

Restrictive Intervention of children and young people with special educational needs and disabilities during the pandemic

Lockdown Lessons & the Autumn 2020 Return to School: Results of Family carer and School Staff Surveys.

Data supplement

May 2021

Introduction

The Reducing Restrictive Intervention – Safeguarding Children and Young people (RRISC) group is a group of organisations and families working together to promote the safeguarding of disabled children, with a particular focus on reducing restrictive intervention of children and associated harm.

The RRISC group met on 9 September 2020 and looked at the available evidence around the use of restrictive interventions during the pandemic. There were a number of surveys about return to school for children with special needs (e.g. Disabled Children’s Partnership, 2020) but these did not cover restrictive interventions. It was therefore agreed that we should develop a short survey of schools and families to investigate the impact on challenging behaviour and restrictive interventions in education.

We designed and shared two surveys, one for families and one for schools, in order to try and gather evidence about restrictive intervention in schools, in the first lockdown and when all children returned in the autumn term. The results are presented in this report.

Method



On the 19th November 2020, the Challenging Behaviour Foundation (CBF) asked families to complete an online survey. At the same time, we asked school staff to complete an online survey.

Both surveys asked respondents about their experiences during the 1st lockdown, which was defined as between the 23rd March 2020 and the school summer holidays, and their experiences in the 2020 autumn term (since September 2020). Families were asked about their experiences of education and support, and staff were asked about their experiences of providing education. Both surveys were a mixture of open and closed questions. The family survey contained 30 items while the school survey contained 18 items.

The surveys were created using Survey Monkey and distributed by the Challenging Behaviour Foundation (CBF) and Reducing Restrictive Interventions and Safeguarding Children (RRISC) network members via social media channels, email networks and the CBF website. Data was exported from Survey Monkey on the 11th January 2021. Descriptive data and emergent themes were presented in a preliminary PowerPoint, which was reviewed at a RRISC group meeting. The themes were then refined to create formal coding tables (see Appendix). The final report can be found below.

NB: the surveys enabled participants to skip answers. To avoid inflating results, all figures in this report are based on the percentage of the total 48 families and 12 staff respectively.

Families Survey

Demographics

Respondents

As of the 11th January 2021, we received 48 responses from across the UK (except Northern Ireland). All respondents consented for their anonymous information to be shared in these findings. The results of which are described below.

Respondents were largely from England (71%) and largely white (67%).

Respondents were asked to identify their relationship to the child whose behaviour can be described as challenging. The majority were the child's parent (83%) with the exception of one grandparent (2%). (15% skipped).

Demographic	Value	Percentage (%)
Relationship to child		
	Parent	85
	Grandparent	2
	Unknown	15
Location		
	England	71
	Northern Ireland	0
	Wales	8
	Scotland	4
	Unknown	17
Ethnicity		
	White	67
	mixed or multiple ethnic groups	8
	Asian or Asian British	6
	Black, African, Black British or Caribbean	2
	Unknown	15

Table 1. Demographics of respondents: their relationship to the child, their location and their ethnicity. Values are marked as 'Unknown' if the respondent skipped the question.

Children & Young People

88% of respondent's children were male, 10% were female (15% skipped). The youngest children were 5 years old (8%) and 4% of children were older than 19 years old. The most common ages were 8 and 10 years old (13%) (15% skipped).

Needs of the child

Families were asked to indicate the needs of their child. Respondents most commonly reported a diagnosis (or suspected diagnosis) of Autism (73%), followed by special educational needs/additional support needs (69%) and a Learning disability/difficulty* (42%). Other diagnoses (33%) included ADHD, Sensory Processing disorder and Tourette's syndrome.

Child's needs	Percentage of respondents (%)
special educational needs /additional learning needs/additional support needs	69
Autism /Autistic Spectrum Disorder/Autistic Spectrum Condition /Asperger's Syndrome*	73
Social Communication Disorder	27
A developmental delay /global developmental delay*	35
learning disability/learning difficulty/intellectual disability*	42
behaviour that is concerning with no additional needs	2
complex health needs	17
a physical disability	10
emotional/mental health needs	25
Other diagnosis/genetic syndrome	33

Table 2. The needs of respondents' children – items with an asterisk (*) include when children have a diagnosis or when it is the suspected diagnosis.

