

Collaborative working

Key points

- The HCPC requires that all speech and language therapists work in partnership with colleagues, both within and outside the profession, in the best interest of service users
- Collaborative working is key to providing an effective service, where speech and language therapists need to work in partnership with families/carers, other professionals and the wider community/support networks.
- SLTs must distinguish between collaborative working, delegation, upskilling and enabling, to ensure professional standards are upheld.

Introduction

Speech and language therapists (SLTs) collaborate with a wide range of individuals and services to deliver holistic, effective care. This includes:

- facilitating participation and engagement of families and carers in service-planning
- raising awareness of the service users needs and create a shared understanding/ownership of their needs and development with relevant partners
- working in partnership with other professionals and wider workforce to ensure a holistic approach to interventions/care.

Here you will find information on:

- types of collaborative working
- your responsibilities
- aims of collaborative working
- benefits of effective collaboration
- working with other SLTs
- working in partnership
- cross agency working
- multidisciplinary teamworking

Types of collaborative working

Speech and language therapists should work in partnership with:

- service users, families and carers
- colleagues, within and outside the profession (including voluntary agencies, interpreters, school staff, mental health staff and social workers)
- wider-community and support networks.

Clarifying Related Practices

- **Collaborative working:** Joint working between SLTs and others (e.g., professionals, carers, service users) to achieve shared outcomes.
- **Delegation:** Assigning specific tasks to trained individuals under SLT supervision; SLTs retain accountability.
- **Upskilling:** Educating staff (e.g., school or care staff) without assuming managerial responsibility.
- **Enabling:** Supporting service users and families to gain skills for self-management and informed decision-making.

Collaborative working activities include:

- joint working with other professionals and the wider workforce to ensure a holistic approach to interventions/care
- upskilling the wider workforce
- consultative/advisory – advising on communication-support materials appropriate to a given context, e.g. use of graphic symbols, signing, voice output communication aids AND advising kitchen staff on presentation of food in a range of consistencies
- delegation to assistants and the wider workforce
- using patient-centred, collaborative strategies with service users, families and carers
- facilitating participation and engagement of families/carers in service planning
- identify, network and influence health/education/social/political leaders, agency-wide and inter-agency policies and strategies
- working with the wider workforce/community to raise awareness of the consequences of swallowing/communication needs.

Each of these involves different legal and professional requirements to be considered by the registered SLT practitioner and those with whom they are working. Collaborative working must include mechanisms for quality assurance such as supervision, feedback loops, and evaluation of

outcomes.

Your Responsibilities

The **Health and Care Professions Council (HCPC)** requires that all speech and language therapists work in partnership with colleagues, both within and outside the profession, in the best interest of service users.

The following HCPC standards relate to collaborative working: **HCPC standards of conduct, performance and ethics**

1.5 You must treat people fairly and be aware of the potential impact that your personal values, biases and beliefs may have on the care, treatment or other services that you provide to service users and carers, and in your interactions with colleagues.

2.6 You must work in partnership with colleagues, sharing your skills, knowledge and experience where appropriate, for the benefit of service users and carers.

2.7 You must share relevant information, where appropriate, with colleagues involved in the care, treatment or other services provided to a service user.

2.8 You must treat your colleagues in a professional manner showing them respect and consideration.

2.9 You must use all forms of communication with colleagues and other health and care professionals responsibly, including media-sharing networks and social networking sites.

3.3 You must refer a service user to an appropriate practitioner if the care, treatment or other services they need are beyond your scope of practice. This person must hold the appropriate knowledge, skills and experience to meet the needs of the service user safely and effectively.

4.1 You must only delegate work to someone who has the knowledge, skills and experience needed to carry it out safely and effectively.

4.2 You must continue to provide appropriate supervision and support to those you delegate work to.

5.2 You must only disclose confidential information if:

- you have permission
- the law allows this
- it is in the service user's best interests
- it is in the public interest, such as if it is necessary to protect public safety or prevent harm to other people

7.5 You must raise concerns regarding colleagues if you witness bullying, harassment or intimidation of a service user, carer or another colleague. This should be done following the relevant procedures within your practice or organisation and maintaining the safety of all involved.

HCPC standards of proficiency for speech and language therapists

7.1 use effective and appropriate verbal and non-verbal skills to communicate with service users, carers, colleagues and others

8.1 work in partnership with service users, carers, colleagues and others

8.2 recognise the principles and practices of other health and care professionals and systems and how they interact with their profession

8.3 understand the need to build and sustain professional relationships as both an autonomous practitioner and collaboratively as a member of a team

8.4 contribute effectively to work undertaken as part of a multi-disciplinary team

8.5 identify anxiety and stress in service users, carers and colleagues, adapting their practice and providing support where appropriate

8.6 understand the qualities, behaviours and benefits of leadership

8.7 recognise that leadership is a skill all professionals can demonstrate

8.8 identify their own leadership qualities, behaviours and approaches, taking into account the importance of equality, diversity and inclusion

8.9 demonstrate leadership behaviours appropriate to their practice

8.10 act as a role model for others

8.11 promote and engage in the learning of others

8.12 work in partnership with service users and carers in planning and evaluating assessments, treatments and interventions to meet their needs and goals

8.13 understand the role of the speech and language therapist in taking the lead responsibility on speech and language communication and swallowing within a multi-professional forum

8.14 recognise that the need to work with others includes health, social care and educational professionals

8.15 recognise the importance of working in partnership with service users and their families

For more information see [HCPC standards](#) to support you in adhering to the standards of the regulator, the HCPC.

