



Department
for Education

SEND and specialist settings: additional COVID-19 operational guidance

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Summary

Changes to the guidance since its 5 January 2021 publication include:

- change in ordering, moving protection measure to the beginning to the document to enable easier comparison with other guidance documents
- update to tracing close contacts and isolation section to clarify the advice for under 5s
- update to face coverings section to reflect removal of recommendation to wear face coverings in classrooms and communal areas
- update to when an individual develops COVID-19 symptoms or has a positive test section to clarify isolation expectations in a residential setting
- update to mandatory certification section to reflect that this will no longer be in place from 27 January
- update to education recovery section to confirm that recovery programmes should continue to be delivered
- update to workforce section to reflect that from 27 January government is no longer advising people to work from home if they can

This guidance is reviewed regularly.

Who is this guidance for?

This additional guidance is for the leaders and staff of:

- special schools, including non-maintained special schools
- specialist units in mainstream schools and colleges
- special post-16 institutions (SPIs)
- alternative provision (AP) (including hospital schools)

The purpose of this guidance is to provide additional information and support that will be helpful to you in delivering education in these settings.

Separate guidance is available for:

- [early years](#)
- [schools](#)
- [further education \(FE colleges and providers\)](#)
- [children's social care](#)
- [out of school settings](#)

You should work closely with young people, parents or carers, staff and unions when agreeing the best approaches for your circumstances.

We expect independent schools and non-maintained special schools to follow the control measures set out in this guidance in the same way as state-funded schools. Health and safety legislation applies equally to independent schools.

Settings should work closely with parents and carers (future references to parents should be read as including carers), staff and unions when agreeing the best approaches for their circumstances.

We use the terms “must” and “should” throughout the guidance. We use the term “must” when the person in question is legally required to do something and “should” when the advice set out should be followed unless there is good reason not to.

Introduction

This is additional guidance for special schools, SPIs, and AP (including hospital schools). This includes public health advice, endorsed by UK Health Security Agency (UKSHA). It should be read alongside the main guidance documents:

- [schools COVID-19 operational guidance](#)
- [further education COVID-19 operational guidance](#)

The government continues to manage the risk of serious illness from the spread of the virus. The Prime Minister announced on 19 January that the temporary introduction of Plan B is to end. As a result, Plan B measures in this guidance for specialist settings are being removed. This advice remains subject to change as the situation develops.

Coronavirus COVID-19 continues to be a virus that we learn to live with and the imperative to reduce the disruption to children and young people’s education remains.

Our priority is for you to deliver face-to-face, high-quality education to all pupils and students. The evidence is clear that being out of education causes significant harm to educational attainment, life chances, mental and physical health, and presents safeguarding risks.

We have worked closely with the Department of Health and Social Care (DHSC) and UKSHA to revise this guidance.

Protection measures

Mixing and ‘bubbles’

We do not recommend that it is necessary to keep children and young people in consistent groups (‘bubbles’). This means that bubbles are not needed.

As well as enabling flexibility in curriculum delivery, this means that assemblies can resume, and you do not need to make alternative arrangements to avoid mixing at lunch.

You should make sure your contingency plans (sometimes called outbreak management plans) cover the possibility that it becomes necessary to reintroduce ‘bubbles’ for a temporary period to reduce mixing between groups.

Any decision to recommend the reintroduction of ‘bubbles’ would not be taken lightly and would need to take account of the detrimental impact they can have on the delivery of education.

Tracing close contacts and isolation

Close contacts will be identified via [NHS Test and Trace](#) and education settings are not expected to undertake contact tracing.

As with positive cases in any other setting, NHS Test and Trace will work with the positive case and/or their parent to identify close contacts. Contacts from a setting will only be traced by NHS Test and Trace where the positive case specifically identifies the individual as being a close contact. This is likely to be a small number of individuals who would be most at risk of contracting COVID-19 due to the nature of the close contact.

Settings may be contacted in exceptional cases to help with identifying close contacts, as currently happens in managing other infectious diseases.

