**Special Educational Consortium**

**Surveys and research:** impact of Coronavirus/ Covid- 19 on children and young people with SEN (D) (includes surveys UK wide, England and CYP with a diagnosed mental health issue prior to the pandemic lockdown).

**To note:**

* Summarised by members of SEC for members of SEC: to note each summary carried out differently
* Started October 2020
* Important to note the time and timing of the research and surveys

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**1. Journal of Autism and Developmental Disorders**

Ashbury, K. et al. (2020) **How is COVID-19 Affecting the Mental Health of Children with Special Educational Needs and Disabilities and Their Families?** Journal of Autism and Developmental Disorders, Open Access. Available at: [**https://rdcu.be/b9cv0**](https://rdcu.be/b9cv0)

**‘Abstract’:**

Parents of children with Special Educational Needs and Disabilities in the UK (n=241) were asked to describe the impact of COVID-19 on their own mental health and that of their child. An inductive content analysis of the data was undertaken. Both parents and children appear to be experiencing loss, worry and changes in mood and behaviour as a result of the rapid social changes that have occurred. Some parents reported feeling overwhelmed and described the impact of child understanding and awareness. Finally, a minority of parents reported that COVID-19 has had little impact on mental health in their family, or has even led to improvements. Implications for how to support these families in the immediate future are discussed.

**Key points of interest for SEC:**

* Survey was carried out during first fortnight after school closures. It found that families of children with SEND face more stressors than families with neurotypical children. Lone parent SEND families are particularly vulnerable: many were isolated with a child with challenging behaviour, without access to the support or respite they usually rely on.
* Large proportion of families reported that COVID-19 has affected the mental health of the child with SEND and family members, often leading to an increase in anxiety and fear.
* Data suggests that more parents than children have experienced increased anxiety. Parents are worried about their child falling behind at school because they do not know how to support their education, and about who would look after their child if the parent died of COVID-19.
* Children are distressed because they don’t understand why everything changed. For minimally verbal children, their disorientation was sometimes expressed as challenging behaviour.
* Behaviour change was mentioned by many respondents, and challenging behaviour is particularly difficult to cope with in lockdown.
* Data suggests that better understanding is associated with better outcomes. Children need additional resources to help them understand what is happening, while ensuring that as many aspects of life as possible remain unchanged.
* Families suggested that the following support would help: specialist professional advice for parents on meeting their child’s educational and mental health needs; appropriate tasks and resources for home learning; opportunities to see familiar faces, even if remotely.
* A ‘substantial minority’ of families described minimal or positive impact – specifically in families where the child has a hard time at school and feels safest at home.

*“The level of worry many SEND families report appears to be substantial and serious, and supporting these families in ways that will help to alleviate or reduce their anxiety should be a priority for education, health and social care professionals.”*

**2. Barnardo’s**

Sewel, K., Harvey-Rolfe, L. and Stagg, E. (2020) **Devalued by Forces Beyond Your Control: Experiences of COVID-19 lockdown restrictions and visions for the future, from young people who are supported by Barnardo’s**, London : Barnardo’s. Available at: <https://www.barnardos.org.uk/sites/default/files/uploads/devalued-report-experiences-covid-19-lockdown-restrictions-visions-future-young%20people.pdf>

Includes the views of 113 young people supported by Barnardo’s (35% of young people had learning/physical disability) (young people 13-25 year olds)

**‘Abstract’:**

This research comprised 113 in-depth interviews with young people who are supported by Barnardo’s. The research explored young people’s experiences of COVID-19 lockdown restrictions. In many cases, young people report changes and disruption to the support they receive from professionals. While some support has continued (primarily for very high threshold work and residential) many support services have stopped altogether, and others have reduced provision. In most cases face-to-face interactions have been replaced by remote support. The changes to service provision have resulted in a decreased safety net of services available to support and protect young people. Young people feel cut off from the support mechanisms that had previously helped them to cope, have their voice heard, exercise their rights and feel safe, happy, and protected. This has exacerbated existing issues, such as feelings of powerlessness, and an inability to move forward or change aspects of their lives. This has, in turn, impacted profoundly on mental health and feelings of wellbeing. While many organisations remodeled provision and attempted to reach out, it is evident that young people feel that the support available during lockdown has, in the main, been less consistent, less effective and of lower quality compared to that which they were receiving before lockdown. For some young people who faced marginalisation and adversity in their daily lives before lockdown, lockdown restrictions have led to the easing of some of these pressures. More positive experiences of lockdown often refer to the absence of factors found difficult previously, such as school or pressure to conform.

