



Surrey Covid-19 Community Impact Assessment

Adults and Children with Learning
Disabilities Rapid Needs Assessment

Rapid Needs Assessment: Adults and Children with Learning Disabilities

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Executive Summary

Schools, nurseries and Further Education Institutions within England have a duty to be inclusive and accessible for all children regardless of their ethnicity, religion, socio-economic background, ability and physical and mental health needs. Education settings need to recognise the children who may have an additional need or disability and offer support in order to ensure they have the opportunities to reach their full potential. SEND refers to any need or disability which may impact on their ability to learn. The spectrum of needs that this incorporates is vast and can relate to behaviour, social skills, medical condition or disorder, emotional difficulty, experiences of trauma and learning difficulty or disability (not exhaustive). Schools have a responsibility to offer the support required in order to best support the learning of the child/young person which may be anything from simple classroom strategies to SEN Support or an Education Health Care Plan (previously known as a Statement of Special Educational Needs).

A number of 'Key Informants' were interviewed to develop an understanding of how COVID-19 has impacted families from the perspective of those who work closely with them. Key Informants worked in a range of organisations, whether that is Health, Education, Social Care or the Voluntary/3rd Sector. Families who have a child or young person with special educational needs or a disability were also interviewed so to gain an understanding from them directly about the impact of their experiences.

Some families found that their child or young person 'thrived' during lock down for a number of reasons, whether that related to; not having to have social contact with others, not having to manage in a classroom environment or simply just appreciating being at home with family. Parents and Carers spoke about the positive impact of not having to do the school run and feeling that the way of life was more relaxed. Others found lockdown particularly difficult due to feeling isolated or lonely, experiencing difficulty in managing behaviours at home, and not feeling they have the advice, help and support that they needed.

As result of discussions through the Command Structure responsible for responding to the incident, and in response to national governmental guidance the NHS, Social Care and Education came together in Surrey to identify those who have an EHCP. Those families were risk assessed from a multi-agency perspective and those at greatest risk of being at home or in school during lockdown were prioritised for resources and/or face to face help and support. Once the riskier cases had a robust support package in their 'changed' circumstances, all families with EHCP's were contacted to ensure they continued to have the support for their particular needs where there were potential consequences to not having their needs met. Some Moderate Learning Disabilities and Severe Learning Disabilities Schools remained open which resulted in little change for those children and young people and their families. Advice and Guidance for both families and professionals was made available virtually and was drafted by a range of services and teams so there was less confusion about what was available and where.

Some families struggled without having access to school or health/social care professionals face to face, reporting feeling isolated, left unassisted or unsure how to manage particular problems. For some young people, not having access to their friends caused exacerbated feelings of loneliness and isolation. Parents, Carers, children and young people worried about whether there would be long term impact from not attending school on their future.

Families need to be able to feel supported when situations occur such as lockdown. Help and support is vital in order for parents to feel they can care for their child/young person and the way that this is available is of particular significance. Families don't necessarily find reading and researching helpful and a face to face discussion for some is of vital importance.

Primary SEND Need in Primary School-Aged Children (2018)

	Pupils with special educational needs by their primary type of need ⁽³⁾																											
	Specific Learning Difficulty		Moderate Learning Difficulty		Severe Learning Difficulty		Profound & Multiple Learning Difficulty		Social, Emotional and Mental Health		Speech, Language and Communications Needs		Hearing Impairment		Visual Impairment		Multi-Sensory Impairment		Physical Disability		Autistic Spectrum Disorder		Other Difficulty/Disability		SEN support but no specialist assessment of type of need ⁽⁴⁾		Total	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
ENGLAND	61,973	9.5	144,722	22.2	4,153	0.6	1,768	0.3	103,326	15.9	193,971	29.8	11,148	1.7	6,162	0.9	2,021	0.3	18,675	2.9	47,583	7.3	26,329	4.0	28,622	4.4	650,453	100.0
SOUTH EAST	11,589	12.1	19,454	20.3	500	0.5	185	0.2	16,094	16.8	29,112	30.3	1,468	1.5	860	0.9	360	0.4	2,780	2.9	7,150	7.5	3,714	3.9	2,661	2.8	95,927	100.0
SURREY	1,675	13.6	2,537	20.5	51	0.4	25	0.2	2,056	16.6	3,490	28.2	149	1.2	109	0.9	55	0.4	365	3.0	985	8.0	408	3.3	456	3.7	12,361	100.0

