills. It is not clear if he'll still be able to study and get a job in IT as he had wanted.

Mental health and emotional wellbeing

Effects on mental health and emotional wellbeing in pupils was described by Headteachers and parents in interviews as presenting as:

- Increased anxiety – leading to being withdrawn, being angry, increased behavioural outbursts, meltdowns and violence
- Severe or worsening mental health – psychosis and psychotic episodes
- School refusal
- Suicidal thoughts, threats and attempts, self-harming
- Pupils being more needy, with increased separation anxiety and reduced ability to share or take turns
- Pupils' loss of trust in others
- Disrupted sleep and challenging behaviours around routines
- Increased requirement for medication (regulation, calming and anti-depression).

Some Headteachers reported that they believed they were seeing a 'mental health crisis' given that support services had been difficult to access pre-pandemic and that the size of the problem and the issues it was leading to had now substantially increased.

Tommy is 15 and attends a school that specialises in supporting pupils with Emotional and Mental Health issues. When a teaching assistant went to visit him at home during the lockdown she found him on the roof of his house. He said he was up there so that he could 'shoot the baddies (meaning the virus), so they couldn't kill his family'.

Danielle is 12 and has autism. She struggles with being in school normally and mixing with her classmates. During the second lockdown she spent most of her time locked in the bathroom doing the work she had been set. She stopped talking to her family much and started to pick at her skin until it bled.

Behaviour and self-regulation

Headteachers and parents interviewed reported that some pupils' behaviour had deteriorated since the start of the pandemic, making them challenging and obstructive. Many Headteachers reported an increase in low-level disruption in their setting but some also reported how serious disruptive behaviours had also increased as pupils came back to school with pupils injuring themselves and members of staff. This was often linked to their poor mental wellbeing, frustration and confusion arising from the changes to their routine, stresses at home and around them, and lack of support or opportunities over this period to self-regulate. Some behaviours had reportedly increased as more pupils came back to school or college, resulting in noisier and busier environments, and more peer interactions (including when bubbles were allowed to mix again). Headteachers reported that in some cases pupils' behaviour had improved as they returned to their setting full-time, as they were glad to be back.

Mrs Hughes is Headteacher of a special school which takes pupils aged 9 to 18. She described how during lockdown they had a small group of pupils who were in full-time. They had plenty of space and adult input and the school was very quiet. Since March when all of the pupils returned all of the pupils seem distraught, angry and unable to cope. "We had very few incidents of challenging behaviour before. Staff certainly did very little intervening with pupils. But in the last few months we have had multiple issues with children slapping, kicking, biting, hiding, refusing to engage and lashing out at others. They thrive on routine and structure and this chaos and constant changing over the last year has really affected them. We're having to strip down the curriculum to the real basics, and allowing so much more time for sensory support. We've had to set aside a classroom just for pupils to have a quiet space and to calm down so that they don't damage themselves, their friends or the staff."

Social and communication

In terms of effects on social and communication skills, Headteachers reported the signs of this included pupils being:

- Less able to make and maintain relationships and friendships
- Difficulty with peer interactions
- Withdrawn and isolated
- Poorer at expressive language – using basic language and vocabulary, unable to take turns and maintain conversations
- Less able to cope with going outside and doing activities that would help support and develop independence.

Independence, self care and life skills

Pupils in special settings are supported to develop their independence, self care and life skills. Headteachers and parents said the effects on this area of development included pupils’:

- Loss of everyday skills – being able to dress or feed themselves, learn independently, getting on a bus, going into a shop
- Needing greater levels of adult support – e.g. a shift from one-to-one support to three-to-one support in some cases
- Loss of skills for the future – exam practice, preparation for transition to a new setting, work experience, travel training and engagement in community activities and settings.

Health and physical development

Headteachers and parents reported a range of physical and health impacts, such as:

- Increase in seizures (potentially linked to change, anxiety and loss of routine)
- For those with mobility issues – less flexibility, muscle tightness, unable to walk the same distances or stand for as long, sore feet
- Regression of motor skills
- Worsening or developing new physical conditions – increased weight, kidney disease, clawed hand
- Less sensory tolerance.

In interviews, Headteachers commonly suggested that they felt the effects were greater for pupils who had spent the most time at home over the pandemic. On the other hand, some pupils were reported to have fared better than others over this period, including those who were anxious about attending school and others who enjoyed being at home with their family. They also noted that some pupils who had continued to attend their setting had in some cases ‘thrived’ during this period, benefitting from the change in

circumstances such as smaller group sizes, a quieter learning environment and more one-to-one input.

The types of positive effects raised by interviewed parents and Headteachers of pupils being at home during lockdowns included:

- Strengthened family bonds with productive family time
- Learnt practical skills– e.g. learning to count, baking
- Developed play skills – due to time with siblings and need for imaginary play (as no contact with friends)
- Improved academic ability – including with reading, writing and independent learning
- School anxiety reduced
- Parents understanding of how to support their child’s development in certain areas improved as the school provided them with direct input on what to do and how to do it as part of their remote support.

Overall however, our data shows that pupils at special schools and colleges have experienced substantial losses due to the pandemic, across a wide range of areas. This was explained by Headteachers as being due to the fact that pupils with some types of SEND learn sequentially, taking a long time to master skills and progress. They require constant repetition and reinforcement of skills to maintain them, and so the loss of this had led to them regressing.

There were also several reports of behaviours appearing in children, which had not been seen since they were much younger. This included seizures, stammering and stuttering, communication skills and particular behaviours, such as the reappearance of an imaginary friend.

Parents and Headteachers noted how the losses suffered were likely to impact on likely life trajectory and life chances, including pupils no longer likely to be able to go to a mainstream college, get a job or live independently.

“Our daughter was working towards getting a job after college but now instead of work experience and developing her social and independence skills, she’s sat at a computer searching through employment websites and pretending to apply for jobs. We’re really worried this will limit her ability to get a job in the future.” Parent

“Our pupils already faced significant challenges in life. But now they’ll be even less well-prepared, there will be fewer jobs available and, I fear, they may be even more ostracised from society.” Head

4. Effects on families and staff in special settings

Both the families and Headteachers we interviewed detailed how this period had been very difficult for them. This was because the pressure on them had increased at a time when less support than normal was available.

Families did not have the regular school places for their child, meaning: they had to provide more hours of care for them at home; they had to try and keep them engaged with learning; that children and young people were out of their usual routines (both in and out of school), making them disregulated; and everyone was experiencing greater anxiety and concern.

Similarly, staff in special settings were trying to manage significant numbers of pupils in school and at home, which involved developing different types of tailored learning, and learning new ways of working, at a time when staff resource was squeezed. They were supporting families and trying to plug the gaps left by the lack of provision from other services and dealing with greater needs in their school population (from disregulated pupils and struggling parents, as well as increased anxiety of staff).

For families

The main effects of this period reported by parents were in five domains:

Work and income - Parents described how difficult it had been to try and work at the same time as having children with EHCPs at home, or not spending the usual amount of time in their setting. They had often used up any leave (paid or not) during the first lockdown. Even if their child was back in a full-time place, start and finish times and transport arrangements had altered and after-school clubs had stopped, meaning parents were not able to work their usual hours. Several parents reported that this had meant they had given up work, reduced their hours or taken on roles with less responsibility. This meant their income had reduced and they now had to claim financial support.