Education

Children mainly had an Education, Health and Care (EHC) plan (56%) or a statement of special education needs (SEN) (29%). Some families were in the process of having an EHC plan or SEN developed (10% and 4% respectively). 4% of families had applied for but not received an EHC plan. 7 respondents skipped the question (15%).

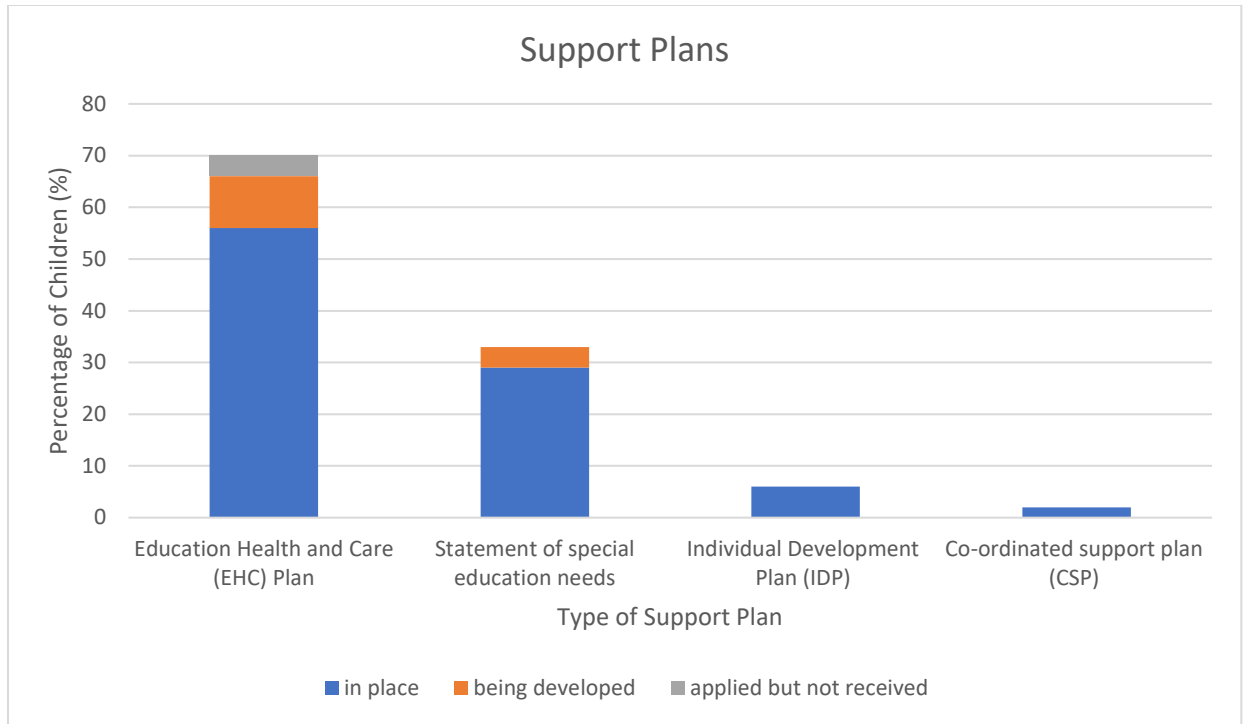


Figure 1. Bar chart showing the percentage of children with different types of support plan, and what stage in the application process families are at.

- Education, Health and Care (EHC) plan (56%)
- Individual Development Plan (IDP) (6%)
- Co-ordinated support plan (CSP) (2%)
- Statement of Special Educational Needs (SEN) (29%)

Children mainly attended a special school/college (52%) followed by mainstream provision (25%). 4% were not currently in school and 2% were home schooled.

Attendance

1st Lockdown

In the first lockdown, only 8% of children surveyed attended school full time. Nearly half (44%) did not attend school at all. Other children attended on a reduced timetable, with 8% attending 2 days a week, and 4% attending 4 days a week. (8 skipped). The rest of children attended school sporadically, as one parent described:

“3 weeks no days, 4 weeks 5 days, 6 weeks 2 days”

Autumn Term

By the autumn term, 58% of children had been attending school since schools reopened in September, with only 8% not attending (33% skipped). Of those attending (28) 82% were attending full time, 18% part time. Those part time were either 2 or 3 days a week, 2 hours on one day, or on a reduced timetable.