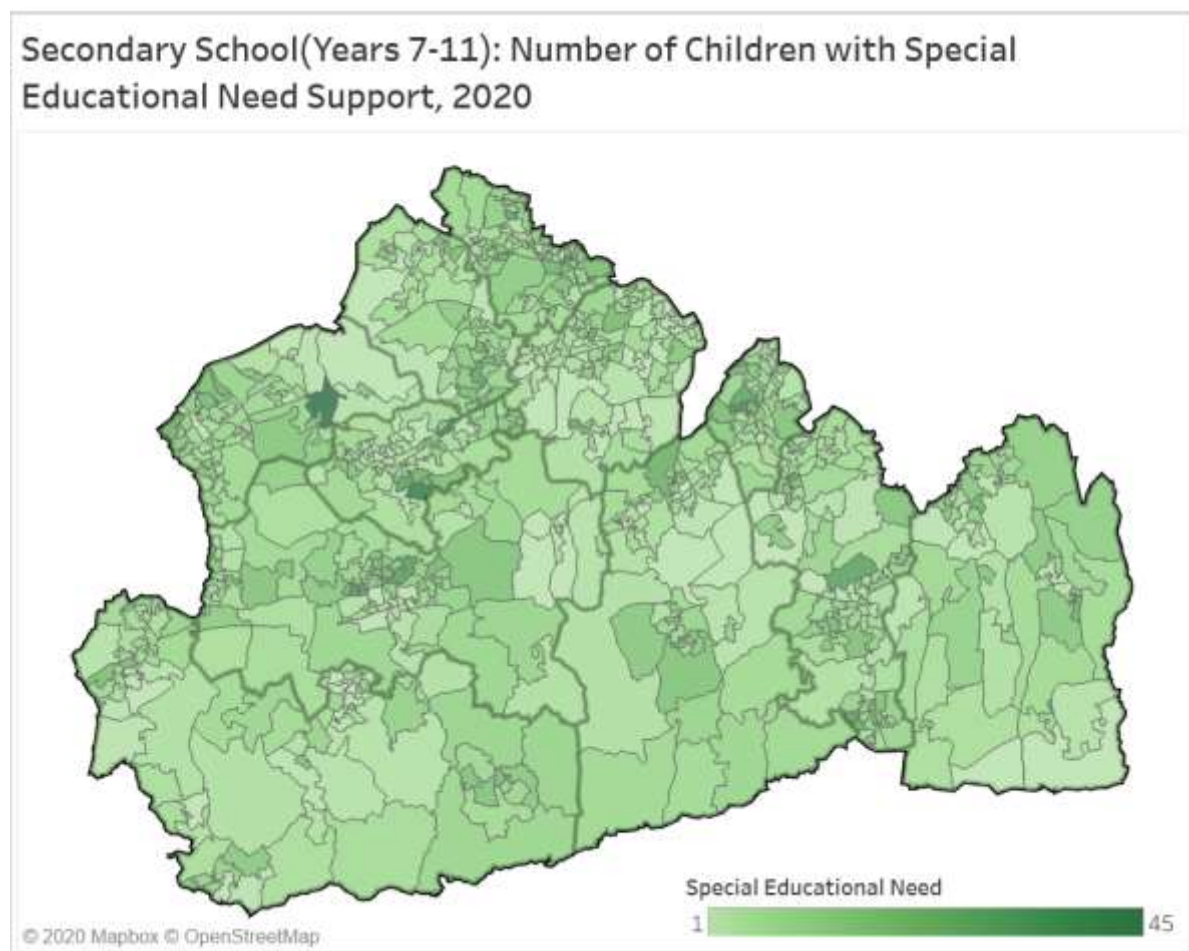
Primary SEND Need in Secondary School-Aged Children (2018)

LA Code	Pupils with SEN by their primary type of need ⁽³⁾																											
	Specific Learning Difficulty		Moderate Learning Difficulty		Severe Learning Difficulty		Profound & Multiple Learning Difficulty		Social, Emotional and Mental Health		Speech, Language and Communications Needs		Hearing Impairment		Visual Impairment		Multi-Sensory Impairment		Physical Disability		Autistic Spectrum Disorder		Other Difficulty/Disability		SEN support but no specialist assessment of type of need ⁽⁴⁾		Total	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
ENGLAND	83,936	21.0	91,751	22.9	2,079	0.5	449	0.1	75,431	18.9	45,097	11.3	9,202	2.3	5,304	1.3	712	0.2	12,076	3.0	38,725	9.7	25,110	6.3	9,930	2.5	399,802	100.0
SOUTH EAST	15,537	25.3	11,663	19.0	164	0.3	52	0.1	11,797	19.2	7,140	11.6	1,248	2.0	686	1.1	97	0.2	1,837	3.0	6,633	10.8	3,726	6.1	870	1.4	61,450	100.0
000030 936 SURREY	2,175	29.4	1,384	18.7	12	0.2	2	0.0	1,419	19.2	872	11.8	127	1.7	84	1.1	5	0.1	184	2.5	794	10.7	275	3.7	73	1.0	7,406	100.0

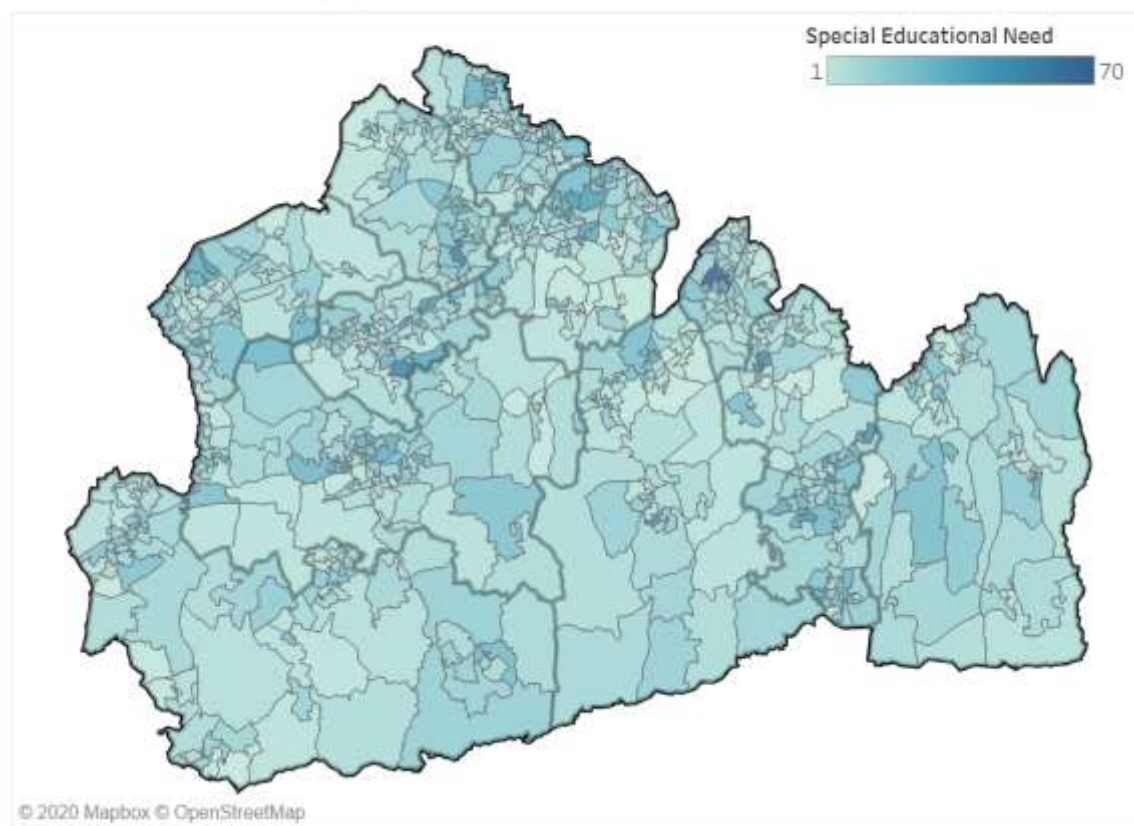
Although the number of children with an autism spectrum condition as their 'primary need' is high in both Primary and Secondary aged children, it must be acknowledged that autism (diagnosed or undiagnosed) may be a feature of a more 'general' Learning Disability or SEN need. 20% of children in Surrey with a SEND need relate to autism. When reviewing only those with an EHCP/Statement of SEN, this increases to 30%. Those with an undiagnosed autistic spectrum condition may also be captured within the numbers in the following categories due to these being of significant challenge for, or features of children with autism; Social, Emotional and Mental Health, Speech Language and Communication Needs and Multi-Sensory Impairment. It must therefore be recognised that needs relate to *possible* autistic disorders are high. With this in mind, an assumption can be made that the greatest primary need relates to Autism, Mental Health or a Learning Difficulty.

