Writing good therapy evidence for statutory educational assessments and tribunals:

guidance for occupational therapists and speech and language therapists

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Royal College of Occupational Therapists

RCSLT

ASLTIP
Association of Speech and Language Therapists in Independent Practice

The Royal College of Occupational Therapists (RCOT) and the Royal College of Speech and Language Therapists (RCSLT) have written this guidance together to help occupational therapists and speech and language therapists prepare clear, professional evidence for statutory educational assessments across the UK – including education, health and care plans, statements of special educational needs, coordinated support plans, individual development plans – and related dispute resolution and tribunal processes.

The principles describe the features of clear, professional and evidence-informed reports that will help decision-makers understand a child or young person's needs and the provision required to support their participation, communication, learning and wellbeing.

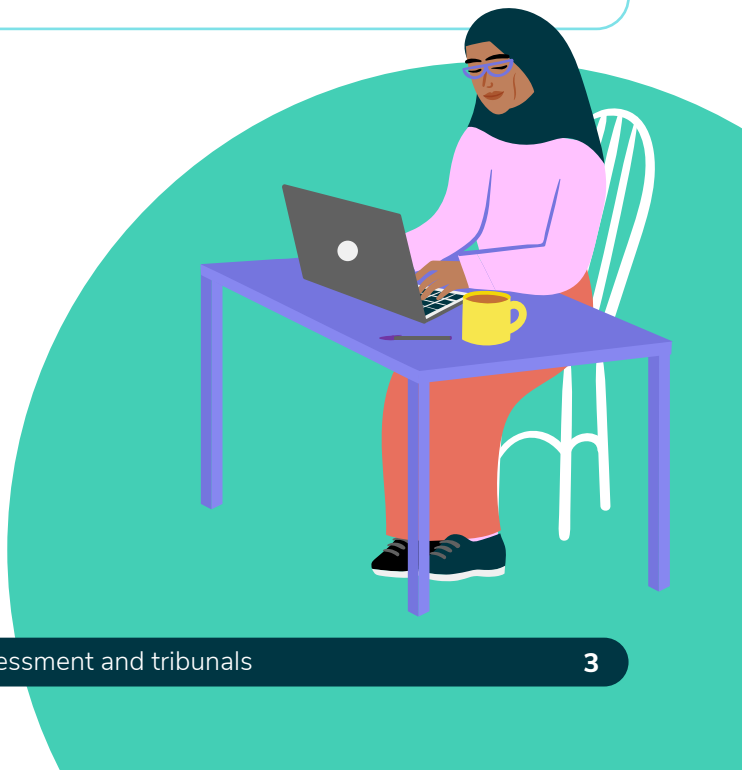


Principle 1: Evidence is within your professional scope of practice

- **Provide evidence that stays within your professional scope of practice.** Your report should clearly explain how the child or young person's difficulties affect their learning, access to the curriculum, independence, social participation and wellbeing.
  - **Occupational therapy** reports should describe how difficulties with activities, routines, self-care and participation affect the child or young person's everyday life wherever they live, learn and play.
  - **Speech and language therapy** reports should describe how speech, language and communication needs or eating, drinking and swallowing needs affect the child or young person's understanding, expression, interaction, learning and participation.
- **Where therapists or other professionals contribute to a shared report, each profession's evidence and recommendations should remain clearly identifiable and within their respective scope of practice.** The report should show how different needs interact and affect the child or young person's participation, learning, independence and wellbeing.
- **As a health professional, it's not your role to recommend a specific educational placement or express opinions about whether one area of need or provision is more important than another.** Describe the child or young person's needs, the impact on participation and the provision required to meet those needs.
- **Include your Health and Care Professions Council (HCPC) registration name and number.** This shows that you are a regulated professional who is legally entitled to practise and accountable to relevant professional standards.

Principle 2: The voice of the child or young person and family is present throughout the evidence

- **Include meaningful contributions from children and young people, as well as parents, caregivers and setting/school/college staff who know them well.** Where possible, use their own words or symbols so their voice is truly represented.
- **Include the child or young person's views throughout your report, rather than presenting them only in the introductory section.** Show how their views, aspirations, priorities and strengths have informed and shaped the assessment, needs analysis, outcomes and recommended provision.



Principle 3: Assessments are relevant, proportionate and clearly justified

- **Explain why you've used the assessments and how they relate to the individual's identified needs**. Avoid using a standard package of assessments without justification.
- **Use assessments that are current, valid and appropriate for the individual's age and life stage.** Be aware that in some cases repeating assessments within a certain timeframe can invalidate the results.
- **Use a combination of standardised tests and observations of the child or young person in their everyday setting.** Describe where you carried out the assessments and how often you saw them. Include evidence from any ongoing work such as observations over time, response to intervention and progress made to provide a fuller picture of their strengths and needs. Where relevant assessment methods couldn't be used, explain why.
- **Put findings from clinic-based assessments into context by linking them to observations or reports from parents and teachers showing how the child or young person communicates and participates in everyday life.** Were there any discrepancies between what you found in a clinical setting and how the individual functions in their everyday environments? Explain them.
- **Consider and describe the impact of the environment on participation, communication and learning.** Where relevant, explain how physical, sensory, social and organisational factors support or limit the child or young person's participation, communication and engagement in learning. Identify any environmental adaptations, supports or barriers that influence outcomes.
- **Explain how the difficulties you've identified affect the child or young person's participation in learning, social relationships, self-care, independence and/or school life.** Avoid reporting only areas of difficulty – capture what the child or young person can do, as well as where support or adaptations are needed.
- **Clearly explain your assessment findings and link these to the outcomes you've identified and prioritised.**

Principle 4: Outcomes are SMART, person-centred and focused on participation

- **Ensure outcomes flow logically from the child or young person's views, aspirations and identified needs.** Outcomes shouldn't just reflect the views and priorities of professionals, parents or other caregivers.
- **Describe outcomes as the difference your recommendations are intended to make, including their expected impact on the child or young person's participation, learning and communication.** Avoid identifying outcomes that focus solely on isolated skills without describing their functional purpose.
- **Your outcomes should be SMART and linked to the outcomes that matter most to the young person and their family:** specific, measurable, achievable, relevant and timebound. Avoid vague terms such as 'reach full potential' or 'communicate appropriately'.
- **Set a realistic and manageable number of outcomes to make sure they're achievable and can be effectively monitored.** Group related outcomes where appropriate.

