

RESEARCH BRIEF

Supporting Families with Children with Special Educational Needs and Disabilities During COVID-19

Umar Toseeb¹, PhD., Kathryn Asbury¹, PhD., Aimee Code¹, MSc., Laura Fox¹, MSc., Emre Deniz¹, MSc.

¹Department of Education, University of York, York YO10 5DD, UK

Correspondence regarding this article should be addressed to Dr Umar Toseeb, Department of Education, University of York, York YO10 5DD, UK, Telephone 01904 323405, Email: umar.toseeb@york.ac.uk

Short Title: COVID-19 and SEND

Financial Disclosure: The authors have no financial relationships relevant to this article to disclose.

Funding Source: None

Potential Conflicts of Interest: The authors have no conflicts of interest relevant to this article to disclose

Keywords: Special Educational Needs, Disability, COVID-19, Parents, Support

Data Sharing Statement: Deidentified individual participant data will not be made available at this stage due to ongoing data collection but will be made available once data collection is complete.

Abbreviations:

ASC – Autism Spectrum Conditions

CAMHS – Child and Adolescent Mental Health Services

COVID-19 – Coronavirus Disease 2019

EHCP – Education, Health, and Care Plan

SEND – Special Educational Needs and Disabilities

Contributors Statement

Dr Toseeb conceptualised and designed the study, coordinated and supervised data collection, carried out the main coding for the analysis, drafted, reviewed, and revised the manuscript.

Dr Asbury assisted with generating of initial codes and second coded the analysis, drafted, reviewed, and revised the manuscript.

Ms Code, Ms Fox, and Mr Deniz assisted with data collection, generating of initial codes for the analysis, and drafted, reviewed and revised the manuscript.

All authors approved the final manuscript as submitted and agree to be accountable for all aspects of the work.

Introduction

On Friday 20th March 2020, schools in the UK closed to all pupils other than children of keyworkers and vulnerable children, including some of those with Special Educational Needs and Disabilities (SEND). These school closures represent an attempt to slow down the spread of COVID-19 and similar measures have been taken in countries around the world.

This sudden change, along with necessary measures such as self-isolation and social distancing may be particularly challenging for children with SEND and their families, given the reliance of many on carefully established routines and relationships as well as professional and informal support. For instance, the response to COVID-19 could affect children with autism spectrum conditions (ASCs) – who may require strict adherence to routines and experience acute anxiety when that is not possible – more severely than it affects most neurotypical children ^{1,2}. The same may apply, for example, to children with complex physical needs who depend on access to equipment and professional support that is only available in school. Even though some children with SEND are allowed to attend school, some parents are reluctant to send them because of the risk of infection. It is important to note that the impact of these changes is also likely to be felt particularly keenly by the parents of some children with SEND who now need to meet their child's needs all day and every day, without the usual support, while potentially also managing their child's distress and anxiety as well as their own.

Supporting these families is clearly important but the best way of achieving this is currently unclear. This is partly the result of there being very limited research available on home educating children with SEND ^{3,4} but, even if this were not the case, the current situation is different to any that has been seen before. This study therefore asked how parents of children with SEND in the UK would like to be supported during the COVID-19 pandemic.

Methods

The study was approved by Department of Education Ethics Committee, University of York (Reference 20/05).

Two hundred and thirty four parents of children with SEND were recruited via existing research networks, email invites sent via non-mainstream schools, and online platforms to complete an online questionnaire between 22nd March 2020 and 3rd April 2020. Parents with more than one child with SEND were asked to focus on one child. The sample demographics were as follows:

- Respondents: 91% were mothers, 95% from England (remainder from Scotland, and Wales), 61% had a pre-tax household income of less than £40,000 (approximate UK median income).
- Child: mean age 10 years (range 5 to 18 years), 70% boys, 43% in mainstream schools, 70% with an EHCP, 87% White British (remainder: 7% Mixed, 3% Asian, 3% other).

The type of SEND are shown in Table 1.

Results and Discussion

As part of a wider project on the impact of COVID-19 on the children with SEND and their families, parents were asked “what support would be helpful for you and your child during the Coronavirus outbreak?”. Responses to this open question were coded using content analysis^{5,6}. One researcher coded the entire dataset and a second rated every 10th response (10% of the dataset) in an attempt to ensure intercoder reliability. Disagreements were resolved during discussion.

