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ORIGINAL ARTICLE

Perspectives of the COVID-19 pandemic: Views of young people with special educational needs and/or disabilities

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Abstract

This qualitative study directly engaged 46 young people (YP) with Special Educational Needs and Disabilities (SEND), aged 14–25, who were in education, to discover their experiences during the COVID-19 pandemic (2020–2022). Unlike past research relying on parents or professionals, this study captured their voices directly regarding daily life, education, and relationships. The disruption of the pandemic severely impacted education, wellbeing, and connection with family and peers. Additionally, online learning proved unsuitable due to specific SEND barriers and course requirements. Overall, most individuals found the period challenging, though a small minority welcomed the changes. The majority showed resilience over time but would not want to experience it again.

KEYWORDS

COVID-19, special educational needs and/or disability, young people

Key Points

- COVID-19 measures intensified existing inequalities for YP with SEND, which were particularly evident for education and health.
- The practical nature of many of the courses the YP were doing was notably challenging to do online.
- Due to the YP's speech and language difficulties, replacing in-person health and wellbeing appointments with phone calls was not always appropriate.
- Relationships with adults and peers were key in how the YP fared during this time and for life satisfaction in normal times.

INTRODUCTION

The COVID-19 pandemic impacted the world in an unprecedented manner, by restricting people's movements in an attempt to prevent the spread of the virus (Johnson, 2020). Across the world, governments introduced regulations to this end. However, the consequences of these regulations did not have an equal effect on everyone. According to studies during and after the pandemic, the impacts of both the illness and the restrictions which sought to contain it have

highlighted pre-existing societal inequalities (Boddison & Curran, 2022; Castle et al., 2024). Among the many groups to have been more heavily impacted during the pandemic are children and young people (CYP) with special educational needs and disabilities (SEND) (Ofsted, 2021). Disabled youth are not often included in research, and when they are, it is usually the adults' perspective which is gained (Watson et al., 1999), due to barriers to reaching disabled YP for in-person research. The focus of much of the research during the pandemic was on the parents of younger school children rather

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than adolescents or young adults (Paterson et al., 2023), and any YP were absorbed into either child or adult categories.

A YP can remain in education if they have an Education, Health and Care Plan (EHCP) up to the age of 25 in England. An EHCP is a statutory document detailing a CYP's needs and the provision necessary to meet those needs if the provision “*ordinarily available*” within an education setting is not sufficient (Department for Education [DfE], & Department of Health, [DH], 2015, Chapter 6, para. 6.44). Therefore, YP with SEND between the ages of 14 and 25 who are still in education occupy a unique position and may have a different perspective from older adults or children (Larsen & Luna, 2018), and it is this cohort's views that were sought for this study. Additionally, this age group was not well represented in the existing literature at the time of the study with the scoping review by Paterson et al. (2023) showing that only two studies directly involved YP with SEND (Beaton et al., 2021; with one YP, and McCorkell & Lobo, 2021; with seven YP). Additionally, the YP interviewed were up to age 15 in the McCorkell & Lobo study and unknown in the Beaton et al. study, creating a gap in knowledge about older YP with SEND. Furthermore, due to the restrictions, it had not been possible for researchers to speak to CYP in-person during the pandemic. Therefore, the aim of this current study was to explore the YP's experiences by speaking directly to them, thereby adding to the knowledge of YP with SEND during the pandemic in order to learn from this. This is, to the researchers' knowledge, the first study to focus on this specific age group with SEND, who were still in education and had therefore experienced severe disruption to their studies as they approached independence.

CURRENT POSITION OF SEND IN THE UK

It was the Children and Families Act, (2014) which introduced the Education, Health and Care plan (EHCP), and a new statutory SEND Code of Practice: 0–25 years (DfE & DH, 2015). Support was increased to cover CYP from birth to age 25 (previously it had been from age 2 to 19) which allowed earlier intervention and the extra time many YP need to complete their education while still being supported. Despite the law generally being favourably regarded, tensions have arisen as the system became adversarial due to insufficient funding and a lack of collaboration between education, health and social care authorities (House of Lords, Children and Families Act 2014 Committee, 2022). The disquiet around the current SEND system with costs escalating, non-compliance by many Local Authorities and dissatisfaction of families and professionals, resulted in the Green Paper consultation on the SEND system

(DfE & Department of Health and Social Care, 2022). Subsequently, in February 2026, after much delay, the UK government announced plans for major reforms to the SEND system in England, which propose to shift the focus towards inclusion in mainstream settings. Consultation with families and professionals about these changes is currently ongoing (DfE, 2026).

The concept of inclusion within education is not new, as it has been an explicit part of the SEND legislation ethos since the 1978 Warnock report (Department of Education and Science, 1978). However, tensions between education practitioners and policymakers have not been resolved (Warnes et al., 2022). Recent research also shows that although a diverse population of students may attend schools, this can be seen, as Webster remarks, as an “*illusion of inclusion*” (Webster, 2022, p1). Webster's research has shown that this illusion disguises the fact that attendance at a mainstream school does not necessarily provide a truly inclusive experience (Webster, 2022).

COVID-19

Into this challenging situation for families with a YP with SEND, who were already under pressure, arrived the additional stress of the COVID-19 pandemic. COVID-19 is a coronavirus which causes severe acute respiratory syndrome first found in Wuhan in China in December 2019 (Lai et al., 2020). A global pandemic was declared by the World Health Organisation on March 11th, 2020, and the first lockdown in the UK was ordered from March 23rd, 2020, to slow the spread of the virus (Aspinall, 2020). People were directed to stay at home, only leaving for essential purposes such as buying food or medicines or attending hospital (Johnson, 2020). All non-essential shops were to close, with only those selling essentials such as food, medicine or petrol permitted to remain open (Johnson, 2020). Additionally, only key workers who were deemed to be essential to the response to the pandemic, such as healthcare workers or those involved in food production or education (DfE & Cabinet Office, 2020), were allowed to travel to work. All others had to work from home if possible. Schools and colleges closed from March 20th, 2020, with only the children of critical workers and CYP deemed vulnerable permitted to attend at the school's discretion (DfE & Cabinet Office, 2020).

Warnings were issued that people with underlying health conditions, those aged above 65 years, and people with disabilities may be more susceptible to the virus and should take extra precautions (Şentürk et al., 2023). This sometimes involved shielding, a policy in place until 1st April 2021, which was a public health measure to protect those deemed clinically extremely vulnerable (NHS Digital, 2022), such as those with a weakened immune

system (DHSC, 2021). Shielding involved minimising all in-person contact, staying at home and isolating.

Initially there was little knowledge about the virus to inform public health decisions and families with CYP with disabilities had to make decisions about school attendance and risk management (Lightfoot, 2020). Information and statistics began to appear in the news about the additional health inequalities for people with an intellectual disability (ID) and the apparent enhanced risk of serious illness (NHS England, 2020). At the start of the pandemic in March 2020, the Clinical Frailty Scale was used in the COVID-19 critical care guidelines by The National Institute for Health and Care Excellence (NICE) as a way of deciding who should receive treatment and who should be selected for non-resuscitation if resources were scarce (NICE, 2020). This scale was originally created to assess the elderly, and was viewed as discriminatory by patient groups when used for assessing people with long-term illness or disability as they were more likely to be considered frail due to their usual care needs (Local Government Lawyer, 2020). Therefore, by March 25th, 2020, this scale was dropped from use for younger people, people with ID or with disabilities, such as cerebral palsy or autism (NICE, 2020) after the threat of judicial review (Heslop et al., 2020). Individual assessments were then recommended, but 1 year later on 18th March 2021, the media reported there were still concerns over inappropriate Do Not Attempt Resuscitation (DNAR) decisions that had been made during the pandemic (BBC News, 2021).

