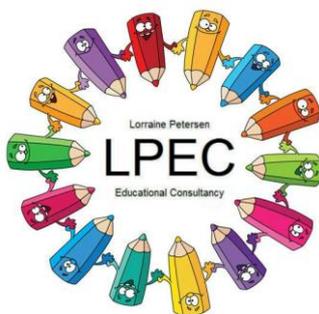


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Guidance for full opening: special schools and other specialist settings – Updated 8th September

I have compared this document with the mainstream one that was updated on 28th August and have indicated the additional information for specialist settings.

Purpose of this guidance

In developing this guidance for special settings, our partners have been clear that special education settings face some specific challenges, with social distancing and the use of consistent groups (bubbles). Coproduction and consultation with families is crucial.

Risk assessments for children and young people with education, health and care plans (this is not in the mainstream document)

Risk assessments may prove useful now and over the autumn term to help identify any additional support that children and young people with EHC plans need in order to make a successful return to full-time education.

Risk assessments may also prove useful if children and young people have to self-isolate or a local outbreak of coronavirus (COVID-19) requires you to limit attendance or temporarily close

SEND Legislation (this is not in the mainstream document)

The temporary changes to the law on the timescales for EHC needs assessments and plans, which give local authorities and others who contribute to the relevant processes more flexibility in responding to the demands placed on them by coronavirus (COVID-19), will expire as planned on 25 September 2020

Section 1: Public health advice to minimise coronavirus (COVID-19) risks

3. Clean hands thoroughly more often than usual

Special education settings will want to consider what frequency of hand washing is best for which pupils, students and staff, and incorporate time for this in timetables or lesson plans. Staff working with children and young people who spit uncontrollably may want more opportunities to wash their hands than other staff, or, children and young people who use saliva as a sensory stimulant or who struggle with 'catch it, bin it, kill it' may need more opportunities to wash their hands than children and young people who do not. Specialist settings will typically have handwash basins in or adjacent to classrooms, so may be able to use these to maximise hand washing.

4. Ensure good respiratory hygiene by promoting the 'catch it, bin it, kill it' approach

Some pupils with complex needs will struggle to maintain as good respiratory hygiene as their peers, for example those who spit uncontrollably or use saliva as a sensory stimulant. This should be considered in risk assessments in order to support these pupils and the staff working with them and is not a reason to deny these pupils face to face education.

6. Minimise contact between individuals and maintain social distancing wherever possible

We recognise that maintaining distance or forming bubbles could be particularly difficult in special settings, particularly given the need for staff to administer care support and provide therapies to the children and young people attending. However, the average number of pupils or students attending a special school or SPI is much lower than the average number in a mainstream school, and this in itself, will help to limit the number of contacts for any individual.

6a. How to group children and young people

Settings should assess their circumstances and look to implement 'bubbles' of an appropriate size, to achieve the greatest reduction in contact and mixing, without unduly limiting the quality or breadth of teaching, or access for support and specialist staff and therapists.

Whatever the size of the group, they should be kept apart from other groups where possible and children and young people that are able should be encouraged to keep their distance within groups. Settings with the capability to do it should take steps to limit interaction, sharing of rooms and social spaces between groups as much as possible.

When using larger groups, the other measures from the system of controls become even more important to minimise transmission risks and to minimise the numbers of pupils and staff who need to self-isolate. We recognise that younger children and those with complex needs will not be able to maintain social distancing and it is acceptable for them not to distance within their group.

6b. Measures within the classroom

Maintaining a distance between people whilst inside and reducing the amount of time they are in face to face to contact lowers the risk of transmission. We know that this is not always possible, particularly when working with children and young people with complex needs, or those who need close contact care. Educational and care support should be provided for these children and young people as normal, with other increased hygiene protocols in place (as set out above) to minimise risk of transmission.

Where possible, for example with older children with less complex needs who are able to self-regulate their behaviours without distress, children and young people should also be supported to maintain distance and not touch staff and their peers. This will not be possible for the youngest children, and some children and young people with complex needs, and it is not feasible in some

settings where space does not allow. Settings doing this where they can, and even doing this some of the time will help.

