

New Normal – Communication, Interaction & Education

Learning from the COVID-19 experience to improve practice and outcomes for individuals with severe learning disabilities in a ‘New Normal’

The CBF’s ‘New Normal’ survey was created to collect the views of families, professionals, support staff, and others, on how the COVID-19 experience has changed understanding on how services should be delivered and how ideas of ‘best practice’ have changed. The survey, which ran between September and October 2020, asked a series of open questions on practices and services – to which respondents could provide information on any issue they felt relevant.

The information discussed in this paper represents all survey findings relevant to Communications, Interaction & Education– with ‘Datasets’ containing direct quotations from survey responses employed to illustrate points made throughout. Also included in the paper is additional material collected at a meeting of our [Challenging Behaviour National Strategy Group](#) (CB-NSG). During this meeting, survey findings were discussed alongside research findings of [SF-DDARIN](#) ‘talking-mats’ interviews conducted with family carers, by a range of stakeholders including practitioners, policy specialists, family carers, and others.

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Introduction

Our means of communication and interaction have been modified greatly over the course of the past year, and new practices which were initially adopted to meet the challenges of the pandemic have become standard. Widely-adopted forms of [online communications have specific implications](#) for individuals with learning disabilities, autistic people, and their families. This means that it is important to understand how these groups have experienced these technologies and practices over the course of the pandemic, to inform how they should be used beyond it. If these communications technologies and practices are to be implemented as standard (due to [the number of benefits that they have](#)), individuals with learning disabilities, autistic people, and their families must be considered centrally to ensure that they are not excluded from digital spaces.

Changes to communications and interactions has involved more than the increased use of online formats mentioned above - [the way we interact in-person](#) has been greatly adapted also. From new methods of interaction to [new community practices and attitudes](#), there are a number of positive developments reported in the ways in which interaction norms have been modified, and a number of ways in which practices must further be modified if they are to be made accessible for individuals with learning disabilities, autistic people, and their families.

This paper also discusses the practical and policy issues respondents raised relating to [the education sector](#), as most (but not all) of the issues raised by respondents regarding education focussed on the education in an online context. Whilst home-schooling has of course been difficult for all schoolchildren, learners with Special Educational Needs and Disabilities (SEND) are at significant risk of losing out on education. A [poll by the Disabled Children's Partnership](#) found that, for parents of children who had not been allowed to return to school, only 10% said that they had been provided support for home learning. [A poll by Special Needs Jungle](#) found that, by the end of October 2020, nearly two-thirds parents/carers of learners with EHCPs reported that their child's legally binding provision had not been fully restored. These learners are also losing out on crucial therapies – such as physiotherapy, and speech and language therapies – which are provided by their schools. This paper outlines the specific concerns that exist regarding the way that online/home-schooling is delivered for SEND individuals.

However, amongst this, some instances of best practice have emerged, prompting the need to reassess practices which we used prior to the pandemic and which we shall use in a 'new normal'. For those [undertaking home-schooling](#), new practices around delivering lessons have been found to improve flexibility and decrease levels of stress amongst some students with learning disabilities. Meanwhile, for those *in* school, respondents told us that [new methods of infection prevention and control](#) (IPC) have brought benefits beyond that which they were instituted for, and will be hopefully implemented as best practice.

1 – Communication & Interaction

1.1 Challenges for delivery of services

Changes to our means of interaction have been some of the more obvious consequences of the pandemic, but these changes to communication practices have specific implications for individuals with learning disabilities, autistic people, their families, and those working in services and relevant fields. In particular, respondents highlighted how learning-disability services face unique barriers in a digital space. Sensory education activities, restorative approaches in education, offering emotional support, monitoring well-being, observation, and visitation were challenging in a digital context. One family carer told us that “*trying to do Teams with an adult with LD & ASC was near impossible!*”. Furthermore, we heard that families who lack access to the internet, and individuals with learning disabilities or their families who may not be equipped with the skills to use these technologies are at risk of being excluded from crucial services.

Government care and support guidance which focuses directly on the employment of digital technologies as part of a support package are scant at present. Guidance which does exist suggests that commissioners “*consider the use of technologies such as telehealth and telecare to complement but not replace the support provided by people face to face*” ([NG96, 1.2.6](#)). The pandemic has massively expanded the role of digital communications in these services, and we strongly recommend that care and service authorities devote resources to understanding the barriers (both financial and practical) to digital communications faced by individuals with learning disabilities, autistic people, and their families, to prevent them being ‘left behind’ as the new normal appears increasingly digital.