"I had to drop from full-time to part-time hours and take a step back from my career. It's been a traumatic and horrible time." Parent

Parents reported how the past 12 months had also resulted in them incurring additional costs. Having children at home more than usual, meant increased electric, heating and food costs. Many had also bought equipment to support and engage their children at home, provide care for their children (such as continence pads) and some had bought in services their children were missing (including tutors, physiotherapists, SaLT, respite and other activities).

Mental wellbeing - Parents and Headteachers reported how parental stress and anxiety increased due to the removal of their support structure over this time, along with the renewal of lockdown measures, and the increased requirement to be working and caring.

Parents reported being tired, exhausted, drained and feeling like they could not cope any more. They also described being heartbroken at the effect this period had had on their children and family, and angry and resentful about the loss of support and consideration for families like theirs. There were several reports of parents experiencing mental health breakdowns as well as physical conditions contributed to by stress, such as strokes and heart attacks. Families who had had to shield explained that this had been a very difficult process leading to issues for the whole family.

"I cannot cope. I must have a break. I cannot go on. I just cannot keep on working and caring like this when both are so hard." Parent

"My mental health suffered badly. I couldn't sleep. I was on my knees with exhaustion. I was getting up at 4.30 am to work. I was having panic attacks. Families and women in particular were thrown under the bus." Parent

"I've not had five minutes to myself, five minutes to get myself together. It's no wonder I've had to go on anxiety meds." Parent

"I've kept the others afloat for 12 months. Now I feel really down, wretched. The house isn't clean, I've low mood, no motivation, I'm drained. I can't cope. And it's not all over." Parent

Siblings - Parents were upset too about the effects this period had had on their other children with no SEND. They felt siblings of pupils with EHCPs had:

- Been less able to engage in home learning
- Received less input, support or time with their parents
- Witnessed and had to endure the behaviour issues of their sibling with SEND

Parents reported that their other children were suffering from increased anxiety and the effects of trauma as well as losses (academic and social) due to the limitations of being at home with a sibling with SEND. Often parents detailed that siblings without SEND were now needing additional support from their schools to help them cope and recover. A small number of parents said that in the second lockdown their children without SEND were offered places at their schools (as a vulnerable child and/or young carer) because those mainstream providers realised how difficult being at home was for them.

"It's just been too much for his little brother. He's seen things he should never have seen. He's struggled with his home learning because we've not had time for him, we've been busy with [our son with SEND]. He's not had any fun, he's just been stuck here with us in chaos." Parent

"His sister's basically been acting like a carer which has affected her own educational chances and mental health." Parent

Relations between parents - Parents reported that this period had placed a strain on their relationships. A small number of parents had separated or said they were considering it because this period of intense pressure had strained their relationship.

“Things have obviously been hard between me and my partner. We’re living separate lives. Another family we know with a SEND child have split up since Christmas and we seriously discussed that. We have no time together and no time to ourselves. If we split up then one weekend he could have the kids, and I’d get a break, then he’d get a break in the week while I had them. I think it’s only the cost putting us off, which doesn’t say much for the state of our relationship.” Parent

Some parents described how their children’s relationships with their grandparents as well as aunts, uncles and cousins had been very strong pre-pandemic. They felt this had been important for their child’s wellbeing but also in providing support for the family (with care input and respite). This had all stopped during the lockdowns and was unlikely to have resumed between lockdown periods (due to concerns for other family members having contact with SEND children, who many considered at increased medical vulnerability to the virus). Parents were concerned about the effect on children and family members of this enforced separation.

Concern about the future - For some parents this intense period of being with their child had given them a greater insight into their child’s needs and abilities and what this would mean for the child, and parents’ future. Even though, at the time of interviews, there were plans for wider opening up of society, many parents explained how:

- This time had made them more wary about going out – due to concern about infection but also their child’s behaviours and inability to social distance
- Lockdown was their usual experience – and to see everyone else’s relief at coming out of it highlighted the difficulty of their everyday.

“Life’s opening up for others but that’s made me realise the difference again. Our family, we’re always locked down. We can’t just head out anywhere, we need to plan and many activities are blocked off for us because of my son’s needs.” Parent

These insights, along with the emotional toll this time has had, were reportedly leading to possible longer-term effects on the mental wellbeing of parents of children with EHCPs.

For staff

This period had been an enormous undertaking for staff in special education settings. Headteachers reported staff were now:

- **Exhausted, stressed and traumatised** – Due to changes in working practice and delivering support differently, managing increased pupil needs and challenging behaviours, increase in workloads, including covering for colleagues, and the insights

they had gained into the lives of the pupils they work with. Staff had often worked longer hours and over holidays. Many schools had brought in clinical supervision, counselling and psychiatrist support and wellbeing practices to try and support staff.

“Safeguarding and complex home issues have been shared with school staff by families and they have been having to deal with it. I would say I’m seeing the signs of PTSD [post traumatic stress disorder] in them now as a result. They cannot receive any more information, they’ve been numbed. It’s affecting their ability to function properly. They have high anxiety about doing wrong. Their self-esteem and confidence have been rocked”. Head

“I would say my staff are broken. Their mental health is dreadful. There has been a distinct lack of value for us over this time, with no textbook on how to manage what’s been going on. No sick pay. So we have had a high number of leavers.” Head

- **Anxious** - Some staff felt they were at increased risk of infection by working in a school, especially one where they have to perform personal care, and where pupils cannot social distance or exhibit behaviours that potentially increase contact. This was of particular concern to older staff and those from shielding households or with medical vulnerabilities. Whereas some staff were happy to just get on with doing their job as before, some Heads reported increased staff concern about contact with others and requests for more PPE and vaccination.
- **Displaying reduced resilience** – Some Heads reported that staff who would previously cope well with the stresses they encountered in school were struggling to cope during the current crisis. This meant they were less equipped to cope with challenging behaviour or had ‘forgotten’ how to employ usual teaching and learning practices.
- **Suffering greater incidence of harm** – Some settings reported that increased behavioural issues in pupils meant staff had to manage more difficult situations and in some cases this resulted in more staff being physically harmed.
- **Feeling resentful** – This was attributed to having to continue to work in-person in a potentially high risk environment when staff in other types of settings did not, not being valued or respected (or in some cases considered keyworkers), not having any specific acknowledgement of the specialist sector, or the families they support, and not being routinely prioritised for vaccination despite their frontline role.
- **Taking more absence** – As a result of these issues, some staff were requiring more time off. Many Headteachers said they were having to address this and give staff more flexible working practices to try to support them.
- **Leaving the profession** - Whereas some schools had not lost any staff over this period, several reported that staff had left due to the pandemic – having decided that working in a special school was no longer for them, reassessing their work-life balance and priorities, or taking early retirement.

“I’ve had 10 staff leave, out of 40. They reprioritised, said they couldn’t handle the stress and work, relationships have broken down, some of them have lost parents.”
Head

For senior leaders

Special school and college leaders reported similar effects. They often said they felt completely unsupported by the Government, DfE, their Local Authority, their multi-agency colleagues, and in some cases teaching unions¹³.

They described how difficult it had been to try and balance the needs of families and society with the needs of their staff and take decisions on issues they felt ill informed on. Headteachers also frequently raised the issue of leaving the profession.

