Special education during lockdown: Returning to schools and colleges in September

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This project was led by ASK Research, an independent research organisation specialising 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. See www.askresearch.org.uk

The data collection of providers was conducted by The National Foundation for Education Research (NFER). They also carried out the analysis of this survey for ASK Research.

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Executive Summary

About the study

Families whose children have special educational needs and disabilities (SEND) have faced unique challenges during the coronavirus pandemic. This study explored how education provision over this time has changed for children and young people with SEND who attend special schools. This report, the first in a series from the research, details how schools and parents are preparing for the return to education in September 2020.

The study involved 40 in-depth interviews and a representative survey of 201 special school and college leaders in England; a further 40 in-depth interviews and a survey of 510 parents whose children attend special schools and colleges.

Results of the study

Parental concerns about safety are likely to result in reduced attendance levels from September

Special school and college leaders did not expect full attendance in September, as 84% thought that some families would not send their children back to school in the new academic year. Leaders estimated that an average of 14% of pupils may not return. This predication, if correct, would mean over 20,000 pupils nationally not going back to special schools and colleges.

Leaders identified several key concerns that they felt could result in parents deciding to keep their child at home. These included:

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

Adhering to safe practice, such as social distancing, presents a particular challenge for special schools and colleges:

• 98% of leaders stated that they have pupils who will find it hard to adhere to safe practice.
• Many pupils attending special schools also require personal and one-to-one care, meaning they must be in frequent close contact with staff.

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1 All fieldwork was carried out between 3 July and 3 August 2020. The research was led by ASK Research, with the survey of school and college leaders and analysis carried out by NFER.

2 We appreciate that providers have no way to know the exact actions parents will take and that they were asked this before lockdown and shielding measures were eased.
Leaders anticipate making significant changes to special education provision from September

From September, leaders anticipated having to make a variety of changes to how their schools and colleges will operate. To comply with the Department for Education (DfE) guidance on how to safely manage full reopening 3, leaders will need to offer:

- reduced and altered contact hours.
- fewer activities (such as the use of sensory rooms and hydrotherapy pools; and activities which require leaving the school premises or coming into contact with the community, such as running cafés and shops).
- less curriculum input (as they focus on addressing additional emotional and mental health needs as a result of the pandemic).
- different routines (such as being in bubbles with set groups of pupils and staff, staying in certain parts of the school, and adhering to safety guidance).
- stronger behaviour management policies (penalising pupil actions now considered to pose increased risk).
- lower levels or different methods of therapeutic input.

Unclear messaging, limited capacity and resources, increased pupil needs and how external agencies adapt will all affect what special education looks like in future

These changes were considered necessary due to:

- perceived lack of clarity in DfE guidance on reopening special schools and colleges as well as mixed messaging from government, media and professional bodies. This had led to variations in how the guidance is being interpreted, what activities are considered safe or unsafe and what additional measures are being put in place to ensure the safety of pupils and staff.
- insufficient staff capacity as a result of special schools and colleges requiring additional staff to ensure they can offer safe provision, at the same time as some staff need to self-isolate and others will leave as they no longer feel safe working in special schools.
- limited space because of the need to allow extra distance between pupils and staff.
- limited funding available to pay for the additional measures required to keep staff and students safe (e.g. extra cleaning procedures), and enable remote learning support.
- how other agencies and partners adapt. Other agencies play a crucial role in ensuring pupils receive their full, and legally required 4, support package. Examples of such partners include:
  - health and care services (including social services, who provide respite care, speech and language therapy, CAMHS 5, physiotherapy, occupational therapy and others).
  - transport services (which a majority of special needs pupils rely on to take them between home and schools, which are often not in their local area).
  - local providers (including charities and organisations that provide activities, services and support to pupils and families).
  - local authorities (which make decisions about required levels of support and funding).

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5 Child and Adolescent Mental Health Services
How these agencies interpret DfE guidance on safe provision will differ, as will the need to adhere to their own professional guidance. As a result, they may offer less, or different, support to pupils.

- **pupils being likely to have additional emotional and behavioural support needs post-pandemic.** School and college leaders thought the experience of lockdown, including time out of school, is likely to have increased the social, emotional and mental health needs of pupils and, for some, will have resulted in a loss or regression of skills. At the same time, schools and colleges will be taking in new pupils who have not been through the usual assessment and transition processes.

### Recommendations and conclusions

“**We need time, money and a sustainable plan...to support the most vulnerable families and their learners to repair the damage [caused by the pandemic] and improve lifelong prospects.”** school leader

Despite government assurances⁶ that 100% of pupils will return to full-time education from September, the findings of this study suggest that not all pupils in special education will return. Furthermore, for pupils that do return, full-time education is not likely to be an available option.

These findings raise important questions that needs to be answered urgently:

- How can families be encouraged to send their children back to schools and colleges in September?
- How can any reduction in education, health or social care support be avoided?
- How can decisions and actions taken by special schools and colleges be made consistent across the sector?
- What education and support should be provided to pupils who do not return to school, who should provide this and how will it be funded?