The geographical breakdown of children with SEND can be summarised in the diagrams below. The top three areas of highest prevalence in secondary age children are; Reigate and Banstead (811/6165), Guildford (753/6165) and Spellthorn (660/6165). For Primary aged children; Reigate and Banstead (1350/10298), Guildford (1220/10298) and Elmbridge (1172/10298). In early years (age 0-4), the issue of EHCP's is most prevalent in Guildford (50/338), Reigate and Banstead (45/338) and Woking (39/338). From a range of data, it is also apparent that Woking have the greatest ethnic diversity.

EHCP's follow a similar geographical pattern as is represented above.



Primary School(Reception & years 1-6): Number of Children with Special Educational Need Support, 2020



Where there is more complexity to meeting the needs of children with SEND, there are ways to secure additional funding for more specialist support. Grants and projects often allow opportunities to bid for additional funding and the Pupil Premium is also able to support children from low income families and may be used if the child has additional needs. Surrey County Council also offer school support and consultation through Educational Psychologists and Specialist Teachers. Education Health Care Plan assessments can be conducted where there are particular challenges and complexities which cannot be met without a thorough multi-agency assessment. Children and young people with Education, Health Care Plans (EHCP) often require the more intensive packages of support or may require specialist school placements and to access such placements, a diagnosis or EHCP is usually required. In Surrey, the requests for EHCP assessment is high compared to the national average, as can be seen in the table below.

	England		Surrey	
	2018/19	2019/20	2018/19	2019/20
EHC plans/Statements of SEN	271,031	294,615	7,052	7,710
EHC plans/Statements of SEN (percent)	3.1	3.3	3.6	3.9
Headcount	8,818,312	8,889,409	196,697	199,017
SEN support	1,046,750	1,078,488	23,326	24,628
SEN support (percent)	11.9	12.1	11.9	12.4

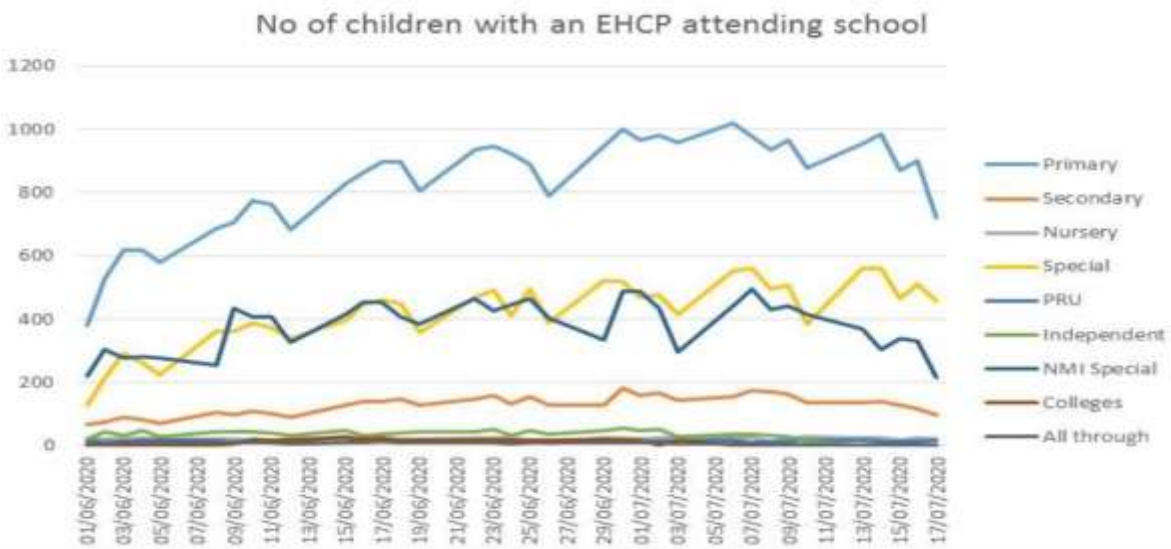
16.3% (almost one sixth) of children and young people in Surrey have either an ECHP or SEND needs. Those with EHCP's can be broken down into school-type which allows identification of broad age ranges or needs that are more complex.

