



## **GUIDANCE ON QUALITY STANDARDS FOR LOCAL AUTHORITIES AND SCHOOLS AS COMMISSIONERS OF SPEECH AND LANGUAGE THERAPY SERVICES IN THE UK**

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This document directly reflects an English mode (References to health policies are from England) but nevertheless provides applicable guidance to commissioners in devolved countries.

RCSLT recognises that in Scotland the majority of SLT provision in schools is provided from the local NHS Board via a service level agreement with the local authority. A small number of independent schools in Scotland directly employ SLTs and the guidance may be particularly useful.

## KEY POINTS

1. Over one million children in the UK have a level of communication disability.
2. Undetected and / or untreated speech language and communication problems can lead to low levels of literacy, poor educational attainment and difficulties finding employment. In turn, this can lead to a perpetuation of the poverty trap and a cycle of health problems, including mental health and health inequalities.
3. Research<sup>1</sup> shows a link between communication problems and offending by young people. It is therefore vital that children with speech and language problems have access to skilled support and therapy.
4. The core role of speech and language therapists is to work with children and young people with communication difficulties and their families. This is reflected in the highly specialist and unique training leading to expert knowledge and skills in this field.
5. They have a distinct role in assessing, planning, delivering and evaluating support for children and young people with SLCN
6. Speech and language therapy may be commissioned or purchased locally in a variety of ways.
7. Speech and language therapy assistants work with and under the supervision of speech and language therapists.<sup>2</sup>

## SCOPE

8. This document aims to set guidelines and quality standards for speech and language therapy services commissioned by schools/local authorities so that schools/local authorities can ensure they have an appropriate, effective and safe service from whichever provider they choose to commission. It should be read in conjunction with other RCSLT publications<sup>3</sup>.

## BACKGROUND

9. This document has been compiled by speech and language therapists working in the NHS and independently who have experience in working in a wide variety of educational settings, and from standards developed by the RCSLT and the regulatory body, the Health Professions Council (HPC). The relevant standards and guidance can be found in the boxes at the end of each section. There is a longstanding culture of schools employing SLTs which has been drawn on to write the guidance.
10. The Royal College of Speech and Language Therapists (RCSLT) is the professional body for the speech and language therapy workforce. The RCSLT provides leadership and sets quality standards to ensure the best possible care for people with speech, language, communication, swallowing, eating and drinking difficulties.
11. Membership of the RCSLT is not compulsory for SLTs but many SLT services within the NHS have made RCSLT membership an essential criterion for employment<sup>4</sup>, this is especially in relation to the wide-ranging support for RCSLT members in order to enable

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<sup>1</sup> 2007 Bryan K., Freer J. and Furlong C. Language and communication difficulties in juvenile offenders. IJDL 42 505-520

<sup>2</sup> [http://www.rcslt.org/members/support\\_workers/Policy\\_statement\\_assistant\\_education](http://www.rcslt.org/members/support_workers/Policy_statement_assistant_education)

<sup>3</sup> RCSLT Resource Manual for Commissioning and Planning services for SLCN (2009)

RCSLT SEND Guidelines (2009)

RCSLT Communicating Quality 3 (2006)

RCSLT Position paper *Supporting Children with Speech, Language and Communication needs within integrated children's services* (2006)

<sup>4</sup> Details of RCSLT membership benefit: <http://www.rcslt.org/about/membership/greatvalueformoney>

them to continue to register with the HPC. Schools/local authorities might also want to consider including this requirement as part of the recruitment or commissioning processes.