6e. Other considerations

Specialists, therapists, clinicians and other support staff for pupils with SEND should provide interventions as usual. Supply teachers, peripatetic teachers or other temporary staff can move between settings. They should ensure they minimise contact and maintain as much distance as possible from other staff. Such specialists will be aware of the PPE most appropriate for their role. Settings should consider how to manage other visitors to the site, such as contractors, catering staff and deliveries, as well as cleaning staff on site who may be working throughout the setting and across different groups. This will require close cooperation between settings and the other relevant employers. Settings should have discussions with key contractors about the setting's control measures and ways of working as part of planning for the autumn term. Settings should ensure site guidance on physical distancing and hygiene is explained to visitors on or before arrival. Where visits can happen outside of school or college hours, they should. A record should be kept of all visitors.

Settings will need to make an assessment of the cleanability of equipment used in the delivery of therapies (for example, physiotherapy equipment, sensory equipment), to determine whether this equipment can withstand cleaning and disinfecting between each use (and how easy or practical it would be to do so) before it is put back into general use. Where cleaning or disinfecting is not possible or practical, resources will have to be restricted to one user, or be left unused for a period of 48 hours (72 hours for plastics) between use by different individuals.

7. Where necessary, wear appropriate personal protective equipment (PPE)

When working with children and young people who cough, spit or vomit but do not have coronavirus (COVID-19) symptoms, only any PPE that would be routinely worn, should be worn.

Supporting children and young people in special residential settings (not in mainstream guidance)

We have produced guidance on isolation for residential education settings. This applies to residential special schools and colleges. It contains advice on how to manage self-isolation in these settings in the event of a confirmed or possible case.

In the case of any localised outbreaks, we expect them to keep the residential provision open if necessary. Decisions will be made on a case-by-case basis. They will need to remain open to those who have particular needs that cannot be accommodated safely at home or do not have suitable alternative accommodation

Supporting children and young people receiving hospital education on hospital sites (not in mainstream guidance)

It is our intention that all pupils in hospital schools will return to their setting full time from the beginning of the autumn term if it is safe and feasible and in line with hospital infection prevention and control (IPC) measures

They should work with your local NHS trusts to deliver a broad and balanced curriculum for all patients as far as their health permits. We expect local NHS trusts to continue to work collaboratively with headteachers to enable students to receive their education, including through access to classrooms and space in which to teach.

Mainstream schools should continue to support their pupils in hospital, including through remote learning support, to minimise the impact of their hospital stay on their education.

Section 2; School Operations

Dedicated school transport, including statutory provision

Local authorities remain under a statutory duty to provide free home to school transport for all eligible children and young people. Local authorities will need to work with special settings to ensure that children and young people can get to their setting. If a child or young person needs transport to get to the setting named in his or her EHC plan, the local authority will normally have to pay for it.

Although the provision of transport for post-16 students is not a statutory duty for local authorities, it is often critical to those learners being able to access college provision. We ask local authorities to continue to provide transport if they had been doing so previously.

Dedicated school services can take different forms and the precise approach taken will need to reflect the range of measures that are reasonable in the circumstances. It will require a partnership approach between settings, local authorities, trusts, dioceses and others. In particular, it is imperative that settings work closely with the local authorities that have statutory responsibility for 'home to school transport', as well as a vital role in working with local transport providers to ensure sufficient transport provision.

Local authorities, working with education settings and transport operators as necessary, should identify the risks arising from coronavirus and must then work through the system of controls and adopt measures in a way that addresses the identified risk, works in the local circumstances, and allows children and young people to attend their educational setting. Local authorities should take account of the particular needs of children and young people with SEND and, where necessary, be informed by the views provided by the parents and the setting.