IMPACT OF COVID-19 IN THE UK

Once COVID-19 had reached the UK, there were several waves of infection which resulted in separate lockdowns mandated to curb the spread of infection and protect individuals and the NHS (Yang et al., 2022). Non-emergency health services moved online, or appointments were offered by phone. This resulted in remote appointments increasing from around 15% in April 2019 to 41% by April 2021, at the height of the pandemic (GlobalData, 2024). Many health staff were redeployed to cover the emergency within hospitals, impacting all healthcare services (Zuzer Lal et al., 2024). By the end of 2020, a vaccine had been found to be effective, and it was gradually rolled out to different groups based on their vulnerability to serious illness if infected. This resulted in most restrictions gradually being lifted as the population was vaccinated or developed immunity due to being infected.

Additionally, the background to this crisis in the UK was the fragile state of welfare and public services due to policies which promoted austerity to reduce budget deficits after the 2008 financial crisis. This meant that services had little resilience and were already over-subscribed with long waiting lists for healthcare (The Health Foundation, 2020). Additionally, many

families, especially those with disabled members, had been pushed into poverty by these cuts (Joseph Rowntree Foundation, 2019).

METHOD

This was an exploratory qualitative study of the YP's perspectives of the pandemic within an educational context. The scoping review by Paterson et al. (2023) showed there was a gap in the knowledge of how YP with SEND who were in education and aged between 14 and 25 had experienced the pandemic. The purpose of this research was therefore to help to fill this gap by gathering the views of YP directly, which had not been possible to do during the pandemic.

The study was not meant to be comparative with those YP without SEND, as there is already research reflecting their experiences, such as that of the Office for Health Improvement and Disparities (2022); Brewer et al. (2026) and Parkes (2025). Nor is it purporting to be representative of all YP with SEND, as it is a qualitative study. It aimed to gain in-depth insights into the YP's pandemic experiences using purposive sampling. It was not possible to gather this information in-person any sooner due to the pandemic restrictions but was completed as soon as possible after restrictions were lifted and education had returned to its usual mode of provision. Timeliness was important so that the YP still had memories of their experiences. Semi-structured interviews, focus groups or group interviews were used to gather their contributions, the exact format depending on the YP's preference and availability. The majority were interviewed in-person, with three being interviewed online. The in-person sessions were conducted within the college day at college premises. All YP had been informed about the study beforehand and had the capacity to consent or decline to take part. The data collection took place between March and June 2023 and reflected the YP's experiences from 2020 until then. The data collection sessions lasted between 12 and 90 min, depending on the engagement of the YP and the time available, with a mean time of 38 min. There was one very short interview of 12 min due to a YP wishing to contribute at the last minute but only having his breaktime available. Furthermore, the length of the sessions had to fit into the time settings could make available. Flexibility is always required when interviewing YP with SEND and these times are in keeping with other research with YP such as that of Pellicano et al. (2022).

Inclusion criteria

YP were recruited through advertising to schools, colleges and charities based on the following inclusion criteria:

- YP with a diagnosis that meets the criteria of SEND as described in the 2025 Code of Practice (DfE & DH, 2015) or YP who self-identity as having SEND.
YP aged between 14 and 25 during the pandemic (2020–2022).
- YP who were in education for at least some of 2020–2022.
- YP able to understand the purpose of the study and give consent.
- YP with sufficient verbal ability to understand and contribute.

Participants

Despite widely advertising, most participants came from two sources, a mainstream Further Education (FE) college (29 YP) and a specialist SEND FE college (14 YP), with three YP responding individually. 46 YP were involved, 29 male, 15 female and 2 identifying as other. All but 2 of the YP came from the southeast of England despite seeking a wider geographic spread. At the time of the data collection, twelve of the YP were aged 16–18, twenty were 19–22, twelve were 23–25 and two were 26 years old.

It was difficult to get accurate responses to the type of education they had been attending during COVID and the demographic form needed to be as straightforward as possible for the YP to complete. The researcher was conscious that it would have taken too much of a busy professional's time to have looked this up for every student prior to the researcher's visit and may not have been agreed by the setting's data protection policy. This information was not requested formally after it was clear from the first focus group that it was a confusing question as the YP often did not know what kind of setting they had attended and became confused because recently much of it had been home-learning.

The YP were asked about the kind of disabilities they had which may have led to some inaccuracies, as not all disabilities could be listed on the form and some YP may not have been aware of the name of their disability. Additionally, speech and language disorders are very prevalent in the population of YP with SEND, but this is not a diagnosis that is made as frequently as it could be (McGregor, 2020), meaning that many YP may not be aware that they have this difficulty. Furthermore, some YP had multiple diagnoses and may not have recorded all that apply to them. The information therefore is presented as how the YP view themselves and what they have absorbed from the adults around them. The category of 'other' was included in case the YP felt that the disability they had was not listed. The majority of the YP had an Education, Health and Care Plan (EHCP) which is a statutory document detailing their needs and the provision necessary to meet those needs, with all YP at the specialist FE college having this.

Demographic information is presented in Tables 1–5 below for each of the participants in the focus groups and interviews, for each setting, along with the online interview participant information. Abbreviations in the tables are as follows: ASC stands for autism; ID for intellectual disability; ADHD for attention deficit hyperactivity disorder; sensory for visual or hearing impairments, MDC for Medical or health difficulty; PD for physical disability; LD for Learning difficulty e.g., dyslexia or dyspraxia; MH for Mental Health difficulty; WB White British ethnicity; OW Other white ethnicity; ME Mixed ethnicities.

Participants were invited to ask any questions they had before the interviews/focus groups and to bring a friend or trusted adult to the sessions if they wished, to boost their confidence or to help with communication. No YP contacted the researcher before the sessions, but some YP did wish to invite a trusted adult to their interview and asked a tutor to stay. Interviews 3, 4 and 5 at the mainstream FE college and interviews 2 and 3 at the specialist college were conducted in this way. Tutors were present for all the focus groups but did not take part in the discussions.

Interview and focus group questions

The interview questions were designed to find out what the YP's experiences had been during the pandemic and to probe further into any areas not previously considered. The interview questions for the YP are shown below, together with the prompts used if necessary. However, the language used was adapted during the sessions according to the ability and responses of the participants. After the main questions were asked, the YP were invited to share anything else they wished to tell the researcher to discover any additional insights not specifically requested.

1. Tell me about your experience of lockdown: Was there anything good about it? Was there anything bad about it?
 - (i) Did you get enough support and help?
 - (ii) Was there contact from school/college?
 - (iii) Prompts to include queries around: home learning and homelife, mental health, physical health and activity, social life and school/college.
2. How did you find out about what was going on during COVID and what you should do? (e.g. parents, news, school, friends, social media etc)
 - (i) Was this a good way to find out?
 - (ii) How would you have liked to find out?
 - (iii) Was this the right amount of information?
3. Did you change school or college during COVID?
 - (i) What was that like?

TABLE 1 Focus group participants at mainstream FE college. All names are pseudonyms.