Young people identify a wide range of activities they feel have helped them to cope and to maintain their sense of wellbeing. These approaches include: ‘keeping busy’; speaking to friends, family and support workers; spending time with family and pets; regular walks and getting ‘fresh air’; meditation; playing video games; drawing; and listening to music. Maintaining some kind of daily routine during lockdown is viewed as helping to keep motivation and energy levels up. But structure and routine can be difficult for young people to maintain when their freedom is so restricted.

The mental health and wellbeing of young people is further impacted by the quality and delivery of the information they are receiving about COVID-19. Messaging is considered untrustworthy, confusing, difficult to understand and overwhelmingly negative. Negative news stories are experienced as relentless, which is resulting in young people feeling scared, fearful of the future, and concerned about loved ones contracting the virus.

Young people want to receive more positive information about what they can do while lockdown restrictions are in place, as opposed to what they can’t do. They want to be kept in the loop about when they will be able to return to ‘normal’, they want information to be more easily accessible and they would like information to be specifically designed for certain groups so that it is representative of the spectrum of needs of young people in the UK.

**Key points of interest for SEC:**

* How can we ensure young people receive consistent, effective, high quality support from professionals during lockdown?
* How can we ensure specific age-appropriate information is easily accessible to young people about COVID-19?
* How can we ensure trustworthy, straightforward and positive messaging is available to young people which supports their mental health and well-being?

**3. Barnardo’s**

**Barnardo’s (2020) Mental Health and Covid-19: In Our Own Words.** Available at:<https://www.barnardos.org.uk/sites/default/files/uploads/mental-health-covid19-in-our-own-words-report.pdf>

This report was co-produced with youth colleagues at Barnardo’s in Bristol, Buckinghamshire, London and Plymouth; they engaged 148 children and young people through surveys. The report also draws on data and information from the above internal national survey of 113 children and young people across the UK accessing Barnardo’s services. Data is also taken from the Barnardo’s Big Conversation survey, which consisted of a YouGov survey of 4,000 children and young people, as well as a survey conducted internally of over 1,400 children and young people. Data is also taken from the Quarterly Practitioners Survey, undertaken in April, which reached 963 frontline practitioners across the range of Barnardo’s services. The report includes the views of children and young people aged 8- 24 years with learning/physical needs.

**‘Abstract’:**

Together with youth colleagues Barnado’s have identified three priorities for UK decision makers in improving children and young people’s mental health and wellbeing:

* **Recognise** the disproportionate impact the pandemic and lockdown has had on children and young people’s mental health and wellbeing, especially the most vulnerable and marginalised in society.
* **Learn** from what children and young people tell us has supported their mental health and wellbeing, such as maintaining good quality relationships and contact with friends, family, and trusted adults; feeling secure and being well informed; having access to support in their community, including mental health services, engaging in self-care, as well as meaningful education, employment and training.
* **Support** children and young people with their mental health and wellbeing at the earliest possible stage, before their needs escalate.

**Key points of interest for SEC:**

They provide 7 recommendations for the Government:

1. Act now to invest in a programme of free summer resilience building, social activities, open to all children and young people, but prioritising the most vulnerable

2. Rebalance the educational system so that it prioritises child welfare and wellbeing.

3. Provide timely, transparent and clear information targeted at and accessible to children

 4. Involve children and young people in ‘recovery planning’

5. Develop a programme that guarantees all young people aged 16 – 25 an opportunity in education, employment and training

 6. Support the development and trialling of alternative therapeutic interventions where it could benefit particular groups of children, including those who have suffered trauma.

7. Provide long term, sustainable funding for the redesign of local support for children, young people and families’ mental health and wellbeing prioritizing:

* **Innovative partnership working** between local authorities, health, education and the charity sector, to develop an integrated, whole systems approach
* **Early intervention and prevention** to meet children and young people’s needs at the earliest possible stage, and before they escalate.
* **Improvement of local responses** **to trauma, adversity and loss** – supporting local professionals and services to become trauma informed.
* **Ongoing co-production** **of local solutions with children, young people and families**. This must include communities that face barriers to accessing mainstream provision, such as BAME, LGBTQ+ or children in care and care leavers.
* **A whole spectrum of social and clinical support** **(including digital)** is available to children and young people, continuing up to age 25 – including social prescribing and new and alternative therapies.
* **Provision of specialist mental health services based on need**. We must review the current system of ‘tiers’ which can exclude children who don’t meet specific thresholds, and end the ‘cliff edge’ of support at age 18.
* **Development of contingency plans and flexible services** in the case of future local, regional or national emergencies.
* **Evaluation of the impact of interventions** on children and young people’s mental health and wellbeing outcomes, including those relying on traditional and digital forms of support.