School type	Total Surrey children with a Surrey EHCP attending a Surrey school
Early years	744
Primary (maintained)	2788
Secondary (maintained)	1577
Special schools and PRUs (maintained)	2288
Independent schools	144
Independent special schools	677

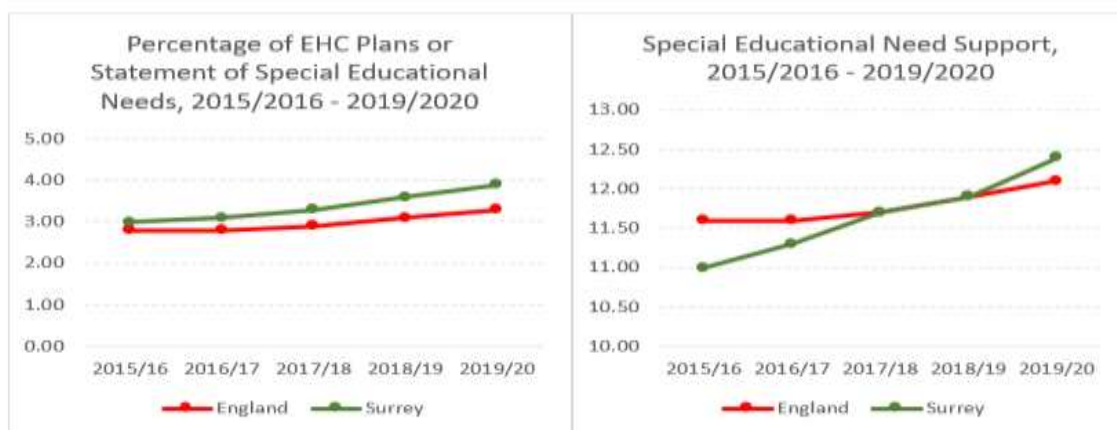
EHCP/SEN State Funded Nursery

	England					Surrey				
	2015/16	2016/17	2017/18	2018/19	2019/20	2015/16	2016/17	2017/18	2018/19	2019/20
EHC plans/Statements of SEN	315	368	350	389	376	1	2	6	8	18
EHC plans/Statements of SEN (percent)	0.7	0.8	0.8	0.9	0.9	0.3	0.5	1.5	2.0	4.2
Headcount	43,729	43,786	42,844	42,207	42,110	381	410	408	410	427
SEN support	5,338	5,624	5,544	5,656	5,779	53	57	62	62	61
State-funded nursery	SEN support (percent)	12.2	12.8	12.9	13.4	13.7	13.9	15.2	15.1	14.3

The Early Years cohort refers to those children aged 0-4 years. Only a proportion of this population attend a state-funded nursery. Others may access private nurseries or simply attend informal parent and toddler groups. The latter categories will not feature in the data above.



In summary, both the number of those with SEND and the number of those with an EHCP in Surrey are higher than the national average. This signals that Surrey has a children's population who have greater needs for health and social care support and input. It also translates to more funding being required to ensure access to education is equitable for all. With a general need for services to manage high demand and with strains on available (finite) SEND funding and resource, it is inevitable that the impact of COVID-19 caused further suffering and difficulty for some families with SEND needs as services became more restricted and not all needs could appropriately and safely be met.



Relevant Legislation

There are two specific statutory guides related to SEND. “The Special Education Needs and Disabilities Regulations (2014)” outlines the process for completion of EHCP assessments and ensuring plans are reviewed and implemented appropriately. “The SEND Code of Practice: 0 – 25 Years (2014)” (which forms part of the Children and Family Act 2014) sets out the legal requirements for schools, colleges, local authorities and health bodies to meet the needs of these children and young people. As the pandemic started to affect England, further guidance was produced which brought in leniency around timings of processes where schools were challenged with Coronavirus impact and delays were unavoidable. Those specific and detailed changes can be found in “Education, Health and Care Needs Assessment and Plans: Guidance on Temporary Legislative Changes Relating to Coronavirus (COVID-19) (2020). A more general guidance publication was also made available to schools; “Coronavirus (COVID-19): Guidance for Schools and Other Education Settings (2020)”.

Risks and Reductions of Services due to CV-19 - What is the issue?

Autism is the most common underlying SEND need (the primary need may relate to a particular difficulty which is part of their autism spectrum condition). It is characterised by having a preference for routine and rituals, restrictive and repetitive patterns of behaviour, sensory needs and a deficit in social communication and interaction skills. Often where these needs cannot be met, children can display challenging behaviour which may be associated with pain resulting from an unmet need or an inability to communicate their distress verbally. Where changes are to be made to routines, or where routines are complex visual aids and social stories can be used to prepare the child and ensure they can predict the upcoming change in order to minimise distress.

“Children with special educational needs and disabilities may face lots of changes in their day to day lives because of the coronavirus (COVID-19) situation. Their routines, regular support and the people they see may all be different now.” With the needs of a child with an autistic spectrum condition in mind, such unplanned, significant changes can be extremely difficult for them to manage. Families in lockdown will have ceased ‘usual’ day to day activity, social contact is reduced (which is essential for building these skills), the child may have no access or *too much* (can lead to obsessive behaviour) access to their specific interests’ or hobbies, families have no respite during the day which can be particularly difficult if their child has a tendency to respond to discomfort with aggression, violence or risky behaviours, or indeed if they are easily/frequently agitated.