From 14 December 2021, adults who are fully vaccinated and all children and young people aged between 5 and 18 years and 6 months identified as a contact of someone with COVID-19 are strongly advised to take a LFD test every day for 7 days and continue to attend their settings as normal, unless they have a positive test result. Daily testing of close contacts applies to all contacts who are:

- fully vaccinated adults – people who have had 2 doses of an approved vaccine
- all children and young people aged 5 to 18 years and 6 months, regardless of their vaccination status
- people who are unable to be vaccinated for medical reasons
- people taking part, or have taken part, in an approved clinical trial for a COVID-19 vaccine

Children under 5 years who are identified as close contacts are exempt from self-isolation and do not need to take part in daily testing of close contacts. They are advised to take a PCR test if the positive case is in their household.

For students who are unable to self-swab, such as those with SEND, settings should work with students and their families to agree an appropriate testing route, such as assisted swabbing.

Further information is available in [NHS Test and Trace: what to do if you are contacted](#) and in the [stay at home: guidance for households with possible or confirmed coronavirus \(COVID-19\) infection](#).

If there are unvaccinated clinically vulnerable pupils and students within your setting, following the identification of a close contact, you may wish to put in place temporary additional protective measures in place. These could include the identified close contact wearing a face covering (unless exempt), limiting contact and mixing with those identified as clinically vulnerable, and increasing hygiene and cleaning routines. Those identified as a close contact should also continue to engage with regular LFD testing if they are able.

Any decision to take additional precautions should be based on the specific circumstances of the individual close contact and the clinically vulnerable children and young people within the setting, and you should weigh up what impact additional precautions may have on education and wellbeing.

No pupil or student should be denied education based on their compliance with any additional precautions.

Health professionals attending your setting may be following slightly different guidance from UKSHA if they are identified as a close contact due to their wider work in settings with clinically extremely vulnerable people.

18-year-olds are treated in the same way as children until 6 months after their 18th birthday, to allow them the opportunity to be fully vaccinated. At which point, they will be subject to the same rules as adults and so if they choose not to get vaccinated, they will need to self-isolate if identified as a close contact.

You will continue to have a role in working with health protection teams in the case of a local outbreak. If there is a substantial increase in the number of positive cases in a setting (see the [Stepping measures up and down](#) section for more information) or if central government offers the area an enhanced response package, a [Director of Public Health \(DPH\)](#) might advise a setting to temporarily reintroduce some control measures.

Face coverings

From 20 January, face coverings are no longer advised for pupils, students, staff and visitors in classrooms. From 27 January, face coverings are no longer advised for pupils, students, staff and visitors in communal areas.

From 27 January, staff and pupils should follow [wider advice on face coverings](#) outside of school, including on transport to and from school or college.

Education settings, as employers, have a duty to comply with the Equality Act 2010 which includes making reasonable adjustments for disabled staff. They also have a duty to make reasonable adjustments for disabled pupils and students, to support them to access education successfully.

In circumstances where face coverings are recommended

A director of public health might advise you that face coverings should temporarily be worn in communal areas or classrooms (by pupils, students, staff and visitors, unless exempt). You should make sure your contingency plans cover this possibility. (See the stepping measures up and down section).

In these circumstances, transparent face coverings, which may assist communication with someone who relies on lip reading, clear sound or facial expression to communicate, can also be worn. Transparent face coverings may be effective in reducing the spread of COVID-19. However, the evidence to support this is currently very limited. Face coverings (whether transparent or cloth) should fit securely around the face to cover the nose and mouth and be made with a breathable material capable of filtering airborne particles.

The main benefit from a transparent face covering is that they can aid communication, for example enabling lip-reading or allowing for the full visibility of facial expressions, but this should be considered alongside the comfort and breathability of a face covering that contains plastic, which may mean that the face covering is less breathable than layers of cloth.

Face visors or shields can be worn by those exempt from wearing a face covering but they are not an equivalent alternative in terms of source control of virus transmission. They may protect the wearer against droplet spread in specific circumstances but are unlikely to be effective in preventing the escape of smaller respiratory particles when used without an additional face covering. They should only be used after carrying out a risk assessment for the specific situation and should always be cleaned appropriately.

The use of face coverings may have a particular impact on those who rely on visual signals for communication. Those who communicate with or provide support to those

who do, are exempt from any recommendation to wear face coverings in education and childcare settings.

