



SHARING BEST PRACTICE IN THE SEND PROCESS:

*For Families, Speech & Language
Therapists, Local Authorities
& The Special Educational Needs And
Disability Tribunal*

*(First-tier Tribunal-Special Educational
Needs and Disability)*



Produced jointly between The Royal College of
Speech and Language Therapists and the
Association of Speech and Language Therapists in
Independent Practice.

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From 3rd November 2008 there have been significant changes within the Tribunal Service with new organisational structures, new rules and regulations. From this date the SENDIST will be known as First-Tier Tribunal, Health Education and Social Care Chamber (HESC), Special Educational Needs and Disability, or FTT-SEND.

Please note that the new rules and regulations apply to England . The new rules and regulations will be reviewed as they are implemented and thus they will change over time.

This document exemplifies best practice both clinically and professionally for SLTs participating in this process.

The RCSLT acknowledges that different systems and processes are in operation in Wales , Scotland and Northern Ireland and would expect that members in those countries are familiar with their requirements. Whilst this document relates specifically to the English process it was felt by the RCSLT Management Board that much of the content, in terms of the examples cited and the conduct guidelines would be equally informative to all RCSLT members.

Whilst the systems may differ in detail / legal process, the expectation of RCSLT for all members remains the same in terms of conduct throughout. Members are also referred to Section 7.2.6 in CQ3

1. A BACKGROUND TO THIS CONSULTATION

1.1. THE PURPOSE OF THIS PROJECT

- 1.1.1. **The purpose of this document is to provide guidelines on best practice for Speech and Language Therapists who are writing reports for the purpose of a Tribunal hearing.** *The Tribunal will be referred to as SEND in this document although the full title is FTT-SEND (First Tier Tribunal Special Educational Needs and Disability) within HESC (Health Education and Social Care Chamber).*

1.2. HOW TO USE THIS DOCUMENT

- 1.2.1. This is intended as a reference document to guide clinicians through all stages of the SEND process.
- 1.2.2. **The guidelines support the provision of appropriate and adequate speech and language evidence for SEND panels to make a structured decision within the law with regard to the child's speech, language and communication and the provision to meet those needs.** Detailed information on the role of the SLT (Speech and Language Therapist), report writing and recommendations on provision have been drawn from a number of sources* Examples given on report structure and types of recommendation are included but are not meant to be restrictive. It is recognised that SLTs will have specific information about the speech and language needs of each child within their educational setting which will be included here. (*Standards Health Professions Council-HPC, Communicating Quality 3 - CQ3 and Working in Harmony see RCSLT website and ASLTIP website)
- 1.2.3. **The guidelines aim to improve the effectiveness of the Speech and Language Therapist's contribution to the SEND process for all service users.** This document is primarily for SLTs but will be accompanied by a summary

document for all parties involved in SEND (i.e. parents, LA, health and education colleagues). In this document LA refers to the Local Authority, until an order under the Education and Inspections Act 2006 is brought in all education parts of local authorities are local education authorities in the law. The order will change all the references from LEA to LA.]. The 'parties' at the Tribunal are the parents and the LA.

1.2.4. **Whilst developing the guidelines a number of re-occurring themes were identified:**

- a. Liaison and communication between all parties is essential.
- b. SLTs must have knowledge of the SEND process and their role in the process.
- c. Auditing and feedback on the quality of SLT reports provided for SEND is necessary.

1.2.5. **This document includes examples of best practice that have been put forward by members of our focus group and others. In addition a set of report guidelines and template have been included to help clinicians construct a report that is 'fit for purpose'. The examples are not exhaustive and are for guidance only.**

1.3. A NOTE ON TERMINOLOGY

- 1.3.1. The terms Local Authority and Local Education Authority are used in different parts of the country. For brevity the abbreviation LA is used to mean both.
- 1.3.2. The 'parties' at the Tribunal are the parents and the LA.
- 1.3.3. There has been extensive reference to speech language and communication needs in this document. We are aware that eating and drinking difficulties are a part of a speech and language therapist's caseload and all of the guidance in this document refers also to this part of a clinician's responsibilities.
- 1.3.4. *If you are an SLT and have a query please contact RCSLT in the first instance and they will endeavour to guide you through the document*

2. CONDUCT GUIDELINES FOR SPEECH AND LANGUAGE THERAPISTS IN RELATION TO THE SEND PROCESS

Practising Speech and Language therapists are regulated by the Health Professions Council (HPC) and as such are required to keep high standards.

2.1. THE HPC STANDARDS OF PERFORMANCE AND ETHICS STATE:

- 2.1.1. They must try to provide the best possible care and make sure that they behave with integrity and honesty and keep to high standards of personal and professional conduct at all times.
- 2.1.2. They must act within the limits of their knowledge skills and experience.
- 2.1.3. They must not get involved in any behaviour or activity that is likely to damage the profession's reputation or undermine public confidence in their profession. They must carry out their duties and responsibilities in a professional and ethical way.
- 2.1.4. They must take all reasonable steps to make sure that they can communicate properly and effectively with clients their carers and family.
- 2.1.5. They must also communicate effectively, co-operate, and share knowledge and expertise with professional colleagues for the benefit of the child.
- 2.1.6. They must respect the confidentiality of their clients.

2.2. ROYAL COLLEGE OF SPEECH AND LANGUAGE THERAPISTS (RCSLT) COMMUNICATING QUALITY 3 AND THE ASSOCIATION OF SPEECH AND LANGUAGE THERAPISTS IN INDEPENDENT PRACTICE (ASLTIP)

- 2.2.1. Existing guidance can be found in RCSLT Communicating Quality 3 (CQ3) and Working in Harmony
- 2.2.2. Other professions have developed guidelines for the SEND process some of these documents have informed the development of these conduct guidelines. *(Please see APPENDIX 3 – REFERENCES)*
- 2.2.3. When a Speech and Language Therapist is providing a second opinion, particularly in the context of a statement of special educational needs they should expect to receive and provide a list of recent or planned formal assessments of speech and language in order to prevent the possibility of test score invalidation.
- 2.2.4. It is in the best interests of the child, and beneficial to the family, for speech and language therapists to communicate from the outset and demonstrate mutual professional respect. The role of ongoing communication between all speech and language therapists is to resolve potential conflicting professional issues, allay the individual's anxiety; develop mutual trust

2.3. CODE OF CONDUCT

- 2.3.1. *Please note: other professions have developed guidelines for the SEND process, some of these documents have informed the development of these guidelines – already in 2.2.2.*
- 2.3.2. SLTs will show respect for their colleagues and will not seek to denigrate others. Positive and courteous behaviour will enable professionals and parents to continue to work together after a Tribunal, regardless of the outcome.
- 2.3.3. SLTs need to acknowledge that children and young people thrive in different provisions. SLTs should demonstrate the benefits of their provision without undermining or criticising other providers explicitly or by implication.

