

COVID-19 series: briefing on local areas' special educational needs and disabilities provision, October 2020

Evidence from visits to six local areas between 5 and 14 October 2020

Ofsted and the Care Quality Commission (CQC) are carrying out a series of 'interim visits' to local areas to hear about the experiences of children and young people with special educational needs and disabilities (SEND), their families and the practitioners and leaders who are supporting them during the COVID-19 (coronavirus) pandemic. This briefing note reports our findings from the first six of these visits.

Data summary

We used a case-study approach focused on a sample of children and young people with SEND to examine what had happened to their support during the pandemic.

Inspectors spoke to the parents and carers of 28 children and young people, along with the education, health and social care practitioners who work with them. We invited children and young people to participate in interviews, but none did for these visits. Inspectors also held discussions with education, health and social care leaders from the six areas we visited, including senior officers from the local authority, clinical commissioning group and NHS services such as child and adolescent mental health services (CAMHS).

The children and young people were selected to provide as much variety as possible in terms of gender, ethnicity, type and complexity of need, the range of agencies offering support, the type of education provider attended and whether they had involvement from social care practitioners. Their needs included autism, social, emotional and mental health difficulties, physical and developmental health conditions such as epilepsy and cerebral palsy, sensory impairments and difficulties with communication, cognition and learning. In total, five of the families had support from early help, nine were involved with statutory children's services (children in need, children subject to child protection plans and looked after children) and two had involvement from adult social care teams. Inspectors also considered responses to online surveys for young people (aged 16 to 25) and parents and carers in the local areas. Overall, 92 young people (minimum of 0 and maximum of 35 in each local area) and 1,427 parents and carers (minimum of 62 and maximum of 678 in each local area) responded.

It is important to note that the sample of survey respondents was not random and, in some areas, very few people answered the survey. Consequently, results may not be generalisable to the wider population.

Main findings

Many of the families and survey respondents found the first national COVID-19 restrictions challenging and said coping got harder as time went on. Parents and carers who normally relied on established routines, informal and family support networks and specialist services for their children struggled without them. Some spoke about their child's regression, their own emerging mental health difficulties, the challenges of explaining restrictions to their children, or real concerns about the risks the virus posed to their child's health.

Nevertheless, some children and young people had positive experiences, at least in some respects. Those who remained in education throughout were reported to have benefited from the experience and often flourished with smaller class sizes and more support. Others enjoyed being at home and made progress.

Some area leaders described their ambition to put children and young people with SEND and their families at their heart of strategic planning. They aimed to keep services accessible, albeit in an adapted form when necessary. Some practitioners also described steps taken to ensure service continuity. Families in all six areas spoke about the benefits of bringing multi-agency practitioners together online. They also valued online resources when they were able to follow education or therapy programmes and support their children's learning and development. However, some services, such as short breaks, physiotherapy and occupational therapy, were more difficult or impossible to deliver at distance. There were also concerns that not all families were able to access online provision equally because they did not have the technology or because English was not their first language.

The state of relationships between families, services and practitioners before March 2020 impacted on the effectiveness of the support that families received during restrictions. If relationships were good and working well, support was more likely to continue and be adapted well to families' needs. Some families described support from individual practitioners in glowing terms, often naming particular people who had gone 'above and beyond' and speaking warmly about how this had benefited them. Conversely, weak relationships between families and practitioners deteriorated even further. The consequences of this could be serious. In all six local areas, some families reported receiving little or even no contact from practitioners. Some children did not receive learning support and some were not able to access health and therapeutic services. In a small number of cases, families said that their children's health had deteriorated as a consequence, or that their children had lost learning and communication skills.

Local area leaders were still facing challenging circumstances in the coming months. Some anticipated a rapid increase in COVID-19 cases. Others were concerned about staff burnout after months of significant change and high workloads. Many said their

priorities were to support the mental health and well-being of their teams and the children, young people and families they worked with, as well as enhancing communication between services and with those that use them.

Methodological note

This is the first SEND briefing note in our series about COVID-19. The evidence is drawn from two-day interim visits to six local areas, with no graded judgement. These local areas volunteered to take part, which is likely to affect the findings.

Ofsted and CQC inspectors selected 28 children and young people for case studies, using a shortlist provided by the local authorities visited. To give a wider context to these visits, we also sent surveys to young people and parents and carers. The response rate for these varied between the local areas and the achieved sample was not random.