There are some circumstances where people may not be able to wear a face covering. Please be mindful and respectful of such circumstances. Some people are less able to wear face coverings, and the reasons for this may not be visible to others.

- In relation to education settings, this includes (but is not limited to): people who cannot put on, wear or remove a face covering because of a physical or mental illness or impairment, or disability
- people for whom putting on, wearing or removing a face covering will cause severe distress
- people speaking to or providing assistance to someone who relies on lip reading, clear sound or facial expressions to communicate
- to avoid the risk of harm or injury to yourself or others
- you are also permitted to remove a face covering in order to take medication.

No pupil or student should be denied education on the grounds that they are, or are not, wearing a face covering.

Separate guidance is also available on [the use of PPE in education, childcare and children's social care settings where necessary](#).

Stepping measures up and down

You should have contingency plans (sometimes called outbreak management plans) outlining what you would do if children, young people or staff test positive for COVID-19, or how you would operate if you were advised to take extra measures to help break chains of transmission. Given the detrimental impact that restrictions on education can have on children and young people, any measures in schools and colleges should only ever be considered as a last resort, kept to the minimum number of settings or groups possible, and for the shortest amount of time possible. Central government may offer local areas of particular concern an enhanced response package to help limit increases in transmission.

For most settings it will make sense to think about taking extra action if the number of positive cases substantially increases. Information on what circumstances might lead you to consider taking additional action, and the steps you should work through, can be found in the [contingency framework](#).

The [contingency framework](#) describes the principles of managing local outbreaks of COVID-19 in education and childcare settings. Local authorities, DPHs and UKSHA health protection teams (HPTs) can recommend measures described in the contingency

framework in individual education and childcare settings – or a small cluster of settings – as part of their outbreak management responsibilities.

COVID-19 vaccinations for children and young people

We recommend all school staff and eligible pupils take up the offer of a vaccine.

You can find out more about the in-school vaccination programme in [COVID-19 vaccination programme for children and young people guidance for schools](#)

Control measures

You should:

1. ensure good hygiene for everyone
2. maintain appropriate cleaning regimes
3. keep occupied spaces well ventilated
4. follow public health advice on testing, self-isolation and managing confirmed cases of COVID-19

Ensure good hygiene for everyone

Hand hygiene

Frequent and thorough hand cleaning should now be regular practice. You should continue to ensure that pupils and students clean their hands regularly. This can be done with soap and water or hand sanitiser.

You should also continue to consider:

- how often pupils, students and staff will need to wash their hands
- whether staff working with pupils and students who spit uncontrollably want more opportunities to wash their hands than other staff
- whether pupils and students who use saliva as a sensory stimulant or who struggle with 'catch it, bin it, kill it' need more opportunities to wash their hands
- how to help pupils and students with complex needs to clean their hands properly.

Respiratory hygiene

The 'catch it, bin it, kill it' approach continues to be very important. As with hand cleaning, you should ensure that younger pupils and those with complex needs are helped to get this right.

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

The [e-Bug COVID-19 website](#) contains free resources for settings, including materials to encourage good hand and respiratory hygiene.

Use of personal protective equipment (PPE)

Most staff in schools and colleges will not require PPE beyond what they would normally need for their work. If a pupil or student already has routine care needs that involve the use of PPE, the same PPE should continue to be used.

Additional PPE for COVID-19 is only required in a very limited number of scenarios, for example, when performing [aerosol generating procedures \(AGPs\)](#).

The guidance on the [use of PPE in education, childcare and children's social care settings](#) provides more information on the use of PPE for COVID-19. This guidance is currently under review.

Maintain appropriate cleaning regimes, using standard products such as detergents

You should put in place and maintain an appropriate cleaning schedule. This could include regular cleaning of areas and equipment (for example, twice per day).

UKSHA has published guidance on the [cleaning of non-healthcare settings](#).

Keep occupied spaces well ventilated

When your setting is in operation, it is important to ensure it is well ventilated and a comfortable teaching environment is maintained.

You should identify any poorly ventilated spaces as part of your risk assessment and take steps to improve fresh air flow in these areas, giving particular consideration when

holding events where visitors such as parents are on site, for example, dramatic productions.

Mechanical ventilation is a system that uses a fan to draw fresh air, or extract air from a room. These should be adjusted to increase the ventilation rate wherever possible and checked to confirm that normal operation meets current guidance and that only fresh outside air is circulated.