Principle 5: Recommended provision is contextually relevant and proportionate

- **Ensure there's a clear link between the provision you've recommended, and the participation needs you've identified and prioritised.**
- **Ensure any equipment recommendations are clearly linked to identified needs, function and participation.** Describe the intended benefit, who will use the equipment, where it'll be used, any training or support required and any maintenance, review or safety considerations.
- **Make recommendations proportionate to the child or young person's needs and take account of support, approaches and expertise that are normally (or 'ordinarily') available within their setting.** If quality-first teaching, reasonable adjustments or in-school targeted support isn't enough to meet an individual's needs, make this explicit and explain why. Where relevant, consider how the knowledge, skills and experience of staff within the setting may affect the level of specialist therapy input required.
- **Specify any additional provision needed, who should provide it, how often and for what purpose.** Include the indirect activities required to support effective implementation such as resource development and consultation with staff. Explain how often the children or young person should be reviewed and who should review them, and avoid vague wording such as 'access to', 'regular' or 'as required'.
- **If you're recommending out-of-class or out-of-school provision, consider what the child or young person may be missing (the 'opportunity cost').** Is there a more inclusive way to meet their needs? Balance the potential benefits of direct intervention with the impact on participation, learning and social experiences.
- **Where there's evidence that therapy and approaches are already working effectively for a young person, reflect this in the provision that you recommend.** Do your recommendations maintain, extend, duplicate or replace existing strategies?

Principle 6: Recommended provision is linked to participation outcomes

- **Link recommendations to an identified functional need and to the improvements in educational outcomes you anticipate will be achieved.** Make recommendations that promote participation and communication, not just the development of specific skills.
- **Your recommended provisions should be appropriate for the individual's life stage and take account of the child or young person's views and aspirations.** Have you considered what is important now, as well as the support needed for future transitions and the next life stage?
- **Explain how therapy approaches will be embedded into the child or young person's everyday routines and settings.** Describe how parents, teachers and others will be supported to use and sustain these approaches in everyday life.
- **Be careful not to over-specify provision.** Would a very small group or highly specific intervention reduce opportunities to develop communication, participation and independence?



Principle 7: Recommended provision is evidence-informed and aligned with best practice

- **Make sure recommendations flow logically from assessment to outcomes.** Is there a clear link between identified need, impact on participation/communication/learning, recommended provision and outcomes?
- **Demonstrate that recommendations are clinically justified and informed by evidence.** Refer to relevant guidelines and guidance, for example RCOT Informed View on sensory approaches and RCSLT clinical guidance. Where evidence is mixed or uncertain, clearly explain what the evidence does and does not show.
- **Clearly explain the recommended frequency and duration of therapy sessions**. Include evidence of the amount of direct therapy needed for meaningful progress. Explain how the intensity of therapy support will be adjusted in response to progress and how the therapist will coach or mentor staff so support is maintained once strategies are embedded. Avoid making open-ended recommendations with no rationale, review point or connection to outcomes. Remember that more therapy doesn't always mean better outcomes.
- **Recommendations about delegated provision must be evidence-based and justified.** Explain how often a therapist will monitor, review and adjust the programme. How will outcomes and progress be measured, and who will do that?
- **Ensure recommendations about provision being delivered by someone with specific expertise, qualifications or training are evidence-based and justified.** Could the support be delivered by another appropriately experienced practitioner or a therapy assistant with appropriate supervision? Where a particular skillset is genuinely required (for example, dysphagia management), this should be clearly stated and justified, with reference to recognised guidance such as Eating, drinking and swallowing | RCSLT

Principle 8: Write clear, concise and professionally-reasoned reports

- **Focus on quality, rather than length.** Concise, well-reasoned evidence is better than lengthy reports that lack clarity or justification. In England, Therapy reports for SEND Tribunals mustn't exceed 15 pages, including a 2-page executive summary.
- **Write in a way that enables others to understand, implement and review your recommendations consistently.** Use clear, specific language and avoid ambiguous terms such as 'access to', 'regular' or 'as required'.
- **Clearly distinguish between:**
  - information reported by others
  - your own observations
  - formal assessment findings
  - your professional opinion and recommendations.
- **Ensure your report:**
  - uses sufficiently current and relevant assessment, observation and background information to provide an accurate picture of the child or young person's present strengths, needs and priorities
  - clearly identifies the child or young person's strengths, needs and priorities
  - explains the impact of these on education, participation, communication and everyday life
  - provides a clear rationale for your recommendations
  - distinguishes between evidence-informed recommendations and personal preferences
  - describes the outcomes the provision is intended to support.

Royal College of Occupational Therapists

The Royal College of Occupational Therapists (RCOT) is the UK's professional membership body for occupational therapy. We lead, uphold and advance excellence within the profession through research, the development and delivery of evidence based standards and guidance, the provision of professional development, and the accreditation and enhancement of education. We champion and advocate for the professional standing of occupational therapists and position the profession to have maximum impact in improving people's health, wellbeing, participation through occupations, and quality of life now and for future generations.

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