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Ashworth, E ORCID logoORCID: <https://orcid.org/0000-0002-5279-4514>, Bray, L, Alghrani, A and Kirkby, J (2024) 'Trying to stay afloat': Education professionals' perspectives on the impact of the COVID-19 pandemic on children with special educational needs and disabilities. Journal of

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ORIGINAL ARTICLE

‘Trying to stay afloat’: Education professionals' perspectives on the impact of the COVID-19 pandemic on children with special educational needs and disabilities

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Funding information

National Institute for Health and Care Research, Grant/Award Number: NIHR202718

Abstract

This study aimed to investigate the experiences of education professionals in their efforts to provide education and support to children with special educational needs and disabilities (SEND) amid the COVID-19 pandemic, and to gain insights into the perceived repercussions of pandemic-related restrictions on the educational development and overall wellbeing of these children. Mixed-methods surveys ($N=100$) and semi-structured qualitative interviews ($N=6$) were utilised. Data were analysed using descriptive statistics and thematic analysis. Findings indicate substantial challenges faced by education professionals in delivering appropriate and effective education and well-being support to children with SEND during periods of school ‘closures’, resulting in hindered academic progression and adverse impacts on the well-being of children with SEND, their families and the education professionals themselves. It is vital that effective support strategies and appropriate training are implemented, in addition to further research to establish what would be most beneficial for all teachers, and particularly those supporting children with SEND.

KEYWORDS

children's rights, COVID-19, mixed-methods, special education, special educational needs, teachers

Key points

- Children with SEND experienced a disproportionately negative impact on their social and emotional development and mental health and well-being during the pandemic. It is important that strategies to improve children's outcomes in these areas are prioritised in policy and practice moving forwards, to mitigate long-term harm.
- Children with SEND who continued to attend school during periods of national lockdown generally had a more positive experience than when schools are open to all pupils. Lessons can be learned from this regarding strategies that can be implemented to best support children with SEND.
- Parents/carers of children with SEND did not receive appropriate health and social care during the pandemic, which had a negative impact on their own and their child's well-being. Practitioners need to ensure services liaise regularly and effectively with families of children with SEND, to confirm their needs are being met.

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- Education professionals experienced heightened levels of stress and workload during the pandemic, which had a detrimental effect on their health and well-being. More research needs to be conducted to identify ways in which education professionals' well-being can be improved, and this needs to be prioritised in UK Government policy.

INTRODUCTION

The first nationwide lockdown in England took place between 23rd March and 1st June 2020, as a proactive measure to mitigate the transmission of severe acute respiratory syndrome-coronavirus-2 (SARS-CoV-2). This initiative mandated non-key worker individuals to observe a stay-at-home directive, refrain from inter-household interactions and adhere to social distancing protocols in public settings. Educational institutions were temporarily closed to all pupils during this period, except for 'vulnerable children' and children of key workers. Subsequently, a second nationwide lockdown was implemented from January to March 2021, during which time schools were again closed for most pupils, necessitating a second shift towards remote learning. As a result, traditional approaches to education were disrupted, and education professionals were required to abruptly transition to online teaching with little preparation or training, while also providing socially distanced, in-person education for pupils who were allowed to still attend school (Bubb & Jones, 2020). Although the changes to education provision during the pandemic were a challenge for many children and young people (e.g. Ashworth et al., 2021; Demkowicz et al., 2022), children with special educational needs or disabilities (SEND), a group who were already one of the most vulnerable in our education system, were particularly adversely affected (Ashworth et al., 2023; Byrne & Alghrani, 2023). However, to date, children with SEND remain underrepresented in extant COVID-19-related research. In particular, existing research has failed to take account of education professionals' perspectives, not only in terms of their perceptions of the impact of education changes on children with SEND, but also their own experiences of teaching and supporting children with SEND during the pandemic.

In England and Wales, the Children and Families Act (CFA), 2014 (DfE & DoH, 2015) states that a 'child or young person has special educational needs if he or she has a learning difficulty or disability which calls for special educational provision to be made for him or her' (section 20 (1)). It further states 'a child of compulsory school age or a young person has a learning difficulty or disability if he or she—(a) has a significantly greater difficulty in learning than the majority of others of the same age, or (b) has a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the

same age in mainstream schools or mainstream post-16 institutions' (s20(b), p.16). The CFA 2014 places a strong emphasis on identifying and addressing the specific needs of children with SEND to ensure they receive appropriate support and access to an inclusive education. It also outlines the legal framework for how Local Authorities and schools should provide for children with SEND. Based on their level of need, children can either be in receipt of special educational needs (SEN) support (i.e. provision and adjustments in school) or have an Education, Health and Care (EHC) Plan (a legal document covering provision that the child is entitled to). In 2020/2021, 3.3% of children in English schools (or 294,800 children) had an EHC Plan because of their disability, while 12.1% of children (or 1,079,000 children) received additional SEN support (DfE, 2020a).