If possible, systems should be adjusted to full fresh air or, if this is not possible, then systems should be operated as normal as long as they are within a single room and supplemented by an outdoor air supply.

Where mechanical ventilation systems exist, you should ensure that they are maintained in accordance with the manufacturers' recommendations.

Opening external windows can improve natural ventilation, and in addition, opening internal doors can also assist with creating a throughput of air. If necessary, external opening doors may also be used (if they are not fire doors and where safe to do so).

You should balance the need for increased ventilation while maintaining a comfortable temperature.

The [Health and Safety Executive guidance on air conditioning and ventilation during the coronavirus outbreak](#) and [CIBSE COVID-19 advice](#) provides more information.

CO2 monitors are being provided to state-funded education settings so staff can quickly identify where ventilation needs to be improved.

The government is providing 1,000 air cleaning units for teaching spaces and staff rooms in SEND and Alternative Provision settings, including SEND units in mainstream settings, where quick fixes to improve poor ventilation are not possible. These settings are being prioritised given the higher-than-average number of vulnerable pupils attending those settings.

Follow public health advice on testing, self-isolation and managing confirmed cases of COVID-19

When someone develops COVID-19 symptoms or has a positive test

Pupils, students, staff and other adults should follow public health advice on [when to self-isolate and what to do](#). They should not come into their education setting if they have symptoms or other reasons requiring them to stay at home due to the risk of them passing on COVID-19 (for example, they are required to quarantine).

If anyone in your setting develops COVID-19 symptoms, however mild, you should send them home and they should follow public health advice.

If a pupil in a residential setting shows symptoms and/or tests positive, they should usually self-isolate in their residential setting. Only in exceptional circumstances should a pupil self-isolate away from school.

For everyone with symptoms, they should avoid using public transport and, wherever possible, be collected by a member of their family or household.

If a pupil is awaiting collection, they should be left in a room on their own if possible and safe to do so. A window should be opened for fresh air ventilation if possible. Appropriate PPE should also be used if close contact is necessary, further information on this can be found in the [use of PPE in education, childcare and children's social care settings guidance](#). Any rooms they use should be cleaned after they have left.

The household (including any siblings) should follow the UKSHA [stay at home: guidance for households with possible or confirmed coronavirus \(COVID-19\) infection](#).

Pupils and staff should return to school as soon as isolation rules allow.

Asymptomatic testing

Testing remains important in reducing the risk of transmission of infection within settings.

Staff, secondary school pupils and students should continue to test twice weekly at home, with lateral flow device (LFD) test kits, 3-4 days apart. Testing remains voluntary but is strongly encouraged.

Settings with secondary aged pupils and FE providers (except ITPs and ACLPs) should also retain a small asymptomatic testing site (ATS) on-site until further notice so they can offer testing to pupils and students who are unable to test themselves at home.

Settings are strongly encouraged to ask parents and other visitors to take a lateral flow device (LFD) test before entering.

Further information on Daily Rapid Testing can be found in the [contact tracing section](#).

There is no need for primary age pupils (those in year 6 and below) to regularly test, unless they have been identified as a contact for someone who has tested positive for Covid-19 and therefore take lateral flow tests every day for 7 days.

Asymptomatic testing in specialist settings

We recognise specialist settings will have additional considerations to take into account when delivering asymptomatic testing, and [additional guidance on testing in specialist settings](#) has been published.

We recognise that self-swabbing may cause significant concerns for some children and young people with SEND.

If necessary, settings should retain some testing capacity on site so they can offer testing to pupils and students who are unable to test themselves at home.

Testing is voluntary and no child or young person will be tested unless informed consent has been given by the appropriate person.

Confirmatory PCR tests

You should follow the latest government guidance on confirmatory PCR tests in [Stay at home: guidance for households with possible or confirmed coronavirus \(COVID-19\) infection](#) following a positive LFD test.

Other considerations

You should ensure that key contractors are aware of your settings control measures and ways of working.

Some pupils and students with SEND (whether with EHC plans or on SEN support) will need specific help and preparation for the changes to routine that these measures will involve. Staff should plan to meet these needs, for example using social stories.

