

The New Report Format

SASC Conference 13 June 2019

Order of presentations

1. Background

Katherine Kindersley

2. Consultation

Caroline Holden

3. Key Features and post consultation changes

Jen McDermott

4. Next Steps

Lynn Greenwold

5. Questions

Background

Katherine Kindersley

2005 The DfES SpLD Working Group

The Working Group convened by the DfES - following requests from LEAs — to clarify what would constitute acceptable evidence of an SpLD in order for students to qualify for the Disabled Student Allowances (DSA).

The resulting report was to guide those assessing SpLDs in Higher Education students as to what was an acceptable standard of assessment.

The priorities were:

- to identify an appropriate selection of tests (- STEC committee)
- to propose standards and a code of practice for all involved in assessments, including an agreed & accessible format for reports
- to produce clearer guidance for LEA Awards Officers and students in order to minimise local variances
- to provide advice about identifying, assessing and referring students with any of the named SpLDs
- to provide some advice on dealing with complex and borderline cases, including those where English is an additional language

Continuing Development

- If we are good assessors and work for best practice, we must reflect on what we do and adapt in the light of those reflections. Good practice has to be an evolving process; it doesn't stand still. Guidelines will change.
- The remit of SASC is to guide and support good practice in assessment matters and as far as possible to ensure that best practice is maintained.

Assessment Guidance and Practice

 From late 2015 and early 2016, after a decade, SASC began considering how best to update the report format.

Our underpinning guidelines were to ensure:

- Best practice is maintained
- Assessment reports were accessible
- The assessor was supported

Ongoing Consultations over 3 years

- June 2016 First presentation & consultation at SASC conference.
- February 2017 London. Workshop discussions around initial responses to the proposed format changes.
- June 2017 Oxford University. Further discussions to explore & consolidate ideas. Participants to produce sample reports.
- September 2017 STEC/SASC: two major presentations by Jim Gilchrist – visual difficulties and Amanda Kirby/Elizabeth Hill – dyspraxia/DCD. Updates to inform the new report formats.
- September 2018 STEC/SASC Consultation: Dyscalculia

Ongoing Consultations over 3 years

- SASC Board meetings 2016-2019
 - All developments on report formats fed back and discussed.
 - Two working parties formed to write new draft formats, pre and post 16, with STEC + SASC Board members and other interested parties from consultation exercises.
- February 2019 STEC/SASC Consultation: Statistics and assessment.
 (Introduction of the new DfE rules re DSA & reports)
- March 2019 Wide consultation exercise
- April- June 2019 Final re-drafting

What makes our reports transparent and robust?

It is the 'evidence' – carefully collected throughout the assessment, from the various tests and gathering of observations, all accurately recorded. There is no change here.

What do we owe the readers of our reports?

What we owe our readers and what they want more than anything is transparency, in language they can understand, and summaries, which interpret the evidence and assess its impact. We need a diagnostic decision to be robust and assessment reports to be reliable and a firm base for moving forwards, which are child focused, student focused and client focused.

The Assessor

- It is the assessor's role to analyse, synthesise, interpret and comment on the implications for the assessment results.
- Writing a good report which interprets test results and brings them together in a coherent way and assesses the impact on the individual in a context and makes appropriate and useful recommendations, demands a complex set of skills. We know that assessors look for ongoing guidance in the form of an agreed approach and structure.

Our Guiding Principles

Accessibility – to ensure that assessment reports, conclusions and recommendations are easily understood by and useful to the person assessed and to other relevant individuals, organisations and institutions.

Consistency – to encourage a consistent and best practice approach in diagnostic assessment.

Reliability – to ensure that conclusions are reliable and robust, based on converging evidence from the developmental history, background information, observation, discussion and results of the tests administered. The evidence required will closely relate to a referenced definition of the relevant SpLD(s) and to the relevant diagnostic criteria.

Guiding Principles

Clarity – in reporting test results, there will be a greater emphasis within the body of the report on interpretive comment, showing how and why key elements of test performance contribute to cognitive and attainment profiles that do – or not - confirm an SpLD.

Synopses and commentary must contribute to a consistent picture throughout the report. If there are unusual results or irregularities in any area, they must be explained.

Efficiency and usefulness – although the total length and design of an assessment report will inevitably vary, (& formatting should help reader accessibility) the writing style of the report should aim to achieve clarity, transparency and succinctness while presenting sufficient detail to support conclusions reached.

Consultation

Caroline Holden

Responses

- Just over 300 responses to SASC's Survey Monkey questionnaire
- •20+ longer responses by email to SASC from interested individuals / assessment agencies
- Discussions on professional online forums.

