



For education leaders aiming  
to raise speech and language  
therapy standards



# **Guidance for education settings on commissioning (buying in) speech and language therapy services and training**



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# Terminology

SLT is the RCSLT-recognised acronym for speech and language therapist. However, for the purposes of this document the acronym SaLT will be used to denote speech and language therapist. This will avoid any confusion with the acronym SLT, which is often used to refer to the senior leadership team in education settings. Below is a list of acronyms used throughout this document:

- Access NI – criminal record checking service for Northern Ireland
- AHP – allied health professional
- ASLTIP – The Association of Speech and Language Therapists in Independent Practice
- CPD – continuing professional development
- CYP – children and young people
- DBS – Disclosure and Barring Service (criminal record checking service for England and Wales)
- DLD – developmental language disorder
- EDS – eating, drinking and swallowing
- HCPC – The Health and Care Professions Council (the regulatory body for speech and language therapy and other health and care professions)
- ICAN – the name of a children's communication charity
- ICO – Information Commissioner's Office
- NFP – not for profit
- NHS – National Health Service
- NQP – newly qualified practitioner
- PMLD – profound and multiple learning disabilities
- PPA – planning, preparation and assessment
- PVG – Protecting Vulnerable Groups (criminal record checking service for Scotland)
- RCSLT – The Royal College of Speech and Language Therapists
- SEMH – social, emotional and mental health
- SEN – special educational needs
- SENCO – special educational needs coordinator
- SEND – special educational needs and disability
- SLA – service-level agreement
- SLC – speech, language and communication
- SLCN – speech, language and communication needs (you can find out more about the different types of SLCN [here](#))
- TA – teaching assistant
- TOM – Therapy Outcome Measure
- TUPE – Transfer of Undertakings (Protection of Employment) regulations



**T**his guidance has been produced in response to the changing commissioning context for speech and language therapy services in England. In 2014, around 34% of speech and language therapists' total time in England was spent working outside of the National Health Service (NHS) (Centre for Workforce Intelligence, 2014). The number of UK independent speech and language therapists (SaLTs) registered with the Association of Speech and Language Therapists in Independent Practice (ASLTIP) has increased from approximately 400 in 2011 to 1400 in 2019 (ASLTIP, 2019).

Differences in spending levels in public sector speech and language therapy services in England have recently been identified (Children's Commissioner, 2019). The above data, together with anecdotal evidence from education settings, suggests that in England, speech and language therapy services to education settings are increasingly commissioned from outside of the NHS.

The context for commissioning is currently different in Scotland, Wales, Northern Ireland and England. The guidance will have particular relevance where education settings are commissioning speech and language therapy services from providers other than the NHS.

## Who is this guidance relevant for?

**This guidance has relevance for any UK organisation commissioning speech and language therapy services or employing a SaLT, regarding how SaLTs are regulated and supervised.**

**The guidance is primarily aimed at education leaders wanting to know more about commissioning a speech and language therapy service, and/or training, directly from a speech and language therapy provider.**

For example, it may be of interest to:

- Clinical Commissioning Groups
- Councils and Local Authorities
- Early years settings, schools and colleges
- Families and home educators
- Members of the RCSLT



For further information or clarification about any aspect of the guidance, please contact [info@rcslt.org](mailto:info@rcslt.org)

# As an education leader, why might you want to improve speech, language and communication standards in your setting?

More than 10% of children and young people (CYP) have long-term speech, language and communication needs (SLCN) which create barriers in everyday life.

CYP living in areas of social disadvantage are at much higher risk, with around 50% of these children starting school with delayed language and other identified SLCN.

Evidence shows that SLCN impact on:

- literacy;
- educational attainment;
- social, emotional and mental health (SEMH); and
- life chances and employment.

The facts and figures above are all sourced from the *Bercow: Ten Years On* report (ICAN & RCSLT, 2018).

81% of children with emotional and behavioural disorders have undetected language difficulties. These children are at higher risk of exclusion from school (Hollo, et al., 2014).

Children who enter school with poorly developed speech and language are at risk of later literacy difficulties. Educational underachievement is common in these children (Snowling, et al., 2011). SLCN are now the most common primary type of need, occurring in 22% of SEN pupils in England. (Department for Education, 2019).



**Research shows a link between communication problems and offending by young people. Around 60% of young offenders have poor language skills.**

Bryan, et al., 2007

**Language is crucial: the most important factor in reaching the expected levels in English and maths at age 11 was children's language skills at age five; more important than poverty or parental education.**

Save the Children UK, 2016



### The role of a SaLT

The core role of a SaLT working in education settings is to support and enable CYP to reach their full communicative and educational potential and remove or reduce the barriers that their SLCN present to their learning. SaLTs have a unique skill set and knowledge base, and have a distinct role in assessing, planning, delivering and evaluating support for CYP with SLCN. Some SaLTs have the additional skills and qualifications required to support CYP with eating, drinking and swallowing difficulties. [Click here to read fact sheets detailing how speech and language therapy changes lives.](#)

### Bilingualism and multilingualism

SaLTs usually support CYP with SLCN in their primary language. It is not the remit of SaLTs to teach an additional language. Further information about the SaLT's role with bilingual and multilingual CYP can be found [here](#).



# Understanding the commissioning process

Commissioning should be based on a robust analysis of the SLCN in your education setting and link with improvement plans and available research evidence, to ensure the right support is bought in. Each service will look different, according to the needs of the setting, budget and local provider options. Here are your four key steps:

- 1 Identify speech, language and communication needs (SLCN) in your setting**
- 2 Consider what would meet your needs within budget**
- 3 Approach at least two providers and compare offers**
- 4 Ask your provider to consider interventions and approaches with a good evidence base**

The remainder of this section will provide detail for each of these steps.

“

Child language is similar to obesity and other risk factors (such as mental health and diet) in terms of its impact on children's overall wellbeing.

