Insights into the impact of COVID-19 on children and young people with Special Educational Needs and Disabilities in Northern Ireland

Final Report

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- The Council for Disabled Children

- Mencap NI

- Specialisterne and

- SENAC (Special Educational Needs Advice Centre)

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Executive Summary

Introduction

It was said of COVID-19 that 'we are all in this together' but NCB knew from evidence and media reports that it did not impact everyone in the same way. This research set out to more fully understand the impact of COVID-19 on children and young people with Special Educational Needs and Disabilities (SEND), their families and those who support them. This study was led by NCB in partnership with Mencap, SENAC (Special Educational Needs Advice Centre) and Specialisterne.

The aims of this research were to:

- Engage directly with a group of children and young people with SEND, their parents/carers and practitioners who support them in Northern Ireland;

- Ensure that the group includes children, families and practitioners from a range of different types and severity of disabilities and special educational needs; and

- Understand and track the experiences of this group through a series of engagements over a period of time as the crisis, and the government's responses to it, unfold.

A total of 60 interviews and four focus groups were conducted with 61 respondents[1] from across Northern Ireland, as summarised in Table 1[2], to hear first-hand of their experiences of the pandemic and lockdown measures:

Participant type	Numbers involved	Age range of children & young people
Young People	Focus Groups: 25 in round 1 28 in round 2 Individual interviews: 5 in round 1 4 in round 2	15–25 years
Parents	15 in each round	5–21 years
Practitioners:	13 in round 1 12 in round 2[3]	Birth-25 years

Table 1: Summary of research participants

The following is a summary of the key findings of this research. There were impacts across distinct areas:

• The impact of COVID-19;

• The impact of the measures taken to stop the spread of COVID-19 across Northern Ireland and;

• The impact of the vaccine rollout.

The impact of COVID-19

When respondents first heard of COVID-19 most were not worried as there was a perception that it was only occurring in a distant place, would not come here and, even if it did, it would be mild, like a flu.

However, as the virus spread across Europe in early 2020, parents in this research became increasingly concerned for the health of their children and for their own health. Fear of the virus was widespread among both parents and practitioners due to the vulnerability of some of the children.

Parents were also afraid that, in the event of their child being hospitalised with COVID-19, they would not be seen as a priority if equipment such as ventilators were scarce. Guidelines from NICE and the BMA contributed to this fear.

Practitioners were concerned how they would continue to support children and families, given the rapidly deteriorating situation across Europe.

COVID-19 resulted in excess deaths in all countries, including Northern Ireland. For many young people, this was their first experience of bereavement as many grandparents and older people succumbed to the virus. Practitioners were also affected by bereavement as more young people they worked with died during the pandemic. Not being able to have normal funeral rituals also negatively impacted on children, families and practitioners at this time.

The young people in this study demonstrated good understanding of the public health advice about COVID-19 and the mitigations to slow down and prevent its spread. However, there were mixed responses to the amount and type of information that was provided. Some felt that there was enough information, others thought that there could have been more while a minority felt there was too much. Some young people felt that, at times, the amount of information was overwhelming and confusing, especially as the situation and responses to it across the UK changed over time. Several would have welcomed information that was 'tailored' for young people. Sources of information included social media, the news and family and friends.

The impact on mental health and wellbeing

Social isolation and loneliness: Social isolation is nothing new for families of children with SEND. In 'normal' times, both parents/carers and children often feel isolated and lonely. The arrival of COVID-19 and the measures taken to mitigate it compounded these feelings further due to the need for some children to shield and the closure of all clubs/groups that the young people and parents might normally attend.

Parents who had worked hard to help their children develop inter-personal skills felt that this work would be undone as their children had no face-to-face interaction with others. Some young people, though, were able to connect with peers via Zoom, Facetime or other platforms. Some clubs were able to be delivered online, and while these were considered better than nothing, they were not really seen as being quite as good as in-person attendance.

Lockdown three started just after Christmas 2020, and many of the respondents, adults and young people, felt that it was harder than the others had been in terms of heightening feelings of loneliness and isolation. This was due to a combination of factors such as the darkness and shortness of the days in winter, the inclement weather and a sense of weariness with the situation, which was persisting much longer than first anticipated.

Reduced support for parents/carers: Linked to the social isolation and loneliness that many participants experienced was the lack of support experienced by parents and carers. This was especially apparent during the first lockdown before support 'bubbles' were permitted. During this time, families who had relied on paid carers coming into their homes to help look after their children were left unsupported as the carers were not allowed into the home.

Since March 2020, many statutory services have been paused and the staff from these services redeployed, so there appeared to be little or no capacity in statutory agencies to maintain the services normally offered to parents/carers. Several voluntary sector providers were, though, able to adapt the services they offered, often providing practical support as well as

emotional support to parents/carers and their families, often online or over the telephone.

Anxiety and stress: Almost all participants in the study mentioned heightened levels of anxiety and stress caused by the pandemic and the measures taken to prevent its spread. There was a variety of reasons for such stress.

For parents/carers and young people these included fears of contracting the virus itself, forced separation of families, lack of access to respite services and a disruption to routines, which for very young children especially (though not exclusively) was hard to understand and often resulted in a deterioration in behaviour.

For practitioners, stress levels rose due to adjusting to remote working and attempting to keep delivering services in a rapidly and ever-changing situation.

The impact on education, development and employment

The closure of schools was identified by some as being the measure that had the biggest impact on their organisations and the families they worked with, both in the initial and subsequent phases of dealing with the pandemic. For most respondents this was a negative impact, though there were positive impacts for some.

Communication with and support from schools, colleges and universities: Parents and some young people reported mixed experiences of communication with, and support from, staff from schools, colleges and university during the first lockdown, when schools reopened and in the spring term following the Christmas holidays. For some, this was very positive with regular communication from teachers and schools but others reported very limited or almost non-existent communication.

Some parents also reported that there were 'mixed messages' from some special schools about sending the children in early in the New Year. Several felt that they were not really being encouraged to send their children back, though they were entitled to be there. Others, whose children attend mainstream schools, did not realise that they could have sent their children

in to school.

However, although special schools remained open during lockdown three and children with SEND were eligible to attend mainstream schools, for several participants it was not 'business as usual' with several special schools and FE colleges operating on reduced hours while mainstream schools offered supervision, not teaching. This meant that many young people did not have the support they normally have in a school day. Practitioners confirmed what parents claimed and pointed out that during the third lockdown children with a statement of SEN who attended mainstream schools were not, in fact, having their needs met simply by the doors of the school being open to them.

The impact on learning and development: Some parents and teachers reported that there either was a loss of learning and development or feared there would be for the children during the various lockdowns and in the intervening period while the children were at school, as schools were not operating as normal, but also had mitigations in place.

Despite the variation in what was offered, the majority of parents whose children attended special schools reported a major positive impact on the children who attended these schools, especially in terms of learning and development, and contrasted the impact on their children to the first lockdown when special schools were closed. These positive impacts included children's overall development, communication skills, personal development and emotional wellbeing.

While online learning was offered by many schools, engaging with it was not straightforward for a variety of reasons such as lack of equipment, poor broadband or WiFi connections, lack of expertise on behalf of parents and teachers (especially in the first lockdown) and children's cognitive abilities.

Many parents reported that home schooling was difficult for a number of reasons: some were trying to work from home; others felt they did not have the skills and knowledge to support their child in the same way as a teacher or classroom assistant might and; several reported that conflicts over school work had a

detrimental impact on their relationship with their child.

Parents whose children attend special schools or special units within mainstream schools highlighted the negative impact of school closures on their children who normally receive therapies such as speech and language therapy, occupational therapy, physiotherapy or other specialist assistance, which remained disrupted, even when schools re-opened in autumn 2020. These negative impacts included deterioration or lack of development in terms of ability to speak and communicate, lack of development in terms of motor skills and lack of concentration.

Developmental support outside school: Some parents also commented on the mixed experience of support offered to their children regarding their development from other sources, outside of education, such as the Health and Social Care Trusts. Some parents reported a positive experience, even if there were limitations as to what they could offer. However, other parents felt unsupported by the Health and Social Care Trusts, both Allied Health Professionals (AHP) and social work teams.

Some respondents felt that COVID-19 was being used as an excuse by some agencies not to provide services for disabled children or to limit what was on offer. In some organisations, such as the Health and Social Care Trusts, staff such as Occupational Therapists and others may have been redeployed to support colleagues in other parts of the health service, but the perception from parents was that such organisations used the lockdown restrictions as a reason to either reduce service provision or stop it altogether, with no attempt to find alternatives to what is normally provided.

The impact of the cancellation of exams: Young people in this research had a mixed reaction to the cancellation of exams, some may have preferred to sit them but accepted that the situation was not usual while others were either glad they were cancelled or were indifferent.

Positive impacts as a result of education closures: It would be a mistake to think that all of the impacts on education closures were negative.

Firstly, families who normally felt under pressure getting reluctant or anxious children out to school on schedule, were relieved as that pressure was removed, so they felt more relaxed. They could do the school work at a more relaxed pace as they had freedom to structure their days to suit the child's needs. Older young people also found that they had more time for their studies as all of the normal extra-curricular activities had been paused. This also reduced the pressure they normally felt under.

Secondly, most families found they had more time together which had several benefits. Some parents found that the closer interaction with their child had a positive impact in terms of development, which the parent would have missed had schools not been closed. Some parents pointed out that their children were learning more about other things, not just academic subjects, which enriched their lives. Parents, practitioners and young people mentioned that there was more time to engage in positive activities at home, such as baking, crafts, playing outside in the good weather (during the first lockdown) and walking.

The impact on young workers and jobseekers: Some of the young participants in this research had been employed prior to the pandemic or became jobseekers during it.

With the initial lockdown, most of these young workers were furloughed as they worked in sectors deemed non-essential. They had hoped that as the restrictions were relaxed, they would return to work. However, this was not to be.

The need to shield, the closure of many workplaces and the move to working from home also negatively impacted young people's work placement and work experience opportunities as most employers who normally offer such opportunities were unable to do so.

Young jobseekers were also disadvantaged during the pandemic as fewer employers were seeking employees (apart from those in the health and social care sectors), there was increased competition for the jobs that were available and some young respondents felt that some employers were exploiting young workers.

COVID-19 – a double disadvantage for children and young people with SEND

Several participants in this study pointed out that the pandemic did not cause a lack of support for children with SEND, but rather exacerbated an already bad situation in relation to the lack of services and support to adequately meet their needs and the ongoing struggle faced by parents as a result.

Parents' views such as these were corroborated by some in the education sector who highlighted the changes to the Special Educational Needs assessment process in the past few years. These changes have meant that it takes longer to get an assessment from an Educational Psychologist in the first place and, secondly, to get adequate and appropriate support for children with SEN.

A recurring theme from several participants was that families with disabled children or those with SEN were the 'forgotten ones', particularly when it came to devising the response to COVID-19 (and especially the lockdowns), the consequences of which were far-reaching for such families.

Some parents reported feeling that it is always left to them to fight and campaign for their children's needs to be met and that there is little, if any, pro-active action taken by statutory bodies to meet these needs.

The impact of the vaccine rollout and looking to the future

Reaction to the vaccines and their rollout by the participants was mixed. Most respondents felt it was a very positive development, whether or not they had actually received one. Several participants thought getting the vaccine was key to getting back to 'normality'.

Practitioners noted that staff, who had been offered a vaccination as front-line workers, gained a sense of confidence which enabled them to better deliver the service the organisation offered. Several respondents, not just teachers, felt that all staff in schools should have been offered the vaccine.

Several of the young people aged over 18 had received the vaccine by the time of the second set of interviews. Although some were normally nervous of needles and some had side effects, they also generally felt safer because of getting it.

However, a minority of participants, including some who had been offered the vaccines, had reservations about them. These included those who simply wanted more information about them, but who also felt that raising any questions was deemed unacceptable and they would be seen as 'anti-vaxxers' as well as those who had decided not to take up the offer, for a variety of reasons.

Most respondents in this study reported feeling positive about the future. This was due to a combination of factors, such as the declining infection rates, the vaccine rollout, the weather getting better, a feeling that the end of the lockdowns was in sight, the likelihood of seeing more of friends and family, being able to resume hobbies and activities and that the lessons learned from the pandemic and lockdown could help to have a new and improved 'normal'. Young people, in particular, were optimistic and hopeful for the future.

Parents and practitioners were more mixed in their feelings about the future. Some were optimistic mainly due to the vaccine rollout and falling case numbers and hospitalisations due to COVID-19. Practitioners knew and could see that their work was making a tangible difference for children and families and were looking forward to a resumption of face-to-face delivery.

However, practitioners also raised concerns about the longer-term impact of COVID-19 on staff teams who may feel they need to over-compensate for what has been lost in the last year and who may face burnout as a result. Practitioners were also concerned for the wellbeing of the young people and families they work with and the economic cost to society that COVID-19 has created.

Other practitioners were also quite unsure or pessimistic about the future, simply because of the lack of certainty regarding the impact of vaccination on the virus and its behaviour. Several parents echoed this pessimism.

This was due to the earlier opening up and subsequent closures causing anxiety among parents and there was concern about the ongoing lack of support that is available to meet children's and parents' needs.
The loss of learning and development and longer-term impact of that was a cause of concern for teachers and several parents, while some young people felt that they needed to re-learn how to socialise with their peers.

Priorities for recovery

Participants identified several priorities for recovering from the pandemic in the short term:

Continued promotion of the vaccine programme: this was seen as key to getting back to 'normality', keeping everyone safe.

Clear and consistent communication: clear and consistent communication from government to service providers and, in turn, from service providers to parents, to reduce the potential for confusion, provide reassurance to all and create realistic expectations for both service providers and service users.

Keep education and respite facilities open: the closure of schools, colleges and respite facilities has had a profound impact on young people and their families. Parents and some young people felt that keeping such facilities open to deliver normal teaching (not just supervision) should be a priority at all stages because disabled children are already disadvantaged. Closing such facilities further compounds this disadvantage.

Speed up the SEN system: The current review of Special Educational Needs provides an ideal opportunity to improve several aspects of the system, including speeding up the assessment procedure and having more timely access to appropriate support so that the educational needs of children and young people are more effectively met.

In addition, there is a need for more timely reviewing of young people's statement of SEN for those transitioning from mainstream schools to FE colleges. This also means having more effective collaboration and cooperation between the Department of Education, the

Education Authority and the Department of the Economy.

See education holistically: several participants called for education to be seen more holistically with it focusing more on emotional wellbeing and with more resources provided to support the development and maintenance of positive emotional heath, rather than academic performance.

Enhance mental health provision: Respondents felt that there is an immediate need to prepare for a perceived likely increased need for mental health services because of COVID. There is, therefore, a need to invest in these services to increase provision in the shorter term as well as in the longer term.

More coherence across government to meet the needs of disabled people: There is a need for much more coherence across government in relation to meeting the needs of disabled people. This requires coherence across policy development, service provision and communication with disabled people and their families, to achieve a much more joined up approach within and between different areas to meeting all needs.

In particular, more collaboration and cooperation both within and between the health and education sectors was seen as key, especially, but not only, for those with complex needs. It was felt that this could result in less time spent updating professionals, better use of scarce resources and more effective service delivery.

Other priorities mentioned included: the need for decision makers to base their decisions on scientific evidence, rather than politics; to support economic recovery and; better support to help young adults to gain employment.

Conclusions and recommendations

This study aimed to:

- Engage directly with a group of children and young people with SEND, their parents/ carers and practitioners who support them in Northern Ireland;

- Ensure that the group included children, families and practitioners from a range of different types and severity of disabilities and special educational needs; and

- Understand and track the experiences of this group through a series of engagements over a period of time as the pandemic, and the government's responses to it, unfolded.

The topics that the research explored were:

- How families and practitioners saw the practical changes the pandemic imposed on children and young people;

- How families adapted to these changes in the environment and how their needs were impacted;

- What implications they saw this as having for different aspects of children and young people's wellbeing and development;

- How families were supported by services and wider civil society, including what worked well, what did not work so well and how services could be improved; and

- What families' and practitioners' priorities and lessons were for recovery from the impact of COVID-19.

The following conclusions and recommendations from this research are grouped under these topics.

The practical changes the pandemic imposed on children and young people with SEND and their families

It was stated early in the pandemic that 'we are all in this together'. While the spread of COVID-19 has indeed been a global phenomenon, neither the pandemic nor the measures taken to contain it have impacted universally, even in one small area of the UK. Families of children with SEND have been more adversely impacted than other families for a range of reasons. These families already struggle to get their children's needs recognised and met – the pandemic therefore created a 'double disadvantage' for them.

Recommendation: when responding to emergencies such as a global pandemic, government and its agencies need to consider and plan for the likely impacts on different sections of society, particularly those who are already vulnerable or who face significant challenges in society, including children with SEND and their families. Preparation work on such impacts should start now, taking the learning from COVID-19 and applying them to other potential scenarios, in a similar way to conducting an Equality Impact Assessment that already exists through Section 75 of the Northern Ireland Act 1998. Existing policy work (e.g. on the Children and Young People's Strategy and the Disability Strategy Expert Panel report) has already identified issues that adversely impact on children and families with SEND. What is needed now is a strategy to implement the necessary changes.

How families adapted to the practical changes COVID-19 caused in the environment and how needs were impacted

Parents of children with SEND were even more isolated during the first lockdown, when households could not mix at all, when carers could not enter the home and when schools and all respite facilities were closed. There was some easing of this situation once support 'bubbles' were introduced, but the failure to reinstate full respite services remains the case at the time of writing (June 2021).

Social opportunities for children and young people with SEND to mix disappeared overnight in March 2020. Many voluntary and community organisations did respond by moving provision online and although this was better than nothing and had some advantages, it still did not replicate the experience of normal face-to-face interaction with peers.

Recommendations: Action is needed now, and as part of COVID-19 recovery planning, to ensure that parents/carers of children with SEND do not feel socially isolated and lonely. Government should work in partnership with parents/carers and the voluntary and community sectors to develop packages of support and networks where parents/carers can connect with one another, both for themselves and their families.

Agencies supporting young people should take the positive developments and learning from online social connectivity and offer a 'dual' model where young people might have the option to join a group online on occasions when they cannot physically get to a meeting. Ultimately though, there is a need for more social and leisure opportunities for young people with SEND to meet their peers.

Implications for children and young people's wellbeing and development

The mental health and wellbeing of young people, parents/carers and practitioners has been negatively impacted by the pandemic. It was even more difficult than usual to get counselling or a CAMHS appointment; some young people experienced bereavement for the first time; there were higher than normal numbers of bereavements for practitioners to cope with too; for most young people, there were less opportunities for physical exercise as sports clubs were closed; higher levels of stress and anxiety were reported by parents in terms of their own mental health and in terms of their children's; teachers also felt that the ever-changing guidance on school closures and reopening was also very stressful.

Recommendations: The longer-term impacts of the pandemic on the mental health and wellbeing of society will need to be recognised and resourced if a full recovery from it is to be made. Young people with SEND should be recognised as a priority group requiring specific support in the implementation of the new mental health strategy[4], in the implementation of the Children and Young People's Emotional Health and Wellbeing in Education Framework[5] and through the provision of more specific and accessible mental health and wellbeing services. It also means adequate mental health and wellbeing support for parents and carers so that they can recover themselves and best support their children. Employers need to consider the levels of stress that practitioners have experienced since March 2020 and work with their employees to recover and avoid total burnout. This is necessary for the protection of employees as well as the continued effective delivery of services. The wellbeing of school staff is already included in the Emotional Health and Wellbeing in Education Framework. Other sectors can, therefore learn from this approach when planning for staff recovery from the impact of COVID-19.

School closures generally impacted negatively on children with SEND, not only due to a loss in learning, but also in terms of social and emotional development and in terms of missing out on valuable therapies (i.e. speech and language therapy; physiotherapy; occupational therapy; sensory therapy). Children who receive such therapies in the community also had these services disrupted. Some positives were reported by parents in terms of helping their children to learn new life skills, such as cooking, being creative with arts and crafts and in having more family time together. For children who find attending school difficult, the removal of that pressure was a welcome relief. This does, though, beg the question as to why going to school is not enjoyable and what can society do to change this situation?

Recommendations: Meeting the educational and developmental needs of children and young people with SEND in Northern Ireland needs a thorough rethink. It is not just about education or health, but about these and all the other areas of life. There should be a comprehensive, coordinated approach from across government and statutory organisations in partnership with parents and voluntary and community sectors organisations to reshape and maximise the 'offer' to children and young people with SEND. The current Education Authority review of SEN provides an ideal opportunity to do this and needs to involve not only the Department of Education, but also the Department of the Economy which has responsibility for the education of those aged 16+, the Department of Health, statutory bodies such as the Education Authority and all Health and Social Care Trusts. Likewise, the forthcoming DE review of the Education Authority and delivery of services provides another important opportunity to focus on meeting the needs of children with SEND.

There is a need to increase the Educational Psychology workforce and there should be no limits to the number of referrals a school can make for Educational Psychology assessments for children. The review of SEN provides an ideal opportunity for change in this area.

Young people moving from school to FE need to have their support needs reassessed at an appropriate time and transition planning needs to be much more consistent across different types of educational settings. Again, the current review of SEN provides an ideal opportunity for change in this area.

Therapies such as speech and language therapy, occupational therapy, physiotherapy and sensory therapy need to be provided both in school and in the community for all children who need them, so that the intensity of the therapy is appropriate for each child and that there is not a loss of such development when schools are closed (due to holidays or for other reasons). While this would require initial investment in terms of the training and employment of more therapists in each setting, in the longer term it would save money as resources are maximised to the benefit of children and young people. Schools could, for example, directly employ therapists who work in those settings. The experience of the full-service school model should be explored to ascertain the feasibility of increasing the availability of therapies for children who need them[6].

There is a need to ascertain the levels of learning loss due to the pandemic among all children and young people, including those with SEND, in a similar way to what has been done in England. Measuring such loss should then inform education recovery plans.

However, success in education needs to be seen much more holistically. There is a need to move beyond simply measuring this by attainment to ensuring that young people are provided with opportunities to enjoy learning and to gain the knowledge, skills and experiences to live independent lives to their fullest potential.

Young workers and those seeking paid employment have been more adversely impacted than other workers during the pandemic. There has also been less opportunity for young people to gain valuable work experience since March 2020.

Recommendations: Government needs to draw up a strategy for the employment of young people as part of the recovery plan from COVID-19. This should link to already existing strategies such as the Children and Young People's Strategy and those in development, such as the Disability Employment Strategy. It should include collaboration across sectors to tackle the significant challenges posed by COVID-19 for young people, especially when the long term societal and economic impacts remain unknown. It should also provide for engagement with potential employers and the creation of clear pathways between school, further education and training to meaningful employment opportunities. Young workers need secure employment, realistic payment for their work and opportunities for development.

How families were supported by services and wider civil society, including what worked well, what did not work so well and how services could be improved

In response to COVID-19, many Allied Health Professionals (AHPs) were redeployed to the front line, leaving large gaps in service provision, which impacted negatively on children with SEND and most statutory services were also either closed or suspended. The majority of voluntary and community sector organisations, while not providing substitute services, were able to continue providing practical and emotional support to such families and in some instances were deemed essential services. Online support worked well for some, though not for others but parents/carers really appreciated the efforts that voluntary and community sector organisations made to meet needs. While parents/carers understood the need to respond to the heath emergency that COVID-19 created, they felt it should not have been at the expense of their children and families.

Recommendations: Government needs to urgently produce a plan to fully restore essential health and social care services for children and young people with SEND. In addition, there is a need for proper investment in health and social care services, so that if/when a health emergency does occur again, whole services are not suspended as staff are redeployed. This means recruiting and retaining adequate staff numbers across all specialities and at all levels. A health and social care workforce development strategy needs to be developed and implemented without delay.

There is also a greater need for partnership working with the voluntary and community sector so that each sector can complement what the other is doing and therefore maximise resources and effort in meeting the needs of children with SEND and their families.

Priorities and lessons for recovery from the impact of COVID-19

Thinking about the future, participants had mixed views. Many were very optimistic that with falling rates of infection and the vaccine rollout there would eventually be a return to a more 'normal' life. However, teachers and several parents did worry about the long-term impacts on children and young people's lives given the potential for lost learning. Practitioners, including teachers, felt that there may be long term mental health issues that will need to be addressed with young people and with staff as a result of the pandemic.

Many of the conclusions and recommendations regarding priorities for recovery are reported in the previous points. However, some important additional ones include:

• continued promotion of the vaccine programme;

• base decisions on scientific evidence, rather than politics;

• support economic recovery and have better support to help young adults to gain employment; and

• plan now for the longer-term effects of COVID-19 on all sections of society.

Recommendation: the potential medium and long-term impacts of COVID-19 and the mitigations taken to contain it need to be factored into any recovery plan by government. It is likely that many of these are, as yet, unknown. Any recovery plan, therefore, needs to be flexible to take into consideration new and emerging needs, not just in relation to health but also with regard to education, employment and the economy for both young people with SEND and their families. Such a recovery plan needs to have an Equality Impact Assessment conducted in order that disabled young people's and their families' needs are built in from the start.