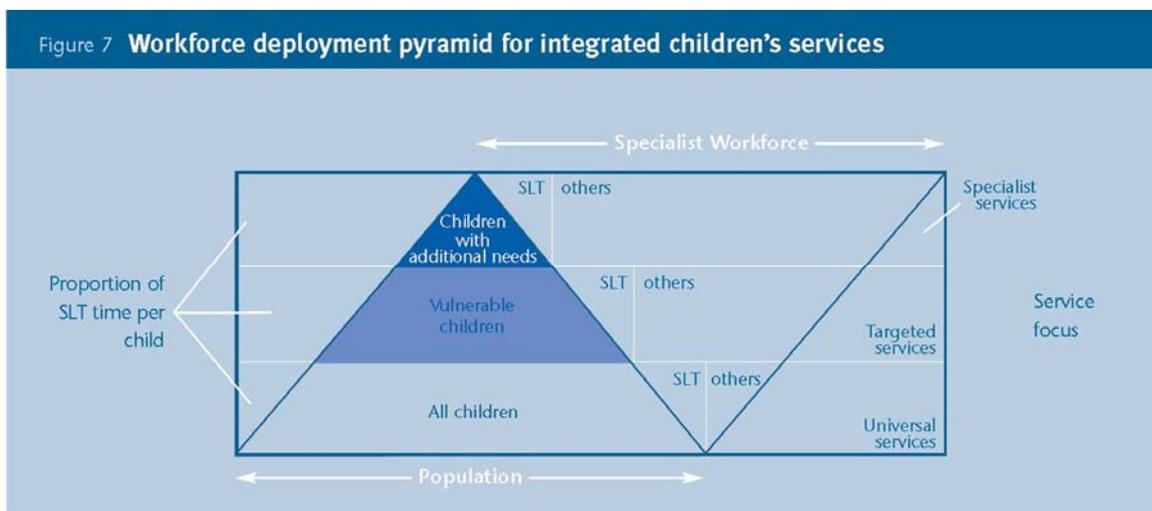
12. The Association of Speech and Language Therapists in Independent Practice (ASLTIP) supports speech and language therapists who work independently. All ASLTIP members have at least two years' experience, are fully qualified speech and language therapists, registered with HPC and are members of the RCSLT. Therefore, in common with their NHS colleagues they will have professional indemnity insurance as part of RCSLT membership and are committed to the same levels of CPD, professional responsibility and code of ethics.<sup>5</sup>

## CONTEXT

13. Early years settings, schools outside and within local authority control and an increasing number of local authorities want to increase the amount of speech and language therapy that their pupils receive.
14. Early years settings, schools and local authorities may also wish to negotiate how speech and language therapy is delivered.
15. Schools/local authorities are therefore increasingly becoming commissioners of speech and language therapy services.

## MEETING CHILDREN'S SPEECH, LANGUAGE AND COMMUNICATION NEEDS

16. Speech and language therapists have a role to play at the universal, targeted and specialist levels of need, but always in collaboration with parents, carers and colleagues in the wider workforce.
17. The diagram below<sup>6</sup> illustrates the spectrum of speech, language and communication needs (SLCN) and the potential service focus at each level.



<sup>5</sup> Returners to the profession are subject to the RCSLT guidelines on practicing as all ASLTIP members are members of RCSLT

<sup>6</sup> Taken from Gascoigne M. Supporting Children with Speech, Language and Communication needs within integrated children's services. London: RCSLT, 2006.

## UNIVERSAL LEVEL – ALL CHILDREN

18. All children need environments which support development of speech, language and communication skills. Levels of knowledge and expertise will vary between schools depending on the children's needs and the professionals involved.<sup>7</sup>
19. Speech and language therapists are key partners for schools/local authorities and early years' settings where SLTs are likely to carry out the following:
  - Screening of children for early identification of language and communication concerns. SLTs may also and train others to carry out screening.
  - Providing advice and training to parents, settings and schools/local authorities
  - Delivering national programmes of training and tailored local programmes.
  - Supporting all children and young people to access the curriculum e.g. through use of structured vocabulary teaching, visual timetables, training teachers and assistants etc
  - Develop input to support educational targets and academic achievement for parents, schools and early years' staff to carry out in the context of the child's learning or home environment.

## TARGETED LEVEL – VULNERABLE CHILDREN

20. The children and young people who need a targeted level of provision are a group who may have specific SLCN which has been identified as being vulnerable to particular need in this area.<sup>8</sup>
21. This group is broad and makes up the majority of children who benefit from speech and language therapy.
22. It includes children with delayed language and communication skills who can be expected to respond to intervention. It will also include early identification of children who may go on to have more persistent needs and potentially require specialist services. This group is likely to be a mobile group as children may go back to the universal level or move to the specialist level.
23. Speech and language therapists spend a significant amount of time working with children and young people at the targeted level. The SLT role might include:
  - More specific training than at the universal level
  - Working with individual children and groups of children in conjunction with parents, schools and early years' staff, who can embed the approach into the child's everyday environment
  - Development of activity programmes for parents, schools and early years' staff to carry out in the context of the child's learning or home environment
  - Helping to identify and overcome barriers to learning to enable staff to differentiate the curriculum