2.4. PRE-TRIBUNAL

- 2.4.1. A Speech and Language Therapist should expect to receive notification from the Local Authority (LA) that an appeal has been lodged and should acknowledge receipt of notification. They should then be kept fully up-to-date with the progress of the case management process. A SLT should also have access to the appropriate papers with regard to the appeal. An established procedure put in place locally would address issues around liaison and timescales required.
- 2.4.2. A lead therapist should take responsibility for ensuring effective communication and liaison with the LA with regard to SEND appeals. (*APPENDIX 1 – for examples of good practice*) In this case 'Lead Therapist' should relate to a clinical lead, who understands the statementing process and has experience with education/ complex cases. This process must be informed by a therapist who knows the child well.
- 2.4.3. It would be useful if the local authority discussed the case with the SLT service whilst in discussions prior to an appeal being lodged. This would include prior referral or first contact if SLT is one of the issues in dispute. (*APPENDIX 1 – for examples of good practice.*)
- 2.4.4. A Speech and Language Therapist should;
- prepare the report based on a recent comprehensive assessment of all aspects of a child's strengths and needs in speech, language and communication development. This should show a clear knowledge of the child's current provision, progress and needs.
 - make every attempt to maintain a dialogue with the parents and seek to resolve differences through informal mediation or more formal processes e.g. attending mediation meetings as part of the SEND process as appropriate.
 - explain to parents and witnesses that professional behaviour will prevail regardless of the outcome of the Tribunal process.
 - be prepared to meet together with other members who will be attending the hearing before the Tribunal hearing to prepare the case and relevant evidence.

The SLT attending Tribunal should be someone who has recent detailed first hand experience of the child and their management and care. Usually this would be the SLT who works with the child. If this SLT is inexperienced, they should have support from an experienced SLT.

2.5. AT THE TRIBUNAL HEARING

2.5.1. SLTs at the Tribunal will need to;

- be clear and objective about the speech, language and communication needs of the child and the provision to meet those needs based on recent contact with the child.
- have a thorough knowledge of the Code of Practice and be able to demonstrate, with evidence, the progress that the child has made. (*See section 3.7.4*)
- have a thorough understanding of the appeal papers and have identified the issues and related factors.

All SLT professionals agree to abide by the code of conduct set out in this document.

2.5.2. The Tribunal hearing has legal jurisdiction with the panel members being employed by the Ministry of Justice. Hearings are conducted in an inquisitorial not an adversarial manner. It is intended to be less formal whilst allowing all points of view to be explained. Children may attend the hearing for all or part of the hearing with the consent of the panel.

2.5.3. The Tribunal is governed by legislation, it is further defined by Statutory Instruments and informed by case law. The panel comprises of a Chair of the Panel who is legally qualified, and two specialist members who are selected for their knowledge of Special Educational Needs and Disability and their experience.

2.5.4. SLTs at the Tribunal need to remain objective. **They are acting as an expert witness not as a mediator or an advocate.** They should;

- focus on the child's SLCN (Speech, language communication needs) and how these needs should be met within their educational/learning environment. If possible look at progress over time and impact of intervention.
- provide precise factual and objective information and give their professional opinion on matters only within their expertise. (*See CQ3 and Working in Harmony.*)
- if asked, provide professional balanced opinion based on experience and knowledge of the child. Make an accurate identification of the client's needs that is not influenced by pressures (such as the desires of the client, parent or carer or time constraints) in the client's best interest. If it is not possible to provide a report to the appropriate standard within the given timeframe then this information and the reasons should be conveyed to both parties (LA and parent/s) in writing. *Ref CQ3 and Working in Harmony.*
- be prepared to explain to the SEND Panel any specialist information.

2.6. AFTER THE TRIBUNAL HEARING

- 2.6.1. The Tribunal reaches a decision within the legal framework based upon the evidence placed before it, in the papers and at the Tribunal hearing. The result is not a reflection on the professional integrity of those involved.
- 2.6.2. All SLTs should;
- have the opportunity to discuss and record issues raised by the tribunal process as part of their ongoing CPD (continuing professional development).
 - encourage the re-establishment of a normal working relationship with the family once the outcome of the Tribunal is known or ensure transfer to another therapist e.g. if child is changing schools as a result of the Tribunal decision.
 - ensure that the Tribunal decision is put into effect as smoothly and efficiently as possible, working professionally with all other personnel involved, especially the family.
 - record and discuss any mismatch between need and available resources with the LA. This should enable the order of the Tribunal to be implemented as soon as practicable.

3. WRITING REPORTS FOR SEND

3.1. THE CONTEXT

- 3.1.1. The context and processes for supporting children with special needs or additional support are subject to review and change. Speech and Language Therapists are advised to review the up-to-date guidance on relevant educational websites. Whatever the specific requirements placed on SLTs through the law and codes of practice, professional advice should be guided by the following principles that are further detailed in [Communicating Quality 3 \(CQ3\) – Chapter 7](#).

3.2. DUTY OF CARE

- 3.2.1. Speech and Language Therapists 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.

3.3. PRINCIPLES UNDERPINNING THE WRITING OF ADVICE:

- 3.3.1. Any models of intervention, facilities and resources recommended should relate to the speech language and communication needs of the child and not to the speech and language therapy resources available.
- 3.3.2. Advice should be full enough and clear enough to give other professionals, and particularly the child's parents an understanding of the child's needs.
- 3.3.3. Terminology used in reports should be unambiguous. Where it is necessary to use professional terminology, it should be defined.
- 3.3.4. SLTs should advise only within their sphere of expertise and where necessary seek opinion from more experienced therapists.
- 3.3.5. Parents should be included as partners in the process of identifying the support needs of the child.
- 3.3.6. All aspects of advice provided should be justifiable and supported by evidence wherever appropriate. *See Communicating Quality 3 (CQ3) – Chapter 7*

3.4. INFORMATION FIT FOR PURPOSE

- 3.4.1. SLTs should be aware that SLT information presented to the Tribunal may include any written information on the child, provided by the SLT service as part of their service and sent to parents, the school and the LA. This could include; clinical screening assessment or handwritten summaries and notes of a school visit; speech and language therapy advice or programme. These reports may date back for several years.
- 3.4.2. It is acknowledged that reports are written for different purposes and although they may be similarities in format there will be differences between reports for the statutory assessment process and those produced specifically for SEND. Although these guidelines are intended for the SEND process it is recognised that this is a continuation for some families of the statutory assessment process, the format is designed to be used for statutory assessment reports although the reporting process will be less detailed than for Tribunal. *See Communicating Quality 3 (CQ3) – Chapter 7*
- 3.4.3. In all cases it is recommended that the purpose of any written information is clearly stated in order that the Tribunal Panel are aware of all SLT involvement in the child's case and whether the SLT has prepared a report specifically for SEND. The educational provision set out in Part 3 of the statement must be specified as set out in the *Special Educational Needs - Code of Practice 8.35, 8.36 and 8.37*. Evidence provided by SLTs for SEND must specify the child's needs and the provision to meet those needs and should normally be quantified to meet the requirements of the law and the SEN Code of Practice.
- 3.4.4. It is important to adhere to the guidelines throughout the statementing process to ensure that all skills are developed, and that SEND documents are then of the required standard.

INFORMATION NEEDED FOR A SEND REPORT

3.5. INTRODUCTION

- 3.5.1. Include purpose of report - intended for SEND
- 3.5.2. Who commissioned it – LA or parents?
- 3.5.3. Experience of author **1 – 2** Pages maximum. This may include experience and specialist knowledge of the child or client group.
- 3.5.4. Documents seen and when they were written. For example, this might include reports from parents, SLTs and other medical health care professionals, educational psychologists and colleagues in education, and social services.

3.6. PART 1 - BACKGROUND HISTORY

- 3.6.1. Make this brief and if summarising a complex case history in terms of SLT involvement, include relevant details as part of the appendix and not in the main body of the report.