Reaction to the vaccines was generally positive, but this was not a universal reaction, for a variety of reasons.

Recommendation: There is a need for government to constantly reiterate, in an easy-read format, accurate, factual information about the vaccines, to answer queries that people might have and to combat misinformation. The media has a key role to play here too and should not let unsubstantiated claims about the vaccines be proliferated either in person or on social media. There is a need to ensure that younger people, most of whom have yet to get the vaccine, have information specifically targeted to them from a variety of sources, including social media.

The pandemic has been a major shock to the entire world. It has exposed a lot of weaknesses and flaws in the system, society and governments. It has shown that the multiple reverberations of this shock are experienced more acutely by children and families with SEND.

However, it has also provided a chance to think about what is essential, what and who is important, and it presents an opportunity to build back better. This study has shown that parents/carers and families with children who have SEND need more support, more quickly and from a variety of sources. As a society, we must do better than we have been. Our children and young people with SEND are equal citizens in one of the wealthiest countries in the world. It is simply not acceptable that they and their needs are overlooked in the way that they have been during this pandemic. There needs to be an urgent and clear commitment from across government and beyond to ensuring that all of the rights of these children are upheld and that we, as a society, are prepared to demonstrate to these families that we do value their children, that we do support the efforts of parents, carers and teachers and to show them they are no longer 'the forgotten ones'.

Introduction

At the end of December 2019, Wuhan Municipal Health Commission in China reported an outbreak of viral pneumonia of unknown cause on its website. By the end of January, the World Health Organisation (WHO) declared the novel coronavirus outbreak to be a Public Health Emergency of International Concern and on 11 March 2020, the virus, now named as COVID-19 was declared a pandemic. Rising infection rates meant that a lockdown was imposed in Northern Ireland towards the end of March. This lasted until the early summer, although schools remained closed until the end of August.

During the autumn of 2020 infection rates fluctuated so several more sets of restrictions were introduced and eased over this time, with more disruption to education and other services. December 2020 saw a surge in rates and a reintroduction of strictest measures across society which resulted in disruption continuing into spring 2021 with most schools closed to the majority of pupils until 8 March, when very young pupils returned, though special schools did open after the Christmas holidays[7]. A summary timeline is included in Appendix 1.

The context for children and young people with SEND in Northern Ireland

Prior to the outbreak of COVID-19, the situation for children and young people with SEND was concerning. On 29 September 2020 a Northern Ireland Audit Office report into the Review of Special Educational Needs in NI concluded that

"there is no evidence that schools are identifying children with SEN in a consistent and timely way. Delays throughout the SEN process persist and the support provided has not been evaluated to assess its effectiveness. We remain of the view that the Department and the EA cannot demonstrate value for money in the provision of support to children with SEN. In our view there is a need for a systemic review of the SEN policies, processes, services and funding model to ensure the provision is sufficient to meet the needs of all children with SEN" (NIAO, 2020).

These opinions were echoed by the Public Accounts Committee of the Northern Ireland Assembly in February 2021. The PAC stated that children with Special Educational Needs and their families had been failed by the EA in its Statutory Assessment process and that there were 'elements of dysfunctionality within the EA'. It further highlighted deficits in data collection, which means that the true level of need cannot be ascertained. The high proportion of appeals that were awarded in favour of parents/carers, led it to question if the processes and procedures used by EA in relation to SEN assessment were 'fit for purpose'. It concluded that it

*"believes there has been a culture within the EA whereby the continued failure of the Statutory Assessment process and the delivery of a sub-optimal service with deep rooted and systemic weaknesses was tolerated for far too long"
(PAC, 2021).*

This already-poor situation has been exacerbated by the pandemic, leading to further delays. Information from the Minister of Education on the floor of the Assembly, considered by the Committee for Education, confirmed that almost 700 Educational Psychology Assessments had been 'paused' during 2020 and that almost 1,800 children were still awaiting assessment, which was negatively impacting their education (NI Assembly Committee for Education, Minutes of Proceedings, 11 November 2020).

In April 2020, using powers granted in Coronavirus legislation, the Department of Education changed the statutory duties of the Education Authority, schools and the Health and Social Care Trusts regarding the SEND framework to a "best endeavours duty" due to COVID-19. This 'best endeavours' duty is a lower standard than what is normally in place. The change meant that, in some circumstances, the legal duties to children and young people with SEND were diluted and limited the available protections within the SEND framework. Some parents perceived that this change was being used as an excuse for inaction by statutory bodies and several legal challenges were mounted by parents (not involved in this study, see footnote below)[8]. Voluntary sector stakeholders also raised the lack of provision for children with SEN with the Northern Ireland Assembly's Committee for Education. On 18 November 2020, the Committee noted

"the apparent and significant disparity between stakeholders' evidence[9] on the variable and inadequate provision of Special Educational Needs (SEN) services to vulnerable children and officials' assertions to the contrary" (NI Assembly Committee for Education, Minutes of Proceedings, 18 November 2020).

Evidence[10] to the Northern Ireland Assembly's Committee for Education further highlighted some of the unequal impacts on children and young people with SEND which led the Committee to state

"its concern at the loss of respite facilities when schools closed; surprise that lessons learned in the first COVID-19 lockdown had not been applied to the current closure of schools in respect of vulnerable children; and alarm at the apparent lack of understanding of the needs of children and young people with Autistic Spectrum Disorder (ASD)." (NI Assembly Committee for Education, Minutes of Proceedings, 21 October 2020).

Similar issues about the impact of COVID-19 were also raised at the All-Party Group on People with Learning Disability in June 2020[11].

The Education Authority is currently conducting a Review of SEN and in May 2021 the Department of Education stated that it would do likewise.

The rationale for this study

It is widely noted that COVID-19 has had different impacts on different parts of the population across Northern Ireland. Much of the local research conducted with children and young people on the impact of COVID-19 in recent months has been quantitative (i.e. via online surveys) and quite generic (e.g. focusing on how they felt about lockdown and/or the relaxation of lockdown measures). Some research into the impacts on children and young people has concentrated on the impact on education, usually from their parents' perspective[12].

It is clear from this recent research (e.g. O'Connor-Bones et al, 2020; The Disabled Children's Partnership, 2020), that parents whose children attend special schools and those whose children attend mainstream schools, but have Special Educational Needs (SEN), have been more negatively impacted than the parents of non-disabled/non-SEN pupils. For example, the O'Connor-Bones et al study of over 4,600 parents found that parents of children attending special schools were more likely to report challenges and difficulties than those in mainstream schools (including those with SEN who attend mainstream schools). In addition, a UK wide study undertaken by the Disabled Children's Partnership that included the parents/carers of almost 4,900 disabled children and young people (13% of which came from Scotland, Wales and Northern Ireland) found that they were particularly concerned about the pressure caused by children's behaviour and mental wellbeing, managing home-schooling and what will happen to their children if they contract COVID-19. Parents felt that children's friendships, learning and communications, mental and physical health and emotions and behaviour had all been negatively impacted.

While, therefore, there has been some specific research on the experiences of families with SEND children, all of this has been survey-based (i.e. quantitative) and at a specific point in time. As such, whilst it provided useful headlines, it told us nothing in-depth about the experiences of these families and how the impact of the pandemic on them is changing. This research from NCB fills this gap as it presents rich insights into the realities of the impacts of COVID-19 for families with SEND children over a substantial period of time (six months). It captures extensive qualitative data from parents, children and young people, practitioners such as teachers or practitioners in support organisations, about the impact of COVID-19 during the initial lockdown and as the situation unfolded over the next six months. In addition, the research also seeks to further explore the findings from the Education Committee highlighted above.

Aims of the research

The study aimed to:

- Engage directly with a group of children and young people with SEND, their parents/carers and practitioners who support them in Northern Ireland;

- Ensure that the group includes children, families and practitioners from a range of different types and severity of disabilities and special educational needs; and

- Understand and track the experiences of this group through a series of engagements over a period of time as the pandemic, and the government's responses to it, unfolded.

The remainder of this report details the following:

- the overall methodological approach;

- the research questions;

- findings from both sets of interviews/focus groups under a number of key themes and

- conclusions and recommendations arising from the research.

Methodology

This section of the report outlines the partnership approach that was used in this study, the methods used in the research and the questions that were explored.

A Partnership Approach

As well as NCB's own expertise in SEND through its Council for Disabled Children (CDC)[13] network, our partnership approach to the delivery of this project involved collaboration with voluntary sector organisations in Northern Ireland which have expertise in different types of disability and SEN. These included Mencap NI, Specialisterne and SENAC (Special Educational Needs Advice Centre)[14]. These organisations were selected as they deliver support to children and young people with disabilities ranging from mild to severe.

The input of these partners has been integral to the delivery of this research project. The group has co-delivered with NCB, advising on research design, supporting access to families, ensuring that the research is accessible to those participating in it and providing feedback on outputs.

Research methods

The research method adopted for this study involved a qualitative approach utilising two rounds of interviews with both young people and adults over a six-month period, from October 2020 to mid-March 2021.
The topics that the research explored were:

- How families and practitioners saw the practical changes the pandemic imposed on children and young people;

- How families adapted to these changes in the environment and how their needs were impacted;

- What implications they saw this as having for different aspects of children and young people's wellbeing and development;

- How families were supported by services and wider civil society, including what worked well, what did not work so well and how services could be improved; and

- What families' and practitioners' priorities and lessons were for recovery from the impact of COVID-19.

Recruitment and sampling

A sampling framework was developed to ensure that, across all participants, the research reflected the experiences of a wide range of respondents based on the following:

- type (i.e. physical, learning, sensory, psychological, other SEN) and severity of disability (i.e. mild, moderate, severe/profound);

- gender of children and young people; and

- a geographical spread across Northern Ireland (i.e. all Health and Social Care Trust areas), including rural and urban areas.

The first set of interviews took place from late October to mid-December 2020 and the second set were conducted from mid-February until mid-March, 2021. In total, 60 interviews and 4 focus groups were held with a total of 61 respondents[15] from across Northern Ireland, as summarised in Table 1[16]:

Participant type	Numbers involved	Age range of children & young people
Young People	Focus Groups: 25 in round 1 28 in round 2 Individual interviews: 5 in round 1 4 in round 2	15–25 years
Parents	15 in each round	5–21 years
Practitioners:	13 in round 1 12 in round 2[17]	Birth-25 years

Table 1: Summary of research participants

Findings

This section of the report details the key findings from parents/carers, practitioners and young people in a number of areas:

A. The impact of COVID-19;

B. The impact of the measures taken to address the spread of COVID-19 across Northern Ireland; and

C. The impact of the vaccine rollout and looking to the future.

All names have been changed to preserve anonymity.

A: The Impact of COVID-19

This subsection details the feelings and reactions of research participants when they first started to hear about COVID-19, as they observed its spread and the experience of bereavement since February 2020.

When respondents first heard of COVID-19 at the start of 2020, many parents, practitioners and young people reported feeling that it was something they did not need to worry about. This was due to:

- It being first discovered in a country far away (China), where outbreaks of other diseases (e.g. SARS) had also occurred and had not spread to Northern Ireland.

- It was said to be like a bad flu and therefore, not really that serious a disease.

However, as the virus spread across Europe and was declared a pandemic by the World Health Organisation (WHO), fear grew among some of the participants. Several parents/carers were fearful for their children who had life-limiting conditions as they saw footage of hospital staff in other countries struggling to cope with the surge in hospital admissions, with some not having enough ventilators for all who needed them. Parents of children who have such serious conditions reported feeling considerable fear and anger that their child might not be prioritised if this happened in Northern Ireland. Following media reports about older people having DNAR (Do Not Attempt Resuscitation) placed on their files, without any discussion with them or their families, parents of disabled children feared the same for their children's files, which provoked anger and dismay[18]:

"When the NICE guidelines came out at the start, that was really upsetting for parents because there would have been a lot of families that we work with who it wouldn't be uncommon for their children maybe to be ventilated at some point, even if they got the flu or the cold or something like that. So, there was a lot of panic with those families where they felt that, if their child needed a ventilator, were they going to get it? Were they

going to get seen in the hospital? So that became a real fear for people" (Practitioner).

"…we were made aware that… the learning disabled were in the same category as the over eighties, and if necessary they would be pulled off a ventilator to give it to somebody else. So, you are talking a seventeen-year old and twenty-one-year-old essentially not getting treatment because they had a learning disability…that angered me" (Parent).

"I was terrified of [my daughter] getting it, because at that stage we didn't know how COVID would impact her with her disabilities, because she has a lot of respiratory issues" (Parent).

In addition, some parents were very afraid that they themselves would fall ill and were then worried about who would look after their disabled child:

"…the other fear was myself getting it and not being able to care for [my daughter]" (Parent).

"…what would happen if I got it in terms of caring for him, because your own health is always a big factor for them because they need you" (Parent).

Indeed, some of the parents in this study fell ill with COVID-19 and another reported that one of their children contracted it. Although they have since recovered, these were stressful situations for the parents involved:

"I…took sick ten days in with COVID and…I got to the point on day seven where I literally could not move in my bed… I had started to come round on day eight. Day ten I was able to function a bit more…" (Parent).

"…my daughter got it…in April, very early on. So that freaked us out something shocking" (Parent).

Some parents and young people reported heightened feelings of anxiety as news of the virus spread either in their own families or in the community:

"...I thought, I haven't seen you smile since I took sick. And he would be a very smiley, happy child. So, I really knew the effect that it had had on him. He was worried and he does have anxiety so he would worry an awful lot" (Parent).

"At the start...I felt so uncomfortable and nervous on the bus. Felt very dirty and like I could catch it. I just didn't feel comfortable" (Young Person).

"...I was scared whenever I heard it. My grandad is vulnerable. He has cancer" (Young Person)

Heightened levels of fear were also reported by some parents who were afraid that they might need to access hospital care for their child during the first wave of the virus. They knew from media reports the pressures that hospitals were under and did not want to make more demands on the system. In addition, they were afraid of bringing their child to hospital for fear of the child contracting the virus there:

"Their conditions complicate everything as well...he had seizures in the middle of the COVID thing and you didn't know whether to phone an ambulance, you didn't know whether you could get any help, you didn't know what to be doing for the best. And when they suggested going into hospital you were like, well we can't do that because he would be too vulnerable" (Parent).

Practitioners were also becoming concerned that COVID-19 would place greater stress on the families they support due to fears about catching the virus and the suspension of a lot of statutory services. The practitioners were also concerned about their ability to continue their own service delivery, especially those working with children who have complex needs and their families:

"...it was concern for people we support because a lot of people with a learning disability would have underlying health conditions and quite complex needs. So, I think like everybody else it was just a worry and concern about how they would be affected by that and how we could also communicate to them what they would need to do to stay safe. And then underpinning that, how were we going to also continue to deliver direct services to them, or to support them. So those were the initial thoughts from my perspective" (Practitioner).

"I was aware it was going to have quite a dramatic impact on some of our families, because...of the children with very complex medical needs, they would tend to isolate during the winter months anyway. So, I kind of knew quite soon on... that it was going to be really challenging" (Practitioner).

As practitioners observed the march of COVID-19 across Europe, they reported knowing that there would be challenges in how they delivered their services and that a lot more effort would be needed to do so in alternative ways, such as online or face to face with mitigating measures, such as social distancing.

"So, before the school was locked down... and I suppose that word is open to interpretation too[19]... so while school no longer was delivering in the way that it was, our priority was to make sure that we had enough packs of work [for distribution to the pupils]" (Practitioner).

"As it got more serious the big worry probably was the isolation for all the children and the young people who are more inclined to be isolated anyhow, anybody that comes into our service. So, it became... a big, massive thing... How can we help them at a time like this?" (Practitioner).

"We...couldn't deliver the programme that we had set out to deliver, which involved bringing...children and... families...to the Centre for a range of different activities...it couldn't happen in that way. So, we very quickly moved to, how do we deliver something similar, but from a distance?" (Practitioner).

"I kind of knew quite soon on, even before it really hit here, I suppose around February, that it was going to be really challenging" (Practitioner).

"It was working together, listening and responding and trying out new things which has seen our community through the changes of this past year. We have had to have a very flexible approach to programmes and keep checking they are being as supportive as possible in changing times" (Practitioner).

Bereavement

Across the UK there has been a 22% increase in deaths in the past year, with COVID-19 accounting for over 148,000 since February 2020[20]. In Northern Ireland, 17,613 people died in 2020, an increase of 1,855 (11%) compared to the previous year[21].

Many young people experienced the bereavement of a grandparent either directly as a result of COVID-19 or during this time when normal funeral rituals were severely curtailed. For some, it was their first experience of bereavement. Several young people mentioned missing their grandparent:

"I found it hard because I really miss my Granda, the one that I lost. And he was only about 86 and I found it hard and I really miss him during lockdown. It's very hard because I just can't believe that he's gone. When I talk to my Granny, it's just unbelievable. I don't know what to say to my Granny. She's on her own. I know it's upsetting that my Granny's living on her own..." (Young Person).

Some practitioners also mentioned higher than normal incidents of deaths among their service users, which naturally, impacted on the families involved, but also on the practitioners:

"...even in my own caseload, two kids have died since Christmas. One actually died before Christmas but I didn't hear 'til after Christmas. And another little fella died last week. So, all of that stuff keeps happening. And I don't know what kind of supports those parents are getting. Because that's just awful at any time. But now even more so" (Practitioner, voluntary and community sector).

"Four of the children that I work with have passed away. And I think it would happen maybe once, twice a year kind of thing. So, to have that and then... you are not around your colleagues as much. If you work closely with a family, those things do sting a wee bit. It is upsetting" (Practitioner, voluntary and community sector).

Understanding and impact of the public health advice about COVID-19 for young people

Young people had mixed responses to the amount and type of information and public health messaging provided in the early days of the pandemic and as it went on. Sources of information ranged from the news, social media, friends and family:

"I found out some things on social media and some on the news" (Young Person).

"Honestly, through social media. Twitter. I've a lot of friends that were complaining about the guidelines as they didn't make sense..." (Young Person).

Some felt that the information provided was appropriate and felt well informed. Several of the young people, for example, understood the need to keep washing their hands, to keep their distance from others, to wear a mask, not to visit their grandparents in their homes and had information on the rate of infection and the vaccine rollout:

"I got enough information, yes…I read the news occasionally and some of the more scientific stuff as well" (Young Person).

"We have to wear masks and keep washing your hands. Keep your distance too" (Young Person).

"It's a virus that can spread to you so people can get sick, especially old people. You can't touch things up town as virus can be everywhere" (Young Person).

"I normally go to Granda's on a Saturday but I'm not able to go to [now] as he's isolating" (Young Person).

"I would say yes (I am getting enough information), because I know the numbers are going down. I know they are trying to get everyone getting the vaccine" (Young Person).

Others however, felt that they did not receive enough information at that early stage or that some of the information was confusing and contradictory as time went on. As participants watched the differing responses by governments in the UK, Ireland and elsewhere, some felt that the confusion became greater and therefore did not trust what some politicians were saying:

"No (I don't think I got enough information), not at all. I think, especially for Northern Ireland, it took us a lot of time to actually get into the swing of things and I think we are still not really handling the situation well. But at the very start, people weren't sure how it was spread… And it was just really, really confusing. And still people are kind of confused about that" (Young Person).

"Some things are true and then there's a big confusion…." (Young Person).

"People [were] confused: fear and anxiety [were] brought about by how COVID guidelines… have been announced and dealt with" (Young Person).

"And then there's (sic) conspiracy theories… Trump says it was a whole hoax…" (Young Person).

"…at least our government (sic) response was better than the American one. But then again, I am pretty sure you'd have to get to Black Death levels of response to get a worse one than the Americans' response, which was basically to not respond" (Young Person).

Some young people felt that there was almost too much information. They felt overwhelmed with the amount of media coverage given to COVID-19:

"[We] didn't go a day without hearing about it – it began to make me more anxious" (Young Person).

Several of the young people reported that they would have liked to have more information about COVID-19, its symptoms and the measures necessary to prevent its spread, specifically for their age group:

"100% (I'd like to have more information). There's still a lot of myths going about, even now. Symptoms changing all the time…" (Young Person).

"Yeah, definitely [would like more information]. I think a lot of people would still benefit from that now" (Young Person).

As restrictions and rules changed over time sometimes, it was felt that it was hard to keep up with the ever-changing regulations:

"There's a lot of things that I think were quite unclear, especially in that weird period before Christmas. So, at the moment[22] I know a few people who think it's OK to meet up with a friend as long as you are outside. Whereas...from what I read, that isn't what I took from it. You meet up with your one bubble and that's it. And that's your household bubble...I am quite cautious in that sense as well, because I don't want to end up with a fine or anything. I don't want to get myself sick or others sick. So, I do think it is a wee bit confusing" (Young Person).

"No, it's not easy to understand it" (Young Person).

For other young people, it was not so much that there was too much or confusing information that was the problem. It was more that, despite almost a year into the pandemic, some people still did not follow the guidance, claimed COVID-19 was untrue and spread misleading information:

"Well...I wouldn't say there's too much information. But some of the people who don't actually follow the information is what gets me. They are like... coronavirus is a hoax...honestly I think that that's just rubbish when people say that it's fake, when it's not" (Young Person).

"There's enough information but too much (sic) false claims" (Young Person).

Summary of key findings: the impact of COVID-19

When respondents first heard of COVID-19 most were not worried as there was a perception that it was only occurring in a distant place, would not come here and even if it did, it would be mild, like a flu.

However, as the virus spread across Europe in early 2020, parents in this research became increasingly concerned for the health of their children and for their own health. Fear of the virus was widespread among both parents and practitioners due to the vulnerability of some of the children.

Parents were also afraid that, in the event of their child being hospitalised with COVID-19, they would not be seen as a priority if equipment such as ventilators were scarce. Guidelines from NICE and the BMA contributed to this fear.

Practitioners were concerned how they would continue to support children and families, given the rapidly deteriorating situation across Europe.

COVID-19 resulted in excess deaths in all countries, including Northern Ireland. For many young people this was their first experience of bereavement as many grandparents and older people succumbed to the virus. Practitioners were also affected by bereavement as more young people they worked with died during the pandemic. Not being able to have normal funeral rituals also negatively impacted on children, families and practitioners at this time.

The young people in this study demonstrated good understanding of the public health advice about COVID-19 and the mitigations to slow down and prevent its spread. However, there were mixed responses to the amount and type of information that was provided. Some felt that there was enough information, others thought that there could have been more while a minority felt there was too much. Some young people felt that at times the amount of information was overwhelming and confusing, especially as the situation and responses to it across the UK changed over time. Several would have welcomed information that was 'tailored' for young people. Sources of information included social media, the news and family and friends.

B. The Impact of the measures taken to stop the spread of COVID-19 across Northern Ireland.

This section of the report provides a brief overview of the various measures taken at different times since March 2020, before then reporting on the impacts of these measures which include:

- The impact on mental health and wellbeing;

- The impact on education, development and employment; and

- COVID-19 – a double disadvantage for children and young people with SEND.

Overview of the measures taken in Northern Ireland

23 March 2020:	UK Government initiates a national lockdown across all areas of the UK. Devolved nations to decide their own specific measures and legislation.
28 March:	NI Executive passes legislation for its own lockdown: all schools are closed apart from those providing places for essential workers' children – these do not include Special Schools. All those who can are told to work from home. Non-essential retail is closed and furlough introduced. People told to stay at home aside from getting groceries, meeting medical needs or exercising once per day.
12 May:	The Northern Ireland Executive publishes a five-stage plan for exiting lockdown.
May-Sept:	Various easing of restrictions on the re-opening of retail, leisure and hospitality facilities as well as gatherings of people inside and outside.
1 Sept:	Almost all schools open for the new school year.
12–30 Oct:	Extra week-long half-term break for schools as part of 'circuit-breaker' measures aimed at slowing the spread of the virus which has increased since late August.
12 Nov:	Lockdown restrictions for non-essential retail, hospitality and close contact services extended until 20 November. This is followed by a week where they are open and a further two-week lockdown commencing 27 November.
11 Dec:	Hospitality, non-essential retail and close contact services reopen.
18 Dec:	Most schools get holidays but several have engaged in remote learning during this week or closed early for Christmas.
26 Dec:	A further six-week lockdown starts, initially not involving schools, but by early January schools are instructed to deliver remote learning. Special schools remain open from early January.
Jan 2021:	GCSE, AS and A Level exams and transfer tests cancelled.
8 March:	Pupils in pre-school/nursery to Year 3 classes return to school. Limited non-essential retail is open for click and collect.
22 March:	All primary school pupils and those in Years 12–14 return to school.
12 April:	All pupils return to school.

The impact on mental health and wellbeing

The imposition of lockdown impacted the mental health and wellbeing of young people, parents and practitioners. This section outlines what these impacts were and how they manifested themselves.

Several participants, both adults and young people reported feeling more socially isolated, stressed and anxious as they tried to deal with the change to daily routines as a result of the lockdown.