Early Intervention Foundation,  
2017

”



### 1 Identify SLCN in your setting

- How many CYP in your setting have SLCN? Find out more about different types of SLCN [here](#).
- Who are you aiming to help?
- What outcomes are you looking for?
- How does this link with your setting's improvement plan?
- Which needs are being met by existing provision from public sector services?

You might find some useful resources [here](#) for working out your setting's needs. As a broad measure, if you are a mainstream setting, the following figures may help you consider your need:

- In some areas of deprivation around 50% of children are starting school with delayed language skills and other identified SLCN (*Locke, et al., 2002*).
- Around 10% of all children have long-term SLCN. This includes approximately 7.6% who have developmental language disorder (DLD) (*Norbury, et al., 2016*). This fact sheet can tell you more about DLD.
- 1% of children have severe and complex SLCN (*Gascoigne, 2015*).

Here are just a few examples of potential outcomes:

Better listening

Improved interview success for post-16s

Reduced anxiety

Become an accredited communication-friendly setting

Raised literacy

Improved behaviour

Reduced attainment gap in deprived areas

Improved access to curriculum

Safer feeding practice at mealtimes

Raised attainment for CYP with disabilities

Earlier identification of SLCN

Improved language levels



## 2 Consider what would meet your needs within budget

The SaLT has a unique skill set which includes:

- Identifying and assessing SLCN (and eating, drinking and swallowing difficulties)
- Planning and managing relevant interventions
- Monitoring progress in these areas
- Providing specialist advice, resources and training for parents and setting staff

You can commission as much or as little as your budget allows, from a one-off training session for staff or assessment/advice for individual CYP, to a multi-setting solution to address SLCN.

You can commission support at different levels, or tiers, as depicted in the diagram overleaf. Or, you might feel a combination would best meet your needs.

It is important to consider which interventions are most effective when carried out by a SaLT, and which will result in equally good outcomes if delegated to trained setting staff.

Research is providing us with some evidence about which CYP's needs can be met by staff in a setting, and what training is needed for delegation of work to be effective. The following diagram summarises evidence around working with school-aged children with SLCN (Ebbels, et al., 2019). Consider the existing provision you are receiving from public sector services and what additional support you would like to supplement it.



### Tier 1

#### A whole-setting approach: training and support which benefits ALL CYP

Also known as 'wave 1' or 'universal intervention'. SaLTs can work with setting staff to ensure all children have appropriate opportunities to develop language and communication skills.



### Tier 2

#### Support for CYP whose SLC is below age-related expectations

Also known as 'wave 2' or 'targeted intervention'. Interventions for these children, often delivered in small groups, are most likely to be effective when staff delivering interventions have intensive training to learn how to deliver the intervention and receive ongoing support and monitoring from a SaLT (Ebbels, et al., 2019).



### Tier 3

#### Specialist intervention for CYP who have severe and complex SLCN

Also known as 'wave 3' or 'specialist intervention'. For some children, specialist intervention can be delivered by a member of setting staff. However, this is *only* likely to be effective if the assistant has:

- a level 3 qualification (or equivalent training and experience) in SLCN;
- direct and regular supervision from a SaLT; and
- a clear, individualised intervention programme created and monitored by a SaLT (Ebbels, et al., 2019).

Some CYP with complex SLCN will require the specialist skills of a SaLT for regular, direct intervention, either 1:1 or in small groups.

Support for whole-school improvement plans

Signposting to information

Staff training

Developing communication-friendly classrooms

Training for staff to deliver evidence-based interventions

Working in partnership with families & school staff

Group social communication interventions

Collaborative target-setting

Providing resources

SaLT to contribute to annual review meetings

Assessment & 1:1 therapy

### 3 Approach at least two providers and compare offers

Once you have worked out the SLCN in your setting, you are ready to start talking to different providers about what they can offer, and the likely costs, to find out which provider is best for you. You might commission alone, or with others. Sometimes multiple settings in a geographical area will commission a service together.

#### Contract a SaLT

Provision options vary across different regions of the UK and you will need to research what is on offer near you. Options include:

- NHS
- Independent provider (larger company or sole trader)
- Not for profit (NFP) sector
- Local authority/local council (currently only in England)

Check and contact your SEND Local Offer in England, local health boards in Scotland and Wales, and health and social care trusts in Northern Ireland.

Independent speech and language therapy providers may be registered with the Association of Speech and Language Therapists in Independent Practice (ASLTIP). ASLTIP requires members to be registered with the HCPC and to be members of the RCSLT. A directory of ASLTIP members can be found at

**[www.helpwithtalking.com](http://www.helpwithtalking.com)**

Your provider is responsible for telling you whether they have the relevant experience to work in your setting and whether anything is outside their scope of practice.

For example, you may require a bilingual SaLT, or a SaLT with experience of working with CYP who have physical disabilities or eating, drinking and swallowing difficulties.

You can find more information on SaLT experience and qualifications in the next section. You may wish to ask your potential provider the following:

- If they have been commissioned previously by an education setting
- Whether they have experience of delivering whole-setting approaches including training and collaborative working with staff
- Their knowledge of the local demographic
- What experience they have of working with CYP with a range of different SLCN
- If they have relevant post-qualification training in specialist areas

### 4 Ask your provider to consider interventions and approaches with a good evidence base

Discuss interventions and approaches with your potential speech and language therapy providers. Their advice can help you work out the best way to address the SLCN specific to your setting.

Delivering evidence-based approaches in your setting is more likely to result in better outcomes. As a general rule, if more than one piece of independent, robust research has shown that an intervention is effective, and the results have been published in peer-reviewed journals, then we can describe that intervention as having a good evidence base. The Communication Trust has information on its website reviewing some evidence-based interventions for SLCN and some evidence-based training on SLCN for education setting staff. Practitioner experience with specific interventions and approaches will also be valuable in terms of likely success.