Based on the explanations provided by special school and college leaders and parents, we recommend there is a need for central government and local authorities to work beyond education, with all relevant partners, to provide:

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

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Background and context

On 20th March 2020, the British Government closed schools for the majority of children. The exceptions to this were children of keyworkers, and vulnerable children. Vulnerable children included those children and young people with an Education, Health and Care plan (EHCP). An EHCP is a legal document describing a child’s special educational needs and the support they require.

There are approximately 354,000 children and young people in England with EHCPs. Around half of these are educated in special provision (i.e. special schools or specialist post-16 colleges). Nearly all pupils in special provision (97.9%) have an EHCP. Special schools can provide education for pupils from as young as three and up to 25 years of age, depending on their offer. The percentage of pupils with an EHCP who are eligible for free school meals is 34.6%, more than double that for pupils with no SEND (14.9%).

To support the additional needs of their pupils, special schools have higher staff ratios that include specialist staff (specialist teachers, speech and language therapists, physiotherapists), teaching assistants, care assistants and school nurses. Specials schools have specialist resources and equipment available, such as sensory rooms and therapy pools. Class sizes in special schools are smaller than those in mainstream schools and teaching is individualised to pupils’ needs and abilities.

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10 https://explore-education-statistics.service.gov.uk/find-statistics/special-educational-needs-in-england(figs from July 2020)

11 https://www.theschoolrun.com/what-is-a-special-school
The study

This study explores the experiences during the coronavirus (COVID-19) pandemic of special providers (specialist schools and colleges) and parents whose children usually attend these settings.

In this study we:

• surveyed a representative sample of 201 providers (senior leaders of special schools and colleges in England)\textsuperscript{12}.
• received survey responses from 510 parents whose children attend special schools and colleges.
• carried out in-depth interviews with a sub-section of 40 providers and 40 parents or carers.

All fieldwork was carried out between 3 July and 3 August 2020.

Provider survey response data was not weighted, as the distribution of the achieved sample was representative of the national population of special schools based on school phase and free school meals (FSM) quintile. Results were considered statistically significant if the probability of a result occurring by chance was less than five per cent ($p = < 0.05$). All percentages are based on the number of people responding to the question, excluding non-responses (valid per cent).

Coverage

Full details of all findings will be published in due course. In this paper, we set out what we have learnt from our study about provision for pupils in special education from September 2020.

We use the term ‘lockdown’ to describe the initial period of altered provision (i.e. from March 20th to the end of the summer term).

\textsuperscript{12} We approached 1,694 providers, so this represents a 12\% response rate.
Plans for special school and college provision from September

In June 2020, Gavin Williamson, Secretary of State for Education, said that all children would be back to school full-time in September\(^\text{13}\).

Special school and college leaders detailed how their provision will need to be different in September compared to what was in place before the pandemic. This is likely to be the case to some extent for all education providers\(^\text{14}\) but to a greater degree for special schools and colleges due to the particular needs of their pupils and the way they deliver support. Before setting out the ways in which it will differ, we explore the drivers for this.

The following reasons were given by school and college leaders for changes to provision from September:

1. **Lack of clarity on guidance and mixed messaging**

Providers, like parents, reported how throughout the pandemic they have been receiving conflicting and frequently changing messages (from Government, other guidance (such as from Public Health England), unions and the media) on what is safe and what needs to happen to make schools and colleges safe for all in September.

In July, the DfE published guidance about how special schools and colleges should open up fully\(^\text{15}\). A strong finding is that school and college leaders felt this guidance was not sufficiently informed by how they operate, was unclear about the parameters of safe operation, and left decisions to be made by individual leaders. Leaders were therefore interpreting risks and hazards in their settings differently, resulting in them planning to take a range of different actions in September.

> *“None of the guidance has been specific to us and the way we deliver in specials. Everything that’s come out so far has shown that no one in the Department remembers we exist or is able to think what the advice means for us.”* – school leader interview

Examples of how interpretation of this guidance varied include:

- **how to set up and manage bubbles and timetabling** - some special schools are keeping bubbles small (class based), while others are seeing the entire school as one bubble. Some are not allowing staff to cross bubbles, whereas others are. Some are focusing on keeping staff separate, others are not. The need to keep bubbles separate was leading to timetabling issues. Around seven out of ten providers (69%) said managing timetabling was a main concern for post-lockdown provision.

> *“Normally all of our students, whether they’re studying hair and beauty or garden landscaping, or car maintenance are taught all their core subjects together. Now we need to deliver these English and Maths sessions to six separate groups either in different spaces or at different times.”* – college leader interview

\(^{13}\) [https://www.bbc.co.uk/news/education-53113201](https://www.bbc.co.uk/news/education-53113201)


how to manage hygiene and cleanliness – there was variation in what school leaders saw as a hygiene risk and how opportunities for cleaning were going to be managed. Some providers are planning to close the premises a day a week for a deep clean, others were proposing to clean as they go, or a combination of both. Some providers were anticipating allowing empty or ‘fallow’ time periods between use of facilities, others were not. In addition, some providers were going to be taking temperature checks on staff and pupils, whereas others were not. Three quarters of providers (75%) said managing hygiene and contamination was a main concern for wider reopening.

whether to use more PPE – the DfE guidance says no additional PPE is required (beyond that normally used for personal care reasons). However, some staff and parents were concerned about whether this was the best advice in terms of safety.