Social Isolation and loneliness

It is not unusual for families whose children have Special Educational Needs and/or disabilities to feel socially isolated in what are 'normal' times. The arrival of COVID-19 to Northern Ireland in February 2020 has resulted in a year that has been far from normal.

For many, COVID-19 served to increase such isolation, which was a concern for some parents who had worked hard to help their children build up inter-personal skills and develop friendships with peers:

"It has made concerns that we already had, tenfold. Because...we try to get him involved with clubs... there were a few other wee things that he wanted to get involved in. It's all stopped. There's just nothing happening. Anywhere that we have tried to go. We wanted to get him involved in a gym, because he needs to exercise his right arm in particular. They are, as you know, closed... So, anyway we have tried to think of to get him to join in with other kids, like a youth club, he used to go to that before COVID. That's all closed down. It just blocks everywhere you go" (Parent).

Parents reported that sometimes isolation is a result of difficulties some young people have in interacting with their peers:

"...it has taken a long time to make a good group of friends, otherwise he would be a child that wouldn't go out and play and he would isolate himself" (Parent).

For such young people, the impact of the lockdown in terms of isolation was not that different to every other day:

"...as someone who doesn't have all that much in the way of close friends anyway, that part... being stuck at home didn't affect me too badly" (Young Person).

Several young people also mentioned missing meeting their friends face to face, though some were able to keep in contact via social media and were eventually able to meet to some degree when restrictions were lifted:

"My friend...lives in Belfast, and my other two friends don't live near me. So even trying to go see them is hard, as well as people are scared to take public transportation and things like that. The social life has been the biggest problem for me" (Young Person).

"I did a lot of FaceTime with friends, way more than I normally would have. There are friends I haven't seen since February. Normally we don't FaceTime that much but then we were on for 4 hours at a time and then we'd hang up for a bit and later on phone back. So, we'd spend the majority of time on FaceTime with each other just chatting. And online shopping but not actually buying anything. We would do that. I'd spend a lot of time on TikTok..." (Young Person).

"I felt relieved because I could finally go further and I could do more activities and see people I hadn't seen for a while. I saw friends mostly from school in my bubble" (Young Person).

"I would love to be able to go to a club! But that is not going to happen. That was my main point of socialising before lockdown. And you really miss it, I find" (Young Person).

Lockdown three started just after Christmas 2020, and many of the respondents, adults and young people, felt that it was harder than the others had been in terms of heightening feelings of loneliness and isolation. This was due to a combination of factors such as the darkness and shortness of the days in winter, the inclement weather and a sense of weariness with the situation, which was persisting much longer than first anticipated. Participants felt this impacted negatively on their mood and overall wellbeing:

"I've been very sad. Missing a lot of my mates now" (Young Person).

"...I've been feeling lonely...it was really starting to affect my mental health, the whole lockdown thing. I was getting a little bit anxious and agitated and a little bit depressed this one (i.e. the third lockdown), for a couple of months... because I hadn't been seeing much of my family and friends" (Young Person).

"...there's just the whole feeling really lonely and not having the energy to actually reach out and talk to people. It doesn't really feel like I have friends anymore, which isn't the case because I know I do. It just doesn't feel that way. Which sucks, but... I know it's not true, it's just how it is feeling at the moment" (Young Person).

"...the fact that it has been coming up on a year has definitely been one of the reasons for it (lockdown three being different to the first). But just even like with the weather, you wake up it's dark, it's grey, it's gloomy. And then before you know it, it's dark again... I do think it has definitely had a big effect on people. Because you already feel low with the darker weather and with the rain and the grey skies and everything, so adding not being able to go out and spend time with your friends and family, definitely not a good mix" (Young Person).

"(During) the first one I had university to focus on. And even though that had its own stresses and its own difficulties, it was still something for me to focus on and work towards. Whereas now I feel like I am trying to prepare for something [but]... I don't really know what it is I am trying to prepare for. And it just feels like I am waiting for the next day to happen. And even then, it's almost like dread of what am I going to do tomorrow? And I know that I am in quite a privileged position to be able to think like that...but it is very different from the first lockdown" (Young Person).

"(This lockdown has been) harder (because of the) bad weather and (I) can't get out..." (Young Person).

"I...find it hard because I can't see my friends and family much, anymore, and I just miss doing that" (Young Person).

"It's just the same. We are following the same rules and wearing masks in the shops. Staying at home.... it's just the same over again" (Young Person).

Prior to the first official lockdown several of the families in this study mentioned that they had started to self-isolate in order to protect their vulnerable children and/or other family members:

"(My daughter) was already out of school post-surgery...it didn't really have a major impact on her because she had already been off school for quite a while pre- and post-surgery. So, we were isolating a lot for her to get her surgery, to keep her well enough for surgery. So, for me and her it was a bit like what you'd say normal, maybe, because we were used to being indoors" (Parent).

Several of the parent participants in this study were single parents, who reported already being socially isolated. Before the establishment of household 'bubbles' (which were not introduced until summer 2020), many single parents felt totally cut off from the rest of society as they could not avail of the family support they might normally have to help take care of their children. Even if family members were willing and able to help them with their children, they were not allowed into the house, so apart from perhaps doing shopping or leaving cooked food on the doorstep there was very little they could do. This meant that these parents had to do everything themselves, stretching their ability to cope, resulting in exhaustion and feeling worn out.
For one parent, contracting COVID-19 led to further isolation:

"...we were very isolated...I also took sick ten days in with Covid ... (my son, aged 21) ... was left here on his own and there was absolutely no support other than people leaving him dinners at the doorstep. They couldn't come into the house. They couldn't do washing... I had rung the social workers before this had happened to see what was the procedure. And we were basically told, tough. Absolutely tough. Unless I went into hospital, he would then be placed somewhere...But only if I went into hospital" (Parent).

However, some young people identified that technology had helped to relieve the social isolation and loneliness during the lockdowns, as it could be used to connect with other people, to stream music or films or otherwise provide some entertainment:

"...it's really lucky that this (pandemic) happened now, after the internet proliferated, because without the internet I'm pretty sure I, and most other people, would have gone absolutely barking mad by now..." (Young Person).

"Music has definitely helped me out a lot. I listen to that. I always have a lot of fun with listening to music. And scrolling mindlessly on TikTok. That has given me something to do, because hours can pass by and you don't even realise it... I've been going back and watching old movies that I used to watch with my Gran, or movies that I know that she really enjoyed... I've got quite good at online window shopping! Which is just as if you are walking round the shops in town yourself. You are not going to buy anything" (Young Person).

One young person, who describes himself as having Asperger's Syndrome and not having a lot of close friends, felt that this was an advantage as the lockdown measures persisted, as he was used to being at home a lot and not socialising much, in comparison to neurotypical peers:

"...due to my personality and the way I live, I seem to have been unusually well positioned to deal with this" (Young Person).

Reduced support for parents/carers

Linked to the social isolation and loneliness that many participants experienced was the lack of support experienced by parents and carers. This was especially apparent during the first lockdown before support 'bubbles' were permitted. During this time families who had relied on paid carers coming into their homes to help look after their children were left unsupported as the carers were not allowed into the home. In some cases, older siblings took on the role of carer, but were not allowed to be paid for it from the Direct Payments allowance normally used for this purpose, as Lorna explained:

Lorna is a practitioner in a voluntary sector organisation which works with adults and children with sensory disabilities. Lorna's project works specifically with children up to the age of 12 who have complex needs and their families in a specific geographical location in Northern Ireland. During the first lockdown many families turned to Lorna and her organisation for support:

"... people who had carers coming in or people who were using direct payments... had to stop all the carers. So suddenly people who had been affected, needing a lot of care, help, were not getting it. They couldn't have people in the house and...were doing it all themselves. And there's huge impact on siblings...The older siblings were having to do a lot more. And the more lockdown went on, the worse it got. They were trying to do school work, the ones that are fifteen, sixteen, seventeen who were doing school work, maybe trying to prepare for exams, but having to do a huge amount of care help in the home as well...parents... were ringing me saying, we can't get carers and we have this Direct Payment money... And they weren't allowed to use it on something else even though the Minister had said there had to be a degree of flexibility given that it was a constantly changing situation...but...that that money could be used on something else... and I know that frustrated a lot of parents".

Other practitioners also commented on how their organisations were able to adapt and respond in a different way than they would normally in order to provide support to parents during the various periods of restrictions since March 2020:

"I find that there's a lot more thinking outside the box, trying to help people. Because I suppose we know that services are so stretched, it is really hard for people to get the help they need. There was one example of a young girl who... is really struggling. Her mum is really struggling to get her help. And she was on a waiting list for CAMHS, even though she was self-harming, and was just getting worse and worse. And the mum had come to us in desperation saying, I don't know what to do. And I had actually advised that the mother ring straight to the CEO of [the]... Health Trust. And then she got a CAMHS appointment last week... But that's the way it is at the minute...it's just so hard to get anything" (Practitioner, voluntary and community sector).

"We have a small group of six or seven mums who we have in virtually, every two weeks, for a wee chat all together... and they are just very grateful for that quick twenty/thirty minutes... just that contact with somebody else... just everybody chipping in a wee bit. And if somebody has an issue, somebody else has maybe been down that path before and can maybe direct them. Peer support, really" (Practitioner, voluntary and community sector).

"What parents are mostly reporting... and it's not about the education service, but the statutory services are the ones that they feel let down by. They are feeling very supported by a lot of charities and community groups... locally and at a community level... And then I suppose the other side of it is, I know a lot of the statutory services have been redeployed and things. So, it's a difficult one" (Practitioner, voluntary and community sector).

"We were expecting that [one of our services] might be closed because of the vulnerability of the children we are working with, but that service remained opened. And then that just required another level of risk assessment... So, it was really adapting a way of working, just to be COVID secure and yet to have enough support to families. In effect it was really important, it was really important that the service was there" (Practitioner, voluntary and community sector).

Parent participants supported the views of the practitioners and paid tribute to the voluntary and community sector organisations which managed to continue supporting them, even if the services they delivered were altered or delivered in a different way due to the circumstances. With many statutory services paused and the staff from these services redeployed, there appeared to be little or no capacity in statutory agencies to maintain such services:

"...the people at [a local community organisation] ... very much have my back regarding my children and the support that those children need, and the interaction they need. And they... have continued on with the support that they had provided us previous to this, in the online stuff" (Parent).

"The best things that have worked for me are the [community group] that a parent... with a [disabled] child... opened up, and [another charity] – the lady who invented it had no facilities for her son. They are the people that run the best services" (Parent).

"Self-care nights with mummies from support groups... have been really good... wee mummy groups that I would have been involved in pre-COVID in regards to carers that have children with autism or ADHD and things like that...separately took it upon themselves to make up wee packs with like a face mask and a basin with salt stuff in it and just tell you to join at seven o'clock and be ready for a natter and... things like that" (Parent).

"...I haven't been given one strategy to help me communicate with my son, that came from the school. It has all come from ... a charitable organisation, a community organisation that is very good indeed" (Parent).

Anxiety and stress

Almost all participants in the study mentioned heightened levels of anxiety and stress caused by the pandemic and the measures taken to prevent its spread. There was a variety of reasons for such stress. For parents/carers and young people these included fears of contracting the virus itself, forced separation of families, lack of access to respite services and a disruption to routines. For practitioners, stress levels rose due to adjusting to remote working and attempting to keep delivering services in a rapidly and ever-changing situation. Each of these is explored in more detail here.

Fear of the virus

Both young people and parents reported the worry that the pandemic caused in their families, sometimes due to fear of the virus:

"As the schools closed, obviously the whole anxiety level was increased because you are worried is he vulnerable or is he not vulnerable? Might he get it? Might he not get it? What would happen if he did?" (Parent).

Some young people, such as Barry, found that social media posts increased their stress levels:

Barry is 19 years old and started attending an FE college in September 2020, having finished special school which he attended for 14 years. His mother describes him as autistic, with a severe learning disability and anxiety.

"It was really starting to affect my mental health, the whole lockdown thing. I was getting stressed out…And then I was off Facebook for a little… because I was seeing too much stuff relating to lockdown and…I was getting really anxious and agitated about going out. People not keeping space, you know like social distancing at two metres. Basically, I was too scared to go out to a few shops in case there was lots of people".

Fear of the virus on the return to school initially in September and again in March, following lockdown three, was also cited by parents as a factor in either their child's or their own anxiety:

"…part of that is to do with the pandemic, in that he doesn't feel safe while he's at school. So, he's sort of on high alert and that makes him more edgy and more explosive" (Parent).

"I think for the vulnerable kids, it's a big risk in sending them back into school and mixing with others. Obviously, every parent is different, but I don't agree with it. I think the vulnerable kids should be shielded at home" (Parent).

"My daughter's… anxiety went up on the back of hearing that she was returning to school… Monday morning (8 March 2021) we had full on nerves. She was not for going back. The anxiety levels were through the roof and raised anxiety whenever we got to the school was evident" (Parent).

One child refused to return to his special school in January, though it was open, due to feeling anxious about his safety:

"He would not go back after Christmas. He has said, and continues to say, that he doesn't feel safe there, because he knows the other members of his class are not sticking to the lockdown. They are out wandering the streets, meeting up with other people who are not in their bubbles and all this carry on. So, he just does not feel safe in school" (Parent).

One parent highlighted that some of the initial guidance provided to schools by the Department of Education[23] regarding required isolation of a suspected COVID case among pupils was likely to damage the children's mental health as it would make them feel afraid and anxious. Her own child had previously been 'traumatised' by being placed in a seclusion room in his previous school:

"The guidance that came out in March was absolutely horrendous when it came to a child being symptomatic in school. Being put in a room on their own behind a closed door…how detrimental it is to a child to put them behind a closed door and leave them with their own thoughts. 'Oh, I coughed. I may take this home and kill my granny'. The horrendousness of (that) thought for children… it was diabolical" (Parent).

Forced separation of families

Young people and parents also reported raised levels of stress and anxiety due to forced separation from extended family members during the various lockdowns and restrictions on travel:

"My other brother is stuck in Belfast and my sister is stuck in Liverpool. I'm not worried about them but I worry about my family here [too]" (Young Person).

"It affected my sister a fair bit worse. It slowly got to her rather than immediate effect" (Young Person).

"…I think last time we were talking, my Gran had just went (sic) into a nursing home. So, we haven't been able to see her. The last time we saw her was 23rd December. She has moved to a different nursing home now and they offer FaceTime and stuff, which is really good. But it's just not the same…Like…she can't really talk. So, it is very difficult seeing her, because… I have always been quite close to my Gran" (Young Person).

The first lockdown period had a significant impact on the stress levels within families and particularly for parents. Lockdown meant there was little or no contact with relatives, who would normally assist the families. This meant that several parents faced immense pressure in trying to meet their children's complex care needs, which for many led to exhaustion, physically and mentally:

"We had never had a break from him at all. So, twenty-four hours a day, seven days a week for months, it was just us and him… So, I think we are quite shattered at the moment" (Parent).

"For most parents, school is the only respite they get" (Practitioner, voluntary and community sector).

Karen's son, Rory, is 11 years old, is severely autistic, non-verbal and has severe learning disabilities. He also has no sense of danger and, therefore, needs constant supervision. Karen says that Rory has no idea at all that there is a pandemic. Due to the schools being closed and people needing, in the first lockdown, to stay at home as much as possible, the family did not have the supports they usually have and everyday tasks became impossible to do:

"There's the three of us here now and we have no break at all. Because (my son) would have been at school five days a week. [His Granny] would have met him a few of those days in the afternoons and he would have gone down to his [Granny's] for a few hours on a Saturday. And you were getting none of that. Like, I couldn't dry clothes properly because (my son) takes them off the radiator. Or if I put them on the line he throws them over the fence! So, things like hoovering and simple household stuff suddenly became a major challenge".

Some families were small, some were single parent families with a very small number in the available extended family network. In such cases, the possibilities for support were very limited:

"…all they have is me and immediate family" (Parent).

"A lot of my families were shielding. Even trying to get access to food, trying to get access to shopping. There's (sic) a lot of single parents, there are parents that don't drive. So even getting access to groceries and stuff like that [was difficult]…" (Practitioner, voluntary and community sector).

Reduced access to respite services

Lockdown also meant there was no respite for parents as schools were closed, regular respite services were unavailable as were most other youth clubs and sports/social clubs[24], which had a detrimental effect on the young people, in terms of opportunities to be active, all of which created more stress for their parents, as Sheila's story illustrates:

"…he would have gone to gymnastics classes two or three times a week. And then other days there would have been clubs and things that he would have gone to. So practically every day and the weekends as well. He would have had judo and golf and things on. So, all of a sudden there was nothing. And what do we do with this hyperactive child?" (Parent).

"It was hard on her because she was doing six hours diving, three hours swimming and two hours of climbing. To go from that to zero was hard" (Parent).

Sheila is a practitioner from a voluntary sector organisation which provides a range of social and personal development opportunities to disabled young people from 16–30 years of age as well as support to the parents of disabled children.

"One of our parents had an issue there where her daughter is in [a facility] for respite. At the start of this lockdown, this closed down. And it was more acceptable the first time around, I think, because people didn't want to send their young people anywhere. They wanted them in the house. Whereas this time round[25] it was a case of, this is a single parent who has nobody else to help her with a severely disabled child, and she… needed a break. And the questions of course were, why is this place closed down for these vulnerable, vulnerable young people… She needs care 24/7, this particular girl. And she couldn't have somebody just coming into her house, just because of her physical abilities. She needed proper care…".

In some cases, when the initial restrictions were eased, families may have been offered respite, which was welcomed by some parents, but others felt that the risks outweighed the benefits for children with complex needs or life-limiting conditions:

"The Children's Hospice has opened again I have to say, from August. But I preferred not to send her to respite because obviously it is increasing the risks" (Parent).

Some organisations which usually provide face-to-face social opportunities for young disabled people through youth groups or sports clubs did attempt to keep young people engaged by moving the clubs online. While online sessions were not seen as being quite as good as face-to-face meetings, many young people appreciated that they were better than not meeting at all and some activities worked well online:

"It (Zoom) works really well because even though… we are not meeting each other and just look at the screens. And I've been doing computer courses the last few weeks now. They (the youth group) gave us tablets, you see, for us to keep. To help us do tablet computer courses at home. They've been really helpful" (Young Person).

"…it's really lucky that this happened now, after the internet proliferated, because without the internet I'm pretty sure I, and most other people, would have gone absolutely barking mad by now, out of boredom" (Young Person).

"I think they both work as well as each other" (Young Person).

"It has the group chat. And WhatsApp is perfect to keep in contact with everyone" (Young Person).

The Zoom approach did have its advantages. For young people, these included not having to travel to meetings, being able to be involved in more than one group and stay safe while staying involved in a youth group.

Some young people pointed out that Zoom meetings were safer than face to face meetings:

> *"Zoom keeps you safe"* (Young Person).

> *"I like… both ways. I like doing some on Zoom and some face-to-face"* (Young Person).

> *"I think they both work as well as each other"* (Young Person).

Zoe is 21 and has been involved in several youth groups for a few years now. Zoe can see the benefits of both face-to-face and Zoom meetings.

> *"I think it really depends on the nature of the meeting. Obviously, you can save a lot of money in terms of transport and having to rent out places to meet up and that sort of thing. And normally we would get wee snacks and things. So, it does save money and stuff, and it definitely saves time. Because…I've had like three or four meetings back-to-back and I wouldn't have been able to have went (sic) to them if they were in person. Which means I would have missed out on quite a lot of information, or potential opportunities and things. So, I do definitely think there are benefits to both… the main negative would be it does impede…on that social aspect that we all need, (as) humans, I guess…. it does get a bit tiresome after a while. Especially if you've been sitting at a computer screen and then it's like, OK, I've done all this work. I would like to switch off. And it's like moving from one screen to another, which isn't great".*

For organisations the advantages of using Zoom included reducing expenses like travel, refreshments and venue hire as well as staff time spent travelling. In addition, Zoom has afforded some groups the opportunity to engage with similar groups from across the world, something that would have previously happened:

> *"One of the things we do over Zoom is engage with people from other countries. We did a programme with a group of young adults from Barcelona. And then we are starting a programme… this week, with a group of young adults from… Australia. And then we've been doing Zumba with a group in Dubai…So Zoom has given us loads of possibilities… We've been able to engage with people we never would have met before"* (Practitioner).

However, although participants did appreciate the benefits of online clubs, there was general agreement that they did not fully replicate face-to-face provision. Limitations included not being able to have a physical change of location; not being able to play games in the same way; sound issues making it difficult to hear properly and; the social aspect that occurs naturally before, during and after a club activity being missing:

> *"I do really enjoy Zoom, but I prefer face to face because I would rather get out and go to the club. But I do have a problem with Zoom sometimes with the noise in the background and stuff, because I don't like the noise in the background"* (Young Person).

> *"I miss meeting up"* (Young Person).

Stephanie and her husband initially fostered and then adopted their son James, who has a range of needs including moderate learning disabilities, as well as a diagnosis of ADHD. James attends a special school. Stephanie says of James:

"He is a very talented boy in some ways, but also very hard to manage in many other ways. He is very explosive and a very active child and that we've channelled into various activities that he does like gymnastics and golf and other sports, rugby, just as many things as we can to keep him occupied, because that helps to keep him calm".

While most of James' sports clubs and activities closed, one did continue online. However, this was not the same experience for him as face-to-face classes, especially in terms of the social opportunities such clubs normally provide:

"Oh, it's far better face to face. Definitely. He's doing [the sport] and that's exercise and stuff like that, and he can do it so that's grand. But there's none of the standing round chatting with the other lads and all that sort of stuff that they would have done. And the bit of banter with the coaches. The...club is good and [normally] part of it is they are standing round outside waiting to go in and then they stand and chat after it as well. And there's people that he would meet there that he doesn't meet anywhere else".

Disrupted routines

For some children, the disruption to their normal routine was both difficult to understand (especially for younger children and those with significant learning disabilities) and was very upsetting. Being in a routine normally helped these children to regulate their own behaviour. As lockdown disrupted routine, challenging behaviour often increased. For example, sleeping patterns were disturbed, they became anxious, distressed and increasingly frustrated, especially those who are non-verbal, have ADHD and some who are autistic. In some

cases, this led to very stressful situations where the children screamed incessantly, threw objects at parents and siblings, lashed out harming family members and/or themselves:

"(My son) is a very poor sleeper. So, most nights he'll be up at half one, three o'clock. Last night he was up from half three. Doesn't go back over to sleep. So, you've got that exhaustion constantly too" (Parent).

"... (our daughter) was okay for maybe the first two weeks and then it started to take effect on her. When (she) is at school she sleeps well, she eats well, her behaviour is good and she progresses. (But then) her whole mood just changed. She just whined and cried all day long. She didn't sleep some mornings. She'd sleep from twelve (midnight) to three and then that would be her up for the whole day... And then she stopped eating as well. She has a very bland diet but you can get her to eat breakfast, toast, chicken nuggets. But she just refused completely to eat...And then she must have had a lot of anxiety as well, because she wanted me with her 24/7 and she didn't want her brother near me. She was very, very attached to me and only me. She needed me with her all the time... And she started to hold her bowel movements in as well" (Parent).

Some parents reported being at breaking point in these situations:

"...it was very claustrophobic. The behaviours just went through the roof, then. it became very extreme and emotional, very emotional...it was just me and the children. There was no let up at all... there was times you were just banging your head against a wall because...Like logically everybody's... having those experiences. But because you are in the centre of it, in your home... It is more than that. There's no let-up" (Parent).

Brian is Dad to six-year-old Freddie. Freddie is autistic and also has a learning disability. He is non-verbal and needs one-to-one assistance with everything and attends a special school. Both Brian and his wife are key workers. During the first lockdown they had to arrange their shifts so that one of them could remain at home with Freddie while the other person went to work. At this stage in the pandemic, bubbles were not permitted, so there was no-one who could help with looking after Freddie. Brian did not feel very well supported by his employer and eventually the situation became too stressful:

"I remember one time at nine o'clock I was just about to go out the door and he just lay on the floor and started screaming. And just having frequent meltdowns, his behaviour changed and I felt he really needed me. Needed us. So that actually resulted in me going off on sick leave with stress...I remember having a conversation with my manager and said it felt like I was getting burned out... To be honest, I'd had enough. I had to weigh up what was more important. My boy or work. And it was really affecting me as a parent..." (Parent)

Some parents and young people reported anxiety manifesting itself when restrictions were eased during the summer. Their children and young people had become accustomed to staying at home and were nervous of going to places like supermarkets where they would inevitably meet more people:

"My son was very anxious about going out because it's still around. Just anxious about going out and being around people" (Parent).

"I just decided to basically stay in lockdown. I maybe saw friends a wee bit. We were socially distancing when we met up...I went to B&Q three times and that was it" (Young Person).

"[I was] excited (when the restrictions were lifted) but also very aware of everything and everyone. I've always been aware of people not washing their hands, like on public transport, so I'm sanitising more frequently.... I'm very aware of people, how close they are and whether or not they're actually wearing a mask" (Young Person).