There is a huge range of interventions on the market. The most popular and best promoted may not be the best for your setting's needs. If you and your provider agree to trial innovative and creative approaches, consider ways to measure their success.

# What you need to understand and do when you commission a SaLT provider

### A note on health and education cultures

SaLTs are allied health professionals (AHPs). Much of their work with CYP involves assessing an individual's need and creating a bespoke therapeutic intervention which is based on research evidence and takes family preferences into account. They then deliver the intervention, facilitate change, measure change and alter the intervention if necessary. This is quite different from the role of a teacher. Education and health staff have different working conditions, cultures and practices. Mutual understanding and respect for these differences fosters successful working relationships.

Face-to-face contact with CYP is just one part of a SaLT's work. Some of the core clinical work done by SaLTs includes working collaboratively with setting staff and parents, communicating with other professionals, creating management plans, devising programmes of work for setting staff, report writing and planning training. Each setting will commission something different. Adhering to standards and relevant policies around record-keeping, confidentiality, CPD and evidence-based practice also requires considerable time. Much like teachers have time allocated for planning, preparation and assessment (PPA), SaLTs will need adequate time for this core work within settings.

Many SaLTs have 4-6 weeks paid leave per year. During school holidays, SaLTs may take additional unpaid leave, or they may work in other venues. Therefore, there is less of a culture of doing PPA at home.



### Must-do checks regarding SaLTs prior to commissioning

Ensure your provider shows you evidence of the following:

- **Health and Care Professions Council (HCPC) registration**
- **Information Commissioner's Office (ICO) registration**
- **Insurance**
- **Criminal record check**
- **Relevant qualifications/experience**
- **Supervision in place**
- **Adherence to information governance legislation (e.g. data protection)**
- **Up-to-date safeguarding knowledge**

Details around these checks can be found in the following sections.



## Regulation of SaLTs: The Health and Care Professions Council

You must ensure you commission SaLTs registered with the Health and Care Professions Council (HCPC), which is the regulating body for the profession. 'Speech and language therapy' and 'speech and language therapist' are protected titles. It is illegal for anyone to use these titles unless they are fully qualified and registered with the HCPC. Anyone not registered and using these titles may be subject to prosecution and a fine. You can check the register [here](#).

SaLTs are required to demonstrate that they are meeting a defined set of HCPC standards of proficiency, of conduct and of continuing professional development.

## Continuing professional development

Continuing professional development (CPD) is the means by which SaLTs maintain and develop skills throughout their careers in order to continue to practice safely, effectively and legally. CPD is a regulatory requirement for all AHPs and as such is not an activity the SaLT can choose to do or not do.

The RCSLT expects that all SaLTs in full-time employment will undertake at least 30 hours of CPD per year and strongly recommends that commissioning settings commit non-contact time and financial resources to support SaLTs to meet their CPD requirements, including professional supervision.

Examples of CPD for SaLTs working in education settings:

- **Online training (e.g. on topics such as safeguarding)**
- **Shadowing a more experienced SaLT colleague**
- **Attendance at a course relevant to area of practice**
- **Reading articles/books on topics relevant to clinical work and discussing practical applications with SaLT colleagues**
- **Professional supervision**

## Regular professional supervision

Professional supervision from a suitably experienced SaLT is an essential component of a good quality speech and language therapy service that is able to identify and manage risk. It is an important CPD activity for all SaLTs and is one of the ways SaLTs can demonstrate that they are meeting the HCPC standards.

It is important to check the supervision arrangements that your SaLT provider has in place. You can find out more about supervision [here](#) and read the Northern Ireland AHP supervision policy [here](#). See the table below for recommended supervision levels.

Level of experience	HCPC-allowed responsibilities	Minimum level of professional supervision recommended by RCSLT
Newly qualified practitioner (NQP)	In order to become fully qualified, NQPs are required to provide evidence of meeting 24 goals to their supervising SaLT. The supervisor must be HCPC registered and a member of the RCSLT. <b>NQPs are not able to supervise SaLT assistants, other NQPs or SaLT students.</b>	1 hour per week for first 3 months; 1 hour per month thereafter
Fully qualified SaLT	At least one year of full-time experience as SaLT. Can supervise students, SaLT assistants and NQPs.	1 hour per 4-6 weeks



If SaLTs are to be effective in meeting the needs of children with developmental language disorder (DLD) in school, then they need to plan and deliver support collaboratively with the teacher.

Gallagher, et al., 2019

### Keeping confidential health records

SaLTs are required to keep accurate, comprehensive and comprehensible records on all CYP referred to them, and to manage these records in accordance with applicable legislation, protocols and guidelines. The setting staff are not usually able to access individual confidential health records without written consent from families and the SaLT.

The Data Protection (Charges and Information) Regulations 2018 require that every organisation processing personal information is registered with the Information Commissioner's Office (ICO). In the case of SaLTs, either they or their employing organisation must be registered.

It may be helpful to have a written agreement in place regarding the roles and responsibilities of the setting and the SaLT with respect to data protection and record management both for the duration of the contract and after the contract has ended.

### Collaboration with colleagues and families

SaLTs have a legal duty with regard to obtaining and recording consent from families before any assessment or therapeutic intervention is carried out with CYP. HCPC standards require that SaLTs work in partnership with colleagues for the benefit of CYP and their carers. They must share their skills, knowledge and relevant information, where appropriate, with all other colleagues working with the same CYP as well as with the CYP's key family members. This includes collaboration with setting staff, other SaLTs, and education/health professionals such as doctors or psychologists. Leaders in settings will need to facilitate regular meetings between SaLTs from different organisations, with CYP/parents/carers, and with other professionals, to enable this collaboration.