“Front page headline is ‘Railworker died from being spat at’. We’ve got lots of pupils here who spit, so understandably my staff are asking if they should be in PPE.” – school leader interview

assessment of specific support required by pupils with EHCPs – staff in special provision have to deliver additional support to pupils which means that pupils and staff must be in close contact. Delivery of one-to-one support and personal care varied, with some continuing as normal and others changing their approach (mainly around trying to avoid being in front of the pupil, or in close contact with other adults for extended periods). Almost half of respondents (49%) agreed or strongly agreed that they will have to change their approach to delivering personal care and one to one support.

assessment of the specific activities they provide for pupils with EHCPs – special provision also offers a different range of activities to many mainstream settings. Some are continuing contact with animals (such as use of therapy dogs or livestock management), use of hydrotherapy pools, and use of equipment such as in sensory rooms, whereas others have decided these activities are not safe to happen.

2. Limited capacity and resource

Decisions made by school and college leaders on what they can deliver are affected by available capacity and resource. This includes available:

Staffing - operating bubbles, ensuring appropriate and skilled staffing levels, maintaining hygiene, and providing for varying pupil needs requires more staff. This is at a time when staff availability is likely to be reduced due to staff illness, the need for staff to isolate or quarantine, or their concerns around contact with pupils for those who had previously been shielding. Fifty-six percent of providers said that teacher availability was a main concern for wider reopening and 58% said support staff availability was a main concern.

Space - much of the support and procedures that children with SEND need will now require more space in order to comply with how the DfE guidance on full opening is being interpreted by school and college staff. This includes requirements for designated spaces for bubbles, separate staff areas, isolation

spaces, separate toilet facilities and rooms for aerosol generating procedures\textsuperscript{17}, such as tracheostomy care. Special schools made use of outdoor space to provide for pupils during lockdown in the spring and summer but leaders point out this will be less of an option once we enter autumn, due to bad weather, and with greater numbers of people back at the school or college. While special schools feel they have been able to manage space to accommodate the numbers of pupils they have had in during lockdown, this will be less of a possibility in September when all pupils and staff return. Over three quarters of providers (76\%) said the amount of space available was a main concern for wider reopening.

- **Finances** – providers explained that in order to deliver the same level of provision as prior to the pandemic, under the DfE guidance on full opening more staff would be needed, more teaching sessions would need to be provided, more resources would need to be produced, and different activities would need to be delivered. This all requires funding. Schools and colleges explained how they have been asked to do more with less for some time (due to austerity measures by Government). Funding, especially for those with high needs, has reduced\textsuperscript{18}. Local authorities are under even more severe financial pressure due to the pandemic and so the likelihood of more funding being available in the short-term is low.

“We’ve been driving around the countryside meeting up with families and delivering resources and things they need. But we’ve found out none of those costs can be recouped. So we can’t deliver those any more, we just don’t have the money in the budget for it.” – school leader interview

“What was already a severely restricted provision will be impacted by a lack of funding and resources going forward.” – school leader survey response

Similar concerns have been raised by staff in mainstream settings\textsuperscript{19}, although special school and college leaders felt that this was a greater issue for their settings due to the particular needs and delivery requirements of special education.

3. **Reliance on other agencies and partners**

Pupils at special schools and colleges rely on additional (non-education) agencies. These include:

- **health and care services** – which provide interventions and additional support to pupils directly or via school staff. Input required by them is set out in pupils’ EHCPs.
- **local and voluntary sector services** – which special schools use for external facilities such as leisure centres, or to provide opportunities for work experience and training (e.g. employer sites). This also includes charities that offer wider support services to families, such as for respite support and short breaks provision.
- **transport providers** – this includes both statutory home-to-school transport funded by the local authority to enable children with SEND to get to and

\textsuperscript{17} These are procedures likely to generate aerosols (respiratory droplets) capable of transmitting respiratory pathogens.


from school (which our survey respondents said around 70% of their pupils use), and public transport that, for example, may be used by young people as part of independent travel training and preparation for adulthood activities.

- **local authorities (LAs)**—which have the statutory responsibility for agreeing placements for pupils with SEND as well as the content of their EHCPs and associated funding.

Providers explained how decisions made by these agencies had implications for school/colleges’ decisions. A frequent concern was how these agencies were not working together or that they were working to different guidance (for example, set by their own profession) and with different parameters, constraints and interpretations.

“We have social services saying it’s not safe for them to do face-to-face visits. As we’ve been told it’s safe to be with pupils and families we’re having to pick up all of that work, like safeguarding and respite care.” – school leader interview

The variation in how external agencies and partners were working was impacting what schools and colleges could provide in September and how. Examples included:

- **health and care services** were redeployed to support other areas of the pandemic during the lockdown phase, or were working from home and unable to carry out visits/therapy sessions. Providers are not sure when their work in school will resume or how they will operate when they do. This could present practical challenges in terms of how to cover their input until they resume, how to manage the safe movement of external staff between children and bubbles or how to provide facilities for alternative delivery methods (e.g. the school may need to provide a room for staff, pupils or parents to have an online video call with a therapist or social worker). Half of providers (50%) said reinstating the full support (i.e. education, health and care input) set out in EHCPs was a main concern for wider reopening.