For a couple of children the return to school this Autumn brought new challenges, such as hastily being sent home for a chronic condition in fear that it may be covid.

“Initially he was excluded from school pending a Covid test due to an upset tummy. He has long term bowel issues and never before has he been excluded from school in this manner. They kept sending him back home until paediatrician wrote a letter making it clear that past tests have been clear and bowel movement issues are merely due to diet”

Challenging Behaviour

1st Lockdown

In the first lockdown, 40% of families saw new behaviours start including tics, self-harm, defiance, running away and hitting.

For around a third of families challenging behaviour had become more severe (35%) and/or more frequent (31%). For 15% Challenging Behaviour remained about the same. For 6% of families Challenging Behaviour became less frequent and severe. (31% skipped)

“More types of self-injurious behaviour, shouting, increased level of arousal generally”

Autumn Term

In the autumn term (compared to Autumn 2019) behaviour that can be described as challenging had increased for 29% of children, was the same for 21% and had decreased for 6%.

Support

1st Lockdown

In the first lockdown, 48% of families had no support for behaviour from school/college or the local authority. For 42% no support was offered, and a further 6% received no support despite requests. 46% of families had no support for behaviour from anywhere else. Where people did have support from elsewhere it came from charities, support/social workers, occupational therapists and CAMHS.

“He’s seen by camhs but they don’t actually do anything with him. He has one hour a week from early help which he already had but it went to online only which didn’t really help at all.”

Families who received behavioural support from their local authority or education setting in the first lockdown were either supported via phone or telephone calls or received their usual support provision in full. Full provision was achieved through residential placements or delivered remotely.

“Apart from a weekly phone call. All therapy stopped.”

“Son has ABA programme 30 hours pw, 6 of this normally in MS school and 24 EOTAS. We simply had 30 hours pw provided at home instead, agreed with LA.”

The most common types of support for behaviour provided to parents from their education setting or local authority was:

1. Support to continue education at home (29%)
2. Communication support (23%)
3. Support to cope with change in routine (15%)
4. Respite care (15%)

Only 2 families (4%) reported using short breaks or receiving support for physical health.

Autumn Term

44% of families had no support for their child’s behaviour since the beginning of the autumn term. When asked about specific support, families reported schools, health services or local authority providing:

1. Communication support (29%)
2. Cope with change in routine (17%)
3. Implement PBS plan (13%)
4. Respite care and/or short breaks (10%)

For those who did have support families’ experiences of support for their child’s behaviour were largely positive:

“[Intensive Positive Behaviour Support] team continue to work with us”

“all as fully supported in 52 week residential school”

“My daughter’s school are supporting her the best way they can”

Other families experienced a lack of support:

“No support offered”

“Support from school only - no help from Mental health team despite many calls”

Restrictive interventions

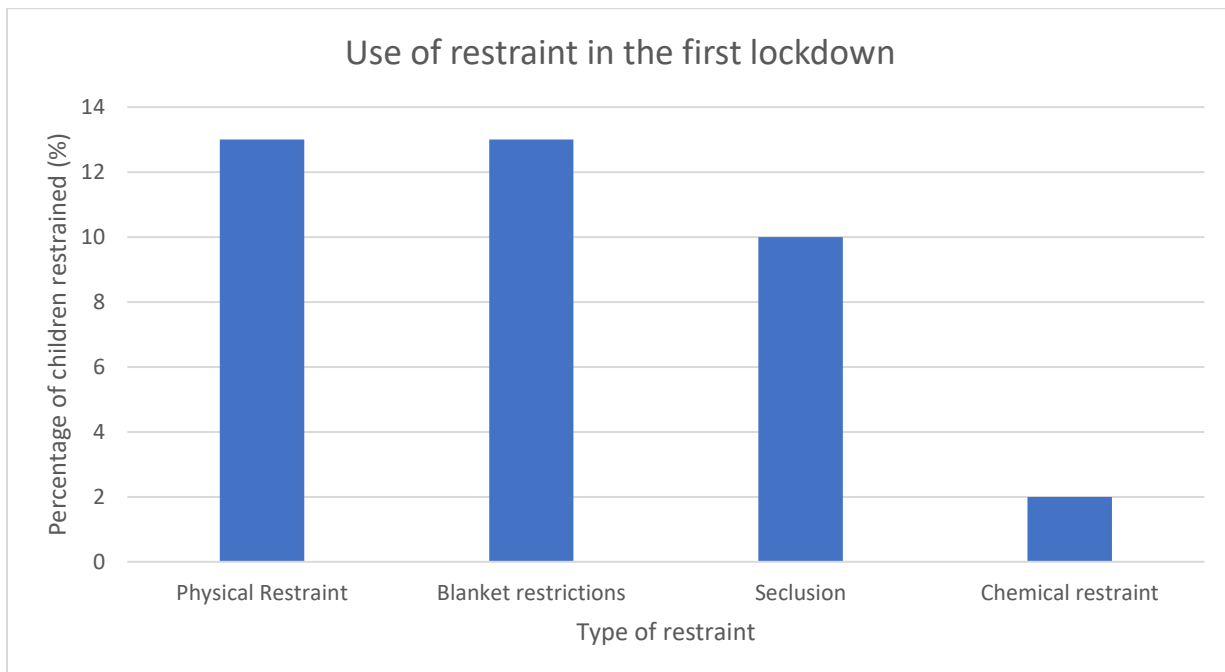
In total, 18 (38%) children’s families reported that their child experienced restrictive interventions during lockdown &/or the autumn term, with some children experiencing more than one type of restrictive intervention.

