



Delivery of specialist 1:1 and group interventions for children and young people in education settings

COVID-19 has impacted on services and as a result many specialist services have adjusted their delivery models during their recovery. This note, created in partnership with specialist services, sets out expectations about how the delivery of their direct interventions for children and young people should be approached going forward.

Full Access

- Specialists, therapists, and other health professionals who support children and young people with special educational needs and disabilities (SEND), for example speech and language therapists, physiotherapists, occupational therapists, educational psychologists, and specialist teachers, should return to providing interventions as usual.
- Education settings should welcome all specialist staff and facilitate their work with children and young people.
- Following assessment, where appropriate digital technology can be used to support access or to offer screening. Interventions provided may be face-to-face or virtual, depending on what is most suitable and beneficial for individual children and young people, but consideration must be given to accessibility and appropriateness of the use of digital technology. This should meet their individual needs and satisfy the provision set out in any Education, Health and Care plans (EHC plan).
- Specialist staff may delegate the delivery of a particular intervention to another suitable practitioner such as a therapy or teaching assistant, agreed in consultation with school and college leaders. In such circumstances they must provide training, assess competence, and provide ongoing support, supervision and monitoring to enable this to happen safely and effectively. Responsibility for identifying goals and intervention plans remains with the individual specialist professional, who will review progress and recommend amendments to any EHC plans at an agreed time interval.

- Interventions may require observing young people undertaking a range of activities or situations to fully understand their needs. Where education settings have physical space capacity, access to a separate space for specific individual and small group work would be helpful for those children and young people whose needs would be best met in this environment.
- As set out in the SEND Code of Practice the provision of specialist support must be protected for children and young people who have this support set out in their EHC plans. Where children and young people have to self-isolate, specialist services, education settings and local authorities should work collaboratively to facilitate continued access to the services. This may include delivering services virtually in the family home or by coaching/training parents and carers to deliver specific interventions as deemed appropriate in any individual situation.

Safety

- Health and education providers should be supported by local partners to review and build on existing, bespoke risk assessments if necessary. This will allow the settings to consider any adaptations that they may need.
- Health and education professionals should have consideration for advice and guidance published by Public Health England (PHE), the National Health Service England (NHSE), their employers, their professional bodies/trade unions, the Department for Education and the Health and Safety Executive (HSE).¹ These are listed below.
- Specialist staff will be aware of the most appropriate [PPE](#) for their role due to the variety of settings they work in, and the type of contact required for some assessments, interventions, and communication. The health and safety measures put in place by the setting should be followed, along with those of the individual specialist professionals' respective employers.
- Health professionals attending education settings may be following slightly different guidance from PHE if they are identified as a close contact of a positive case. This is because, as they work across multiple health, education, and care settings, they will come into contact with a wide variety of people, many of whom will be clinically extremely vulnerable.

¹ [DfE: Health and safety responsibilities and duties for schools](#); [DfE: COVID-19 guidance documents](#); [PHE: COVID-19 guidance documents](#); [HSE: Health and safety in education settings](#); [PHE guidance for NHS staff following COVID-19 contact](#)

Working with Families

- Health and education providers and local authorities should actively engage with families to inform them about local services. They should work collaboratively with education settings and the local authority to identify needs and preferences for types of support. This should include ensuring they are aware of service availability, how interventions may be delivered, contact details and waiting times. They should link in with local parent carer forums who may be able to help write and distribute any communications.
- Health and education providers should work collaboratively with any other organisations in supporting the child, young person, and the family, and work together to agree appropriate, individual treatment plans. They should ensure those with additional needs requiring individual specialist input have a programme in place.
- Where it may be beneficial for the child or young person to have access to appropriate equipment or resources in the home as part of their individual programme, this should usually be provided where they are asked to deliver specialist individual programmes at home.
- Different types of intervention will be appropriate at various times according to the child or young person's needs and development. Specialist professionals work directly with children, young people, and indirectly through parents, carers, education staff and others. The most appropriate approach to meet the child or young person's needs should be identified following an individualised assessment by an appropriately qualified professional.

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