- **transport companies** have adopted varied approaches to operating. This has meant some have reduced capacity (i.e. can carry fewer pupils) as they allow for social distancing. Some companies require PPE to be worn, others do not and some require it for staff but not pupils. Special schools told us they still do not know how transport arrangements will be configured for their pupils in September and therefore whether they can align transport bubbles with class bubbles. There are also questions about whether they can provide a service to match altered delivery times (i.e. picking up and dropping off at different times). It is not clear how strictly public transport providers will expect passengers to adhere to the wearing of face coverings (as is advised for all those over 11 years of age who do not meet exemption criteria). Almost six in ten providers (59%) said transport issues were a main concern for wider reopening.

- **local services** have reduced capacity due to requirements for safe operation and some services have had to close due to lost income. As these provide a range of services including social events, respite care, tailored activities and opportunities for independent living training, this leaves a potential gap in services provided to pupils and their families in September.

• **local authorities** – EHCP decision-making and management were reported to have been on hold during lockdown (due to legislative changes but also reduced staff capacity). This means that decisions providers needed, to inform their planning and arrangements for September, have not been made.

4. **Pupils returning will have different needs**

Special schools explained how their pupils’ needs would be different and to some degree ‘unknown’ when they return in September. This means special schools are having to offer alternative and additional approaches and support to meet those needs. Over half of providers (54%) agreed or strongly agreed that pupils will struggle to get back into routine (24% disagreed or disagreed strongly). More than seven in ten providers (72%) agreed or strongly agreed that a significant proportion of pupils will require more support.

The reasons for returning pupils being likely to have different needs were given as:

- **declines in social, emotional, mental health and wellbeing.** Providers and parents detailed how the pandemic has resulted in many changes to pupils’ lives: a loss of routine and structure (that many children with SEND require), an extended period away from school and staff that they know, accessing school differently and having fewer educational expectations placed on them at home. This has led to increased anxiety and a worsening of mental health in some pupils. Providers indicated that this may result in increased challenging behaviour, frustration, school refusal and anxiety among pupils upon return. 71% of providers said managing pupils’ social emotional and mental health issues was a main concern for wider reopening.

- **skills regression or lack of progress.** Providers felt that beyond the impact this period would have on educational progress, pupils were also likely to have suffered from a lack of progress or regression of their speech, language and communication, and mobility as interventions were limited or not received during lockdown.

- **inadequate preparation for transition** to new school or college places. The processes schools and colleges usually have in place for transitioning pupils to a new school were not the same this year. Providers felt they had not had a chance to properly assess the needs of pupils joining them in September. Although some providers had managed to provide opportunities for transition, it was not to the same degree as usual and was by no means consistent across the providers and parents interviewed. For pupils with EHCPs, transition is known to be a particularly difficult time as they acclimatise to new people, places and routines which can cause increased challenging behaviours. 67% of providers agreed or strongly agreed that they will need to provide more support for transitioning pupils.

In terms of key priorities for September, 80% of providers said that their focus would be on pupils' social, emotional and mental wellbeing; 75% said settling pupils back in and 67% said re-engaging pupils with learning. Providers explained that the new term

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21 The Coronavirus Act 2020 enabled the Secretary of State to disapply the legal requirement on local authorities to provide the provision set out in EHCPs. Instead they can use ‘reasonable endeavours’ to meet the requirements, meaning changes in support received. See https://commonslibrary.parliament.uk/social-policy/education/coronavirus-impact-on-special-educational-needs-in-england/

22 NFER’s study of mainstream school leaders found 63% of leaders said a key priority for September would be to settle pupils into school, 81% to address emotional and mental health needs, and 64% to reengage with learning. See https://www.nuffieldfoundation.org/project/impact-of-covid-19-mainstream-schools-england
would involve supporting and settling pupils back into routine and dealing with their mental health and wellbeing needs before starting to re-engage them with learning.

Only 17% of providers said their focus in September would be delivery of the normal curriculum and only 5% said they would be engaging in ‘catch up’ activities.\(^\text{23}\)

\(^{23}\) Gavin Williamson announced on June 19 a national £1 billion package of support to tackle the impact of lost teaching time as funding for ‘catch up’ activities. See [https://educationendowmentfoundation.org.uk/covid-19-resources/national-tutoring-programme/covid-19-support-guide-for-schools/](https://educationendowmentfoundation.org.uk/covid-19-resources/national-tutoring-programme/covid-19-support-guide-for-schools/)
What ‘different’ provision looks like

Special schools and college leaders explained that the provision they planned to deliver to their pupils in September would differ in the following ways:

- **Altered/reduced contact times for pupils** – This included:
  - staggered start and finish times for different groups of pupils.
  - phased return (with certain groups of pupils returning part-time initially).
  - part-time provision, i.e. shorter or fewer days in school (to allow more non-contact time for deep cleaning or planning, managing bubbles and to phase the return to help children manage).