For in-depth qualitative research, the case-study sample size is good. However, the needs of children and young people with SEND are diverse and the number of survey respondents and local areas involved in the visits is small. Therefore, general observations about SEND services across the country should not be drawn from this one briefing.

Overarching questions

This briefing answers **four** broad questions based on evidence from the visits:

1. How have children and young people with SEND experienced the pandemic so far?
2. What has worked well in supporting children and young people with SEND?
3. What have the challenges been and what has not worked so well?
4. What are the plans for supporting these children and young people in the future?

How children and young people with SEND have experienced the pandemic so far

The pandemic has been challenging for many children and young people with SEND but some have thrived.

Many of the case-study families and survey respondents had experienced difficulties. In some cases, these difficulties were profound. Survey respondents in particular mentioned the emotional strain caused by restrictions, which they attributed to the loss of support both from family members, who they could no longer see face-to-face, and from education, health and care services. Some families felt unable to fill in the gaps left by the loss of these services, resulting in them 'feeling like a failure' or 'useless and overwhelmed'. Several families had shielded throughout the period of the first national restrictions due to concerns about their children's health. Some of these families struggled with the isolation this entailed.

Some families found coping with the pandemic more difficult over time, even when they felt the services and other forms of support they were receiving were effective. Changes to daily routines and settings were difficult for some children and young people to cope with. For a small number, this had led to changes in behaviour that were physically or emotionally challenging. One parent of a child with complex needs who was unable to speak reported that, although the restrictions had initially been positive for their child due to being in a quiet home environment, 'there came a point where it turned'. Their child began to experience lethargy and an increase in seizures, which the parent felt was connected to their mental health.

The strain also affected the mental health of parents and carers as well as their children. A small number of the survey respondents said they had received treatment for new or emerging mental health disorders. Practitioners in all local areas also discussed their concerns about the mental health of families. For example, a manager from one of the SEND teams commented that some children have picked up anxiety 'from people around them'.

A small number of parents and carers said their child had enjoyed the period of restrictions because they disliked school or appreciated being at home with reduced sensory input and other forms of pressure. Some also said that, despite the more difficult aspects of life during the pandemic, they had enjoyed and appreciated spending time together as a family. In some cases, this was felt to have helped their children with SEND to develop social skills through interactions with brothers and sisters, for example.

Education was different even for those attending their usual place of learning.

Some of the children and young people we heard about during the visits had attended education throughout the restrictions. Most of this group continued to receive teaching, both face to face and virtually, and had found the experience to be beneficial as a way of maintaining routine. For example, one child remained at their residential special school and thrived there, being marked out by the school as having achieved particularly well during this time.

For those learning in the classroom, the experience was often different to the usual, even for those attending specialist providers, as the number of pupils attending fell. Some of these children benefited from the smaller class sizes and more individual support from adults. A minority were said to have received 'childcare' when attending their place of education, with education itself taking place at home. However, some parents and carers said that this had still given them some valuable respite.

Other children and young people in our case studies did not attend education during this period. Some of their parents and carers reported that children had regressed in their learning and communication due to deteriorating mental health and a loss of support. One foster carer spoke about how their child had reached a point where she barely left her room and would not engage in conversation with them or the youth worker who took her out for short breaks. Another parent who responded to the

survey said that their child, who attended a special state primary school, had 'lost the ability to speak' using the 'picture exchange communication system' (PECS). The parent described how they had re-taught their child how to use PECS but 'it was two years of work undone in the space of a few months due to a lack of support'.

Remote learning in some form was offered in all of the local areas. Families felt that the quality varied. Some said schools had differentiated work for their children and lowered expectations on homework and deadlines for tasks. Some of these families had found lowered expectations useful, as they felt it reduced the pressure on their child. However, others were dissatisfied with their education provision:

- 47% of the 1,260 parent and carer survey respondents who gave information about the amount work set for their children reported that it was either too much or too little
- 40% of the 1,250 respondents who gave information about the level of challenge offered by the work said it was either too difficult or too easy for their child.

A small number of the children who did not attend school made considerable progress at home. One foster carer, who had experience as a teaching assistant, had used the period to cover work their child had missed due to frequent exclusion from the classroom and subsequent move to a pupil referral unit. This had worked well and improved their confidence. Another child was taught by her grandmother, who had experience of educating children with SEND. She benefited considerably from this, particularly in terms of handwriting skills.