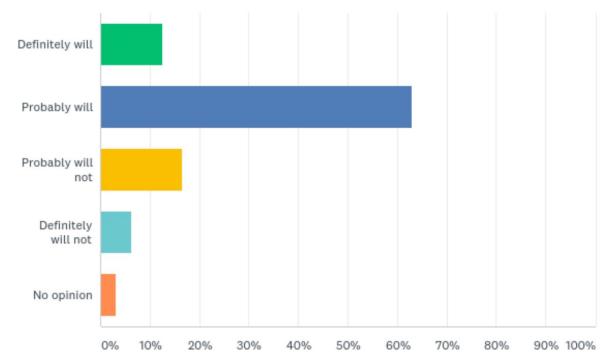
Survey Monkey Questionnaire Results

- Mixture of closed and open questions
- Survey Monkey automatically collates responses to closed questions
- Types of responses (and their frequency) to open questions collated manually.

Respondent categories

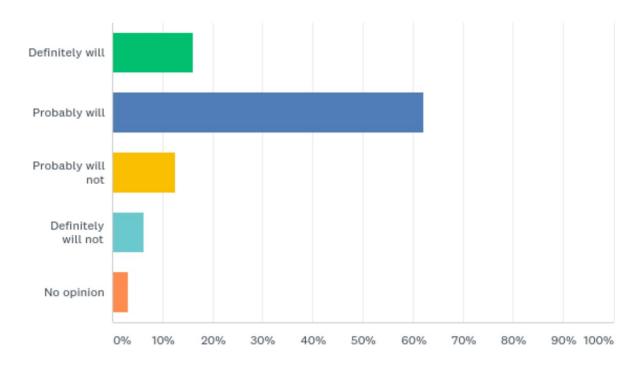
- Who responded? 82% specialist assessors, 13% practitioner psychologists, 9% SENCOs, 9% training providers, 6% disability advisers.
- Where did people work? Even spread across sectors but slightly more working in secondary and higher education sectors, slightly fewer from primary, further education and adult sectors.

Q6: Accessibility – Do you think the new report formats will ensure that assessment reports, their conclusions and recommendations are easily understood by and useful to the person assessed and to other relevant individuals, organisations and institutions?
Answered: 224 Skipped: 73



Q7: Consistency - Do you think the new report formats will encourage a consistent and best practice approach in diagnostic assessment?

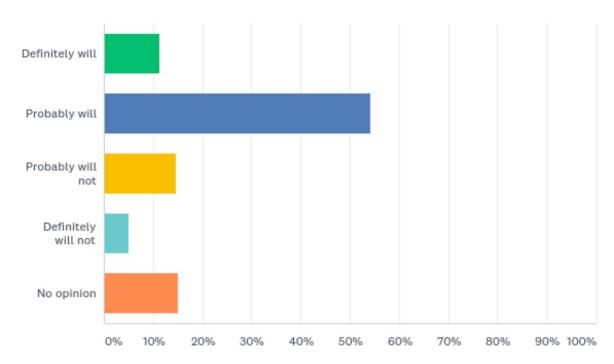
Answered: 224 Skipped: 73



Powered by SurveyMonkey

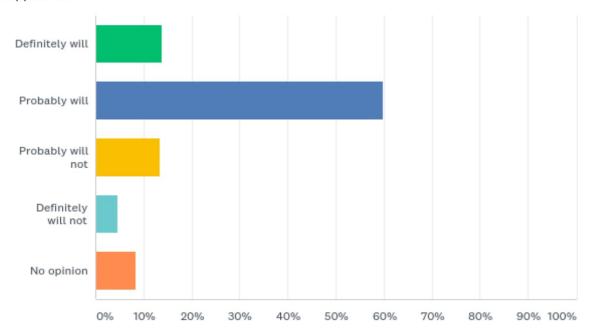
Q8: Reliability - Do you think that the new report formats will encourage robust diagnostic conclusions?

Answered: 220 Skipped: 77



Q9: Clarity - Do you think the new report formats will encourage a greater emphasis on providing clear synopses showing how and why key elements of test performance contribute the conclusions reached?