Similarly, the return to education in September was an anxious time for some:

"...he was very anxious going back to school. I was concerned when he went back he was displaying signs of anxiety. He was talking about pains in his stomach and butterflies in his stomach and a tightness in his chest and feeling anxious...So it really wasn't a good time. He very much would have isolated himself...So it was tough and it went on for a good couple of weeks, of talking about these real feelings of anxiety that he had...I explained to him that this is what it is...it is anxiety that you are feeling" (Parent).

Some parents found that the ever-changing situation and measures since September had a detrimental impact on their child's mental health, especially those children who like to have a consistent routine:

"...it's very, very difficult for children like (my son) that would have the mental health side of things and the emotional side of things. It is horrendously difficult for them...They can't start, stop schools, start them, stop them, start them. It has a major impact on our kids. So, I think, they either should be at school or they shouldn't be at school. I think stopping and starting is where it's worse for them" (Parent).

The disruption to routines continued during lockdown three for children and young people. Although special schools were officially opened, not all offered the same full-time hours as before, not all parents reported being made aware that their children with SEND could attend mainstream schools, parents and practitioners reported that the same resources were not available to children as would be normally and only some further education colleges had limited opening hours for older young people with SEND. This is discussed further in the section of the impact of COVID-19 on education.

For some young people who were able to continue attending school or college during lockdown three, a variety of factors made the experience strange and sometimes stressful:

"I've been able to go to school but it has been stressful in a way as the work piles up and it's really hard to keep on track, even though you are in school with the teachers. But it's still really hard to keep on top of it" (Young Person).

"I am finding it hard because I am in tech on Mondays and Fridays and it is so quiet without anybody else there... There's only a couple of classes in. My class is in but there's only (some) of us...going in" (Young Person).

However, for other parents being able to send their child/children to school after Christmas had a dramatic difference to all of the family as Jane's story illustrates:

Jane is Maria's mother. Maria is 5 years old and is autistic She is non-verbal, has sensory processing disorder and pica (eating non-food items). During the first lockdown, special schools being closed had a profound negative impact on Maria. Her behaviour became very challenging as she became more and more frustrated. This impacted the entire family. Jane told us

"Because she was very angry and cross, she was taking a lot of anger out on her brother. He is only one and a half...and he got really afraid of her. And he couldn't understand. He was trying to comfort her and she was lashing out at him. And then the two of them were fighting over me. She wanted me. She was screaming and it led to him screaming. A lot of attention was taken off him to help (my daughter). He was left out a wee bit because we had to focus on (her). But she took a lot of her anger out on him. We couldn't leave them in the same room. She would have grabbed his hair and dragged him to the floor. Real angry and frustrated. He got a wee bit afraid of her... And it was very hard seeing her hurt him... But she would have pushed him down the stairs and she dragged him by the hair to the ground and kicked him".

The situation changed completely and for the better when Maria was able to return to school after Christmas as Jane explains:

"Well Maria went back to school. Special schools opened in January as normal after Christmas. So that was great. And Maria has been every day since... She's happier...if Maria is at school, home life, everything is much more manageable. Maria's behaviour affects the whole family, the whole house. So, if she's in school everything's fine. It makes such a difference. Family life, everything is much better when Maria's at school."

Summary of key findings: The impact on mental health and wellbeing

Social isolation and loneliness: Social isolation is nothing new for families of children with SEND. In 'normal' times, both parents/carers and children often feel isolated and lonely. The arrival of COVID-19 and the measures taken to mitigate it compounded these feelings further due to the need for some children to shield and the closure of all clubs/groups that the young people and parents might normally attend.

Parents who had worked hard to help their children develop inter-personal skills felt that this work would be undone as their children had no face-to-face interaction with others. Some young people, though, were able to connect with peers via Zoom, Facetime or other platforms. Some clubs were able to be delivered online, and while these were considered better than nothing, they were not really seen as being quite as good as in-person attendance.

Lockdown three started just after Christmas 2020, and many of the respondents, adults and young people, felt that it was harder than the others had been in terms of heightening feelings of loneliness and isolation. This was due to a combination of factors such as the darkness and shortness of the days in winter, the inclement weather and a sense of weariness with the situation, which was persisting much longer than first anticipated.

Reduced support for parents/carers: Linked to the social isolation and loneliness that many participants experienced was the lack of support experienced by parents and carers. This was especially apparent during the first lockdown before support 'bubbles' were permitted. During this time families who had relied on paid carers coming into their homes to help look after their children were left unsupported as the carers were not allowed into the home.

Since March 2020, many statutory services have been paused and the staff from these services redeployed, so there appeared to be little or no capacity in statutory agencies to maintain the services normally offered to parents/carers. Several voluntary sector providers were, though, able to adapt the services they offered, often providing practical support as well as emotional support to parents/carers and their families, often online or over the telephone.

Anxiety and stress: Almost all participants in the study mentioned heightened levels of anxiety and stress caused by the pandemic and the measures taken to prevent its spread. There was a variety of reasons for such stress.

For parents/carers and young people these included fears of contracting the virus itself, forced separation of families, lack of access to respite services and a disruption to routines, which for very young children especially (though not exclusively) was hard to understand and often resulted in a deterioration in behaviour.

For practitioners, stress levels rose due to adjusting to remote working and attempting to keep delivering services in a rapidly and ever-changing situation.

The impact on education, development and employment

On 19 March 2020 the Department of Education in Northern Ireland announced that all schools would close to the majority of pupils from the following day, Friday 20 March 2020, at the end of the school day[26]. Home schooling and remote learning were to become the 'norm' for thousands of children and young people over the coming months. In late August 2020, a phased return to school was initiated. Due to rising rates of infection, there was an extended half-term break towards the end of October. As part of the second lockdown measures, some schools completed the autumn term with remote teaching just before Christmas 2020. From January until 8 March 2021 all schools, with the exception of special schools, delivered remote teaching to the majority of children as part of the measures taken in lockdown three[27].

The closure of schools was identified by some as being the measure that had the biggest impact on their organisations and the families they worked with, both in the initial and subsequent phases of dealing with the pandemic. For the majority of respondents, this was a negative impact, though there were positive impacts for some. Findings in this section are presented under the following themes:

- communication with, and support from, schools, colleges and universities;

- the impact on learning and development;

- development support outside school;

- the impact of the cancellation of examinations, positive impacts of school closures; and

- the impact on young workers and those seeking employment.

Communication with, and support from schools, colleges and universities

Parents and some young people reported mixed experiences of communication with, and support from, staff from schools, colleges and university during first lockdown, when schools reopened and in the spring term following the Christmas holidays. For some, this was very positive:

"...I can remember the teacher linked in with us two or three times. The teacher was fantastic...I just said [my son] loves holding a book. And she said she understood that and she left loads of Key Stage One books over to our home, delivered them herself, which was fantastic. In terms of [his] school and the support, they couldn't have done any more in my opinion" (Parent).

"School was really good. I have to say they are an excellent school so we did feel that we had what we needed..." (Parent).

"I have to say that...where he goes... was absolutely brilliant" (Parent).

"It was very helpful being able to talk to my dissertation supervisor, he was great. We would set up weekly phone calls and if I needed to speak to him sooner he said to send him an email and we'd get it organised sooner. So that was very helpful" (Young Person).

Schools developed their own approach to communication with parents. Some sent regular emails, some telephoned parents on a regular basis while others had virtual meetings over Zoom or other platforms. Regular communication such as these were much appreciated by parents:

"I think everything we did… was well received…Our hands were tied in lots of ways but I think, because communication was strong and…that prevented a lot of difficulties… a lot of very effective communication has been going on, on the phone, as well [since returning to school]" (Practitioner).

"We…did a weekly phone call where every teacher phoned the parents. And we did an evaluation then in June, and that came back as being what they appreciated and what they needed most. All the parents have said that. That really set their mind at ease… Those phone calls were appreciated. It really made a difference in the lives of the families" (Practitioner).

However, for other respondents, communication and support was reported as being limited or almost non-existent:

"I would get emails from my teacher but that was mostly just it" (Young Person).

"We got one phone call and one work pack home and that was it" (Parent).

"The school was not really supportive. They did do a leavers' drive by, got them hoodies and said they'd have them up for a tea party once COVID finished" (Parent).

"One teacher in my school got to see all her students. And what did we get? We didn't get to see a single one of our teachers" (Young Person).

"His tutor rang up once and I was in the middle of a Zoom class for work. And I said, I couldn't just speak…and he says oh that's alright, I'll ring you back at lunch time. And he never did…Now they did try and send books home at the beginning, but he didn't get all his books either…There was one lady who was a Special Educational Needs teacher and she was in contact and everyone was joined via Facebook, and she gave people a couple of topics each week and they were to post things that they did. But it was more of a fun thing…So, I was very disappointed that that was all the… contact really we had" (Parent).

"…I feel that our kids that have Special Educational Needs, full time classroom assistant etc, were just left…to [their] own devices. There was no guidance, no nothing. No support in any way to help with [his] education. I did contact the Principal on one occasion…So unless I contacted them, there was not even anyone touching base on a weekly basis or anything, to check how he was going" (Parent).

"They gave us the work… but…we were never checked up on. Like nobody called to say, how are you doing? …We did the work as best as we could and you took a photo of it and they marked it and stuff. So, they did the minimum, which was a lot more than other schools did. So, I was grateful…but…for a child with additional needs, it didn't reach the levels that I would have assumed it would have reached…It wasn't tailored for children with additional needs" (Parent).

Some parents also reported that there were 'mixed messages' from some special schools about sending the children in early in the New Year. Several felt that they were not really being encouraged to send their children back:

"When the (special) schools started back we got a couple of communications from the principal saying that it was our choice whether we sent our children in or not. Understandably some parents were choosing not to send their children in, and the Minister's advice is clear. The safest place to be is at home. So, you nearly felt guilty then. It was kind of like… it felt like in an indirect way saying, don't send your child in" (Parent).

"...I just got a phone call from the school. Are you sending [her son] in or not? Very little support. And I was like, well I'm definitely not now..." (Parent).

Others whose children attend mainstream schools did not realise that they could have sent their children in:

"...somebody did tell me that she was eligible to be in school the whole time, because of her additional needs. But sure, nobody told me that. I was sent an email. They talked about children of key workers and/or vulnerable children. I didn't realise that she came in under that category" (Parent).

In mainstream schools, supervision was offered to the children who attended, not full teaching as normal. Some parents felt that such supervision was not adequate or appropriate for their child and either chose not to send them to school or questioned the value of schools being opened for supervision only:

"[My son] ...he goes to...an autism unit (in a mainstream school). So, they all have statements. And...you can send the children in if they have a statement... There's (sic) only nine children in [his] class and none of them are in. And the fact that it was supervised learning, I think [he] just needs a wee bit more constant (support)..." (Parent).

"They are just sitting in a hall and there could be a P7 with a P2, and they are not doing much" (Parent).

"Well the school did offer him to go back part time, but he didn't want to because obviously none of his friends would be there. And because it was basically a glorified childminding service, they are not doing education with them, so it doesn't give you any drive to even send them back again. Because at the end of the day, they are not doing anything different to what we are doing at home. Yes, it would have eased the pressure on

myself... from home schooling. But then you have obviously the battle on your hands of trying to get him out to school in the mornings, if he doesn't want to go, because nobody else is there. So, you are in a catch-22 (situation) with this" (Parent).

"This time around he was offered a place. However, the school sent out very clear instructions that they would not be doing supervised learning. Now, I know that that is not what was instructed by the Department of Education and the Education Authority this time, but our school made it clear that children would be supervised, but they would not do any...learning....it wouldn't have been of any benefit. I'd still have to go and collect him and do home schooling whenever he got home. So, it just wasn't worth it" (Parents)

"...teachers aren't teaching... they are just supervising in school... The school is sending... those booklets and everything, home to me to do. And yet they are telling me to send it in to them to do while in school. And yet I'm still having to do that whenever they come home, on the days that they go to school...So, it's not necessarily helpful. It's additional pressure..." (Parent).

"[My son] ...has his statement so...we are allowed to send him into school (but) ... the children at home and at school are expected to be in front of the screen all day, with very little support. That sounds very disparaging. I know the teachers are working hard and I know the teachers are setting work, but there's no compensation for being in the class with your teacher. He has classroom assistants and sometimes has a teacher in the room, but not necessarily his teachers. So, then he would come home and he would be working for maybe an hour, sometimes two hours on his school work, in front of a screen" (Parent).

Practitioners echoed the parents' views:

"I've had parents telling me their children haven't gone into school, but they have a statement. And I'll say, they can go into school. They are allowed to go into school. But they are not accessing their classroom assistant, because their classroom assistant is being used to supervise classes, because of staff shortages. But… if they don't have a classroom assistant guiding them, they are not doing the work. So, they are just sitting in school." (Practitioner, voluntary and community sector)

Helen is a practitioner in a voluntary sector organisation which supports children and young people with SEND. Helen confirmed what parents and other practitioners claimed and pointed out that during the third lockdown children with a statement of SEN who attended mainstream schools were not, in fact, having their needs met simply by the doors of the school being open to them:

"For those children who are in school and have statements of special needs, they are not actually getting any kind of special education provision. They are just simply… being supervised. There's no actual learning as such going on. It's more just they are supervising the children…. a statement gives a child an enforceable right to very specific education support that's set out in that statement. And that's not happening for those children who do have very specialist provision set out for them, whether that may be classroom assistants or behaviour support or particularly literacy programmes. Things like that that are actually in their statements that would normally be happening, they are not happening for those children who are in school at the minute. Their statements are just not being implemented at all".

Other parents, although feeling that supervised learning was not an ideal situation, felt that it was better than nothing:

"So, the suggestion was that, because we were key workers, he could go back to school. Basically, there's somebody there that can be helping…To me it feels like glorified babysitting, but he must be getting more out of it than he can possibly do at home sitting on his own. So, he returned to school and he has been doing all his online classes in school. Hopefully, they are helping him upload stuff and answer any questions. Because if he is sitting at home on his own, there is nobody there to help him" (Parent).

Some parents appreciated that it was difficult to support some children with specific learning support needs:

"The teacher tried. But [my son] is in a sensory room… And to be fair to the teacher, there's not an awful lot he can do. What can you send those kids? You might be able to send other kids work. They sent a few messages so that they could see his face, but…even equipment and things. [My son] has a helmet[28] and it never got sent out" (Parent).

The impact on learning and development

Some parents and teachers reported that there either was a loss of learning and development or feared there would be for the children during the various lockdowns and in the intervening period while the children were at school:

"From an educational point of view, it is not good for any child, but children with learning disabilities, you may as well take a year plus off them. They had all that time from March right through to September and they had absolutely nothing and no education…. (My daughter) has gone back to tech this year and she has regressed so much. She has regressed years. We are talking back down to stuff that…primary school kids would be doing. She was always achieving, and she is right down. I think educationally it has had a massive impact" (Parent).

"I don't want him to fall behind in his curriculum by avoiding the work that has been provided. Because obviously the work that is being provided is what's to keep him up to scratch for him returning back to school again. And it was the fear of that more than anything because he does have difficulties in school. It was the fear of him then falling behind and really struggling when he returned" (Parent).

"The school are really good with him… a lot of those targets were stopped because of COVID. So, they were working with him to bring the roll book up to the office independently. Things like that he couldn't do any more they were working on with us, to try to get him out more. And they can't do that [due to class bubbles etc]. So, the targets they had originally set were scrapped. But they are still working with him as much as they can" (Parent).

Some parents felt that home schooling during the third lockdown was worse than earlier in the pandemic. This was due to a combination of factors such as the time of the year, weather, parents feeling they did not have the energy or the skills of a qualified teacher or classroom assistant and/or that conflicts over school work had a detrimental impact on their relationship with their child:

"Home schooling has really took (sic) the worst out of me. And when I had a parent teacher meeting before, with her teacher, she said look, once she starts shouting, tools down. So, it was getting to me, shouting every day, and I said I'm not doing it. I don't want my daughter to remember this time as a raving lunatic of a mummy roaring and shouting because she's not doing her ABCs. There's more to life. And I'm not a qualified teacher. And it was putting a lot of stress on me and her and our relationship" (Parent).

"Home schooling is very difficult with him. He has a full-time classroom assistant in school. And trying to keep [him] on task, focused and concentrating…is extremely difficult. Lots of tears. Lots of upset and anger having to do the work at home" (Parent).

"…it has become more difficult as the weeks have went (sic) on…I suppose… the novelty had worn off…The weather wasn't as good. There was a lot of blame, as in, I was giving them the work rather than it coming from the school. It was trying to get them all settled to do the work, and stuff like that. So, I suppose it hasn't been as good…we have struggled more with the home schooling, them being at home, over this lockdown, because it is winter" (Parent).

"This third lockdown, home schooling has taken a complete and utter back seat. There's just no push… You just don't have the energy to do much of the tasks that you had the first time and second time round" (Parent).

"[My husband] and I are both working as well. We are trying to home school two children. They won't take it (instruction) from us as their parents and it just causes tension (and) arguments" (Parent).

Some young people mentioned that their parents did not have the same skills as their teachers when it came to home schooling:

"The teachers have…. been training for that (teaching) for their whole lives, and your parents have not" (Young Person).

Teachers also acknowledged that some parents found yet another phase of home learning very challenging in the third lockdown:

"Parents were struggling with keeping going themselves in terms of remote learning…. and I think the parents are struggling to motivate their children, given the weather and the lack of light and all of that. And people's energy levels being low after Christmas anyway. Because I think January can be a tricky enough month for everybody…. all of that meant that the parents didn't have the same capacity themselves even, to deliver the work" (Teacher).

Parents whose children attend special schools or special units within mainstream schools highlighted the negative impact of school closures on their children who normally receive therapies such as speech and language therapy, occupational therapy, physiotherapy or other specialist assistance, which remained disrupted even when schools re-opened in autumn 2020. These negative impacts included deterioration or lack of development in terms of ability to speak and communicate, lack of development in terms of motor skills and lack of concentration:

"And the big thing I noticed with (my son) was his speech. He has no words. But he used to always say loads of sounds and that's the big thing with special school. There are all the therapists on site. And then that was cut straight away" (Parent).

"I feel that he was already delayed and now we are sitting here in November and still my boy hasn't received any speech and language in school. Still he hasn't received any OT. His therapies are non-existent and that has been from March last year. It's not good enough and he is really suffering from that" (Parent).

"…it took a long time to find out what [my daughter's] communication system was going to be…. And they finally found that PECS (Picture Exchange System)[29] was going to work with [her]…And over lockdown… she stopped doing it and she hasn't picked it up since… Now at the minute it is going to take another year to get her onto the PECS communication again…That year has been wasted, nearly… She is in P1 now and she has lost the communication system… I would nearly rather they had started from the start again, rather than move her into P1…" (Parent).

"[My daughter] last year went to sensory circuits every day for half an hour… Sensory circuits are like a place where she can go and it is all to do with her sensory needs. So, it is either calming her or geeing her up for the day, so to speak. So… she got all that sensory input that will help her to learn better [but]… it hasn't been happening… because of COVID… [so she] still cannot concentrate and remain on task and remain focused in the class" (Parent).

During lockdown three, although special schools were open, the disruption to therapies remained, and so too did the concerns about the resultant negative impacts on children's development:

"... in terms of speech and language, there's been zero input from last March. He (son) hasn't been seen by them. I rang up and obviously expressed concern as a person to the speech and language therapist.... just expressing how disappointed I was that we hadn't heard from them, when school started up, and what were they actually doing? Were they seeing children or were they not? And the reply was that they weren't... they were in the school but they weren't giving any therapy intervention. They were just there in an advisory capacity. Which is quite frustrating as a parent, to be honest" (Parent).

"The therapists aren't doing it now because they are not allowed to do one-to-ones. They are not allowed to go from classroom to classroom. But they are giving the teachers the stuff and the teachers are incorporating that into the class, then. But there's no one-to-one" (Parent).

"And they (school) have so many facilities that we don't have (at home). They sent me a lovely video of him in the lights room the other day and they have this new projector. [My son] just was so at ease in it. And he's missing all of that. Medically, he also has difficulties with his foot and because... he's not accessing the physio, he's not accessing the (medical) people who would be looking at that. So, I had to phone the school and flag it up" (Parent).

"There is a health provision within [my son's] school, so when they close those schools, they have shut the door to all of those services that we would get. So, [my son's] physio, speech and language therapy and OT are all connected to the school. They close the school and there's

nobody.... And suddenly we are cut off from that. The provision itself is very poor in the school, I think.... you think they are getting it (therapy) in school, but there's one speech and language therapist for the two or three hundred children in [his] school. He's actually not getting speech and language therapy" (Parent).

Often the provision of therapies was not within the school's control as these staff are not employed by the school itself:

" We have no OT [Occupational Therapist] present here in this moment...We've had no physiotherapy all year. We do have speech and language therapy, they have been brilliant, but the other two therapies are not present in the school. And we've been told that that's due to staffing problems again...when they are not here, they (children) are being denied part of their statement...if we were able to employ our own OT and physio, if a job became vacant, we could re-employ somebody else, full time" (Teacher).

As stated previously, special schools and special units in mainstream schools remained open in lockdown three (and in addition, children of key workers and those deemed 'vulnerable' were eligible to attend mainstream schools). However, this did not mean that all special schools were open for their full hours. There was considerable variation between schools with some only offering reduced daily hours or reduced days on the premises. Often, parents reported that no explanation was given for the reduction in what was being offered, though some parents felt that it must be due to staff shortages caused by either illness or staff having to self-isolate if they were identified as a close contact of a confirmed case of COVID-19:

"He should be in from nine to three, so it has been reduced from nine to half one from mid-January. We don't know why, but that's just the way it is" (Parent).

"And the school that my son is at are only offering two days a week. And that's very disappointing, because apparently, they can't get the staff, they don't have the numbers. But a lot of the other special schools are still open…I am kind of p***ed off with that situation, because my son really doesn't cope very well" (Parent).

Despite the variation in what was offered, the majority of parents whose children attend special schools reported a major positive impact on the children who attend these schools, especially in terms of learning and development:

"… I've noticed the changes in [my daughter] in January/February, so even the teacher said she's thriving. She has started to go and sit on the toilet. Has been to the toilet in school. And her communication is coming on…. If the special schools had been closed same as the mainstream, she wouldn't have done all this…" (Parent).

"He has really come on in his personal development. And we actually had his annual review there in January, which was very positive. And you can really see him making progress in terms of his education… To be honest, I would say that he's a lot happier now than he's ever been, in school, and I think that's because he is in a nurture room and it's a completely different concept, where they are working on the child's emotional wellbeing and the overall personal development" (Parent).

Although 'vulnerable' children and young people were eligible to attend both mainstream and special schools, young people aged 16+ were not made an identical offer from further education colleges across Northern Ireland, with some opening while others did not:

"I don't understand why the tech wasn't kept open for the vulnerable ones… [My son] was back the first week in the New Year and then it closed" (Parent).

"He hasn't really been in education much since last March, really. Sure, they had that long first lockdown 'til after the summer. And…they didn't start tech till near the end of September, to be back in for October, to be off again, to be back again and then off again. So, all in all, I don't even think he's been there two months, to be honest" (Parent).

"…all of [my son's] was all shut down. His only opened up again this week (i.e. late February). His social learning has opened up again this week. [My daughter]… gets a Tuesday morning in tech" (Parent).

For teachers, the loss of learning and development was evident on the return to school in September 2020:

"…I could see the children who came to me whose parents had done absolutely no work with them at all during lockdown. And you could see that they had dipped massively… We just did our assessments there. The majority of the children seemed to have gone down" (Practitioner).

During the third lockdown, teachers also identified home schooling had definitely lost its novelty and resulted in a bigger challenge for schools to maintain effective levels of engagement with pupils:

"…we had to work really hard to keep everybody engaged. But we did manage it. Most of the children did continue to be engaged" (Teacher).

There was a variety of reasons for this lack of engagement. For example, some parents also mentioned that their children either could not or would not engage with the packs that schools sent home:

"...he refused point blank to do any home schooling. He doesn't like school at the best of times and he wasn't going to do it at home... they sent home these two great big folders full of papers that he was to do. He took one look at them and he just threw the head up. But... they weren't interesting. They were photocopies of photocopies and it wasn't anything that he was going to engage in at all... It wasn't worth the fight for all it was going to do, because (my son) has extremely poor memory. So, anything you'd do, really, is forgotten in an instant. His memory would be more pictorial. He could remember places and possibly people, but a load of words on a page? No" (Parent).

Other parents felt that their children did not or could not engage well with online learning, partly due to their disability. Sometimes, this was due to difficulties in engaging with technology but other factors also came into play here such as the lack of multi-sensory or multi-modal methods of learning available in a family home as well as a natural lack of expertise in teaching skills among parents compared to those of teachers and classroom assistants:

"... because it's not like you can home school with a video or computer and say, there you go. It's not that kind of education he gets... (my child's) school day would [normally] be maybe reflexology, messy play, some outdoor play" (Parent).