Some parents and carers whose children had enjoyed learning at home or in smaller classes at their usual place of learning expressed concerns about how their children would handle the return to school. A few of these families said their child had coped better than expected since returning full or part time from September. Others said there had been an increase in incidents of challenging behaviour. One local authority reported a higher than expected fixed-term exclusion rate in the first half of the autumn term, which was attributed to difficulties with supporting some children and young people back into education.

Some parents and carers said their child had not been offered a place at school despite qualifying under government guidance. Other families in the case studies had chosen for their child to remain at home despite being offered a school or nursery place, due to concerns about transition and the risk of infection. For example, one family declined offers of a new nursery place as they had concerns about their child's ability to settle. They were also worried that they posed a risk to other children as they were key workers, with an increased likelihood of contact with COVID-19 patients.

What has worked well in supporting children and young people with SEND

Many education, health and social care practitioners stayed in touch with families and worked with them to find ways of providing support.

Across local areas, individual practitioners and services were making a clear difference to families. One parent said: 'I felt I wasn't alone and I felt I wasn't just a number'. There were many examples of families naming practitioners who had gone 'above and beyond' to support them and their children.

In one example, the therapists and social worker for a child with physical needs all visited the child's school on the first day back in September to check their specialist equipment was available and correctly adjusted. In another, a special secondary school offered a place during the first national restrictions to a young person with autism but respected the parent's decision to keep them at home for safety. However, the offer remained open and the young person partially returned to school in July to help them prepare for a full return in September. Another parent talked about how their local authority case worker had emailed them outside of working hours to make sure their child's education, health and care plan (EHCP) was updated quickly.

Most of the case-study families felt their children were generally well supported by their education providers (primarily mainstream and special primary and secondary schools, with some attending nurseries and a small number attending further education providers). Many providers supplied tailored learning activities to families, including one special school with on-site occupational therapy (OT) provision sending exercises home to a child. Some providers sent laptops and tablets or paper copies of work to families who did not have access to necessary IT equipment. Several survey respondents also described benefiting from this practice.

Almost all the case-study families said that school staff had kept in touch with them and their child through phone or video calls, email or online learning platforms. Some families talked about how, as restrictions continued and they had found their child was more adversely affected, they had talked to school staff about this, and their child had then started attending school. In a few instances, in-school interventions such as speech and language therapy (SaLT), physiotherapy or, in one example, paediatric assessment, continued. Appointments took place on school premises, allowing children and young people's needs to be identified and met.

Outside of schools, some local areas employed flexible practices so they could continue to offer therapeutic services, for example, holding therapy sessions in public areas where social distancing could be maintained. For some families, support from therapists continued face to face. One parent of a child with cerebral palsy talked about how their child's occupational therapist had run sessions wearing PPE. Other areas used risk assessments to identify families who most needed face-to-face appointments. For example, in one local area, a dietitian talked about how the face-

to-face assessments had been focused on those most at risk, such as premature babies discharged early from hospitals to prevent infection.

Social care practitioners in some local areas also used responsive practice. In one area, assessments had continued online, but with a rapid return to face-to-face practice. Social workers and families talked about the importance of maintaining face-to-face contact where possible, for example, by doing garden visits or taking children and young people on walks to give them a chance to share how they were doing and to give parents and carers a break.

Many of the case-study families spoke positively about their family support workers. One parent said that their family support worker had provided them with face masks and door protectors to help during their child's 'meltdowns' and visited regularly, following health and safety rules. Another parent struggling with diagnosed mental health difficulties described how their social worker had been 'very supportive' of them personally as well as their child. This echoed some social care practitioners' comments about the importance of supporting the whole family, not just the child or young person.

Existing good relationships between practitioners and families were strengthened.

Evidence suggests that already positive relationships between families and a multi-agency group of practitioners were more likely to strengthen further during the pandemic. Families in this position spoke of weekly or sometimes daily contact with practitioners. They were able to get in touch through phone calls, texts, emails and conferencing software with relative ease. A small number of families continued to have face-to-face contact. This included visits from social workers, class teachers and early years services.