3.7. PART 2 - IDENTIFY AND SUMMARISE SLT NEEDS

- 3.7.1. It is very important that this part of the report follows a logical sequence with relevant evidence and evaluation, as this information is used by the panel to help resolve conflicts of opinion.
- 3.7.2. **Any evaluation of the child's needs** should be based on an up-to-date broad based, thorough and comprehensive assessment of all areas of communication functioning and where possible in a range of contexts.
- 3.7.3. **Summaries of previous therapy** should be kept brief. Aim to describe the child's progress over time and the strategies and support provided. Where possible, link details of therapy and level of input with changes and outcomes. For example use details of SLT programmes and outcomes, SLT targets and outcomes included in Individual Education Plans (IEPs), information provided by school staff in response to questionnaires.
- 3.7.4. **State your involvement with the child** including where you have seen them and whether this has been over a period of time. It should be clear how the child's speech and language needs and progress are monitored within school. The report should also include direct observation of the child in their educational setting. Where this is not possible it should be clear who is providing the information for the report. Give details of liaison with parents, school staff and colleagues.
- 3.7.5. **Provide an analysis of the child's speech, language and communication impairment.** Include clear evidence in the form of clinical observation, informal and/or formal standardised assessments as appropriate to support your statements about the child's difficulties and their rate of progress. Explain your choice of assessment and evaluate the test results. Language and communication levels can be described in relation to other non-verbal abilities where this information is reliably known. Where the child has experience of 2 or more languages, all languages should be noted, whether or not an assessment has been made in that language.
- 3.7.6. **Explain the implications of the described difficulties** in relation to the child's educational setting. 'The impact or predicted impact of these difficulties on the child's social participation, learning and accessing the curriculum.' [See Communicating Quality 3 \(CQ3\) – Chapter 7.](#)
- 3.7.7. **Include information on how is the child functioning** in their educational placement. Where possible provide examples that illustrate the child's difficulties and strengths and use of strategies in their educational setting. Aim to describe how and where the child works best. Provide 'a broad description of the speech,

language and communication outcomes being sought for the child'. [See Communicating Quality 3 \(CQ3\)](#) – Chapter 7.

3.8. PART 3 - PROVISION

3.8.1. As stated in [CQ3](#) any models of intervention, facilities and resources recommended should relate directly to the speech, language and communications needs of the child.

3.8.2. **Facilities and Resources**

3.8.3. SLTs should provide a description of the required resources and features of the educational setting which will best help the child achieve the outcomes being sought. In terms of:

Facilities (e.g. the provision of a small quiet room for developing listening skills)

Modifications (e.g. information presented primarily through visual means, including the use of symbols and signing)

Resources (e.g. provision of high tech communication aid symbol software available in school)

Staff knowledge and skills (e.g. knowledge and experience of teaching children with autism)'

3.8.4. Where a receiving educational establishment is not immediately able to provide the appropriate environment to help the child achieve the desired outcomes, additional speech and language therapy provision may be required to work with school staff in the development of an appropriately supportive and inclusive environment.

3.8.5. Where an individualised programme of intervention will not be effective without the requisite resources and features of the educational setting, this should be stated.

3.8.6. SLTs should specify the appropriate model of therapy provision and also demonstrate that they have given consideration to alternative methods and provide a clear rationale for their choice.

3.8.7. The projected outcomes should be outlined and include references to research data if available. Details on research studies can be included in the appendix of the report.

The timescale for review of the provision should be stated in order to ensure it still meets the needs of the child appropriately.

3.8.8. **Models of Intervention**

3.8.9. Some models of intervention are described in [See Communicating Quality 3 \(CQ3\)](#) – Chapter 7 and outlined below. These have been linked to suggestions for specific and quantifiable recommendations in line with SEND requirements. This is not an exhaustive list.

3.8.10. **A) Supported inclusion of the child.**

This will usually involve a specified number of SLT hours for joint planning, co-working and training sessions. To enable school staff to make teaching style changes or environmental changes to optimise the inclusion of the child within class activities.

3.8.11. **B) Child skill development through inclusive means.**

The SLT will support school staff to carry out programmes of work with the whole

class or small groups in order to develop targeted language or communication skills.

- 3.8.12. The SLT will need a specified number of hours per academic year for joint planning and preparation, as well as sessions for demonstration and meetings.
- 3.8.13. The programme should be outlined in some detail and should directly relate to the child's speech and language needs already described in Part 2 of the report.
- 3.8.14. Time should also be allocated to review the success of the intervention with staff over a specified period of time (i.e. a term or over the academic year).
- 3.8.15. ***C) Child skill development through the integration of individualised targets.***
The SLT will work with parents and members of staff in order to integrate individualised speech, language or communication targets into the child's daily life activities in school and at home.
- 3.8.16. The SLT will need a specified number of hours per academic year to prepare, demonstrate and discuss specific SLT activities and materials and these should be outlined in some detail and should directly relate to the child's speech and language needs already described in Part 2 of the report.
- 3.8.17. Time should also be allocated to review progress and monitor the success of the intervention in terms of outcome measures, over a specified period of time (i.e. a term or over the academic year)
- 3.8.18. ***D) Child skill development through individualised programmes of work***
The SLT will provide a regular programme of individualised intervention aimed at developing specified speech, language communication and/or eating and drinking skills. These should be outlined in some detail and should directly relate to the child's speech and language needs already described in Part 2 of the report. A specified number of hours over the academic year should be allocated to delivering the programme.
- 3.8.19. Local authorities must arrange the special educational provision set out in a statement. For speech and language therapy this may be provided directly by an SLT or SLTA (Speech and Language Therapy Assistant), or it may be appropriate for staff at the child's school to provide the programme under the guidance of an SLT, depending on the terms of the statement. SLTs are advised that they must adhere to HPC guidelines. 'Whenever you give tasks to another person to carry out on your behalf, you must be sure that they have the knowledge, skills and experience to carry out the task safely and effectively'.
- 3.8.20. The SLT will need an additional number of hours per academic year to:
- Prepare, demonstrate and discuss specific SLT activities and materials with the school staff and/or SLTA
 - Observe and monitor the implementation of the programme
 - Review progress and monitor the success of the intervention, in terms of detailed written outcome measures over a specified period of time (i.e. a term or over the academic year).
- 3.8.21. ***E) Children requiring regular and continuing speech and language therapy***
- 3.8.22. This will usually be provided in the context of an inclusive approach that seeks to support the child by embedding targets and modifying aspects of the social and learning environment.

- 3.8.23. To be effective and to have maximum impact on the child and their family, speech and language therapy interventions are part of a wider package of support and may change over time.
- 3.8.24. Recommendations should be timely and appropriate to the child's current level of need. There must be clear time scales for review of support, so that it can be altered where necessary to meet level of need.
- 3.8.25. Flexibility of support is the key, we must be aware of therapy outcomes, and must respond to them in a timely fashion.

3.9. PART 4 - PLACEMENT

- 3.9.1. It is reasonable to describe and give a rationale for a type of placement.
- 3.9.2. Reasoning should be consistent and follow from:
 - The evidence gained from assessment in Part 2
 - The provision outlined in detail in Part 3
 - A description and rationale for a type of placement in Part 4.
- 3.9.3. When SLT's are writing advice at the statutory assessment stage they must only describe the child's speech, language and communication needs in line with the Code of Practice. Information recommending a specific educational placement should not be included at this stage (Ref SEN Code of Practice 7.80).
- 3.9.4. Whilst preparing a case for SEND, parents may commission an independent SLT report and/or a Local Authority may request a specific SLT report, as evidence. Either may request an SLT to comment on a specific type of placement or school in terms of suitability to meet a child's speech, language and communication needs.
- 3.9.5. Monitoring of the SLT recommendations will take place throughout the episode of care. Intervention and recommendations will be reviewed and changed at the Annual Review followed by amendments to the statement.
- 3.9.6. If the therapist has working knowledge of placement/s within the appeal, they can give an opinion as to whether the child's speech, language and communication needs can be met in the placement/s and this could be orally at a Tribunal hearing. The primary focus of SLT advice is to identify the SLT intervention required and to explain how this should be delivered in terms of support and environmental adjustments.