To make sure pupils and students with medical conditions are fully supported, work with:

- local authorities
- health professionals
- regional schools' commissioners
- other services

Use individual healthcare plans to help pupils and students receive an education in line with their peers. In some cases, the pupil's and student's medical needs will mean this is not possible, and educational support will require flexibility.

Further information is available in the guidance on [supporting pupils at school with medical conditions](#).

Consider whether you need any additional processes in place for pupils and students who regularly:

- attend more than one site or different providers
- move between a training provider and workplace as part of an apprenticeship, traineeship or supported internship.

NHS COVID Pass

From 27 January, mandatory certification is no longer in place and so venues and events are not required by law to use the NHS COVID Pass as a condition of entry, but some may do so voluntarily. Further information on this is available: [Using your NHS COVID Pass for travel abroad and at venues and settings in England – GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/using-your-nhs-covid-pass-for-travel-abroad-and-at-venues-and-settings-in-england)

Education settings should not use the NHS COVID Pass as a condition of entry for education or related activities such as exams, teaching, extra-curricular activities or any other day-to-day activities that are part of education or training

Welcoming children and young people back to your setting

In most cases, parents and carers will agree that a pupil or student with symptoms should not attend given the potential risk to others.

If a parent or carer insists on their child attending your setting you can take the decision to refuse them if, in your reasonable judgement, it is necessary to protect others from possible infection with COVID-19. Your decision would need to be carefully considered in light of all the circumstances and current public health advice.

1. Workplace

Risk assessment

You must comply with health and safety law and put in place proportionate control measures. You must regularly review and update your risk assessments, treating them as 'living documents' as the circumstances at your school or college and the public health advice changes. This includes having active arrangements in place to monitor whether the controls are effective and working as planned.

For more information on what is required of educational leaders in relation to health and safety risk assessments and managing risk, see [Health and safety: responsibilities and duties for schools](#).

Workforce

Education leaders are best placed to determine the workforce required to meet the needs of their pupils and students. The government is no longer advising people to work from home if they can.

Following expert clinical advice and the successful rollout of the COVID-19 vaccine programme, people previously considered to be particularly vulnerable, clinically extremely vulnerable (CEV), and high or higher-risk are not being advised to shield again. If staff were previously identified as being in one of these groups, they are advised to continue to follow the guidance contained in [Coronavirus: how to stay safe and help prevent the spread](#).

In some circumstances, staff may have received personal advice from their specialist or clinician on additional precautions to take and they should continue to follow that advice. Whilst individual risk assessments are not required, employers are expected to discuss any concerns that people previously considered CEV may have.

Employers will need to follow this specific [guidance for pregnant employees](#). [COVID-19 vaccination: a guide for women of childbearing age, pregnant or breastfeeding](#) contains further advice on vaccination. Your workplace risk assessment should already consider any risks to female employees of childbearing age and, in particular, risks to new and expectant mothers. You should also consider the needs of pregnant pupils or students.

Employers should be able to explain the measures they have in place to keep staff safe at work. The Health and Safety Executive (HSE) has published guidance on [protecting vulnerable workers](#), including advice for employers and employees on [how to talk about reducing risks in the workplace](#) Employers should discuss concerns with staff.

2. Attendance

Special schools and AP settings: attendance

School attendance is mandatory for all pupils of compulsory school age, and it is a priority to ensure that as many children as possible regularly attend school.

Where a child is required to self-isolate or quarantine because of COVID-19 in accordance with relevant legislation or guidance published by UKSHA or the DHSC they should be recorded as code X (not attending in circumstances related to coronavirus). Where they are unable to attend because they have a confirmed case of COVID-19 they should be recorded as code I (illness).

For pupils abroad who are facing challenges returning, code X is unlikely to apply. In some specific cases, code Y (unable to attend due to exceptional circumstances) will apply. Further guidance about the use of codes is provided in the [school attendance guidance](#).

SPis: attendance

SPis should continue to allow students to attend as per their usual timetable.

Hospital schools, including child and adolescent mental health services (CAMHS)

Providers should offer full-time education where it is safe and feasible to do so and in line with the wider infection prevention and control (IPC) measures in place within the hospital setting. You should work with your local NHS trusts to deliver a broad and balanced curriculum for all pupils as far as their health permits.