- **Fewer activities** – Some providers are not planning to offer activities that they consider present a greater risk. These include:
  - ceasing external trips (including going to swimming pools, using the bus).
  - ceasing local provision and services within the community (such as running a shop, café, hair salon or open garden).
  - not using specialist equipment and resources (such as sensory toys, physiotherapy aids or hydrotherapy pools).
  - not carrying out small group work (including for interventions such as Lego therapy or social emotional learning).
  - not working with animals (affecting courses based around farming and animal welfare, as well as use of use of animals for therapy).

  These may sound like ‘nice extras’ but special education leaders detailed how much more commonly than mainstream settings they use these methods to deliver the curriculum, build skills and manage pupils’ needs.

- **Less curriculum input** – Providers felt it was important to focus more on pupil wellbeing and re-acclimatisation to school than delivering the curriculum.

- **Different routines** – School will ‘look’ different and new routines and ways of behaving will have to be learnt by pupils, such as no longer being in groups with the same friends, needing to wash hands between tasks or room changes, or having to stay in the same classroom all day.

- **Stronger behaviour management approaches** – Providers felt they would need to make more behaviours unacceptable/subject to different management as they potentially pose risk.

“We have set out a contract that we will expect parents to sign. It sets out that spitting is not acceptable in school and doing so will lead to instant exclusion.” – school leader interview

- **Different therapeutic input** – Interventions (such as speech and language therapy, physiotherapy or occupational therapy) will be delivered virtually, by parents or providers, or take place less frequently.

This indicates that special schools and colleges feel they are having to make changes which will limit the extent to which they are able to provide full-time places for pupils, or access to a broad and balanced curriculum (as the wide range of activities and input previously provided will be restricted). Fifty-eight percent of providers said providing a full-time place for all students from September was a main concern.
What might attendance be like in September?

Will pupils return to special provision?

We asked special school and college leaders about the percentage of families they think will not send their children back to special education in September.

The majority of providers (84%) said they thought some families would not be sending their children back to school in the new academic year. Around half of these (49% out of the 84%) said they thought a small proportion (up to 10%) of their pupils would not return. By contrast, 9% of school and college leaders said they thought more than 30% of their pupils would not return.

On average, school and college leaders thought 14% of pupils would not return in September. If school and college leaders’ predictions are correct and this rate applies across the special sector, this would result in over 20,000 pupils not returning to education.

Respondents thought a higher proportion of pupils would not return if they were from:

• state schools (rather than independents)
• more deprived schools (those in the highest quartile for receipt of free school meals) and with more families with limited IT access.

Parents’ views on children returning to school

Many parents described how challenging not having their child at school or college had been. The reasons they gave for this were that:

• some children with EHCPs need 24-hour support and monitoring, including toileting, feeding, and administering medical interventions. Other children have behaviours which are difficult to cope with, and many suffer from issues which disturb their sleep. For some children, these challenging behaviours were more severe than normal during lockdown (for example due to not being able to go outdoors, or not receiving their normal input which helps them communicate, self-regulate, or tires them out, or due to increased anxiety). Parents had to manage all of this and often alone, as they were single parents or the other parent was working.
• parents were trying to manage looking after their child, keep them entertained or engaged in learning, as well as looking after other children (and potentially their learning needs), other care commitments, and in many cases, their paid work.
• this whole period was a time of increased anxiety for parents too, with some having to cope with bereavement and many having concerns about the wellbeing of family and friends and the future.
• as families were unable to leave the house, have contact with others and have very limited or no opportunities for a break (including the child going to school but also childcare and respite), parents described how the intensity of what they were dealing with at home was magnified. Many spoke of how exhausting this had been both physically and emotionally.

We appreciate that providers have no way to know the exact actions parents will take and that they were asked this before lockdown and shielding measures were eased.

It should be noted that this comparison is based on pupils in state-funded special schools only as information on free school meal eligibility is not collected for independent schools.
“It has just been unbearable. I am so exhausted that I’m struggling to function. My mental health has really suffered. I just need a break.” – parent interview

Parents described how they desperately wanted the respite and ‘normality’ school could offer. However, even in this situation, some of them had sufficient concerns to make them question whether sending their child back in September was the best thing to do – for them and others.

Why might some pupils not return to school?

The reasons providers and parents gave for pupils not returning to special education in September were:

1. Safety

Almost two-thirds of providers (64%) thought that a main reason for parents not sending their child back to school or college in September was because they do not think it is safe to do so.

2. Medical vulnerability

Over half of providers (55%) stated that a reason why they thought some parents would not be sending their child back in September was because the child or a member of the household was shielding.

Over a third of parents (34%)26 said the reason they had not taken up a place in school or college for their child during lockdown was because the child or members of the household were shielding. It is not clear how many of these had received an official ‘shielding letter’ marking them as in the ‘clinically extremely vulnerable’ group.

We found that some families were choosing to shield because they or school and college staff felt the nature of the child’s needs or condition increased their vulnerability to catching or being severely affected by the virus.