During the pandemic, as part of the UK's Coronavirus Act (2020), children with an EHC Plan were included in the Government's definition of 'vulnerable'; thus, in theory, they were allowed to attend in-person schooling (DfE, 2020b). However, evidence suggests that in practice many did not, either because their parents/carers decided to keep them at home for health reasons, or because schools lacked capacity and asked them to remain at home (Ashworth et al., 2023). Indeed, previous research by The Children's Commissioner for England (2020) found that only 6% of children with EHC Plans went to school between March and May 2020. Therefore, the majority of children with SEND were required to learn remotely during the pandemic, even though the United Nations specifically identified them as the group 'least likely to benefit' from this option (2020, p. 12). To date, some research has explored parents/carers' and children with SEND's experiences of online learning, with findings suggesting that it was ineffective or inaccessible for many. For instance, parents described how some children with SEND were overwhelmed by the sensory experience of online learning (Canning & Robinson, 2021), while others described the online lessons as boring and found it challenging to focus on a screen for the length of time required (Council for Disabled Children, 2021). In addition, some children with SEND reported how they struggled to access online lessons as they did not have the appropriate technology, their laptops or tablets did not work well enough, or their Internet connection was poor (Council for Disabled Children, 2021; Shaw & Shaw, 2023). Vision or hearing impairments also meant that some children could not engage at all with online

learning. Many parents reported that schoolwork was not appropriately differentiated for their child (Ashworth et al., 2023).

The observation regarding differentiated learning is significant considering international human rights laws that have long affirmed the importance of accessible, available, acceptable and adaptable education. For instance, the United Nations (UN) Convention on the Rights of the Child (CRC, 1989) underscores the rights of children, including those with disabilities, to access quality education. While the CRC itself may not explicitly mention differentiated learning, the UN Committee on the Rights of the Child, in its General Comment No. 9 (2006) titled 'The rights of children with disabilities' (CRC/C/GC/9, 27 February 2007), elaborates on the CRC treaty. This commentary underscores that learning and instruction should be tailored to the needs of the student, particularly for those with disabilities, which can be extended to include children with SEND. For a deeper understanding of differentiated instruction and modifications in inclusive education, Strogilos et al. (2020) provides insights into the types and quality of modifications, offering valuable insights into effective strategies for accommodating students with disabilities. Moreover, the Equality Act (2010), particularly the obligation to make reasonable adjustments, may require differentiated learning, ensuring that individuals with disabilities, including those with SEND, have equal access to education. This requirement is reinforced by the CFA (2014) and the SEND Code of Practice (2015), which further specify that teachers must meet the outcomes specified in a child's EHC plan.

In terms of children with SEND who did continue to attend school during lockdown, very little research exists regarding their experiences and the potential impact. One study by Byrne and Alghrani (2023), which examined parents' reports of the impact of the first lockdown on children's education, health, care and well-being, reported that from the 234 parents who participated, 47% indicated an overwhelming level of dissatisfaction with the education provided. This varied from instances where no provision at all was provided, to situations where the work was too generic, not differentiated and not specific to the needs or abilities of the child concerned. Similarly, in a survey study conducted by Ashworth et al. (2022, 2023), investigating the impact of COVID-19 restrictions on children with SEND, only 11% of the 733 parents who took part stated that their child continued to go to school during the first lockdown in 2020; of those, 42% reported that their child's experience of school was better, 20% reported that it was the same and 39% reported that it was worse than before the pandemic began. Parents' ratings improved regarding the second school closure in 2021, with 51% reporting that their child's experience in school was better than before the pandemic, and 29% reporting that it was worse. However, while parents were mostly

positive about the provision of in-person teaching, education professionals expressed significant challenges, particularly in special schools (Skipp et al., 2021).

For instance, special schools faced difficulties adhering to the social distancing rules, especially when pupils needed personal care or physical contact which required closer contact than Government regulations permitted (O'Connor Bones et al., 2022). Challenges were also encountered in children not being able to use school transport services, teacher difficulty with physically distancing in small rooms, and challenges providing staffing for the one-to-one support that is part of typical provision within special schools (Skipp et al., 2021). Crane et al. (2021) also highlighted that Government guidance was enormously challenging for staff in specialist schools to apply and was designed to meet the needs of pupils in mainstream schools, claiming that 'special schools were overlooked by the Government' and 'treated as an after-thought' (p.3) during the pandemic. Conversely, professionals in mainstream schools also expressed concerns regarding teaching during periods of lockdown, citing feelings of uncertainty, a lack of clarity regarding Government guidelines and a loss of their professional identity (Kim & Asbury, 2020). However, there is a paucity of knowledge regarding mainstream professionals' experiences of supporting pupils with SEND specifically.

Considering the lack of comprehensive research examining the reported impact of pandemic-related restrictions on the education of children with SEND, both within formal educational settings and in their homes, coupled with a notable absence of studies incorporating the perspectives of educational practitioners, our study sought to achieve the following objectives: firstly, to investigate the experiences of education professionals in their efforts to provide education and support to children with SEND amid the COVID-19 pandemic; and secondly, to gain insights into the perceived repercussions of the COVID-19 pandemic and the ensuing lockdown measures on the educational development and overall well-being of these children.

METHOD

Design

This paper reports on survey and interview data from education professionals collected as part of a mixed-methods sequential explanatory (Quant→Qual) (Creswell & Plano Clark, 2007) multi-phase, multi-stakeholder study. The larger study consisted of three phases: (1) a rapid review of the evidence; (2) mixed-method surveys and semi-structured qualitative interviews with parents, children and professionals and (3) policy priority setting workshops. The study was funded by the National Institute for Health Research (NIHR202718) and ethical

approval was provided by the Institution's Research Ethics Committee (21/PSY/020, 21/PSY/026).

Data collection

Survey questions were developed in consultation with our study's steering group (consisting of professionals working with children and young people with SEND) and included closed- and open-text questions grouped into key sections of interest, based on our research question (e.g. teaching during periods of remote learning, provision of resources and healthcare provision within school settings; see Appendix S1). Questions sought to ascertain any reported changes in the education and support provided to children with SEND during the pandemic, and any perceptions of impact on both the professionals' roles and the education provision available for children with SEND. Online surveys were administered through Qualtrics (survey hosting platform) and began with a participant information sheet and opt-in consent checkbox. Responses were anonymous and participants could complete the survey online at any time.