“Every child with special educational needs and disabilities (SEND) is different and will have different support needs in the current situation.” (NSPCC, June 2020). As previously outlined, the types of

support that children with a SEND need require sits on a spectrum with some requiring only minimal support and others needing extensive and intensive specialist help. For many of these children, the support that they require is to help them to manage day to day functions and isn't specific to being within the school environment. As result, many families under lockdown conditions experienced gaps in the support that their child needed which will have had a detrimental impact upon their well-being in some ways.

There has been a constant flow of guidance and support issued throughout the pandemic, nationally from Department for Education, NHS England and central government and locally from charities and support agencies and networks to help families feel better able to manage their own or their child's well-being whilst at home. With some parents being key workers, they will have continued to go in to work whilst others were furloughed and could stay at home to care for others. Regardless of circumstances, there was an expectation that all children continued to receive an education. Although schools closed, they offered a facility for children of 'key workers' who had no alternative options for childcare. Teaching staff still were responsible for setting a virtual curriculum each day as well as teaching within the school setting. Some staff were on the shielding list and hence could not physically be on the school site which will have impacted the numbers of children who could be taught safely (stringent hygiene and social distancing), in addition some were affected by symptoms or came into contact with someone who has symptoms hence were absent due to sickness or the need to self-isolate. For families where there is a SEND need, this will have caused a number of possible dilemmas such as; being able to home school their child in light of their other functional needs, balancing the care and learning needs of all of the children in the household, continuing to send their child into school but being concerned if their needs can be met with reduced staffing or if they may become exposed to the virus. Alongside those difficulties, parents may also have been carers for elderly parents, in financial distress, subject to domestic abuse which was exacerbated by lockdown, requiring their own health and well-being support, developing dependencies upon substances such as alcohol, single parents with no access to support or respite...

The cancellation of GCSE and A-Level examinations will have been a particular challenge for children and young people with autism or tendencies to have rigid thought processes. Over many years the importance of achieving their full potential in these exams will have been repeatedly referenced. With students being denied the opportunity to take exams, much anxiety was caused. Not only for the student but for the parents alike. Families will have started to work towards the exam period and those who have high ambitions and predicted good grades may have felt cheated of the opportunity to do better than predicted whilst those who are less academic may have felt concerned that grades are based on predictions that they aimed to improve with carefully planned revision time. As a result, fears about not being able to continue to work towards their future ambition will have been heightened. For those who have 'black and white' thinking styles, this may have felt like a failure, or that there is no benefit in trying in the future, or indeed that they will live an unfulfilled life. For children and young people with autism, it is natural to become anxious about anything that occurs outside of routine, and catastrophising can come as a consequence. This can cause low mood, further anxiety or anxiety related conditions, a need for regaining control or escalations in behaviour.

Children and young people with autism often have a tendency to focus on particular and specific interests. It is easy for those children to experience rituals turning into obsessions. The enforcement of lockdown will have resulted in fewer boundaries for some children with SEND needs. For those who have an autism spectrum condition, relaxed boundaries can cause confusion (and escalations in behaviour as a consequence) but also can allow for more time to do what they enjoy. For example, children with a fascination for a particular video game may have spent more time gaming than usual.

As this time builds, a need or dependence can form. Breaking out of such habits can be a significant challenge and occasionally would require specialist help. A return to school would most certainly be a challenge under those circumstances as the child is likely to respond with aggression or distress if their obsession cannot be met.

Most schools have pupils with SEND that require extra support in attending school. These learners are regularly absent, late, attend part-time, are taught in small groups away from the classroom or complete independent learning tasks on site in school. Often, pupils experience a mixture of those concerns mentioned. It is well documented that children who are anxious about attending school are more likely to attend if they do not have periods of non-attendance. Extended periods of non-attendance can result in children requiring intensive and long-term specialist intervention to overcome their anxiety and re-integrate into school. Many do not manage to return to school at all. The impact of lockdown for families who have these children is potentially life-changing, with the child having less chances to achieve their potential and families having struggles with child care.

With families being affected through their own changing circumstances at work and their child's changing circumstances in school as well as the challenges imposed upon the education system as mentioned, the health and social care services were also managing staff sickness, self-isolation, escalating needs due to early discharges from hospitals to make space for those COVID-19 sufferers and an expectation to re-deploy staff into the Nightingale Hospitals. These complexities would no doubt result in system breakdown resulting in workforce burnout, poor health of the community, preventable deterioration of needs or even death. Simon Stevens on behalf of the NHS wrote some guidance related to community services which could safely be paused at the beginning of the pandemic which would serve to mitigate against the potential significant consequences. This was intended so to allow staff to be re-deployed where there was increased need and/or cover for staff absence. Those services that were 'paused' were; National Child Measurement Programme, Audiology, Friends and Family Test, Maternity Transformation Programme. Other services were partially 'paused' (elective, non-urgent items); Vision Screening, Pre-birth and 0-5 (HV) Service, Newborn Hearing Screening, Community Paediatrics, Therapy Interventions, Looked After Children's Service, Child Health Information System, Community Children's Nursing, Long Term Conditions Service, and Wheelchair and Prosthetics Services.

The implications of this upon families with SEND needs is that some of what they may view as their 'vital' health support services were no longer available, leaving some needs unmet and this alone may have caused significant stress, anxiety and upheaval for some families. Communication related to the changes was of significant importance.

The pause in delivery of the immunisations and vaccinations of school-aged children places those with SEND need at greater risk. SEND increases susceptibility to illness for many and prevention is important to ensure those children remain healthy. This will undoubtedly cause additional concern for parents and carers.

A significant concern from Surrey parents relates to the long waiting times for diagnostic assessments for autism and for EHCP assessments. This may have heightened during the lockdown period as rules related to EHCP assessment timescales were relaxed and NICE guidelines suggest best practice when assessing for an autism diagnosis is to observe the child in more than one setting and complete a physical health assessment to rule out differential diagnoses. Some psychiatrists and community paediatricians are growing in confidence in completing assessments virtually, but many are concerned that virtual assessments are non-compliant with guidelines. As a result, the waiting time for these processes is likely to have increased which will inevitably cause increased distress for families.