### Ensuring quality and measuring impact and outcomes

SaLTs must be able to assure the quality of their practice as part of HCPC registration. This requires them to gather data to evaluate their practice systematically. They must involve CYP and parents/carers in their planning and evaluate interventions using recognised outcome measures. The RCSLT supports its members to use the Therapy Outcome Measure (TOM) tool (Enderby & John, 2019). Settings and SaLTs are advised to agree ways to measure and report on the impact of the speech and language therapy service in a way that links with the setting's priorities and existing measures.

My supervisees commissioned by schools often bring issues around record keeping to our supervision sessions. Stringent standards & policies require that every contact, conversation or email around a child's management is documented in confidential, secure records in a timely manner. This takes considerable time and often requires logging into secure electronic records on a daily basis. Records often cannot easily be taken home or accessed remotely, and factoring time for this within their working hours can be really tricky.

Supervising SaLT, England

### What to do if you are unhappy with your service

Regular reviews of your service contract or agreement can help address issues early. Open conversations with your SaLT on site may resolve issues. Refer to your contract and, if necessary, you may need to approach the speech and language therapy service manager (if your SaLT is not a sole trader). If you are unable to resolve issues at a local level and feel you have cause to formally complain, you can find more information here.

The importance of understanding how SaLTs are regulated is highlighted here by a SENCO as part of a case study from The Communication Trust:

“In hindsight... it would have been good to have considered at an early stage the commissioned SaLT’s supervision needs, and their own company’s policies... they had a requirement to adhere to (e.g. consent and data protection). The latter would have been particularly helpful when managing expectations of teachers with how much of an individual pupil’s case notes they could access.”

### Insurance

Your SaLT will need an appropriate amount of indemnity and liability insurance. RCSLT members are covered for malpractice and public liability as part of their membership. It is advisable to ask to see all relevant membership and insurance documents from potential providers.

### Criminal record checks

Ask for evidence of up-to-date clearance with the Disclosure and Barring Service (DBS) in England and Wales, the Protection of Vulnerable Groups Scheme (PVG) in Scotland or Access NI in Northern Ireland. Or carry out your own checks by following the links above.



### SaLTs and SaLT assistants

The roles of a SaLT and a SaLT assistant are not dissimilar to those of a teacher and a teaching assistant (TA). A SaLT has overall responsibility for managing a CYP’s assessment and intervention. Specific tasks can be delegated to a SaLT assistant. SaLT assistants are not regulated by the HCPC. If you are considering commissioning a SaLT assistant in your setting, they can only work under the supervision of a HCPC registered SaLT.

### SaLT experience levels

A newly qualified SaLT is required to complete between nine months and two years under the supervision of a qualified SaLT. As the experience level of a SaLT increases, the terms ‘specialist SaLT’, ‘highly specialist SaLT’, ‘consultant SaLT’ and ‘advanced practitioner’ may be used to describe experience levels. There is a lack of consensus in the profession around the use of these terms.

The NHS uses a ‘band’ system for all employees, whereby SaLTs start their career at band 5 and may progress to band 8. If commissioning from an NHS provider, you may wish to discuss the banding level of the SaLT who will work in your setting; however, evidence of experience may be more relevant as banding level does not always reflect experience levels.



### Commissioning a SaLT to support eating, drinking and swallowing difficulties

The RCSLT Dysphagia Training and Competency Framework contains useful information around the competencies a SaLT needs to practice safely with CYP who have eating, drinking and swallowing (EDS) difficulties. It is an essential read for settings considering employing a SaLT to support CYP with EDS difficulties. This simple infographic summarises the purpose of the framework.

SaLTs with additional competencies can play an important role in supporting infants and CYP who have EDS difficulties. They can advise on feeding equipment, texture changes, positions or techniques to help make eating and drinking easier and safer. More specialist settings are more likely to require expertise from a SaLT to support safe eating and drinking. Find out more about the SaLT's role in safe eating and drinking here.

### How long does the commissioning process take?

This will depend on whether you are commissioning alone or with other settings, and on how many providers you consider, and will vary according to the activity you want to commission. A one-off training session for staff or an assessment/advice for one CYP will require much less time than negotiating a whole-setting or multi-setting approach to addressing SLCN.

The longer you allow the better. As a guideline, for a whole setting approach, you may want to start working out your need in the autumn term, search for providers and consider budgets in early spring and finalise your service agreement with your chosen provider in the summer term ready for a September start. Your potential provider may be able to help with timeframes to aid your planning and help funding decisions tie in with the financial year.

### How much does a SaLT service cost?

Costs are set by the provider. There may be room for negotiation before final costs are agreed.

Services may be costed in a number of ways, including:

- per hour, half day or whole day of SaLT time
- per one-off piece of work (e.g. training session)
- per activity undertaken (e.g. weekly language groups for two terms)
- in terms of outcomes (see examples on page 8)

The cost will depend on what you are commissioning, the experience level of your SaLT, and on how much the provider usually charges. If you are planning to commission a SaLT service you need to be aware of IR35 legislation.

See 'Employing a SaLT directly' section for further information on the cost implications of employing a SaLT directly.



### Providing space to work

The SaLT provider will need access to a suitable space in the setting for working with individuals and/or groups of CYP and for working with parents and staff. The space will need to be available without interruption and comply with health and safety requirements. A suitable workspace for non-contact activities may also be required depending on what you commission.

### Employing a SaLT directly

If you decide to employ a SaLT, you will have a more direct relationship with them, and you will have more responsibility. In addition to the information above, you will need to know the following:

- **The cost of providing professional supervision for your SaLT will need to be taken into consideration. Settings sometimes commission supervision from another NHS or independent SaLT provider. The table on page 13 outlines minimum supervision requirements for SaLTs including NQPs.**
- **The RCSLT considers that any breach around the requirements of supervision for NQPs may pose a significant risk to service users, to the NQP and their employer. If these requirements are not adhered to, the indemnity insurance that NQPs have as part of their RCSLT membership may be invalidated.**
- **The RCSLT strongly recommends that employers commit sufficient time and financial resources to support SaLTs to meet their CPD requirements (at least 30 hours per year).**
- **A setting employing a SaLT would be expected to provide equipment, working space and access to a range of resources and clinical assessment tools.**

The RCSLT can advertise your SaLT role through its monthly *Bulletin* magazine and online jobs website. You may wish to consult NHS SaLT pay scales or education pay scales. Occasionally, settings apply for funding from a charity to fund or part-fund the SaLT salary.