**4. Department for Education (2020) October, State of the nation 2020: children and young people’s wellbeing Research report** <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/925329/State_of_the_nation_2020_children_and_young_people_s_wellbeing.pdf>

**‘Abstract’:**

This report, employing publicly available data only, aims to provide an overview of children and young people’s (5-24 years) wellbeing during the pandemic (data collected/reports published between March and August 2020, with relevant data for September); with a view to understanding: their experience of the pandemic, some measures put in place to reduce the impact of the pandemic and the broader effects on society.

**The main sources of data for the report**:

The Children’s Society’s annual household survey of children and young people; The Office for National Statistics’ Opinions and Lifestyle survey; The Co-SPACE study, University of Oxford with University College London and University of Leicester; ImpactEd’s Lockdown lessons: pupil learning and wellbeing during the Covid-19 pandemic; The Centre for Longitudinal Studies’ Millennium Cohort Study; COVID-19 Psychological Research Consortium study; The UK Household Longitudinal Study and the DfE COVID-19 Pupils, Parents and Carers Panel survey.

And it should be noted that each study employed slightly different measures for wellbeing, different sample sizes and sampling techniques and different data analysis techniques.

Findings are presented across the seven ONS (2018) domains for wellbeing (personal wellbeing, mental and physical health, education and skills, relationships, personal finance, activities and time use and home and environment), where indicators (for this report) have been selected as representative of the different areas of the lives of children and young people.

Overall, findings show a relatively positive picture for the majority of children and young people, where overall levels of happiness and wellbeing have not been greatly impacted during the period of school closure. However, there is some indication that pupils with SEND may have had slightly less positive experiences during this period. This is detailed below

**Areas relevant to SEC**

**Pupils with SEN**

**Anxiousness**

Reporting from the DfE parent/ carer panel, with data collected at the end of May/early June indicated that parents of primary age children with SEN were more likely to believe that their child had high levels of anxiety than parents whose child had no SEN. (It should be noted that in the sample of parents, a relatively small number had children with SEN).

**Psychological wellbeing**

Reporting by ImpactEd, using the Warwick- Edinburgh Mental Wellbeing Scale and part of their annual survey of 11,000 children and young people (6-18 years) showed that those with SEN had slightly lower levels of psychological wellbeing than those with no SEN.

**Emotion, behaviour and restlessness/ attention difficulties**

The Co-SPACE study of 2890 parents, with data collected at baseline in March and follow up in June 2020, using the Strengths and Difficulties Questionnaire showed higher starting and follow- up levels of emotion, behaviour and restlessness/attention difficulties in children and young people with SEN than those with no SEN. **However, what is of note,** is that for children and young people with SEN, these all decreased during the three month period from March to June, in comparison to children and young people with no SEN, which increased; albeit, initial levels and follow up levels for children and young people with SEN were higher than those with no SEN. (see graph below- March to June 2020. Coverage: UK. Source: Co-SPACE)



*March to June 2020. Coverage: UK. Source: Co-SPACE*

**Communication with friends**

Primary school pupils with SEN were only slightly less likely to have communication or contact with friends during the March to June school closure, than their peers with no SEN. However, in July, they were less likely to meet with friends than their peers with no SEN.

For secondary school pupils with SEN, although the proportion of pupils with SEN having contact or in communication with friends was relatively high (68%-76%), it was lower than those with no SEN (89%-91%).(CO- SPACE study, 2020).

**Pupils with a Disability**

**Life Satisfaction**

Between April and July 2020, ONS data showed that young people (16-24 years) with disabilities rated their satisfaction with life lower than their peers with no disability. However, what is of note, is that their satisfaction with life increased between 7th June and 13th September. And by September, although life satisfaction for young people with a disability was still slightly lower than for those with no disability, there was no significant difference between the two groups.



*April to September 2020. Coverage: Great Britain. Source: ONS*

**Happiness**

ONS data for the same period and age group shows that between April and July, young people with a disability rated their happiness lower than their peers with no disability. **However, it is of note** that happiness levels increased during the period for young people with a disability and by September 2020, there was no significant difference between the two groups (see below).



*April to September 2020. Coverage: Great Britain. Source: ONS*

**How worthwhile are the things you do in life?**

Again, ONS data for 16-24 year olds show a lower starting point and follow up point for how worthwhile young people with a disability believed the things they do are.

However, it is of note that between 3rd April (initial data collected) and 26th July, young people with a disability increasingly believed that the things they do in life are worthwhile; this decreased between 27th July and 13th September 2020. For young people with no disability, although the extent to which they believed what they do is worthwhile is consistently higher than their peers with a disability, this decreased slightly during this period.