1.2 Potential benefits

Delivering information, resources and education online has brought certain benefits for individuals with learning disabilities when accessing services. One respondent working within the NHS stated that individuals found it easier to relate to information released as video-resources, and that they will continue to do so as a result of the success had so far. A respondent working in education found that *some* learners have progressed well on video-chat technology which has allowed them to maintain communications with peers. However, as mentioned above, this is **not universally applicable** for individuals with learning disabilities or their families, due to issues of digital exclusion, retention skills, or their specific educational needs (including sensory activities).

Some respondents, especially professionals in the learning disability field, reported significant benefits arising from the change from face-to-face to digital communications. These include increased flexibility, the removal of location/travel based barriers to events access, increased efficiency of communications, reduced resources spent on travelling, and improved health as time formerly spent

commuting can be used for exercise/relaxation. These benefits led many respondents to state that they hope these new forms of communication continue/deepen. Given these benefits experienced by some, and the move to employ these technologies centrally in a 'new normal', it is essential that we ensure individuals with learning disabilities, autistic people, and their families are included in this process and are not excluded from experiencing these benefits.

1.3 Non-digital communications

Beyond digital communications, our ability to communicate in-person has been affected by the pandemic. Specifically, respondents told us that individuals with learning disabilities found the use of masks problematic as it reduced individuals' ability to lip-read. We recommend clear-panelled masks should be widely implemented as best practice to ensure that those with specific communication needs such as lip-reading can understand the wearer.

1.4 – Community & Relationships

One significant theme of survey responses regarded how the general public responded to the pandemic, and in particular how it changed perspectives on disability. Families told us that neighbours and communities are better able to understand the circumstances of individuals with learning disabilities and their families, and as a result are more eager to help where possible: *'I think the rest of the population have maybe experienced the restrictions [which] families and people who have disabilities experience on a day to day basis'*. This led to changed public behaviour, with neighbours and community projects volunteering to assist people with disabilities, particularly those shielding, for people who had *'never had anyone help like that before'*. This mindset change should be carried forward where possible, but policy change needs to reflect this understanding of the day-to-day restrictions that people with learning disabilities and their families face. For instance, it was not until the later stages of the pandemic that people with learning disabilities were made eligible for COVID-19 support under the government's ['clinically extremely vulnerable' classification](#), and the struggle to have learning disability listed as an underlying health condition which qualified people for [vaccination priority](#) was equally as protracted.

While some respondents had experienced positive changes to community and relationships, we also heard from those who felt that the environment in the early stages of the pandemic was hostile to individuals with learning disabilities and their families, with panic buying and selfishness undermining the wellbeing of individuals with learning disabilities. As a form of best practice, the use of sunflower lanyards and the provision of priority shopping slots has helped, yet these slots were reportedly difficult to access for families and were poorly co-ordinated by the government in respect to access by care home staff for their residents.



1.5 - Dataset

TOPIC	DATA FROM SURVEY
Accessibility	We have offered the learners distance learning using technology however some learners have not had the retention skills to use the technology and parents are also not skilled enough to support.
	The technology has not been reliable and not all families have access to internet or data or have the technical skills. Parenting and behaviour support groups have been halted.
	Trying to do Teams with an adult with LD & ASC was near impossible!
	We usually work in person with groups of people and supporters. It has been challenging adapting training courses to ones being delivered digitally. It's been hard co-training with some of our trainers with learning difficulties because they don't have access to the internet. Many of our members do not have access to the internet so we've had to rely on newsletters and phone calls.
Reduced efficacy of services delivered online/via telephone	most of our students are non verbal or physically disabled it is difficult to provide suitable sensory based activities over an internet platform
	Restorative approach relies very much on human interaction and communication face to face which obviously has been nearly impossible under COVID
New mediums preferred by users with learning disabilities	At work some young people with ASD have preferred video calls and not have to attend face to face.
	The staff have started to use my niece's iPad after 2 years to facilitate calls. My niece enjoys the visual medium.
Online communications more effective/efficient	Yes - recognised how much time & energy I spent driving & running around & was/am grateful for the flexibility online working and other contact provides. Able to be more productive.
	I have enjoyed not having to drive miles from school to school and back to clinic for appointments, which have been done over the phone. I now down tools at 5pm and am able to go for a walk for an hour before my evening meal, instead of being stuck in a car for an hour, improving my health dramatically.
Difficulty explaining social distancing and communicating in a COVID-19 safe way	Helping my daughter understand that the lack of physical contact is not because I don't love her or want to see her any more
	We regularly facetime parents and have facilitated visits for those who are able to socially distance. Difficult to wear masks as would inhibit children's communication.
	Going forward I think staff need to have masks with window, so everyone can lip read or at least see lips/mouth moving, because masks muffled your speech, and at least those that have severe visual impairment needs to watch movement/of mouth if can't hear you well
Community/public attitude changing, use of new schemes in community	Helpful that someone from the Corona virus hub volunteered to shop for us and never had anyone help like that before.
	To be honest for us as a family not a great deal has changed. If anything, I think the rest of the population have maybe experienced the restrictions which families and people who have disabilities experience on a day to day basis.
	Use of the Sunflower lanyard and 'exemption from wearing a face mask' card. The lanyard has been very helpful (now) it was a very distressing time going shopping. We are still more restrictive than we used to be.
	Sourcing grocery items as we were unable to get priority delivery slots and when we managed to get slots there was a limit on items we could buy. This led to staff having to go to the supermarket again items were