“I’ve decided to give it one more year. I can’t leave my team in the lurch right now. But I feel so let down. I’ve given my all to this work and when we needed help we got nothing, from anyone.” Head

“I’m broken by this. It’s been such a struggle to manage all the staffing and management issues at the same time as running a high needs school. I, as a teacher, have been delivering food, supporting broken down parents, mediating between bickering staff and having to deal with a high number of resignations. I can only say that I have been pushed away from the profession.” Head

¹³ Nass (The National Association of Special Schools) was frequently cited as having provided excellent support to special schools.

5. Impacts and next steps

The Government set up an Educational Recovery Plan¹⁴ to address the effects of the lockdown and associated disruptions. Funding was made available through:

- a one-off catch up premium for the 2021 academic year
- a one-off Recovery premium for the 2021/22 academic year for State funded schools and linked to Pupil Premium levels
- the National Tutoring programme for 5-16 year olds, also linked to Pupil Premium levels
- summer school funding for Secondary schools in 2021.

The overwhelming majority of Headteachers responding to the survey agreed/strongly agreed that parents' support needs had increased since the start of the pandemic (89%) and that relationships between school and home were strengthened (82%) [Table 36].

Around half of providers also agreed/strongly agreed that, even amongst pupils with SEND, those facing the greatest disadvantage had been more negatively impacted by this period [Table 36].

Around two thirds of providers had accessed, or would consider accessing, catch up funds [Table 37]. This was significantly less likely for Independent providers (32%) [Table 38] and for those in areas with the highest levels of disadvantage (54%), compared to other providers [Table 39].

54% of providers agreed that catch up funding was appropriate for the extra input special providers would need to give their pupils [Table 40], although Independent providers were significantly less likely to think this (37%) [Table 41].

31% of providers had or would consider running a Summer school [Table 37].

20% had or would consider extending the school day [Table 37]. This was significantly more likely in settings in areas facing the highest levels of disadvantage (30%) [Table 39].

9% had or would consider accessing NTP funding [Table 37].

When asked for their views on aspects of the Government's recovery strategy, only 4% of providers agreed that the NTP is an appropriate way to address the needs of pupils in special settings [Table 40].

¹⁴https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/993053/Education_recovery_support_June-2021.pdf

87% of providers agreed that support for 'recovery' needs to go beyond educational losses for pupils with EHCPs [Table 40], although Independent providers were less likely to agree with this (73%) [Table 41].

71% of providers said they would continue to offer remote support (for certain pupils/reasons) [Table 40]. This was significantly less likely for Independent providers (54%) [Table 41].

Feedback from Headteachers and parents

The overall feedback from Headteachers about the Government's plans for recovery were that they considered them poorly thought through, ill-informed and not suitable to meet the needs of their pupils, settings and families.

Settings had most frequently used catch-up funding to cover extra costs of cleaning, equipment (such as defogging machines or resources for home learning), and building alterations (such as introducing one-way systems, having single entry and exit points or splitting the school into zones).

However, as with much of the funds made available, Headteachers reported that the available money did not match the level of costs incurred. In addition different types of providers were not eligible to claim from the different pots of funding announced.

Headteachers agreed that there was a need for after-school and wraparound care to be provided for pupils, that they needed more time for fun activities and to help them catch up on peer interaction and developmental losses. They also pointed out that pupils were already tired from a full day back at school, that school staff could not be expected to work even more hours, and that many pupils require school transport which would be difficult to change.

They were keen to point out that any extension of the school day would not be suitable for delivering more academic input and that if their own staff were not providing this then it would need a bank of highly trained, experienced deliverers able to appropriately support pupils with SEND.

"We struggle to get our pupils to engage with the whole school day as it is – generally we just do academic tasks in the morning. So the idea of getting them to stay on longer... And as most of our pupils use transport we could be expecting them to be out from half seven in the morning until 5 at night. That's not what they need." Head

Interviews also revealed that Headteachers believed their pupils would not benefit from academic input delivered by a tutor not known to them or inexperienced in supporting pupils with SEND at special schools and colleges. Leaders also felt they did not have sufficient capacity for their own staff to provide additional learning input.

“The NTP? Ridiculous.... It smacks of a government who has no idea and no idea of the needs of our children and families.” Headteacher

Parents agreed that it was not more academic input their children now required, but more opportunities to be active and engage and have fun.

“It’s not more ‘schooling’ he needs, it’s all the social activities he needs back.” Parent

Required recovery support

Given that Headteachers and parents did not generally believe that the available or planned support would meet their needs, we asked them what they thought was needed to help special schools and colleges, their pupils and families recover. Key suggestions are set out below.

A. Focus on more than educational attainment

Many Headteachers reported that they believed the focus on ‘catching up’ on educational progress alone was misjudged. What Headteachers and parents felt strongly was that it was not loss of academic input that had most severely affected pupils but the loss of all other input – health and care support; physical development; opportunities for socialisation; to mix with peers; being exposed to ‘the outside world’; experiential learning opportunities; and chances to be engaged in outdoor and ‘real life’ activities.

“It’s not purely about maths and English. Students have been impacted by lack of peer interaction and socialisation. This must be addressed alongside catching up on maths and English. Additional support for students to have access to enrichment activities should be available alongside educational catch up.” Head

“Special schools do more than just educate. The recovery period should address wellbeing and social progress as well as academic. Access to therapeutic, SaLT and OT service should be more readily available.” Head

“She’s missed 12 months of education. It’s not learning she’s lost out on – it’s her understanding of the world, experiences, seeing new people and seeing faces and different views. She’s lost relationships, which are hard for her to establish in the first place. She’s gone without the structure and supportive environment she needs to thrive. Basically she’s lost a year of what she needs.” Parent

B. Prioritise addressing emotional wellbeing and mental health – of pupils and staff

Headteachers and parents identified that this time had had serious impacts on the mental wellbeing of pupils with EHCPs. They suggested pupils need to be supported to be in a position to learn before they can restart their academic progress.

“We need to address all the social emotional and mental health issues before we can accelerate learning.” Head

“With our pupils and their families, we need to concentrate on recovery first. Unless pupils are emotionally stable and in a good place to learn, then no catch up programme will be effective. Our pupils need the support of staff they have built good relationships with and emotional support. As some pupils are unable to effectively communicate their thoughts, feelings, or health concerns, we have to use our in depth knowledge of each individual child to make the most informed decisions about how to help them and their families to recover from / reduce the impact of covid over time.” Head

Similarly staff in specialist settings felt that they needed support for their own mental wellbeing as this has been a difficult time for them and they need to be fully functioning in order to best support pupils with EHCPs. Headteachers pointed out there will be no recovery without staff available to deliver it, so their staff need to be valued and supported. They also suggested that the pressure needs to be reduced on staff, and one commonly-suggested way to do this, was to suspend Ofsted inspections.

C. Increase health and care input

Given the types of effects reported for pupils with EHCPs it is unsurprising that the Headteachers and parents we interviewed felt there was an immediate need to focus on specific additional health and care input. They felt strongly that a priority for recovery was to get all of these services fully reinstated as a matter of urgency. Due to the amount of input that has been missed over this period many now felt there was a need for an increase in health and care services, and that pupils may need more input than they were receiving before. Special school and college staff did not feel in a position to deliver this and so it will need to be provided by external professionals.

“LAs are funded for what they provide to my child. That has not been provided for the last 12 months, so that money should be available to spend now on giving it all back” Parent

The additional support was felt to be needed for:

- Communication, social and interaction skills
- Physical wellbeing and development
- Independence and life skills
- Respite and short breaks

Respondents identified that these services had often been difficult to access before the pandemic and so they had concerns that at a time of greater need they could have even less capacity available.