The transport guidance for schools acknowledges that implementing bubbles will still bring benefits even if implemented partially, and that settings may need to allow mixing into wider groups in certain circumstances, including on transport. However, we know that vehicle capacity and the complexity of some home to school transport arrangements mean there will often be limits to the extent to which mixing can be minimised. Where it is not possible, the other measures in the system of controls become even more important.

In order to maximise home to school transport capacity, some local authorities have asked some parents to accept personal travel budgets or mileage allowances to take their child to their school or educational institution. This is permissible with the parent's consent but not something parents can insist on. Local authorities should not expect parents to commit to accepting a personal payment or mileage allowance for a specified period of time, particularly in the current economic climate, and participation will not impact future eligibility on dedicated school transport. The local authority will need reasonable notice to put home to school arrangements back in place for the child or young person when required again.

Face coverings and PPE on dedicated school transport

Face coverings should not be worn by those who may not be able to handle them as directed (for example, young children, or those with special educational needs or disabilities) as it may inadvertently increase the risk of transmission. Additionally, some children and young people may

need to be able to lip-read, or see people's faces, in order to communicate, while others may be distressed if the people around them wear face coverings.

Children and young people will need to understand how to handle their face covering properly to ensure that any additional risks associated with their use are identified.

Transport operators should conduct a risk assessment for all their operations including dedicated school transport services. This will determine the most appropriate safety measures to put in place such as for social distancing and face coverings. The guidance for operators provides further advice for staff.

Fluid-resistant surgical masks, gloves, aprons and eye protection used by healthcare and other workers as part of personal protective equipment (PPE) should continue to be reserved for people who need to wear them at work. Drivers and passenger assistants will not normally require PPE on home to school transport, even if they are not able to maintain a distance from the children and young people on the transport. However, where the care a child or young person ordinarily receives on home to school transport requires the use of PPE, that should continue as usual.

Pupils and families who are anxious about returning to their educational setting

Some children and young people with EHC plans will need preparation for their return to full provision. This preparation might include visits to the setting, social stories, and any other approaches that they and local authorities would normally use to enable a child or young person with SEND who has spent some time out of education, to return to full time attendance.

A reasonable adjustment for a child or young person with SEND who has found lockdown exceptionally difficult socially and emotionally may involve a brief phased return to school but this decision should be taken in discussion with parents or carers and in response to the needs of an individual child, not applied as a blanket policy for all children or young people at a setting. Any phased return or part-time learning arrangements should always be temporary measures which are agreed with the family in advance, kept under review and removed as soon as possible. This will ensure that children and young people with SEND benefit as quickly as possible from a full return to school and access to the support services that they need.

Staff who are clinically extremely vulnerable

Rates of community transmission of coronavirus (COVID-19) are now reduced to levels below those seen when shielding was introduced. Shielding measures have been paused from the 1 August 2020, with the exception of areas where local lockdown means that shielding will continue. Therefore, we advise that those who are clinically extremely vulnerable can return to their setting in the autumn term provided their setting has implemented the system of controls outlined in this document, in line with the school's own workplace risk assessment.

In all respects, the clinically extremely vulnerable should now follow the same guidance as the clinically vulnerable population, taking particular care to practise frequent, thorough hand washing, and cleaning of frequently touched areas in their home or workspace.

Staff deployment

We recognise that special settings will need to develop plans for the deployment of staff that account for the below factors.

Education and care for many children and young people with EHC plans often involves specific ratios and specific training, for staff. Many staff in special settings provide interventions or care involving close contact to children and young people who may not be grouped together under the system of controls adopted by a setting. Furthermore, some staff will work across settings. Where possible, these interventions and care should be provided as normal, because they will be important in enabling children and young people to access and benefit from education.

Staff who deliver these interventions will need to be particularly rigorous about hand washing and respiratory hygiene (catch it, bin it, kill it), but additional PPE compared to what they would normally use for those interventions, is not recommended, unless dealing with symptomatic children or young people.