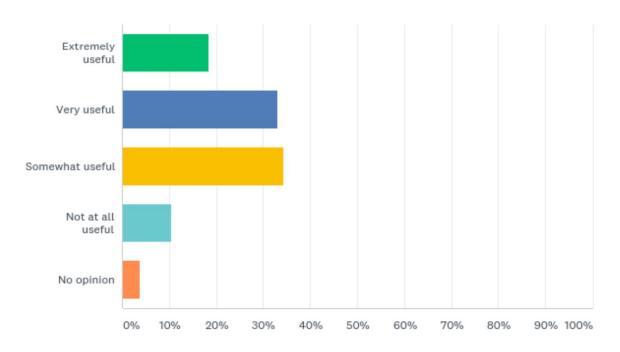
Answered: 217 Skipped: 80



Powered by SurveyMonkey

Q10: Efficiency and Usefulness - How useful do you think the new 2-page overview section of the report will be?

Answered: 218 Skipped: 79



Powered by SurveyMonkey

Open questions

Q 11 Can you list aspects of the new formats you welcome - up to 5?

Answered: 167 Skipped: 136

Type of response	Times mentioned
Overview section / clear section for diagnostic outcome	64
Placement of Cognitive Profile before Other Relevant Information and	43
Attainment	
A standardised and structured report template to follow	30
Use of sub-headings and bullet-pointed sections	33
Shorter conclusion section	28
More detailed and structured background information section	25
Definitions and test descriptors in appendices	21
Inclusion of contents page	12
Detailed / comprehensive recommendations section	12
Clarity re onward referral e.g. for ADHD, dyspraxia/DCD/ visual difficulties /	11
maintains professional boundaries	

Q 13 Can you list aspects of the new formats that concern you- up to 5?

Answered: 170 Skipped: 133

Type of response	Times mentioned
Length, cost, time required to write up report / attend training / create new template.	53
Definitions and test descriptors in appendices	45
Background information section: too long / too many sub-headings / too difficult to get info required	33
Format too prescriptive / formulaic / restrictive / inflexible / aimed at STAs not practitioner psychologists	29
Overview section (too long, short, detailed, repetitive, splits recommendations, requires more clarification / 'diagnostic conclusion' too 'medical')	27
Concern about placement of Cognitive Profile before Other Relevant Information and Attainment sections	23
Conclusion section lost its importance	16
Concerns associated with writing reports at a young age later used for DSA	16
Over-focused on SpLDs – not inclusive of neurodiversity / restricts what psychologists and EPs can diagnose	14
Concerns about inclusion / exclusion / placement in new structure of certain types of tests e.g. reading comprehension,	11
Recommendations section (too many, too few, omission of certain types etc)	12
Bracketed standard scores in body of report hard to read / understand / upsetting for student / should be choice of assessor where to report	9
Concerns about access and suitability of report format for parents, older children, employers	9

Response to consultation outcomes

- Discussed at SASC Board meeting.
- Working group modified formats in response to key concerns.
- Added an 'additional guidance' document.
- Report formats now finalised.

Key Features

Jen McDermott

Diagnostic Assessment

- The Department for Education (DfE) has changed its evidence requirements for applications for Disabled Students' Allowances (DSAs).
- From February 2019, for a student at any age, a diagnostic assessment that meets SASC guidelines will be accepted as evidence for an application for the Disabled Students' Allowance.
- Reports produced by holders of an APC, or who are HCPC registered, will have a longer lifespan.
- It is all the more important that the recommended formats for diagnostic assessment reports encourage consistent practice and safe, well-evidenced SpLD identification decisions.

Additional Guidance

- Following the SASC March Consultation a set of Additional Guidance Notes has been developed.
- These are intended to be read alongside the report format and to provide additional clarification and explanation, particularly with regard to the new features of the new format/s.

Key Features

- The report format is intended for use with a full Diagnostic Assessment.
- There are now two formats:
 - Pre-16: for use in Primary and Early Secondary
 - Post-16: for use with older students and adults.
- There are some differences between the two formats but these are relatively minor.
- The core components/assessment areas remain unchanged although some of the tests used will be different.

Cover Sheet

- It is acknowledged that for some settings the cover 'sheet' might need to be 2 pages.
- The Assessor statements remain on the cover sheet.
- There have been some modifications to the statements.
- The Assessor statements, along with the Assessor signature and date, can be placed either on the first page of the cover sheet or on the inside of the cover sheet.

Overview

The overview section is one of the main changes in the new format.

- It is intended to provide a potentially detachable synthesis of the report outcomes.
- Following the SASC March Consultation, the length has been increased to 2/3 pages.
- It replaces the old-style Summary and Conclusion.
- The heading at the end of the assessment has now been changed to 'Confirmation of diagnostic decision'.
- There are 5 sections, the order of which is different in the Pre and Post 16 formats.