Good levels of contact with families were important for ensuring that support was adapted to meet their changing requirements. For example, one local area practitioner group talked about carrying out a risk assessment for a young person with complex needs, including autism and multiple health conditions. Due to the young person being in a high-risk COVID-19 category, practitioners and the family initially decided that they should remain at home instead of attending their usual place of learning. However, the young person's behaviour quickly escalated to a degree that they and others were at risk. After the family had spoken to the practitioners about this, a multi-disciplinary meeting took place and it was decided that it was better for the young person and the family's well-being and safety if they attended school. This was arranged swiftly and had an immediate positive impact.

There was also evidence that new relationships between practitioners and families had been more difficult to establish during the pandemic. For example, one group of health practitioners who found it difficult to assess a child used the special educational needs coordinator (SENCo) at the child's special school, who was known and trusted by the family, as a way of creating a relationship with the child.

There was evidence that a pre-existing relationship could be critical to ensure that services could be provided due to the nature of some children's SEND. One young child who had a severe visual impairment was able to engage with practitioners using online platforms only because she recognised their voices.

Multi-agency working continued and improved for some. This was vital for ensuring that families were supported.

In most local areas, practitioners talked about how partnership working had been effective and used child-centred models, with meetings that included everyone working with a family when decisions needed to be made. Most felt meeting virtually was easier. Some practitioners, like health workers such as paediatricians, GPs and psychiatrists, said that moving meetings online had meant they had been able to attend more regularly than previously due to not needing to travel.

Strong multi-agency working was important to families' well-being. In one local area, regular contact with trusted practitioners was described as a 'lifeline' for families, providing important insights into what was and was not working for them. Practitioners could then feed this back to relevant agencies and take action themselves.

Work to encourage multi-agency approaches and discussion with families was mentioned as a priority in some local areas. One area created a spreadsheet with details of vulnerable children and young people, which could be accessed and updated by the practitioners working to support them. This helped create a sense of team spirit among those working from different agencies to support the children, and to remove barriers to multi-agency working. In some local areas, there was evidence of a clear multi-agency approach and strong working relationships across education, health and social care alongside the local authority. Leaders in one area continued the strategic objective of strengthening their work with the local parent and carer forum, which was reported to have been highly successful.

Face-to-face appointments have become more widely available recently.

There was evidence that services were now making progress towards returning to pre-pandemic provision, with face-to-face appointments being offered to increasing numbers of families.

For example, risk assessments were being used to allow face-to-face appointments to take place for those who needed them most, and children who had not received face-to-face education since March were returning to the classroom. One of the local areas had implemented a summer programme for children and young people with SEND to encourage them to engage in face-to-face, outdoor activities as restrictions began to ease. In another local area, leaders had worked hard to rapidly revise and update their local offer to reflect what was available during the pandemic.

Local areas focused on service continuity as well as adapting provision.

As well as continuing to provide existing services, local leaders also described ensuring that services adapted once restrictions began in March 2020. Some had prepared for this beforehand. Area leaders talked ambitiously about how they tried to make sure services remained available to families. Most described making considerable effort to ensure that children, young people and families were at the centre of their strategic planning.

At an operational level, some local areas stretched existing services to reach as many families as possible. In one area, the local virtual school team reached a large number of families who were not known to them previously. This was because local area leaders had reorganised themselves to improve responsiveness and a dedicated email address was set up for families to request help. One parent summed up the approach that their local area had taken as inclusive, caring and much appreciated: 'They always say it takes a village to raise [a] child, and [my local area] has been my village'.

One of the principal impacts on the SEND system was the immediate need to rethink provision that had traditionally been delivered face to face. Leaders and practitioners in all six areas described maintaining and even increasing communications between agencies and practitioners and with families. They used video-conferencing software and messaging platforms. Families and practitioners generally described the move online as a positive change and said they felt they had been able to stay in contact more effectively, with one foster carer saying that 'doing things online has taken the pressure off'.

What the challenges have been in supporting children and young people with SEND

Not all families had contact with practitioners.

Although case-study families warmly described the contact they had received from different practitioners, this was not a universal experience. For example, one of the respondents to the young people survey, who was in their GCSE year, described leaving school in March and receiving no subsequent contact from their education provider, saying they were supplied with no learning because exams had been cancelled.

A small proportion (5%) of the 1,285 parents and carers who said their children had attended an education setting before March reported that their child had received no learning support at all, such as worksheets or online lessons. A small number also said their child had received no contact from health services.

