



## Position Statement: Caseload management in children's services

### What is the challenge?

Children's speech and language therapy services are facing a number of challenges. Services need to manage caseloads in the context of resource constraints *and* support the delivery of [evidence based](#) interventions. However, we are aware that some current approaches to caseload management are not meeting the needs or improving outcomes for children with speech, language and communication needs (SLCN). For example, many speech and language therapists (SLTs) working in children's services will be familiar with delivering intervention in prescribed blocks of six sessions for a range of clinical profiles and level of need. However, as yet, we don't have any evidence that tells us that intervention over six sessions in a block of treatment is effective. In fact we know very little about how much intervention is optimal for children with SLCN. <sup>1,2</sup>

### What are the risks?

The RCSLT is concerned that if services employ practices that are not proven to be effective it puts the service at greater risk as well as damaging the trust placed in the profession by families and children:

- Services are not child-centred or responsive to changing needs
- SLTs are delivering ineffective provision for some children and wasting limited resources
- Lack of progress and individualised intervention could result in disengagement of families and schools

### Key questions to consider

- Is the way that you are delivering intervention meeting the needs of the child and in line with best practice (see below)?
- Is it making a difference to child outcomes?
- Are parents and/or settings satisfied with the service provision you are offering?

### What is best practice?

[Intervention should be considered in the context of the best interests of the service user \(in line with HCPC standards and \[Communicating Quality Live\]\(#\)\)](#). <sup>3</sup>

Every child's needs and contexts are different. Some will need ongoing intervention and others may only need a short burst of intervention.

- Speech and language therapy advice must address the child or young person's assessed needs rather than the availability of resources
- Models of intervention and quantity of input should be based on available evidence and best practice. See the RCSLT [clinical webpages](#) and [evidence-based practice pages](#) for more information.



**It is imperative that we collect outcome data to track progress over periods of intervention as well as periods of no intervention.**

Regular monitoring and [outcome measurement](#) is essential to evaluate the effectiveness of speech and language therapy provision, in particular in situations where there may be variable evidence for levels of provision and quantity of speech and language therapy intervention. This monitoring should be both at an individual child level and across a particular cohort/service.

If monitoring of outcomes finds that a model of service delivery is effective for children with a particular clinical profile this evidence adds to our evidence base. Equally importantly, if local outcome data shows that a model of service delivery is ineffective then this will inform service re-design and discussions with budget holders.

**In the context of demand and existing capacity, services need to be honest with families about the limits of what they can offer.**

## **What is the alternative?**

It is important that, as a profession we continue to develop innovative solutions to caseload management in the context of high demand and limited capacity – see resources below.

## **Resources**

### **RCSLT resources**

- The [RCSLT Manager's Resource Pack](#) provides managers and professional leads with information they need to influence commissioners and others; focusing on achieving financial balance. This includes resources to support you around [skill mix](#).
- Resources you can use if you are concerned about [proposed changes to your service](#).
- Evidence-based practice (EBP) is crucial to the quality and effectiveness of the care we provide. Find out more about [EBP on the RCSLT website](#) including the [Evidence-based practice eLearning tools](#) which provide a step-by-step guide to the clinical decision-making process.
- The RCSLT has embarked on an innovative and ambitious project to support speech and language therapists with delivering and measuring effective outcomes – find out more about the [RCSLT Outcomes Project](#).
- The RCSLT is developing [a strategy for children's speech and language therapy services](#) which will provide a toolkit of guidance and resources to support services for children and young people across the UK.
- The RCSLT is carrying out a project to determine [research priorities](#) in a number of key clinical areas to guide development of evidence and research in speech and language therapy.

### **Other resources**

- [What works database](#)
- [SpeechBITE](#)



## References

1. Boyle, J. M., McCartney, E., O'Hare, A. & Forbes, J. (2009). Direct versus indirect and individual versus group modes of language therapy for children with primary language impairment: principle outcomes from a randomized controlled trial and economic evaluation. *International Journal of Language and Communication Disorders*, 44 (6), 826- 846.
2. Gallagher A., L. (2015). To intervene or not to intervene: an exploration of the conflicts and dilemmas for the paediatric speech and language therapist in practice. In J. Stokes & M. McCormick (eds). *Speech and language therapy and professional identity; challenging received wisdom*, Guildford: J & R Press, 43-64.
3. RCSLT (2016). CQ Live. Available at:  
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