Aims of collaborative working

The aims of collaborative working are to:

- promote the participation of individuals with speech, language, communication and swallowing difficulties in a full range of life activities
- work in partnership with relevant others, to support the development of effective communication in given population groups
- provide training to those working with people who have communication difficulties, to maximise inclusion
- contribute to raising public awareness of communication/eating and drinking difficulties
- promote the participation of the individual with communication/eating and drinking difficulties in a full range of life activities, through working in an advocacy role with services/groups
- develop the capacity of services/groups to manage or provide services to specific groups of individuals with communication and/or eating and drinking difficulties. This may involve strategic partnership working with local or national voluntary agencies
- promote the participation of parents and carers in a full range of life activities with their children in the case of the pre-school population.

Benefits of effective collaboration

Working in partnership with colleagues both within and outside of the profession is in the best interests of service users.

Effective collaboration:

- builds mutual trust and respect
- allows for an integrated comprehensive and holistic approach that supports individual's communication needs across all education, health and social contexts
- facilitates shared decision-making, improves outcomes of care, and encourages client satisfaction through full involvement in the programme of care

Collaborative working enables speech and language therapists to:

- provide holistic packages of care
- raise awareness of swallowing/communication and its impacts on an individual's ability to take part in day-to-day activities and advocate for service users' rights and needs.
- raise the profile of speech and language therapists and their role and value in supporting communication/swallowing needs

Working with other SLTs

The HCPC requires that all speech and language therapists work in partnership with colleagues, both within and outside the profession, in the best interest of service users. All SLTs should liaise fully with other professionals who may also be working with the individual. Consent must be gained for sharing information from the service user and the positive role that sharing information has on their care explained to the service user.

In the case of two SLTs providing services to the same user, consideration of the possibility of test score invalidation and any deleterious effects of possible dual involvement should be borne in mind. Where appropriate a pathway for collaborative working to effectively address these issues will be established.

Where it is considered in the individual's best-interests to receive professional help from two SLT practitioners, it may be best for one SLT to undertake the lead role in the coordination of case management. However, in some circumstances, shared responsibility may be appropriate. Optimal case management will vary according to the needs of the individual. This responsibility should be delegated after discussion, and steps should be taken to clarify with the individual the nature of the arrangement that has been reached.

See also: **When two heads are better than one** – Bulletin article in which two SLTs discuss ways of working collaboratively to support a child's communication skills

Professional development scenarios

We have designed some collaborative working scenarios to reflect some of the issues you may come up against in your professional life:

- **Shared caseload management**
- **Team dynamics**
- **MDT relationships and the SLT role**
- **Team social events**

Working with service users

The sharing of information and assessment findings is important for developing partnerships with the individual and/or their carer, in order to develop understanding and joint decision-making. It has been demonstrated that better outcomes are achieved where there is openness of information and a willingness to actively involve the individual in management decisions.

This requires:

- a clear explanation of the diagnosis will be offered to the individual and their family, with written information to reinforce this
- sharing of assessment findings with other relevant professionals (subject to the individual's consent)
- sharing of assessment findings with the individual (and carers where appropriate) in a manner which facilitates understanding, discussion and joint decision-making
- a clear link from assessment, through diagnosis, to planning of intervention ensures that intervention is client-centred and tailored to maximise the individual's potential
- a clear negotiated goal-setting process ensures clear aims of therapy, which are understood by all those involved
- shared decision-making (relating to the need, appropriateness, type, timing and frequency of intervention) in consultation with the individual, their carer and other professionals involved in their care. This facilitates agreed aims and involvement of carers allowing carry-over of therapeutic intervention into other settings: a vital part of effecting changes.

For related information on consent, service users, families and carers, supported decision making and mental capacity, goal setting and care pathways, visit [Delivering Quality Services](#)

Cross-agency working

Where intervention is undertaken across agencies (e.g. into education or social services settings) it will, where possible, be tailored for delivery within the culture/working practices of that environment/organisation. It is important to establish shared pathways for communication and care and define roles and responsibilities across disciplines.

For more detailed information regarding delegating to speech and language therapy assistants, other team members, parents or carers; please see the section on [delegation](#) and [enabling service users, families and carers](#).

Multidisciplinary team working

The multidisciplinary management of individuals ensures a timely, efficient, integrated and holistic period of care.

The SLT will work as a core member of the multi- or interdisciplinary team. The composition of the team is likely to vary across specialities.

In 2019, the RCSLT worked with the British Association for Teachers of the Deaf (BATOD) to develop best practice guidance for [collaborative working between Qualified Teachers of the Deaf and Speech and Language Therapists](#). (See [Editable version of Appendix 2 – establishing roles and responsibilities](#))

References

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