A small number of young people, parents and carers said their social worker had not been in touch, even though these respondents had received these services before March.

Although some respondents who received no contact said they had managed without outside help, others said it had a negative impact on their children and, in some cases, themselves. These respondents reported feeling isolated and anxious. Some also described difficulties with children's worsening physical or mental health when, for example, assessments and operations had been delayed, resulting in pain. One survey respondent said they had 'stopped making demands' of their child, including not doing home learning with them, to help manage the stress of restrictions. Another respondent had faced problems trying to get their child to 'trust and re-engage' following a prolonged period without contact from others outside of the family home. These examples were found across all six areas. This suggests that a lack of contact from practitioners caused a variety of problems for families, leading to an increased need for support and intervention.

Families were not always included in discussions about how best to support them. This meant that some did not get access to support they needed.

Although risk assessments for children and young people with EHCPs continued in many cases, not all families were consulted during this process. Our survey suggested that 83% of parents and carers who responded and a similar proportion of young people with EHCPs were unaware that risk assessments had been carried out or said they had not been involved with them. However, this may be overstated. Interviews with case-study families found some instances where parents and carers mentioned taking part in discussions about their child both in relation to their needs and to the risk of COVID-19, but these discussions were not understood by all to be 'risk assessments'. The way the question was asked may therefore have resulted in the survey under-measuring the extent of families' involvement.

However, in some local areas, there was evidence that children and young people missed out on support because they did not come under the highest rating in providers' risk assessments, or their high COVID-19 risk meant that non-pandemic-related risks were side-lined. This was further exacerbated in one local area, where multiple risk assessments were taking place across different providers but did not appear to have been shared among practitioners or integrated effectively, and families were not consulted well. As a result, the assessments were often piecemeal and largely focused on education or health and safety, instead of taking a more holistic view and factoring in existing EHCPs or special educational needs (SEN) support plans.

There was an increased chance that families could fall through the gaps when they were not listened to. For example, one foster carer said that their child began to disappear frequently at night and refused to do any home learning. They had asked for the young person to continue attending school, but the school had said the risk was too high. Children's social care had been in regular contact with them and the young person through phone calls, but the increased risk to the young person's safety due to their behaviours was not fully recognised. This child did not return to school until it re-opened more widely.

The availability of services across the six areas was variable.

Social care provision and contact were particularly variable across the six areas. In some places, practitioners and families talked about the effort from social workers to try and keep in touch with children and young people through different types of communication. Video calls, phone calls and, in one local authority, socially distanced visits were used to maintain relationships with families.

In contrast, short breaks ceased for some of the case-study families and, in total, 59% of survey respondents who received a short break before March said access to this stopped during this period, varying from 40% to 78% across the six areas. In two local authorities, social care input from some services such as the disabled children's team was dependent on narrow eligibility criteria. As a result, only children deemed to be at the highest level of risk, termed by one social worker as those at 'crisis point', received support. Many families who needed support were unable to access the provision they needed.

More generally, families across local areas talked about the difficulties in accessing short breaks, most of which were paused or at least reduced. In one local area, no form of overnight respite care was offered at all. However, some families said that local and national charity organisations had partially filled this gap, which they were very grateful for. These charities provided therapeutic services and interventions as well as respite care.

Parents and carers who received more limited contact and support from the services working with their child before and during the pandemic reported feeling 'a bit like being on a desert island'. Children's and young people's needs have been impacted in different ways, with some more negatively affected than others. This was more often the case when children and young people needed particular services that were more likely to be absent (such as NHS healthcare services) or support packages that could not be provided virtually with the same degree of effectiveness. For example, one parent talked about their child's posture and muscle strength deteriorating over time. The child had been assessed for new splints by NHS health services just before the first national restrictions and the family was told these would be sent by post. They never materialised and instead the parent eventually managed to contact a private setting that offered new splints free of charge.

Not all services could switch to online provision effectively.

In several local areas, access and waiting lists for CAMHS were a particular concern. Practitioners and leaders felt this was partly due a greater demand from families for face-to-face appointments, which were not possible. In one local area, a family talked about how challenging it was to implement some therapies in a home setting without professional guidance. They were worried that the physiotherapy exercises they were doing with their child were incorrect, even though they had some medical training. This concern was mirrored by other parents for therapeutic packages for services like speech and language therapy, where a small number of parents reported not being able to understand the material.