D. Extend support to families

As this period has had serious effects on the parents and families of pupils with EHCPs and they are key in supporting the development of their children many respondents felt that additional support for families of pupils with EHCPs should be a central part of the recovery plan. This includes support for their own mental wellbeing, help to best support their child and opportunities to rebuild family bonds and have quality time together.

“Catch up funding for us is about supporting our parents. The biggest increase we have seen since lockdown is the need to support our parents with advice for looking after their children at home. It is all well and good improving academic scores, but we need to support families and individuals to cope and to be able to get some routine and structure back in their lives. With all services overwhelmed it would be amazing if money could be given to special schools to fund more parent support and specialist advisors.” Head

When parents were asked what was needed to help them recover they also suggested more family support. Many said they needed professional support (mainly emotional) for the issues the pandemic had led to for them (such as the increased incidence of anxiety and mental health issues). They also wanted more inclusive respite and activities to be available for their child with SEND and their siblings. Parents commonly suggested that any funding to assist recovery could be passed directly to them so that they could spend it on what they thought their family needed most – days out, activities, additional support input, respite. Some Headteachers also agreed this would be a sensible approach, although some questioned whether this would put the onus on parents and unfairly penalise those who were less equipped to manage.

E. Rely on experts in supporting pupils with SEND

Throughout this research specialist staff and parents have questioned whether those writing the guidance, devising plans or setting expectations have sufficient understanding of issues related to SEND provision. They did not feel confident that the sector, experts and relevant evidence was being considered and engaged with appropriately in the policy-making process centrally and locally. This led to information not being appropriate for pupils with EHCPs and the settings they attend, causing confusion and varied interpretation as well as the feeling that ‘no one cares about SEND’, and that these pupils are an ‘afterthought’.

Headteachers also identified that they often cannot access universal or mainstream services as they are not appropriate for the SEND population, who often require specialist services or ones that are able to be tailored (based on understanding and experience) to work for pupils with EHCPs. This not only applied to suggestions in the proposed recovery plan (such as the NTP) but also other support services. Staff in specialist settings are experts in supporting pupils with EHCPs but they do not have any capacity to continue providing tailored services or even advising services on how to make

themselves accessible. Any extra specialist support for pupils with EHCPs needs to come with additional funding.

“We’ve been told [by CAMHS¹⁵] pupils cannot be assessed, or the right input can’t be delivered, because they are non-verbal or because they have Autism. So even when services do exist, they’re not accessible to our students.” Head

“Of course special school staff are best placed to deliver appropriate services for children and families. But we’re exhausted, and already coping with an unmanageable workload. So my staff can’t provide any more of this. The question is, where are all these specially trained people going to come from?” Head

Headteachers suggested that any funding to address recovery should be passed directly on to them. They are the ones with experience in how best to support the development of pupils with EHCPs, they know their pupils and families and are able to assess their needs best. They felt this was more important in specialist rather than mainstream settings as the exact needs of each pupil are so individual.

F. Allow sufficient time for recovery

Headteachers remarked that for many pupils the true impacts of this period will not be known for some time. Following the second lockdown, most providers were focussing on reacclimatising pupils to being back in their setting, assessing their needs and trying to address some of the effects (most evidently emotional wellbeing, regulation and behaviour). Recovery and getting back to building on progress will take time. The recovery plan cannot therefore just be for the short-term. Many pupils have missed out on significant amounts of input (educational restrictions during lockdowns lasted over 5 months, spanning two academic years) and this cannot be quickly caught up on, especially for learners who already face challenges with their development.

Some Headteachers and a number of parents suggested that pupils need to ‘retake the year’ or be given an extra year of input.

“He had an entitlement to 12 months of learning and therapy that he hasn’t received. He needs to now get that.” Parent

“It’s going to take us at least a year to calm down after all the disruption, get to grips with where we are, get every pupil back on track. We cannot think these pupils are at the stage they should be, especially not those about to transition. So I think they need an extra year.” Head

¹⁵ Children and Adolescent Mental Health Services

H. Address funding shortfalls

The issues with SEND funding were well-known before the pandemic¹⁶. The changes required to educational provision, plus all the additional work and support special schools and colleges have had to provide have resulted in large additional costs being incurred over this period. Headteachers felt the support needed to help pupils recover will also require more staff, input and cost. This was a particular issue for independent providers who often cannot access any additional DfE funding (despite the fact they are providing places LAs decide pupils need). Again providers wondered whether policy-makers understood the SEND sector and the role of independent providers.

“We’re independent, but we’re hardly Eton. We have 18 pupils with severe and complex needs and three horses, and we’re very creative with what we do. I can assure you no one involved is anywhere near a millionaire. We scrape together every penny we need.”
Head

Headteachers felt that SEND funding needed to be urgently addressed to prevent huge funding shortfalls and a need to continue limiting provision. They pointed out that to provide the level of support and create the right environment that these pupils need to thrive is both staff- and resource-intensive, making it expensive. However failing to address issues now could lead to greater costs to society at a later date – fewer young people with SEND being able to move into employment or live independently or not getting qualifications, or being more physically impaired could all result in the need for greater State financial support.

Headteachers were calling for extra resource to help them through this time and beyond, so as not to unfairly penalise pupils with EHCPs and limit their life chances.

“Special schools need additional resources without strings attached to use to get children back up to their pre-Covid ability levels.” Head

“All this talk of recovery is pie in the sky unless anyone actually commits to funding it properly. We can’t go narrow or short-term on this. We need to look at pupils, families and communities all being helped otherwise we’re just building up costs further down the line.” Head

“We need to build back better than the previously broken system. We need to aim high for these pupils and invest properly so that that ambition is sustainable.” Head

¹⁶ 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>

6. Conclusions

In conclusion our findings show that it is not possible for special schools and colleges to remain open for all pupils during lockdown conditions. Even when education providers are fully open, staffing availability, the need to social distance and restrictions placed on their delivery, mean they cannot operate their usual models of support or provide their full offer of support. Suggestions that all pupils with an EHCP should be in school during lockdowns were unrealistic and unhelpful. It is practically not possible to deliver.

When balancing the potential risks from the virus against the probable damage done by not being in their education setting, most leaders believe special settings should provide as many in-school places as is safely possible during lockdowns. However more would need to be done to help them achieve this (better guidance, more staff, more space, more funding, and consistency across colleagues in health and care services)

Health and care services did not continue during lockdowns and neither have they been fully reinstated since. Education providers have had to 'fill the gaps' as much as possible but this is not sustainable or desirable. These services need to resume.

Support for pupils at home in many cases was very challenging – families struggled, schools found it difficult to fully support them and health and care input was not provided.

Lack of respite services, along with the loss of other childcare support and breaks for the family, has left some families in crisis and unable to access any help.

Wider social rules and restrictions have impacted upon the lives of pupils at special schools and colleges, increasing their need for support when providers and families are further limited in how they can support them.

This has resulted in negative effects on the progress of pupils with EHCPs, both academically as well as in all other aspects of their development.

These effects have been more pronounced for the pupils already facing the greatest disadvantage. Failure to address these needs properly now could lead to greater needs and greater costs in the future.

The pandemic and the role special school and college staff were expected to take on was reported to have led to concerning effects on the profession. The impact on their wellbeing and general satisfaction was thought to be leading to periods of absence and staff considering leaving the profession. Special schools and colleges report that they need more support to deal with and recover from this period. The SEND sector needs bespoke support and additional resource in order to recover from the pandemic and continue to support pupils in the ways it knows are effective.