Group	Gender	Disability	Age group	Ethnicity	Discussion time in mins	Accompanied by tutor or LSA
Group 1					25	Tutor
Alice	F	ID	16–18	WB		
Alex	F	ASC	19–22	WB		
Adam	M	ASC, ID, ADHD	23–25	WB		
Abdi	M	ASC	16–18	WB		
Group 2					41	Tutor
Bea	F	ID/D	16–18	WB		
Beth	F	Sensory/ID	19–22	WB		
Bill	M	ID	23–25	WB		
Group 3					43	Tutor
Finley	M	ASC	23–25	WB		
Felix	M	ADHD, ID, Other	19–22	OW		
Flynn	M	No response	16–18	WB		
Fraser	M	ASC	16–18	WB		
Femi	M	ID	19–22	Mixed		
Frankie	Other	Other	16–18	WB		
Freddie	Other	ID + Other	16–18	WB		
Group 4					39	Tutor
Daisy	F	ASC, ADHD, ID, Other	19–22	WB		
Declan	M	ASC, ADHD, ID	19–22	WB		
Dez	M	ASC	19–22	WB		
Darren	M	ASC	19–22	WB		
David	M	ASC	16–18	WB		
Group 5					32	Tutor
Eric	M	ASC	19–22	WB		
Evan	M	ASC	16–18	WB		
Elias	M	ASC	16–18	Mixed		

4. How are things now you are back at school/college – how is it going?

(i) Are things different/ better/worse/just the same?

ANALYSIS

Braun and Clarke's (2019) six-phase reflexive thematic analysis was used for data analysis. All data were transcribed and uploaded to NVIVO, where line-by-line coding took place. Codes were then collated into potential themes, reviewed, and named.

FINDINGS

All data were anonymised and the participant's age range at the time of the interview is in brackets after quotes.

Four main themes were generated during the analysis as can be seen in Figure 1:

1. Changes in everyday life.

2. New ways to learn.

3. Human connection.

4. Wellbeing.

A dominant thread running through all the findings was the use of digital solutions for issues arising out of the pandemic restrictions, which are considered within each theme.

1. Changes in everyday life. *Everyone's in the same storm that we don't know how to get out (Paul, 19–22)*

• Initial reactions

Most YP did not follow the news and were unaware of COVID-19 until discussed by teachers or family shortly before it impacted the UK. Many YP acknowledged that leaders were navigating an unprecedented situation and were doing their best in challenging circumstances. However, YP wanted to know the basis on which decisions had been made, and why they kept changing. Some

TABLE 2 Mainstream FE college interviews.

Interview	Gender	Disability	Age	Ethnicity	Discussion time in mins
Interview 1					12
Charlie	M	ASC	19–22	WB	
Interview 2					20
George	M	ASC, ID	23–25	WB	
Interview 3					19
Harry	M	ASC	19–22	WB	
Hamish	M	ASC	16–18	WB+other	
Interview 4					41
Jess	F	ASC	16–18	WB	
Jacob	M	Other	19–22	WB	
Interview 5					29
Kim	F	PD	19–22	WB	

TABLE 3 Focus group participants at specialist FE college. All names are pseudonyms.

Group	Gender	Disability	Age group	Ethnicity	Discussion time in mins
Group 6					90
Perry	M	ASC, ID	19–22	WB	
Paul	M	ID	19–22	WB	
Peter	M	ID	23–25	WB	
Group 7					40
Sarah	F	ID, Sensory	23–25	WB	
Sean	M	ID	19–22	OW	
Sam	M	Other	19–22	WB	
Stuart	M	ASC	23–25	WB	
Simon	M	ASC, ID, PD, MDC, sensory + other	23–25	WB	
Steve	M	ASC	19–22	WB	

TABLE 4 Specialist college interviews.

Interview	Gender	Disability	Age	Ethnicity	Discussion time in mins
Interview 1					40
Martha	F	ID + LD	26	WB	
Interview 2					40
Nora	F	ID	23–25	WB	
Nessie	F	ID, ADHD + other	23–25	WB	
Interview 3					20
Olivia	F	ID, MDC, sensory	23–25	WB	
Interview 4					60
Rob	M	ID	19–22	WB	

noticed the tension between the politicians' and scientists' perspectives, with one individual's name standing out and his advice trusted:

Simon: Bloke called Whitty, tells everyone to stay at home. That's what he said.

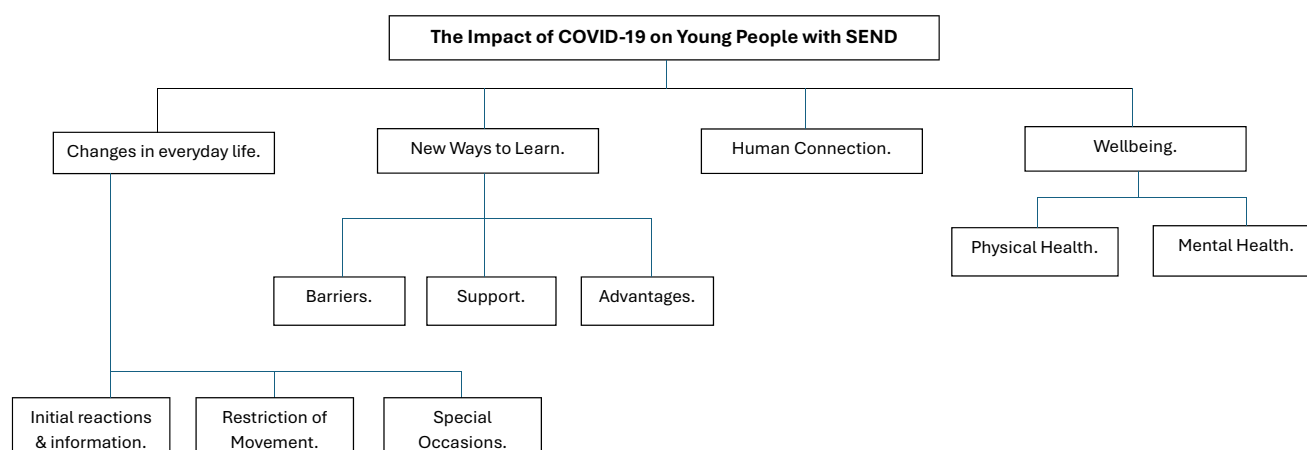
JP: Did you trust him—Chris Whitty?

Simon: Yeah. Trust him. (23–25)

At the end of the focus groups and interviews, 15 of the YP made comments about the pandemic leadership, although the researcher did not ask questions

TABLE 5 Online interviews.

Interview	Gender	Disability	Age	Ethnicity	Discussion time in mins
Interview 1					45
Lisa	F	LD: dyslexia	19–22	WB	
Interview 2					44
Tilly	F	ASC, ID, MDC	26	WB	
Interview 3					28
Vicky	F	MH	19–22	OW	

**FIGURE 1** Diagram of themes and sub-themes.

about this. However, although they may not have liked the decisions made, the YP generally followed the guidance to keep people safe and subsequently were upset to find that the leaders had not done so themselves. Educational institutions played a limited role as sources of information for the YP, and only a small minority reported they had obtained information online. They recognised that not all sources they used were reliable, such as YouTube or Tik Tok. A few mentioned receiving updates through radio broadcasts or their workplace but many YP thought they had sufficient information to understand the situation from their families. Some chose not to watch the television as they found the statistics shown about the numbers who were sick or pictures of overwhelmed hospitals too upsetting.

- **Restriction of Movement.** *It wasn't fun being stuck in the house (Bill, 19–22)*

An unwelcome disruption to YP's lives was the mandate to stay at home. Some found this very challenging, with Paul (19–22) calling it “*a bit like house arrest*”. This then affected YP's mood, with expressions of anger, low mood, or boredom as a result of not being able to go out or see friends. Some needed activity or time away from the family to remain regulated, which was difficult when confined to home.