The specialisation and the peripatetic nature of much staffing in special settings also makes the flexible deployment of staff more challenging, for example in cases where only one member of staff is trained in a particular intervention, and that member of staff needs to self-isolate due to coronavirus (COVID-19) symptoms, it will generally not be possible to move a staff member without the training into that role.

Settings and local authorities may wish to have discussions about these circumstances - for example, whether their usual supply staff avenues are available to them, whether an additional staff member could be trained, or whether 2 settings could work together to offer each other resilience.

Deploying support staff and accommodating visiting specialists

Settings should minimise the number of visitors where possible, however, visiting specialists such as therapists, clinicians, peripatetic teachers and other support staff for pupils with SEND should provide interventions as usual, including moving between settings as required. Such specialists will be aware of the PPE most appropriate for their role.

If support staff are available, settings may consider using them to support catch-up provision or targeted interventions or lead groups or cover lessons, under the direction and supervision of a qualified, or nominated, teacher (under the Education (Specified Work) (England) Regulations 2012 for maintained schools and non-maintained special schools and in accordance with the freedoms provided under the funding agreement for academies)

Setting leaders should be satisfied that the person has the appropriate skills and experience to carry out the work. Managers should discuss and agree any proposed changes in role or responsibility with the member of staff. This includes ensuring that safe ratios are met, specific training is undertaken if needed and only those with appropriate checks are allowed to engage in regulated activity.

Health and safety (not in the mainstream guidance)

Emergency treatment, for example, provision of first aid, should be prioritised and given promptly in the event of an emergency. This means that people do not have to stay 2 metres apart if emergency assistance is required. People involved in the provision of assistance of others should pay particular attention to hygiene measures immediately afterwards, including washing hands.

The guidance on safe working in education, childcare and children's social care settings explains the strategy for infection prevention and control, including the specific circumstances in which PPE should be used, to enable safe working during the coronavirus (COVID-19) pandemic. It applies to

staff working in education, childcare and children's social care settings in England as well as the children and young people who attend these settings and their parents or carers.

It includes guidance on:

how to work safely in specific situations, including where PPE may be required

what care should be taken in residential settings

specific steps needed to care for children and young people with complex medical needs, including aerosol generating procedures (AGPs)

caring for children and young people who regularly spit or require physical contact

disposal of PPE and face coverings

Section 3: curriculum, behaviour and pastoral support

Curriculum expectations

Music teaching in special schools and other specialist settings, including singing, and playing wind and brass instruments in groups

When planning music provision for the next academic year, settings should consider additional specific safety measures. Although singing and playing wind and brass instruments do not currently appear to represent a significantly higher risk than routine speaking and breathing at the same volume, there is now some evidence that additional risk can build from aerosol transmission with volume and with the combined numbers of individuals within a confined space. This is particularly evident for singing and shouting, but with appropriate safety mitigation and consideration, singing, wind and brass teaching can still take place.

Specific safety measures are listed for handling equipment and instruments and Individual lessons and performance in groups

Catch-up support

Special schools, AP schools and hospital schools will be provided with £240 for each place for the 2020 to 2021 academic year.

For pupils with complex needs, we strongly encourage you to spend this funding on catch-up support to address their individual needs, including:

speech and language therapy

travel training

education psychologist time

other small group and individual interventions – this could be direct, with the specialist spending time with the pupil, or indirect, with the specialist spending time with school staff to design an intervention

This funding will be provided in 3 tranches. We will provide settings with an initial part payment in autumn 2020, based on the latest available data on pupils in mainstream schools and high needs place numbers in special schools, AP settings, hospital schools and special schools not maintained by

a local authority. We will then distribute a second grant payment in early 2021, based on updated pupil and place data.

For specialist settings we will use:

2019 to 2020 academic year place numbers from the published local authority 2019 to 2020 financial year budget returns for local authority maintained schools

the published high needs place numbers for the 2020 to 2021 academic year for academies and special schools not maintained by a local authority

The final payment will be in the summer term 2021.

