

Nottingham Centre for Children, Young People and Families

Commons Women and Equalities Select Committee: Coronavirus and the impact on people with protected characteristics

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Coronavirus and the Impact on People with Protected Characteristics

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We are happy to provide oral evidence if required. Please contact Professor Carrie Paechter on carrie.paechter@ntu.ac.uk for further information

1. Executive Summary

Our submission focuses on children and young people with disabilities and children and young people who are LGBTQI+. It is based on our own expert knowledge of the field and contributions from members of groups of LGBTQI+ young people with disabilities with whom we work.

- Not all children with an Education, Health and Care plan are able to attend school, despite Government guidance that they should. This is due to reduced capacity in special schools.
- There has been considerable disruption to children and young people's routine as a result of the loss of schooling. This has in some cases led to additional disruptive and aggressive behaviour, which can endanger both families and school staff.
- This has been exacerbated by reduced access for children with disabilities to playgrounds and other open spaces. For some families this remains a problem, despite Government guidance. Parents are anxious about being stopped by the police when driving their children to exercise in open spaces
- Parents are highly anxious about what may happen to their children during the COVID-19 pandemic. They are particularly concerned about what will happen if their children are severely unwell and/or admitted to hospital.
- Children and young people with disabilities and their families are under additional pressure due to the loss of respite care during the lockdown. Some children have remained in respite care during the lockdown: these children are now unable to see their families.
- Children and young people with disabilities have also lost access to therapeutic interventions. In the case of those with mental health related disability, this is exacerbating a worsening of their conditions which is already happening due to isolation and confinement during the lockdown. Some are concerned that they

will find it hard to start participating in wider society when the lockdown ends

- Some autistic young people and those with visual or hearing impairments find it difficult to use videoconferencing and are therefore not accessing education as much as they should. It is likely that some children and young people with sensory impairments (hearing and/or sight) will fall behind their peers due to having this long break in access to educational provision.
- Visually impaired young people find it hard to judge 2m distance and so find it hard to leave their homes safely.
- Rigidity in the criteria for funding for the Access to Work scheme, as well as the reduced availability of personal support, make access to work and education difficult.
- Many LGBTQI+ young people who do not have their own permanent accommodation are fearful about having to stay at home with parent(s) who are uncomfortable with or hostile to LGBTQI+ sexuality and/or expressions of gender. This results in worries about returning to prior depression and/or suicidal ideation. This is a particular problem for LGBTQI+ young people who also have mental health related disabilities.
- Trans young people are experiencing difficulties in maintaining access to hormone therapy. For some, their social and medical transitions have paused, with implications for their mental health. Reduced access to medical appointments and interventions during the lockdown is also further exacerbating the significant problems that result from long waiting lists for assessment and treatment.
- We recommend several adjustments to access to testing, criteria for Access to Work schemes, and mental health provision, which we believe will support these groups with protected characteristics.

2. Submission

Our submission focuses on children and young people with disabilities and children and young people who are LGBTQI+. It is based on our own expert knowledge of the field and contributions from members of groups of LGBTQI+ young people with disabilities with whom we work.

Children and young people with disabilities:

There was initial confusion following the Government announcement that all children with an Education, Health and Care Plan (EHCP) would be entitled to remain in school. In special schools, all children have an EHCP, which meant that the Government was asking all special schools to remain open at 100% capacity. This was not possible due to staffing shortages, so schools had to ration availability. There appears to have been little clarification for special school heads regarding how to react to this, with the result that some schools closed completely and others remained open to only some children, and even those children have not always had full-time school places. Some children have found it hard to cope with the differences between the usual school experience and that during the lockdown, and so have not attended school, even if their parents are key workers: parents have made other arrangements. In some cases there have also been delays in EHCP reviews, resulting in knock-on delays in putting appropriate support in place.

There has been considerable disruption to disabled children and young people's routine as a result of the loss of schooling. For those for whom routine is central to their wellbeing, the loss of routine has led to additional distress and resulting disruptive and in some cases aggressive behaviour, some of which (such as biting and spitting) may directly endanger school staff. Staff wearing protective clothing as a result is then additionally disruptive and disturbing for these children. For some children this can lead to less school time being offered, with the result that these children's routine is further disrupted.