**5. Disabled children’s Partnership**

Disabled children’s Partnership (2020**) #LeftInLockdown - Parent carers’ experiences of lockdown,** London: Disabled children’s Partnership. Available at: <https://disabledchildrenspartnership.org.uk/wp-content/uploads/2020/06/LeftInLockdown-Parent-carers%E2%80%99-experiences-of-lockdown-June-2020.pdf>

**‘Abstract’:**

**Key points of interest for SEC:**

**6. Evidence Based Practice Unit (EBPU) (a partnership between UCL and the Anna Freud Centre)**

**Emerging evidence: Coronavirus and children and young people’s mental health,** 4 reports with some consideration of children and young people with additional learning or physical needs. Available at: <https://www.annafreud.org/coronavirus-support/our-research/>

**‘Abstract’:** This on-line resource provides 5 bite size summaries of current research on Covid and Young People's Mental Health in an information sheet and with an academic providing a short video summary.

**Key points of interest for SEC:**

a) Management strategies for Stress.

* Physical Activity
* Web and App based CBT practical strategies
* Allow maximum Choice

b) Endings- not prepared for-abrupt or not participated in satisfactory endings

* Preparation -focus on accomplishments
* Being honest about situation
* Normalise anxieties and worries
* Communicate honestly and clearly while being hopeful about failure
* Sustain social support networks

c) Talking to Children and Young People about Covid

* Use honest information and only share reliable information
* 3-6 not separate fact and fiction easily -give short simple explainations
* 7-12 years get to express their feelings as well as sharing FACTS
* Try to protect from messages that give alarm on media.
* Encourage to seek information from trusted sources.

d) Sleep hygiene- at least 12% impact on sleep. In a survey of 2,200 adults 1850 parents reported children have anxieties and worries.

* Avoid napping
* Adopt a relaxing , age appropriate bedtime
* Keep consistent wake and bed times
* Keep bedroom dark, cool avoid exciting things and keep screens out of bedroom
* Keep a healthy life style-eating & exercise avoid excessive screen time.

e) Return to School- ensure staff,child and young people's wellbeing is uppermost.

* Some children will be disproportionately impacted-bereavement, traumatised
* Some children may have felt lockdown positive -ASC and Behaviour difficulties or those subject to bullying or abuse.
* Involve community and parents for plans to return to school. It is clear there are significant mental health issues for young people during coveid and mental health needs to be at the core of return to school plans. It is also clear no one size fits all so flexibility in approach is also essential

**7. Healthwatch Suffolk**

Healthwatch Suffolk (2020) **My Health, My Future….at home: Exploring the mental health and emotional wellbeing of young people, parents/ guardians and education staff during the coronavirus pandemic**, Suffolk. Available at: <https://healthwatchsuffolk.co.uk/wp-content/uploads/2020/09/MHoF-At-Home-Report-Final-LQ.pdf>

**‘Abstract’:**

“My Health, Our Future – At Home” was launched by Healthwatch Suffolk (HWS) because of the need for local health, care and community leaders to understand more about the impactof the COVID-19 lockdown and subsequent school closures on people’s wellbeing. The aim of the project has been to ensure that people have access to information that can shape, influence and improve the response to coronavirus in Suffolk by schools and local public services. For example, updates on the insights from the “At Home’ survey have been provided to local leaders and key forums such as the Suffolk Health and Wellbeing Board and the Suffolk and North East Essex Integrated Care System Board throughout the pandemic. HWS has also used this opportunity to gather the views and experiences of parents and guardians, school and college staff and children aged 6 - 11 years.

**Key points of interest for SEC:**

Topic areas that are of interest for SEC include:

• Impact of the COVID-19 lockdown on mental health support

• Mental health during the pandemic

• Rating of support provided by schools during the pandemic

• Returning to school post lockdown

MHoF - At Home presents the impact that the COVID-19 pandemic and resulting lockdown has had on the wellbeing of children and young people, parents and families, and education staff in Suffolk including vulnerable children and young people such as those with SEND.

Parents or guardians of children with a special educational need were more likely to report that lockdown had a negative impact on their mental health (42% compared to 31%). Some parents had valued the lockdown period because they had less pressure and were able to invest more time into their family and household. Others experienced high levels of stress as many previously separate aspects of their lives were brought together into the same space (e.g. managing work, family and personal wellbeing). Some people said they had existing mental health concerns that were significantly exacerbated by the lockdown period. This also applied to school and college staff.

A quarter of parents and guardians said lockdown had a negative impact on relationships within their family. 22% of children & young people said their relationship with a sibling had changed and 20% said their relationship with a parent had changed.

35% of CYP were positive about returning to school and expressed excitement about a return to school/college.