Qualitative, semi-structured, one-to-one interviews were used to gather data to help understand the survey findings, providing an insight into the perceived impacts, lessons learnt, experiences and perspectives of education professionals. Participant information sheets and opt-in consent forms were sent to participants in advance, and signed consent forms were obtained prior to the interview beginning. Topic guides were developed for the interviews, encompassing questions and prompts/probes relating to experiences of the pandemic and associated restrictions, changes to job roles, challenges, things which worked well, and supporting children with SEND moving forwards (see Appendix S1). Questions on the topic guide were developed after reviewing the findings from the survey and were designed to provide further insight into key areas of interest. Interviews were conducted via online platforms (e.g. Microsoft Teams) by researchers JK and EA. Both researchers had a doctoral-level qualification in a relevant discipline, had previous experience working with children and young people inside and outside of educational settings, and were experienced qualitative researchers. Interviews lasted between 18 and 55 min.

Participants and recruitment

We recruited participants for the online survey using convenience sampling via social media (using a dedicated study account) and through direct contact with relevant organisations/networks between June and August 2021. Education professionals (defined as those working with children or young people in any educational capacity in a UK school, for example, teachers, teaching assistants,

special educational needs and disability coordinators [SENDCos] and educational psychologists) were invited to take part if they worked with children with SEND in UK schools. Participants were eligible to be included in the study if they (1) worked with young people (aged 4–16 years) in primary or secondary schools in an educational capacity, (2) worked in mainstream, specialist/alternative provision or in peripatetic/consulting and (3) worked with children with SEND. Participants were not eligible to take part if they (1) worked with young people who were not aged 4–16, (2) worked in educational settings but did not provide academic support/instruction or pastoral care to pupils, or (3) did not work with children with SEND. Participants were asked to self-select at the end of the survey if they were willing to share their views in a follow-up interview and were directed to a separate contact form. We also advertised for interview participants via social media and through relevant organisations/networks (using convenience sampling). Professionals who registered an interest were contacted via email with an invitation to participate. Interviews were conducted between August and September 2021 and interview data were collected until data sufficiency had been reached (Vasileiou et al., 2018), taking into account LaDonna et al.'s (2021) guiding principles regarding 'evidentiary value', for example, rigour, richness of the data, and depth and breadth of the entire qualitative dataset (including qualitative survey data).

In total, 100 education professionals completed the survey. Professionals were located across the UK, although the majority were in England (97%). Respondents were mostly teachers (28%) or teaching assistants (29%). Twenty-eight percent were part of their school's senior leadership team and 44% were SENDCos. The majority of respondents worked in primary education (54%), while 32% worked in secondary education and 14% in 'other'. The majority also worked in mainstream education (64%), while 33% worked in a specialist school, 2% worked in alternative provision and 3% worked in 'other' (e.g. hospital school).

Six education professionals took part in the qualitative interviews. One participant was an Educational Psychologist, three were SENDCos (two secondary, one primary), and one was a Deputy Headteacher in a special school.

Analysis

Descriptive statistical analyses of the quantitative survey data were conducted in SPSS v27. Qualitative open-text responses were extracted from the survey, and the interviews were transcribed using the Otter programme (www.otter.ai). All qualitative data were then compiled in NVivo and analysed in accordance with Braun and Clarke's (2006, 2019) reflexive thematic analysis. Authors JK and EA began by reading and rereading through the

transcripts/responses, familiarising themselves with the data. Data were then coded and subsequently collated into potential themes. Next, these potential themes were shared with the other researchers in the team for feedback and reflexive discussion and were subsequently refined and defined. Further analysis then occurred via the process of writing (Smith, 2015), before being shared again with researchers for more feedback. Our design was informed by Yardley's (2000, 2015) quality principles of (1) sensitivity to research context, (2) commitment and rigour, (3) transparency and coherence and (4) impact and importance. For instance: (1) we sought to immerse ourselves in each account and offer illustrative quotes to support the reader in understanding the context of interpretations and, given our inductive approach, we considered all possible avenues of explanation rather than adopting a single conceptual lens, (2) we ensured familiarity with relevant methodological principles and guidance and engaged in reflexive discussions to develop meaningful, latent themes, (3) we presented a clear description and justification at each stage of analysis, with decisions guided by our research question and (4) we examined our findings deeply, considering how insights related to wider theory and identifying the practical implications of the results.

FINDINGS

Following analysis, five themes with associated subthemes were identified (see Table 1). Relevant quantitative data related to each theme is presented alongside the qualitative data, in line with the explanatory mixed-methods

design. Identifiers alongside quotes denote open-text survey responses (OT), school staff (SS) and Educational Psychologists (EP), followed by unique numbers for each participant where appropriate.

Attending and returning to school during and after school 'closures'; 'the children who came in did really well, those returning have struggled'

For the first national lockdown (March–July 2020), 52% of the professionals reported that all children with SEND were recognised as a priority group who could still attend face-to-face school, 34% reported only some children with SEND were a priority group and 13% reported that children with SEND were not a priority group.

There were varied reports of which pupils who were invited to attend school actually attended during periods of national lockdowns. Some commented 'all my SEN children attended school' (OT20), others noted that 'some attended school as part of the Vulnerable/Key Worker cohort' (OT38), and some professionals reported that it varied by EHC Plan (EHCP): 'those children with an EHCP were invited to attend school, those on SEN support weren't' (OT57). However, several professionals commented that many children with an EHCP could not or did not attend school due to 'parental preference' (OT76) or if they were 'medically vulnerable' (OT20), while a minority of professionals also reported schools choosing not to invite children with SEND into school: 'even though we were told

TABLE 1 Themes and associated subthemes.