However, a minority experienced it differently, as for them, “*Not much really changed, as I say, I don't really go out too much (Eric, 19–22)*”. Additionally, some enjoyed spending more time at home with family and experiencing a slower pace of life. For some families, the tensions connected to school/college attendance lessened, and some said they had fun at home, but this was not the case for everyone.

- **Special Occasions.** *There were a few birthdays that were a lot different. (Rob, 19–22)*

During the pandemic the YP experienced birthdays, some of them milestone birthdays, as well as occasions like Christmas. For some, it was apparent that these had been lonely events:

Some YP tried creative ways to mark special occasions, such as making birthday videos, but the usual markers of adolescence such as learning to drive, trips with friends, or attending a prom were either postponed or cancelled. Lockdowns were also a lonely time for those in a residential college, especially over Christmas when most YP at the college returned home.

Several YP also mentioned the emotional impact of being unable to share difficult times with their families, such as illness of relatives and the inability to visit them in hospital or care homes. Some mentioned the distress

of the death of loved ones during the pandemic and not being able to attend the funeral:

But I couldn't travel up there. And I was on zoom on, like, on an iPad and actually seeing my grandma's coffin, and it made me feel bad because I'm not there, celebrating her life.

(Nessie, 23–25)

2. New ways to Learn. *It was a bit of a struggle (George, 23–25)*

Education was a core part of the YP's lives but the majority did not continue to attend school/college during the lockdowns, despite being eligible to do so, as most had an Education, Health and Care Plan (EHCP). Only three of the participants had continued to attend throughout all the lockdowns, and they were either in a residential placement, had key worker parents, or were in the care system. The rest of the YP remained at home and switched to online learning. Initially, some YP received worksheets in the post which they completed and subsequently discussed online. Over time, assignments were primarily online and involved using new software with varying success:

So it was online and sometimes I didn't get the work completed but I had to work for ages and it was really stressful.

(Elias, 16–18)

The most difficult situation was if the YP did not have the technology or knowledge for digital learning. If they could not engage with it, they reported they did little work during the lockdowns. However, although not first choice for most YP, most did adapt, with a minority experiencing it positively. Some enjoyed the unscheduled break in education, especially if they did not enjoy school, which was often mentioned as connected to a lack of friends or not enjoying their course.

There was, however, frustration at the lack of clarity from their schools, especially for those concerned about public exams. Although some considered teacher assessments fairer, missing out on sitting formal exams was also felt to have been a disadvantage:

I didn't get to do proper GCSEs because of it, so it made it harder, like last year when we did go back and we did proper tests.

(Jess, 16–18)

On returning to school/college after the lockdown, YP had to adjust to changes in the operation of schools, using masks and social distancing. Screens were also often used around desks at college which YP found acted as a barrier to understanding as well as to potential infection:

It was an absolute pain, it kind of felt like, felt like it's similar to a brick wall ... there are a lot of barriers in there involving that big screen. And you just can't hear what they're saying.

(Rob, 19–22)

When schools/colleges reopened, some of the YP were anxious about socialising again, and they needed time to adjust. They worried about mixing with groups of people for both health and social reasons, having been at home for so long, but felt there was little understanding of this from teachers.

- **Barriers to the new ways to learn.** *You just do the work without teachers explaining it to you. (Sam, 19–22)*

Most YP said they had or obtained a device for online learning early in the lockdown, but some were unable to access learning in this way. The devices were not always suitable for full-time learning online or they did not have reliable Wi-Fi. YP mentioned the screens freezing and then not knowing what they had to do or losing work they had spent a long time on. They struggled with unfamiliar online platforms, seeing what the tutor was doing and understanding or keeping up:

Because there was like, you need to finish this, and I was like, oh my god, how am I gonna...how'm I, how can I do this? I got special needs.

(Elias, 16–18)

Catering and hair and beauty courses, for example, switched to watching a demonstration online and then repeating it at home. This required not only digital access but having materials ready and being able to work independently; skills not all the YP had. It became clear that the type of courses most of the YP were doing were more difficult to do online than more academic subjects. Many of the YP were doing practical courses such as performing arts, mechanics or art, for example, which were challenging to do remotely. Additionally, for these practical subjects, usually marks were weighted towards practical assessments with smaller percentages given to theory. However, even in academic subjects, some required changes to the curriculum by the exam boards to achieve them online:

Whereas before we needed the knowledge of like one through 10 practicals, now it was only one through three. So then actually they just changed the overall A level to a lot more theory.

(Lisa, 19–22)

The YP found that online learning meant long periods looking at screens and being spoken at rather than being interactive. Often the reason they had chosen

their course was because it worked to their strengths, whereas now the emphasis was on areas they struggled with such as reading and writing. YP spoke of education provision initially as uninspiring worksheets placed online which they had to send back or later on they would discuss them online, but this was too overwhelming for many of the YP to access. Teachers used education platforms which the YP were unfamiliar with or suggested tasks which required adult help which was not always available. Additionally, many of those conscientiously completing work online found it uninspiring and repetitive, and mentioned that it was not always marked. They also commented on work not being taught but just needing to click on links and complete worksheets with no support:

It's like giving, giving a kid a workbook, and then expecting them to do it.

(Peter, 23–25, SC)

Ideally YP would have liked teachers to have been familiar with the online platforms before the crisis, and for them to have been more knowledgeable and consistent in their use.

- **Support for the new ways to learn.** *It was a challenge* (Lisa, 19–22)

Overall, the YP did not feel supported with online learning, despite the best efforts of their schools/colleges. The lack of availability of support and differentiation was a problem for those who usually had support from Teaching Assistants (TAs). Some reported that TAs continued to check up on them, but for most, the work became largely undifferentiated:

And I think at that point it was their one goal was to get the content across in, in just some way rather than maybe being in the best way it could have been for all of us.

(Lisa, 19–22)

Lack of differentiation made the YP more reliant on caregivers for support, but this was not available to all, creating inequality in their home-learning experience. This was a major reason why YP felt adrift with home-learning, and the anxiety this created meant that some found their mental health prevented them getting online:

I was just getting way too paranoid about the work itself and I was being like, I'm going to fail, I'm going to fail ... and because it got so overwhelming, which was at the point I was just like, I can't do this, I literally cannot look at the screen without ending up having a panic attack.

(Frankie, 16–18)

YP also knew some of their peers had left the course during the pandemic due to dissatisfaction with online learning. Although most participants had persisted, many felt they had not received the anticipated educational experience, and that they had missed out, especially for practical courses such as mechanics.

The college providing Supported Internships enabled the YP to complete an additional year after the pandemic, ensuring they had the full benefit of the programme, as work placements, integral to the course, had ceased during this time. However, this did not appear to have been a common stance for all colleges, resulting in a poor experience for some YP. However, this did not appear to have been a common stance for all colleges, resulting in a poor experience for some YP.

The support YP appreciated focused more on personal connections than education. These included enjoyable activities such as online quizzes or competitions. Some were organised by the students while others were arranged by staff. Those who had participated found these activities helpful for staying connected with others and for adding structure to their week:

...the PE staff really were doing great. They had a few like who could do the most, like keepie uppies or things like that.

(Lisa, 19–22)

- **Advantages of the new ways to learn.** *I could just do it at home.* (Bea, 16–18)

Although most YP found home-learning challenging, some reported advantages. Some concentrated better and worked more efficiently at their own pace due to fewer distractions. They also had time to develop personal interests with parental encouragement. Additionally, they could take breaks when needed, avoid early starts and eliminate travelling. For a few, the experience was a revelation in what was possible academically with support from family:

It got to the point where I felt like I was doing like, you know, working towards targets, it felt better for me to work from home. I wanted to carry on with that.

