Writing professional advice on children with SLCN

Key points

- Writing should be clear, concise, relevant and child-focused
- Parents and carers should be fully involved as an essential part of the team
- Efficacy will depend upon close cooperation between all involved

Responsibilities

The context and processes for supporting children with special educational needs are subject to review and change. See local and national government websites to keep up to date with current policy.

Duty of care

Members are reminded that they have a **duty of care** for any child they are writing advice for. Advice should be written with the needs of the child in mind, not the available resources.

See also guidance on **meeting HCPC professional standards** .

Principles underpinning the writing of advice

- Any recommended models of intervention, facilities and resources should relate to the child's SLCN and not to the services available.
- Advice should be full enough and clear enough to give the child's parents/carers and other professionals an understanding of the child's needs and strengths.
- Terminology used in reports should be unambiguous.
- Where it is necessary to use professional terminology, it should be defined.
- SLTs should advise only within their sphere of expertise and where necessary seek opinion from more experienced and/or specialist professionals.
- Parents/carers should be included as partners in the process of identifying the support needs of the child.
- All aspects of advice provided should be justifiable and supported by evidence wherever appropriate.

Guidance

The context and processes for supporting children with special educational needs or additional support needs are subject to review and change. See **SEND reforms guidance** for specific guidance on writing advice for EHC plans in England.

Reports should include an analysis of the child's speech, language and communication strengths and needs, including:

- a positive statement about the child's strengths
- statements about the child's needs that are supported by clear evidence such as examples or standardised test scores
- an indication of the child's rate-of-progress
- language and communication levels in relation to other non-verbal abilities

When the child has experience of more than one language, reports should also note:

- the child's first language, regardless of whether assessments have been made in that language
- which assessments have taken place in each language
- whether formal assessments were judged to be unsuitable in any language.

See **Bilingualism** guidance for more information.

Reports should also describe:

- the level and type of SLT involvement to date
- the impact, or predicted impact, of SLCN on the child's social participation, learning and access to the curriculum
- speech, language and communication outcomes sought for the child
- educational setting resources and features that best help achieve these outcomes, including facilities (e.g. provision of a small quiet space for the delivery of a speech and language programme); modifications (e.g. information presented primarily through visual means); resources (e.g. provision of Augmentative and Alternative Communication (AAC)); staff knowledge and skills (e.g. knowledge and experience of teaching autistic children); speech and language therapy provision required to best help achieve these outcomes.

Advice on speech and language therapy provision should include an appropriate model of provision (see Models of intervention for more information).

If the most appropriate model of provision is for interventions to be delivered by another agency, recommendations should include:

- clear descriptions of the intervention to be delivered
- the frequency of the intervention
- the required skills, training and competencies of the person delivering it
- the importance of consistency and continuity
- the level of SLT support to be provided
- how frequently the SLT will monitor the programme and measure outcomes.

If educational settings cannot immediately provide the appropriate environment for the child, additional speech and language therapy provision may be required to work with staff in developing this environment.

If an individualised programme of intervention is not effective without the necessary resources and features of the education setting, this should be stated.

Models of intervention

When recommending a model of intervention, the following points should be considered.

1. Recommendations must be anticipatory, reasonable and in line with what a colleague of similar experience and standing would consider sound ethical practice.
2. Models of intervention should be based on available evidence and best practice.
3. Sharing details of this evidence-base allows parents/carers to be partners in the decision-making process and discuss which models meet the same outcome for the child.

Supported inclusion of the child

- Supporting staff in making changes to teaching style and/or environment to optimise the child's inclusion within class activities.
- Usually involves joint planning, co-working and training sessions.

Child skill development through inclusive means

- Supporting staff in carrying out programmes of work with the whole class or small groups to develop targeted language and communication skills.

Child skill development through the integrated of individualised targets

- Collaborating with parents/carers and staff to integrate individualised speech, language and communication targets into the child's daily life activities in school and at home.

Child skill development through individualised programmes of work

- Regular and discrete programme of individualised intervention aimed at developing specified speech, language and communication skills.
- These may need to be directly provided by an SLT or SLTA, or may be appropriate for school staff to deliver the programme under SLT guidance.

For children requiring regular and continuing speech and language therapy input, this will usually be provided in the context of an inclusive approach which seeks to support the child by embedding

targets and modifying aspects of the social and learning environment.

Speech and language therapy interventions are part of a wider package of support and may change over time in order to be effective and to have maximum impact for the child and their family.

Involvement of parents/carers in the process

Parents/carers are an essential part of the multidisciplinary team. They should receive appropriate support and guidance to enable them to play a full and appropriate part in supporting their child, as part of the team.

Parents/carers should be given details of any voluntary agencies appropriate to their child's needs, which can assist them with understanding special educational needs procedures, information and support

Resourcing recommended levels of provision

If the SLT considers there to be a significant shortfall in provision that is likely to impact on the child, they should:

- bring this to the attention of their line manager, the child's parents/carers, the commissioner/decision-maker and other partners to facilitate timely provision being made
- put this information in writing when contacting these parties in order to meet the HCPC obligation to report concerns.

Communication and liaison

Effective action on behalf of children with special educational needs/additional support needs requires close cooperation between all relevant agencies, with local authorities taking the lead.

The importance of good communication between all members of the child's team cannot be overstated. Liaison with colleagues will:

- allow the therapist to share concerns about a child who may have special educational needs.
- ensure weight is given to the therapist's view about the child.
- enhance the effectiveness of provision.
- form the basis of a collaborative and integrated support plan for the child.

Other topics

- See **SEND reforms guidance** for specific guidance on writing advice for EHC plans in England.
- See **Additional Learning Needs guidance** for specific guidance on the system in Wales.

Contributors

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The RCSLT develops guidance to promote good **clinical** and **professional** practice in line with HCPC standards. **Please read our statement on guidance** to understand how it is developed and how to use it.