This is exacerbated by reduced access for children with disabilities to playgrounds and other open spaces. These are vital to children with physically challenging behaviour who need to use them to 'let off steam'. Some Local Authorities have allowed parents to use Direct Payments to purchase additional equipment (such as trampolines) to use at home, but this is of course dependent on families having sufficient space for these, and not all LAs have been flexible about this.

Despite the clarification about the enforcement of lockdown measures as they relate to disabled children and young people who need lots of exercise to regulate their behaviour and stress levels, parents remain highly anxious about this. Children who are unable to respect social distancing because they cannot understand it, or are not able to perceive or judge it, need to be driven to a safe place to exercise, more than once a day. Parents are sufficiently anxious about being stopped by the police that they feel they have to carry printouts of the relevant guidelines or an explanatory letter from their child's GP. For some children, even an amicably resolved police intervention would be stressful.

Despite Government clarification, parents remain anxious about what will happen to their children if they are hospitalised. They are concerned about inappropriate use of Do Not Resuscitate orders and about hospitals insisting that their children are left without a parent or carer. Again, parents carry with them printouts of the relevant clarification notices to support discussions with hospital staff.

Many children who need high levels of care (e.g. 1:1 at all times) usually have respite care at weekends and in the school holidays. In some cases this has been withdrawn (for example, if carers feel unable to work without social distancing measures), leading to additional pressure on families and on disabled children and young people themselves. In a small number of cases the disabled child might have been in the respite care setting when the lockdown began, or a decision may have been taken that if they can only be in one location

that location should be a setting of high level care/support. This means that they will only have limited contact with their families during the lockdown period. In some cases, a child or young adult with a disability would normally spend time in sheltered housing or special care, with regular visits to, or from their parents. This has also been disrupted by the lockdown period. Some young people in this situation, because of their learning difficulties, may not understand why their parents are not visiting them any more.

Children and young people have also lost important therapeutic support, including speech and language therapy, occupational therapy, and allocated Teaching Assistant support. This is likely to lead to detrimental effects in the short and medium term at the very least.

In some cases, home support visits to young disabled adults living independently were immediately withdrawn by the Local Authority, leading to adverse effects on social isolation and poor mental wellbeing.

There are considerable effects on the parents and families of young people with disabilities, especially if those disabilities are severe. Special school staff are concerned about the emotional wellbeing and safety of parents whose children have been significantly disrupted by the changes to or withdrawal of school-based education. There are concerns that parents left to cope at home with children with physically aggressive behaviour will be physically endangered. In some cases, the parents have mental or physical health problems themselves, such as depression or epilepsy, which are different from those experienced by their child but which might render one or both parents unable to give appropriate care for the child on a long term basis without respite

Special School staff are concerned about disabled children's transition to new classes in September. This would usually be carefully handled, but may be harder to achieve this year. They are also concerned that those children who have challenging behaviour would find the return

to school hard to cope with and would need a lot of support on their return. This may be a particular problem if the schools offer phased entry, and the school is therefore still not as they expect it to be.

Young people whose disabilities are related to mental health conditions are finding the lockdown particularly difficult. Those in our support groups reported increased depression, anxiety, obsessional thoughts, anger and emotional distress. Many use activities outside the home as ways of coping and without these they feel that their mental health is suffering. Referrals to specialist services have been delayed in some cases and there is related anxiety about when help will be available. Young people who have previously struggled with going out are concerned that this will make it harder for them to participate in society again after the lockdown.

Autistic young people and young people who are blind or visually impaired may find video calls hard to deal with. This impedes access to both friends and family support and to GP and other health services. In some cases counselling sessions are taking place via email but this can be hard for some young people with disabilities to use effectively.

For young people (and adults) who are blind or visually impaired, the switch to sole reliance on visually intensive technological aids presents critical challenges. For example, normally a sighted person would be on hand for instances in which the interface (such as a screen reader) is unstable or inadequate.

Children and young people (and adults) with hearing impairments are also likely to have difficulties with access to online learning technologies, particularly if they were already struggling with face to face communication and/or they are in mainstream educational provision. Poor audio and frequently no or poor visual clues (for example lip-reading) makes it hard for them to follow online presentations and discussions. It is likely that some children and young people with sensory impairments (hearing and/or sight) will fall behind

their peers due to having this long break in access to educational provision.