Theme	Subthemes
Attending and returning to school during and after school 'closures'	<ul style="list-style-type: none"> Deciding who can attend school during lockdowns The benefits of attending school during lockdown Challenges and provision for returning to school
Academic provision for children with SEND during remote learning	<ul style="list-style-type: none"> Sustaining and keeping track of academic performance Meeting children with SEND's needs Challenges with online learning Access to targeted interventions
Social and emotional well-being and mental health of children with SEND	<ul style="list-style-type: none"> Deteriorating mental health and well-being Changes in social and emotional development Lack of access to essential health and social care
Stress and strain on teachers and schools	<ul style="list-style-type: none"> Increasing workload, deteriorating well-being Changes in staff roles and staffing shortages Support from Local Authorities and Government
Schools' provision for families	<ul style="list-style-type: none"> Parents' worry and anxiety Parent–school relationships Supporting family well-being and managing safeguarding Access to EHC Plan assessments and reviews

that [vulnerable students] should be in school, we...felt that because we didn't know what was going on...and the risk to them particularly, it was decided that they would all stay at home' (SS3).

For the SEND pupils who did attend school during lockdowns, a large proportion of professionals commented that the reduced class sizes and increased flexibility in school was beneficial: 'SEN children did really well when they were small groups and not many children. They really liked it. Very happy.' (SS1). Professionals felt this was due to the 'more intensive one-to-one' (OT23), they 'could take things at a much slower pace' (OT80), 'they can do things that follow their interests' (SS1) and they had 'more playtimes and less pressure to learn to meet targets' (OT80). Other professionals also explained how the smaller classes meant pupils with SEND's 'emotional state was healthier' (OT90):

'The first lockdown...gave an insight into what school could be like. All pressure was off—we just had to keep students safe and happy. We went to the field, we followed their special interests, we did projects to develop their writing composition, we played board games together to boost social skills, we did practical Maths challenges every day, differentiated for students' needs.'

(OT19)

The survey asked professionals to report how many children with SEND in their setting returned to school once they opened for all students in September 2020. Only 28% of education professionals reported that all children returned, with the reasons for those not returning to school being because parents chose to keep their children at home (59%), because some children were shielding (41%), because the school did not have the resources or space to meet their needs (12%), and 9% gave 'other' reasons, including 'some had heightened anxiety' and 'part-time only due to space'. Seventy-four percent reported putting provision in place to help children with the transition back to school, 17% put no provision in place, and 5% did not know.

Many professionals described how for some pupils, difficulties emerged when returning to school after lockdowns, with school phobia or anxiety being a concern: 'they can't cope with the noise and the crowds and the people, against being at home with their families and feeling safe and all of a sudden weren't feeling safe anymore...it's that relationship with school that's had to be rebuilt' (SS1). Other described how they were 'still struggling to get some [pupils] in' (SS3), with various strategies employed including social stories, PowerPoints, reduced timetables, staggered start/end times, home and school visits and transition timetables.

Academic provision for children with SEND during remote learning; 'they missed out and the gap has widened'

Professionals identified that the largest challenge across both national lockdowns was being able to provide individualised, alternative/specialist resources to children with SEND. During the first national lockdown, 60% of education staff reported not being able to provide specialist education provision, 50% reported not being able to provide one-to-one support, and 33% were not able to differentiate education provision. Fifty-four percent felt that the COVID-19 related restrictions had a negative impact on children with SEND's academic progression.

Opinions on the impact of the lockdowns on children with SEND's academic progression were generally negative, with professionals noting that there was 'more regression for EHCP pupils' and 'the gap has widened' (OT34). However, some felt that academic progression varied by child: 'some of our SEN pupils thrived, some regressed' (OT88), and some felt that those who attended school were not negatively affected: 'as some EHCP pupils attended school and as a result of more 1:1 support made good progress' (OT58). Indeed, the main reason given for the negative impact on learning was the fact that staff were not in the room with the children to monitor their progress and tailor the lessons appropriately when children were learning remotely: 'they're missing out on that specialist being in the room with them who can pick up on [their needs], a lot of them said that the lessons were too fast online, that they couldn't follow it.' (SS3). Some also highlighted how parents were having to support their children to complete their work at home, meaning it was 'impossible to accurately assess the learning and progress of children' (OT28).

In terms of tailoring support, staff explained that they tried to differentiate work where possible by creating 'personalised learning resources' (OT56) and 'individual work plans prepared whether they were in school or working remotely' (OT57). However, professionals described how this was not always possible due to staff shortages: 'vulnerable and keyworker groups were taught by a limited staffing so there was little evidence of effective differentiation' (OT39), and the inflexibility of online learning: 'complex needs learners need staff to facilitate learning, this is difficult if not impossible for families' (OT51), especially for children with profound and multiple learning difficulties (PMLD): '[a challenge] was online learning that met the needs of PMLD pupils in a meaningful way' (OT98).