	restricted so more visits were required which increased the risk of being COVID into the homes- should have been better support for social care homes from the supermarkets - we tried to address this through countless long telephone calls- speaking to managers in local store without success.
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2 - Education

Many of the themes relevant to education have been discussed in the section above on 'Communications' (distance learning, and the shortfalls of video education for learners with learning disabilities), and in the paper [New Normal - Social Care](#). However, there are wider issues to consider in the way education has been provided (or not provided) for individuals with learning disabilities and autistic people during the pandemic.

2.1 – Monitoring wellbeing & behaviour

Individuals working in education have raised concerns about monitoring well-being of learners. These are similar to the issues regarding assessment and diagnosis raised in [New Normal – Healthcare & Mental Health](#) - individuals with learning disabilities and autistic people may not take well to online communications, may not feel comfortable or be able to act naturally when communicating online, and monitoring well-being may rely too heavily on their relative or carer's account. This means that an important function of monitoring (which helps to assist education planning and behavioural support) is hindered. As one instance of best practice, a respondent working in education highlighted the successes they have experienced in developing new personal development pathway tools, which involved coaching staff in '*assessment, analysis, formulation, intervention and review*' to identify '*how environmental, social and biological influences impact the development of behavioural presentation*'. Furthermore, we have heard that the more regular contact being held between families and education services has led to improved relationships between staff and the families of those they support.

While it has not been possible to offer face-to-face behavioural support, some have reported that online behavioural plans, online learning platforms, and new assessment tools have proved valuable. Maintaining regular contact by phone with parents has improved relationships between staff and the families of those they support. This was not universal, and [as was reported by Special Needs Jungle](#), the vast majority of parents whose children were not able/permitted to attend school reported that they had very limited contact from schools and SENCOs or very limited provision of resources from schools/teachers. As we have shown in our research on '[Reducing Restrictive Interventions and Safeguarding Children](#)', maintaining regular contact between parents and school staff plays a vital role in coordinating education for children with learning disabilities; ensuring that educational needs are met

appropriately and that parents are aware of educational practices so that restrictive practices are not overused/used inappropriately.

2.2 – Home schooling

Those working in education reported that many learners have surprised them with how well they have adapted to the changes made or new ways of learning. They also highlighted concerns [outlined above](#), that individuals with learning disabilities may have been limited by service management’s presumptions or expectations about what they can achieve. Person-centeredness is crucial in education services, and responses highlighted that the pandemic has shown that many education practices have been limited by presumptions over what learners are capable of, preventing them from creating or fulfilling independently-set aspirations.

In particular, some SEND learners have reportedly taken well to online platforms such as FROG and Seesaw, while the use of online video calls has been useful for enabling peer-to-peer communications to continue during lockdown. Of course, these mediums are not appropriate or accessible for all individuals with learning disabilities, but as best practice it is increasingly becoming clear that SEND learners may not be aware of their preferred means of learning until it is offered – education services should be willing to learn from this and attempt to implement person centredness in their planning and delivery, rather than be let down by narrow “*expectations of individuals’ progress*”. Respondents working in education told us that some parents do not have an internet connection, making the sharing of information and resources difficult.