Headteachers and parents believe that in general plans to address recovery from this period are not appropriate to provide the specific support pupils with EHCPs need, and do not consider the whole range of effects these pupils and their families are experiencing.

Appendix 1: Sample characteristics

All providers

Table A1: Age of pupils catered for by responding special settings (multiple response possible)

Age of pupils catered for	Unweighted Base	%
Key Stage 1	101	49.7
Key Stage 2	128	65.5
Key Stage 3	156	79.1
Key Stage 4	154	77.6
Key Stage 5	110	53.7
18 - 24 years	40	20.5
All	190	-

Table A2: Percentage of responding schools/colleges offering residential places

Whether offer a residential place	Unweighted Base	%
Yes	36	19.6
No	154	80.4
All	190	100

Table A3: FSM eligibility rates within responding schools/colleges (in quartiles)

FSM eligibility rates (quartiles)	Unweighted Base	%
Quartile 1 (lowest rates of FSM eligibility)	52	30.6
Quartile 2	43	18.6
Quartile 3	47	21.3
Quartile 4 (highest rates of FSM eligibility)	47	29.5
Missing	1	0.5
All	190	100

Table A4: Phase of provision offered by responding schools/colleges

Phase of provision	Unweighted Base	%
Primary school	18	12.0
Secondary school	47	24.6
All through provision	113	56.2
College	12	7.2
All	190	100

Table A5: Type of provision offered by responding schools/colleges

Type of provider	Unweighted Base	%
Academy/free school	58	28.3
Local authority maintained	86	38.8
Independent provider	46	32.9
All	190	100

Table A6: Type of SEN catered for (multiple needs may be catered for)

Type of SEN	Unweighted Base	%
Autistic Spectrum Disorder	80	50.7
Hearing Impairment	17	9.1
Moderate Learning Difficulty	67	39.4
Other Difficulty/Disability	15	8.9
Physical Disability	29	16.5
Social, Emotional and Mental Health	55	40.4
Speech, Language and Communication	41	22.3
Severe Learning Difficulty	75	44.8
Specific Learning Difficulty	17	10.9
Visual Impairment	17	8.9
Multi-Sensory Impairment	17	9.3
Profound and Multiple Learning Difficulty	45	24.9

Based on 155 schools/college unweighted - for 35 respondents valid SEN data was not available

Characteristics by type of provider

Table A7: Roll numbers of all providers and by type of provider (range = between 2 and 410 students, mean no. of students within one setting = 96)

Roll number (quartiles)*	Type of provider			
	Academy/free school %	Local authority maintained %	Independent provider %	All providers%
Quartile 1 (32 students or less)	7.5	6.9	64.9	25.3
Quartile 2 (33 to 88 students)	32.1	23.6	21.1	25.1
Quartile 3 (89 to 127 students)	28.3	34.7	14.0	26.4
Quartile 4 (128 students or more)	32.1	34.7	-	23.1
Total	100	100	100	100
<i>Unweighted base (N)</i>	<i>57</i>	<i>84</i>	<i>42</i>	<i>183**</i>

*Chi square significant at $p < 0.01$

** 7 schools/colleges (unweighted) had no roll number data available

Quartiles based on distribution of weighted data

Table A8: Residential status of all providers and by type of provider

Residential status	Type of provider			
	Academy/free school %	Local authority maintained %	Independent provider %	All providers%
Do not offer residential provision	85.2	83.8	71.4	80.1
Offer residential provision	14.8	16.2	28.6	19.9
Total	100	100	100	100
<i>Unweighted base (N)</i>	<i>58</i>	<i>86</i>	<i>46</i>	<i>190</i>

Table A9: Age groups catered for by all providers and by type of provider

Age groups catered for	Type of provider			
	Academy/free school %	Local authority maintained %	Independent provider %	All providers%
Key Stage 1*	57.4	62.2	28.6	49.7
Key Stage 2	70.4	66.2	61.3	65.8
Key Stage 3*	70.4	71.2	95.2	78.9
Key Stage 4	72.2	74.0	87.1	77.8
Key Stage 5	50.0	58.1	52.4	53.9
18 - 24 years*	16.7	32.4	11.1	20.9
<i>Unweighted base (N)</i>	<i>58</i>	<i>86</i>	<i>46</i>	<i>190</i>

* Chi square significant at $p < 0.01$

Table A10: FSM eligibility rates (in quartiles) of all providers and by type of provider

FSM eligibility rates (quartiles)*	Type of provider			
	Academy/free school %	Local authority maintained %	Independent provider %	All providers%
Quartile 1 (lowest rates of eligibility)	19.2	20.0	53.2	30.7
Quartile 2	23.1	24.0	8.1	18.5
Quartile 3	32.7	29.3	1.6	21.2
Quartile 4 (highest rates of eligibility)	25.0	26.7	37.1	29.6
Total	100	100	100	100
<i>Unweighted base (N)</i>	<i>57</i>	<i>86</i>	<i>46</i>	<i>189*</i>

*Chi square significant at $p < 0.01$

**One school/college has missing FSM data

Appendix 2 : Survey results

Table 1: Average proportion of pupils attending in different capacities during the lockdown (i.e. January to March) of 2021

	Attending full time	Attending part-time (compared to full-time attendance before the pandemic)	Attending part-time (as they would have done before the pandemic)	Not attending at all	Total
Second lockdown %	46.1	15.7	1.8	36.5	100

Base: All respondents - 134 cases unweighted (56 partially completed the survey)

Table 1a: Average proportion of pupils not in school during the lockdown (i.e. January to March) of 2021, by various reasons

	Setting was unable to offer them a place	Parents were choosing to shield their child (for medical reasons)	Parents were not willing to return their child to school/college for another reason
Second lockdown	8.0	9.5	15.3
Unweighted N	129	130	129
No response	2	1	2

Base: All respondents (59 respondents partially completed the survey)

Table 2: Main reasons given by headteachers for parents not sending their child back to school during the lockdown (i.e. January to March) of 2021

Main reasons given by parents	% of schools/colleges given each reason
Pupil's anxiety was too high	69.7
Parents did not believe school was safe	51.8
Parents wanted to keep children at home/thought others needed the place more	39.4
Waiting for vaccination of their child	20.2
No transport service available	1.5

Base: All respondents with children not attending at all during this period - 71 cases unweighted (59 missing due to partial completion of the survey, 60 not applicable), Respondents were able to select multiple options

Table 3: Main reasons given by headteachers for parents not sending their child back to schools during the lockdown (i.e. January to March) of 2021 by FSM eligibility level

Main reasons given by parents	% taken or planning to take this action	
	FSM eligibility quartiles 1 to 3 (lower levels)	FSM eligibility quartile 4 (higher levels)
Pupil's anxiety was too high*	62.0	88.9

Base: All respondents with children not attending at all during this period - 70 cases unweighted (59 missing due to partially completed survey, 1 missing FSM data, 60 not applicable)

*Significant chi-square result at $p < 0.01$

Table 4: Main reasons given by headteachers for parents not sending their child back to schools during the lockdown (i.e. January to March) of 2021 by type of provider

Main reasons given by parents	% taken or planning to take this action		
	Academy/free school	LA Maintained	Independent
Parents wanted to keep children at home/thought others needed the place more *	58.3	44.0	14.3