1. Remote education cannot replicate the value of education delivered within a dedicated learning environment for CYP with SEND.

2. The lack of, or reduced, input from external agencies e.g. therapies, short breaks, MH support.

3. Is School/College support effective or taken up by students/parents?

4. Communication, Emotional Wellbeing support and learning support is required and valued by CYP and families. How do we identify settings/areas where this was done well to inform future remote learning.

**8. Special Needs Jungle**

Tirraoro, T. et al. (2020) (June) **Coronavirus and SEND Education**, London: Special Needs Jungle. Available at: <https://www.specialneedsjungle.com/wp-content/uploads/2020/07/SNJ-Coronavirus-and-SEND-education_final.pdf>

**9. YoungMinds (13-25 year olds)**

**YoungMinds (2020) Coronavirus: Impact on young people with mental health needs.**

March 2020. Available at: <https://youngminds.org.uk/media/3708/coronavirus-report_march2020.pdf>

**‘Abstract’:**

A survey with young people with lived experience of mental health problems was undertaken over the first week of lockdown to find out how the pandemic and the response to it is affecting them. 83% reported that the pandemic had worsened their mental health. Positively, the results found that, despite the immense difficulties, around three-quarters of young people who were accessing mental health support before the restrictions came into place are still currently able to do so, even if this service may now be reduced or adapted. For those struggling with mental health but who have not yet accessed support, they need to know where to go for help which remains available during this time, with clear signposting and access to digital support.

**Key points of interest for SEC:**

Young Minds call on the Government to acknowledge the importance of children and young people’s mental health during the pandemic. They must include measures to tackle to young people’s mental health needs at this time as an integral part of their response to the crisis:

* Ensure that the NHS, schools, charities and other providers have the funding and resources they need to deliver services, including digital, virtual, text-based and telephone therapies, to children, young people, parents and carers
* Enable a coordinated effort across the NHS, schools and other providers to support those young people who are hardest to reach, who are unable to access remote support, or who do not find it helpful for their needs.
* Prioritise clear and ongoing public health messaging aimed at children, young people and families about what they can do to look after their wellbeing and mental health.

**10. YoungMinds**

**YoungMinds (2020) Coronavirus: Impact on young people with mental health needs Survey 2: Summer 2020.**

Available at: <https://youngminds.org.uk/media/3904/coronavirus-report-summer-2020-final.pdf>

2,036 young people aged 13-25 who have looked for mental health support took part

**‘Abstract’:**

A follow-up survey (conducted in June/July, three months after the first survey) was undertaken into the impact of coronavirus on young people with a history of mental health needs. The findings show that some of the pressures young people face have intensified, and that more are struggling to get the help they need. 81% reported that their mental health had worsened because of the coronavirus crisis. Many young people have undergone traumatic experiences during lockdown, struggled to cope with the loss of social connection, or have had reduced access to their support systems. Even for those who have adjusted well to the restrictions, the return to a ‘new normal’ may bring profound challenges. Young people’s mental health services have remained overstretched in many areas, and it is now likely that more children and young people will require access to support for their mental health over the coming months.

**Key points of interest for SEC:**

Young Minds are calling for the Government to commit to a recovery plan for children and young people’s mental health to ensure that young people are able to access support when they need it, including:

* Ring-fenced funding for mental health in schools, colleges and universities to enable them to provide mental health support to all young people who need it.
* A transition period of at least one academic term for schools, colleges and universities in which allowances are made for the effects of trauma or emotional distress
* Support for the NHS to cope with a rise in demand for mental health support, enabling face-to-face support to resume widely where possible, and committing to accelerating the mental health ambitions of the NHS Long-Term Plan.
* A wellbeing campaign that is co-produced with, and targeted towards, children and young people, to help them support themselves and find effective help when they need it
* A long-term cross government strategy on young people’s mental health that prioritises early intervention in our communities, with clear funding in place, working alongside the voluntary sector to address the inequalities and pressures that affect young people’s mental health.

**11. YoungMinds (2020) Coronavirus: Impact on young people with mental health needs Survey 3:**

Autumn 2020 - return to school. Available at: <https://youngminds.org.uk/media/4119/youngminds-survey-with-young-people-returning-to-school-coronavirus-report-autumn-report.pdf>

**‘Abstract’:**

This third survey, conducted in September, focused specifically on young people with a history of mental health needs who have returned to secondary school or sixth-form college.