### Changing SaLT service providers

If you are changing from one SaLT service provider to another you may wish to consider an overlap period to provide sufficient time to enable effective transition for staff from each provider as well as for schools, CYP and their families. Transfer of Undertakings (Protection of Employment) regulations (TUPE) may be relevant if you change service providers.



# Maximising success

Written contracts, with regular review points, are key for maximising success and anticipating possible issues or changing needs before they arise. You will need a document (variously referred to as a service level agreement (SLA), contract or agreement) that both parties agree to and sign up to, which specifies the outcomes you want and outlines the commitment required from both parties.

The service provider writes the contract. The commissioning setting is the client.

## What to include in a contract

The checklist below is not exhaustive. It is a suggested list of what to include based on an analysis of a range of contracts and on commonly reported issues arising in settings commissioning/employing SaLTs.

Each setting and provider combination will need to tailor the contract to their specific arrangement. Legal advice can help reduce risk, particularly when unforeseen circumstances arise. You may want to consider a trial contract period of a term or two and renew if you are satisfied. It is important to set regular dates to review how the service is progressing.

Operational detail	Service detail which could be in a separate service specification or schedule of work
<ul style="list-style-type: none"> <li>■ Adherence to setting's policies; e.g. safeguarding</li> <li>■ Annual leave and restrictions</li> <li>■ Cancellation/absence/sickness/cover</li> <li>■ Complaints procedure</li> <li>■ Cost and VAT</li> <li>■ CPD time/study leave</li> <li>■ Days/frequency</li> <li>■ Expected working hours</li> <li>■ Key personnel and roles</li> <li>■ Location/s</li> <li>■ Protected time for record-keeping /liaison/ preparation</li> <li>■ Qualifications/experience required</li> <li>■ Resources</li> <li>■ Responsibilities of the setting such as provision of workspace, induction, storage space, time for collaboration with setting staff</li> <li>■ Storage of/access to records</li> <li>■ Supervision</li> <li>■ Term of contract – agree service review dates and renewal date</li> </ul>	<ul style="list-style-type: none"> <li>■ Activities/interventions (outputs)</li> <li>■ Capacity of service; what to prioritise</li> <li>■ Collaboration with other professionals and parents</li> <li>■ Consent from clients</li> <li>■ Intended outcomes</li> <li>■ Outcome measures and reporting on them</li> <li>■ How commissioned service will work alongside existing speech and language therapy provision</li> <li>■ Planning meetings with setting staff</li> <li>■ Programmes of work/target-setting /intervention plans</li> <li>■ Referral process</li> <li>■ Report writing</li> <li>■ SaLT's role in extra-curricular activities; e.g. school trips, staff meetings, break duties</li> <li>■ SaLT student placements</li> <li>■ Scope of service</li> <li>■ Second opinions</li> <li>■ Service review/evaluation/quality monitoring</li> <li>■ Waiting times for assessment/intervention</li> </ul>

When you are negotiating the agreement, if you feel the provider isn't a good fit, then consider going back a step and inviting a different provider to explain how they can meet your setting's needs.

### Evaluating the impact of the service

It is a requirement of HCPC that SaLTs measure outcomes of their work. It is recommended good practice to gather feedback from staff, parents/carers and CYP about their experience of care. You can read more about this [here](#).

A combination of the SaLT's outcome measures, feedback and setting data would make a robust evaluation of the impact of the speech and language therapy service after an agreed time period. Setting data could include measures of educational attainment, wellbeing, behaviour or profile data. It can link to setting development plans and be used as evidence for inspections.

**You may wish to refer to the FAQs and useful links in the appendices of this document.**



# References

**AccessNI, n.d.** *AccessNI - criminal record checks*. [Online]  
Available at: [bit.ly/2Ajz1](http://bit.ly/2Ajz1)  
[Accessed January 2020]

**ASLTIP, 2019.** *ASLTIP Conference. s.l., ASLTIP. Association of Speech & Language Therapists in Independent Practice (ASLTIP)*, n.d. [Online]  
Available at: [bit.ly/2zDCVyu](http://bit.ly/2zDCVyu)  
[Accessed July 2019].

**Bryan, K., Freer, J. & Furlong, C., 2007.** Language and communication difficulties in juvenile offenders. *International Journal of Language and Communication Disorders*, 42(5), pp. 505-520.

**Centre for Workforce Intelligence, 2014.** *Securing the future workforce supply*: Speech and language therapy stocktake, London: Centre for Workforce Intelligence.

**Children's Commissioner, 2019.** *We need to talk: Access to speech and language therapy*, London: Children's Commissioner for England.

**Conti-Ramsden, G., Botting, N. & Simkin, Z. A. K. E., 2001.** Follow up of children attending infant language units: outcomes at 11 years of age. *International Journal of Language and Communication Disorders*, Volume 36, pp. 207-19.

**Department for Education, 2019.** *Statistics: special educational needs (SEN)*. [Online]  
Available at: [bit.ly/3fOWB3i](http://bit.ly/3fOWB3i)  
[Accessed 8th January 2020].

**Department for Work and Pensions, n.d.** *Business transfers, takeovers and TUPE*. [Online]  
Available at: <https://www.gov.uk/transfers-takeovers>  
[Accessed January 2020].