Base: All respondents with children not attending at all during this period - 71 cases unweighted (59 missing due to partially completed survey, 60 not applicable)

*Significant chi-square result at $p < 0.05$

Table 5: Level of family demand for places during the lockdown (i.e. January to March) of 2021

Level of demand	% of schools/colleges experiencing this level of demand
Greater than they could offer/high demand	28.3
In line with what they could offer/in line with demand	55.3
Less than they could offer/low demand	16.4
<i>Total</i>	<i>100</i>

Base: All respondents - 131 cases unweighted (59 missing due to partially completed survey)

Table 6: Level of family demand for places during the lockdown (i.e. January to March) of 2021 by FSM eligibility level

Level of demand	% of schools/colleges experiencing this level of demand*	
	FSM eligibility quartiles 1 to 3 (lower levels) %	FSM eligibility quartile 4 (higher levels) %
Greater than they could offer/high demand	33.0	17.9
In line with what they could offer/in line with demand	56.0	53.8
Less than they could offer/low demand	11.0	28.2
<i>Total</i>	<i>100</i>	<i>100</i>

Base: All respondents - 131 cases unweighted (59 missing due to partially completed survey, 1 missing FSM eligibility data)

* Significant chi-square result at $p < 0.05$

Table 7: Factors limiting number of in-school places schools/colleges were able to offer in the lockdown (i.e. January to March) of 2021

Factors affecting availability of in-school places	% of schools/colleges experiencing this type of limitation
Nothing - we offered our normal number of places	44.6
A lack of space (to allow for social distancing)	33.3
Staff availability	30.3
The needs and behaviours of pupils and whether it was safe to have them in-school	20.5
Interpretation of safety/DfE guidance	12.4
Resourcing remote and in-school learning	9.7
The skill level of available staff	6.1

Base: All respondents - 131 cases unweighted (59 missing due to partially completed survey).

Respondents were able to select multiple options.

Table 8: Factors limiting number of in-school places schools/colleges were able to offer in the lockdown (i.e. January to March) of 2021 by type of provider

Main reasons given by parents	% taken or planning to take this action		
	Academy/free school	LA Maintained	Independent
Nothing - we offered our normal number of places*	30.6	34.0	68.2
Staff availability*	36.1	41.5	11.6
A lack of space (to allow for social distancing)*	45.7	39.6	15.9
The needs and behaviours of pupils and whether it is safe to have them in-school**	36.1	18.9	9.3

Base: All respondents - 131 cases unweighted (59 missing due to partially completed survey), Respondents were able to select multiple options.

* Significant chi-square result at $p < 0.01$

* Significant chi-square result at $p < 0.05$

Table 9: Factors limiting staff availability in the lockdown (i.e. January to March) of 2021

Factors affecting staff availability	% of schools/colleges experiencing this type of limitation
Staff off due to shielding	97.5
Staff received positive COVID-19 test result	85.5
Staff off due to childcare issues	79.8
Staff off due to illness	63.9
Staff unwilling to work during this period (e.g. due to the nature of support required)	44.2

Base: All respondents indicating that staff availability had affected their ability to offer in-school places - 41 cases unweighted (59 missing due to partially completed survey, 90 not applicable). Respondents were able to select multiple responses.

Table 10: Percentage of schools/colleges that had made changes to the remote support offered to pupils not in school (comparing the lockdown of 2021 (i.e. January to March 2021), with the first lockdown (i.e. March to June 2020)) by FSM eligibility rates

Provider characteristics		Whether changes made to remote provision				Unweighted base* (N)
		Yes	No	Did not offer any remote provision	Total	
FSM eligibility*	Q1-3 %	70.5	25.0	4.5	100	96
	Q4 %	64.9	13.5	21.6	100	31
	FSM rate unavailable	-	-	-	-	1
<i>Total</i>						128
All providers		69.0	21.7	9.4	100	128

Base: All providers (62 missing due to partially completed survey)

**Significant chi-square result at $p < 0.01$

Table 11: Changes made to remote support/provision in the lockdown of 2021 (i.e. January to March), compared to the first lockdown (i.e. March to June 2020)

Type of remote provision	How much of each type of remote provision was offered, compared to earlier lockdown			Total
	Less	The same amount	More	
Live streaming lessons %	2.7	17.3	80.0	100
Live streaming therapies %	6.0	46.9	47.1	100
Staff producing separate online content %	5.7	22.3	72.0	100
Staff producing resource packs for home %	10.3	31.7	58.0	100
Online social/school events %	7.3	37.4	55.4	100
Home visits %	14.2	56.9	28.9	100
Welfare checks/calls %	-	52.9	47.1	100
Signposting/support for families %	-	49.5	50.5	100

Base: All respondents who had made changes to their remote offer - 96 cases unweighted (62 missing due to partially completed survey, 32 not applicable as not changed their remote offer)

There were no significant differences in the types of changes made by providers with different characteristics.

Table 12: Extent to which schools/colleges were able to maintain the types of supports set out in EHCPs during lockdown 2 - January to March 2021 - for pupils both in-school and at home

Type of support	Amount of delivery									
	In-school					At home				
	Full	Partial	Little/ none	Total	Unweighted base (N)	Full	Partial	Little/ none	Total	Unweighted base (N)
Educational %	75.0	24.1	0.9	100	128	29.3	51.9	18.9	100	128
Health and therapeutic %	53.4	35.6	10.9	100	128	20.1	38.8	41.1	100	128
Social and care %	53.9	34.9	11.1	100	128	23.4	38.3	38.2	100	128

Base: all relevant respondents (128 cases completed this question, all provided data about children at home - bases are unweighted)

Table 13: Percentage of schools/colleges able to fully maintain social care support set out in EHCPs by FSM eligibility level

Time point and form of delivery	% fully delivering educational support	
	FSM eligibility quartiles 1 to 3 (lower levels)	FSM eligibility quartile 4 (higher levels)
Lockdown 2 Pupils at home*	29.3	54.4
<i>Unweighted base (N)</i>	95	31

*Significant ANOVA at $p < 0.01$

Table 14: Whether schools/colleges were able to offer all in-school places as normal (as of May 2021)

Amount of in-school places offered daily	% of schools/colleges
Able to offer all in-school places	96.6
Offering less in-school places than normal	3.4
<i>Total</i>	100

Base: All respondents - 190 cases unweighted

Table 15: Average proportion of pupils attending in different capacities (as of May 2021)

Attending full time	Attending part-time (as they would have done before the pandemic)	Attending part-time (compared to full-time attendance before the pandemic)	Not attending at all	<i>Total</i>
94.5	2.4	1.6	1.6	100

Base: All respondents 183 unweighted (7 cases are missing roll number data)

Table 16: Average proportion of pupils not attending for different reasons (as of May 2021)

Choosing to shield	Unwilling to return for another reason %	Parents have deregistered their child or are choosing to educate at home %
0.7	0.5	0.1
Unweighted N = 186	Unweighted N = 180	Unweighted N = 172

Figures provided are an average across all participating schools/colleges (including those whose entire student base is attending).