3.10. SLT RECOMMENDATIONS – EXAMPLES

- 3.10.1. These are examples only and do not cover all possible recommendations for provision. Any recommendations would be tailored to the specific needs of the child within their context. They need to be written in such a way that parents, and others, know what support their child will receive. The recommendations need to take full account of the competencies and capacity of the setting including training / support needs. The skill mix of staff e.g. SLT, trained SLT Assistant, supported teaching assistant to provide the recommended provision should be specified.

	Specific & Quantifiable	Specific Quantifiable and Flexible
1	'1 individual session with a qualified SLT for one hour a week' <i>This does not take into account the</i>	X number of sessions or the equivalent of Y hours of individual time In order to achieve current targets and meet key aims of (intervention) with support from SLT to be

	<i>changing needs of the child during an academic year or the duration of 'lessons' and may be potentially disruptive and not in the best interests of the child.</i>	<p>given as appropriate throughout the academic year.</p> <p>Sessions may take place in or out of the classroom. To focus specifically on... It is envisaged that the child may require more support to apply learned strategies at the beginning of the academic year.</p> <p>This recommendation could have included a package of SLT and SLT Assistant time.</p>
2	<p>'1 group session per week with a qualified SLT for 1½ hours to work on social skills'</p> <p><i>This does not take into account timetable constraints or include any sharing of information with school staff or opportunities for monitoring.</i></p>	<p>X number of group sessions equivalent to Y hours to work with child in small groups on identified social communication skills. The Group sessions should be jointly planned, run and monitored by the SLT in conjunction with identified school staff. The SLT to provide training and demonstration for school staff within the allotted Y hours. The amount of time needed for SLT involvement in group sessions to be reviewed annually.</p>
	General and Imprecise	Specific Quantifiable and Flexible
3	'Speech and language needs to be addressed by school staff with support and advice from the Speech and Language Therapy Service'	X number of hours of SLT time per academic year to be used for joint planning, co-working and training sessions. In order to support individual members of staff to make teaching style changes or environmental changes to meet the child's speech and language needs.
4	'The Speech and Language Programme will be integrated into all aspects of the child's curriculum'	<p>All Staff will require information on.....training in.....demonstration of.....as part of an ongoing programme.</p> <p>In order to address the child's specific and ongoing language needs the SLT will need X hours per academic year to prepare, demonstrate and discuss specific SLT activities and materials with identified school staff. Progress will be reviewed on a termly basis.</p>
5	Annual review 'SLT needs will be monitored and reviewed annually by SLT service'	SLT will need X number of hours per year to attend annual review meeting and Y number of multidisciplinary meetings and or observation sessions in order to monitor SLT programme and its implementation in school
6	Time for admin and report writing, planning	The therapist will need x additional hours per term These x hours will be spread out over the term to include carrying out admin / non therapy tasks such as attending

	The therapist will need time to carry out admin tasks such as attending Annual Reviews and note keeping	planning; note keeping; report writing; Individual Education Plan (IEP) setting; liaison with teachers, parents and other relevant professionals; In Service training for Staff; classroom observation; co-planning the curriculum delivery with teachers and training Learning Support Assistants (LSAs).
7	Providing differentiated materials	SLT will need x number of hours to Prepare, demonstrate and discuss specific SLT activities and materials with the school staff and/or SLTA

4. SPEECH AND LANGUAGE THERAPY GLOSSARY FOR SEND

4.1. AIMS

- 4.1.1. The aim of this document is to provide a general frame of reference for speech and language therapy terms and recommendations, for the SEND process. It is not intended to outline a preferred approach but to provide a description of a range of therapy options, rationale and anticipated outcomes, which may be used to inform judgements about evidence presented in individual cases.
- 4.1.2. Speech and language therapy (SLT) recommendations should be tailored to the needs of each child and rationale clearly explained in individual reports, against this frame of reference.

4.2. CONTEXT

- 4.2.1. The Royal College of Speech and Language Therapists (RCSLT) Position Paper, 2006 [7.4 Supporting children with speech, language and communication needs within integrated children's services position paper](#) clearly states the position of RCSLT in relation to the role of SLT's as part of a team of people supporting children's speech, language and communication needs, and is recommended reading.
- 4.2.2. It should be recognised that development of language and communication skills is a dynamic process and any recommendations regarding speech and language therapy input should be flexible enough to allow the SLT to be responsive to the changing needs of the child. The statement should be amended at the Annual Review to reflect this. As targets are achieved it is the goal for specialist support to be withdrawn when appropriate, indicating that the child has achieved the goals identified by the initial assessment.
- 4.2.3. Discharge would occur where no further support is required as the child is meeting required speech and language levels to enable him/her to achieve SLT targets in line with other skills. This will enable them to follow the curriculum

4.3. TABLE OF TYPES SLT PROVISION

Please note: *In practice a child's SLT support is likely to consist of a combination of different types of input, at any one time, and will alter over time to reflect changing communication needs.*

	Type of provision	Description	Rationale	Anticipated Outcomes	Supporting Statement
1.	Assessment	<p>SLT carries out a range of standardised or non standardised assessment, observation of the child. This is supplemented with discussion with parents, professionals & staff supporting the child in order to identify and evaluate needs and progress in speech, language and communication (SLC).</p> <p>Assessment should be broad based and cover all areas of communicative functioning, in a range of contexts.</p>	<p>A clear profile of a child's speech, language and communication needs is required to inform decisions regarding diagnosis and appropriate intervention for children with speech, language and communication needs (SLCN).</p> <p>Assessment in context will enable consideration of the functional impact of these needs.</p> <p>Assessment involving the wider multi-disciplinary team e.g. teachers of the deaf will ensure the unique contribution of SLT is identified.</p>	<p>SLC needs will be clearly identified and the impact of these considered in the relevant context.</p>	
2.	Indirect work	<p>SLT works collaboratively with others to support the child's SLCN.</p> <p>Support is planned collaboratively with key</p>	<p>Communication occurs throughout the day and it is vital that all staff in contact with the child can facilitate and support communication.</p>	<p>Staff working with the child are confident to support and facilitate communication throughout the day.</p>	<p>SLT's have a key role in 'transferring skills and competencies to others in order that they can support children more effectively throughout their daily</p>