The research suggests that many young people with pre-existing mental health problems have found the first few weeks back in secondary school challenging. A large proportion of those who took part in our survey told us that they have not been able to access the support they need to help them re-adjust. Findings suggest that young people with pre-existing mental health problems have, for the most part, found the immediate return to school challenging, predominantly for three reasons: a rapid return to academic pressure; concerns about safety and social distancing measures; and difficult relationships with peers, including bullying. While Government guidance has stressed the importance of promoting wellbeing, it has stressed the importance of catching up academically even more, and this type of pressure is counter-productive as young people cannot learn effectively if they are not in a good place emotionally. When asked how the return to school has affected their mental health so far, 61% said that it has had a negative effect whilst 27% said it had had a positive effect.

**Key points of interest for SEC:**

Young Minds is calling for:

* The Government to take the pressure off schools – for example by not publishing league tables for this academic year – and ensure that they have time to re-adjust.
* Extra funding for schools to be able to provide wellbeing and mental health support.
* The urgent introduction of a ringfenced Resilience Fund for schools to use to ensure young people are given the mental health and wellbeing support they need during this academic year. This would sit separately, but complementary to, the catch-up premium, ensuring existing funding can be effectively focused on academic catch-up while separately addressing wellbeing issues that might prevent full engagement with learning.
* In the longer term, the Government should follow through on its plans to improve mental health support in schools through the NHS Long Term Plan, and also ensure that all schools have the resources they need to take a whole-school approach to mental health.

**12. UCL/University of Sussex/ Imperial College**

Pascual-Sanchez, A. et al. (2020) (July) **You-Cope: Mental health consequences experienced by young people aged 16-24 during first months of the COVID-19 lockdown**: UCL/University of Sussex/ Imperial College. Available at: <https://www.ucl.ac.uk/child-health/sites/child-health/files/youcope_briefing_mental_health_impact_final_version.pdf>

57% of respondents to the survey were age 16-18 years. 60% of all respondents reported mental health issues before the lockdown and 72% of all respondents were female

**‘Abstract’:**

The You-Cope study aims to understand the changing situation of young people aged 16-24 during the COVID-19 pandemic and resulting ‘lockdown’. Young people responded to fortnightly surveys during the first lockdown, covering topics such as health and wellbeing, changes to personal living situation, education and employment, daily activities and loneliness. This paper focuses on two particular aspects of ‘change’ as reported in the first wave of the survey: (a) relationships, social media and feelings of connection in relation to mental health and (b) expectations, wellbeing and mental health (MH) during the pandemic.

**Key points of interest for SEC:**

* Around 34% of participants described themselves as in employment (part or full time); no specific reference to students, although presumably they were amongst respondents. 61% reported pre-existing mental health issues – most commonly depression and anxiety; some referenced ADHD and autism but no explicit mention of SEND.
* Half of the participants reported higher levels of stress since lockdown.
* 94% of the participants expected changes in their lives to some extent once the current crisis is over. Those who expected more changes in their lives experienced higher levels of anxiety and depressive symptoms.
* Almost half the respondents without previous mental health problems reported high levels of depressive symptoms and one in three reported moderate to severe anxiety symptoms. One in two reported overeating in response to their mood during lockdown.
* Moderate to high symptoms of anxiety were reported in 69.6% of the participants with previous mental health problems and in 45.7% of those without previous mental health problems. Worries directly associated with COVID-19 (e.g. ‘I’m worried I’ll catch the disease’ or ‘I’m worried about missing out on schoolwork because of the pandemic’) were contributing to stress levels.
* Around half of the participants would ask for help if needed for a personal or an emotional problem from a partner, a friend or a parent; one in three would ask for help from a mental health professional; and around one in three would not ask for help at all.

**13. UCL/University of Sussex/ Imperial College**

Crosby, L. et al. (2020) (June) **You-COPE Disruptions experienced by young people aged 16-24 during first months of the COVID-19 lockdown**, UCL/University of Sussex/ Imperial College. Available at: <https://www.ucl.ac.uk/child-health/sites/child-health/files/ppp-youcope-briefing-disruptions_2020-06-23.pdf?fbclid=IwAR0j229WS_eK-Z8lqm4zPFgrwzE0Y70Gp637Meylxk-lDR0BDQPGdvxhvKE>

**‘Abstract’:**

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**Key points of interest for SEC:**

* See bullet 1 above for details of participants.
* 31% of participants reported that their income had decreased during the lockdown.
* 84% of participants aged between 16 and 21 reported their normal educational/employment activities had changed. 42% said education and training had moved online and 24.7% said training had stopped.
* 24.4% of young people reported changes to their living situation. Respondents aged over 18, and those reporting previous mental health problems, were more likely to report changes in their living situation.
* Of those receiving ongoing healthcare, 41% reported that it had been disrupted. Females and those with previous mental health problems were more likely to report disruptions to their care.
* Of those receiving mental health care, 58% reported disruption to these services. Disruption was more likely to be experienced by 16-18-year-olds, those reporting mental health problems other than depression or anxiety, and females.
* Disruption to mental health services include a move to online or telephone-based services (described by a few respondents as less effective than face-to-face services); therapy sessions reducing or completely stopping; and additional difficulties with obtaining medication or amending prescriptions.