Table 17: Average proportion of pupils classified as Clinically Extremely Vulnerable (as of May 2021)

% Clinically Extremely Vulnerable
4.3

Base: All respondents - 190 unweighted

Table 18: Percentage of schools/colleges offering remote learning/support for pupils not in school (May 2021)

Whether offered remote learning - May 2021				
Yes	No	Not applicable (all pupils were in school)	Total	Unweighted base (N)
65.9	4.7	29.4	100	161

Base: All respondents - 161 cases unweighted (9 missing, 20 not applicable as all pupils were in school)

**Significant chi-square result at $p < 0.05$*

Table 19: Percentage of schools/colleges that had made changes to the remote support offered to pupils not in school (comparing May 2021 to the lockdown of 2021 (i.e. January to March 2021)) by type of provider

Type of provider*	% made changes to remote provision	Unweighted base (N)
Academy/free school	41.2	37
LA Maintained	62.5	55
Independent	33.3	18
All providers	49.1	110

Base: All those offering remote provision - 110 cases unweighted

**Significant chi-square result at $p < 0.01$*

Table 20: Changes made to remote support/provision in the lockdown of 2021 (i.e. January to March 2021), compared to the first lockdown (i.e. March to June 2020)

Type of remote provision	Amount of each type of remote provision schools/colleges offered			Total
	Less	The same amount	More	
Live streaming lessons %	28.0	30.3	41.7	100
Staff producing separate online content %	31.8	32.7	35.6	100
Staff producing resource packs for home %	26.8	32.2	41.0	100
Home visits %	31.6	40.6	27.9	100
Online social/school events %	24.4	52.6	23.1	100

Welfare checks/calls %	7.5	55.9	36.6	100
Signposting/support for families %	3.7	56.4	39.9	100

Base: All those who had made changes to their remote offer - 56 cases unweighted

There were no significant differences in the types of changes made by providers with different characteristics.

Table 21: How in-school provision differed from what was offered pre-pandemic (as of May 2021)

Type of change	% experiencing this change
Restricted out of school activities	70.3
Restricted in-school activities	52.2
Using tech differently	50.2
More small group working	22.7
Less adult support	17.0
More adult support	15.9
Reduced contact hours	8.1
Education in living quarters	4.5
No differences	16.7

169 cases unweighted (21 partially completed the questionnaire). Respondents were able to select multiple responses

Table 22: How in-school provision differs from what was offered pre-pandemic (as of May 2021) by stage of provider

Type of restriction	% experiencing this restriction			
	All through	Primary	Secondary	College
Using tech differently*	55.2	28.6	38.1	90.9

Base: All respondents - 169 cases unweighted (21 partially completed the questionnaire))

* Significant chi-square result at $p < 0.01$

Table 23: How in-school provision differed from what was offered pre-pandemic (as of May 2021) by type of provider

Type of restriction	% experiencing this restriction		
	Academy/free school	LA Maintained	Independent
Restricted out of school activities*	79.2	79.1	52.7
Restricted in-school activities*	66.7	65.7	22.2
Using tech differently*	50.0	68.7	27.8
More small group working*	29.8	31.3	5.5
More adult support**	17.0	23.5	5.5
No differences*	4.2	7.4	40.0

Base: All respondents - 169 cases unweighted (21 partially completed questionnaires))

*Significant chi-square result at $p < 0.01$

**Significant chi-square result at $p < 0.05$

Table 24: Return to school measures that schools/colleges focused on since March 8th 2021 (as of May 2021)

Return to school measures	% implementing this measure
Reacclimatisation/re-establishing confidence and routine	82.9
Addressing increased issues with emotional wellbeing and behaviour	73.5
Addressing learning loss	57.5
Reassessing needs	56.4
Addressing skills loss/regression	54.1
We are focused solely on routine teaching and learning and not on any return to school measures	9.4

Base: All respondents - 169 cases unweighted (21 partially completed questionnaire. Respondents were able to select multiple responses

Table 25: Return to school measures that schools/colleges have focused on since March 8th 2021 (as of May 2021) by type of provider

Return to school measures	% experiencing this restriction		
	Academy/free school	LA Maintained	Independent
Reassessing needs*	63.8	64.7	40.0
Addressing learning loss*	62.5	68.7	40.0

Base: All respondents - 169 cases unweighted (21 partially completed questionnaires)

**Significant chi-square result at $p < 0.05$*

Table 26: Average proportion of staff time spent on return to school measures rather than routine teaching and learning (as of May 2021)

% staff time spent on return to school measures
25.9

Base: All respondents with return to school measures in place - 153 unweighted (16 cases were not implementing any return to school measures, 21 partially completed questionnaire)

Table 27: How schools/colleges found implementing return to school measures (as of May 2021)

	Extent to which return to school measures were problematic							Respondent numbers (unweighted) (N)			
								Valid responses	Missing responses		All responses
	Not problematic at all	Minor problems	Moderate problems	Major problems	Extremely problematic	Not applicable	All		Did not complete question	Completed shorter version of questionnaire	
Keeping bubbles separate %	18.1	26.3	26.3	8.2	13.2	7.9	100	169	-	21	190
Ensuring secondary age children wear face masks %*	12.8	18.5	7.7	7.8	18.7	34.5	100	154	1	17	172
Staff wearing face masks %	47.3	28.0	10.3	1.5	2.3	10.5	100	169	-	21	190
COVID testing pupils/staff %	23.5	30.7	23.2	8.3	11.2	3.1	100	169	-	21	190

Base: All respondents

*Base: All respondents whose provision could include secondary age pupils, including all age providers who may or may not in fact have secondary age students in their facility (18 primary school, unweighted, were excluded from this analysis)

Table 28: Extent to which schools/colleges were able to maintain the types of support set out in EHCPs (the situation in May 2021 for pupils both in-school and at home)

Type of support	Amount of delivery									
	In-school					At home				
	Full	Partial	Little/ none	Total	Unweighted base (N)	Full	Partial	Little/ none	Total	Unweighted base (N)
Educational %	87.5	11.6	1.0	100	159	25.2	45.4	29.4	100	100
Health and therapeutic %	65.4	28.7	5.5	100	159	12.0	44.4	43.6	100	100
Social and care %	63.0	25.1	12.0	100	159	20.8	40.1	39.2	100	100

Base: all relevant respondents (159 cases completed this question, 100 provided data about children at home bases are unweighted)

Table 29: Percentage of schools/colleges able to fully maintain educational support set out in EHCPs by stage of provider

Time point and form of delivery	% fully delivering educational support			
	All through	Primary	Secondary	College
May 2021 Pupils in-school**	86.1	95.0	92.7	67.1
Unweighted base (N)	98	14	40	10

* Significant ANOVA at $p < 0.05$, colleges are significantly different to primary and secondary stage providers

Table 30: Average affects of the previous 12 months on progress towards targets set out in pupil's EHCPs (as of May 2021) - academic targets

Progress towards targets (months behind/ahead compared to what would have been expected prior to the pandemic)	Literacy	Numeracy	Behaviours for learning
-12.00	2.3	2.3	4.7
-11.00	2.0	1.4	3.6
-10.00	2.5	2.2	4.4
-9.00	2.1	2.9	4.2
-8.00	3.3	2.8	3.4
-7.00	1.0	1.7	4.6
-6.00	20.6	18.7	8.3
-5.00	5.7	6.6	6.6
-4.00	5.2	6.9	7.4
-3.00	13.2	15.8	12.7
-2.00	16.5	12.4	8.7
-1.00	6.0	7.6	9.5
.00	17.5	17.1	21.0
1.00	0.4	0.4	-
2.00	0.7	-	0.4
3.00	0.9	1.2	0.5

<i>Total</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>
Overall mean (months)	-3.8	-3.7	-4.1