This was discussed during our Challenging Behaviour – National Strategy Group (CB-NSG), and one of the key things which family carers raised as a benefit of the lockdown was the increased willingness on the part of education authorities to be flexible in their approach to how education was delivered. This included making large changes – such as organising part in-school and part home-school teaching – but much smaller measures also had a huge impact, specifically being able to send homework directly to the person’s home, whereas previously the individual had to attend school if they were to pick this up. This flexibility was welcomed by families, however there are worries that as education providers want to return to ‘normal’, this flexibility will be lost.

2.3 – Infection Prevention and Control (IPC) measures in school

For children who are still attending school in-person, many schools have found that the introduction of new IPC measures has brought benefits. This is not only as it has reduced the risk of COVID-19 infection (and, if continued in the long-run, is likely to reduce the spread of other infections), but has also brought benefits for the school environment. Particularly, the reduction in the number of children in school hallways and corridors, and the re-organisation of lunch periods has reduced noise-level and



business, will bring benefits for any children who may experience sensory or social overload.

2.4 - Dataset

TOPIC	DATA FROM SURVEY
Monitoring wellbeing and behaviour	Concerns about vulnerable learners who have had little or no contact with school services. Concerns about their wellbeing and access to basic provision such as food and keeping to a safe healthy routine.
	Trying to support parents during lockdown when I had to work from home and can't get into school to create resources to send to them - and can't interact and observe the child at school to see what the concerning behaviour is looking like.
	We have used an online learning platform 'FROG' which has been very helpful. We have also developed an excellent personal development pathway which helps us to understand the underpinning personal development strengths and deficits using assessment, analysis, formulation, intervention and review. More of a holistic approach. Helps teaching staff to understand how environmental, social and biological influences impact of the development of behavioural presentation.
	In school staff members have contacted parents twice weekly. This has helped to strengthen relationships.
Online/ Home schooling	LD person being educated at home in a stress free environment. During lockdown education was at home, when this was lifted one education session was at home whilst the other one was at a different placement. Worked well
	Some of our children thrived in lockdown and made strides in their self-help skills and communication skills. During June and July we had fewer children in school (4 to a class instead of 8) which enabled more focused learning.
Challenged expectations of ability	It has been clearly demonstrated that some can managed to access Skype (or other online video platform) to connect with others. Face to face, social communications and community strengthening still required I feel, but too often this group of learners are let down by the managements assumptions and expectations of progression with little or no interest in an individual's aspirations.
	Some great success getting learners with learning disabilities onto Skype to allow them to join into group chats, see their course friends and share emotions and experiences through the pandemic. More of this should be encouraged I feel.
School IPC measures	Lunchtimes in school have changed to 3x 30mins sessions in the dining hall rather than 2x 45 min sessions to allow for distancing. Dinner hall is a little quieter and calmer (it can echo quite a lot and be quite overwhelming)
	The SENAD Shield provided by the Directors of the company allowed us as a school to have quick information and a flow chart to follow when we had cases of covid 19 on site. The SENAD Shield has given us the right platform to build on with confidence.

3 – Conclusions

This report has highlighted some key areas for consideration for communication practices and for those designing and delivering education services going forward, these include:

- **Prioritising digital inclusion and investment to ensure that individuals with learning disabilities and their families are not excluded from services.** If service providers, educational authorities, or others decide to deliver services online in any 'new normal', then they take on responsibilities for ensuring that in doing so they are not excluding individuals with learning disabilities or their families. This means that more must be done to ensure digital connectivity exists, that support staff and family carers are trained and skilled in employing these technologies, and that the option for in-person contact remains for those individuals who are not able to engage online.
- **Flexibility and focus on delivering on outcomes should remain a priority for those in SEND education.** As with our findings for [social care](#), we heard that those working in education services were able to be more flexible over the course of the pandemic, with these leading to better outcomes for those accessing the services. Outcomes should always be the primary concern for those working in education, ensuring that needs are met in whatever way possible.
- **The general population (and services designed for the general population) should build on the newfound recognition of the restrictions individuals with learning disabilities and their families face.** We heard that *some* members of the general public became more accommodating of individuals with learning disabilities, autistic people, and their families once the pandemic began. Community schemes, volunteering, and new practices built around improving access are some instances in which there was a greater recognition of these individuals' needs. This should be encouraged and continued and must be reflected in government policy - which in many ways did not reflect the needs that individuals with learning disabilities faced over the course of the pandemic.