7 of those 18 children only experienced restrictive interventions in the first lockdown (not the autumn term) 7 children experienced restrictive interventions only in the autumn, and 4 children experienced restrictive interventions during both the first lockdown & the autumn term.

1st Lockdown

In the first lockdown, 11 children (23%) experienced restrictive interventions:

- 6 children experienced physical restraint (13%)
- 6 children experienced blanket restrictions (13%)
- 5 children experienced seclusion (10%)
- 1 child experienced chemical restraint. (2%)



Families views on the use of restraint varied. Some felt that restrictions were sometimes necessary:

“I don’t like it but I know that it’s done to prevent him from hurting himself or others”

“They are only used when in danger, or hurting others, for minimum time. They are rarely used on my son as the staff are so good at reducing the challenging behaviours. RI reduced during lockdown, and became non existent by summer holidays”

Whereas others were concerned that restrictive interventions only escalate the behaviour:

“They [restrictive interventions] are likely to cause the behaviour to escalate or be repeated more often. Very good positive behaviour support has reduced/removed the RI”

“Yes, challenging behaviour has increased greatly. He now hurts others with intent whereas in the past hurting others was always a by product of his melt downs”

While discussing restrictive interventions, some families considered the impact of Covid-19 restrictions:

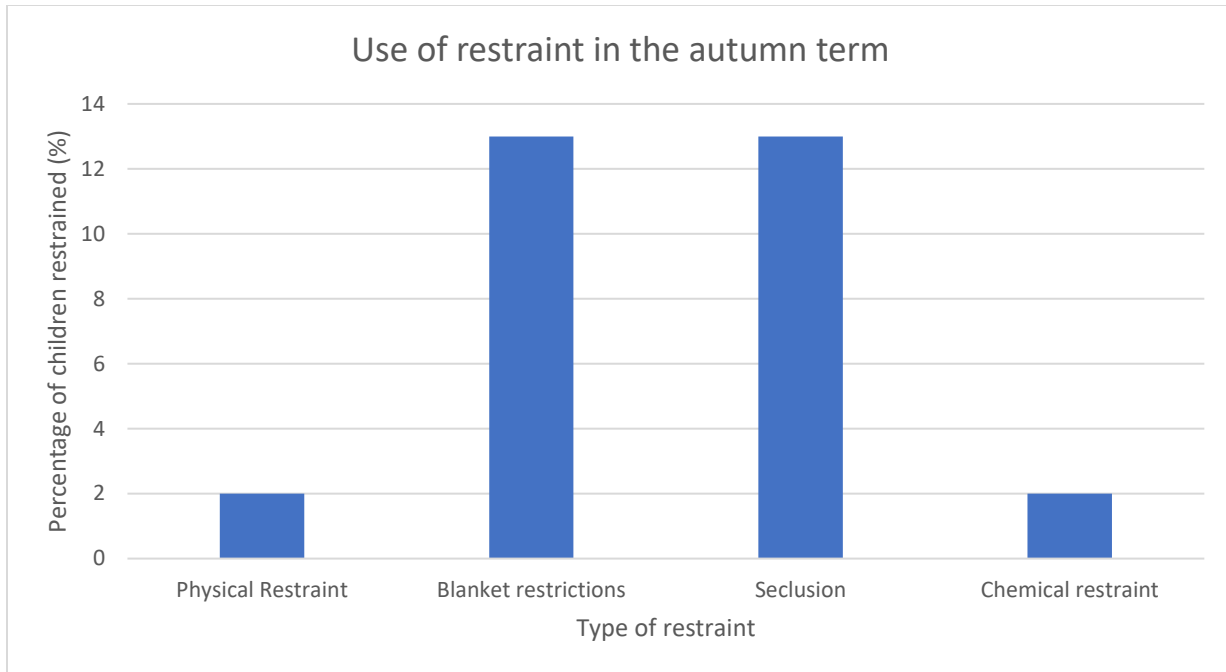
“Yes it still does as he isn’t allowed anywhere still with Covid and he’s in a school that’s independent to his needs and he’s just stuck in a class”