Extending provision set out in an EHC plan (this is not in mainstream guidance)

We do not anticipate that children and young people will need to repeat a year of educational provision as a consequence of the coronavirus (COVID-19) pandemic. This also applies to those with EHC plans. Similarly, we do not anticipate that young people will need to remain in education any longer than originally set out in their EHC plan.

However, in a small number of individual cases, it may be appropriate for a child or young person to extend their current educational provision or have their EHC plan extended. In most cases, this would consist of an individualised programme for a term or half term.

In all circumstances, this would need to be decided by the local authority, following a review of the child or young person's needs and EHC plan.

Extending provision in a school setting for those aged 19 and over (this is not in the mainstream guidance)

School funding regulations do not allow for those aged over 19 to remain in a school setting unless given exceptional approval by the Secretary of State for Education.

In the exceptional circumstances that a local authority decides that a young person would be best served by remaining in a school setting after they have turned 19 years of age, the local authority must apply for a relaxation of the normal rules for continuing financial support to schools of all kinds for students aged 19 and over, under the established Education and Skills Funding Agency process.

Section 4: Assessment and accountability

Nothing new

Section 5: Contingency planning for outbreaks

Remote education support

If a class, group or small number of pupils need to self-isolate or a local lockdown requires pupils to remain at home, settings should have the capacity to offer immediate remote education. They should consider how to continue to improve the quality of their existing offer and have a strong contingency plan in place for remote education provision by the end of September. This planning will be particularly important in situations that present significant logistical challenges, for example, if large numbers of pupils are required to remain at home. We recognise that some pupils with SEND may not be able to access remote education without adult support and settings should work with families to deliver a broad and ambitious curriculum.

In developing these contingency plans, settings should ensure that pupils and students can continue to engage in learning. They should explain to parents and carers the support that their children are receiving and discuss the plans for returning to settings, how they can support this and any additional help they might need.

Special schools and specialist settings have an experienced, expert workforce including:

special educational needs co-ordinators

education psychologists

speech and language therapists

qualified teachers of sensory impairments

other therapists

teaching assistants, often with specialist knowledge

Designing at-home learning and support for children and young people with EHC plans could involve any or all of these professionals, to design or adapt interventions or learning materials. For example, it might involve designing a speech and language intervention that parents can deliver at home or adapting or selecting online learning materials.

Annex A : Health and safety risk assessments for those with an EHC plan

Risk assessments should inform a plan of action which focuses on supporting attendance and engagement and identifies what additional support children and young people need to make a successful return to their full-time education.

Any risk assessment will need to balance a number of different risks including:

The potential health risks to the individual from coronavirus (COVID-19), bearing in mind any underlying health conditions or clinical vulnerability - for further information, refer to the guidance on shielding and protecting people who are clinically extremely vulnerable from coronavirus (COVID-19)

the risk to the individual if some or all elements of their EHC plan temporarily cannot be delivered in the normal manner or in the usual setting, and the opportunities to meet needs in a different way temporarily, for example, in the home or online or in a different way at school

any risk to siblings or family members if the child or young person's condition prevents or inhibits self-regulation and if their behaviours cannot be supported or managed by parents or carers at home

the potential impact to the individual's wellbeing of changes to routine or the way in which provision is delivered

any safeguarding risks for children and young people with a social worker if not in school and the need to support care placements for looked-after children (see the vulnerable children and young people guidance for further information on school attendance for those with a social worker)

any other out-of-school/college risk or vulnerability, for example, a child or young person becoming involved in dangerous behaviour or situations (including the risk of exploitation)

If a risk assessment determines that a child or young person's needs will be more safely met at home, local authorities, educational settings and parents should consider whether moving either equipment or services into a child or young person's home would enable them to be supported there. This may be a more feasible solution for day settings than residential settings, and may include:

physiotherapy equipment

sensory equipment

online sessions with different types of therapists

phone support for parents in delivering interventions

in-person services, where necessary

<https://www.gov.uk/government/publications/guidance-for-full-opening-special-schools-and-other-specialist-settings>