"I guess the thing that struck me the most was just having an insight into school life and what is expected of them at school. And how much I couldn't give to (my son) and how much remote learning wasn't going to be the ideal scenario, for him particularly, with having a classroom assistant and his lack of concentration. Even with medication he needs a lot of help with that" (Parent).

Some young people at FE also felt it hard to engage with online learning, sometimes due to their needs and sometimes due to the technology:

"Just (at an) online classroom which is really boring (on) Wednesday, Thursday and Friday... Sometimes it's like quite hard. And as well, the online classroom takes forever to log in and all, and sometimes it doesn't work...Sometimes we stay on for two hours or...nine to twelve or something like that. Which is too much for me." (Young Person).

Some households lacked ICT equipment, broadband and WiFi or knowledge to fully engage with the material that schools were putting online:

"...it was incredibly difficult to share a mobile phone between two children with two completely different varying levels of needs, to get school work done" (Parent).

"...we... couldn't depend on the fact that everybody would have access to ICT. So that's why we went with the paper copies" (Practitioner).

"I think some work was put online but I wasn't even sure how to access that, really. I wouldn't even be able to tell you where it was we went to do the work in the first place. And if you asked him, he doesn't know how to do it. He has forgotten. If there was an online area that you could have accessed work, I wouldn't know where that was or how to get on to it at that point, anyway" (Parent).

"It would have helped if they were all using the same programme. We did a lot of stuff on Google Classroom but then I think English did Showbie or something that they were using. And then there was another teacher that did something else. So that was difficult, trying to juggle the different elements, because I'm not a great person for technology..." (Parent).

Teachers cited the lack of training in software packages for themselves and their colleagues as a barrier to online teaching in the first lockdown:

"We didn't use Google Classroom...the staff weren't trained on it anyway. And the children certainly weren't and their parents certainly weren't. So, we had to find other ways to communicate with the parents and the children through the likes of Dojo and Zoom" (Practitioner).

Young people also reported that during the first lockdown some of the teachers did not know how to use some packages or that several types of packages were being used and some worked better than others:

"[There were] frequent technical difficulties...most of the stuff was not working more often than it was... Google Classroom was pretty much the only one that consistently worked. Teams and email frequently went kaput, as did One Note, which is another application my physics teacher mostly used" (Young Person).

However, by the time the third lockdown happened, teachers were much more familiar with different technical packages and had undergone training since the start of the pandemic. This resulted in them being better able to support young people remotely, with increased use of some IT packages by some schools though back up hard copy packs were also provided to pupils, from some schools:

"Our...style of remote learning, or delivery of it had changed. Because we went from giving out packs...to doing more online stuff...The teachers would log in every morning with the Google Classroom, and teachers have become really proficient in it. So, they would have another lesson prepared for every day and there would be Zoom catch ups with the children as well, in groups of maybe ten. So technically we've become much more competent" (Teacher).

"(There is) a fairly efficient way of getting work...out to us...in place, mostly via Google Classroom and Microsoft Teams. And I get an awful lot of...Zoom calls, with my teachers" (Young Person).

However, although being more technically competent by the third lockdown, teachers highlighted that, despite their best efforts, they were not able to cater effectively for all of the different needs of children in their classes. For example, in some schools, teachers sent out hard copy packs trying to ensure that all abilities were catered for. However, this was regarded by teachers themselves, as a poor substitute to the differentiated learning that would normally happen face-to-face in the classroom, where the teacher can work with small groups of children at an appropriately challenging pace as Alice's story demonstrates:

Alice is a senior teacher and SENCO (Special Educational Needs Coordinator) in a mainstream primary school. Normally Alice and her colleagues use a variety of teaching methods, work with small groups of learners in appropriately paced and pitched tasks and ensure that all children are supported and suitably challenged by the work that is provided. This differentiated approach is almost impossible to replicate by simply providing home learning packs:

"...I suppose the pack would have been starting as an entry level. But we would have topped it up with other activities that the children and the parents could do to push on the children that would be in the more able groups. So that was the biggest difficulty. Making it manageable so that you had enough to do the whole class. Because for literacy and numeracy we would have four or five groups normally. The work that we produce is differentiated. You might be teaching nouns or whatever, or comprehension skills, but a lot of your teaching would be done through effective use of questions. So, a lot of our teaching is done orally and done in a multisensory way...chalk and talk or worksheets wouldn't be

the way we would normally deliver our curriculum, because that's not the way that our learners normally would learn or the way that our teachers would normally teach. So, it felt inadequate and it felt like it was a best fit, but it never felt really, really good".

Some parents were trying to work from home as well as support their children with their home learning. For most, especially those also trying to work from home, this situation was very stressful:

"I had to work from home, so I had to balance work. The two of them are in a special unit class at tech, and I had to then home school plus work full time. I was stuck in a kitchen from eight o'clock in the morning, sometimes earlier because I got up earlier to get work done, until maybe five, six…It was very stressful on me as a parent trying to do everything" (Parent).

For those with younger children or children who had significant support needs combining paid working from home and home schooling proved impossible. As a result, some parents had to take time off work:

"…my husband…had to come out of work, then [when schools closed]. One of us had to come out of work" (Parent).

"My work became very much secondary and I just thought, well whatever I get done, I'll work a few hours in the morning…Because they were here, I couldn't really work with them anyway and their lives were more important than me getting any work done" (Parent).

Other parents who were not able to take time off work, found combining home schooling and working from home an impossible situation, as Janine explained:

Janine's son, Jamie, is 15 and she describes him as having Asperger's syndrome. Jamie finds it difficult to retain and recall information and struggles with the social aspect of school. It has taken a long time for him to develop lasting friendships. While he does well with some subjects, he does need support with some subjects such as English and Maths and attends a mainstream school. Jamie frequently gets frustrated with himself and this sometimes manifests itself in negative behaviour which can be interpreted by others as Jamie 'having a low flash point'. Janine's husband is a key worker and was therefore leaving the house every day to go to work. Janine works in the area of mental health and was working from home delivering online classes and talking on the telephone to clients who themselves were experiencing difficulties. Trying to combine working from home with home schooling was almost impossible for Janine, who then felt very guilty that she could not support her son more. All of this created even more stress than normal:

"…he absolutely, adamantly, refused to do any work. He would see his friends on their computers, playing the PlayStation, not doing work. And he absolutely dug his heels in and refused to do work. And I was taking [i.e. delivering] Zoom classes a few times a week and on the phone all day to clients. I could not sit and argue with him all day, every day, at the kitchen table on a laptop. Or trying to get him up and trying to get him working. Because he would not have it… He needs somebody really to sit [with him] … he's not a child you can just in front of the computer and say, do that work. He needs watching and supervision and prompting and help. And if I'm doing classes from home, or having confidential talks with clients, I couldn't do that… if you were sitting at home not working, yes, you could have done… But to be doing the work I was doing from home, I couldn't do that…

It was an incredibly stressful time. Time to completely change the way that you work, working from home at your kitchen table. Eye strain, headache, back ache… obviously we were finding it difficult and we were dealing with clients who were going through a really tough time. So, we were on the phone all day, every day, to clients, trying to reassure them. So, in a work situation it was very draining… My husband would be quite vulnerable as he has certain health conditions, but he had to continue working… worrying about your parents' health. So that was stressful too… there was a lot of other pressures, really. And I was on my laptop from half eight in the morning till half four, every day. It wasn't like I was sitting at home doing nothing. That was not the case…

I have felt incredibly guilty about not being able to continue his schooling. I felt terrible about that. I would have liked to have done. But see when the laptop went off at half four, my head would have been thumping and I was exhausted. But I felt incredibly guilty that I should have been able to do something with him".

But even for parents who were not trying to combine paid working from home with home schooling, there were challenges either due to the children's support needs and the lack of guidance to support parents in their new role as 'teacher':

"…the home schooling was very difficult with (my son) because his main concern is focus and concentration. So, to try and get on task and try and keep on top of home schooling with (him), and keep on (my daughter's) medical needs, it was very difficult" (Parent).

"…I feel that our kids that have special educational needs, full time classroom assistant etc, I feel that they were just left. We were left to get on to our own devices. There was no guidance, no nothing. No support in any way to help with (my son's) education" (Parent).

Since the reopening of schools in September, teachers had been trying to compensate for this loss by undertaking small group learning support activities[30]. However, it was not 'business as usual' due to the precautions that are now required to maintain a COVID-safe space, which has impacted negatively on the amount of time available to teach the children:

"…the children come into my room and I have to wipe down all the tables and the chairs [in between each group]. I have to have separate resources for the children. I have to wipe down the handles when they are coming in. I teach with the door open and if I can I have the window open between the groups. And the children sanitise their hands when they are coming in. I can really only accommodate five in my room [instead of]… seven or eight… so the groups are smaller" (Practitioner).

Developmental support outside school
Some parents also commented on the mixed experience of support offered to their children regarding their development from other sources, outside of education, such as the Health and Social Care Trusts. Some parents reported a positive experience, even if there were limitations as to what they could offer:

"In terms of social services, they were absolutely brilliant… our social worker actually was off at that time due to personal circumstances, but someone from her team contacted us… and offered a weekly phone call and to check in. We didn't need that level of support… But for some other parents that would have been vital, particularly people who are single parents" (Parents).

"Sadly, we had just lost our social worker who we'd had for quite a while and she had been through some really difficult times with us and had been very supportive and all the rest of it. But she moved on. So, we got a new one at some time during the lockdown, who seems very nice but I've never met her. I've maybe spoken to her three or four times since then. I did ask her... we were trying to get something for him to do and she did what she was asked. She tried to see if there was (sic) any activities going on, but really there wasn't" (Parent).

However, other parents felt unsupported by the Health and Social Care Trusts, both Allied Health Professionals (AHP) and social work teams:

"AHP services from the Trust, [were] absolutely horrific. Still horrific. Communicated my concerns recently in October time to the speech and language therapist and again I think she thought I was going to put a complaint in... but I said I know this decision is above you, but you need to communicate to parents what you are actually doing. Is my child receiving therapy at the minute? No. Well could you please let us know that. So, in terms of speech and language and... AHP services... we are sitting here in November and my boy hasn't had one, one-to-one speech and language appointment" (Parent).

"We got no support and continue to get no support. There was no checking in. He has a disability social worker, he should have. He's been allocated one. We have heard nothing from them..." (Parent).

"No. No [I didn't feel supported]. Even their social worker rang and said... she... would send out PPE and still we haven't got it. Even wee things like that..." (Parent).

"Accessing support from social services is a battle... [and with] Covid ... [there's been] ...further disengagement...from the services that are meant to be there to support you" (Parent).

Some respondents felt that COVID-19 was being used as an excuse by some agencies not to provide services for disabled children or to limit what was on offer. In some organisations, such as the Health and Social Care Trusts, staff such as Occupational Therapists and others may have been redeployed to support colleagues in other parts of the health service, but the perception from parents was that such organisations used the lockdown restrictions as a reason to either reduce service provision or stop it altogether, with no attempt to find alternatives to what is normally provided:

"I tried to get help from autism services (from the Health and Social Care Trust). They weren't doing anything because of COVID. There was nothing. Anywhere I rang, nobody was doing anything because of COVID. There was absolutely nothing. No help from anywhere. I even rang the doctor at one stage saying I couldn't cope. And they were like, there's nothing we can do for you. Everything is shut down. There was no help. And the educational services – nothing. Nobody was doing anything because of COVID" (Parent).

"Everything seems to just have come to a standstill and a halt, and it is very hard to access any services at the minute if you need them" (Parent).

"...a lot of the parents would say no, they didn't get support (from statutory bodies). Yes, social workers were making phone calls but couldn't go and visit or things like that, and services couldn't be put in, like behaviour support and different things (due to the lockdown restrictions)" (Practitioner).

Other parents felt that due to the restrictions, the practical, hands-on support was not there and the remote support offered did not suffice in terms of meeting their needs as parents or their child's needs:

"Her key worker couldn't do anything because there's nothing really a key worker can do. He can recommend services to us, but nobody was doing anything… There's not really much they can do. They can print out visuals for you. But they can't come into your house and help you. You need somebody to come into your house and help you. And show you what to do with (my daughter) and how to settle her and things. But all they can give you is visuals and notes. They are not in the house helping you. And that's where you need the help" (Parent).

The impact of the cancellation of examinations

Despite the Minister for Education stating on several occasions up to 9 December 2020 that examinations would go ahead, on 6 January 2021 the decision was taken to cancel GCSE, AS and A-Level examinations. There was less publicity about vocational qualifications and how they might be assessed, though they have been similarly affected with students being out of the classroom. This includes those with SEND who attend further education colleges, which did not all reopen after Christmas for this cohort, unlike the special schools.

Young people in this research had a mixed reaction to the cancellation of exams, some may have preferred to sit them but accepted that the situation was not usual while others were either glad they were cancelled or were indifferent:

"I really don't know what to feel about the fact that they've been cancelled. I think I am relatively confident in the ability for the work I've done to stand on its own… So, the lack of exams, while it's a bit annoying, isn't a major problem for me [but I'd have preferred to do the exams] …because if you base everything off one exam rather than

your conduct for an entire year, it's less stressful for me that way…the fact that basically our grades are being based on our teachers' assessments… it isn't as certain as a straight exam grade. So that is moderately worrying. But…it's more of a frustration than anything else" (Young Person, A Level Student).

"My chemistry exam got cancelled…so my school has to (use) predicted results… I feel alright about it, kind of glad" (Young Person, A Level Student).

Positive impacts as a result of education closures

Despite the findings above, it would be a mistake to think that all of the impacts on education closures were negative. The two main positive impacts were less stress and pressure for both children and their parents and more family time which often brought parents and children closer together emotionally.

Less stress and pressure

The first main positive impact of education closures was that families who normally felt under pressure getting reluctant or anxious children out to school on schedule, were relieved as that pressure was removed, so they felt more relaxed. They could do the school work at a more relaxed pace as they had freedom to structure their days to suit the child's needs:

" …when he went to P3 we very much noticed that he just wasn't managing it at all. He was a very anxious child… COVID kind of took the pressure off quite a heated P3 for (my son) and me. So, it just arrived at the right time" (Parent).

"My children loved the fact that lockdown happened. My wee boy had suffered a trauma at a previous school… (where)…he was actually locked in a seclusion room, a tiny store room in the school, for periods of time… He was very traumatised… So, we relaxed… we had a very relaxing COVID time, because… my child didn't have his school anxiety

that he has most days. Even though he's moved school and he's very happy in the school that he is currently in, and they are fantastic. He had no anxiety getting up in the morning. We relaxed. We played board games. We did our school work. Now that was difficult but we still did it. We had an enjoyable time" (Parent).

"Well to be honest I was happy enough at the prospect of being off school, because school has been quite a struggle for us. So, the prospect of not having to go to school and do the homework and all of that was good, although we did have school work to do at home. We didn't do a lot of it, to be fair. But we just went with the flow. The weather was a brilliant help. We were able to do things with (our daughter) that we wouldn't have ordinarily been able to do. We taught her some life skills. She can make a deadly cup of tea! And she has made home-made stuffing and scones and pancakes and potato bread and she done (sic) some painting of furniture outside. She has helped (plant) pot plants. So, in that regard it was very good" (Parent).

"(My son) doesn't work well to time. Like being ready for a certain time. Whereas there was that freedom [during lockdown]. There was nobody watching the clock. There was nobody looking at the clock. We got up whenever we got up and we went to bed whenever we went to bed. And I think he probably worked well with that... as far as school work and stuff was concerned, I was able to engage him and give him the time to get from waking up in the morning to watching a bit of TV, to going out and kicking a bit of ball, before we even started it [school work]. So, whereas we really liked routine with the school work, we also had that freedom of doing it when it suited, to a degree. So, lockdown to me probably was a welcome relief compared to the year I'd had with the school prior to it" (Parent).

Older young people also found that they had more time for their studies as all of the normal extra-curricular activities had been paused. This also reduced the pressure they normally felt under:

"I can recognise the benefits of lockdown for me... because at the beginning of the year I was contemplating taking a break from uni and coming back to it at a time when my mental health was better... And because that pressure was taken away I could, you know, power away at it [university work]. My dissertation was ready a week before it was actually due which I wasn't expecting at all. So, it really helped take the pressure off the academic side of things" (Young Person).

More family time

The second main positive impact of education closures was that most families found they had more time together which had several benefits. For example, some parents found that the closer interaction with their child had a positive impact in terms of development and which the parent would have missed had schools not been closed:

"...I think taking the time off work in lockdown and having the few months together as a family and that one to one time, (my son) is (now) in the room with us [i.e. emotionally present][31] ...Like he will take my hand, guide me and point to what he wants. We never got that before. And lockdown was still so hard...[but]... There was (sic) some positives for us as a family and...for (my son). That's amazing, I never thought I would have got that. And if lockdown hadn't come, would that have happened? I don't know..." (Parent).

Some teachers could also see how some children really benefitted from closer interaction with their parents:

"...there were children in the school... who were absolutely loving being off because they had got their Mummy and their Daddy at home with them and they were doing lots of lovely stuff. There were some families that were sending in every day...stuff that they had done above and beyond the work that we had set and they were being really creative. And these children... have flourished. But that's a very small number" (Practitioner).

Some parents pointed out that their children were learning more about other things, not just academic subjects, which enriched their lives:

"... they (children) are learning about the birds, wildlife, cooking, independence... There's music in the house" (Parent).

Other parents felt that there was more time to engage in positive activities at home, such as baking, crafts, playing outside in the good weather (during the first lockdown) and walking:

"We did loads of things like we baked and walked to the shop through the fields and we were out on our bikes and we went for walks...We did an awful lot of interaction. Things that you don't have time to do, sometimes, in the normal day to day stuff. So, we camped outside. We did loads of stuff like that. So initially for those twelve weeks, I would have said the whole lockdown thing was quite positive" (Parent).

One of the young adults who participated echoed this as she listed the activities she had time to do as a result of lockdown:

"I did a lot of cooking. I found that really, really helped. And I started doing a lot more craft as well, which I enjoy. And I redecorated my room. Just things like that. Actually doing things with your hands, I found ... because you have to really focus on them, it kind of distracted from being in the house all the time..." (Young person).

The impact on young workers and those seeking employment

Some of the young people who participated in this research had been employed prior to the pandemic or became jobseekers during it. With the initial lockdown most of these young workers were furloughed as they worked in sectors deemed non-essential. They had hoped that as the restrictions were relaxed they would return to work. However, this was not to be:

"I am not in work all the time anymore so I am finding that really hard not to see anybody" (Young Person).

"My job has been closed since a week before Christmas. They've been completely shut down. No one has been in as far as I know. I haven't been in, in ages... I do really miss it" (Young Person).

The need to shield, the closure of many workplaces and the move to working from home also negatively impacted young people's work placement and work experience opportunities with most employers who normally offer such opportunities not being in a position to do so:

"I can't do work placements as I am shielding" (Young Person).

"I actually did get a placement to work in a hotel near where I live, for work experience. But, of course, that was cancelled. I was going to get a chance to work in (a)... hotel" (Young Person).

"I miss doing catering in tech and work experience" (Young Person).

Young jobseekers were also disadvantaged during the pandemic as fewer employers were seeking employees apart from those in the health and social care sectors, there was increased competition for the jobs that were on offer and some young people felt that some employers were exploiting young workers as Zoe's story below demonstrates:

"It's pretty difficult (to get a job). Anything that is journalism based is over in London and anything that is retail based is very hard to get into at the minute, because there's so many applicants. I did have an interview with ITV for a remote position that could then move into being based in London. I didn't get it, but that's OK, because I got the experience of interview and things...at the moment I have just put in applications for a bunch of different retail jobs and I am just waiting on hearing back" (Young Person).

Zoe graduated from University in June 2020 and since then has been seeking paid employment. She did manage to get an unpaid internship from November until January working remotely from home. While it was good to get this experience, ultimately, she felt that this particular employer exploited some of the young internees, like herself:

"...back in November I started interning with a company...It was an unpaid internship but... we were led to believe that, they are waiting for the Kick Starter (sic) fund[32] and when the six weeks were up, if you want to stay...we will happily keep you on and it will become a paid position. And then the six weeks went on and...on, and... I was putting so many hours and energy into this position that could no longer be classified as an internship... You want to work hard to impress and... you want to help them out. And then I had a meeting with my manager... And she was like...we are going to have to let you go because we don't have enough work for you...(but)... just that week they had brought on two new interns (and) they had moved someone who had been there for two weeks into a full-time paid position... So I brought those issues up and I... received wishy washy answers... I have a friend who started before me. She started in October and she's been working there four months now unpaid. She finally was able to quit because there were times when she did bring up that she wanted to quit and they were like, oh let me stop you there. There's the possibility of this. Which obviously is false hope...".

Summary of key findings: the impact on education, development and employment

The closure of schools was identified by some as being the measure that had the biggest impact on their organisations and the families they worked with, both in the initial and subsequent phases of dealing with the pandemic. For most respondents, this was a negative impact, though there were positive impacts for some.

Communication with and support from schools, colleges and universities: Parents and some young people reported mixed experiences of communication with, and support from, staff from schools, colleges and university during the first lockdown, when schools reopened and in the spring term following the Christmas holidays. For some, this was very positive with regular communication from teachers and schools but others reported very limited or almost non-existent communication.

Some parents also reported that there were 'mixed messages' from some special schools about sending the children in early in the New Year. Several felt that they were not really being encouraged to send their children back, though they were entitled to be there. Others, whose children attend mainstream schools, did not realise that they could have sent their children in.

However, although special schools remained open during lockdown three and children with SEND were eligible to attend mainstream schools, for several participants it was not 'business as usual' with several special schools and FE colleges operating on reduced hours while mainstream schools offered supervision, not teaching. This meant that many young people did not have the support they normally have in a school day. Practitioners confirmed what parents claimed and pointed out that, during the third lockdown, children with a statement of SEN who attended mainstream schools were not, in fact, having their needs met simply by the doors of the school being open to them.

The impact on learning and development: Some parents and teachers reported that there either was a loss of learning and development or feared there would be for the children during the various lockdowns and in the intervening period while the children were at school, as schools were not operating as normal, but also had mitigations in place.

Despite the variation in what was offered, the majority of parents whose children attended special schools reported a major positive impact on the children who attended these schools, especially in terms of learning and development, and contrasted the impact on their children to the first lockdown when special schools were closed. These positive impacts included children's overall development, communication skills, personal development and emotional wellbeing.

While online learning was offered by many schools, engaging with it was not straightforward for a variety of reasons such as lack of equipment, poor broadband or WiFi connections, lack of expertise on behalf of parents and teachers (especially in the first lockdown) and children's cognitive abilities. Many parents reported that home schooling was difficult for a number of reasons: some were trying to work from home; others felt they did not have the skills and knowledge to support their child in the same way as a teacher or classroom assistant might and several reported that conflicts over school work had a detrimental impact on their relationship with their child.

Parents whose children attend special schools or special units within mainstream schools highlighted the negative impact of school closures on their children who normally receive therapies, such as speech and language therapy, occupational therapy, physiotherapy or other specialist assistance, which remained disrupted, even when schools re-opened in autumn 2020. These negative impacts included deterioration or lack of development in terms of ability to speak and communicate, lack of development in terms of motor skills and lack of concentration.

Developmental support outside school: Some parents also commented on the mixed experience of support offered to their children regarding their development from other sources, outside of education, such as the Health and Social Care Trusts. Some parents reported a positive experience, even if there were limitations as to what they could offer. However, other parents felt unsupported by the Health and Social Care Trusts, both Allied Health Professionals (AHP) and social work teams.

Some respondents felt that COVID-19 was being used as an excuse by some agencies not to provide services for disabled children or to limit what was on offer. In some organisations, such as the Health and Social Care Trusts, staff such as Occupational Therapists and others may have been redeployed to support colleagues in other parts of the health service, but the perception from parents was that such organisations used the lockdown restrictions as a reason to either reduce service provision or stop it altogether, with no attempt to find alternatives to what is normally provided.

The impact of the cancellation of exams: Young people in this research had a mixed reaction to the cancellation of exams, some may have preferred to sit them but accepted that the situation was not usual while others were either glad they were cancelled or were indifferent.

Positive impacts as a result of education closures: It would be a mistake to think that all of the impacts on education closures were negative.

Firstly, families who normally felt under pressure getting reluctant or anxious children out to school on schedule, were relieved as that pressure was removed, so they felt more relaxed. They could do the school work at a more relaxed pace as they had freedom to structure their days to suit the child's needs. Older young people also found that they had more time for their studies as all of the normal extra-curricular activities had been paused. This also reduced the pressure they normally felt under.

Secondly, most families found they had more time together which had several benefits. For example, some parents found that the closer interaction with their child had a positive impact in terms of development and which the parent would have missed had schools not been closed. Some parents pointed out that their children were learning more about other things, not just academic subjects, which enriched their lives. Parents, practitioners and young people mentioned that there was more time to engage in positive activities at home, such as baking, crafts, playing outside in the good weather (during the first lockdown) and walking.