Examples included children:
• with diabetes
• with respiratory disorders
• with immune deficiency diseases
• with life-limiting conditions
• with physical conditions (for example, believing that wheelchair bound pupils are more prone to infections)
• who had recently been seriously ill or in hospital.

“We have students here with immune deficiency and terminal illnesses, whose parents just don’t think it’s worth the risk to send them back in. And I’m not sure I’m happy about taking that risk by allowing them back either.” – college leader interview

26 This figure is from analysis of our online parent survey, administered and analysed by ASK Research.
Other parents were considered unlikely to send their children back to education because they were concerned about the potentially increased risk due to characteristics such as being from a Black, Asian or Minority Ethnic background.

Families who considered their children medically vulnerable have been limiting their exposure to others outside of the household during lockdown and it is unknown to what extent their behaviours will change in September.

“We have two families who have articulated very clearly, right from the start and right up until now [the end of summer term], that their children will not set foot back in this building until there is a vaccine.” - school leader interview

3. Needs and behaviours of pupils with EHC Plans

Some needs and behaviours of children and young people with EHCPs were seen as making them a greater risk either to themselves or to their peers and staff. This was because:

- **Some pupils require close contact and personal care**

  Three quarters of special schools and colleges (76%) have some pupils who require personal care (which includes help getting around, eating, going to the toilet, or medical monitoring). For 36% of providers, over half of all their pupils need personal care. These pupils will require, in some cases, more than one adult to be in very close contact with them at the same time, and these adults may come into contact with body fluids. Some pupils also dribble, spit, use saliva as a sensory stimulant or require medical interventions including aerosol generating procedures. These needs were seen as increasing the risk of infection spread (both to pupils and adults).

- **Some pupils cannot social distance or adhere to hygiene routines**

  Almost all providers (98%) had some pupils at their school/college who require one-to-one support, such as a personal assistant or an adult who helps access to learning or regulate behaviours, who will be in close contact with the pupil for extended periods of time. For over half of providers (51%) more than half of their pupils need one-to-one support. In nearly a fifth of special schools and colleges (18%), all of the pupils require one-to-one support. Almost all providers (98%) had some pupils at their school/college who they thought would find adhering to ‘safe practice’ (such as social distancing) difficult. Around half (49%) thought this was the case for over 85% of their pupils. This was reported to be the case particularly for those pupils with Autistic Spectrum Conditions, learning needs or behavioural issues. Some of these pupils will also need physical contact or restraint at times to manage their behaviour.

Parents also raised concerns about their children potentially coming into contact with lots of other surfaces or items that others will have touched, and that they would not be able to independently implement hygiene measures such as handwashing or coughing.

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into a tissue. Again, these needs were seen as increasing the risk of infection to themselves and others.

“There is just absolutely no way he can social distance. He doesn’t get it, why would he? He doesn’t understand personal space at the best of times. That’s why we don’t go out. So I just cannot see him getting on back at college. He won’t understand and not be able to do it, so he’ll kick off and I’ll end up having to get him back anyway.” – parent interview

Thirty-three percent of providers said they thought that pupils’ inability to adhere to safe practice and social distancing was a reason why parents would not send them back in September.

New DfE guidance recommends that face coverings are used in schools and colleges for pupils over 11 years of age where social distancing is not possible. Again, it states that this applies to all setting types (i.e. including special schools), although there are certain exemptions which includes ‘people who cannot put on, wear or remove a face covering because of a physical or mental illness or impairment, or disability, or if you are speaking to or providing assistance to someone who relies on lip reading, clear sound or facial expression to communicate.’ This guidance will be difficult for special schools and colleges to interpret. Before this new guidance was brought in, providers and parents reported how use of face coverings by staff or pupils can act as a trigger for many pupils, resulting in behaviours which would present more immediate risk (to adults and pupils) than potential cross-infection.

“My child has an aversion to face masks. We already know that. He will attack people wearing them, scratching and punching them.” – parent interview

Parents and providers told us that families feel they are having to choose between risking their child’s health or their education. Steps had been taken by providers to try and reassure families but concerns persisted about children catching or spreading the infection. School and college leaders did not feel they were equipped to fully answer parents’ concerns about potential risks to pupils.

4. Other reasons

Other less common reasons for parents planning not to send pupils back to education in September included:

• changes to what schools and colleges were offering pupils including the support and input they would receive now, relative to before the pandemic. This led to some parents reevaluating whether the school place would benefit their child educationally, socially and emotionally. Furthermore, reduced contact times have implications for parent’s ability to work, and make suitable transport and childcare arrangements.

• benefits of being home. Some parents reported that being at home during lockdown had actually led to reduced anxiety and less behavioural outbursts in their child. In addition, some families had spent more time with their children which had led to improvements in terms of skill development, toileting and speech. Some of these parents felt that staying at home had therefore become a potentially more beneficial option for their child than returning to school. These findings indicate that it is highly unlikely that all pupils will return to special schools and colleges in September.

What should happen for non-returning pupils?