“[Feel] Absolutely terrible [about restrictive interventions] as my child is struggling enough not being able to access things he did before, the school should be helping with that”

Autumn Term

In the autumn term (2020), 11 children (23%) experienced restrictive interventions:

- 6 children experienced blanket restrictions (13%)
- 6 children experienced seclusion (13%)
- 1 child experienced physical restraint (2%)
- 1 child experienced chemical restraint. (2%)



One family carer described this as “Very sad for my child”.

Another family carer explained that “We have started a new meds to help behaviour”

While another family carer stressed that “[I] Am confident this is only used when absolutely necessary (i.e. there is a risk to his safety)”

12 families (25%) reported that their child had not experienced restrictive interventions in the autumn term (46% skipped).

“Fortunately these are not an issue for us. Has great support from independent [Speech and Language Therapist/Occupational Therapist] SLT/OT and behaviour analyst/therapists as part of Statemented provision, won via 3 Tribunal appeals.”

Compared to autumn 2019, 23% of respondents reported higher levels of restrictive interventions this term, 6% reported similar levels of restrictive interventions this term. No one reported lower levels of restrictive interventions this term (25% said the question was not applicable, 46% skipped).

“He was on his own [own] during the lockdown months as the other children were off. he thrived when it was quieter. He doesn't cope well with noise and the increase in children has led to this.”

Schools Survey

In tandem with the families survey, we created and distributed a similar survey aimed at school staff. The aims of the survey were to find out about the experiences of school staff providing education during the 1st lockdown and with the return to school in September 2020 for the autumn term.

Demographics

Respondents

The schools survey was completed by 12 respondents from across the UK (except Scotland): Mainly from England (75%), 2 were from Wales (17%) and 1 respondent was from Northern Ireland (8%).

All respondents were school staff working in special schools. Respondents worked at a mixture of primary and secondary and all age or 9-18 special schools. 58% of school staff worked at independent (7) and 42% state (5) schools. Multidisciplinary roles were represented:

- Teacher
- Teaching Assistant
- Headteacher
- Non-classroom-based school support staff
- Therapist
- Head of Clinical Services
- Designated Safeguarding Lead
- Senior Teacher
- Higher Level Teaching Assistant
- Deputy Headteacher

Lessons from the 1st Lockdown

School staff were asked about their experiences of providing education in the first lockdown period. They were asked what worked and what did not work. Staff were able to identify a mixture of successful education and difficulties (see Table 1). Staff reported that some children attending school in the first lockdown benefitted from having reduced demands, less pupils on site and fewer transitions between locations during the school day. Several respondents highlighted that virtual learning was inaccessible for SEND learners.

What worked	What did not work
“home based learning with a teacher and TA being based in each of the children's homes on site. Few transitions across the site was very beneficial for our young people”	The majority of students found it hard to access the VLE. We could not provide video teaching due to vulnerable students”
“Reduced cohort of pupils most in need; adaptive, tailored delivery of remote learning= somewhat & mostly worked”	“...VLE was a challenge for some parents to access. Most students over 12years did not want to engage as 'home is home, school is school' - these are ASC students.”
“Very challenging. Students having less demands and less people in there class worked well.”	
“IN Lock down we remained open and continued to support our autistic children and those with complex needs”	
“Work packs were more successful than online learning”	

Table 1. Education in the first lockdown: What worked and what did not work

Autumn Term 2020: Return to School

Aims/Curriculum

Aims for the 2020 autumn term varied but everyone (100%) aimed to support wellbeing, 83% were aiming to get students ready to learn again, 75% were focused on having everyone back and avoiding covid outbreaks, and 58% aimed to sustain staff.