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<sup>7</sup> Gascoigne, M.T. (2009) The Balanced System approach to the commissioning and provision of services for speech, language and communication. <http://tinyurl.com/thebalancedsystem>

<sup>8</sup> Gascoigne, M.T. (2009) <http://tinyurl.com/thebalancedsystem>

- Specific coaching of learning support assistants
- working and liaising with other disciplines eg occupational therapists, physiotherapists, paediatricians

## SPECIALIST LEVEL – CHILDREN WITH ADDITIONAL NEEDS

24. Children and young people identified as having SLCN over and above those that can be met via universal and targeted provision will require a specialist level of intervention.
25. This group may include children whose SLCN are severe and complex whilst their overall profile may not immediately identify them as a child within the specialist tier, eg:
- a child with a specific speech and language impairment who is educationally attaining well may require specialist support for SLCN (language unit or mainstream support) in the absence of significant special educational needs
  - a child who has good language skills but poor communication ability will require specialist provision<sup>9</sup>
26. However, the vast majority of children with severe and complex SLCN will also have significant special educational needs because of the impact that severe speech and language disorders has on a child's ability to access the curriculum. In these cases the speech and language therapist will play a vital role in working directly with the child within school as well as supporting the teachers and teaching assistants to differentiate the curriculum appropriately and providing necessary training.
27. Some children with complex learning needs will not require a specialist level of speech and language therapy intervention as their SLCN may be more appropriately met through universal or targeted services and in some cases no intervention is required. This may be the case where their learning needs are not related to their speech and language difficulty.<sup>10</sup>
28. Speech and language therapists working with children and young people with specialist SLCN carry out a range of interventions including:
- Highly specific therapy for individual children or groups of children
  - Working with individual children and groups of children in conjunction with parents, schools and early years' staff, who can embed the approach into the child's everyday environment
  - Development of programmes of activities for parents, schools and early years staff to carry out in the context of the child's learning or home environment
  - Working and liaising with other disciplines eg occupational therapists, physiotherapists, paediatricians
29. The distinction between the targeted and specialist levels of need depends on the severity and specificity of the speech, language and communication difficulty together with its impact on the child's level of functioning and not in terms of the child's overall profile.
30. In addition to individual support for a particular child or group of children, SLTs may provide a range of training and support for the whole school. Examples might include:
- Highly specialist training around the needs of specific children

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<sup>9</sup> Gascoigne, M.T. (2009) The Balanced System approach to the commissioning and provision of services for speech, language and communication <http://tinyurl.com/thebalancedsystem>

<sup>10</sup> Gascoigne, M.T. (2009) <http://tinyurl.com/thebalancedsystem>

- Supporting the use of high and low tech alternative and augmentative communication (AAC)
- Training teachers and teaching assistants in primary and secondary schools and further education on improving vocabulary and differentiating the curriculum delivery.
- Training teachers and other school staff in identifying specific language impairment.
- Teaching staff appropriate signing systems such as the Makaton signing system in a school where a child uses it, or signs and symbols for language development
- Awareness raising of communication difficulties associated with medical conditions eg autism. Downs syndrome, fragile X syndrome

## COMMISSIONING SPEECH AND LANGUAGE THERAPY

31. Schools/local authorities may commission additional speech and language therapy services individually or as a cluster of schools.
32. Additional services may be commissioned to suit an individual school's needs in negotiation with a local provider.
33. There are a number of speech and language therapy providers e.g.
  - Public sector NHS service/local authority/social enterprise,
  - An independent practice or independent practitioner,
  - A third sector/charity provider

## CONSIDERATIONS WHEN COMMISSIONING SPEECH AND LANGUAGE THERAPY

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### COMPETENCY/SAFETY

34. Early years' settings, schools and local authorities must ensure they commission HPC registered speech and language therapists. Speech and language therapy assistants are not regulated by the HPC and must work under the supervision of a HPC registered SLT. **"Speech and language therapy" and "speech and language therapist" are protected titles. It is therefore illegal for anyone to use this title unless they are fully qualified and registered with the Health Professions Council. Anyone using one of these titles must be registered with the Health Professions Council, or they may be subject to prosecution and a fine of up to £5,000<sup>11</sup>.**
35. Schools/local authorities must assure themselves that their chosen provider is qualified to undertake to provide the service they require. Schools/local authorities should take copies of professional qualifications and HPC registration and up to date Criminal Records Bureau Checks or carry out their own<sup>12</sup>. Schools/local authorities should assure themselves that the speech and language therapy provider has the appropriate amount of indemnity and liability insurance.
36. It is important for schools/local authorities to discuss their requirements with possible providers and to put the outcome of the discussions into a full service specification and service level agreement to form the basis of a contract with a regular review process.