Young people (and adults) who are blind or visually impaired may find it hard to go out because they cannot easily judge how far away 2m is so cannot be confident of social distancing. This means that they mainly have to rely on other people keeping 2m from them. Some young people with visual impairments still need to leave home to go to work, so this is a problem in this context as well as related to essential shopping or exercise. When children and young people who are blind have been physically guided by parents or guardians, they have at times been stared at in the street, verbally abused, threatened or attacked, because they seem to have broken the social distancing rule.

Some young people (and adults) who are blind or visually impaired are helped by the Access to Work Government scheme. This scheme has been highly disrupted because the criteria that have to be met, in order for funds to be released, such as needing 'live signatures' from the line manager, are not possible during lockdown. Consequently, although Access to Work states it continues to fund disabled workers, this has largely not been borne out in practice.

LGBTQI+ young people:

Many LGBTQI+ young people who do not have their own permanent accommodation are fearful about having to stay at home with parent(s) who are unaware of, uncomfortable with, or hostile to, their LGBTQI+ sexuality and/or expressions of gender. For these young people, leaving home has been part of the process of separating from this rejection of their sexuality/gender identity (i.e. who they are), or has allowed them to feel a sense of authentic social identity which is not possible when living with parents. Consequently, returning home and living with parent(s) who are unaware of or reject their identity is stressful, exhausting, and results in fears about returning to prior depression and/or suicidal ideation. While virtual connectivity and the

communication this offers has helped some of these LGBTQI+ individuals to stay connected to friends, particularly others in the LGBTQI+ communities, living in these circumstances is leading to decreased mental well-being. For other LGBTQI+ young people, if their families are both unaware or unsupportive and also monitor their internet use, they will be unable to access either formal or informal support.

During lockdown trans young people within the LGBTQI+ communities have worked to deepen the mutual aid networks which were already developed prior to Covid-19. However, there is significant fear in this community about trans young people's mental and physical health due to the difficulties involved in maintaining access to hormone therapy. For some young people, their social and physical transitions have paused, with negative implications for their mental health. This pause may be due to be unable to visit their GP for a referral, or cancellation of assessment or surgery appointments for which they may have been waiting years. Furthermore, some of the official support networks may be depleted, due to limited financial resources, staff sickness or furloughing. The limitations on gender clinic operations during lockdown is also further exacerbating the significant problems that result from long waiting lists for assessment and treatment. Once lockdown is over there will be a significant backlog in the form of cancelled appointments and treatments, resulting in even more extended wait times, with long term implications for trans young people's mental health.

LGBTQI+ young people who also have disabilities are at a particular disadvantage during the lockdown. Some of those in the groups contributing here are dependent on those groups for support around their gender and/or sexual identities and are feeling isolated without face to face meetings. Those who are physically dependent on parents who are not supportive of their LGBTQI+ status are particularly isolated, with consequent effects on their mental health.

3. Recommendations

- COVID-19 testing and contact tracing should be extended to staff, students and families in special schools to allow them to return to 100% functioning as soon as possible.
- Care will be needed to ensure that the return to school is as little disruptive as possible for children and young people with disabilities. Especial thought will need to be given to those children who are due to transition from one school to another, for example through phased withdrawal and entry.
- COVID-19 testing and contract tracing should be extended to those disabled young people who use personal assistants for access to work and education, and to their personal assistants, so that personal assistants can return to work and people with disabilities can return to work and study. This should also be the case for those dependent on support workers, and for the support workers involved, particularly if the support worker themselves has a disability.
- In situations where a child or young person with a disability is in sheltered housing or respite care during the lockdown, consideration should be given to allowing either visits home or parental visits (whichever is more appropriate), similar to the arrangements that allow children of divorced parents to spend time in both households.
- Criteria for accessing Access to Work funding need to be adjusted to take into account people working from home. For example, the line manager could digitally sign or confirm a funding claim via an independent email.
- It would be welcomed if the Government could explicitly respond (for example, through a formal clarification) to the case of people with disabilities who need to be accompanied by a person who cannot observe social distance for this reason.

- Additional mental health support should be put in place for young people with mental health related disabilities. This will need to be tailored not just to these people's mental health needs but also to their ability to access it without undue anxiety. This will need to be ramped up considerably once face to face appointments resume.
- Better guidance should be given to GPs about continuing hormone therapy for young trans people during the lockdown. This may require them to be given additional advice, for example about changing testosterone administration from injection to gel. Some people have been told to self-inject without sufficient guidance about how to do this: this should be rectified.