	Type of provision	Description	Rationale	Anticipated Outcomes	Supporting Statement
		<p>adults in the child's environment.</p> <p>The SLT is enabling the environment to provide the best support for language learning</p>		<p>Skills are generalised in to a range of situations.</p> <p>The child's learning environment is appropriately adapted to meet their SLC needs.</p>	<p>activities.' See 7.4</p>
3.	a) Programme	<p>SLT jointly devises targets and strategies with school staff/parents/young person to support SLC.</p> <p>Resources may be provided.</p> <p>The 'programme' will be reviewed at specified intervals by SLT and school staff.</p> <p>Will usually involve some direct sessions with SLT as specified in report to include demonstration and modelling of strategies by SLT.</p> <p>Training will usually form part of programme.</p> <p>Reports should provide</p>	<p>Approach supports generalisation of skills in to every day situations.</p> <p>SLC may be part of broader developmental delay/ more pervasive difficulties which result in difficulty transferring skills from one setting to another.</p> <p>Child does not make rapid progress towards targets and requires frequent repetition and reinforcement in every day situations in order to learn and generalise.</p> <p>Targets can be integrated across the curriculum and practised in context.</p>	As for 'indirect'.	<p>'Whenever you (SLT) give tasks to another person to carry out on your behalf, you must be sure they have the knowledge, skills and experience to carry out the task safely and effectively.' See 7.1</p> <p>'The concept of managing a child's SLC or eating and drinking goals as part of their daily routine and therefore undertaken by the people who are part of that routine should be seen as a positive option. This is not a dilution of specialist resource but the effective implementation of a functional approach whereby the requirements of the individual child and the setting where goals will be addressed are both taken in to account.' See</p>

	Type of provision	Description	Rationale	Anticipated Outcomes	Supporting Statement
		details of input e.g. aims, who carries out, how often reviewed, what is provided by SLT? Etc.			7.4
4.	b) Training	<p>Training is generally provided as part of SLT package regardless of level of input.</p> <p>May be formal or accredited training e.g. recognised courses such as Sign Along, PECS etc. Or informal training on areas of SLCN, ways to support etc Or 'hands on' through joint sessions, modelling etc.</p> <p>May be targeting whole school, large or small groups, individuals. This may be available as part of the LEA regular training programme. Responsibility for accessing this, including release of teaching staff, lies with the school.</p>	Enables those who are with child every day to use skills and strategies required to meet SLCN in the classroom/home etc.	<p>As above.</p> <p>School staff/parents are able to successfully use strategies and adapt the environment to meet the SLC needs of child.</p> <p>Changes in child's behaviour and ability to participate in learning activities.</p>	<p>'Training of others including parents should be viewed as a central activity for SLT's to maximise impact for the child and family.' See 7.4</p> <p>'Where there is a high level of competence within the child's context... it may be possible for the SLT to take an appropriately advisory role. Where competence is less certain, the focus of the SLT may be best placed in developing the competence in the environment.' See 7.4</p>
5.	Total Communication	Involves selection of appropriate facilitation	Enables child to understand environment and provides	Child is able to communicate to optimum	

	Type of provision	Description	Rationale	Anticipated Outcomes	Supporting Statement
	Environment	techniques to support child's communication including use of speech, signing, multi-sensory channels, objects, symbols, video, IT, communication aids.	means to communicate. Promotes independence. Promotes effective two way communication.	level with maximum independence.	
6.	Direct	SLT works 1:1 with child working to specific goals for specified time – see below 'frequency'. Frequency of SLT input will vary according to need/rate of progress and should be specified in report with rationale – see below. Direct intervention must be complemented with a full range of all the provision outlined. May involve individual or group therapy, or combination.	Specific areas of SLC require targeting by SLT. SLT required to assess/ review/ modify targets and strategies to move on to next stage of intervention.	Child makes progress towards targeted areas.	'Intervention for speech, language and communication disorders (SLCD) will only be appropriate where there is an identifiable impact from the SLCD and if there is an identifiable outcome from the intervention.' See 7.4
7.	Type of Input				
8.	a) Individual	SLT works 1:1 with child	Child needs quiet 1:1 in	Child makes progress	'The therapist will plan the

	Type of provision	Description	Rationale	Anticipated Outcomes	Supporting Statement
		<p>for specified time – see below ‘frequency’.</p> <p>Supporting adult should be present for training/ modelling and to ensure carryover.</p> <p>SLT may work 1:1 with child in classroom.</p>	<p>order to learn new skills prior to generalising.</p> <p>Potential to change and generalise new skills to different situations.</p> <p>Child is easily distracted with difficulties focusing.</p> <p>Child has disordered speech and language skills and no others with similar difficulties.</p> <p>Modelling of strategies to key adults.</p>	<p>towards targeted areas.</p> <p>Skills taught generalise in to new situations.</p> <p>Supporting adult able to use strategies to develop/ support communication in everyday situations.</p>	<p>child’s management jointly with the educational professionals.’ See 7.5</p>
9.	b) Group	<p>Therapy delivered to a group of children with a level of shared need, for specified time – see below ‘frequency’.</p> <p>Often run for block of time.</p> <p>May occur in or out of the classroom, as whole class or smaller groups.</p> <p>Supporting adult should be present for training/</p>	<p>Children with shared need seen together.</p> <p>Potential to change and ability to generalise new skills to different situations.</p> <p>Can be ‘safer’ learning environment.</p> <p>Children can learn from each other – models from peers.</p> <p>Modelling of strategies for</p>	<p>Child makes progress towards targeted areas.</p> <p>Improvement in interaction skills e.g. listening, turn-taking etc.</p> <p>Skills generalise outside the group setting.</p> <p>Supporting adult able to reinforce strategies to facilitate communication in everyday situations.</p>	<p>‘It is...necessary and appropriate for teams rather than sole SLT’s to deliver intervention.’ See 7.4</p>

	Type of provision	Description	Rationale	Anticipated Outcomes	Supporting Statement
		modelling and to ensure carryover.	<p>key adults.</p> <p>More naturalistic environment for communication.</p> <p>Ideal for teaching and practising social interaction skills.</p>	Supporting adult is able to continue to run group without SLT present.	
	10. Frequency				
	11. a) Intensive	<p>Child requires SL support more than once a week – input level should be specified in report.</p> <p>Input may be carried out by SLT, or combination of SLT and support staff or parents.</p> <p>May be individual or group, or combination, in or out of class.</p> <p>May be for specified period of time e.g. half a term to work on identified area, or ongoing.</p>	<p>Child has specific and severe speech and language impairment which responds to specific specialist support.</p> <p>Usually significant discrepancy between verbal and non-verbal (cognitive) abilities with verbal being weaker.</p> <p>Potential to change and ability to generalise new skills.</p> <p>Rate of progress is such that SLT needs to modify targets and strategies on frequent basis.</p>	<p>Improved rate of progress on targeted areas.</p> <p>Rate of progress is maintained.</p> <p>Progress on specific areas is generalised in to new situations.</p>	<p>'Intervention for speech, language and communication disorders (SLCD) will only be appropriate where there is an identifiable impact from the SLCD and if there is an identifiable outcome from the intervention.' See 7.4</p>

	Type of provision	Description	Rationale	Anticipated Outcomes	Supporting Statement
12.	b) weekly	<p>Child requires SLT support on a weekly basis for specified period of time.</p> <p>May be individual, group, in/out of class or combination.</p> <p>Supporting adult should be present to ensure carryover of targets.</p>	<p>Child has significant speech and language impairment which responds to specific specialist support.</p> <p>Usually discrepancy between verbal and non-verbal (cognitive) abilities with verbal being weaker.</p> <p>Potential to change and ability to generalise new skills.</p> <p>Rate of progress is such that SLT needs to modify targets and strategies on weekly basis.</p>	<p>Improved rate of progress on targeted areas.</p> <p>Rate of progress is maintained e.g. SLT required to modify targets on a weekly basis.</p> <p>Progress on specific areas is generalised in to new situations.</p>	
13.	c) blocks	<p>Child requires focused work for specified number of sessions/time, to work on specific area.</p> <p>This is followed by period of consolidation to practise and reinforce skills taught, with review by SLT at end of period.</p> <p>May be individual/group etc as specified in report.</p>	<p>Enables teaching of specific skills with periods of consolidation.</p> <p>Supports children who may have difficulty learning and generalising new skills.</p> <p>Can help to promote independence.</p> <p>Enables joint sessions for 'hands on' training of</p>	<p>Child learns new skills/strategies and practises in everyday situations.</p> <p>Support staff can use strategies to facilitate SLC in the classroom.</p> <p>Child's participation in linked classroom activities increases.</p>	