Where it is not possible to provide face-to-face education for all pupils, for example, because of current physical capacity restraints at the hospital, then please use risk assessments to prioritise the pupils with the greatest need.

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

Travel and quarantine

All children and staff travelling to England must adhere to government travel advice [Travel to England from another country during coronavirus \(COVID-19\)](#).

Parents travelling abroad should bear in mind the impact on their child's education which may result from any requirement to quarantine or isolate upon return.

Where pupils travel from abroad to attend a boarding school, you will need to explain the rules to pupils and their parents before they travel to the UK.

Additional guidance has been issued on [boarding school students quarantine and testing arrangements](#).

Encouraging regular school attendance

Guidance for schools and local authorities to help them to [improve school attendance](#) is available.

You should continue to clearly and consistently communicate the expectations around school attendance to families and any other professionals who work with the family. Any discussions should have a collaborative approach, focusing on the welfare of the child or young person and responding to the concerns of the parent, carer or young person. This conversation is particularly important for children with a social worker.

Children or young people self-isolating

Children and young people previously considered CEV should attend school or college and should follow the same [COVID-19 guidance](#) as the rest of the population. In some circumstances, a child or young person may have received personal advice from their specialist or clinician on additional precautions to take and they should continue to follow that advice.

Attendance is mandatory and we recommend that leaders in education work collaboratively with any families who are anxious to reassure them and to help their child attend their everyday activities. Discussions should have a collaborative approach, focusing on the welfare of the child or young person and responding to the concerns of the parent, carer or young person.

Further information is available in the guidance on [supporting pupils at school with medical conditions](#).

Pupils and students who live with someone who is CEV should continue to attend their education setting as normal.

Where a pupil or student is unable to attend their education setting because they are complying with clinical or public health advice, we expect their education setting to be able to offer them access to high quality remote education. It is important that you put systems in place to keep in contact with them and regularly check if they are accessing

remote education. If they have a social worker, you should agree the best way to maintain contact and offer support.

Vulnerable children and young people

Where pupils who are self-isolating due to clinical or public health advice are within our [definition of vulnerable](#), it is important that you put systems in place to keep in contact with them, particularly if they have a social worker. Some children may be vulnerable who are not officially in statutory systems and schools should seek to support any children who they believe may have challenging circumstances at home.

When a vulnerable pupil is asked to self-isolate, you should:

- notify their social worker (if they have one) and, for looked-after children, the local authority virtual school head
- agree with the social worker, the best way to maintain contact and offer support

You should have procedures in place to:

- check if a vulnerable pupil is able to access remote education support
- support them to access it (as far as possible)
- regularly check if they are accessing remote education
- keep in contact with them to check their wellbeing and refer onto other services if additional support is needed.

Residential specialist settings

It is the general expectation that residential special schools and SPIs continue to maintain full attendance of all pupils and students. In the exceptional circumstances where some pupils and students may need to be sent home, the residential school or college must inform the home LA immediately. They and local authorities should maintain a register of all pupils and students who have been sent home due to COVID-19, including when this is due to workforce issues. The local authority should also contact the family frequently to ensure that risks are being managed and to establish whether additional support is necessary and how that will be delivered.

You should continue to provide any necessary health and therapy support (including access to medical supplies) if the child or young person returns to their family home.

All pupils and students can travel between their boarding provision and home, including those who attend weekly boarding provision.

You should ensure that appropriate arrangements are in place to allow children and young people to remain in contact with their parents and carers. Visits should be face-to-

face though virtual visits can be offered when it is not practicable to have a face-to-face visit because of COVID-19 due to specific public health advice.

To support face-to-face visits, it is important that all visitors have access to regular testing and are aware of available testing routes prior to a visit. Anyone in England (including those without symptoms) is able to access [free, rapid lateral flow tests \(LFDs\)](#) for themselves and their families to use twice a week, in line with clinical guidance.

It is not a legal requirement that visitors be tested on entry before each visit.

You should continue to keep the local authority that placed the child or young person in your setting informed if there are risks to your ability to deliver provision to ensure the children or young people continue to receive support. Local authorities should help with any staff movements needed as far as possible and ensure appropriate infection and public health risks have been considered.