Access to PPE and testing was a challenge, and teams relied on mutual aid in order to ensure they could continue to see those who are most vulnerable face to face. Where PPE deliveries were not made and there were delays in securing mutual aid, opportunities were missed to see families.

Some Moderate and Severe Specialist Learning Disability Schools remained open as usual in light of the significant SEND needs of those pupils, however detailed business continuity plans needed to be agreed across agencies in order to ensure that if those schools were to close due to staffing numbers or an outbreak of the virus, children with life limiting or life-threatening conditions could remain as safe as possible with the care and specialist equipment that they require.

There was a noticeable change in families accessing support for health needs via Emergency Departments. Generally, people felt fearful or discouraged from attending hospital sites. As a result, vulnerable children who became physically unwell only sought help when their physical health needs were critical. Rapid action was taken at a national level to educate families towards ensuring they access emergency care earlier.

- Requests for support into Surrey County Council C-SPA increased with calls increasing by 30% and emails by 13% since the end of August. The top four themes emerging are; anxiety related to the return to school whether related to family health vulnerabilities and shielding or those worried about exposure to groups, mental health was a theme itself as was sexualised behaviour and neglect. Referrals into children's mental health services decreased during the lockdown but the prevalence of eating disorders and autism related mental health needs in children appeared to become greater. Presentations to the 136 suite increased. Since lockdown was relaxed the referrals into mental health services have increased beyond similar periods in previous years and the high demand upon C-SPA continues.

Guidance is now available for education settings as they open following the reduction in infection rates (DfE, June 2020). Staff are challenged with making radical changes to the school day and how it runs in order to maintain 'bubbles' of pupils to reduce cross-contamination, increase hygiene procedures, enforce social distancing and managing lessons with practical elements where items are brought in from home. Inevitably, some families will be anxious about the easing of lockdown and will look to schools for guidance, support and reassurance. Given that education staff do not access health or mental health training, the expectations upon them may feel overwhelming and put staff at risk of burnout. Therefore it is vital that the children's system in Surrey come together in order to share the responsibility for responding to family's needs particularly where needs relate to SEND.

In order to protect the health and wellbeing of people living in Surrey, research into the effects of the disease and national and local response specifically for SEND families can help inform future strategic planning which will help prevent adverse consequences if a similar situation was to emerge.

Severity of Impact - What Did Families and Key Informants Tell Us?

The mental health impact of school closures:

- On parents not being able to get a break from care (mental health concerns)
- Burden on young carers- no freedom from role
- The difficulties of working from home (children not understanding why parents cannot give them attention)
- Anxieties of returning to school- change of routine- fear of refusals
- Schools classing children with disabilities as high risk so not allowing them to return to school despite being prioritised
- Schools interpreting government messaging in different ways with differing levels of support provided

Anger around closure of parks/outside facilities

- People without garden space predominantly affected

The fear of people entering homes to provide care:

- Lowering service uptake- staff in some cases redeployed
- Raising fears of safeguarding issues
- Mental health issues stemming from the rigidity of lockdown rules

The design/ appropriateness of PPE/testing for some children:

- Uncomfortable with mask around head
- For children who need to lip read
- Sensory conditions and associations with testing

Exclusion

- The late inclusion of people representing SEND in collaborative working groups
- Concerns that appropriate messaging did not reach children in appropriate form
- Difficulties of children with SEND understanding messaging
- Some people excluded from food parcels (excluded in outreach)

Digital tools uptake

- Use of digital tools for outreach and training
- Concerns around appropriateness of digital tools- loss of voice/safeguarding

Impact of the workload/mental health of carers

- Lack of voice- someone to speak to
- Lack of support

Second wave

- Requirement of more safe spaces for second wave
- More appropriate messaging for children
- More appropriate PPE design
- Early warning systems so after school activities/groups can respond appropriately
- More collaboration from Department of Education to ensure clear messages/ standards set across schools for support

Resilience and Evidence of Recovery

There has been a mixed response to COVID-19 in the SEND community in that some families were able to remain resilient, continue to learn and enjoyed their time at home, with family, without the need to do the school run or be in a classroom/social environment. It is clear from the families who were interviewed that many of them faced significant challenge or struggled to cope.

As services move into the 'Recovery and Restoration' phase, it is clear that more face to face appointments are being offered and as a consequence, a rise in safeguarding needs is emerging. Families who wouldn't independently seek support are able to highlight concerns in routine visits which is often a lifeline for them.

As part of the planning for the return to school, the children's mental health services have hosted three webinars offering educational professionals information about managing anxiety in children and strategies that may be helpful.