If, as predicted by school and college leaders and parents, a significant proportion of pupils will not return to education in September then it raises the question of how their education, health and care needs will be met. Arguably, there may be periods where large numbers of pupils are again advised not to attend school, meaning a need for support at home. Providers have been offering ‘remote learning’ during lockdown when fewer pupils could come onto the premises.

Special providers reported that pupils at special schools and colleges:
• can have issues accessing virtual support and resources. This is not just due to lack of IT facilities but also because pupils’ needs mean they cannot access online materials (for reasons including engagement, learning levels and physical capacity).
• are on individualised learning plans.

As a result, support for those learning at home has needed to be in paper form, required advice for parents on how to deliver it (as the activities are often specialised) and how to effectively support their child’s learning (such as supplying visual timetables or ‘now’ and ‘next’ cards) and, in some cases, needed the physical resources to carry out the activities to be provided (such as equipment used by specific interventions, craft materials, or ingredients for cooking). These support packages have often needed to be personalised to the needs of each pupil and family.

We found parents reported more positive experiences of remote learning where:
• learning materials are provided in different formats (including online lessons and videos, and paper-based workbooks).
• input and feedback are tailored to the individual pupil.
• structured learning was provided with flexibility in how to complete it—with a clearly set out approach but with no expectations to progress at a certain speed.
• it was whole-family orientated, to help families bond and parents to better manage competing demands.

For pupils with EHCPs, remote offers need to provide more than just learning. They also require therapy input, respite and wider family support. The remote support more valued by parents therefore also includes:
• delivery of therapy and therapeutic support that suits the pupil and family.
• assistance with equipment provision and maintenance (such as posture chairs or mobility aids).
• provision of, or support to access, respite care.
• wider family support and signposting (including advice on finances and wellbeing as well as provision of support such as food parcels, advocacy and counselling).
• regular welfare calls and/or home visits.
• understanding of the family circumstances and needs.

Providing effective remote support for the pupils normally attending special schools and colleges was therefore summarised as involving more work than for mainstream schools (where teaching is more likely to be suited to a whole class or larger group of pupils), for more pupils (as fewer are likely to be in school due to reticence to return) and being more than just educational input which requires collaboration, cooperation and management of other services.
Parents were worried about what remote provision would be available to help their child, and whether this would be appropriately tailored or feasible to deliver, once the majority of pupils and staff had returned to in-school provision. Some parents were also concerned that if the option of remote support is available, this might become the option preferred by providers or local authorities in the longer-term and could result in children missing out on face-to-face support and interactions with others that they experience from going to school.

Forty-five percent of providers said managing dual provision (i.e., in-school as well as remote support) was a main concern around wider reopening. This is likely to become a greater concern if it is required at a relatively wide scale (due to more pupils not returning to school or needing to shield) and in the longer-term if the pandemic continues.

If remote support cannot be offered to families and they do not return their children to school, there were concerns this could either result in parents being fined for non-attendance (as the Secretary of State29 and DfE guidance on reopening has set out) or having to home educate.

Providers said they do not feel comfortable fining parents in these circumstances, and that a sanction of this type will not have the desired effect.

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

Parents were anxious that not sending their child back to school/college might mean them being deemed as electively home educating by default. If providers did not continue to run dual provision parents would have to teach children themselves. Providers felt that these families turning to home schooling were of concern as this was not a choice families were actively making; they were being left with no other option. Providers were concerned about the quality of experience this would lead to for pupils and families (given that pupils would not be mixing with others or receiving specialist input, and parents would be unable to work, and facing issues related to having no break from supporting their children). There were also questions raised about the capacity to provide appropriate therapeutic input for pupils at home and who, ultimately, has responsibility for the progress and wellbeing of these pupils and families.

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Conclusion and recommendations

On August 10, the Prime Minister said, “Now that we know enough to reopen schools to all pupils safely, we have a moral duty to do so… I believe the vast majority of teachers, parents and children would agree that now is not the time to bring the sacrifices of the last four months to a standstill. The right measures are in place for all children to return to school in September. Let us come together to make sure that happens”.

The most recent guidance for full opening issued in July stated, “It is our plan that all children and young people, in all year groups and setting types, will return to education settings full time from the beginning of the autumn term. For the vast majority of children and young people, the benefits of being back in an education setting far outweigh the very low risk from COVID-19”. It goes on to make clear that those who have previously been shielding should return.

On August 30th Gavin Williamson wrote to parents, “If a child is not in school, they stand to lose far more than just a few months of learning. It could well put a huge dent in their future life chances. Education is a birthright, so let’s make sure we get all children back – back to learning, back to playing and back to being kids again”.

Our research shows:

• Keeping pupils safe and managing new requirements under the DfE guidance on wider reopening makes delivery of full-time education a significant challenge for special providers in particular.
• A proportion of pupils are unlikely to return to special provision in September for a range of reasons connected to concerns around safety.
• It is unclear how pupils who do not return to school should be supported.

These findings indicate key questions that need to be addressed urgently:

• How can concerns about safety be addressed to maximise attendance from September?
• How can any reduction in education, health or social care support be avoided?
• How can decisions and actions taken by special schools and colleges be made consistent across the sector?
• How should equitable education and support be provided to pupils who do not return to school, who should provide this, how will it be funded and how will its quality be assured?