The impact on young workers and jobseekers: Some of the young participants in this research had been employed prior to the pandemic or became jobseekers during it.

With the initial lockdown most of these young workers were furloughed as they worked in sectors deemed non-essential. They had hoped that as the restrictions were relaxed, they would return to work. However, this was not to be.

The need to shield, the closure of many workplaces and the move to working from home also negatively impacted young people's work placement and work experience opportunities as most employers who normally offer such opportunities were unable to do so.

Young jobseekers were also disadvantaged during the pandemic as fewer employers were seeking employees (apart from those in the health and social care sectors), there was increased competition for the jobs that were available and some young respondents felt that some employers were exploiting young workers.

COVID-19 – a double disadvantage for children and young people with SEND

Several participants in this study pointed out that the pandemic did not cause a lack of support for children with SEND, but rather exacerbated an already bad situation in relation to the lack of services and support to adequately meet their needs and the ongoing struggle faced by parents as a result:

"There is nothing different. There is absolutely nothing different. He needed this (SEN) support no matter what." (Parent).

"There's always a shortage of [sports and social] things for young people with learning difficulties to do and activities and things like that" (Parent).

"Well there's always a battle, there's always a fight and we've been fighting from the first child we had with learning difficulties who would have been in her thirties now and, sadly, she died. So, we've been fighting this battle endlessly for whichever child it was...and I think it's going to be even harder now... So, we are just going to have to keep battling even more [for access to adequate support from education and social services]" (Foster Carer).

"That has been my experience all along. Unless I go and roar and shout, nothing is done [about appropriate educational support for her child]... I have to fight all the time" (Parent).

Parents' views such as these were corroborated by some in the education sector who highlighted the changes to the Special Educational Needs assessment process in the past few years. These changes have meant that it takes longer to get an assessment from an Educational Psychologist in the first place and, secondly, to get adequate and appropriate support for children with SEN:

"With the review of special needs, we have to provide more and more evidence that the child's needs are significantly greater than their peers and that they are complex... So, we have to produce more and more evidence to progress a child towards statementing. But statementing only happens for a very small number of the children because the bar has moved. In the past, we wouldn't have needed as low scores or as complex needs, in my experience, for them to have met the criteria to (a) meet the psychologist, or (b) go forwards towards stage four in the code of practice, of potentially statementing" (Practitioner).

A recurring theme from several participants was that families with disabled children or those with SEN were the 'forgotten ones', particularly when it came to devising the response to COVID-19 (and especially the lockdowns), the consequences of which were far-reaching for such families:

"None of the MLAs fight for special needs children or it is not really important to them. It is not really important to anybody. SEN children aren't really important to them. I was very angry and frustrated to find out that they really don't care about special needs children at all. They were totally forgotten about during the pandemic. All the families suffered and the children suffered especially. It was just irrelevant" (Parent).

"I think they are the forgotten people. Very much forgotten about...the Department for Communities is looking at an anti-poverty strategy and within that they are looking at food poverty. You've probably got social workers dealing with the social work side of things. But is anybody really actually looking at kids with disabilities and thinking, how is this related back to them?" (Parent).

"I do feel that they were forgotten during it (lockdown). And I remember Arlene Foster at one time making a speech about people with autism, and I thought you've just related to people with autism, but you didn't relate to anybody else. And what she did was very wishy-washy. We understand that you want out and you need your routine, but tough. I felt at the end of it there wasn't really much change...And I feel that's been very much the situation with the kids at the minute. It's tough, get on with it" (Parent).

"...children with special needs have just been forgotten about... they have just been forgotten about with this COVID" (Parent).

"One parent had described their child as, they are the forgotten children at this time (i.e. during lockdown)" (Practitioner, voluntary and community sector).

"I think some people really felt the lack of contact [from agencies]. It was a big, big problem for a lot of families. They just felt that all these people that had been so involved in their lives suddenly had forgotten about then, and forgotten about their child" (Practitioner, voluntary and community sector).

Some parents reported feeling that it is always left to them to fight and campaign for their children's needs to be met and that really there is little, if any, pro-active action taken by statutory bodies to meet these needs:

"I think maybe COVID should waken up a lot of people and saying, we don't have enough support for children with special needs. We just don't have it and how are we going to get it? But then is that up to parents to keep going and going and going? [It's] very hard to keep fighting all the time..." (Parent).

"...I felt abandoned. Completely abandoned. And I still do. I actually feel worse now than I felt then (during the first lockdown). You are talking despair at this stage" (Parent).

Summary of key findings: COVID-19 – a double disadvantage for children and young people with SEND

Several participants in this study pointed out that the pandemic did not cause a lack of support for children with SEND, but rather exacerbated an already bad situation in relation to the lack of services and support to adequately meet their needs and the ongoing struggle faced by parents as a result.

Parents' views such as these were corroborated by some in the education sector who highlighted the changes to the Special Educational Needs assessment process in the past few years. These changes have meant that it takes longer to get an assessment from an Educational Psychologist in the first place and, secondly, to get adequate and appropriate support for children with SEN.

A recurring theme from several participants was that families with disabled children or those with SEN were the 'forgotten ones', particularly when it came to devising the response to COVID-19 (and especially the lockdowns), the consequences of which were far-reaching for such families.

Some parents reported feeling that it is always left to them to fight and campaign for their children's needs to be met and that really there is little, if any, pro-active action taken by statutory bodies to meet these needs.

C. The impact of the vaccine rollout and looking to the future

This section explores the impact and reaction to the vaccine rollout as well as thoughts and feelings of the participants as they looked to the near future, including priorities for recovery.

The first vaccines were administered in Northern Ireland on 8 December 2020. The distribution continued apace and by the time the second interviews were being finished over 600K people had received at least one dose of either the Pfizer BioNtech or the AstraZeneca vaccine. Some of the young people in this study who were clinically vulnerable and parents/carers had been offered the vaccine and the majority had taken up this offer.

Reactions to the vaccine by the participants were mixed. The majority of respondents felt it was a very positive development, whether or not they had actually received one:

"It's very positive. We wouldn't have been saying this, this time last year, that I would have thought I'd have been in line for a vaccine or anything like that. It has been wonderful to see how quick things progressed" (Parent).

"Can't wait, to be perfectly honest...I suppose, yes, there is a lot of talk about it. Is it the right thing to do? Is it the wrong thing to do? If I was to be offered the vaccine now, I'd be down in the health centre within the next two minutes, to be perfectly honest" (Practitioner).

"I think it's really good. I think it's great the speed it has been rolled out (at), and the willingness of people to go and get themselves vaccinated.... I can't wait to get my own. I really want it...I feel like it would be another step towards normality. And it's great to see how quickly they are working with it" (Young Person).

"I am delighted with the vaccine and I have no issues taking it. Both our parents have got it now, which is a big relief too" (Parent).

"[My son] was nervous...but once he got it he said he feels more positive about life. Obviously, all the ones in his group and all the ones at his respite have all got the vaccines as well, and the parents, so that's a good thing" (Parent).

"I've had mine and my husband has had his. We got offered them through work. So, I was quite happy to jump and take that" (Parent).

"I think it's our only hope! I think it's very positive...it is the only way that we can try and get some degree of normality back...So...I think it's very good news that we have a vaccine, definitely" (Practitioner).

"I think it's great, absolutely great. I am really hopeful...for the future...I don't think that we'll get two vaccines and go, everything's lovely and great. But... I am really hopeful...that... it will make a big difference to us" (Practitioner).

"(It's) terrific. I am pro-vaccine. It was wonderful news to hear... I didn't have any personal hesitation about it at all. I think I got the email giving me the option to go and get it, and two days later I had gotten it. I think it was the first lot going" (Practitioner).

"I don't normally get the flu vaccine myself. But I think on this occasion I will get it (the COVID vaccine)" (Practitioner).

Practitioners noted that staff, who had been offered a vaccination as front-line workers, gained a sense of confidence which enabled them to better deliver the service the organisation offered:

"It's great. There's a real sense of seeing light at the end of the tunnel… And I just think that gives some reassurance to the staff team, particularly because they feel so responsible for those children who are coming into [our service] every day. And we hear from other colleagues who are getting the vaccine and that just feels like it's a real security blanket, actually. It's just another layer of protection that will enable us to do our work better, down the line, in a safer way" (Practitioner).

"It's great…I think when the centre opens again it will just give us just so much more peace of mind, that some of the people coming through will be vaccinated. And wouldn't it be bliss if they all were, as well" (Practitioner).

One practitioner also felt that she had a responsibility to get vaccinated, not just for herself, but also for the children she supports and their families:

"I think of the families that I support with kids who quite possibly won't be able to get a vaccine (due to other health conditions)… So, I think maybe there's this part of me that's like, you don't get vaccinated just for yourself. It's almost like a social responsibility for those people who can't be vaccinated because of illnesses" (Practitioner).

Several of the young people aged over 18 had received the vaccine by the time of the second set of interviews. Although some were normally nervous of needles and some had side effects, they generally did feel safer as a result of getting it:

"You feel really good. Safe" (Young Person).

"I was a little bit nervous because I was terrified of needles. But I got them on Monday, which was not too long ago, and I didn't feel a thing, although I did have a sore arm for a day or two afterwards. I took pain killers and drank water. Nothing really serious. When you see it on TV it looks kind of painful" (Young Person).

One young woman though was a little reluctant to get the second vaccine as a result of the side effects she experienced after the first one:

"I took my first one really badly because I was not well. And I am now thinking I don't want to take the second one because I am starting to get worried about the second one… when I first got the vaccine I was really, really sore. And I was in a lot of pain with my stomach and my arm and I couldn't get to sleep…. I took it really badly. So, I am thinking that I don't want to take the second one" (Young Person).

Getting the vaccine was key to getting back to some kind of 'normality' by participants:

"You can go and get your COVID jab and that will help to beat this virus and get back to your normal day, your normal routine that you are used to" (Young Person).

"I know our parents are going to get the vaccine, so we might be able to visit them and get out a bit more. If our parents had it, we would be able to go to the grandparents' house. Especially in the summer…if our parents had the vaccine it's a place that we can go if we need to get [my daughter] away for a bit" (Parent).

However, one participant noted that there was considerable misunderstanding about the vaccine and what its impact would be:

"With the vaccine, I am amazed at how people have misread it in a sense, as in it doesn't prevent you from getting COVID. I think people's understanding of it is really grim, as in it will only prevent you from being really sick. You can still get COVID but it will only prevent you from having a really bad reaction to it…I think that is so misleading regarding the vaccine, that it is going to prevent you from having it and life can go back to normal. It won't… You can still pick up COVID. You still have to do all those things (mitigation measures). And I am astonished at some people's understanding of the vaccine" (Parent).

A minority of participants, including some who had been offered the vaccines, had reservations about them. These included those who simply wanted more information about them, but who also felt that raising any questions was deemed unacceptable and they would be seen as an 'anti-vaxxer':

"In general, I am happy that they are able to offer people a vaccine… But I am sceptical and I am worried about these things. And I think…that we shouldn't just take it at face value. That we should ask questions. But…you are demonised if you are asking questions because you are assumed to be anti. Whereas you just want to know different things, and how they can justify or explain their findings…how they know there is no long term effects whenever they haven't had a lengthy time to work that out…It's those type of things that I am interested, but nobody seems to want to have… a conversation… around those things… Because people are being silenced if they are sceptical or want to know more, before making a decision… I am still trying to work out what it is that is best for us as a family…But I think that's the respect we need to give each other…

it's being able to talk without being demonised or shot down, just because you want to know more" (Parent).

One participant had declined getting the vaccine, as had his partner, due to their perceived lack of knowledge on the potential impact on fertility:

"I'm a healthcare worker, so I got first priority… Personally, I didn't get it when it first came out, and I kind of regret that now, because I ended up getting COVID. When I return back to work I plan to get it. My wife, she's not going to get it, because we are quite young and from the fertility aspect of things, there just hasn't been enough research into that aspect of the vaccination. So, I don't think she is going to get it" (Parent).

Another parent, Lisa, also declined the vaccine as explained in her story:

Lisa is mother to Helen, aged 8 who she describes as having Asperger's syndrome and who attends a mainstream school. As she is a carer for her daughter, Lisa was offered the vaccine but declined the offer as she did not believe it was safe. This was due to a combination of not knowing the potential impact on fertility treatment, previous experience with flu vaccinations and a belief that the body is able to heal itself:

"I don't want any vaccine. Don't know enough about it. There's not enough information about it. They still haven't done all of the trials that they need to do. It has been rushed through, in my opinion. It's an MRNA vaccine. What does that mean? Anything that I say, I'll be called a conspiracy theorist, but it's just because I have a different theory from what everybody else is saying… So no, I don't agree with it and we'll not be getting it. And I've already been offered it. I am of child bearing age and we were in the middle of lockdown, we were supposed to be going last year… to get IVF. That still hasn't been able

to happen because of everything. And I am not putting anything like that into my body until I decide what I'm going to do… I have asthma and I've been offered the flu jabs and I took it once and I would never take it again. I was worse after getting it… I believe in my God and I believe that he created us all and…and he gave us all an immune system and it is up to each one of us, and it is our responsibility, to make sure we feed that immune system the right foods and do the right things for it… So, I trust in my immune system. The body has its own built in ability to heal itself… But I also believe that there are times when you need medical intervention. But anybody that I know that has had COVID has recovered from it. There has been a very, very small number of people that I know who have died with COVID, or of COVID. So, if you get the virus…99.9% of the time recover from it…you should be vaccinating people who have underlying ill-health, if they want it. But you should be respecting people who don't want it… I think it's all about money. And every time a doctor puts a needle in your arm, they get money. And…that's what I think"

Another parent felt that eventually people might feel 'forced' to take a vaccine, so that they could travel or attend events, such as concerts, which was not something she would like:

"(I feel) very nervous and very anxious about the vaccine. I would be the sort of person where I believe a lot in keeping yourself healthy, building up your immune system naturally, which is why we try and have a healthy diet and we exercise a lot as a family. So…I am not sure about it. I don't have a great trust in the government's ability to get it right, or indeed the scientists, on past history, and some of it fairly recent…I am feeling worried that this whole passport thing is going to come in and we are going to be forced down a road that some people may not want to take, for various

reasons. So, I am not jumping for joy over it" (Parent).

On the other hand, there were some respondents, not just teachers, who felt that all staff in schools should have been offered the vaccine:

"I do think with the schools going back that teachers and pupils should have been prioritised just in the lead up to that, because schools are full of germs and colds and things like that, regardless of the time of year. And obviously because we've been inside, our immune systems aren't necessarily what they should be. So, I do think that teachers and pupils should have maybe been prioritised in the lead up to schools reopening and things" (Young Person).

"I think it's quite positive too that the vaccination will be open to special school staff now. But then I heard that it actually wasn't as accurate as they made out; that it's only going to be staff in special schools with clinically vulnerable children. As really, I feel it should be… they should all be vaccinated, to be honest, because of the extreme vulnerability of the children" (Parent).

" It would be great if the teachers got it then you would know that they would stay in school. I think probably the teachers should get it because… [my daughter's] school is an essential service to the children. And then if the Trust staff aren't getting it they can't do the one to one… The more the vaccine is rolled the better the school is fit to remain open. If the teachers get it and the care staff get it in the schools. It must be tough for them going into school. They are taking a chance… So, I think if they got the vaccine, and the care assistants got the vaccine, we could relax more that schools would remain open" (Parent).

"I think we should have had the vaccine in January before we all came back. I think really, if they were expecting us to stay open, we should have been offered the vaccine as a matter of priority. I am not saying before giving it to vulnerable people, obviously. People who are life limited or who have medical needs obviously should have gone first…some of our staff, four of them have got the vaccine because they care for one child as respite care workers for the Trust. So really, we should have been offered testing and vaccine from the first day in January that we came back, to enable us to support others" (Teacher).

"…there's nobody else going to go into a room full of thirty kids, expected to teach without being vaccinated. There's no other job where anybody is going to go like that and not be vaccinated. It's nearly criminal that they are not being vaccinated, the teachers…" (Practitioner, voluntary and community sector).

Looking to the future

Participants in the research were asked how they felt about the near future (i.e. the remainder of this year) – e.g. were they optimistic, pessimistic, confused, hopeful or uncertain. Parents and carers were asked to reflect on this question from their own perspective and then in relation to their children, while practitioners were asked to consider the question from their own point of view and in relation to the children and families their service worked with.

The majority of respondents reported feeling positive about the future. This was due to a combination of factors, such as the declining infection rates, the vaccine rollout, the weather getting better, a feeling that the end of the lockdowns was in sight, the likelihood of seeing more of friends and family, being able to resume hobbies and activities and that the lessons learned from the pandemic and lockdown could help to have a new and improved 'normal'. Young people in particular, were optimistic and hopeful for the future:

"…with the rollout of the vaccine and the fact that people are putting in the effort needed to reduce numbers and things like that, and take the strain off the NHS and things, I would like to think that those efforts…are going to result in something positive. And that we will get a nice, decent summer… I think if people can even just meet up with friends or go out for a meal with family, I think people are going to start appreciating those smaller things and things that we took for granted. So… I am optimistic, but from a realistic perspective, if that makes sense" (Young Person).

"I hope that we get back and I hope it gets better because we can get out more and … hopefully we can get back to the… clubs we have" (Young Person).

"I want to be with my friends. I hope to see all my friends" (Young Person).

"Things will get better any time soon. I want to… go off on a weekend" (Young Person).

"I am thinking more of visiting and going to see friends, do exciting things like going to the cinema or bowling or something like that. We need to get out. But we need to keep safe all the people" (Young Person).

"We need to get out more because we miss all the clubs we go to and we also need to get out to celebrate birthdays and all that sort of stuff" (Young Person).

"I just hope everything gets back to normal, that's what I am hopeful for. It's been two years now and it's a pain for me" (Young Person).

Some older young people felt positive and felt that their plans for third level study were still on track, despite the disruption to education and examinations being cancelled:

"[I hope to] move on to uni [to do] civil engineering… The two main universities I'm looking for that are Queen's and Ulster University. I am currently undecided as to which to go with" (Young Person).

There was a more varied response from parent and practitioner participants. Some were optimistic mainly due to the vaccine rollout, falling case numbers and hospitalisations as a result of COVID-19 but also because practitioners know and can see that their work makes a tangible difference for children and families:

"I am optimistic. I am thinking we'll ride the storm now till after Easter, kids will go back to school, they will be in school for the full length of time until June. We will do our summer as we normally do our summer. And they'll go back to school in September. We'll all be vaccinated… There won't be the same cases and there won't be the same admissions to hospital. People won't be getting as sick. I would say COVID is still going to be there, it's just going to be like the flu" (Parent).

"I would be optimistic…from listening and watching the news, it does seem to be more optimistic than it has been for some considerable time…we will get to the other side of this. Now…it may be a different sort of life. But I think up until the last few weeks it was very depressing… I am hopeful that things are improving" (Parent).

"… we do get results for children. And it's transformative for them. Sometimes even the smallest degree of support or resources or a different strategy… can suddenly turn things around for a child, and school suddenly becomes a bit more positive for them. So, we stay optimistic in terms of what we can do for individual children. And that's because we have seen it many, many times" (Practitioner).

"I think that's one of the strengths of the staff here is that people are optimistic, that people are hopeful and there's good relationships and good ethos. There's a really good ethos within the school and… the staff are so full of empathy for the children and for their families… There's a shared set of values that is so evident on a day to day basis. The people are very optimistic" (Teacher).

Some practitioners were hopeful that eventually there would be a return to face-to-face service delivery with young people:

"I like to look at the glass half full. I like to try and stay optimistic...And I think there's definitely a hopefulness that 2021 will lead to more face-to-face visits and social groups and more mentoring that's happening in real life than the online support that we've been offering" (Practitioner).

"[We are] optimistic, definitely. We see the light at the end of the tunnel...There are going to be numerous challenges to face, there is no doubt about that in terms of children and their struggles. But if we could just get physically back through those doors again it would just ... it would just mean the world" (Practitioner).

"The challenge for us is to be able to keep adapting ourselves...in line with restrictions, whatever is happening, and adapting the supports that we offer to people. And that as restrictions ease, as soon as we can, we can offer even more support, face to face, which I think is really important for some people" (Practitioner).

However, practitioners also raised concerns about the longer-term impact of COVID-19 on staff teams who may feel they need to over-compensate for what has been lost in the last year, who were concerned for the wellbeing of the young people and families they work with and some who were conscious that COVID-19 has created an economic cost to society, which is likely to impact negatively on the third sector:

"I think we need to... as a staff team and an organisation, be realistic... it's very easy to overload yourself in terms of groups or summer schemes...You have to take it at a realistic pace going forward... thinking practically, how do we keep staff from maybe biting off more than they can chew" (Practitioner).

"And the challenge, I suppose, as workers [being]... able to look after ourselves as well...So, I think there has to be plenty of emphasis on that, about looking after us as staff so that we can keep providing the service" (Practitioner).

"I really worry about the state of the world and therefore the state of the mental health for our families and our young people moving forward. Whenever we do start to actually get to a point where lockdown can be released... and things start to become a bit better, I think the repercussions of this last year or two are going to be absolutely immense" (Practitioner).

"I don't think the workload is going to lighten up at all... I think that once we get past it and everything else... there's... stuff to pay back... I think it's just going to be a lot harder on the [third] sector. So, I am optimistic that we will be out of the lockdown phase of this soon, but I don't think that's it going to be over. I think that will just be us entering another phase of it" (Practitioner).

Other practitioners were also quite unsure or pessimistic about the future, simply because of the lack of certainty regarding the impact of vaccination on the virus and its behaviour:

"Pessimistic, I suppose. It's really hard to know... it all depends on the rollout of the vaccine and how efficient it is... So... it will be a matter of then watching and hoping and praying that the vaccine is as good as what they say it is. Because COVID's going to be here..." (Practitioner).

Several parents echoed this pessimism. This was due to the earlier opening up and subsequent closures caused anxiety among parents and there was concern about the ongoing lack of support that is available to meet children's and parents' needs:

"I feel pessimistic…. I think that we keep… rushing to get children back into schools, yet we didn't vaccinate our teachers… I think we are going to go backwards again…we are going to be in lockdown four… I just (feel) very… pessimistic until everybody's vaccinated" (Parent).

"Unsure…I could cry, actually. I just don't know what's coming next. And you feel very isolated. I do have support so I don't know what it would be like for parents who don't have what I have (but)… I don't know what's going to become of us all" (Parent).

"I would feel quite unsure, to be honest… the special schools all put on a summer scheme which is normally fantastic, in the school for two weeks. And… that's his only social outlet over the summer. And… I was thinking, is that even going to happen this year? I doubt it. And how sad that…is" (Parent).

Other parents were either unsure about the future or just felt that they had no option but to accept the situation:

"…you just don't know what to expect. Expect the unexpected. You are scared to get your hopes built up because you just don't know what they (the government) are going to hit you with next" (Parent).

"I am just accepting…what it is. (I have) no control over it. I suppose there is a bit of optimism, especially with the vaccine programme at the minute. That at some stage there will be some kind of normality. I don't think we'll ever go back to where we were. But just hopeful that things will ease eventually" (Parent).

"I don't think any of us knows what's round (sic) the corner for the rest of this year. So, we just have to take it as it comes. There's no point in thinking too far ahead" (Parent).

"With COVID throwing so much up in the air for so many people, I just try and live day to day and try and have a bit of hope that we are going to come through it all and that for the kids, they will get back to having a bit of a social life and doing the things that they enjoy without these restrictions on them. But…I guess there's an air of optimism. Personally, I have to have that otherwise I'd be in a basket" (Parent).

Some participants felt a mixture of emotions when they thought about the future. They were optimistic about the impact of the vaccination programme but concerned about the longer-term effects of the restrictions on children:

"I think it's going to be a long road…I am optimistic about the vaccines. Get them rolled out and then we'll get back to normal. But I would be afraid… I am really scared and I would be pessimistic. Scared it's going to be a long, long road. And what are the effects? What's the true effects of this going to be? So, I would be worried about that. It's quite dangerous (in terms of)… mental health…" (Parent).

Some young people echoed this concern as they felt they would need to re-learn how to socialise with their peers, given the duration of the restrictions and lack of normal interaction:

"…I think socialising is a big thing that will need a lot more support than people realise…. if I am on the phone with a friend, I don't know what to say. Because it's like we don't have anything to say. I almost feel as if I've forgotten that element of socialising" (Young Person).

For practitioners some of the pessimism was to do with feeling totally burnt out after almost a year of very strange practice:

"I feel weary and I feel tired. I feel really, really tired. And for us as a staff... like we were sitting at SLT yesterday in a room with all the windows open, for an hour and a half. My internal organs were frozen it was so cold. It's really hard to... it's hard to get yourself energised and lifted and be the best that you can be for the children. It's hard when your own tank is empty" (Teacher).

Teachers also mentioned the loss of learning and development for children, that will not be easy to address:

"I think some of the children will be so far behind that it's going to be really hard. And repeating the year isn't the answer" (Teacher).