	Type of provision	Description	Rationale	Anticipated Outcomes	Supporting Statement
		Sessions should be attended by supporting adult to facilitate carry over.	support staff.		
14.	d) as part of programme	See above description of programme input which will usually involve some direct input from SLT as specified in report.			
15.	Discharge agreed via the Annual Review process	Child no longer requires support from a qualified SLT.	<p>Child is able to use strategies to compensate for SLCN.</p> <p>Adults supporting child are familiar with and using strategies to facilitate SLC.</p> <p>Environment is appropriately adapted to support child's SLCN.</p> <p>Child is not making identifiable gains from SLT intervention. Skills have levelled out.</p> <p>Child's SLCN can be managed within the context of the school day e.g. differentiation, good</p>	<- As for 'Rationale' column.	<p>'Intervention for speech, language and communication disorders (SLCD) will only be appropriate where there is an identifiable impact from the SLCD and if there is an identifiable outcome from the intervention.'</p> <p>See 7.4</p>

	Type of provision	Description	Rationale	Anticipated Outcomes	Supporting Statement
			<p>teaching practice etc., embedding of SLC strategies across the curriculum.</p> <p>Needs can be met by other professionals e.g. specialist teachers etc.</p>		

This is not an exhaustive list of therapy options and options are not mutually exclusive. Individual reports should clearly define and explain SLT recommendations for individual children.

4.4. GLOSSARY REFERENCES

- Supporting children with speech, language and communication needs within integrated children’s services – Position Paper, Royal College of Speech and Language Therapists. Marie Gascoigne, January 2006
- Clinical Guidelines for Speech and Language Therapists, Royal College of Speech and Language Therapists, 2005
- Conduct, Performance and Ethics – Health Professionals Council

5. APPENDIX 1 – EXAMPLES OF COMMUNICATION AND LIAISON

A lead therapist should take responsibility for ensuring effective communication and liaison with the LA with regard to SEND appeals.

Example 1

- 5.1.1. We realised recently in my area that we never train school staff in how to work with the SLT i.e. how to liaise, what to do when things are not working and you need an urgent visit. And how TAs and teachers can feedback to families what they are doing in the programme. Often programmes happen but staff are not confident in feeding back to families. Also the RCSLT guidelines say school input is not the same as clinic input - and for programmes a link with the school is essential. We use SLTA much more now to take programmes into schools and demonstrate these - if the child has been seen at a clinic. Another development has been the SLTA (Band 4) taking targets into schools and developing a programme of strategies and activities with the school team and liaising with parents. Our SLTAs worked in schools before joining us and this "In class communication" approach has been well received. In class = Inclusive classroom

Ruth Howes, East Lancs teaching PCT, Complex needs and ASD, RCSLT Advisor and Network. East Lancs network

Example 2

- 5.1.2. We, (joint heads of Children's SLT our area), have regular meetings, usually at least termly with an SEN officer from the LEA. This way we know what issues are in the pipeline and can have a joint response ready for families, or at least know that we are going to disagree, which again means we can give a measured response.

Alice West Children's Service NHS, I also work independently.

Example 3

- 5.1.3. We are a joint service between PCT and LEA and so have good links with SEN assessment and monitoring team as we are managed within the same directorate. All statutory assessments requests are sent to the service not random individuals as happened in the past. We therefore monitor their completion. We advise LEA on issues related to SLT. We have established training for SEN assessment team. We are members of several SEN panels within the LEA and so have input into the decision making.

Stephen Parsons, Children's Integrated SLT service for Hackney and The City Primary and SLI expertise. A member of London SLI SIG and NAPLIC and North East London Primary SLT Group.

Example 4

- 5.1.4. LA informed SLT service as soon as they knew of impending tribunal and sent all relevant documents and called for a professionals meeting that included parents and their representatives. At the professionals meeting the SLT service outlined its position regarding points of agreement and disagreement and what they have in place for the child. Actions for all concerned were agreed at this

meeting with time scales etc. The LA kept the SLT service informed of any new developments in the case and were developments affected SLT then the SLT service responded asap The LA sent out the proposed dates for the Tribunal as soon as they got them. Dates mutually acceptable to all parties agreed and confirmed by the LA asap.

Andrew Ralephata, GOSH in Haringey, Children; Mainstream schools. Member of Local CAF Panel Local SEN Panel. I am a Registered Intermediary in addition to being a Principal/Clinical coordinator SLT.

Example 5

- 5.1.5. Many examples of best practice have involved the ability to liaise with local therapists. Many parents are worried that if therapists from a school which they would like the child to attend are in contact with local LA/NHS therapists that this means they will try to find something to stop the child from gaining a placement. Examples of good practice - Therapists have contacted and discussed the needs from the different perspective and possibly visited each others environments - this has been best practice and has led to a more child centered approach to the tribunal process. Where there have been clear statements made to all involved around contact this has led to better relationships.

Christina Meagher, St Catherine's School, Language and communication disorders.

Example 6

- 5.1.6. Good working relationships between Local Authority (and parents) in relation to SaLT provision with discussion and liaison prior to issue of final Statement documents. Involvement of all professionals, Health and Education in meetings held prior to Tribunal. The aim would be to attempt to resolve issues with parents at early stages and avoid progression through Tribunal process where possible. This has been seen to be effective in my area.

Paula Abreu, Central Surrey Health Paediatric Complex Needs Down Syndrome SIG.

Example 7

- 5.1.7. In Gwent, we were able to arrange a consultation day, where we took advice from 3 LEA's to improve our statement writing, and come up with a format which would be fit for purpose for both inclusion services in the LEA's and SLT children's team. It was a two way process and both organisations felt the day had given information which would inform their own practice. We are now piloting this new format across our services. We also have named contacts who are available to discuss cases, named personnel in LEA's and SLT services. (N Bailey-Wood, Sept. 08)

Nicola Bailey-Wood, SLT in Education, Specific Language Impairment, Wales. Gwent SEN Tribunal Users Group.

Example 8

- 5.1.8. In Hammersmith and Fulham we work with case officers around wording for statements in order to reflect our opinion of the child's best needs. Where we

are not able to achieve this we often hold mediation / reconciliation meetings with the family to discuss differences of opinion. On occasion independent Therapists have also been involved with these mediation meetings. In Kensington and Chelsea we work closely with the Local Authority around wording, we are often invited to review and critique a child's papers.

Alison Stewart, Westminster PCT Education, Autistic Spectrum Conditions, member of SENJIT

Example 9

5.1.9. I can provide example of collaborative practice- In Gwent we have worked jointly for 5 years. We have run a joint funded service using assembly government funding, this allows us to support children in mainstream effectively. We continue to work with LEA employed specialist nursery nurses, who work jointly with trust therapists to support children with specific language impairment, in mainstream schools across 5 boroughs, 5 LEA's. My job as Lead for Education allows me to work closely with lead personnel in each of the 5 LEA's to have joint agreement re: statementing advice, and support provision for children on school action plus, and statemented. See AFASIC publication, Supporting children with Speech and Language difficulties in mainstream school, (including AFASIC checklists). Published by LDA

Nicola Bailey-Wood, SLT in Education, Specific Language Impairment, Wales. Gwent SEN tribunal users group

Example 10

5.1.10. Examples of good monitoring practice for children on programmes: Half termly review with LSA/TA and Teacher Termly review with LSA/TA, Teacher and Parents Documented observation of the way in which programmes are being implemented with subsequent adaptation.