**Department of Health, Social Services and Public Safety, 2014.** *Regional Supervision Policy for Allied Health Professionals*. [Online]  
Available at: [bit.ly/2xZXlkU](http://bit.ly/2xZXlkU)  
[Accessed July 2019].

**Disclosure and Barring Service, n.d.** *Disclosure and Barring Service*. [Online]  
Available at: <https://www.gov.uk/government/organisations/disclosure-and-barring-service>  
[Accessed July 2019].

**Disclosure Scotland, 2019.** *Protecting Vulnerable Groups (PVG) scheme*. [Online]  
Available at: [www.mygov.scot/pvg-scheme/](http://www.mygov.scot/pvg-scheme/)  
[Accessed January 2020].

**Early Intervention Foundation, 2017.** *Language as a child wellbeing indicator*, London: Early Intervention Foundation.

**Ebbels, S. H. et al., 2019.** Evidence-based pathways to intervention for children with language disorders. *International Journal of Language and Communication Disorders*, 1(54), pp. 3-39.

**Enderby, P. & John, A., 2019.** *Therapy Outcomes Measure User Guide*. Guildford: J & R Press Ltd.

**Gallagher, A. L., Murphy, C. A., Conway, P. F. & Perry, A., 2019.** Engaging multiple stakeholders to improve speech and language therapy in schools: an appreciative inquiry-based study. *BMC Health Services Research*, Volume 19, p. 226.

**Gascoigne, M., 2015.** *Commissioning for Speech, Language and Communication Needs (SLCN): Using the evidence from the Better Communication Research Programme*. [Online]

Available at: [bit.ly/365uTLe](http://bit.ly/365uTLe)  
[Accessed 10 January 2020].

**HM Revenue & Customs, 2017.** *Off-payroll working through an intermediary (IR35)*. [Online]  
Available at: [bit.ly/2WsmDgD](http://bit.ly/2WsmDgD)  
[Accessed May 2019].

**Hollo, A., Wehby, J. & Oliver, R., 2014.** Unidentified Language Deficits in Children with Emotional and Behavioural Disorders: A Meta-Analysis. *Exceptional Children*, 80(2), pp. 169-186.

**ICAN, RCSLT, 2018.** *Bercow: Ten Years On*. Available at [www.bercow10yearson.com](http://www.bercow10yearson.com) [Accessed May 2019].

**Information Commissioner's Office, Undated.** *Data Protection Public Register*. [Online]  
Available at: [ico.org.uk/ESDWebPages/Search](http://ico.org.uk/ESDWebPages/Search)  
[Accessed July 2019].

**Locke, A., Ginsborg, J. & Peers, I., 2002.** Development and Disadvantage: Implications for the early years and beyond. *International Journal of Language and Communication Disorders*, 37(1), pp. 3-15. NHS Digital, 2019. NHSmail. [Online]  
Available at: [bit.ly/3fP5ZE4](http://bit.ly/3fP5ZE4)  
[Accessed January 2020].

**NHS Digital, 2019.** *NHSmail*. [Online]  
Available at: <https://digital.nhs.uk/services/nhsmail#start-using-nhsmail>  
[Accessed January 2020].

**NHS Employers, 2019.** *NHS Terms and Conditions (AfC) pay scales - Annual*. [Online]  
Available at: [bit.ly/2T3Adct](http://bit.ly/2T3Adct)  
[Accessed January 2020].



**Norbury, C. F. et al., 2016.** The impact of nonverbal ability on prevalence and clinical presentation of language disorder: *Evidence from a population study*. *Journal of Child Psychology and Psychiatry*, Volume 57, pp. 1247-1257.

**RCSLT, 2014.** *Dysphagia Training & Competency Framework*. [Online]  
Available at: [bit.ly/3cxaCk6](http://bit.ly/3cxaCk6)

**RCSLT, 2014.** *The RCSLT Dysphagia Training & Competency Infographic*. [Online]  
Available at: [bit.ly/2T6JcKd](http://bit.ly/2T6JcKd)  
[Accessed January 2020].

**RCSLT, 2019.** *Outcome measurement overview*. [Online]  
Available at: [bit.ly/2WuxYRz](http://bit.ly/2WuxYRz)  
[Accessed May 2019].

**RCSLT, 2019.** *RCSLT Online Outcome Tool - overview*. [Online]  
Available at: [bit.ly/3dNXTcL](http://bit.ly/3dNXTcL)  
[Accessed July 2019].

**RCSLT, 2019.** *Speech and language therapy Regulation*. [Online]  
Available at: [bit.ly/3epa8No](http://bit.ly/3epa8No)  
[Accessed 18 January 2020].

**RCSLT, 2019.** *What is supervision?* [Online]  
Available at: [bit.ly/38Y1rB](http://bit.ly/38Y1rB)  
[Accessed January 2020].

**RCSLT, 2020.** *RCSLT Jobs*. [Online]  
Available at: [www.speech-language-therapy-jobs.org/](http://www.speech-language-therapy-jobs.org/)  
[Accessed January 2020].

**RCSLT, n.d.** *Bilingualism overview*. [Online]  
Available at: [bit.ly/3dJ2tcl](http://bit.ly/3dJ2tcl)  
[Accessed January 2020].

**RCSLT, n.d.** *Fact sheets on speech and language therapy*. [Online]  
Available at: [bit.ly/2T4cWHy](http://bit.ly/2T4cWHy)  
[Accessed July 2019].

**Save the Children UK, 2016.** *The Lost Boys: How boys are falling behind in their early years*, London: Save the Children .

**Snowling, M. et al., 2011.** *Better communication research project: Language and Literacy Attainment of Pupils during Early Years and through KS2: Does teacher assessment at five provide a valid measure of children's current and future educational attainments?* London: Department For Education.

**Stothard, S. et al., 1998.** Language impaired preschoolers: a follow-up into adolescence. *Journal of Speech, Language and Hearing Research*, Volume 41, pp. 407-18.