30 https://www.dailymail.co.uk/news/article-8607927/Boris-Johnson-says-reopening-schools-month-moral-du-
ty-national-priority.html
31 https://www.gov.uk/government/publications/guidance-for-full-opening-special-schools-and-other-specialist-
settings/guidance-for-full-opening-special-schools-and-other-specialist-settings
32 https://schoolsweek.co.uk/read-williamsons-open-letter-to-parents-over-school-reopenings/
Based on the explanations provided by special school and college leaders and parents, our suggestion is that there is a need for central and local government to:

1. **Issue guidance on safe in-school delivery**

   This guidance should:
   - Provide evidence that it is safe for pupils with EHCPs to attend special schools and colleges. The guidance should specify whether these pupils are at any different risk of contracting the virus or passing it on to staff and whether pupils with different medical vulnerabilities are any more likely to experience serious effects if they do contract it.
   - Make it clear to what extent measures that schools and colleges are implementing will address risks to pupils and staff in special schools and colleges.
   - Set out clear expectations around all of the different types of support provided within specialist education. Cover the range of activities and issues specific to special provision and how these should be risk assessed and, if necessary, adjusted in line with safety guidance.
   - Propose solutions for how special schools and colleges overcome common delivery issues (such as management of bubbles and hygiene requirements) which are leading to a reduction in contact times or activities being offered.
   - Apply not only to schools and colleges but also to health, care, transport and local providers to ensure all partners are implementing the same approach to safe delivery for pupils with EHCPs.

2. **Issue guidance on delivery expectations**

   The guidance should:
   - Set out clear expectations for supporting pupils who do not return to in-school places – including guidance on managing dual provision, ensuring remote provision is high quality, providing the full support families are entitled to and meeting their wider support needs.
   - Make clear what should happen in special schools and colleges if local infection rates rise (including how to define ‘local’ rates for special schools and colleges, the pupils of which come from many different local authority areas) and the plans in place to support pupils and families during these periods.
   - Set out expectations around the role and responsibilities of other agencies and partners (such as health and care services) and how multi-agency work should be coordinated and managed.

3. **Communication**

   Central and local government should:
   - Communicate clearly with providers and parents and in a way that is explicit about and relevant to pupils in the specialist sector. Currently providers and parents are not clear whether messages about 'all pupils' apply to their children or not (as some messages about all pupils have clearly not been applicable to pupils with EHCPs).
   - Build confidence of providers and parents that the needs of pupils in special education have been fully considered in formulating policy.
   - Ensure that messages coming out from central and local government and different departments are consistent and do not conflict with one another.
4. Resourcing

Central and local government need to:

• Address concerns around limited staff availability, limited available indoor space, and limited available funds to provide additional input and resources required by pupils in special education.
• Reassess if funding is now sufficient to fulfil the legal requirement set out in EHCPs to meet the needs of pupils with special educational needs.

“We need time, money and a sustainable plan...to support the most vulnerable families and their learners to repair the damage [caused by the pandemic] and improve lifelong prospects.” school leader survey response
Technical Appendix
Survey of school and college leaders

Sample

NFER sent a survey to all 1,694 special schools and colleges in England to collect data about the impact of Covid-19 on them and their pupils. We asked senior leaders (head teachers, principals, deputy head teachers and business managers) to complete the survey on behalf of the school or college. The data collection window was open between 1 July and 3 August 2020, during which time we received responses from 201 schools, representing 11.9 per cent of the special schools in England. The achieved sample had good levels of representation of special school population in terms of school phase and disadvantage. A few schools provided more than the requested number of responses, which was addressed in the majority of cases by excluding the partial responses from these schools33.

Analysis

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

The analysis used two main approaches: descriptive statistics for all of the survey questions, and tests of statistical significance to identify associations between selected questions and school characteristics. Questions were collapsed as appropriate where cell counts were too low for reliable analysis. For discrete questions, associations between selected questions and school characteristics were identified using a Chi-squared test for independence. Questions based on continuous scales were analysed using a one-way anova with a Bonferroni adjustment (Bonferroni, 1936).

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

A note on derived variables

We created free school meals (FSM) quintiles by identifying the proportion of pupils in each school who are eligible for free school meals. Based on this, we then split schools into five evenly sized groups known as quintiles. We used a similar exercise to generate attainment quintiles.

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

33 There was only one case where multiple responses from the same school were both completed. Only the response from the most senior respondent was included in the analysis. There were also two instances of the same respondent partially completing the survey multiple times. Only the first response from each of these individuals was included.
The school phase breakdown in our survey was based on statutory low and high age recorded for each special school. Schools were assigned to phases as follows:

- primary schools: statutory high age is lower or equal to 11
- secondary schools: statutory low age is between nine and 16. Statutory high age is above 14
- all-though schools: Statutory low age is below nine and statutory high age is at least 16
- post-16 schools: statutory low age is at least 16.

**A note on sample weighting**

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

**References**


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