Alison Stewart, Westminster PCT Education, Autistic Spectrum Conditions, member of SENJIT

Example 11

5.1.11. In Harrow all statutory assessment advice and reports for tribunal are countersigned by team leaders to ensure professional and service standards are met. We have agreed procedures for notification, by the LA, of any appeals to Tribunal, including a named initial contact in our department.

Melanie Abba, Principal Speech and Language Therapist

Example 12

5.1.12. Collaborative practice with parents and education aims to prevent cases needing to be heard by the tribunal. The following examples contribute to a preventative approach:

- a. Agreed format for recommendations for statements. The SLT service and Education Officers have an agreed template for the recommendations that helps prevent inappropriate/inadequate recommendations going into the statement
- b. Open dialogue between the SLT service and Statementing Officer is essential. This allows a 2 way process for issues to be raised, discussed, understood and agreed

- c. Mutual understanding between SLT service and Statementing Officers with recognition that professional opinion is respected and that SLTs understand the demands of the statementing process
- d. Joint working between SEN staff and SLTs helps set appropriate and accurate expectations of SLT intervention. This needs to begin from the moment of referral to SLT and should therefore include the whole range of professionals involved in children's development; SLTs, teaching staff, paediatricians, having a clear understanding that SLTs enable staff, support adaption of the environment and enable families to support SLC
- e. Setting up clear processes for accessing SLT and specialist advice using LEA/teacher web based resources.
- f. SLT-Education Liaison group provides forum for problem solving, discussion and planning between SEN and SLT

Karen Davies, Professional Manager for Speech and Language Therapist

6. APPENDIX 2 – QUICK REFERENCE GUIDE FOR WRITING SEND REPORTS

This is intended to be a quick reference guide and should be used in conjunction with the guidelines. In particular therapists should bear in mind both their duty of care and the underlying principles for writing advice.

The template below is suggested as a guideline and it is fully acknowledged that individual therapists and services may use a different format. The information detailed below assists Tribunal panels to make an informed decision based on the evidence provided.

Paragraph numbers relating to this document		Type of information to include
3.5	Introduction	<ul style="list-style-type: none"> • Purpose of report • Who commissioned it • Experience of author brief. This should include experience of child and setting as well as broader experience. • Documents seen and date when they were written.
3.6	Background History	<ul style="list-style-type: none"> • Brief history. Can put greater detail in appendix if required.
3.7	Identify and Summarise Needs	Evaluation <ul style="list-style-type: none"> • Based on up to date, broad based, thorough and comprehensive assessment. • Cover all areas of communication functioning • Cover a number of contexts where possible.
3.7.3	Summaries of previous therapy	<ul style="list-style-type: none"> • Describe progress over time • Link progress with strategies and support • Link input level and type with outcomes
3.7.4	State your involvement with the child	<ul style="list-style-type: none"> • Where you have seen them • Period of time known • How are needs and progress monitored within school? • Has child been observed in school and if not who is providing that information.
3.7.5	Provide an analysis of communication impairment	<ul style="list-style-type: none"> • Evidence from observation • Evidence from formal assessment • Evidence from informal assessment • Relate to progress

		<ul style="list-style-type: none"> • Explain impacts of other factors e.g. cognitive when known.
3.7.6	Implications of described difficulties	<ul style="list-style-type: none"> • Relate this to educational setting. "The impact or predicted impact of these difficulties on the child's social participation. Learning and accessing the curriculum.
3.7.7	Information on how child is functioning in educational placement.	<ul style="list-style-type: none"> • Effectiveness of strategies • Examples of difficulties and strengths • How and where does child work best? • Broad description of SLC outcomes being sought for the child.
3.8	Environmental provision (educational)	<p>Facilities.</p> <ul style="list-style-type: none"> • e.g. need for withdrawal for certain skills to be taught.
3.8.3.2	Modifications	<ul style="list-style-type: none"> • e.g. need for symbols, signing, visual support.
3.8.3.3	Resources	<ul style="list-style-type: none"> • e.g. specialist software
3.8.3.4	Staff knowledge and skills	<ul style="list-style-type: none"> • e.g. knowledge and experience of teaching children with Autism.
3.8.8	Models of intervention	<p>Model of intervention for SLT intervention</p> <ul style="list-style-type: none"> • Specifically what is required • Quantify the time required to carry this out • Describe the intervention and its projected outcomes <p>See guidelines for greater detail.</p>
3.9	Placement	<ul style="list-style-type: none"> • Describe the facilities needed for a placement in reference to a child's SLC needs. • If a specific placement is named within the appeal it is only permissible to give an opinion on whether the facilities needed for communication are provided within that placement if you have an up to date working knowledge/experience of that specific placement under consideration. However the therapist should not endorse the placement overall.

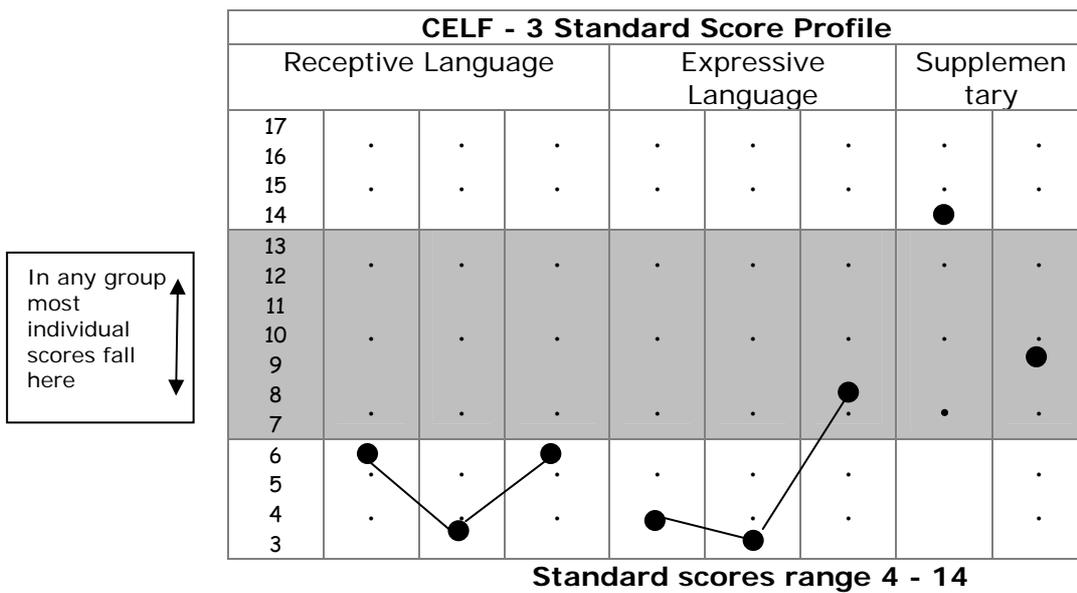
6.1. ADDITIONAL THOUGHTS

Visual representations of the child's progress over time and their communication profile are of assistance to a Tribunal panel and can be included in a report or as appendices if available.