In addition to difficulties with differentiation in online learning, there were also issues relating to children's engagement, the availability of resources, the suitability of IT, lack of parental engagement and an inflexible curriculum. One key difficulty frequently mentioned by professionals was the availability of IT equipment and appropriate and SEND-specific software or online resources: 'technology was a big challenge and the learning

platform we had at the time was not fit for purpose, especially for SEND' (OT46). Many commented that families did not have the devices needed for their children to access online learning, and that 'delivery of devices by school was a mass undertaking' (OT44). However, even once this was provided, parents had 'difficulty with digital literacy' (OT23) or 'wouldn't try it' (OT76), and children also did not have the IT skills to engage independently: 'students understanding of the ICT skills to access remote learning without support [was a challenge]' (OT45). The individual software used was also cited as a challenge: 'many really struggled with Zoom or Teams—they found it frustrating if connections were unstable and if they couldn't get a query answered immediately' (OT53) and 'most of the advice and resources available online were not suitable for SEND population' (OT16). In an attempt to overcome these issues, many professionals resorted to 'creating physical resources which took up a lot of time' (OT32). 'Inadequate funding' (OT30) to support children with SEND was also mentioned as a barrier by several professionals, with participants suggesting a shortfall: 'schools are being challenged on progress of SEND students when they are being expected to magic resources, staff and provision out of nothing' (OT39).

Furthermore, many professionals noted that targeted educational interventions had ceased during the pandemic, although one commented that they were sent home to parents: 'specific interventions taken home and taught to parents to do with their child for continuity' (OT46). This was largely due to 'limited time in the timetable and with no space as not mixing bubbles' (OT46) and 'staffing hours changed due to COVID restrictions' (OT81). Other COVID-19 restrictions were also cited: 'some SEN interventions such as Lego therapy could not take place due to cleaning protocols and non-mixing of children in different bubbles' (OT58). However, some professionals did also mention pausing interventions due to health and safety concerns, wanting to 'protect staff' (OT80) from working in small rooms in close proximity to children: 'had 6 staff contract COVID in a week...(one has now taken medical retirement after being on a ventilator and one whose husband died with COVID). After that it was decided not to run interventions in our small rooms' (OT52).

Social and emotional well-being and mental health of children with SEND; 'there were certain children who were having difficulties and we couldn't get to them to help them'

Fifty-eight percent of professionals reported that changes to education and learning provision during COVID-19 had led to an overall negative impact on children with

SEND's well-being. Of those, 71% felt children with SEND's mental health had been negatively impacted, 69% felt their social and emotional well-being had been negatively impacted, and 50% felt their medical needs had been negatively impacted.

Educational professionals reported that for children with SEND, the pandemic had a 'massive negative impact on social and emotional wellbeing, more so than the academic impact' (OT57). Respondents mentioned 'regression' in 'health and learning' (OT12), and there was concern that pupils had returned 'very withdrawn and quiet' (OT36). Professionals particularly reported an increase in anxiety in autistic children which 'went up loads' (OT8). There were concerns expressed with 'emotional health issues' (OT27), 'meltdowns' (OT35) and ramifications from 'loss and bereavement' (OT23), as well as reported rises in obsessive compulsive disorder, suicidal thoughts, self-harming and the levels of trauma experienced. One respondent also noted: 'epidemic of kids ticing since lockdown ended—I've never seen anything like it!' (OT52). Educational professionals explained that a loss of routine was one of the main causes for these difficulties: 'for a child on the SEND register they cope better with routine and to take all services away, was very hard for them' (OT75), and 'separation anxiety, parents/adults trust lost as we haven't been able to make promises, children feeling less safe' (OT20).

There was also a notable impact on children with SEND's social skills due to a reduced ability to socialise: 'for some of our autistic children, the world they have is already small but during the pandemic this world became even smaller and the repercussions of that in terms of social anxiety, social appropriateness are huge for them' (OT6). Face masks were also considered to be challenging: 'they have forgotten how to interact face-to-face and they really struggle with the masks as cannot see whole face to tell what your facial expression is' (OT82). Indeed, some professionals noted how improving communication skills and independence was a priority for pupils with SEND upon returning to school: 'just enabling them to make friends and their social skills really suffered because they've not seen anybody' (SS3). However, for those who had attended school during lockdowns, some had seen an improvement in friendships: 'they built some really good friendships with children they might not necessarily spend time with them, they looked after each other' (SS1).

Another key issue for participants was the availability of health and social care provision for children with SEND during the pandemic, with 'the children with EHCPs barely receiving their allocated support' (OT47). Participants described a 'lottery of services' (OT21) and a 'lack of access to support services such as occupational therapy, physiotherapy, speech and language therapy' (OT56). One professional found it 'quite daunting, quite emotional at times. Because you knew that there were certain children who were having difficulties and we

couldn't get to them to help them...services were just not there' (SS4), and another explained how 'some students have definitely suffered long-term harm by lack of access to medical interventions' (OT52).

Stress and strain on teachers and schools; 'the impact of constant unpredictable change'

During the first national lockdown (2020), 58% of respondents had a role change in school. Thirty-two percent thought this role change had a negative impact on their ability to deliver education for children with SEND, 30% thought it had no impact, 22% thought it had a positive impact, and 16% were not sure. Thirteen percent of education professionals reported receiving 'a lot' or 'moderate' amount of support from their Local Authority, 29% received a little support, 33% received no support at all and 20% did not know. In terms of support from schools' senior leadership teams, 68% felt they received a lot of support, 16% received a moderate amount, 9% received a little support and 3% felt they received none at all.

