# When two heads are better than one

**Karen Massey and Helen Adkins discuss ways of working collaboratively to support a child's communication skills**

Illustration by **Vicky Scott**

The face of speech and language therapy has changed in recent years. Cuts to NHS funding mean that more and more therapists are working differently. Some work full-time in independent practice (IP), with others choosing to work across both NHS and IP sectors. Since 2010, there has been a year-on-year increase in the membership of the Association of SLTs in Independent Practice (ASLTIP), with 1,347 members at the time of writing.

The Health and Care Professions Council Standards (2016) state that when working in collaboration, therapists should:

- cooperate and collaborate with colleagues in all aspects of service users' and carers' management, within and across settings, sectors and professions in the best interests of service users;
- share information, knowledge and skills for the benefit of the service user;
- respect colleagues' perspectives and contribution; and
- work in partnerships with other services, putting the service user's interests first.

University courses are also responding to the increasing number of therapists venturing into IP. Having enquired into how IP features in UK undergraduate courses, one response, from the University of Reading, reported a year-on-year increase in students accessing placements in IP. The university currently accesses clinical placements from eight different independent service providers and reports that students will likely experience at least one independent placement out of the eight. It also reports that IP is continually referred to throughout the course when discussing placement providers.

## A typical experience

We are an NHS and an IP SLT who currently work together to support a child (Billy, not his real name) with Down syndrome who attends a mainstream school. As SLTs, we communicate frequently, share responsibility for targets and therapy, and have seen Billy benefit as a result. We wanted to find out if our experience was typical →

*"We share the same targets and feel this unified approach makes it easier for school and home to follow the plan"*

or whether there were any obstacles to partnership working. After developing our own partnership working over the past four years, we decided to share our experience. We consulted seven NHS and nine ASLTIP colleagues, asking for their opinions on three key areas: communication, targets and quality. We also consulted Billy's parents and school to hear their views. The following observations reflect our experiences and those of our colleagues.

**Q What lines of communication do you have with NHS/independent SLTs and how regularly do you liaise? What potential communication barriers are there?**
Responses confirmed our belief that communication is the key to success. After gaining consent, 13 of the SLTs we consulted confirmed that they contact each other by phone or email. Frequency varies from our practice of communicating following each visit, to communication at the start and end of blocks of therapy. Joint sessions are rare (occurring in only one case) but are seen as very valuable. One therapist uses parents as a go-between.

Communication covers both assessment and management plans. It helps to build a better picture of what is happening for the child. Six therapists experience resistance and do not automatically experience shared communication. Occasionally, communication does not take place because therapists are unaware of any other involvement. Interestingly, there were no ascertainable differences in response dependent on role: NHS and IP therapists responded in a very similar way. Everyone agreed that communication sharing was important.

**Q Do you share and work from the same targets or have separate ones?**
We share the same targets and feel this unified approach makes things easier for school and home to follow the plan. Six of the SLTs we asked decide to take a focus each; e.g. one works on fluency while another works on speech or oral motor. Six divide language and speech. Ten therapists find that they might share the same targets but work in different ways, often with the NHS therapist providing more of an advisory role and the independent SLT working more directly with the child. One respondent shared a concern that working on the same targets might lead to mixed messages about the child's therapy needs. Communication really is key in getting this to work.

**Q Do you feel that if there are two SLTs involved for a child, it means a better level of service for a child, or does it depend on the above?**
This is an area that therapists found harder to gauge. In our case, the overall quality of therapy is enhanced by both therapists reinforcing the same messages and bringing different skills to the table. Five SLTs feel that where an independent therapist is involved the child benefits from increased frequency of input, often 'topping up' the therapy that the NHS SLT is able to provide. The outcome is better if the therapists work together and respect each other's roles.

**Q What would be your main reason/s for involving private SLTs alongside NHS ones?**
The reason why we are both involved is because Billy's parents wanted to gain more frequent, direct input for Billy and also more guidance for the school staff. Constraints to NHS resources meant parents felt the level of support needed to be supplemented. In this way, they describe achieving, "a level of support that works for our child".

**Q Does it seem like a 'joined-up' approach from your perspective? Do you ever feel you are not working on the same things or are confusing either yourselves or school staff?**
Reassuringly, Billy's parents feel they receive a "highly joined-up approach" and have been happy to continue in this way for a number of years. Of particular importance is the communication channel: "You keep each other, parents and school appraised of what you are each doing, and work collaboratively to provide a similar approach and tasks for (him), together with one SLT report for annual review. It feels like we are all moving in the same direction with the same goals and methods, and it is not at all confusing."

The special educational needs coordinator and teaching assistant we work with report how useful it is when two SLTs, with their own set of ideas/areas of expertise, both contribute to Billy's development and that it is crucial that we both communicate about our areas of focus.

## Tips for joint working

With the increase in independent practitioners set to continue, joint working is sure to become more of a part of what we all do. Here are our 'top tips' for making it as effective (and enjoyable) as possible:

- Approach it as an opportunity for learning/professional development. For independent practitioners working in isolation, 'colleagues' may be few and far between. Make the most of having someone to 'pick the brains of', bounce ideas off and generally learn from and share ideas with.
- Respect different interaction styles and ways of doing things.
- Make liaison a priority; an integral part of managing the case.
- We know it's a cliché, but don't reinvent the wheel. We share targets and reports. Keeping a record of email communications we use to feedback makes this easy to do. ■

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### *References & resources*

ASLTIP: beta.helpwithtalking.com
RCSLT guidance on collaborative working: bit.ly/2IACNmb
Health and Care professions Council. (2016) Standards of conduct performance and ethics: bit.ly/2P5dhqi