Some parents echoed this concern and were worried about what the future held for their children, who they felt have lost so much time in school over the last year or were not getting the support they needed, even before the pandemic:

"I think I am just terrified of where this is going to go. Next year is his final year. I have a lot of worry for him and his future and what he is going to get out of this. He already struggled educationally. How is this going to affect what he comes out with and what he does afterwards?" (Parent).

"I want to say I am optimistic, but I don't know. I just... I don't trust the systems. I don't trust the education system. I don't trust the health system. I think... I have fought with the school and...I tried to get stuff in place [to support my daughter]. I've been pushed from pillar to post" (Parent).

"A bit pessimistic...I think nearly everybody... has lost a year of their life in some aspects. Educational-wise, I think the kids with learning disabilities should be given... a chance to do another year or something...There needs to be some recognition that they have lost this year and they should be entitled to gain that year back. Especially the ones with learning disabilities" (Parent).

"I have a lot of pessimism. A lot of fear. I think for the past few years it has been fear. And it has been compounded now through COVID, of being at home with them, this fear that I am failing them. That I am failing as a parent and that... they are not reaching their potential because I have not provided them with the correct support of what's needed. Or have not found the best way forward for them...That constant... how am I going to get them through this? How am I going to ensure that they grow up functioning adults, independent on their own and able to take care of themselves?... And that's just overwhelming" (Parent).

Priorities for recovery

This sub-section details respondents' priorities for recovery from the pandemic. Participants in the research were asked what actions they would like to see in terms of the short term for meeting the needs of children and young people with SEND and dealing with the ongoing situation that the pandemic has created. A number of issues were highlighted by parents, practitioners and young people.

Continued promotion of the vaccine programme: Most respondents supported the vaccination programme and felt that the key to returning to some type of 'normality' lay in getting the majority of the population vaccinated. Only then would people really feel that they and others they encountered on a daily basis, would be safe.

"I think the vaccination is a good thing, to be honest, and it's probably the only way we can see a way out of COVID" (Parent).

"The rollout of vaccines? I think it's really good… I can't wait to get my own. I really want it…I feel like it would be another step towards normality" (Young Person).

"I would get the vaccine to stay safe and get doing more things" (Young Person).

"I think if they (teachers) got the vaccine, and the care assistants got the vaccine, we could relax more that schools would remain open. I know our parents are going to get the vaccine, so we might be able to visit them and get out a bit more" (Parent).

Clear and consistent communication: Participants in the research appreciated that since early 2020 governments and state agencies have been dealing with an unprecedented situation and were trying to respond to what is, and was, a global emergency. While they accepted that actions needed to change rapidly in order to respond to the changing situation, they highlighted the need for effective communication on such changes. Practitioners called for clear and

consistent communication from government to teachers and other service providers and, in turn, from service providers to parents, which would reduce the potential for confusion, reassure professionals as well as parents and create realistic expectations for both service providers and service users:

"…communication is vital in all of this, to be open and honest and have good communication…what was lacking at the beginning of this whole thing back in March, is that the communication was all through the media and it was scary, it was frightening… there wasn't reassuring communication from the Education Authority or from the Department of Education asking what the school needed. We were left to find our own way in the dark. And it just wasn't good enough… For us, that's what the parents liked. So even a phone call if they (health and social care staff) can't go out to the house. Even a phone call just to say, you are on my list, I am thinking of you. Is there anything we can do? Or, how are you feeling? Are you having a bad day? Phoning like that would mean so much and take so little time" (Teacher).

"Communication as a tool. Being given a proper timeframe. Not being asked from one day to the next how things might change. A bit more notice in relation to if there is going to be further lockdowns, how that is going to impact us" (Practitioner, voluntary and community sector).

Keep education and respite facilities open: As this report has highlighted the closure of schools, colleges and respite facilities has had a profound impact on young people and their families, particularly in the first lockdown, but also since that. Parents and some young people felt that keeping such facilities open to deliver normal teaching (not just supervision) should be a priority at all stages because disabled children are already disadvantaged and closing such facilities further compounds this disadvantage, making it even more difficult for both the young people and their parents:

"...keep techs and schools open... people with learning disabilities have the right to be educated... I don't want to lose my education" (Young Person).

"We hope that schools can remain open, because I don't think it would be possible for us to do what we did before. And at this stage me and my partner are exhausted and we need a break" (Parent).

"My concern would be that the schools close again and then everything closes. His whole world shrinks again" (Parent).

"I really don't want him to miss any more schooling" (Parent).

"I think the respite units should have been recognised as an essential service, just as much as the hospitals were. At school [my son] is in a class with six or seven children. Did they really need to close down?" (Parent).

Speed up the implementation of changes already identified as failing in the SEN system, so as to better meet the needs of children: The current review of Special Educational Needs provides an ideal opportunity to improve several aspects of the system, including speeding up the assessment procedure and having more timely access to appropriate support so that the educational needs of children and young people are more effectively met.

"Well, there's so much wrong with the current SEN system that that has to be addressed bit by bit. I think what's needed at the minute is the assessment for the children. They need to have access to the assessments they need in terms of their education. And then access to resources and specialist services. And that needs to be done much quicker than it is happening at the minute" (Practitioner, voluntary and community sector).

Parents also drew attention to need for more timely reviewing of a young person's statement of SEN for those young people moving from mainstream settings to further education colleges. There is currently an anomaly as young people in special schools retain their statement of SEN until they are 19 years old whereas the statement of SEN and rights it confers ceases at 16 years for those transitioning from mainstream schools to further education colleges. Parents felt that there needs to be much better coordination on the transition from one setting to another, the needs of the young person and actions identified to meet those needs. This requires more and better collaboration between the Department of Education, the Education Authority and the Department of the Economy, which has responsibility for 16+ education and training:

"...if these children are transferring at 16... their statement of educational needs ends at 16, so even when they go into tech, their statement of education ends. They need to be awarded somebody at that point, to see what is happening. This transition...from 16 to 19 needs to be in place. [My son's] statement continued to 19 because he was in a special needs school. [My daughter's] statement at tech, although they do accept it, but technically that statement has ended. So, her last statement, whenever it was done, because obviously it wasn't done when she was 16... will carry her through now, for the rest of her life" (Parent).

See education holistically: Some practitioners and parents called for education to be seen, not just as an area for academic learning, but also for it to have more of a focus on the emotional wellbeing of children and parents, with more resources provided to support the development and maintenance of positive emotional heath:

"I do think that there probably would be an opportunity, a gap there that we could tap into, some more emotional support for the children. And actually, for their parents" (Practitioner, education).

"I would like to see them focus on children's mental health a bit better at the minute. I'd like it to be acknowledged that it is OK not to be OK at the minute and that times are scary, and to not just forget that when a child leaves the school gates, that big, bad COVID is sitting at the school gates... I would like to see them just not pressurise children as much at the minute to be up to the standard that they believe they should be at, because they have missed out on so much of their education" (Parent).

" ...I do think... a lot more support will be needed in terms of education, whether that's in high school, primary school or university" (Young Person).

Enhance mental health provision: Other respondents felt that there is an immediate need to prepare for a perceived likely increased need for mental health services because of COVID and, therefore, there is a need to invest in these services to increase provision in the shorter term as well as in the longer term:

"I think the mental health impact of COVID is, and is going to be, huge. So, I think just to have more supports available for young people is what's needed" (Practitioner, voluntary and community sector).

"I think the government needs to recognise that the mental health of people during COVID and coming out of COVID, again is going to be far worse than what COVID actually did" (Parent).

"Mental health services, I reckon support there could be better. I applied for counselling back in September last year and I didn't get it until the end of January. And it is finished already. Six weeks is definitely not enough in usual circumstances, let alone during a pandemic" (Young Person).

More coherence across government to meet the needs of disabled people: Several participants called for much more coherence from government, both in terms of the response to COVID and in relation to meeting the needs of disabled people. This means coherence across policy development, service provision and communication with disabled people and their families, so that there can be a much more joined up approach within and between different areas (e.g. health, education etc.) to meeting all of their needs:

"More higher-level government (decision making) and ceasing f**king around with stuff, would certainly be much appreciated... " (Young Person).

"...we have written to the Health Minister to ask for a detailed plan around the restoration of key services. I feel that's really important for us all, collectively, but for the people we support to have some certainty around that. And we would also really welcome a more consistent approach in policy terms around the guidance" (Practitioner, voluntary and community sector).

"I think some government department or somebody needs to be taking control of people with disabilities...(an) overarching person or body that would have government influence" (Parent).

"I just want them to look at the services and get their act together. It is very, very important that they get that message. You can't pull what little services that are there for people" (Parent).

" ...for special schools a joined-up approach around... what resources were available and how they operate... maybe an agreed approach if we go into another lockdown or a commitment to what families can expect...a clear outline of how therapy support might happen and respite might be restored... We just can't have a different approach to what services or what's delivered from schools in one area and not in another. That's really unfair" (Practitioner, voluntary and community sector).

"I think that we are all learning and we are all learning about the same things in different ways. So, I do think that there still is opportunity for our organisations to meet up together and share ideas" (Practitioner, voluntary and community sector).

"... ask the government to put more helplines and support...for people with disabilities and young people" (Young Person).

In particular, the majority of respondents felt that there needs to be much better coordination between the health and education sectors and an improvement in the recording and safe sharing of data between agencies. This is especially so for children with complex needs, but not exclusively. Reasons for this included the following:

- Less repetition of information from parents and carers at appointments and therefore a better use of the time available for all concerned:

"Well, at the moment you tend to go through the same things over and over again, only you are putting it in a different way to each. Whether it is something to do with the school or the health (Trust) or whoever. You are having to say the same things over and over again. There's no joined-up writing involved..." (Parent).

"You have to go and tell everybody individual information or repeat yourself. Like the paediatrics doctor wouldn't be involved with our home doctor, so... there's a lot of chasing about and repeating yourself over and over to five different people... I was surprised that the key worker and the social worker [both of whom work for the HSCT] don't actually work with each other. They are all very separate...the key worker... (will) say, nobody told me about that or I didn't know about that... You have to keep repeating yourself over and over" (Parent).

"One of the obvious things would be that you wouldn't have to keep repeating yourself about their condition or what's going on with them" (Parent).

"I generally think it's really difficult, particularly the whole statement aspect of things, how it is not joined up whatsoever. There would need to really be a dedicated person in each Trust and Education Board to contact, to see where firstly your statement is at. Or secondly, whereabouts are you on that waiting list? But I suppose just that point of contact. Because really your child sees that many professionals, to be honest, it is sometimes hard to keep up" (Parent).

"I think that families have so many people involved, and one of the things that they will say is that they are constantly fed up having to tell their story repeatedly" (Practitioner, voluntary and community sector).

- Better use of scarce resources, financial, human and otherwise: both parents and practitioners highlighted the fact that there is a constant message about resources being finite in both education and health. They, therefore, felt that maximising the potential of these resources necessitated better coordination between the two sectors:

"We keep harping on about how underfunded our services are and waiting lists are ridiculously through the roof. And then it's like, but hold on, we had health doing a review into something (restraint and seclusion) that also occurs in education, but education are (sic) also going to run a review that takes eighteen months and a significant amount of money" (Parent).

"I think you can actually support a family better when everything is connected. So yeah, definitely I think there needs to be more collaboration. I feel that if there had been more collaboration with the health and education sector as well as the charity sector...there wouldn't have been a repeat (duplication) of resources" (Practitioner, voluntary and community sector).

- More effective service delivery from professionals in both sectors to meet needs of children and their families: parents and practitioners felt that professionals could complement each other's skills and input into children's lives by sharing knowledge, skills and expertise during review meetings, so that each contributes to the plan for the future and maximises the potential impact of actions taken by them in their respective professional capacities. In addition, a change in attitude and the need to avoid a 'blame game' for lack of action by one sector over another was highlighted by practitioners while partnership with parents was also emphasised:

"...those yearly coming together... reviews...that happen in health and education, should be joint, because it's all relevant. It is all impacting on everything. And everybody is there to look at and discuss progress. If a teacher is struggling with something and the doctor knows that that's the impact of something else, they are able to share. That's the wealth of knowledge in sharing, for growth development, is it not? That's the sensible approach of working together" (Parent).

"There needs to be better coordination with all the government. It's just a shambles, our government, I think. One half doesn't know what the other half is doing. And education and health are making decisions on their own that should be joint decisions. It shouldn't be each individual department" (Parent).

"...if they (health and education professionals) were more of a unit, it would be easier because they would all be on the same level with [my daughter], instead of ones knowing stuff and ones not knowing. And you having to wait then for one to catch up with the other on the information, to get what you need" (Parent).

"It (would mean) then that obviously the [further] education [college] would understand a bit more about ones with learning difficulties and how they need their structure in education" (Parent).

"Where special needs are concerned it is a much more holistic kind of thing for the children. And that's just not about what education can do. It's also about what health can do. And also, the involvement into the schools a bit more in terms of that advice and support going into the schools from health. But yeah, that's always been an issue in terms of special needs, just to get... more cooperation going between them and much more proactive (action taken). Because... really...the Education Authority leads quite a lot on that, whereas I think health maybe should see themselves as having much more of a part to play within trying to meet a child needs, which involves health and education a lot of the time" (Practitioner, voluntary and community sector).

"There does absolutely need to be. It's a massive thing. And I think there would be a lot more achieved by making people happier in school, if there was a joined up approach to it...They (health and education) are intertwined. In the normal case, school is such a big part of young people's lives. And school is a big part of their lives because they spend all their day there, but it affects their mental health and it can affect their physical health as well" (Practitioner, voluntary and community sector).

"It would just be about progressing things a lot quicker for children, and also early intervention would actually mean early intervention...Like diagnostic testing and things like that, for autism. All those sorts of things. There's such a delay around all of that which means that you are not getting a true picture of the child's needs. So, if you haven't identified the needs correctly, then obviously the support is not going to be to the level it's needed...So, it would just mean that early intervention would be much more effective and it would progress things much quicker, which would mean there would be less delays, and obviously the child would suffer less because of those delays" (Practitioner, voluntary and community sector).

"That relationship between health and education should be one of collaboration and a real partnership, to have an ethos of joined up working. Not – well you haven't done this. To remove a blame culture. Because that's of no use to anybody. Because at the end of the day, that impacts the child and if it is a child-centred approach, then it should be a collaborative way of working in order to best meet the needs of that child and family" (Practitioner, voluntary and community sector).

"I would love to see a joined-up approach between health and education with a working group that involved parents. I don't know why there is this adverseness (sic) to including parents. Parents just want to help.... So, I think a working group between the two that involves people from both departments, that will listen and learn from the experiences of people on the ground... There's plenty could be changed on the ground and I think they just need to hear it" (Parent).

Some parents gave examples of the positive difference that some existing coordination experienced between health and education had made in meeting the needs of their children:

"We see where it can be useful already, where there is some of that cooperation and coordination. You know, where the school nurse will go into the school and the school of dentistry will go into the school, where they can see [my son] in an environment he's comfortable in. Whereas if we bring [him] to the GP or... the dentist, it is another environment. The last time I tried to bring [him] to the dentist, he knew what it was and he wouldn't get out of the car" (Parent).

"In school they actually had the person who checks the eyes and the eyesight, and they found she had bother with her eyesight. So next month she also has an appointment with the... ophthalmologist... But if she wasn't in school getting that done we would never have known that... So, they were able to catch that. If she hadn't been at school we wouldn't have been any the wiser" (Parent).

Some practitioners had experience of contributing to a multi-disciplinary team meeting regarding certain young people with whom they were working. However, practitioners noted that this was not common practice across health and social care and education, though they did see it as being very important. They also reported the potential positive impact on the child's development by this way of working, as their involvement provided the young person with an additional resource and layer of support:

"I am often included in multidisciplinary meetings in terms of... that social workers have organised or that maybe like a mental health review would organise. And the teachers of the school are involved in that. But I am very rarely included if it's the school that's organising it. And I think when you are dealing with a young person that has additional education needs or has a mental health issue, school and health are so interlinked" (Practitioner, voluntary and community sector).

Some parents felt that the need for better coordination existed both within and between the education and health sectors:

"There just needs to be better coordination in the education system, completely and totally. And the health system. Individually and together.... The Trust do have the Day Opportunity workers that do coordinate into the likes of [voluntary and community] programmes...But that's only if you are on that programme. There's people and there's children who are going through that loophole who are missing that. So, potentially if [my daughter] had been my only child with a disability and came through mainstream school, I potentially wouldn't know about that service" (Parent).

While there is a school health system, i.e. where staff from the Health and Social Care Trusts go into schools to do health checks and immunisations, the impact of this is now very limited, and the onus is really on parents to communicate children's needs as one teacher mentioned:

"School health are of absolutely minimal value now, because they have so many children on their books. They used to come in and do training with the staff, go over the EpiPen training and do specific training every September but now... the responsibility is to the parents that they inform us of what their child's medical needs are" (Teacher).

However, not all parents may fully understand that responsibility:

"...sometimes parents don't know that they have to take the bull by the horns and make sure that everybody knows... that everything is joined together...I'll give you a personal example of my son in school. I had to tell them that I had been talking to the psychiatrist and that CAMHS were involved. And I had to make the school very aware that his mental health was really poor. But I think parents don't know to actually do that a lot of the time. And CAMHS wouldn't necessarily ring the school and tell them" (Practitioner, voluntary and community sector).

Some parents felt, although they did inform the principal of their child's school of changes or developments in terms of the child's health, this information did not always get passed onto relevant staff in relevant agencies:

"When [my son] got diagnosed with ADHD, the paediatrician should have been telling all the people that would see [him]. For example, the educational psychologist and people like that, to tell all them. That would make sense, wouldn't it? But... that wasn't done. So yes, I had informed the school and all, but again it didn't filter through the people [who needed to know]" (Parent).

Differing ICT systems within the health and education sectors do not lend themselves to better sharing of information. One respondent felt there is a need for parents to keep communicating with schools regarding medical needs:

"We have a link in the form of RISE[33] ... Because they have access to Paris' records so they can tell us stuff. We have SIMS as our database, but we don't have any access to that medical stuff. I know the plan is that there would be more, and that's part of the new code of practice [for children with SEN]...But we do depend... [on] the parents...to tell us (if their children are attending SLT, OT etc.)... they are the ones that are the glue for their children" (Teacher).

Even in special schools, there are significant gaps in provision between health and education, some of which has to do with workforce supply that is out of the control of schools:

"I know it's one of the things that frustrates me the most is the fact that health don't seem to help us out. And to give you an example, I've one child here with diabetes, who has a diabetic nurse, and there's only two people in the school trained to meet her needs. And if those two people are off sick, then I have nobody here to meet those needs. And she has to be at school. And health, we've requested training from health for extra people, and health are putting up a brick wall and saying, no, at the moment we are under too much pressure. We can't train anybody. So that's not an example of us working together. They should be seeing that this is a priority that we would have a back-up team for the diabetes. Other things are to do with the allied health professionals...

And we've been told that that's due to staffing problems again. But parents expect the therapies. They expect the OT, they expect physio. That's one of the reasons why they send them to a special school, because they are going to have access to those therapies. And when they are not here, they are being denied part of their statement, if it's on their statement that they should have access to these therapies, and they are not getting that" (Teacher).

The issue of more and better collaboration between health and education is now on the agenda in terms of the SEN review, mentioned in the introduction. For the parents and practitioners who participated in this research, however, this is an urgent issue that needs to be addressed sooner rather than later.

Other respondents emphasised the need for decision makers to base their decisions on scientific evidence, rather than politics; to support economic recovery and better support to help young adults to gain employment:

"Just to not ignore scientific advice in favour of political expediency..." (Young Person).

"Make sure the economy doesn't implode once this begins to blow over, because that is a major risk" (Young Person).

"...Since May time last year, I applied for Universal Credit and that has fortnightly meetings with the people who work there about, how is your job search going and that sort of thing. And to a degree they are helpful... But...I was told that journalism was a dying industry and there was really no point! So that wasn't the most uplifting thing to hear. But I know that that isn't necessarily true – it's just a changing industry. So, job support has been... difficult" (Young Person).

Summary of key findings: impact of the vaccine rollout and looking to the future

Reaction to the vaccines and their rollout by the participants was mixed. Most respondents felt it was a very positive development, whether or not they had actually received one. Getting the vaccine was key to getting back to 'normality' by several participants.

Practitioners noted that staff, who had been offered a vaccination as front-line workers, gained a sense of confidence which enabled them to better deliver the service the organisation offered. Several respondents, not just teachers, felt that all staff in schools should have been offered the vaccine.

Several of the young people aged over 18 had received the vaccine by the time of the second set of interviews. Although some were normally nervous of needles, and some had side effects, they also generally felt safer because of getting it.

However, a minority of participants, including some who had been offered the vaccines, had reservations about them. These included those who simply wanted more information about them, but who also felt that raising any questions was deemed unacceptable and they would be seen as 'anti-vaxxers' as well as those who had decided not to take up the offer, for a variety of reasons.

Most respondents in this study reported feeling positive about the future. This was due to a combination of factors, such as the declining infection rates, the vaccine rollout, the weather getting better, a feeling that the end of the lockdowns was in sight, the likelihood of seeing more of friends and family, being able to resume hobbies and activities and that the lessons learned from the pandemic and lockdown could help to have a new and improved 'normal'. Young people, in particular, were optimistic and hopeful for the future.

Parents and practitioners were more mixed in their feelings about the future: some were optimistic mainly due to the vaccine rollout, falling case numbers and hospitalisations because of COVID-19. Also, practitioners knew and could see that their work makes a tangible difference for children and families and were looking forward to a resumption of face-to-face delivery.

However, practitioners also raised concerns about the longer-term impact of COVID-19 on staff teams who may feel they need to over-compensate for what has been lost in the last year and who may face burnout as a result. Practitioners were also concerned for the wellbeing of the young people and families they work with and the economic cost to society that COVID-19 has created.

Other practitioners were also quite unsure or pessimistic about the future, simply because of the lack of certainty regarding the impact of vaccination on the virus and its behaviour. Several parents echoed this pessimism. This was due to the earlier opening up and subsequent closures caused anxiety among parents and there was concern about the ongoing lack of support that is available to meet children's and parents' needs.

The loss of learning and development and longer-term impact of that was a cause of concern for teachers and several parents, while some young people felt that they needed to re-learn how to socialise with their peers.

Priorities for recovery

Participants identified several priorities for recovering from the pandemic in the short term:

Continued promotion of the vaccine programme: this was seen as key to getting back to 'normality', keeping everyone safe.

Clear and consistent communication: clear and consistent communication from government to service providers and, in turn, from service providers to parents, to reduce the potential for confusion, provide reassurance to all and create realistic expectations for both service providers and service users.

Keep education and respite facilities open: the closure of schools, colleges and respite facilities has had a profound impact on young people and their families. Parents and some young people felt that keeping such facilities open to deliver normal teaching (not just supervision) should be a priority at all stages because disabled children are already disadvantaged. Closing such facilities further compounds this disadvantage.

Speed up the SEN system: The current review of Special Educational Needs provides an ideal opportunity to improve several aspects of the system, including speeding up the assessment procedure and having more timely access to appropriate support so that the educational needs of children and young people are more effectively met.

In addition, there is a need for more timely reviewing of young people's statement of SEN for those transitioning from mainstream schools to FE colleges. This also means having more effective collaboration and cooperation between the Department of Education, the Education Authority and the Department of the Economy.

See education holistically: several participants called for education to be seen more holistically with it focusing more on emotional wellbeing and with more resources provided to support the development and maintenance of positive emotional heath, rather than academic performance.

Enhance mental health provision: Respondents felt that there is an immediate need to prepare for a perceived likely increased need for mental health services because of COVID. There is, therefore, a need to invest in these services to increase provision in the shorter term as well as in the longer term.

More coherence across government to meet the needs of disabled people: There is a need for much more coherence from government in relation to meeting the needs of disabled people. This requires coherence across policy development, service provision and communication with disabled people and their families, to achieve a much more joined up approach within and between different areas to meeting all needs.

In particular, more collaboration and cooperation both within and between the health and education sectors was seen as key, especially, but not only, for those with complex needs. It was felt that this could result in less time spent updating professionals, better use of scarce resources and more effective service delivery.

Other priorities mentioned included the need for decision makers to base their decisions on scientific evidence, rather than politics; to support economic recovery and better support to help young adults to gain employment.

Conclusions and recommendations

This section of the report firstly reiterates the study's aims and research questions. It then draws together key concluding points from the evidence presented throughout and, finally, provides a list of recommendations for action.

This study aimed to:

- Engage directly with a group of children and young people with SEND, their parents/carers and practitioners who support them in Northern Ireland;

- Ensure that the group included children, families and practitioners from a range of different types and severity of disabilities and special educational needs; and

- Understand and track the experiences of this group through a series of engagements over a period of time as the pandemic, and the government's responses to it, unfolded.