Many professionals reported that their own mental well-being deteriorated as a result of the increased pressures during the pandemic, with one explaining that 'a lot of teachers after they did the first [online] lesson cried' (SS3). The main reasons centred around having to simultaneously teach in-person and online, 'workload doubled as we had to teach full time in school while still maintain support for those learning at home' (OT42); the challenges of effectively teaching children with SEND online, 'it's just reiterating really how hard it was. As soon as that remote learning came in, it was just like, "I don't know how teachers are going to do that". It's hard enough in the classroom to differentiate the support' (SS1); and the responsibility of ensuring pupils' well-being remotely; 'I personally felt more busy than ever trying to make sure that the children with SEND had some contact on a weekly basis' (SS4). One professional described how this was 'quite stressful, much more stressful than an ordinary day...everything was out of your hands and it sometimes felt like wading through mud, trying to get them the support that they needed. And there was little that we could do about it' (SS4). One professional explained the negative impact this would in turn have on pupils with SEND:

'Staff have experienced huge pangs of guilt that we couldn't give the SEN children what they needed...Staff are on the brink of collapse and the children who will suffer most from this exhaustion and burnout will be SEND pupils who always need that little bit more'

(OT3)

Furthermore, professionals 'felt very vulnerable' (SS4) in terms of their own physical health: 'it feels dangerous [in schools] as we had to work with little or no protection and not able to socially distance' (OT15). There were also concerns with the practicalities of juggling work while managing their own personal lives, which were sometimes complex:

'I couldn't get my own children a keyworker place at their school so trying to run a school and be SENDCO, DSL [designated safeguarding lead], Vice Principal and look after my own two children at home with no support bubble was the worst thing I have ever experienced. I just don't understand how we were expected to do that'

(OT82)

Several professionals described taking on additional work or having their role changed during the pandemic. They highlighted an 'excessive workload due to it being new and lots of uncertainty' (OT94), with 'staff on their knees due to extra workload that has come from COVID duties, paperwork, extra teaching, less support from wider team, due to not mixing' (OT20). Some said how they had a 'different job entirely' (OT41), with most role changes being 'heavily focused on pastoral support' (OT58): '[my] role had to change to enable me to focus more on wellbeing and safeguarding' (OT42). Tasks included 'lead in school provision, spoke to families daily, offering behaviour support, emotional support, supporting teachers, delivering home learning resources, safeguarding rise in concerns...It was non-stop' (OT40). Others described how they were 'no longer seen as a teacher when in school' (OT6) but 'became a social worker of sorts' (OT49), having 'more calls with parents' (OT20), 'delivered lunch packs' (OT34) and 'became a call centre for outreach' (OT44). Workload and well-being issues were further exacerbated by staff shortages, with respondents describing how there were 'not enough staff' (OT2), due to 'staff absence due to COVID' (OT60) and 'staff shielding or isolating' (OT72). One respondent also described how some support staff were leaving the profession entirely: 'support staff are paid a pittance and being let go. Many are retraining, leaving to work elsewhere as they're sick of working hard but can't afford to stay' (OT80).

Many professionals commented on the 'constant, constant, unpredictable change' (EP) in terms of Government guidance, describing this as 'appalling' and highlighting how the stress could 'make people ill' (SS4):

'They would literally change overnight, you'd get the DfE email and just [your] heart would sink before you open it, what to do tomorrow now...it was just 'have you got any idea what this is actually like on the ground?'...teachers were working

three times as hard knowing that wasn't ever gonna reach the children...Education Secretary is as far removed from education as you can imagine, really. It just felt like there wasn't any understanding of what it was like for school'

(SS1)

This issue caused 'immense pressure' (SS3) for members of school senior leadership teams (SLT): 'it would be very helpful if decisions at Government level could be made at times that offered schools a fighting chance at putting them in place without huge and excessive stress and workload to SLT' (OT52). Furthermore, professionals emphasised how the Government did not take into account children with SEND when releasing guidance, describing how 'the guidelines...went completely against the guidelines for keeping [them] safe' (OT10), with rules such as social distancing not being feasible when 'the children need very personal care...a few cm away' (OT80). Indeed, special schools in particular felt 'forgotten about' (OT38): 'Government guidance was totally unhelpful and at best tokenistic, contradictory, and disconnected from the complexities of running a special school' (OT51).

Professionals also explained that getting support from their Local Authorities (LA) was 'impossible' (OT53) and they felt 'pretty much left to it' (OT31). They wanted more advice on 'how to effectively support SEND learners remotely' (OT36), 'less paperwork', and 'funding to ensure all SEND pupils have the right access.' (OT40). One professional explained the impact that this perceived lack of support had on their staff:

'It is most disheartening to see that LA agencies are still working from home. This shows no regard for staff that have worked face-to-face all through the pandemic. It has affected the mental health of staff who are still in schools—there's been no equality'

(OT7)

Several professionals commented specifically on the provision of Educational Psychologists through the LA, explaining that there were 'absolutely none available' and that they were 'still struggling now to get Ed Psychs' (OT46). However, others explained that the service was reinstated by the time of the second lockdown, although several noted that assessments and support continued to be held online 'via Zoom!' (OT28), which was considered unacceptable.

Schools' provision for families; 'trying to keep families afloat'

In terms of requests from families, 77% of professionals reported that they had seen a rise in requests for SEND

support/assessments, 62% reported a rise in safeguarding concerns, 58% saw a rise in referrals for mental health or well-being support, and 49% reported a rise in the number of families accessing external education/health/social care services.

One of the main areas of concern was the rise in parental mental health difficulties: "parental anxiety is the highest I've ever experienced" (OT52). Factors contributing to this were generally considered to be children with SEND's 'medical issues' (OT68) and a 'genuine struggle from parents around supporting with learning...around their child's anxiety and emotional wellbeing and how that was affecting not just...them as the parent, but with siblings' (EP). There were also concerns that 'domestic violence has gone through the roof. Parents coming to see me to talk to me about domestic violence, substance abuse, I never had that before my job I have now' (SS1). As such, school staff found that 'parents needed much more advice and support' (OT53) and provided 'a lot of pastoral support' (OT89).