**The Communication Trust, 2012.** *Communication Supporting Classroom Observation Tool*. [Online]  
Available at: [bit.ly/3oouxmm](http://bit.ly/3oouxmm)  
[Accessed July 2019].

**The Communication Trust, 2014.** *Implementing the SEND reforms. Joint Commissioning for children and young people with speech, language and communication needs*. [Online]  
Available at: [bit.ly/38PGYWh](http://bit.ly/38PGYWh)  
[Accessed May 2019].

**The Communication Trust, n.d.** *Commissioning speech and language therapy services: The 'One Stop' Guides*. [Online]  
Available at: [bit.ly/2OIhbXS](http://bit.ly/2OIhbXS)  
[Accessed July 2019].

**The Communication Trust, n.d.** *Resources for Practitioners*. [Online]  
Available at: [bit.ly/3frpAtf](http://bit.ly/3frpAtf)

[Accessed January 2020].

**The Communication Trust, n.d.** *The Communication Trust: Every child understood*. [Online]  
Available at: [bit.ly/2CucU6s](http://bit.ly/2CucU6s)  
[Accessed May 2019]

**The Communication Trust, n.d.** *What are Speech, Language and Communication Needs?* [Online]  
Available at: [bit.ly/3j56MCz](http://bit.ly/3j56MCz)  
[Accessed 8 January 2020].

**The Communication Trust, undated.** *School Case Study: An example of commissioning practice in schools*. [Online]  
Available at: [bit.ly/3fso1Ly](http://bit.ly/3fso1Ly)  
[Accessed 23 July 2019].

**The Communication Trust, Undated.** *What Works? Database of evidenced interventions to support children's speech, language and communication*. [Online]  
Available at: [bit.ly/3epegwn](http://bit.ly/3epegwn)  
[Accessed May 2019].

**The Health and Care Professions Council (HCPC), 2019.** *HCPC. The Health Care and Professions Council*. [Online]  
Available at: <https://www.hcpc-uk.org>  
[Accessed July 2019].

**The Health and Care Professions Council, 2019.** *Check the register*. [Online]  
Available at: <https://www.hcpc-uk.org/check-the-register/>  
[Accessed July 2019].

**White, S. & Spencer, S., 2018.** A school-commissioned model of speech and language therapy. *Child Language Teaching and Therapy*, 34(2), pp. 141-153

# Useful links

■ *Bercow: Ten Years On* - resources for supporting SLCN in schools

■ How a SaLT can support looked-after children as part of a Virtual School Team.

- Resources from The Communication Trust:
- Commissioning speech and language therapy services for your early years setting
  - Commissioning speech and language therapy services for your school
  - Commissioning speech and language therapy services in the post 16 sector
- The Communication Trust website also has a range of resources to support settings commissioning speech and language therapy. The following are commissioning case studies written by school staff:
- Inclusion manager in primary school
  - SENCO in primary school
  - Specialist teacher in secondary school

■ Head teachers and those responsible for commissioning services in academies, free schools, maintained schools and clusters might find this document useful: **Implementing the SEND reforms: Joint commissioning for children and young people with speech, language and communication needs**

■ This study investigated the experiences of SENCOs in schools who commissioned additional speech and language therapy from their local service. Many positives and few disadvantages were reported. SENCOs perceived the cost to be moderate and reported improved outcomes for children (*White & Spencer, 2018*).

■ For broader information on commissioning and implementing change to deliver better outcomes for young people: [www.bettercommunication.org.uk/about-us/](http://www.bettercommunication.org.uk/about-us/)



# FAQs and common themes

## What if we have limited funding but want to invest in a sustainable model?

Consider commissioning a SaLT who is a licensed training provider for some of the evidence-based SLCN training available. The Communication Trust What Works training database might help. You can contact SLCN training providers to check that your SaLT has an up-to-date license to deliver their trademarked training packages.

## SaLTs don't have enough experience, or confidence, to work with teachers, train staff or support settings at a universal level

As mentioned above, consider commissioning a SaLT who is a licensed training provider for some of the evidence-based SLCN training available. The Communication Trust What Works training database might help. You can contact SLCN training providers to check that your SaLT has an up-to-date license to deliver their training packages.

Offer to release your SaLT to attend a course to become a licensed provider.

You may want to specify you require a SaLT with post-graduate training in education related subjects, or with several years' experience working in education settings.

Negotiating the agreement is important here. Don't be afraid to suggest mutually beneficial arrangements. For example, offer to part fund training for your SaLT. In return, negotiate some additional service within the agreed budget, such as SaLTs attending parents' evenings or providing a whole setting INSET. Or, invite your SaLT to attend your in-house literacy training INSET, in return for something else.

## SaLTs are sometimes not experienced with certain client groups, such as CYP with autism

Ensure your SaLT has the experience to match your setting during negotiations. When commissioning from a larger organisation, state the minimal level of experience/specialism that you require. You may be able to negotiate on cost if you are prepared to fund training, study time or other CPD activity for SaLTs lacking knowledge and skills in the areas you need.

## Commissioned SaLTs sometimes don't have links with local public sector services

If your setting supports CYP with complex needs, there is likely to be a requirement for your SaLT to collaborate and work in partnership with a range of professionals from the NHS and local authority services. You would be wise to ensure your chosen provider has adequate links and knowledge around local services. Sometimes this problem can be averted with sufficient allocated time for collaboration, and by gaining consent from families at referral to share relevant information with others when this is in the best interests of the CYP.

# FAQs and common themes

## How can we ensure consistency of SaLTs?

Retention is often most successful when staff are considered a core part of the setting team and their contribution is well understood and valued. Ask your provider about the likelihood of staff changes when negotiating the terms of your agreement. Particularly in the independent sector you may be able to increase notice periods by paying a premium. You may be able to negotiate a clause guaranteeing a part refund if the SaLT changes mid-contract.