(Bea, 16–18)

Some older more academic YP who were at university during the pandemic mentioned other benefits. One YP said that as English is her second language, online tuition helped because her university's videos included captions, which allowed her to improve her English alongside the subject. Others mentioned that being able to pause and replay content helped them process the information more thoroughly. Additionally, for one YP who was shielding, online learning enabled them to continue their studies

without the risks of in-person interaction, and it maintained a routine which they found helpful.

There were also those who were relieved not to have to attend school/college as they found the environment challenging. Some of these YP integrated back into education after the lockdowns but it appears that nationally, many have not been able to make that transition, with school absences now very high (Education Committee, 2023).

3. Human connection. *We're all supposed to be social creatures (Paul, 19–22)*

The majority of the YP expressed sadness at the loss of social contact, even those who struggled with social interaction:

I couldn't go to college and that was the only place that I socialised, and not many people really wanted to socialise with me so that impacted it even more.

(Elias, 16–18, MS)

Friendship was a major topic for many YP, stating they felt upset at not seeing peers in-person, but a minority found the reduction of pressure to engage in social relationships a relief and many adapted to using digital means instead. However, it appeared that online interactions could become intense, and some were aware that it was not always a healthy way of spending time. Furthermore, some YP did not engage online, as they felt uncomfortable with it, or their friends did not go online. For others, being at home with their family was enough social contact. Family was very important, often more than peers, and they were mentioned in terms of being supportive, as being their friends and as part of reciprocal caring relationships.

However, within some families there were tensions arising from being confined at home for a prolonged time, with parents balancing work, finances, health, caring duties and education. YP often described relationships with family as being “*up and down*”, and some had additional people staying during the lockdowns, creating further tension. However, for some it was rather more tempestuous, especially if the family already had difficulties:

...with me it was pretty difficult with my family as we don't have like the healthiest family dynamic. Um...so it was ... there was a lot of screaming and a lot of praying!

(Frankie, 16–18)

Differences of opinion also arose between some of the YP and their families:

I had a debate with my dad, and ... he said it's not stupid (the restrictions) because look how many people are affected, I don't care what it's at, I'm still going to call it stupid

because I'm not having a good time and it's ruining my life. And he said, he disagreed with me, then we got, we were having arguments every day about it.

(Elias, 16–18)

Some YP liked being at home despite not enjoying the overall experience. Family also provided information and company during a challenging time. Contact with the wider family, especially grandparents, became more challenging due to households not being permitted to mix, together with them not being so technologically competent.

4. Wellbeing. *I didn't cope with being stuck at home (Jacob, 19–22)*

YP lost work experience placements and social opportunities along with schools/colleges closing, creating a sudden void affecting both physical and mental health. While most adapted over time, many initially found it difficult.

• Physical health. *I had a fear of like people passing away (Bea, 16–18)*

During the restrictions YP watched films, were active on social media or listened to music, often late at night. They then slept late the next day, as some had no reason to get up at a certain time. Initially, some YP behaved as though it was a school holiday as they thought life would be back to normal soon and it was only with hindsight they realised it was having a negative impact on their health:

I'll just play with my friends online and stuff...But unfortunately, I didn't go out as much, so I noticed I started gaining a lot more weight and generally started to be a bit more lazy and everything.... We didn't do as much like eating healthy food, we were getting Deliveroo's and get more like junk at that time...And my mental health I might, like my sleeping, I was very overwhelmed... it was unhealthy to live like that for a long time.

(Paul, 19–22)

Some medical appointments continued in-person between the lockdowns, for example Olivia had major surgery at the end of 2022 and orthodontic treatment continued for some. However, most medical and therapeutic support changed to telephone appointment or went online which was not appropriate for the YP with speech and language difficulties. Due to staffing issues, routine medical procedures were also delayed, such as blood tests, meaning that a deterioration in some YPs' condition, for example, was not dealt with for several months, when normally it was dealt with within the month.

Many of the YP had COVID-19 by the time of the interviews, some of them multiple times. A small number of

YP also had awareness of the extra danger of COVID-19 to people with disabilities:

There's some people – if they have like a disability, cos I have Down syndrome and I had a hole in my heart, and so if young people have a disability and if they had COVID-19 during that time, it's not really the best thing.
 (Alice, 16–18)

Only one of the YP in the study mentioned they were shielding, but two of the YPs with Down syndrome had not had COVID-19 and so may have shielded, as Bea said she was “*Stuck in so couldn't share germs*”. Tilly, who shielded, received a letter from the NHS which she found helpful, as she knew from the start what to do. However, she found some of the advice impractical, such as advice to use a separate bathroom when she lived in a shared flat with one bathroom.

As time passed, most found ways to pass the time which were good for both physical and mental health. Daily walks were mentioned by many as one of the activities permitted during lockdown, and many enjoyed this rather unlikely YP pursuit in contrast to not going out at all. Many turned to YouTube and joined in with Joe Wicks' free exercise livestream (Wicks, 2020) which was fun and enabled YP to be part of an online community.

Many YP, possibly due to sensory differences, sought ways to move around and found creative ways to fulfil that need:

So, I thought try and maybe walk around the house a bit sort of and try and do some steps to a certain amount of time and that, ... which is what I did and sort of going up and down the stairs as well cos that's supposed to be good as well.

(George, 23–25)

However, there was a small group for whom nothing much changed, and their routine continued closely to their norm. These YP were those who had said they did not go out much anyway and were happy staying at home.

Many were relieved when vaccines were introduced so that normal life could resume, and YP mentioned they had been vaccinated despite fearing needles. However, there were disparate views expressed. One YP had to stop his work placement due to his vaccination status and found that people were judgmental over his stance. He was a YP who had followed all the rules to this point and was shocked over the response to what he considered was his choice not to be vaccinated.

Many YP mentioned masks and found them uncomfortable to wear due to making them hot and finding it difficult to do their course, such as drama or cooking. There were also sensory difficulties for some. However, most YP adhered to the guidance around

mask wearing, but it was not clear if they knew they may have been exempt from doing so on disability grounds. Some advantages of a mask were also mentioned, with those wearing orthodontic braces or feeling self-conscious being more relaxed wearing one. At the time of the interviews, although not mandatory, two participants were still wearing masks around college. They explained it was partly to do with infection risk, but mainly because they felt more confident wearing a mask.

- **Mental health.** *I feel like mental health has definitely gone on a decline* (Declan, 19–22)

Existing mental health difficulties worsened for some YP, with little support available usually and even less during the restrictions. Mental health and mentoring support moved online or via the telephone, which although YP agreed was better than nothing, was very much second best. Sometimes, this support approach was unhelpful, as many of the YP had communication difficulties, meaning phone use was not preferred:

Well, I have a support charity called Barnardo's and I've been with err one, one of the helpers, has helped me there since about 12 years now. I couldn't see her ... so I didn't have as support to understand, for example if I had to write an email or I had to write or to talk to this person about education and what I want to do.

(Paul, 16–18)

The YP did not think the loss of their friendship groups was considered enough by most teachers, with the emphasis on education. Some mentioned that on return to school, teachers did not understand their need for reassurance. Although there was anxiety about keeping up with learning, the YP were also concerned about the health of family and friends and expressed this fear more than concern for themselves. They were tolerant of the fact that this was a new situation, but the impact on their lives did not appear to be dealt with holistically, leaving many feeling anxious. This was exacerbated by regular TV news, reporting numbers and pictures of people ill in hospital (BBC, 2023).