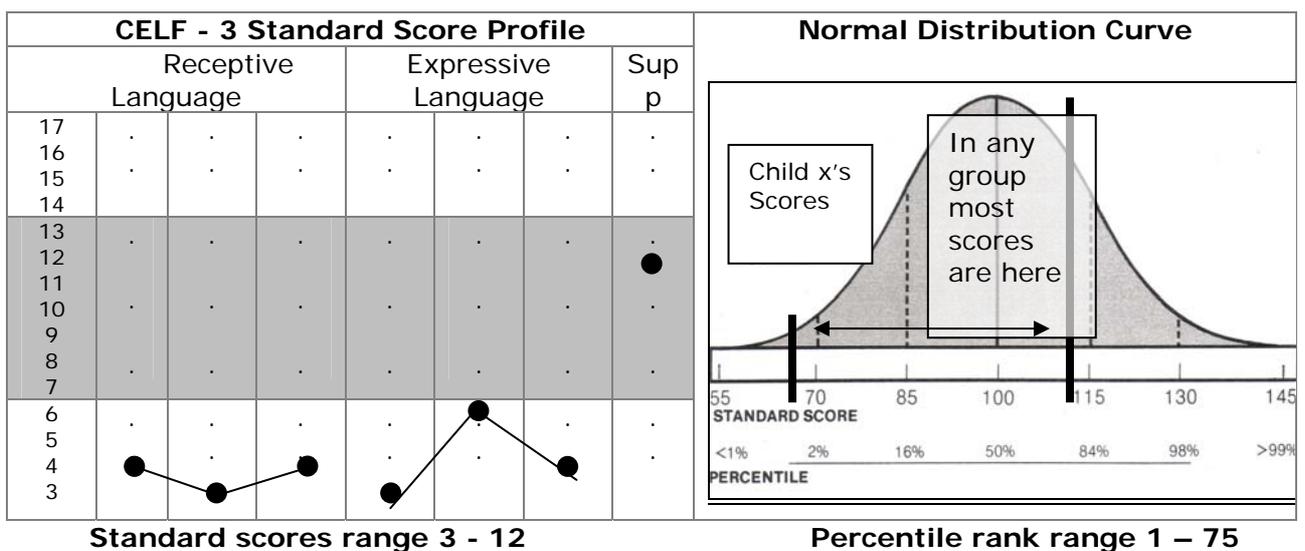
6.2. EXAMPLES OF VISUAL INFORMATION

Child X (d.o.b.)

SPEECH AND LANGUAGE ASSESSMENT - Date



Previous test scores can also be plotted on the graph:



7. APPENDIX 3 – REFERENCES

Title	Description	Link if available
<p>7.1. STANDARDS OF CONDUCT, PERFORMANCE AND ETHICS</p>	<p>This is a statement of standards that registrants must read and agree to abide by in order to remain on the Register.</p> <p>We have revised the standards following public consultation. The revised standards are effective from 1 July 2008.</p>	<p>http://www.hpc-uk.org/publications/index.asp?id=38</p>
<p>7.2. COMMUNICATING QUALITY 3 (CQ3) – CHAPTER 7</p>	<p>To become certified RCSLT members, SLTs declare their adherence to the RCSLT publication Communicating Quality 3: RCSLT's guidance on best practice in service organisation and provision</p> <p>CQ3 sets out to:</p> <ul style="list-style-type: none"> • Inform members of the profession and their colleagues of current guidance and standards related to the organisation, provision and development of speech and language therapy services; as well as the staff systems that underpin such provision • Inform the process of commissioning and purchasing of speech and language therapy services • Inform users and their representatives of the standards they can expect speech and language therapy services to meet. 	<p>http://www.rcslt.org/resources/</p>
<p>7.3. RCSLT INFORMATION</p>	<p>The Royal College of Speech and Language Therapists is the professional body for speech and language therapists and support workers. We promote excellence in practice and influence health, education and social care policies.</p>	<p>http://www.rcslt.org/</p>

Title	Description	Link if available
<p>7.4. SUPPORTING CHILDREN WITH SPEECH, LANGUAGE AND COMMUNICATION NEEDS WITHIN INTEGRATED CHILDREN'S SERVICES POSITION PAPER</p>	<p>Written by Gascoigne M. (2006)</p> <p>Excerpt from the introduction... This paper has been written so that the Royal College of Speech and Language Therapists (RCSLT) can respond to requests from respective UK governments for the profession's view and position regarding the role of the speech and language therapist (SLT) within the changing context and development of children's services.</p> <p>The paper will also serve as a reference for speech and language therapy services, commissioners from health and education, and other key stakeholders. The RCSLT is aware of the need to define and develop best practice within the context of national policy frameworks and considers this paper as crucial in informing this work.</p>	<p>http://www.rcslt.org/docs/free-pub/Supporting_children-website.pdf</p>
<p>7.5. CLINICAL GUIDELINES FOR SPEECH AND LANGUAGE THERAPISTS, ROYAL COLLEGE OF SPEECH AND LANGUAGE THERAPISTS, 2005</p>	<p>Edited by Sylvia Taylor-Goh the guidelines provide clinicians, managers and service users with statements regarding the clinical management of specific speech and language disorders and in some instances, particular populations.</p> <p>These essential guidelines will assist in the clinical decision-making process by providing information on what is considered to be the minimum best practice.</p>	<p>http://www.rcslt.org/resources/clinicalguidelines</p>
<p>7.6. GUIDELINES FOR TEACHERS OF THE DEAF ATTENDING SEND TRIBUNALS</p>	<p>BATOD received some professional concerns from members about appropriate conduct at SEND hearings and so approached a number of Teachers of the Deaf who are Tribunal members, with a suggestion of a potential "code of conduct" for both sides at hearings. This initiative is approved of by the President of the Tribunal.</p> <p>The document is the result of the working of a small group (comprising ToD SEND members, representatives from LAs and</p>	<p>http://www.batod.org.uk/index.php?id=/articles/guidelines/tribunal0507.htm</p>

Title	Description	Link if available
	<p>NMSS and BATOD) which provides guidelines for behaviour at Tribunals.</p> <p>These guidelines have been produced by BATOD and SERSEN.</p>	
<p>7.7. WORKING IN HARMONY (2000 UPDATED)</p>	<p>This document sets out the general principles to facilitate cooperation between therapists, wherever employed, to ensure a consistently high standard of informed care for all clients.</p>	<p>http://www.rcslt.org/docs/quality/working_in_harmony2.pdf</p>
<p>7.8. SPECIAL EDUCATIONAL NEEDS - CODE OF PRACTICE</p>	<p>LEAs, Head Teachers and Governors of Schools, early education practitioners and other interested parties.</p> <p>The SEN Code of Practice provides practical advice to Local Education Authorities, maintained schools, early education settings and others on carrying out their statutory duties to identify, assess and make provision for children's special educational needs.</p>	<p>http://www.teachernet.gov.uk/doc/3724/SENCodeOfPractice.pdf</p>
<p>7.9. THE SLCN ACTION PLAN</p>	<p>Following the review of services for children and young people with SLCN by John Bercow MP, the Government published Better Communication: An Action Plan to Improve Services for Children and Young People with Speech, Language and Communication Needs on 17 December 2008.</p> <p>The Action Plan provides details of a range of initiatives across Government to improve services for children and young people with SLCN, culminating in the National Year of Speech, Language and Communication in 2011-12.</p>	<p>http://www.dcsf.gov.uk/slcnaction/</p>