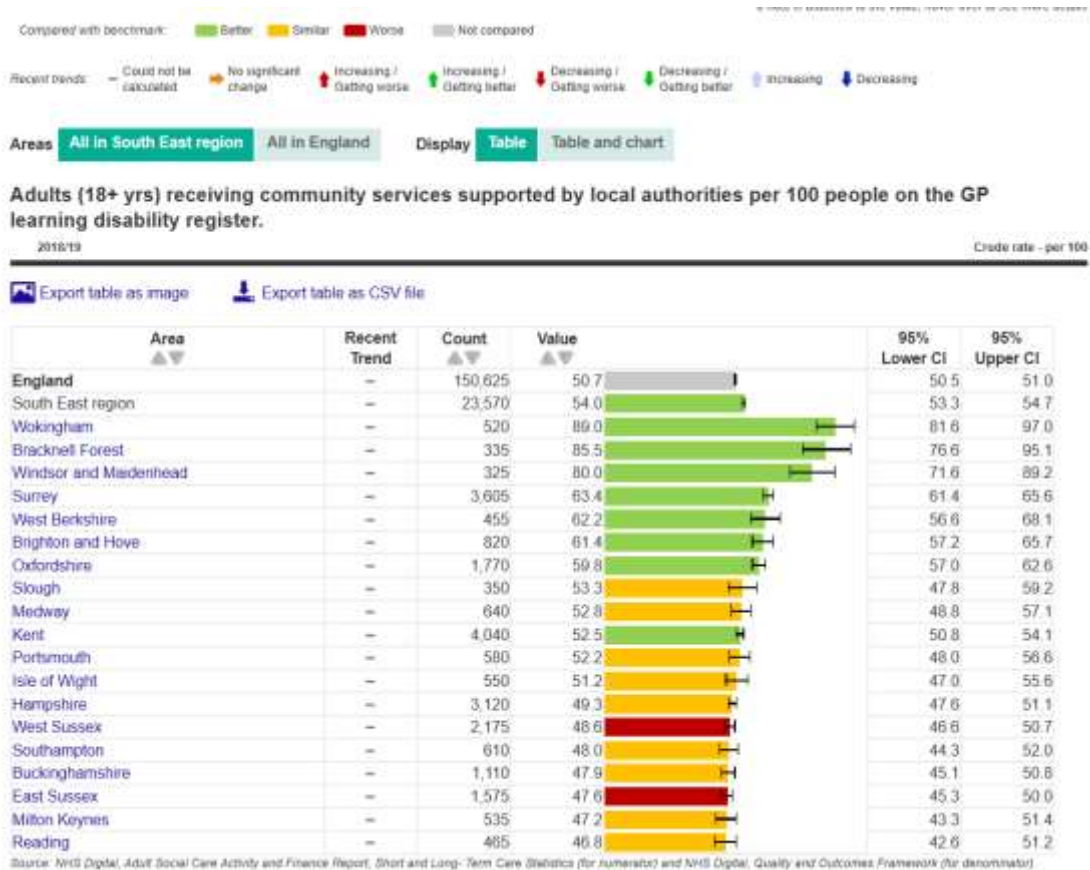
In terms of teaching and learning, it is early in the process to evaluate how lockdown and home learning has impacted children with SEND needs. However, there have been reports more generally about the severity of the impact of school non-attendance through COVID-19 and predictions about the challenges and possibilities of recovering. There is much criticism in the media about the decision to close schools which is attributed to the impact outweighing the benefit.

Although some parents will feel a sense of relief that their child/ren have recommenced their education back in the school setting, there is likely to be many families who do not feel ready to make this change for many of the reasons already highlighted. Anecdotally, referrals into the mental health services for children are rising and are greater than the same period in the previous year which may be an indication of the severity of lockdown on emotional health and well-being in particular.