For those who were sociable in nature, the lack of social opportunities created problems with many mentioning they were lonely during lockdowns or that being at home was challenging, resulting in mood changes for some:

About stress, stressful isn't it. ...Well, we had, we had to stay at home immediately and I got so angry about it.

(Simon, 23–25)

Boredom was a problem for many YP, especially initially and when lockdown returned. To counteract this, some started new activities or increased their time spent on existing hobbies such as learning a musical instrument, playing board games, reading or drawing. However, for most, *"It was, like a very, very vanilla time"* as Paul (16–18) described it.

Once schools/colleges reopened, many YP reported that anxiety made daily attendance challenging. However, it was clear that what impacted one person negatively could be positive for another, with some of this variance accounted for by personality and the type of impairment, as well as available support. This was shown in the way YP spoke about the pandemic, explaining what kind of person they were and linking this to some aspect of the restrictions that had or had not affected them. For example, Evan (16–18) described himself as *"more of an indoors person"* so not being able to go outside was not a problem. Others described being happy in their own company and some, who found school challenging, found this pause in normal life a welcome relief:

I'm not really the biggest fan of college really, so... it felt like kind of a blessing really for me.

(Harry, 19–22).

DISCUSSION

COVID-19 measures intensified existing inequalities for YP with SEND

• Education

Although government guidance stated YP with EHCPs should be prioritised for school attendance, only 3 out of 46 YP (6.5%) in this study attended throughout this period. National statistics reveal that an average of 8% of children with an EHCP or social worker involvement attended school during the lockdowns, attributed to low uptake and a limited school offer (DfE, 2022a). Some families expressed concern about infection risk, while others faced inadequate support or insufficient equipment to ensure safe attendance.

For many CYP with SEND, routines are essential for them to feel secure. Canning and Robinson (2021) discovered that for families of younger CYP (5–13-year-olds), the sudden cessation of school created stress for the whole family. The Vincent et al. (2023) study focused on the parents' perspective and concurred with the Canning and Robinson view, but the present study was the first to engage directly with older YP to find out how they experienced school attendance during this time. It showed that the small number who continued to attend appreciated the stability and maintenance of in-person contact with

friends and teachers. However, the one YP who remained at a residential school found it distressing to be separated from her family for so long with limited contact.

Other YP expressed relief at not attending school, as they had found school stressful, as had been found in earlier research involving parents (Couper-Kenney & Riddell, 2021; Gillespie-Smith et al., 2021; Ludgate et al., 2021; Rogers et al., 2021). However, it would be hasty to conclude that YP should withdraw from formal education, which parents sometimes feel they need to do currently if needs are not met (Paulauskaite et al., 2022). Furthermore, recent studies have shown the flexibility and environment of a school/college does need improvement to meet needs of YP with SEND (Paulauskaite et al., 2022). Additionally, a small number of YP reported thriving by learning online during the pandemic, a finding which is consistent with early research finding a minority of students were doing better at home (Canning & Robinson, 2021; Greenway & Eaton-Thomas, 2020; Hill et al., 2021; Ludgate et al., 2021; McCorkell & Lobo, 2021; Rogers et al., 2021; Thorell et al., 2021). Some YP in the current study reported enjoying the more varied online resources and found them more engaging than the provision at school. However, online learning provided by settings was often based on listening, reading and writing, skills those with SEND find challenging. Consequently, online education was often perceived as dull and undifferentiated, whilst YP also recognised it had been challenging for teachers. There appeared to be little support for those who usually worked with a TA, leaving family to support them when possible. However, as noted in prior research (e.g., Canning & Robinson, 2021; Greenway & Eaton-Thomas, 2020) many families were unable to do this, creating further inequality. The YP in the current study corroborated this and said parents were not always able to support them due to lack of knowledge, time pressures or the YP's anxiety. YP reported that caregivers often advocated for them with teachers as well as supporting with home-learning, but those without this support became more anxious about online learning which subsequently affected their mental health.

The findings of this study align with the findings of the scoping review by Paterson et al. (2023), which highlighted parental concerns about the lack of differentiation of work sent home for YP with SEND during the lockdowns. However, this study also suggests that the lack of differentiation was more pronounced for YP who accessed online learning from mainstream settings compared to those in specialist settings. Related to the lack of differentiation, another criticism from the YP, also reported by parents in studies by Canning and Robinson (2021) and Greenway and Eaton-Thomas (2020), was the excessive amount of work given by some mainstream schools. This study extends these findings to older YP, who also reported feeling overwhelmed by the workload. The stress of managing the volume of work without support led some YP to

disengage from home-learning, and in several cases, parents had intervened by setting time limits or permitting them to stop altogether.

This study discovered that YP were often enrolled on practical courses such as performing arts, motor mechanics, hair and beauty, or catering, which were challenging to move online. Therefore, YP with SEND were at a greater disadvantage than their peers choosing academic courses. YP also had to contend with unreliable Wi-Fi, small screens, and lack of support during the lockdowns. YP with SEND often struggle with executive functioning (Memisevic & Sinanovic, 2013), which is key for undertaking independent practical work, and many lacked the guidance required for success. Access to a garage or salon was prohibited during the lockdowns, resulting in a focus on theory, which was both less interesting and more challenging. Consequently, some YP felt their education was inadequate during the pandemic. Moreover, even for academic courses, interactive elements were often removed due to online delivery challenges. This has implications for the knowledge base and experience YP gained in their subjects during COVID-19 if parts of the syllabus were removed, unless these gaps are remedied later. However, this appears to be taking time to address, as one YP studying science at university reported that even post pandemic, experiments were still being shown as online demonstrations rather than completing them in-person.

The specialist college extended the course by an additional year to help final-year students make up for lost workplace experience. However, in the mainstream colleges the YP mentioned, this did not occur. The government authorised LAs to provide up to an extra year for students with an EHCP in year 13 if they had been severely affected by the pandemic (DfE, 2022b). However, it is unclear how many took advantage of this offer. If YP passed their course, which during the pandemic was determined by teachers (DfE, 2024a), they were not usually permitted to repeat that level again, despite missing out on the full learning experience, thereby further disadvantaging this COVID-19 cohort, with or without SEND. Pre-pandemic, the SEND education system was already under strain, leading to an adversarial environment for parents seeking adequate support for their YP (Alghrani & Byrne, 2020). These pre-existing challenges were exacerbated during the pandemic, resulting in greater disadvantages for YP with SEND compared to their non-SEND peers, as has been consistently found in many UK studies (Ashworth et al., 2023; Benhenda, 2025; Toseeb & Asbury, 2023).

• Health

Multiple UK studies have shown that disabled CYP were disproportionately impacted by the change to online health and therapeutic services, due to their reliance on these services for their health and wellbeing. There

is evidence of widespread withdrawal of physiotherapy, SALT and OT (Disabled Children's Partnership, 2021), significant delays in assessments (Newlife, 2021), inaccessible digital provision (Ashworth et al., 2023), and measurable regression in mobility, communication, and wellbeing (Jerrim & Sims, 2022).

Restriction of movement was a prominent theme in the data, as routines and social interactions ceased, negatively affecting YP's physical and mental health. An original finding in this study was that many YP found it difficult to express themselves by telephone, with some avoiding this due to communication barriers. Participants frequently faced expressive or receptive language difficulties, with communication and interaction being one of the four categories of SEND in the Children and Families Act (2014). These challenges may have hindered communication during calls, potentially leading professionals to engage more with caregivers than the YP directly. This could possibly have resulted in missed opportunities to detect indicators of the YP's wellbeing.