**14. University of East Anglia**

Blake- Holmes, K. (2020) **Understanding the needs of young carers in the context of the covid-19 global pandemic,** Norwich: University of East Anglia. Available at: <https://www.caringtogether.org/wp-content/uploads/2020/06/UEA-young-carer-CRCF-COVID-19-final-findings-v1.0.pdf>

*‘young carers are 1.5 times more likely to have a disability or long-term illness’*

**‘Abstract’:**

A small scale (n=20) study of young people recruited from young carer organisations involving semi structured interviews with 8 young carers, 5 young adult carers, 3 parents of young carers and 4 youth workers.

It found a great complexity of care provided and context within which it was provided. Main points :-

1. The greatest level of responsibility for a young carer was found in single parent households (i.e. care for a parent) and particularly when managing a parent’s mental well-being.
2. An increase in responsibility was experienced by young carers with siblings with SEND due to COVID19 lockdown especially when the sibling did not attend school.
3. Young carers reported a reduction in external support and access to informal support from family during lockdown and contact extremely variable.
4. Young carers reported a negative impact on their own mental health, but unable to make a fuss.
5. There is a need to improve awareness of young carers. ‘*They are 1.5 times more likely to have a disability or long term illness*’ Evidence for this not available in the paper.

**Key points of interest for SEC:**

It raised some areas of enquiry

1. To confirm the incidence of SEND in the young carer population and to reflect whether their own young carer status is ever reflected in their SEN support plans or EHCPs
2. To quantify the prevalence of young carers with siblings with SEND, even if the primary focus of the young carers status is in place because of caring for a parent.

**15. University of Oxford**

Waite, P. et al (2020) Report 02: **Covid-19 worries, parent/carer stress and support needs, by child special educational needs and parent/carer work status**: University of Oxford.

<https://emergingminds.org.uk/wp-content/uploads/2020/05/Co-SPACE-report-02_03-05-20.pdf>

Precis of the second report (published on 3rd May 2020) from the **Co-SPACE Study** reporting on Covid-19 worries and parent/carer stress and support needs.

The Co-SPACE project is tracking the mental health of school-aged children and young people aged 4-16 years and their parent/carers throughout the COVID-19 crisis. The study is ongoing and open to all, but has a separate section for those with SEND.

The study is large (871 parents) but is self-selecting and therefore not representative of the population at large, a point which the authors readily acknowledge.

**Key Findings**

1. Parents of a child with SEND reported feeling more stressed about all potential stressors, with the exception of work, compared to those without a child with SEND. For parents of a child with SEND, over two thirds (68.2%) rated their child’s wellbeing as being the most significant stressor, followed by friends and family outside the home (54.2%), their child’s education (52.9%), their child’s behaviour (51.5%) and then work (50.9%).

**2. Prior to the Covid-19 pandemic 69.7% of children were receiving support from social services and/or education. Very significantly, 85.5% of those with SEND who had previously been receiving support from services reported that they were no longer receiving this support.**

3. Of the parents/carers of children with SEND, 45.7% felt they would benefit from support around managing their child(ren)’s emotions, 39.0% from support around managing their child(ren)’s educational demands, 32.7% from support around managing their child(ren)’s behaviour, 29.5% from support around their child(ren) coming out of self-isolation.

**16. European Academy of childhood disability**

European Academy of childhood disability (2020**) The impact of COVID-19 and accompanied restrictions and regulations on the area of childhood disability during March-May 2020** (August). Initial report available at: <http://edu.eacd.org/sites/default/files/images/ImagesForNews/EACD-COVID-19-Surveys-Initial-Report-August-2020.pdf>

This report is of a European wide survey by the European Academy of Childhood Disability (EACD)

* a cross-sectional, voluntary response sample survey
* focus: professionals working with disabled children: families with one or more disabled children
* designed to gain insight into the impact of COVID-19 and government restrictions March – May 2020 on professionals working in the area of childhood disability, and on individuals with a disabled child and their families.

Main aims:

1. to gain insight into the availability and access to health care services and treatments for disabled children during government restrictions by governments (March – May 2020)
2. to gain insight into how professionals and families adapted to the new situation
3. to learn what has worked, what has not worked and what learnings we can take into the future;
4. to find out what could be done by health care professionals and/or policy makers to mitigate the impact of COVID-19 and restrictions for disabled children now and in the future.