<sup>11</sup> <http://www.hpc-uk.org/aboutregistration/protectedtitles/>

<sup>12</sup> If the SLT service is commissioned from the NHS assurances about CRB checks will be available from the Human Resources department within the NHS setting.

37. In respect of SLT services for children and young people considerations to be made by schools/local authorities are likely to include:

- The experience of the provider in meeting the needs of the school's current and expected population and access to specialist advice
- Identification of needs
- The outcomes required
- Service specification for requirements including monitoring arrangements
- Frequency of the service
- Identified consistent therapist or different therapists
- Liaison with other professionals
- Methods of referral to the service
- Type of therapy to be offered ie, individual, group, advice, training,
- Arrangements for equipment, stationery
- Outcome reporting
- Record keeping and storage
- Attendance at meetings and in service training
- Assessments and report writing
- Arrangements for regular clinical supervision
- Liaison with families, teachers and support staff – this liaison and support to families is how the needs of children are met at home and at school.
- Annual leave and sick leave arrangements

## EMPLOYING A SPEECH AND LANGUAGE THERAPIST

38. As set out in Communicating Quality 3<sup>13</sup> the RCSLT does not deal directly with issues relating to pay. However SLTs will require access to a range of assessments, resources and information technology which will have costs associated with them.

39. Schools / local authorities / early years' settings can employ a speech and language therapist with a certain level of experience / expertise for a defined amount of time according to need and resources.

40. If a school is commissioning a service then the SLT service would be expected to have their own equipment and for this to be costed into the price for the service.

41. If schools/local authorities contract and employ SLTs directly they have legal responsibility and the school will be accountable for any risk to a child as a result of the service. If the school chooses to employ their own therapist is important to consider the following issues.

## FITNESS TO PRACTICE

42. Speech and language therapists are regulated by the Health Professionals Council, and they are bound by the regulatory standards.<sup>14</sup>

43. SLT is a graduate profession. All qualified SLTs will have completed a recognised degree in order to be registered with the HPC. Within their degree therapists will have completed some practical training but RCSLT expects all new graduates to complete the RCSLT Newly Qualified Framework over the first two years of their employment. Therapists who have been out of practice for 2 years or more cannot be registered with HPC until they undertake a period of updating their skills and knowledge in order to become re-registered with HPC.

44. The HPC Standards on Conduct, Performance and Ethics state that SLTs

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<sup>13</sup> Page 95

<sup>14</sup> See: [RCSLT Communication Quality 3 \(CQ3\)](http://www.hpcuk.org/assets/documents/10000529Standards_of_Proficiency_SLTs.pdf), Appendix 1, Standard 3; HPC Standards of Proficiency from: [www.hpcuk.org/assets/documents/10000529Standards\\_of\\_Proficiency\\_SLTs.pdf](http://www.hpcuk.org/assets/documents/10000529Standards_of_Proficiency_SLTs.pdf)  
HPC Standards of conduct, performance and ethics from: [www.hpc-uk.org/publications/index.asp?id=38](http://www.hpc-uk.org/publications/index.asp?id=38)

**'must act within the limits of your knowledge, skills and experience and, if necessary, refer the matter to another practitioner'**

45. In respect of statementing and the Special Educational Needs And Disability Tribunal RCSLT and ASLTIP have agreed set standards which provide guidance on best practice for Speech and Language Therapists who are writing reports for the purpose of a Tribunal hearing.<sup>15</sup>

## CLINICAL SUPERVISION AND ACCESS TO EXPERT CLINICIANS

46. Clinical supervision is an essential element for ensuring safe effective practice and effective, regular clinical supervision is one of the ways in which SLTs will be able to demonstrate that they are meeting the HPC Standards on Conduct, Performance and Ethics.

47. Clinical supervision (CS) provides opportunities for practitioners to discuss their clinical work outside of the line management structure, such as with peers or within a group.

48. CS is a formal arrangement where SLTs can discuss their use of evidence based interventions, results and outcome measures. It helps to promote critical reflection, particularly around how the needs of children are met in an holistic way.