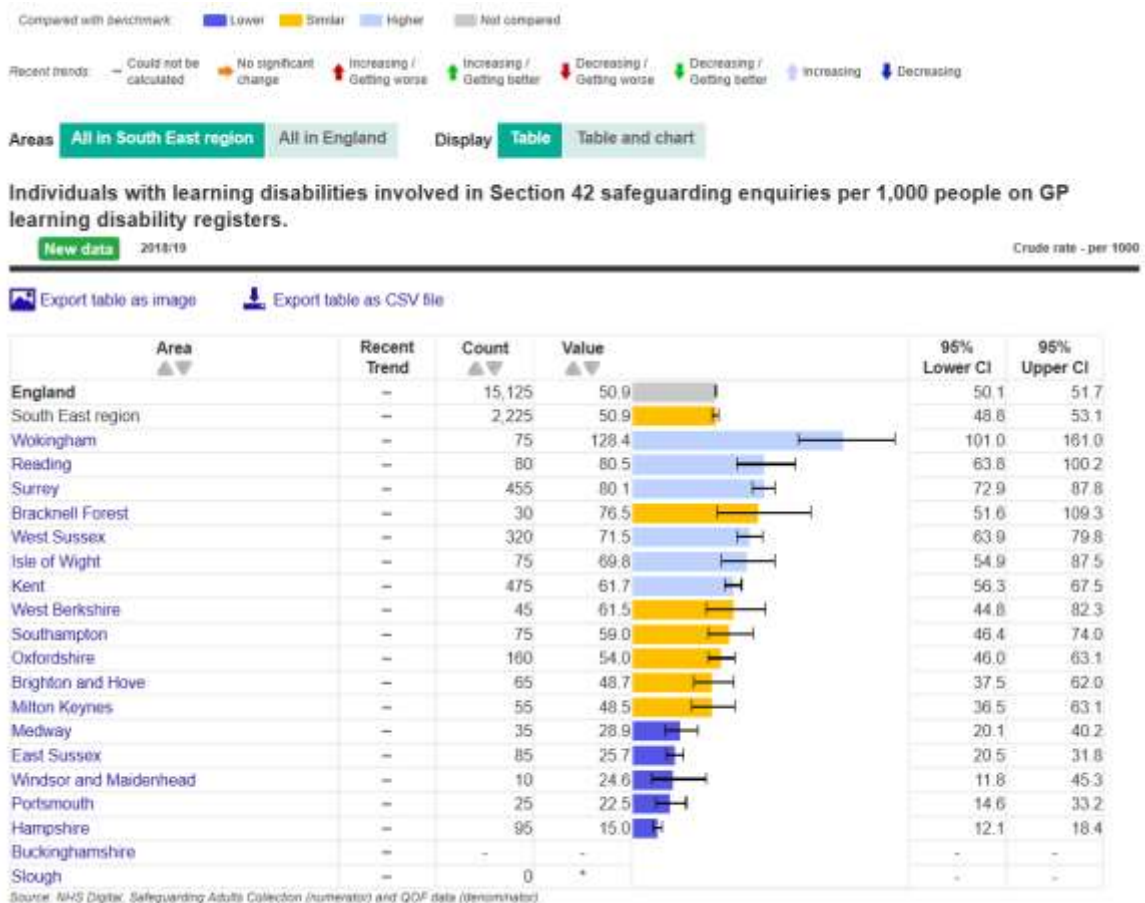
Recommendations

- Head Teachers have since raised their concerns about the clarity of the guidance for schools, this may require further research
- Clear supply chain for PPE and enough for increased face to face offer
- Clear supply chain for disposables related to children being discharged earlier from tertiary centres
- More extensive research – useful to understand how the resilient families that remained resilient differed from those who found difficulty during lock down
- Restoration of resilience – strategy and prioritisation of resources
- Way for parents to keep in touch with schools
- Opportunities for face to face advice/drop-in (pop-up SEND clinics)– an alternative to A&E and also able to offer mental health advice and parenting support
- Specific and personalised advice for families in lockdown who are managing challenging behaviour
- Clear messaging about expectations when home educating (remove pressures on parents)
- Greater assurance about support in recovery particularly around young people’s futures (career/HEE/Apprenticeship focus)
- Impacts of multi-faceted causes of stress need better co-ordinated system approaches recognising those in more severe circumstances
- Young people dying and being witnessed by family members – more advice about sheltering children from those who are unwell within the household
- Develop ways for peers and parents to keep in touch without relying on them to initiate this
- Guidance around avoiding the exacerbation of obsessions
- Reduce written advice in letters, emails and online – make a central source and offer more opportunities to speak/see people
- Improved access to testing for reassurance
- Help and support for children with autism in a non-health setting which is easily accessible to prevent the deterioration of needs leading to crisis and 136 presentations (street triage as an alternative to police – 136)

Adults with learning disability /SEND



As safeguarding emerged as a particular theme due to the difficulty to report or gain support during lockdown, it is helpful to understand the numbers where safeguarding is already known to be a concern.



This is a concerning picture given that these adults are some of the most vulnerable in a variety of ways but particularly at risk of exploitation.

Severity of Impact

A high proportion of this cohort had unsettled or insecure accommodation prior to lockdown. One of the significant reports related to impacts from this group was related to income, which will undoubtedly have impacted upon their accommodation. There were many reports of adults having their benefits reassessed during this period, which caused anxiety and insecurity. The result of the assessment for some was that their benefits were reduced or ceased.

Day to day routines for this group can be difficult to establish and may take some years to overcome poor habits such as getting up late in the day. The changes imposed due to lockdown and social distancing/cross-contamination prevention measures was distressing for this group. Also, routines that take some courage to complete no longer needed to be conducted and therefore the re-starting of these poses difficulties for individuals. The lack of access to communal green spaces also caused concern as with the children's group.

The information that was released was often inaccessible whether that is due to reading or language ability or simply because the messaging was confusing. The outcome was often mistrust in the guidance and hence information was sought through channels such as YouTube. This was a significant theme across all age groups where there are SEND needs.

Memory, impulsivity and cognition can be of deficit for some adults with LD. Imagining why there is risk for them, what the risk is and remembering to wear masks and other such expectations was more

complex for this cohort. Rules applied in some areas and not others are a challenge e.g. wearing masks on public transport but not in restaurants.

Adults with Learning Disabilities often have a significant reliance on family members, whether that is for care, supervision and/or company. Loneliness and fear can emerge as result and where it isn't resolved anxiety and emotional difficulties can emerge and persist. Individuals reported finding difficulty in accessing mental health support.

There is a theme related to service disruption and the impact of not having their regular appointments but some ambivalence about accessing day centre provision. Some reported being fearful to attend whilst others felt where centres were closed, that further impacted on their routine, isolation and emotional health.

Compliance with medication regimes and self-care was compromised where carers could not continue to offer support. This further impacted on mental health for some.

As within many areas where care and support are delivered, there was a significant shift towards digital consultations. There was a mixed response to this, with some enjoying this type of intervention whether that relates to staff or patients, but others finding it problematic for many of the reasons expressed by children, young people and parents. Pressure related to helping patients maintain their routines and workload was an issue for staff. Also, the emotional burden due to patients finding difficulty in coping.

Recommendations

The recommendations related to children and families with SEND very much apply to this group. In particular;

- Communication must be much clearer, less ambiguous and accessible for those with needs related to language, interpretation or disabilities related to cognition or ability to read
- PPE must be more widely available to enable more face to face contact where it is felt to be needed
- PPE should cater for difficulties such as deafness in order that lip-reading is possible when wearing face protection
- Solutions should be considered as to how risks related to isolation can be overcome. Socialising is of significant importance to maintain good emotional health

Overall Lessons Learned

A clear local strategy related to how important information is made available (and is updated) which is 'accessible' by all will help vulnerable people to make sense of national guidance. This should take into consideration the recommendations and circumstances that have been encountered by this group as referenced.

Mitigations in Business Continuity Plans have now been tested and findings related to people's experiences should be factored into plans, for example the importance of face to face contact and social contact.

A Surrey-wide strategy to manage a further pandemic would be helpful. Whilst the gold command structure was uniformly implemented across providers, there is room for improvement in how those

structures come together with a shared plan of action. Some cells didn't have membership represented across health, social care and the voluntary, third, faith sector. Important factors can be brought to planning from these areas of expertise and can prevent unnecessary duplication or mixed messaging.

The impact of lockdown upon emotional and mental health cannot be under-estimated and therefore careful thought should be given to how preventive measures are introduced to avoid unnecessary stressors.

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