The first outcomes of this survey are reported in this initial report and will help us to better understand how to support individuals with a childhood disability, not only during future pandemics or serious global events, but during their everyday lives by being better prepared to provide the best possible care and support as society recovers over the coming months.

**Key findings:**

Severe reduction in amount of received therapy/treatment:

* 70% of the families reported that the amount of treatment/ therapy received per week reduced during the COVID-19 crisis (March-May 2020).
* 49% even reported to not have received any treatment/therapy at all in this period.

Increased levels of stress and anxiety:

* 62% of the families reported increased levels of stress and anxiety during the crisis.
* 70% of the professionals reported increased levels of stress and anxiety during the crisis.

Enormous impact on Mental health

* 49% of the families noticed an impact on the mental health due to the crisis.
* 77% of the professionals reported to have noticed a mental health impact on individuals with a childhood-onset disability/disorder due to the crisis.

Extreme burden being placed upon the (family) caregivers

* 69% of the families reported the burden being placed upon the (family) caregivers during COVID-19 crisis to be very high.
* 40% even scored it as extremely high (10/10) Financial impact of COVID-19 to the families
* 51% of the families experienced a financial impact due to the COVID-19 crisis

To note: different countries contributed differently, eg analysis of family responses is by country; overall 1790 respondents, but highly variable across countries: Italy 624; Ukraine 260; United Kingdom 77; Poland 77; Portugal 29; Romania 3.

**17. Ofsted, COVID-19 series of reports**

Ofsted has produced a series of reports on the impact of COVID. This summary is from 10 November 2020

**Ofsted: Children hardest hit by COVID-19 pandemic are regressing in basic skills and learning**

Ofsted’s headlines from second report on the effects of the COVID-19 across the sectors it inspects and regulates:

* children hardest hit by restrictions have regressed in some basic skills and learning
* young children, previously potty-trained, have lapsed, particularly where parents unable to work flexibly
* Older children lost stamina in reading, writing, physical fitness
* Some signs of mental distress, increase in eating disorders and self-harm
* Concerns about children out of sight during school closures, falling referrals to social care, fears about potential undetected domestic neglect, exploitation or abuse

From Amanda Speilman’s overall commentary:

* Across all age groups, children with SEND have been seriously affected in both their care and education, as the services that families relied on – particularly speech and language services – were unavailable.

**Ofsted’s series of reports covers:**

* [schools](https://www.gov.uk/government/publications/covid-19-series-briefing-on-schools-october-2020)
* [further education and skills](https://www.gov.uk/government/publications/covid-19-series-briefing-on-further-education-and-skills-october-2020)
* [early years](https://www.gov.uk/government/publications/covid-19-series-briefing-on-early-years-october-2020)
* [social care](https://www.gov.uk/government/publications/covid-19-series-briefing-on-childrens-social-care-october-2020)
* [local areas’ SEND provision](https://www.gov.uk/government/publications/covid-19-series-briefing-on-local-areas-send-provision-october-2020)

**Headlines from the local areas’ SEND provision:**

**Briefing on local areas’ special educational needs and disabilities provision:**

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

<https://www.gov.uk/government/publications/covid-19-series-briefing-on-local-areas-send-provision-october-2020>

Ofsted 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?

**Main findings**

Many of the families found the first COVID-19 restrictions challenging

* coping got harder as time went on
* struggled without established routines, support networks, specialist services
* challenges linked to children’s regression, own mental health difficulties, explaining restrictions to children, risks the virus posed to their child’s health.

Nevertheless, some children and young people had positive experiences:

* at least in some respects
* Those in education benefited, flourished with smaller class sizes and more support
* Others enjoyed being at home and made progress.

Some area leaders wanted to focus planning on CYP with SEND and their families

* aimed to keep services accessible, adapted when necessary
* Some practitioners described steps to ensure service continuity
* Families spoke about benefits of multi-agency practitioners together online
* Families valued online resources for education or therapy programmes
* But, short breaks, physiotherapy, occupational therapy, more difficult or impossible to deliver at distance
* also concerns about access because of technology or E2L

Relationships with families before March 2020 affected support during restrictions

* Positive relationships meant support more likely to continue and be adapted to needs
* families referred to those who had gone ‘above and beyond’ and how this had benefited them
* weak relationships deteriorated further with serious consequences
* some families reported little or even no contact from practitioners, no learning support, no access to health, therapeutic services
* In some cases children’s health had deteriorated, children lost learning, communication skills.

Looking ahead:

* Local area leaders facing challenging circumstances
* increase in COVID-19 cases anticipated
* concern about staff burnout: months of significant change, high workloads
* priorities: support mental health, well-being of teams and CYP and families worked with
* enhance communication between services and users