Overview

Pre -16

- Referral
- Profile
- Impact
- Diagnostic Outcome
- Key Recommendations

Post -16

- Referral
- Diagnostic Outcome
- Profile
- Impact
- Key Recommendations

Background Information

- Background Information provides the context for the assessment.
- It ensures that the causes of the difficulties experienced are not better accounted for by factors other than a SpLD.
- It is unlikely that this aspect of assessment can be covered and summarised in less than 2 pages of text.
- There are five sections of background information considered essential to all diagnostic assessments.
- There are a number of others that may or may not be relevant, depending on individual circumstances.
- There is a variation in the headings between the Pre and Post-16 formats.

Background Information - Essential Headings

Pre -16

- Health and developmental history
- Familial history of SpLD or other developmental conditions
- Linguistic history
- Educational history
- Current Situation

Post -16

- Health and developmental history
- Familial history of SpLD or other developmental conditions
- Linguistic history
- Education and / or work history
- Current Situation

Main Body of the Report

- There are three sections of the main body of the report: cognitive profile; additional diagnostic evidence and information; attainment.
- The emphasis is on providing a series of short, clear synopses which do or do not lead to the subsequent identification of a specific learning difficulty.
- Test performance is discussed area by area, e.g. tests of phonological processing, tests of reading, tests of memory, tests of non-verbal ability.
- Performance will be related to a level descriptor, although assessors might like to include the standard score achieved in brackets.
- The demands of tasks involved in the assessment can be briefly described: test names and further details of each test administered will be given in the appendices.

Sections 1 and 2

1. Cognitive Profile

- Tests of ability and reasoning both verbal and non-verbal
- Working Memory
- Phonological Processing
- Processing Speed

2. Additional Diagnostic Evidence

- Visual difficulties
- Motor difficulties
- Attention related difficulties
- Maths related difficulties

Section 3 - Attainment

Pre-16

- Single-Word Reading
- Prose Reading
- Other information
- Spelling
- Writing
- Typing
- Numeracy

Post -16

- Reading Accuracy
- Reading Efficiency
- Reading Comprehension
- Spelling
- Writing and typing skills
- Number/estimation/calculation

Confirmation of Diagnostic Decision Recommendations

Confirmation of Diagnostic Decision

- Provides an ending to the assessment report.
- Leads into further, more detailed recommendations.
- Assessors may wish to add an additional signature and date to the report at this point.

Recommendations

- Recommendations must be tailored to the needs of the child, student or adult assessed.
- Will vary from report to report.
- The sections of suggested areas of recommendations can be tailored or adapted as the assessor sees fit.

Appendices

Appendix 1: Explanation of Statistical Terms

Appendix 2: Summary Table of Test Results

Appendix 3: Definition(s) of SpLD(s) as applicable

Appendix 4: Explanation of Tests and Tasks (with references)

Appendix 5: Other references, as applicable

SASC Format for Report Writing

Synthesises the evidence and identifies the impact for the individual

The OVERVIEW summarises the reason for referral, provides a profile of strengths and weaknesses, states a clear diagnostic decision, and makes key recommendations based on the evidence, background information and observations that inform the diagnostic conclusion. It triangulates the evidence and describes the impact for the individual.

Informs areas to probe

DETAILED BACKGROUND INFORMATION provides the context

Informs Conclusions

COGNITIVE PROFILE

includes relevant quantitative data and appropriate comment on performance. Areas: verbal ability, nonverbal ability, working memory, processing speed, phonological processing.

Provides information on key aspects of the cognitive profile.

ADDITIONAL DIAGNOSTIC EVIDENCE AND INFORMATION

includes relevant quantitative and qualitative data and appropriate comment on performance.

Areas: (as relevant): motor coordination, attention, visual difficulties.

Explores further areas which might be causing difficulties.

ATTAINMENT

includes relevant quantitative data and appropriate comment on performance.

Areas: reading, spelling, writing and maths, if relevant. Identifies impact of test results

CONFIRMATION OF DIAGNOSTIC DECISION

RECOMMENDATIONS: SECTIONS FOR THE INDIVIDUAL IN THE CURRENT AND FUTURE CONTEXT, AS APPROPRIATE

DETAILED TECHNICAL APPENDICES

Next Steps

Lynn Greenwold

Coming

- Further guidance being developed around:
 - Diagnostic criteria
 - Definitions
- Extending assessment listings with additional information on tests for younger learners
- FAQs about using the new guidelines
- Training providers to deliver training on the new formats

Dates to note

- Assessors can use the new formats from 1st July 2019
- Use of new formats required by 1st July 2020

Questions