No one was following a normal curriculum this term. 50% were following a recovery curriculum, 25% a normal curriculum with some adaptations and 25% cited other types of curriculums:

- Waldorf curriculum with some adaptations
- Bespoke curriculum for the children in their homes on site
- Recovery and Play Curriculum

Behavioural Strategies

Most staff were managing the new hygiene requirements (92%), focusing on communication to explain changes in school/college (75%) and had specific plans in place for managing the risks of children who displayed challenging behaviour (73%). Half of staff had specific plans for children who need to move around regularly (50%).

Less than half of schools (42%) had supported:

- coping skills around the return to school and more mixing
- building relationships with new staff

- desensitising children to facemasks or PPE.

“more clinical help to support anxiety about being behind with work”.

“all the above as all of our children have special needs”.

Staff Anxiety

Most staff (92%) responded that staff anxiety this autumn term is somewhat higher or much higher than same time last year (autumn 2019).

Good Practice Examples

Some staff offered examples of best practice they had seen during the pandemic. These included: accessible information to explain covid measures, webinars to support parents with specific issues, reintroduction visits for children prior to the autumn term restart, lower demands on children, catch up sessions, and collaborative working with families.

“Accessible information such as social stories, talking mats, communication aids being used to support students to understand infection control principles and adapt to changes Use of telepractice to deliver therapeutic support to families to empower them to use specialist strategies in the home environment and continue the good work started during the first lockdown. Webinars for families to log into on topics including Autism Spectrum Conditions, Behaviours of Concern, Sensory Processing Awareness, Communication Difficulties and Sleep to support parents in their home environment. Close collaborative working with teachers, care staff, families and therapist’s to promote learning and progression despite period of absence from education for most”

“We actively invited every child in to school over June and July to reintroduce the new covid practice and keep the good relationships with staff. Return data - attendance was 95% for first week in September, for students with ASC and complex needs and v high anxiety.”

“We have worked with the parents to try and make them feel as supported as possible to get their young people into school. We have lowered demands on students.”

“Targeted catch up sessions - physio; communication”

Challenging Behaviour

Staff were asked to compare levels of challenging behaviour and restrictive interventions to the same time the previous academic year (2019).

1st Lockdown

When school was open in lockdown, most staff (67%) said that levels of challenging behaviour were lower (2 reported higher (17%), 1 no change (8%)) compared to the same time in 2019.

Autumn Term

During the 2020 autumn term, nearly half of staff 42% reported that levels of challenging behaviour were lower, 25% reported higher levels and 17% reported no change.

Restrictive Interventions

Two thirds of staff (67%) reported that they worked in schools using physical restraint, 2 (17%) worked in schools which had used seclusion and 1 staff member (8%) worked in a school which had used chemical restraint.

1st Lockdown

When school was open in lockdown, all respondents (67%) indicated that the number of restraints used was lower than the same time the previous year. For the rest of respondents (33%) the question was not applicable or skipped.

Autumn Term

During the 2020 autumn term, 50% of staff said that the number of restrictive interventions used in school was lower, 17% higher and 17% the same (2 skipped) than the previous autumn 2019.

Those who noticed a change in number of RI (usually reduction) put this down to change in staff and cohort, better staff training, more staff consistency due to bubbles, covid restrictions creating more space between staff and students, and the return to familiar school settings. One staff member reported a significant rise in aggression and damage but did not identify a cause.

“more skilled and experienced staff in de- escalation of challenging behaviours; profile of need reduced. Pupils returning to familiar setting/ school routines”

“more focus on health and wellbeing- better staff training and more consistent staff in bubbles”

“cohort changed”

“Due to Covid CYP have required more space. Acquisition of additional rooms has allowed the CYP to spread out more. The increased space between staff and students has perhaps positively contributed to the levels of behaviours of concern and need for restraint.”

References

The Longest Lockdown, The experiences of disabled children and their families during lockdown 3, Disabled Children Partnership, February 2021. Access: <https://disabledchildrenpartnership.org.uk/the-longest-lockdown/>