In terms of the support provided, professionals frequently highlighted the additional provision that had been put in place for families. This included support for both physical and mental well-being to 'to try to keep that family afloat' (SS2) through the implementation of phone lines, drop-in sessions and home visits: 'I was delivering food parcels, I was making weekly and daily phone checks on families, I was driving around seeing families, I was shopping for families. Just anything we could do to help them' (SS1). In particular, there was an emphasis on the need for safeguarding and 'welfare checks' (OT28), to 'protect' vulnerable children and families through 'doorstep visits, weekly phone calls, online counselling sessions' (OT68). As a result, several professionals commented on the improved parent-school relationships that developed, particularly with 'a lot of the parents that were pretty hard to reach before. A lot more trust [now]. And some of them who really do struggle know that they can ask for help now' (SS1). However, not all professionals' experiences were positive; some explained how there was a 'lack of communication with the families' (OT34) and a minority noted how there had been 'a lot of aggression shown towards me and the school' (OT52) from parents. Some professionals also expressed concerns about needing to rely on the parents to 'advocate' for their children and found not being able to physically see the children frustrating:

'Ringling them up, chatting to them was great. But again, you can only go on what they can tell you and you can't see them. You can't see the reaction. You can't read the body language...relied on parents a great deal to advocate for them'

(SS4)

In terms of annual reviews for children with EHCPs, there were varying reports; some professionals said 'annual reviews continued' (OT40), some explained 'review meetings

were completed online' (OT90) and others mentioned that 'all annual reviews and meetings had to be put on hold which then created a backlog' (OT53). Some noted how it was logistically problematic in terms of timetabling: 'arranging and holding Annual Reviews and meetings with parents and professionals was quite tricky. Finding time to fit the previously postponed meetings while school was running was very challenging.' (OT53), while others reported that online systems were a barrier: 'unfamiliarity with use of remote tools for SEN planning meetings and annual reviews' (OT56). One Educational Psychologist explained how they felt uncomfortable conducting EHCP assessments online:

'I don't know...whether or not I would have felt that that was not within my professional comfort zone to do so. Because seeing the child only head up, or only a parent... not being able to see them engaging within the context, not being able to pick up on non-verbal signals and use all of the tools of my trade that really helped me to make an informed judgement. I'm not sure how comfortable I would have been accepting a commission for a piece of work that I did not necessarily feel skilled or ethically able to deliver in a way that would have fulfilled my duty of care'

(EP)

DISCUSSION

This mixed-methods study addresses gaps in understanding regarding the experiences and perceptions of education professionals supporting children with SEND during the COVID-19 pandemic and associated restrictions. Findings emphasise that there were significant challenges in 'staying afloat' and effectively supporting children with SEND's learning during the pandemic and periods of remote teaching, a lack of appropriate SEND-specific resources and unclear guidelines which overlooked the needs of pupils with SEND. Many professionals noted a significant decline in the academic progression and overall well-being of children with SEND and highlighted the detrimental impact that the increased workload and pressure also had on education professionals themselves. Finally, there was also a recognition that families supporting children with SEND who were not in school during lockdowns experienced significant difficulties, with a lack of support and resources provided for them.

Of particular note in the present study is the variability in reports of children with SEND who could attend school during periods when schools were closed to most pupils, despite children with EHC Plans being included in the Government's definition of 'vulnerable' (DfE, 2020b). Our findings suggest that one of the main

reasons for this was concerns over the safety of attending school during this time (from both parents and professionals), indicating that mitigations put in place to reduce the spread of COVID-19 were not deemed to be effective in educational settings. Indeed, several professionals highlighted concerns regarding virus transmission in schools, reporting that the Government's recommendations did not adequately consider the needs of pupils with SEND (e.g. personal care), or what is physically possible in a school environment (e.g. lack of space). Given that many children with EHC Plans will receive health and social care provision while in school, not attending may have meant that they also lost much of the wider support they received.

Furthermore, our findings suggest that educational professionals felt those children who did attend school during lockdowns thrived during this time, with some participants expressing disappointment that school could not always be this way for pupils with SEND. The small class sizes meant that pupils with SEND received more attention and tailored support, the pace of lessons was slower, and there was more flexibility to focus on children's individual interests. Interestingly, despite smaller class sizes being one of the most researched educational interventions (Bondebjerg et al., 2021), a recent systematic review by Bondebjerg et al. (2023) reported no quantitative studies and very limited qualitative research into the impacts for pupils with SEND. However, our findings appear to align with their conclusions, which indicated that smaller class sizes were the preferred option for pupils with SEND and the staff who support them. Similarly, findings align with recent work conducted by the Office for National Statistics (2022), which suggested that having greater flexibility in the National Curriculum may be more beneficial to children with SEND.

Unfortunately, educational professionals did not feel that the benefits afforded to pupils with SEND who continued to attend school extended to those who tried to learn remotely. Staff in our study felt that the biggest challenge during both lockdowns was the inability to provide individualised, differentiated alternative/specialist educational resources to children with SEND who were learning at home, with many reporting resulting academic regression. This supports previous research suggesting that remote learning did not work well for most children with SEND (e.g. Ashworth et al., 2023; Byrne & Alghrani, 2023; Canning & Robinson, 2021; Council for Disabled Children, 2021; Shaw & Shaw, 2023), as they struggled to keep up with the pace of online lessons, work was not differentiated, and the resources and technology provided to help them were inaccessible. However, while online learning presented many academic challenges, education professionals felt that children with SEND's social skills and emotional well-being were even more negatively impacted, which again aligns with existing evidence demonstrating a decline in some children with SEND's

mental health during the pandemic (e.g. Council for Disabled Children, 2021; Family Fund, 2021). Indeed, professionals highlighted how difficulties that children with SEND faced before the pandemic, such as social anxiety, picking up on social cues, routine changes and making and sustaining friendships, were exacerbated by COVID-19-related restrictions such as staying at home and wearing masks, and frequently changing Government guidelines. This may help to explain findings from Skripkauskaitė et al. (2021), which suggested that while most children's mental health was positively impacted when schools reopened, mental health difficulties for children with SEND did not improve in the same way. Thus, moving forward there is a need for dedicated SEND-specific provision to be put in place in education settings that will support children's social and emotional well-being.