If you are temporarily unable to provide full provision it is likely to be preferable to allow the child or young person to remain resident, rather than to send them home, particularly if they lack suitable alternative accommodation. You should discuss this with the family and young person and the commissioning local authority.

3. Education, Health and Care (EHC) plans

Where a pupil or student has an EHC plan the local authority and (if there is health provision) health commissioning body must secure or arrange the provision specified in the plan.

At times it may be necessary to conduct some aspects of EHC needs assessments and reviews in different ways, for example because children or young people are isolating. It is important that the assessments and reviews continue to ensure that the child or young person, and their parent and carer, is at the centre of the process and can engage with the process in a meaningful way.

As well as the duty to secure or arrange provision in an EHC plan, you must meet all the statutory duties relating to EHC needs assessments and annual reviews. It is important that settings co-operate in supporting requests about potential placements, providing families with advice and information where requested.

4. Visiting specialists, support staff and wider provision

Specialists, therapists and other health professionals who support children and young people with SEND (for example speech and language therapists, physiotherapists, occupational therapists, educational psychologists and specialist teachers), should provide interventions as usual.

Where children and young people with an EHC plan are in receipt of health provision, recognising that the duties to deliver provision set out in an EHC plan are fully in force, you should work collaboratively with their local authority, Clinical Commissioning Group (CCG) and health providers to agree appropriate support in view of the latest and current local public health guidance.

Where children and young people with EHC plans are not attending their education setting because they are following public health advice, multi-agency professionals should collaborate to agree how to meet their duties to deliver the provision set out in the EHC plan. This may include face-to-face visits to the home, or virtual support by means of video or telephone calls, or via email.

5. Respite care

Social care services for disabled children which provide respite care should continue to operate. This includes residential and non-residential respite services and both formal and informal care in the family home.

6. Remote education

Not all people with COVID-19 have symptoms. Where appropriate you should support those who need to self-isolate because they have tested positive to work or learn from home if they are well enough to do so. Schools subject to the [remote education temporary continuity direction](#) are required to provide remote education to pupils covered by the direction where their attendance would be contrary to government guidance or legislation around COVID-19.

You should maintain your capacity to deliver high quality remote education across this academic year, including for pupils who are abroad, and facing challenges to return due to COVID-19 travel restrictions, for the period they are abroad.

Post-16 settings should continue to refer to the detailed guidance on remote education expectations set out in the [further education COVID-19 operational guidance](#).

Independent Schools (not including academies) are only covered by the remote education temporary continuity direction in relation to state-funded pupils in their schools. However, they are still expected to meet the [Independent School Standards](#) in full at all times.

Teachers are best placed to know how to most effectively meet pupils and students needs to ensure they continue to make progress if they are not in face-to-face education because they are following public health advice.

We recognise that some pupils and students with SEND may not be able to access remote education without adult support and so expect schools and colleges to work collaboratively with families and put in place reasonable adjustments so that pupils with SEND can successfully access remote education appropriate for their level of need.

Further details on delivering remote education for children and young people with SEND are set out in [remote education good practice](#).

You should have systems for checking daily whether pupils and students are engaging with their work, and work with families to rapidly identify effective solutions where engagement is a concern.

7. Education Recovery

Given the disruption to students' education over the course of the pandemic, recovery programmes should continue to be delivered to support children and young people to catch up, especially disadvantaged and vulnerable children and those with the least time left in education. DfE will keep programme delivery under review to ensure they provide the right support to students and staff.

We have announced a number of programmes and activities to support pupils and students to make up education missed as a result of the pandemic. Further information is available at [Education Recovery Support](#). This includes further information on the:

- [recovery premium](#)
- tutoring (including the [National Tutoring Programme](#) and [16 to 19 tuition fund](#))
- teacher training opportunities
- curriculum resources
- [curriculum planning](#)
- specialist settings
- wider continuous professional development resources, including to support teacher wellbeing and subject-specific teaching

Tutoring

The [National Tutoring Programme \(NTP\)](#) is a government-funded, sector-led initiative designed to support schools to address the impact of coronavirus (COVID-19) on pupils' progress and attainment.