Across some local areas, the evidence suggested that some services, such as CAMHS, were less likely to have moved to a virtual support model or adapted their existing practice. This had led to higher levels of dissatisfaction among families. One parent talked about several referrals to CAMHS that had been delayed indefinitely. Another said their child had been receiving CAMHS support before but was now back on the waiting list. Health practitioners also reported some difficulties in maintaining hospital contact and appointments for children. One psychiatrist talked at length about how they had to 'beg' the local area hospital to take a young person for blood tests, after becoming concerned about the side-effects of his medication and his special school reporting that he seemed unwell.

Support was partly determined by family resources.

In some local areas, some support was reduced or absent because families had varying access to IT equipment and technology as well as time to spend supporting their child. Some practitioners described the quality of online interactions being very dependent on the family's access to appropriate technology, with appointments being easier if families used a PC or laptop as opposed to a smartphone. In the more culturally diverse areas visited, language was also mentioned as a potential barrier to effective online appointments. Practitioners noted that extended family members who might previously have provided informal interpretation were unable to do so using the new methods of contact. Others described exploring options to include additional family members in virtual appointments or using an interpreting service. Local leaders and practitioners across all of the areas expressed concerns about the way family resources affected access to support.

There was also evidence that the quality of support available to some of the case-study families was determined by the extent to which they proactively sought this support from practitioners and charities. A small number of the case-study families described turning to charities for therapeutic services, which they felt had been able to resume face-to-face interventions more swiftly than NHS providers. Another family was unhappy with the support and equipment provided at school for their child but had not raised this with the school or health practitioners, who expressed surprise when informed of the family's concerns. The phenomenon of parents and carers 'fighting' for support has previously been noted in reports examining the SEND system.¹ It is possible the pandemic has resulted in families needing to 'fight' to secure support from charities to fill in the gaps of previously received services. Further evidence will help to show if this is the case.

Leaders and practitioners had difficulties interpreting government guidance.

At a strategic level, local leaders talked about difficulties in adapting to and interpreting guidance from central government. Leaders in the areas visited talked

¹ 'Support for pupils with special educational needs and disabilities in England', National Audit Office, September 2019; www.nao.org.uk/report/support-for-pupils-with-special-educational-needs-and-disabilities.

about how they had found government guidance to be frustrating at times due to it being 'ever-changing' and at times overwhelming. This caused confusion for leaders, practitioners and families as to what could be implemented and how, particularly at the start of restrictions.

In one local authority, leaders felt health providers had interpreted guidance in a way that resulted in adults being prioritised over children, which led to the clinical commissioning group withdrawing packages of care. In another local area, leaders and practitioners said that a lack of clarity and changing guidance had caused inconsistency in the local area's response between providers, with some continuing and others 'shutting down' completely. Some practitioners also talked about the families they worked with being unaware that they could or could not do certain things until told by a professional.

How areas plan to support children and young people with SEND in the future

How local areas were planning to support children and young people in the future was affected by the ongoing threat from the pandemic and the likelihood of further restrictions.

Increases in infection rates were affecting staffing levels as well as the availability of services and commissioning. In some of the high-risk local areas, there was less detail from leaders about how they would continue to adapt SEND support in the event of tighter restrictions, possibly because the pandemic response itself continued to dominate strategic planning. In other local areas, the pandemic was perceived as a less immediate threat and leaders described a greater focus on non-pandemic planning. Leaders in all areas were concerned for the well-being of their staff and the risk of 'burnout' if the level of activity continued at unusually high levels.

Leaders also recognised the toll the pandemic had taken on the mental health of some families. They had identified this as an area to focus on. Examples of this included projects to try and increase access to open spaces such as swimming and leisure facilities, and a 'recovery curriculum', with a focus on well-being and personal development being used to support children and young people with SEND.

Leaders in several of the areas recognised that the pandemic had changed the needs of children and young people with SEND, and that they needed to reassess in order to ensure access to the right help. One local authority planned to reassess all children with EHCPs to ensure that support packages and targets were fit for purpose. In other areas, the focus was on identifying, assessing and meeting the needs of children and young people receiving SEN support. This group were felt to have missed out on the level of support offered to those with EHCPs.