School is not just a place for education and development for children with SEND, it also provides parents with respite from the full-time care of their child (Family Fund, 2021). As such, the impact of not attending school during pandemic restrictions, as well as trying to support remote learning and well-being, also negatively impacted the well-being of parents/carers. Professionals emphasised concerns they had for families regarding the subsequent parental anxiety and burnout, in addition to rises in domestic violence, safeguarding issues and problems such as access to food. Again, this aligns with previous research which illustrated that many families of children with SEND have been left exhausted and in despair (Family Fund, 2021; OFSTED, 2021), with no break from caring responsibilities, and a sense of abandonment by health and social care services (Rogers et al., 2021). As a result, professionals in our study described the additional roles and responsibilities they took on during periods of school 'closures', visiting families at home, conducting weekly well-being checks, organising and delivering food parcels and other supplies and offering pastoral support.

While the aforementioned issues were raised by education professionals as impacts of pandemic-related restrictions on children with SEND and their families, these in turn also had a direct effect on the professionals themselves, who expressed a significant deterioration in their own well-being. Professionals described taking on additional job roles, trying to adapt to online teaching and supporting pupils with SEND remotely with little training or advanced warning, delivering hybrid teaching face-to-face while concurrently managing online learning, supporting families, interpreting unclear and constantly changing guidance, and worrying about vulnerable pupils at home who they could not see. Many were also managing their own health issues, were concerned about the virus, and were juggling their own pandemic-related challenges at home. As a result, professionals were working longer hours, experienced increased levels of stress and felt under immense pressure,

meaning their own mental health declined. Given that, even pre-pandemic, there were significant issues in the UK with teacher well-being, burnout and retention (Education Committee, 2017), and that SEND teachers in particular were already more prone to stress, burnout, exhaustion and depersonalisation than mainstream teachers (Brittle, 2020), it is vital that effective support strategies and appropriate training are urgently implemented. Further work is needed to establish what would be most beneficial for all teachers, and particularly those supporting children with SEND.

Limitations

The needs of children with SEND and education professionals were overlooked during the COVID-19 pandemic, both in terms of policy priorities and research focus. This study was among the first to explore the perspectives of education practitioners regarding the delivery of education for children with SEND and its repercussions on their own professional experiences. While this research makes a substantial contribution to the existing knowledge base in this domain, it is essential to acknowledge its inherent limitations. First and foremost, the professionals who voluntarily participated in this study may not offer a fully representative cross-section of the entire professional population. It is plausible that those encountering the most formidable challenges during the COVID-19 lockdowns might not have been able to allocate time for participation. Secondly, the sample sizes for both quantitative analyses and interviews were relatively modest, meaning that more advanced inferential statistical analyses could not be conducted. Thirdly, as this study adopted a cross-sectional design, it cannot establish causal relationships between pandemic-induced educational changes and their effects. Finally, while various professional roles were represented in the study, including teachers, teaching assistants, SENDCos, specialists, mainstream educators and educational psychologists, not all professional categories were proportionally represented in the dataset. These limitations warrant careful consideration when interpreting the findings and generalising them to broader contexts.

Conclusion

In conclusion, the findings of this study underscore the substantial challenges faced by education professionals in delivering appropriate and effective education and well-being support to children with SEND during pandemic-related school 'closures'. These challenges manifested in the form of limited access to remote learning, hindered academic progression and adverse impacts on the well-being of children with SEND. Furthermore, education professionals themselves

reported significant levels of stress, anxiety and burn-out stemming from heightened workload pressures, concerns for their pupils and the absence of advanced notice regarding government guidelines. This study's results highlight a critical need for a more comprehensive consideration of children with SEND's right to accessible education in pandemic-related planning and emphasise the importance of prioritising this aspect in all future Government decision-making, policy development and funding allocation. Moreover, education professionals require increased support and training to effectively address the unique needs of children with SEND and enhance their own well-being in the face of such demanding circumstances.

ACKNOWLEDGEMENTS

We would like to thank all the children and their parents/carers who have shared their views, experiences, and time with us. We would also like to thank the parent advisors and young people we consulted to help design the study, as well as the Steering Committee for their on-going guidance and support.

FUNDING INFORMATION

This work was supported by the National Institute for Health Research (NIHR) Policy Research Programme fund under grant number NIHR202718. The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.

CONFLICT OF INTEREST STATEMENT

The authors declare they have no conflicts of interest.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

ETHICS STATEMENT

Ethical approval for this study was granted via the authors' University Research Ethics Committee.

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

How to cite this article: Ashworth, E., Bray, L., Alghrani, A. & Kirkby, J. (2024) 'Trying to stay afloat': Education professionals' perspectives on the impact of the COVID-19 pandemic on children with special educational needs and disabilities. *Journal of Research in Special Educational Needs*, 00, 1–13. Available from: <https://doi.org/10.1111/1471-3802.12647>