## How can I ensure good communication among SaLTs in our setting?

It is a requirement of the regulating body that SaLTs work in partnership with all colleagues, including other SaLTs. The HCPC can tell you more about standards that SaLTs must adhere to. Time is often the barrier, so facilitating regular meetings, ensuring SaLTs are in on the same day, or ring-fencing liaison time can help.

## What do I do if the impact of the service on the school is unclear from the SaLT reports on individual children?

SaLT reports are useful for reporting and planning around individual children; however, you will need to agree a more systematic process for measuring impact of the service.

SaLTs must be able to assure the quality of their practice as part of HCPC registration. This requires them to gather data to evaluate their practice systematically. They must involve CYP and carers in their planning and evaluate intervention plans using recognised outcome measures. Various outcome systems are available and the RCSLT supports the use of the Therapy Outcome Measure (TOM) tool (*Enderby & John, 2019*).

A combination of the SaLT's outcomes measures, staff and parent/carer feedback, CYP feedback and setting data would make a robust evaluation of the impact of the speech and language therapy service after an agreed time period. Staff, parents/carers and CYP could be asked to provide ideas for improvement if the service is to be renewed.

## SaLT reports can be tricky for staff and parents to understand as they contain technical jargon

This type of problem can be resolved through factoring in regular service review meetings, where issues can be raised at an early stage. SaLTs can seek guidance on this or any other aspect of their work from their professional supervisor. Some settings have overcome this issue by asking the SaLT for a 'jargon buster' sheet to be attached as an appendix to each report. Others have gone through reports with the SaLT and agreed new terms for technical words such as 'understanding' for comprehension, 'talking' for expressive language and 'speech sounds' for phonology.

## What practical detail has worked well when commissioning speech and language therapy in a school?

- A service level agreement that is reviewed termly
- Termly planning meetings that look at individual needs/priorities and whole-school needs
- Weekly planning meetings with SaLTs, teachers and TAs
- Negotiating training for all staff as part of the service
- Knowing where the SaLT can go for support when things are outside of their scope of practice
- Clear understanding of the SaLT's experience; e.g. do they have PMLD/hearing impairment experience to match the setting needs?
- Clear guidelines as to when holidays/annual leave will be taken
- Time scale expectations for the writing of SaLT reports and programmes



### How can we assess the level of SLC need in our setting?

There is a range of tools available, depending on the age and ability of the CYP in your setting. If you are looking at the whole-school need then you may find audits for 'communication friendly classrooms' useful (such as the Communication Supporting Classroom Observation Tool). Screening or profiling tools might be useful if you are looking at need in a whole class. The Communication Trust has some useful resources.

As a broad measure, if you are a mainstream setting, these figures may help you consider your need:

- In some areas of deprivation around 50% of children are starting school with delayed language skills and other identified SLCN.
- Around 10% of all children have long-term SLCN; this includes approximately 7.6% who have developmental language disorder (DLD).
- 1% of children have severe and complex SLCN.
- In youth justice settings and settings supporting CYP with social, emotional and mental health needs, upwards of 60% of CYP are likely to have SLCN.
- In specialist settings supporting CYP with literacy difficulties, the need will be different again as there are strong links between literacy and language difficulties. Children with language difficulties at 5-7 years are likely to have decoding and reading comprehension difficulties aged 11-15.

(ICAN & RCSLT, 2018; Conti-Ramsden, et al., 2001; Stothard, et al., 1998)

You can find some useful resources here for working out your setting's needs.

### I have been contacted by a SaLT asking if they can visit a pupil in our setting. The SaLT has been commissioned by a parent, not by our setting

When a HCPC-registered SaLT asks to visit a CYP in your setting, it is good practice to work with them, regardless of whether they are commissioned by the NHS, a parent or any other organisation.

If you allow them to observe or assess the CYP, and collaborate with them re the child's support, there are likely to be benefits for your setting such as resources, ideas around inclusion and support for writing a CYP's individual learning plan, at no cost to the setting. Some settings have jointly funded SaLT intervention with parents, where neither has been able to afford the support alone.

### Reluctance to share information without re-checking consent seems to be a constant barrier to timely communication between our SaLT and others

With regard to working with colleagues, HCPC standards state:

- You must work in partnership with colleagues, sharing your skills, knowledge and experience where appropriate, for the benefit of service users and carers.
- You must share relevant information, where appropriate, with colleagues involved in the care, treatment or other services provided to a service user.

Gaining consent from families to share relevant information, at the time of referral, might be a way around this. SaLTs also need to adhere to other standards on respecting confidentiality and keeping records secure. Some educational settings in England have set up NHSmail email accounts, which enables easier direct access to NHS professionals and a secure, confidential platform for information sharing. Some independent SaLT providers in England and Scotland are eligible for NHSmail and you can find a link to apply here.

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## About the RCSLT

This document has been written by the Royal College of Speech and Language Therapists (RCSLT). The RCSLT is the professional body for speech and language therapists in the UK. We provide leadership and set professional standards. We facilitate and promote research into the field of speech and language therapy, promote better education and training of speech and language therapists and provide information for our members and the public about speech and language therapy.

## About the National Association of Head Teachers

This document is supported by the National Association of Head Teachers (NAHT). NAHT is the UK's largest professional association for school leaders. It represents more than 30,000 head teachers, executive heads, CEOs, deputy and assistant heads, vice principals and school business leaders and middle leaders. Its members work across: the early years; primary, special and secondary schools; independent schools; sixth form and FE colleges; outdoor education centres; pupil referral units; social services establishments; and other educational settings, across England, Wales and Northern Ireland.

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An online version of this guidance can be accessed via the Education pages of the RCSLT website:

**[www.rcslt.org/speech-and-language-therapy/where-slts-work/education](http://www.rcslt.org/speech-and-language-therapy/where-slts-work/education)**





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