49. The RCSLT has set out general principles to facilitate co-operation between therapists, wherever employed, to ensure a consistently high standard of informed care for all clients.<sup>16</sup>

50. For SLTs who are in small teams or who are sole practitioners in a school, it is essential that the employers assure themselves that the therapist/s have clinical supervision. When negotiating the service to be provided it should be explicit who is responsible for paying for the supervision and employers should be aware that this is likely to have a cost attached to it.

51. Clinical supervision might consist of:

- Peer group supervision.
- Peer supervision.
- Group supervision by clinical specialist (via NHS or independent colleagues).
- Supervision by clinical specialist.

52. Many independent practitioners have established arrangements for clinical supervision and access to expert clinicians. Organisations commissioning SLT services will need to ensure that the SLT/s can liaise with specialist teams both within and outside the NHS.

53. It is likely that there will be children with SLCN associated with low incidence needs, such as cleft lip and palate, stammering, hearing impairment, developmental verbal dyspraxia. SLTs employed by schools/local authorities will need to be able to draw on advice and support from SLTs who are specialists in these areas. Access to specialists ensures that SLTs' practice is based on the latest evidence and research to inform effective evidence based practice.

54. SLTs may also need access to specialist equipment for assessment and treatment. The commissioner should make sure that the SLT liaises with local health systems and can support effective referral and access to other multi disciplinary services appropriately.<sup>17</sup>

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<sup>15</sup> [http://www.rcslt.org/members/publications/send\\_best\\_practice](http://www.rcslt.org/members/publications/send_best_practice)

<sup>16</sup> See: Working in Harmony [http://www.rcslt.org/docs/quality/working\\_in\\_harmony2.pdf](http://www.rcslt.org/docs/quality/working_in_harmony2.pdf)

<sup>17</sup> See: Communicating Quality 3, Appendix 1, standards 13 & 14, p.103-7

55. Staff development should be supported through a systematic approach to training and development, which includes appraisal (usually by line managers) and a personal development plan.<sup>18</sup>

## CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

56. Continuing professional development (CPD) is the means by which SLTs maintain and develop skills throughout their careers in order to continue to practice safely, effectively and legally. Re-registration with the HPC requires individuals to have undertaken a range of relevant CPD, and to have maintained a record of it.
57. Continuing professional development is a regulatory requirement for all allied health professionals and as such is not an activity the SLT can choose to do or not do.
58. The HPC standards set out what is expected of SLTs. The RCSLT expects that all SLTs in full-time employment will undertake at least 30 hours of CPD per year. Speech and language therapists may be selected to have their CPD records audited by the HPC every two years. Those that are not selected for audit still have to sign a declaration, as part of their re-registration to confirm they are undertaking CPD. Should there be a fitness to practice hearing brought against an SLT it is likely that CPD records will be scrutinised.
59. The RCSLT strongly recommends that an employer commits time and financial resources to support SLTs to meet their CPD regulatory requirements which should be negotiated as part of the service specification and service level agreement.
60. The RCSLT sets minimum standards for individual SLTs' CPD hours and provides an online diary for members to log their CPD activity. Some employing organisations have other requirements for staff CPD.
61. The RCSLT recommends SLTs discuss the content and development of their CPD diaries during clinical supervision. As part of their CPD responsibilities for both RCSLT and HPC, SLTs are required to produce a written reflective account of how the CPD they have undertaken has sought to enhance service delivery and to be of benefit to service users.<sup>19</sup>
62. SLTs will require support with CPD with access to a range of the following opportunities:
- Training, at least six monthly, such as INSET training on topics likely to be of value to SLT practice.)
  - External short courses (up to three days).
  - External extended courses (three to 10 days).
  - Further education (eg postgraduate study).
  - Special interest group attendance (specialist groups registered through the RCSLT which aim to promote evidence based practice and provide local, cost-effective CPD opportunities).
  - Attendance at an ASLTIP local group
  - Conference attendance
  - Journal clubs
  - Protected study time
  - Shadowing/mentoring
63. The RCSLT and the HPC<sup>20</sup> recognise that supervising SLT students on clinical placements is part of many SLTs' CPD & is often an essential part of their job . In order to ensure that a student's clinical placement has full support from their supervising SLT it will be necessary for the SLT to apportion their working time in order to meet their clinical, supervisory and administrative duties. It may also be appropriate that a student will undertake seeing some children under the supervision of the SLT whilst in school.