A lack of mental health support during the lockdowns was revealed, and an absence of opportunities to discuss their concerns on return to school/college. Interestingly, most YP did not express concern about catching COVID-19 themselves, but they were worried about friends and family. Although there were reports about the potential impact on CYP's mental health during this time, with early signs that many YP with SEND were being negatively impacted (e.g. Pellicano et al., 2022; Toseeb et al., 2020; Asbury et al., 2021), there is currently a lack of information as to how, or if, this was addressed. There were a wide range of responses from the YP about their wellbeing during the pandemic, which agreed with research reporting on parental views of their children's anxiety such as Castle et al. (2024) and Sideropoulos et al. (2022).

Anne Longfield, the Children's Commissioner, and Sir Kevan Collins, the government advisor for post-COVID-19 recovery, both recommended a child-centred approach focussing on wellbeing to reintegrate YP back into education. However, Sir Kevan resigned over the much-reduced government offer which, against his advice, focussed on educational progress (Weale, 2021). Many participants in this study admitted to experiencing challenges with attendance post pandemic, citing the reason as anxiety. Additionally, the YP were not sure who to trust, in part due to information exposed about politicians' behaviour in the COVID-19 inquiry (Kettle, 2023), which showed that some were not following their own guidance.

For many, masks caused distress due to sensory issues or not being able to understand facial expressions, which was especially important for autistic YP (Clegg et al., 2024) and those with a hearing impairment (Young et al., 2024). However, experiences were variable, as a few found the mask reduced social anxiety and brought relief. This aligns with findings by Clegg et al. (2024),

who suggested that autistic YP may have experienced relief from autistic 'masking' (when a person alters their behaviour to conform to societal norms). Additionally, adolescence is often marked by anxiety about personal appearance and a survey conducted by the Mental Health Foundation (2023) reported that 35% of YP aged 13–19 expressed body image concerns, which has become particularly pronounced in the era of social media (Papapanou et al., 2023).

The disruption of routines impacted the YP's lives, with some reporting changes in their sleep patterns. Adolescents often naturally exhibit a delayed circadian rhythm, leading to later sleep and wake times, which can improve sleep quality for those who favour this pattern (Lang et al., 2022). Some YP liked the absence of early starts and lack of lengthy commutes to school during lockdown, which better suited their circadian rhythm. This shift could have also contributed to some YP's improved academic achievement while home-learning (Vidueira et al., 2023).

YP found ways to keep active such as the permitted daily walks (Johnson, 2020) or following the Joe Wicks workouts on YouTube (Wicks, 2020). However, some did far less physical activity during lockdown. This was evident among those who lacked family support to organise activities or the motivation to exercise independently. This could have been in response to boredom which has been found to affect motivation for exercise (Zhang et al., 2020). These findings expose the importance of support networks to facilitate physical activity, which is important for promoting resilience, particularly during times of crisis (Andermo et al., 2020).

• Relationships

Friendship was a key topic for the YP, and many of the YP in this study felt the lack of friendships intensely. In this study, friendships were a vital factor for YP to feel they belonged in their educational setting and for enhancing life satisfaction. Pellicano et al. (2022) also found that the autistic participants in their Australian study emphasised the importance of friendships and human connection, contrary to theories that autistic people do not want this type of relationship. YP reported loneliness as a major factor in their pandemic experience and ONS surveys during the pandemic found 40% of the disabled people responding reported feeling lonely at least sometimes, which was more than twice as many as non-disabled people (18%). Ashworth et al. (2023) also found that for some of the younger children in their study, the social isolation during lockdowns intensified existing difficulties with friendships.

Socialising with peers was important for many YP, despite it appearing superficial for some, in that interactions did not extend beyond their settings. For some, social interactions at school or college were the only ones experienced outside family, so when they closed,

it impacted more than their education. Only a small number preferred to be alone, with some of those who faced friendship difficulties experiencing relief when remaining at home, as also found by Ashworth et al. for the younger age group (Ashworth et al., 2023). School anxiety in this study appeared to be related to lack of friends or being bullied, and Sobba (2018), demonstrated that bullying can lead to mental ill-health and isolation from peers.

Friendships and casual connections which bind society together are often fragile or non-existent for YP with SEND (Friedman & Rizzolo, 2018), with greater reliance on family or professionals. Friends were described in terms of classmates, and others described teachers or family as friends, contrary to how their non-disabled peers would describe friendship, who see it as a reciprocal relationship with a peer (Matheson et al., 2007). A strong tie to a community or peer group has been shown to be a protective factor against mental ill-health and Emotionally Based School Avoidance (EBSA) (Heyne et al., 2019), therefore friendships have significant implications post pandemic for YP's wellbeing and their ability to attend educational settings.

Caregivers are usually the main source of support for YP with SEND and for longer than their non-disabled peers (Lippold & Burns, 2009). This support was vital during the lockdowns, with greater reliance on family than friends for most YP (Iovino et al., 2021). Therefore, assistance for caregivers is crucial at all times, but especially during a crisis. Additionally, this has implications for those without supportive caregivers, as care will be needed via alternative channels.

• Resilience

The YP's resilience was evident in this study, despite difficulties around mental and physical health (Paterson et al., 2023). It was clear some had found the pandemic isolating, impacting their wellbeing extending beyond the lockdowns. This study found most of the participants did adapt, but with some finding it more challenging than others. The disruption to their lives came at a time when their brains were in a critical period of development (Larsen & Luna, 2018), when they were forming beliefs about themselves and seeking greater independence just as the world closed down. Even though there were signs of YP adapting, this reduction of their lives at a critical point in their development may still have future unforeseen impacts (Crescentini et al., 2020). An example is the increase in EBSA reported in the UK post pandemic (Education Committee, 2023). School absence, especially for YP with SEND, was increasing before COVID-19. However, absences intensified post pandemic, with mental health often stated as the primary reason. The Government has responded by increasing mental health support in schools but also putting pressure on schools to fine parents of absent YP

(DfE, 2024b), with reports in the media of parents being fined despite evidence of SEND (Hall & Kersley, 2024). Absence is a multi-faceted issue, but non-attendance often indicates unmet need (Connolly et al., 2023), which fining parents will not resolve.

Well supported YP might be predicted to be resilient, but the data did not always confirm this. Resilience also depends on flexibility of thought, communication skills and independence (Werner, 2000), which YP with SEND can find challenging (Fidler & Lanfranchi, 2022). Additionally, for YP who usually embraced social interactions, the removal of these was challenging, even with support. Development of resilience also depended on the YP's type of impairment and personality, as Yusuf et al. (2022) also found in their study of children with disabilities during the pandemic in Canada. Some YP in this current study expressed gratitude for participating in the interview as they found it helpful to reflect on what had happened and make their views known, which can also aid in processing a difficult experience (Oxford Health NHS Foundation Trust, 2023).

LIMITATIONS

The findings of this study do not aim to be generalisable or to be representative of all YP with SEND, but to give an overview of the experience of YP with SEND during the pandemic. Only YP able to communicate for themselves were included in this study, to enable the YP's views to be heard directly. However, this also screened out those able to express themselves with support, possibly because caregivers did not think the YP would understand the intention of the research. Additionally, most of the participants in this study were of white British ethnicity, despite attempts to contact gatekeepers in areas of greater ethnic variation. Further research is required to discover what the experience was like during the pandemic for those of different heritage.