The ten most frequent types of support mentioned by parents are shown in Table 2 (most frequent first). This does not include parents who were unsure about what kind of support they would like (n=25, 11%) and those who were happy with the support that they were receiving (n=25, 11%). The types of support mentioned by parents varied considerably, which is not surprising given the diverse range of conditions covered under the umbrella term SEND.

The findings shed new light on how parents of children with SEND would like to be supported during the COVID-19 pandemic. It should be borne in mind that the sample recruited here may not represent families with the most severe needs. Those who were the most overwhelmed may not have been able to spare 10-15 minutes during the current crisis to complete an online questionnaire. Larger studies with a more proportionate representation of the various types of SEND are needed. In summary, this is the first study to provide initial insights into the support needs of families with a child with SEND during the COVID-19 pandemic.

Table 1. Type of Special Educational Need and Disabilities Reported by Parent

Type of SEND	N (%)
Autism Spectrum Conditions	194 (83%)
Attention Deficit Hyperactivity Disorder	54 (23%)
Attention Deficit Disorder	16 (7%)
Developmental Coordination Disorder	25 (11%)
Developmental Language Disorder	46 (20%)
Dyslexia	23 (10%)
Global Developmental Delay	12 (5%)
Physical Disability	14 (6%)
Speech Disorder or Impediment	27 (11%)
Social, Emotional, and Mental Health Difficulties	78 (33%)
Visual Impairments	13 (6%)
Other ^a	58 (25%)

Note. Parents were asked to select all that applied to their child from a list. ^aTable only includes types of special educational need and disabilities that were endorsed by >10 parents. The remainder were included in the other category, which includes dyscalculia, dyspraxia, Down's syndrome, epilepsy, hearing impairment, and moderate learning difficulties.

Table 2. Summary of Mentioned Support by Parents

Type of Support	Support Description
1. Specialist professional advice for parent (n=30, 13%)	Specialist professional advice from special educational needs coordinators and teaching staff (and others). The support mentioned was to offer parents some reassurance, provide specific advice about the child's needs, or to help implement the new routine. E.g. "to be able to touch base with help from [specialist professionals]".
2. Advice or support focussed on child's mental health and wellbeing (n=22, 9%)	Specific advice or support relating to their child's mental health and wellbeing keeping in mind their child's special educational needs and disabilities (as opposed to generic advice on children's mental health). E.g. "advice to stop existing mental health issues from getting worse during [the] crisis" and "help with anxiety and ways to cope with melt down in this situation".
3. Appropriate educational activities set by school (and other sources) (n=20, 9%)	Educational activities that are being sent to their child to be appropriate keeping in mind their child's needs and existing support plans. E.g. "[child] is mainly just being sent general tasks which are beyond her level".
4. Child to see familiar faces (n=18, 7%).	Child to see some familiar faces to help bring some alignment to previous routines. E.g. "teachers faces on zoom or skype daily as a point of pastoral care just to read a story and say morning".
5. Help with shopping or food (n=17, 7%).	To be given priority for online shopping as it is not practical to go shopping with their child or because their child only eats specific foods that are not available. E.g. "forced to take disabled child out to places that are their meltdown trigger to get basic food".
6. Social stories or similar (n=17, 7%).	Access to resources such as social stories, to explain the situation to their child who may not be able to communicate typically. E.g. "picture flashcards of explanation and reassurance".
7. Respite care for child (n=16, 7%).	A break from caring responsibilities for the parent. E.g. "any form of respite now that school has closed".
8. Regular structured activity outside home (n=15, 6%).	Their child to attend a structured activity outside the home. This includes part-time school, a play group, or other group activity. E.g. "weekend clubs open on a limited basis".
9. Materials or ideas for home learning (n=14, 6%).	Need for materials, physical equipment, or smart phone applications to help with their child's additional needs e.g. sensory objects or arts and crafts materials. E.g. "sensory toys and equipment for my son to use".
10. Access to safe outdoor space (n=10, 4%).	The need for safe outdoor spaces for their child. In parks and other public spaces, it might not be possible for parents to explain or enforce social distancing to their child. E.g. "somewhere safe to enjoy outdoor space. Cannot go out for a walk with my daughter as she has no danger awareness".

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