Base: All respondents - 190 unweighted

Table 31: Average affects of the previous 12 months on progress towards targets set out in pupil's EHCPs (as of May 2021) - academic targets by FSM eligibility rates

Area of progress	Mean progress towards targets (months behind/ahead compared to what would have been expected prior to the pandemic)	
	FSM eligibility quartiles 1 to 3 (lower levels)	FSM eligibility quartile 4 (higher levels)
Literacy*	-3.3	-4.7
Numeracy**	-3.4	-4.5
Behaviours for learning*	-3.4	-5.7
Base (unweighted)	142	47

Base: All respondents (1 missing due to lack of FSM eligibility data)

*Significant ANOVA at $p < 0.05$

**Significant ANOVA at $p < 0.01$

Table 32: Average affects of the previous 12 months on wider progress (as of May 2021)

Progress towards targets (months behind/ahead compared to what would have been expected prior to the pandemic)	Social and communicative %	Emotional and mental wellbeing %	Health and physical development %	Independence, self-care and life skills %	Behaviour and self-regulation %
-12.00	5.1	8.1	5.6	5.2	5.3
-11.00	3.5	3.7	3.7	2.6	3.2
-10.00	1.0	4.4	2.8	1.9	5.3
-9.00	4.3	4.2	2.1	4.8	5.5
-8.00	4.7	7.6	2.9	3.6	5.6
-7.00	3.7	2.8	1.1	3.7	2.6
-6.00	17.2	15.0	17.2	12.5	10.5
-5.00	4.9	1.9	2.7	5.7	3.1
-4.00	6.2	8.4	8.1	9.6	8.6

-3.00	12.2	11.7	9.8	11.9	12.2
-2.00	9.5	11.6	10.0	12.6	13.1
-1.00	7.7	7.2	8.1	10.2	5.4
.00	18.8	12.1	22.4	13.2	18.0
1.00	-	-	0.4	0.8	-
2.00	-	-	-	0.4	1.1
3.00	1.2	1.2	3.0	1.2	0.5
<i>Total</i>	100	100	100	100	100
Overall mean (months)	-4.2	-5.0	-3.8	-4.2	-4.4

Base: All respondents - 190 unweighted

Table 33: Average affects of the previous 12 months on progress towards wider progress (as of May 2021) by FSM eligibility rates

Area of progress	Mean progress towards targets (months behind/ahead compared to what would have been expected prior to the pandemic)	
	FSM eligibility quartiles 1 to 3 (lower levels)	FSM eligibility quartile 4 (higher levels)
Social and communicative progress*	-3.7	-5.5
Emotional and wellbeing*	-4.3	-6.3
Health and physical development*	-3.3	-5.0
Behaviour and self regulation*	-3.8	-5.8
Base (unweighted)	142	47

Base: All respondents (1 missing due to lack of FSM eligibility data)

* Significant ANOVA at $p < 0.01$

Table 34: Average affects of the previous 12 months on wider progress (as of May 2021) - by providers who cater for pupils with physical needs

Area of progress	Mean progress towards targets (months behind/ahead compared to what would have been expected prior to the pandemic)	
	Teach children with physical disabilities	Do not teach children with physical disabilities
Health and physical development*	-5.7	-3.5
Base (unweighted)	29	161

Base: All respondents - 190 unweighted

*Significant ANOVA at $p < 0.01$

Table 35: Average affects of the previous 12 months on wider progress (as of May 2021) - by stage of provision

Area of progress	Mean progress towards targets (months behind/ahead compared to what would have been expected prior to the pandemic)			
	All through	Primary	Secondary	College
Emotional and mental wellbeing*	-4.7	-3.9	-5.2	-7.8
Base (unweighted)	113	18	47	12

Base: All respondents - 190 unweighted

*Significant ANOVA at $p < 0.01$, colleges are significantly different to all through and primary stage providers

Table 36: Extent of providers' agreement with statements regarding changes since the start of the pandemic (as of May 2021)

	Extent of agreement that various changes have occurred since the pandemic					Total	Unweighted base (N)
	Strongly disagree	Disagree	Not sure	Agree	Strongly agree		
Parents' support needs have increased	1.5	4.8	4.8	48.1	40.8	100	127
Relationships between school and home have been strengthened	1.1	3.9	12.6	50.2	32.2	100	127
Amongst pupils with SEND, those who may face the most disadvantage (e.g. in receipt of FSM, BAME) have been more negatively impacted than other pupils	10.8	19.0	19.9	30.9	19.4	100	127

Base: All respondents completing the longer version of the questionnaire (63 respondents did not complete this question)

There were no significant differences between the responses of providers to this question depending on their characteristics.

Table 37: Actions taken by schools/colleges in relation to recovery (as of May 2021)

Recovery actions	% taken or considering taking this action
Accessed catch up funding	65.9
Run a Summer school	30.7
Extended the school day	20.2
Accessed funding from the National Tutoring Programme (NTP)	8.5

* Base: All respondents - 188 cases unweighted (2 missing)

Table 38: Actions taken by schools/colleges in relation to recovery (as of May 2021) by type of provider

Recovery actions	% taken or considering taking this action		
	Academy/free school	LA Maintained	Independent
Accessed catch up funding*	83.0	81.1	32.3

Base: All respondents - 188 cases unweighted (2 missing)

*Significant chi-square result at $p < 0.01$

Table 39: Actions taken by schools/colleges in relation to recovery (as of May 2021) by FSM eligibility

Recovery actions	% taken or considering taking this action	
	FSM eligibility quartiles 1 to 3 (lower levels)	FSM eligibility quartile 4 (higher levels)
Accessed catch up funding*	70.5	53.6
Extended the school day	15.9	30.4

Base: All respondents - 187 cases unweighted (3 missing)

*Significant chi-square result at $p < 0.05$

Table 40: Extent of agreement with statements regarding changes since the start of the pandemic (as of May 2021)

	Extent of agreement that various changes have occurred since the pandemic					Total	Unweighted base (N)
	Strongly disagree	Disagree	Not sure	Agree	Strongly agree		
We will continue to offer remote support (for certain reasons/with certain pupils) %	10.2	6.9	11.5	54.0	17.4	100	127
The National Tutoring Programme (NTP) is an appropriate way to address the needs of pupils with EHCPs in special settings %	43.4	20.9	31.7	4.1	-	100	127
Catch up funding is appropriate for the extra input special providers will need to give %	11.2	16.3	18.3	34.0	20.2	100	127
Support for 'recovery' needs to go beyond educational losses for pupils with EHCPs %	2.9	3.7	6.6	22.5	64.2	100	127

Base: All respondents completing the longer version of the questionnaire (63 respondents did not complete this question)

Table 41: Extent of agreement with statements regarding changes since the start of the pandemic (as of May 2021) by type of provider

	% agreeing or strongly agreeing with each statement		
	Academy/free school	LA Maintained	Independent
We will continue to offer remote support (for certain reasons/with certain pupils)*	75.8	82.7	53.7
Catch up funding is appropriate for the extra input special providers will need to give**	59.4	65.4	36.6
Support for 'recovery' needs to go beyond educational losses for pupils with EHCPs*	85.3	96.2	73.2

Base: All respondents completing the longer version of the questionnaire - 127 unweighted (63 respondents did not complete this question)

**Significant chi-square result at $p < 0.01$*

***Significant chi-square results at $p < 0.05$*