Building on the success of NTP in the 2020/21 academic year, we have further developed the programme to make it easier for schools to access tutoring to ensure that they can support the pupils they believe are most in need. Specialist settings will receive a funding uplift for children and young people who are more likely to need one-to-one tutoring.

This academic year 2021/22, there are three subsidised tutoring routes:

- tuition partners (TP), where settings can access high-quality subsidised tutoring from an approved list of tutoring providers.
- academic mentors, who work in-house to provide intensive support in the most disadvantaged schools.
- school-led tutoring – a new school-led tutoring element which gives flexibility for schools to choose their own tutors. This expansion of the tutoring programme will allow schools and colleges the flexibility to engage local tutors or staff members who are best able to support children and young people with their specific needs.

The 16-19 tuition fund will continue to support students with SEND. In line with 16-19 funding, young people with SEND aged 19-24 who have an EHC plan who meet the criteria will be eligible for the tuition fund.

Institutions may choose to use this funding to support learners with SEND to catch up on skills and learning that are important for their preparation for adulthood.

Early language

The Nuffield Early Language Intervention (NELI) programme is an evidence-based oral language intervention for children in nursery and reception who show weakness in their oral language skills. NELI is delivered by a trained teaching assistant providing small group and individual training sessions. It is not designed as specialist provision to replace speech and language therapy interventions but can supplement these and will be delivered in both special and mainstream settings.

Recovery Premium

We have prioritised children who attend specialist settings by providing a funding uplift for pupils in special schools, AP, hospital schools and special units within mainstream schools.

Schools should use the funding to prioritise support for particular pupils according to their need. This can include providing support for non-academic barriers to success in school, such as attendance, behaviour and social and emotional support. For example, these may include interventions such as:

- extra teaching capacity
- speech and language therapists
- educational psychologists
- access to technology.

Further Education and Post-16 Support

As part of the June announcement, the Government confirmed that it will give providers of 16-19 education the option to offer students in year 13 (or equivalent) the opportunity to repeat up to one more year if they have been severely affected by the pandemic. For students with an EHC plan, the option to repeat a year should be considered as part of the local authority's annual review of the plan.

Arrangements under an EHC plan can continue up to age 25 for those young people who need to take longer to complete their education or training. Local authorities will need to make a judgement, in consultation with parents and the young person, about whether or not agreed outcomes have been met such as if the young person has been prepared and is able to make a successful transition to adulthood. In every case the local authority needs to consider whether it is in the best interests of an individual to stay in education.

Young people with an EHC plan on a supported internship who were not able to meet the core aim of their internship in the 2020-21 academic year, may continue their internship into the 2021-22 academic year. It is very unlikely that all supported interns will need to extend their internship for a full year. Providers should determine the length of time that a learner will require based on the needs of the individual, and in agreement with the local authority.

It is important to note that the legislative and funding arrangements for EHC plans do not allow for a plan to be extended beyond the age of 25.

8. Home to school transport

Advice is available in the [Dedicated transport to schools and colleges COVID-19 operational guidance](#).

From 27 January, staff and pupils should follow [wider advice on face coverings](#) outside of school, including on transport to and from school or college.

Those responsible for dedicated transport should keep their risk assessments updated in light of any updated guidance.

Drivers and passenger assistants will not normally require personal protective equipment (PPE) on home to school transport. However, where the care and interventions that a child or young person ordinarily receives on home to school transport required the use of PPE before COVID-19, that should continue as usual. For more information, refer to the guidance on the [use of personal protective equipment \(PPE\) in education, childcare and children's social care settings, including for aerosol generating procedures \(AGPs\)](#).

In response to COVID-19, some local authorities asked parents to accept personal travel budgets or mileage allowances to take their child to school or college. This remains permissible with the parent's consent.

9. Funding

The normal funding arrangements will apply, as set out in the [high needs operational guide](#) for the period from April 2021.

It is important that AP settings maintain their capacity to support local schools with any increase in behaviour and mental health issues as a result of the pandemic. We are aware that some AP settings have faced reduced income due to decreased commissioning activity. Special and AP academies that are experiencing financial difficulties can approach the Education and Skills Funding Agency (ESFA) for assistance. Local authorities have similar processes to support pupil referral units (PRUs) in financial difficulty and can set aside funds in their high needs budget for this purpose.



Department
for Education

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