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<sup>18</sup> See: Communicating Quality 3, Appendix 1, standards 10, 11, 17, 26, 27 and 28

<sup>19</sup> See: Communicating Quality 3, Appendix 1, standards 26, 27, 28;

RCSLT CPD Information [www.rcslt.org/cpd](http://www.rcslt.org/cpd)

<sup>20</sup> HPC Guide to CPD for SLT Registrants: <http://www.hpc-uk.org/education/cpd/>

64. The RCSLT has a wide range of CPD resources to support its members<sup>21</sup>. The RCSLT holds regular conferences and study days to further support its members.

## SPECIFIC TRAINING THAT MAY BE REQUIRED

65. It is recommended that this type of training be detailed as part of the service specification and service level agreement and for there to be a clear statement in relation to frequency of training and how training costs will be apportioned.

66. The following list is illustrative. Actual training will vary depending on the needs of the children, the school and the SLT.

- Child protection and the protection of vulnerable adults (Safeguarding)
- Challenging behaviour
- Conflict resolution
- Corporate induction
- Diversity and equality
- Fire hazards and safety
- Food handling
- Health and safety
- Infection control
- Mental Capacity Act / Incapacity Act (Scotland)
- Posture and ergonomics/manual handling
- Prevention and management of violence
- Record-keeping and information governance
- Resuscitation (including for neck-breathers)
- Risk assessment

## EMPLOYING NEWLY QUALIFIED PRACTITIONERS (NQPS)

67. It is vital that schools/local authorities ensure access to support and supervision when employing any newly qualified SLT as they would do for new teachers who are completing a probationary year.

68. Newly-qualified practitioners are expected to complete the RCSLT Newly Qualified Framework as one of their conditions of RCSLT membership<sup>22</sup>. Their progress through this framework must be overseen by a certified member of the RCSLT. If NQPs do not complete the RCSLT framework they cannot have full certified RCSLT membership.

69. The requirement set out by the RCSLT for NQPs is that for the first three months weekly clinical supervision is mandatory. Thereafter, the frequency of supervision can be determined by the NQP and supervisor but must not be less than once per month until the completion of the NQP framework. The NQP and their clinical supervisor will have to agree whether clinical supervision needs to be more frequently than once a month.

70. The length of time NQPs require to complete the framework can span from 9 months to 2 years and this will depend on factors such as whether the NQP is working full time or part time, as part of a speech and language therapy team with daily/weekly access to SLT colleagues.

71. When buying in SLT supervision for NQPs, the RCSLT would strongly recommend that the person undertaking the supervision:

- Is a member of the RCSLT
- Does not have any HPC sanctions or conditions of practice against them
- Has a proven track record of undertaking supervision
- Has broad experience of working with a range of client groups

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<sup>21</sup> <http://www.rcslt.org/members/cpd/resources>

<sup>22</sup> See: Communicating Quality 3, Appendix 1, standard 16 A Speech and Language Therapy Competency Framework to Guide Transition to Full Certified RCSLT Membership for Newly-qualified Practitioners (2005) at [www.rcslt.org/docs/NQP\\_Compentency\\_Framework\\_2007.doc](http://www.rcslt.org/docs/NQP_Compentency_Framework_2007.doc)

- Can demonstrate they practise in line with the evidence base
- Can demonstrate knowledge and understanding of the standards set by HPC and the RCSLT
- Has experience of contributing to the development of the SLT workforce (eg through special interest groups (SIGs), working with RCSLT networks, ASLTIP networks, contributing to the evidence base, involvement with service design and development)
- Is able to guide and support the NQP towards the next stage of their career

72. In addition to having a line manager (which may be the head teacher, head of year, SENCO etc), each NQP should be:

- Allocated a buddy or mentor.
- Allocated a clinical supervisor who is an experienced SLT
- A member of a defined clinical team or teams within the service
- Supported in following the RCSLT competency framework for achieving certified membership

73. If employing an NQP, schools/local authorities may choose to contract supervision from the following:

- the local NHS service
- independent practitioner
- from a third sector provider

74. The NQP framework must be signed off by someone who is a member of the RCSLT and registered with the HPC. The RCSLT considers that any breach of the professional standards around clinical supervision of NQPs poses significant risk to service users to the NQP and their employer. If these professional standards are not adhered to the indemnity insurance that NQPs have with their RCSLT membership may be invalidated.

END OF DOCUMENT