The topics that the research explored were:

- How families and practitioners saw the practical changes the pandemic imposed on children and young people;

- How families adapted to these changes in the environment and how their needs were impacted;

- What implications they saw this as having for different aspects of children and young people's wellbeing and development;

- How families were supported by services and wider civil society, including what worked well, what did not work so well and how services could be improved; and

- What families' and practitioners' priorities and lessons were for recovery from the impact of COVID-19.

The following conclusions and recommendations from this research are grouped under these topics.

The practical changes the pandemic imposed on children and young people with SEND and their families:

It was stated early in the pandemic that 'we are all in this together'. While the spread of COVID-19 has indeed been a global phenomenon, neither the pandemic nor the measures taken to contain it have impacted universally, even in one small area of the UK. Families of children with SEND have been more adversely impacted than other families for a range of reasons. These families already struggle to get their children's needs recognised and met – the pandemic therefore created a 'double disadvantage' for them.

Recommendation: when responding to emergencies such as a global pandemic, government and its agencies need to consider and plan for the likely impacts on different sections of society, particularly those who are already vulnerable or who face significant challenges in society, including children with SEND and their families. Preparation work on such impacts should start now, taking the learning from COVID-19 and applying them to other potential scenarios, in a similar way to conducting an Equality Impact Assessment that already exists through Section 75 of the Northern Ireland Act 1998. Existing policy work (e.g. on the Children and Young People's Strategy and the Disability Strategy Expert Panel report) has already identified issues that adversely impact on children and families with SEND. What is needed now is a strategy to implement the necessary changes.

How families adapted to the practical changes COVID-19 caused in the environment and how needs were impacted:

Parents of children with SEND were even more isolated during the first lockdown, when households could not mix at all, when carers could not enter the home and when schools and all respite facilities were closed. There was some easing of this situation once support 'bubbles' were introduced, but the failure to reinstate full respite services remains the case at the time of writing (June 2021).

Social opportunities for children and young people with SEND to mix disappeared overnight in March 2020. Many voluntary and community organisations did respond by moving provision online and although this was better than nothing and had some advantages, it still did not replicate the experience of normal face-to-face interaction with peers.

Recommendations: Action is needed now, and as part of COVID-19 recovery planning to ensure that parents/carers of children with SEND do not feel socially isolated and lonely. Government should work in partnership with parents/carers and the voluntary and community sectors to develop packages of support and networks where parents/carers can connect with one another, both for themselves and their families.

Agencies supporting young people should take the positive developments and learning from online social connectivity and offer a 'dual' model where young people might have the option to join a group online on occasions when they cannot physically get to a meeting. Ultimately though, there is a need for more social and leisure opportunities for young people with SEND to meet their peers.

Implications for children and young people's wellbeing and development:

The mental health and wellbeing of young people, parents/carers and practitioners has been negatively impacted by the pandemic. It was even more difficult than usual to get counselling or a CAMHS appointment; some young people experienced bereavement for the first time; there were higher than normal numbers of bereavements for practitioners to cope with too; for most young people, there were less opportunities for physical exercise as sports clubs were closed; higher levels of stress and anxiety were reported by parents in terms of their own mental health and in terms of their children's; teachers also felt that the ever-changing guidance on school closures and reopening was also very stressful.

Recommendations: The longer-term impacts of the pandemic on the mental health and wellbeing of society will need to be recognised and resourced if a full recovery from it is to be made. Young people with SEND should be recognised as a priority group requiring support in the implementation of the new mental health strategy[34], in the implementation of the Children and Young People's Emotional Health and Wellbeing in Education Framework[35] and through the provision of more specific and accessible mental health and wellbeing services. It also means adequate mental health and wellbeing support for parents and carers so that they can recover themselves and best support their children. Employers need to consider the levels of stress that practitioners have experienced since March 2020 and work with their employees to recover and avoid total burnout. This is necessary for the protection of employees as well as the continued effective delivery of services. The wellbeing of school staff is already included in the Emotional Health and Wellbeing in Education Framework. Other sectors can, therefore learn from this approach when planning for staff recovery from the impact of COVID-19.

School closures generally impacted negatively on children with SEND, not only due to a loss in learning, but also in terms of social and emotional development and in terms of missing out on valuable therapies (i.e. speech and language therapy; physiotherapy; occupational therapy; sensory therapy). Children who receive such therapies in the community also had these services disrupted. Some positives were reported by parents in terms of helping their children to learn new life skills, such as cooking, being creative with arts and crafts and in having more family time together. For children who find attending school difficult, the removal of that pressure was a welcome relief. This does, though, beg the question as to why going to school is not enjoyable and what can society do to change this situation?

Recommendations: Meeting the educational and developmental needs of children and young people with SEND in Northern Ireland needs a thorough rethink. It is not just about education or health, but about these and all the other areas of life. There should be a comprehensive, coordinated approach from across government and statutory organisations in partnership with parents and voluntary and community sectors organisations to reshape and maximise the 'offer' to children and young people with SEND. The current Education Authority review of SEN provides an ideal opportunity to do this and needs to involve not only the Department of Education, but also the Department of the Economy which has responsibility for the education of those aged 16+, the Department of Health, statutory bodies such as the Education Authority and all Health and Social Care Trusts. Likewise, the forthcoming DE review of the Education Authority and delivery of services provides another important opportunity to focus on meeting the needs of children with SEND.

There is a need to increase the Educational Psychology workforce and there should be no limits to the number of referrals a school can make for Educational Psychology assessments for children. The review of SEN provides an ideal opportunity for change in this area.

Young people moving from school to FE need to have their support needs reassessed at an appropriate time and transition planning needs to be much more consistent across different types of educational settings. Again, the current review of SEN provides an ideal opportunity for change in this area.

Therapies such as speech and language therapy, occupational therapy, physiotherapy and sensory therapy need to be provided both in school and in the community for all children who need them, so that the intensity of the therapy is appropriate for each child and that there is not a loss of such development when schools are closed (due to holidays or for other reasons). While this would require initial investment in terms of the training and employment of more therapists in each setting, in the longer term it would save money as resources are maximised to the benefit of children and young people. Schools could, for example, directly employ therapists who work in those settings. The experience of the full-service school model should be explored to ascertain the feasibility of increasing the availability of therapies for children who need them[36].

There is a need to ascertain the levels of learning loss due to the pandemic among all children and young people, including those with SEND, in a similar way to what has been done in England. Measuring such loss should then inform education recovery plans.

However, success in education needs to be seen much more holistically. There is a need to move beyond simply measuring this by attainment to ensuring that young people are provided with opportunities to enjoy learning and to gain the knowledge, skills and experiences to live independent lives to their fullest potential.

Young workers and those seeking paid employment have been more adversely impacted than other workers during the pandemic. There has also been less opportunity for young people to gain valuable work experience since March 2020.

Recommendations: Government needs to draw up a strategy for the employment of young people as part of the recovery plan from COVID-19. This should link to already existing strategies such as the Children and Young People's Strategy and those in development, such as the Disability Employment Strategy. It should include collaboration across sectors to tackle the significant challenges posed by COVID-19 for young people, especially when the long term societal and economic impacts remain unknown. It should also provide for engagement with potential employers and the creation of clear pathways between school, further education and training to meaningful employment opportunities. Young workers need secure employment, realistic payment for their work and opportunities for development.

How families were supported by services and wider civil society, including what worked well, what did not work so well and how services could be improved:

In response to COVID-19, many Allied Health Professionals (AHPs) were redeployed to the front line, leaving large gaps in service provision, which impacted negatively on children with SEND, and most statutory services were also either closed or suspended. The majority of voluntary and community sector organisations, while not providing substitute services, were able to continue providing practical and emotional support to such families and in some instances were deemed essential services. Online support worked well for some, though not for others but parents/carers really appreciated the efforts that voluntary and community sector organisations made to meet needs. While parents/carers understood the need to respond to the heath emergency that COVID-19 created, they felt it should not have been at the expense of their children and families.

Recommendations: Government needs to urgently produce a plan to fully restore essential health and social care services for children and young people with SEND. In addition, there is a need for proper investment in health and social care services, so that if/when a health emergency does occur again, whole services are not suspended as staff are redeployed. This means recruiting and retaining adequate staff numbers across all specialities and at all levels. A health and social care workforce development strategy needs to be developed and implemented without delay.

There is also a greater need for partnership working with the voluntary and community sector so that each sector can complement what the other is doing and therefore maximise resources and effort in meeting the needs of children with SEND and their families.

Priorities and lessons for recovery from the impact of COVID-19:

Thinking about the future, participants had mixed views. Many were very optimistic that with falling rates of infection and the vaccine rollout there would eventually be a return to a more 'normal' life. However, teachers and several parents did worry about the long-term impacts on children and young people's lives given the potential for lost learning. Practitioners, including teachers felt that there may be long term mental health issues that will need to be addressed with young people and with staff as a result of the pandemic.

Many of the conclusions and recommendations regarding priorities for recovery are reported in the previous points. However, some important additional ones include the following:

- continued promotion of the vaccine programme;

- base decisions on scientific evidence, rather than politics;

- support economic recovery and have better support to help young adults to gain employment; and

- plan now for the longer-term effects of COVID-19 on all sections of society.

Recommendation: the potential medium and long-term impacts of COVID-19 and the mitigations taken to contain it need to be factored into any recovery plan by government. It is likely that many of these are, as yet, unknown. Any recovery plan, therefore, needs to be flexible to take into consideration new and emerging needs, not just in relation to health but also with regard to education, employment and the economy for both young people with SEND and their families. Such a recovery plan needs to have an Equality Impact Assessment conducted in order that disabled young people's and their families' needs are built in from the start.

Reaction to the vaccines was generally positive, but this was not a universal reaction, for a variety of reasons.

Recommendation: There is a need for government to constantly reiterate, in an easy-read format, accurate, factual information about the vaccines, to answer queries that people might have and to combat misinformation. The media has a key role to play here too and should not let unsubstantiated claims about the vaccines be proliferated either in person or on social media. There is a need to ensure that younger people, most of whom have yet to get the vaccine, have information specifically targeted to them from a variety of sources, including social media.

The pandemic has been a major shock to the entire world. It has exposed a lot of weaknesses and flaws in the system, society and governments. It has shown that the multiple reverberations of this shock are experienced more acutely by children and families with SEND.

However, it has also provided a chance to think about what is essential, what and who is important, and it presents an opportunity to build back better. This study has shown that parents/carers and families with children who have SEND need more support, more quickly and from a variety of sources. As a society, we must do better than we have been. Our children and young people with SEND are equal citizens in one of the wealthiest countries in the world. It is simply not acceptable that they and their needs are overlooked in the way that they have been during this pandemic. There needs to be an urgent and clear commitment from across government and beyond to ensuring that all of the rights of these children are upheld and that we, as a society, are prepared to demonstrate to these families that we do value their children, that we do support the efforts of parents, carers and teachers and to show them they are no longer 'the forgotten ones'.

Appendix 1 – Summary Timeline

2019

December 31   Wuhan Municipal Health Commission reports an outbreak of viral pneumonia of unknown cause on its website.

2020

January 30   WHO declares that the novel coronavirus outbreak to be a Public Health Emergency of International Concern.

February 11   Virus named as COVID-19 by WHO.

February 27   First case of COVID-19 reported in Northern Ireland.

March 11   COVID-19 declared a pandemic by the WHO.

March 13   Lockdown announced in Republic of Ireland.

March 19   First death due to COVID-19 reported in Northern Ireland.

March 23   UK Government initiates a national lockdown across all areas of the UK. Devolved nations to decide their own specific measures and legislation.

March 28   Northern Ireland Executive passes legislation for its own lockdown: all schools are closed apart from those providing places for essential workers' children – these do not include Special schools. All those who can, are told to work from home. Non-essential retail is closed and furlough introduced. People told to stay at home aside from getting groceries, meeting medical needs or exercising once per day. Those with underlying health conditions are told to 'shield' (i.e. not to go out at all).

May 12   Northern Ireland Executive publishes a five-stage plan for exiting lockdown.

May 21   The Education Minister outlines plans for schools to reopen in Northern Ireland in August, with a phased return for students.

May 26   For the first day since 18 March, no new COVID deaths are reported in Northern Ireland.

June 13   Households with one adult may now become linked with one other household of any size, known as a support bubble.

June 20   For the first time since March, no new COVID cases are reported in Northern Ireland, though there is one further death.

July 10   Outdoor playgrounds re-open.

July 16   Libraries re-open.

July 30   Northern Ireland's contact tracing app, StopCOVID NI, is launched.

July 31   The shielding programme in Northern Ireland is paused.

August 10	Face coverings become compulsory in shops and enclosed spaces, with some exemptions.
August 13	A-Level results published. Guidance on schools reopening issued with face coverings optional.
August 17	The Education Minister announces that A Level and GCSE results will be based on teachers' assessment following controversy over grades.
August 20	GCSE results published.
August 24	Schools reopen on a phased return basis for years 7, 12 & 14. Social distancing reduced in school to 1 metre.
August 31	Face coverings required to be worn by pupils in corridors and communal areas.
September 1	Almost all schools in Northern Ireland fully reopen to pupils.
September 2	Following a judicial review, the AQE and PPTC primary school transfer exams are delayed from November 2020 to January 2021.
September 9	Figures released by the Department of Education show that COVID-19 cases have been reported at 64 Northern Ireland schools in the first two weeks of the autumn term.
September 25	The Department of Education says it will issue new guidelines to schools regarding when pupils should self-isolate if one of their classmates is diagnosed with COVID-19. The announcement comes a day after advice was updated to say all pupils in a classroom bubble should be sent home in such a situation.
October 19	The Education Minister confirms that almost 1,500 COVID-19 cases have been confirmed in schools since their return in August. Schools close for two weeks, an extension of the half term break as part of a 'circuit breaker' aimed at reducing transmission of the virus.
October 22	The Northern Ireland Executive announces that free school meals will be provided to children during the October half-term break.
October 28	Northern Ireland records its youngest COVID related death, that of a 19-year-old male.
November 6	The number of COVID deaths in Northern Ireland surpasses 1,000, standing at 1,053, according to NISRA.
November 10	The Education Minister announces that GCSE, AS and A Level examinations will go ahead in summer 2021.
November 12	Lockdown restrictions (introduced as part of the 'circuit breaker') for non-essential retail, hospitality and close contact services are extended until
November 20.	This is followed by a week where they are open and a further two-week lockdown commencing November 27. Three of Northern Ireland's five Health and Social Care Trusts cancel planned elective surgery during this week.

November 17	The Education Minister says there are "no plans" to extend the Christmas school holidays in Northern Ireland.
December 2	The UK approves the Pfizer/BioNTech vaccine.
December 8	The first Pfizer/BioNTech COVID vaccines given to care home residents and health care staff.
December 9	The Education Minister says he will not cancel GCSE, AS and A Level Exams in 2021.
December 11	Hospitality, non-essential retail and close contact services reopen.
December 18	The Education Minister announces that schools will open as normal during the first week of January. Most schools get holidays for Christmas but several have engaged in remote learning during this week or closed early.
December 21	The Education Minister outlines plans for the return of schools in January, with some secondary education moving online for two weeks from 25 January.
December 23	The Health Minister announces that suspected cases of the new variant of COVID-19 have been discovered in patients in Northern Ireland.
December 26	A further six-week lockdown starts, following a brief relaxation of restrictions over Christmas.
December 30	The AstraZeneca vaccine is approved for use in the UK.
December 31	Department of Education announce that Northern Ireland schools will have a phased return through January, with primary school pupils being taught remotely until 11 January, and some secondary pupils in years 8–11 not returning to the classroom until the end of January.

2021

January 1	AQE announce that the first of its transfer tests, scheduled for January 9 will go ahead. It was subsequently postponed until February 27.
January 4	The rollout of the Oxford/AstraZeneca vaccine begins in Northern Ireland. Special Schools reopen for all pupils while all other schools open for vulnerable children and those whose parents are key workers.
January 6	Education Minister announces that GCSE, AS Level and A-Level exams scheduled for summer 2021 will be cancelled.
January 13	The AQE transfer test, rescheduled for 27 February, is cancelled.
January 21	The lockdown restrictions for Northern Ireland are extended until March 5.
January 25	The Safeguarding Board for Northern Ireland has reported a "sustained, noticeable drop" in the number of child protection referrals since schools were closed at the beginning of the present lockdown.

January 28	The Northern Ireland Executive agrees that most schools in Northern Ireland will not return until at least Monday March 8.
February 1	BBC News reports that some staff members at special schools will be prioritised for COVID vaccination.
February 2	It is confirmed by DE that GCSE, AS and A Level qualifications will be calculated by schools in 2021.
February 14	Dr Tom Black, chairman of the British Medical Association in Northern Ireland, says it would be a "big ask" to reopen secondary schools on 8 March, but that he believes primary schools could reopen then.
February 15	The number of recorded deaths linked to COVID-19 reaches 2,000. BBC News reports that at a meeting with school principals, the Public Health Agency has said that schools are not a major source of transmission of COVID-19.
February 17	The rollout of the vaccination programme is extended to carers and those with underlying health conditions.
February 18	Lockdown is extended in Northern Ireland until 1 April amid concerns that there could be a rise in cases prompted by St Patrick's Day celebrations, but schools will begin to reopen from 8 March, for pupils in pre-school/nursery to Year 3.
February 22	First Minister Arlene Foster wants the Northern Ireland Executive to "revisit" the timetable for reopening schools after Prime Minister Boris Johnson announced all schools in England will reopen on 8 March. Only primary schools are scheduled to reopen on that date.
February 23	Education Minister says there is a "strong case" for reopening all schools in Northern Ireland on 8 March. The Department of Health confirms that three cases of South African variant COVID-19 have been detected in Northern Ireland.
February 24	The Education Minister confirms GCSE, AS Level and A Level results will be published earlier in August, mirroring a decision made in England, with AS and A Level results published on 10 August and GCSE results two days later.
February 27	On the date that marks a year since the first positive COVID case in Northern Ireland, figures show that 35% of people have been vaccinated against the virus.
March 2	Northern Ireland unveils an exit strategy from lockdown, but there is no timetable for lifting the measures. Instead, ministers will meet each week to assess the information available to them and decide which restrictions can be lifted.
March 5	Guidance on assessing GCSE, AS and A Level work is issued to schools.
March 8	Pupils in pre-school/nursery up to year 3 return to school. The plan is for them to return to remote learning on 22 March, but the Education Minister announces plans to change this to allow for them to stay in the classroom. Some non-essential retail is allowed to open for click and collect.

March 22   All primary school pupils as well as those in Years 12–14 return to school for one week prior to Easter holidays. Face coverings in class are mandatory for second-level pupils. School staff and pupils in Years 12–14 will be asked to conduct lateral flow testing twice a week on a voluntary basis.

April 12   All pupils return to school.

Footnotes

1   Most respondents took part in two interviews/focus groups

2   It was not possible to include the views of HSC practitioners due to the process required by HSC Trusts to grant ethical approval to participate, which was outside the timescale of the research.

3   Comprising of a total of 10 from the voluntary and community sector and 3 from education.

4   https://www.health-ni.gov.uk/publications/mental-health-strategy-2021–2031

5   https://www.education-ni.gov.uk/sites/default/files/publications/education/Children%20%26%20Young%20People%20s%20Emotional%20Health%20and%20Wellbeing%20in%20Education%20Framework%20%28final%20version%29.PDF

6   See for example: https://dera.ioe.ac.uk/18439/1/an-evaluation-of-full-service-extended-schools-and-full-service-community-network-2.pdf

7   Most schools finished for Christmas 2020 on the week beginning 14 December. After the New Year, only special schools reopened for all pupils while other schools were open only for those deemed vulnerable or for children whose parent was a key worker. The definition of a key worker was expanded compared to that in the first lockdown. Not all FE colleges opened for young people who had SEND either.

8   https://www.bbc.co.uk/news/uk-northern-ireland-53654148

9   On 18 November evidence was provided from the Children's Law Centre which raised concerns regarding the use of chemical restraint on some children with SEND, the right to an effective education not being upheld and the mental health impacts on children and young people not being addressed in school.

10 On 21 October 2020 the evidence was presented by the Evangelical Alliance Northern Ireland and The National Autistic Society NI.

11 All Party Group on Learning Disability (APGLD): June 2020: Briefing Paper on the Impact of Covid-19: https://bit.ly/3bzuVzC

12 O'Connor-Bones et al, 2020; Walsh et al, 2020

13 CDC: https://www.ncb.org.uk/what-we-do/networks-partnerships/council-disabled-children;

14 Mencap NI: https://www.mencap.org.uk/; Specialisterne: https://www.specialisterneni.com/; SENAC: http://www.senac.co.uk/

15 Most respondents took part in two interviews/focus groups

16 It was not possible to include the views of HSC practitioners due to the process required by HSC Trusts to grant ethical approval to participate, which was outside the timescale of the research.

17 Comprising of a total of 10 from the voluntary and community sector and 3 from education.

18 The National Institute for Health and Care Excellence (NICE) is an advisory body to the healthcare sector. On 20 March 2020 it released guidelines including a Clinical Frailty Scale (CFS), which doctors are advised to use alongside underlying health conditions in assessing whether critical care would be appropriate for frailer patients with coronavirus. On 25 March the guidance was updated to state that the CFS should not be used in isolation to direct clinical decision-making and that clinicians should take any decisions about care in conjunction with patients and their carers where possible. The new advice also includes a clarification that the tool should not be used in certain groups, including those with learning disabilities or with stable long-term disabilities such as cerebral palsy: https://www.nice.org.uk/news/article/nice-updates-rapid-covid-19-guideline-on-critical-care. However, the BMA Ethical Issues Guidance Note issued April 2020 stated: "the 'capacity to benefit quickly' test may have a disproportionate impact on some disabled persons and some elderly persons (although that is not its intention). However, having carefully considered the alternatives (including having no test at all), the BMA's provisional view is that any indirect discrimination would be lawful in the circumstances of a serious pandemic because it would amount to 'a proportionate means of achieving a legitimate aim', namely saving the maximum number of lives by fulfilling the requirement to use limited NHS resources to their best effect": https://www.bma.org.uk/advice-and-support/covid-19/ethics/covid-19-ethical-issues-when-demand-for-life-saving-treatment-is-at-capacity

19 This school remained open for the children of key workers and vulnerable children throughout the initial lockdown period until the normal school summer holidays.

20 Deaths with Covid-19 on the death certificate https://coronavirus.data.gov.uk/details/deaths as at 26.03.21

21 NISRA, 2021: Monthly Deaths | Northern Ireland Statistics and Research Agency (nisra.gov.uk)

22 8 March 2021

23 Guidance from DE on 16th March 2020 stated that if a child was displaying symptoms they should be sent home and 'if a child is awaiting collection, they should be moved, if possible, to a room where they can be isolated behind a closed door'. The guidance did not differentiate between children of different ages or those with differing abilities. This was subsequently changed in guidance issued later in 2020.

24 Although some organisations did manage to deliver online youth clubs

25 November, 2020 when a two-week 'circuit break' was in force

26 It was decided that some schools would stay open during normal school hours for the children of key workers, such as those in the health and social care services, but many special schools were closed or only open to families where both parents were keyworkers.

27 Children deemed vulnerable and those whose parent was a key worker were allowed to go to school, where they were supervised in small 'bubbles'. The definition of a key worker was expanded in this phase, resulting in higher numbers of children attending some schools at that stage.

28 To protect his head if he starts to bang it off surfaces or has a seizure

29 The Picture Exchange Communication System, or PECS, allows people with little or no communication abilities to communicate using pictures. A child or adult with autism can use PECS to communicate a request, a thought, or anything that can reasonably be displayed or symbolized on a picture card. PECS works well in the home or in the classroom.

30 In England the DfE published statistics on learning loss – see here: https://www.gov.uk/government/publications/pupils-progress-in-the-2020-to-2021-academic-year-interim-report?utm_medium=email&utm_campaign=govuk-notifications&utm_source=91a65a19-ab1a-4da6–82fd-2bcc31e1fd3b&utm_content=daily However, no comparable data has been produced for Northern Ireland.

31 This child is autistic and the parent felt prior to this that his son was never really emotionally present with his parents, due to communication difficulties, even though they were physically in the same room.

32 The Kickstart Scheme provides government funding from DWP to employers to create job placements for 16 to 24 year olds on Universal Credit.

33 RISE: Regional Integrated Support for Education – a regional integrated health and social care service working directly in mainstream primary schools. The Teams work alongside teachers to run the activities and help transfer the children's skills into the classroom and together they identify the areas where children are struggling and provide joint ideas and intervention to support them in their learning.

34 https://www.health-ni.gov.uk/publications/mental-health-strategy-2021–2031

35 https://www.education-ni.gov.uk/sites/default/files/publications/education/Children%20%26%20Young%20People%20s%20Emotional%20Health%20and%20Wellbeing%20in%20Education%20Framework%20%28final%20version%29.PDF

36 See for example: https://dera.ioe.ac.uk/18439/1/an-evaluation-of-full-service-extended-schools-and-full-service-community-network-2.pdf

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The National Children's Bureau brings people and organisations together to drive change in society and deliver a better childhood for the UK. We interrogate policy, uncover evidence and develop better ways of supporting children and families.

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