Some areas planned to continue existing work to improve families' involvement with services and to aid cooperation between different agencies. In other areas, this work was identified as an area for improvement. In these areas, discussions centred on ensuring that adequate feedback was collected from families, either at a strategic

level or among particular groups of practitioners. As a result of participating in these visits, some practitioners had recognised that they had not sought input from families or from each other to the extent that they would have wished.

Leaders in several areas planned to introduce approaches similar to those that other leaders had found to be effective, such as an integrated casefile or spreadsheet that all practitioners working with a family could access. This would be helpful and mitigate some difficulties in communication during any future restrictions.

Several local areas recognised that a second set of national restrictions would impact on schools and other service providers again. One parent reported that their child's return to school in September had initially gone well, but they were now 'getting into issues' with self-isolation, and their school had recently been closed for a fortnight. Leaders, along with school staff, discussed plans to focus on developing virtual home-learning tools and processes, including 'blended' packages and differentiated work to continue to meet the educational needs of all children. Some leaders also mentioned plans to develop evidence-based interventions to improve outcomes for children, but these were not described in detail.

Similarly, even in areas where the perceived threat of COVID-19 was lower and face-to-face appointments were resuming more rapidly, leaders and practitioners described plans to continue with some virtual practices. These had proved to be successful and popular with families, and this would allow for continuity of provision in the event of future restrictions. Leaders in services that had been less effective at keeping in touch with families talked about making this a priority in any future planning. For several local areas, this was especially in reference to CAMHS and some medical services. Practitioners also talked about developing training opportunities for staff on how to use virtual tools effectively.

Local areas also identified work for the future in response to specific issues:

- One local area had identified an increase in fixed-term exclusions for children and young people with SEND after schools fully re-opened in September. At the time of the visit, the area had begun to work with school leaders to address this and ensure that provision better met these children's needs.
- One local area identified that support plans for children were focused on the present, with there being some evidence of 'squeamishness' in planning for the longer term or for adulthood, in particular when children and young people had life-limiting conditions. Leaders were beginning to consider how to rectify this, and to ensure that planning for adulthood occurred more systematically.
- In one area where access to respite care had reduced, there were plans to increase capacity and reach, particular for those requiring an overnight short break.

Conclusions

Overall, children, young people and their families have had mixed experiences through this period. Some families have felt isolated, with limited contact from schools and services. Others shared a huge amount of praise for the health practitioners, social workers, local authority family support workers and school staff who had supported their children.

Many of the practitioners spoke about the difficulty of trying to continue all of the services a young person might have received, including therapies, medical assessment and short breaks. However, there was also a clear commitment to finding new ways of working to improve this, using online appointments or outdoor face-to-face meetings and groups providing opportunities for social interaction and respite for families.

Although most leaders and practitioners have worked hard to support the children and young people in their care, the pandemic has presented serious and far-reaching challenges for families, which have not all been possible to resolve. The visits found examples of responsive and flexible service and effective use of technology to lessen the impact of these. However, significant challenges remain. Leaders and practitioners said their priorities and plans focused on access to assessment and support, creating systems to ensure that feedback was collected from families and encouraging multi-agency collaboration to try and improve support for children and young people with SEND in the future.



The Office for Standards in Education, Children's Services and Skills (Ofsted) regulates and inspects to achieve excellence in the care of children and young people, and in education and skills for learners of all ages. It regulates and inspects childcare and children's social care, and inspects the Children and Family Court Advisory and Support Service (Cafcass), schools, colleges, initial teacher training, further education and skills, adult and community learning, and education and training in prisons and other secure establishments. It assesses council children's services, and inspects services for children looked after, safeguarding and child protection.

If you would like a copy of this document in a different format, such as large print or Braille, please telephone 0300 123 1231, or email enquiries@ofsted.gov.uk.

You may reuse this information (not including logos) free of charge in any format or medium, under the terms of the Open Government Licence. To view this licence, visit www.nationalarchives.gov.uk/doc/open-government-licence, write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk.

This publication is available at www.gov.uk/government/organisations/ofsted.

Interested in our work? You can subscribe to our monthly newsletter for more information and updates: <http://eepurl.com/iTrDn>.

Piccadilly Gate
Store Street
Manchester
M1 2WD

T: 0300 123 1231
Textphone: 0161 618 8524
E: enquiries@ofsted.gov.uk
W: www.gov.uk/ofsted

No. 200018

© Crown copyright 2020