The socio-economic backgrounds of the YP were not collected as part of the data. This would have been useful information and is often missing from participative research for YP (Social Mobility Commission, 2022). However, as the YP were filling in the forms themselves, this would have been too complex and time-consuming for them to complete in the time available. The creation of trust with the YP was considered more important than gathering what might be considered intrusive information. The data regarding the educational settings the YP had attended during the pandemic was also not gathered, as many of the YP did not know. For accuracy, both of these pieces of data would have required either parent/carers or professionals to provide this information, which was not feasible within the time available for this study.

Most of the YP were interviewed at their college, but there is the possibility if they had been interviewed

outside that setting, they may have responded differently away from tutors and the learning environment (Heath et al., 2007). However, the presence of known adults can also provide support and a feeling of safety for more vulnerable YP. It would also have been more difficult to gather a cross section of YP outside of the college environment, and they appeared relaxed in the familiar setting and welcomed the opportunity to express their views. There is also the issue of fading memories as the research took place after the crisis had passed. Nevertheless, although some details, such as exact dates, were not recalled, most YP had distinct memories of their experience and its impact on them and stated when they could not remember something. No participants' views are ever formed in isolation and are influenced by news reports or other opinions (Entman, 1993), but this research still offers insights into how YP with SEND in this age group understood and navigated their experiences. Additionally, any adults supporting the YP did not intervene in the discussions and so the views expressed were those of the young people themselves, as much as it is possible.

IMPLICATIONS OF FINDINGS

The educational provision during the pandemic for YP with SEND was not as good as usual and also often not accessible due to their subject choices and their disabilities. Webster et al. (2022) and Ashworth et al. (2023) also showed that the education was not as good as for their peers without SEND. There appeared to be negligible consideration by government leaders of how YP with SEND and their families would be impacted. In future planning for a crisis, greater consideration needs to be given to the subjects YP with SEND undertake, especially for those post-16, with clearer opportunities given to complete additional months within their EHCP to cover any practical, life or work skills missed. However, it is notable that a small minority of YP benefitted from some of the changes if they had family support, indicating the importance of the educational environment for YP, so they are able to attend and learn without stress. This aspect should be considered by the government before any changes are made to the current SEND system.

Additionally, although it appeared appropriate to move health and therapeutic support online or by phone, it then became inaccessible to some vulnerable YP. Health and social care waiting lists were high before the pandemic, increased during the restrictions and remain high post pandemic (British Medical Association [BMA], 2026; The Kings Fund, 2026). This has resulted in many families of YP with SEND still struggling to find support for their YP. This is partly due to many staff having left their roles since COVID-19, a backlog caused by the cessation of services in the restrictions and due

to the increase in needs that the pandemic created for services such as mental health (BMA, 2026; The Kings Fund, 2026). If diagnostic and health services were not available in the pandemic and remain inaccessible post-pandemic, some YP, as Nixon et al. found (Nixon et al., 2025) may never have the opportunity to acquire these skills, with profound impacts on their life chances (Nixon et al., 2025).

It is therefore the decisions made by successive governments that made a difficult situation worse by underfunding health, social care and education services for families with YP with SEND. Additionally, the Executive Summary of Module 1 of the UK Covid-19 Inquiry concluded that emergency planning for a potential pandemic “generally failed to account sufficiently for the pre-existing health and societal inequalities and deprivation in society...” (UK Covid-19 Inquiry, Module 1, 2024, Executive Summary). This resulted in some families being profoundly affected by the crisis from which they are still trying to recover, as highlighted in the studies by Pellicano et al. (2022), Ashworth et al. (2023), Emerson and Hatton (2021) and Toseeb and Asbury (2023).

Furthermore, relationships for the YP were found to be key, but this study highlighted that this was not felt to have been considered. As many aspects of wellbeing emerge from good relationships, YP would benefit from this being prioritised both in usual times and in times of crisis. The importance of relationships and belonging was acknowledged post pandemic, when in her speech at the Confederation of School Trusts Conference, Bridget Philipson, the Education Secretary, said:

If we want to transform the outcomes of all young people with SEND, children need to feel that they belong in school. (Nov 7th, Philipson, 2024).

Those YP without supportive relationships or experiencing conflict at home struggled more during the restrictions, suggesting that more support is required for those whose home environment does not provide them with the resources necessary to cope with a crisis (Theis et al., 2021; Toseeb, 2021).

CONCLUSION AND RECOMMENDATIONS

The most significant factors for adjustment during the pandemic were caregiver support, friendships, and whether the YP's needs were met.

Below are recommendations based on the views of the YP in order for educational settings to be prepared for a future crisis:

- Focus on maintaining and developing relationships both in-person in normal times and also how to do so

safely online if that became the only route.

- To have a plan as to how to communicate with the students if settings are closed: who is responsible and the modes that could be employed, such as What's App, text, email, the learning platform, via parents, or the phone, acknowledging the phone may not be the best option.
- Deliver appropriate information about the crisis from the setting for CYP with SEND to access and for parents to use with their CYP.
- Focus on the holistic rebuilding of relationships once returned to education; gradually build up to a normal school day if necessary.
- Allow extra time for students to complete courses on return to education for those with EHCPs or those doing practical courses and ensure all are aware of this provision.
- Ensure all CYP have access to internet-linked devices.
- To have a comprehensive IT policy in all settings but to also have a back-up plan for when IT is not available, for example in the event of an internet or electrical blackout or if devices are not available.
- To have full training for staff and students in the use of software that would be used in a lockdown and integrate it into the normal school day.
- To provide opportunities for parent/carers to learn about how IT is used within education such as an internet skills café for parents at the beginning of each school year to show how the systems are used by the school and the YP.
- Develop a policy of using hybrid methods of teaching and learning (partly online, partly in-person) for students who cannot attend full time in normal times or for use in a period of absence or a lockdown.
- Settings to foster the use of relevant educational websites which include fun and engaging activities used in normal times as well as if a setting is closed/YP is absent.
- A plan as to how to continue or catch up with practical learning if settings are closed so YP do not miss out on aspects of the curriculum.
- Develop a plan for CYP regarding who to prioritise for attendance using different potential scenarios.
- Provide advice and guidance for parents to use if YP are unable to access home-learning, such as activities to create a routine and continue informal learning.
- Guidance for YP with SEND as to how much academic work they are expected to do, with a smaller essential part and then optional supplementary parts.
- Work should be differentiated at source for the YP in accordance with their learning plans or EHCPs.
- Enable YP in residential settings to return home or have in-person access to their families if at all possible in a lockdown.
- For YP considered disadvantaged, access to support services to advise and check on their wellbeing.
- Opportunities for YP to debrief if desired either

informally or via formal therapeutic channels once in-person education resumes.

YP did not have the same educational experiences in the pandemic as pre-pandemic, and post-pandemic many have not had access to support to acquire important missed skills and knowledge. As a result, YP with SEND will be less prepared for their adult life, potentially causing difficulties ahead with aspects such as work readiness or life skills. The impact of individual needs and personalities on coping mechanisms was evident, making it imperative to realise there will not be one solution for all, and the perspectives of all parties will need to be considered in a future crisis. Additionally, this study was an exploratory study of the YP's experiences gained from a qualitative point of view, and it could be beneficial for future research to investigate any differences in the experience of groups of YP with varying or multiple diagnoses and needs.

AUTHOR CONTRIBUTIONS

Jacqueline Paterson: Conceptualization; investigation; writing – original draft; methodology; writing – review and editing; formal analysis. **Glynis Murphy:** Supervision. **Paraskevi Triantafyllou:** Supervision. **Michelle McCarthy:** Supervision.

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The data that support the findings of this study are available from the corresponding author upon reasonable request.

ETHICS STATEMENT

Ethical approval was obtained from the University of Kent.

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