

Speech, language and communication needs Workforce planning



Type of paper	Commissioning Support Programme paper exploring ways of improving speech, language and communication outcomes for children and young people
Primary audience	Lead members, directors of children's services, strategic commissioning teams, children's partnership boards, head teachers, GP commissioners, health and well-being boards, service providers, children's centres, schools and colleges, parents, carers and young people
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The tools in this suite:

1. About this tool

This tool is aimed at all those with a responsibility for commissioning the children's workforce. This includes commissioners of specialist services that support children and young people with speech, language and communication needs (SLCN), and those concerned with other workforce groups where SLCN competences may be required.

A whole system approach

Like other tools in this series, the paper takes a 'whole system' approach¹. It covers both the specialist speech, language and communication needs workforce and other staff (and parents) working in universal, targeted and specialist services, who need varying degrees of knowledge of speech, language and communication needs. Because – as the Bercow review² emphasised – needs are widespread and early identification and intervention are crucial, everyone working with children, young people and families needs to understand the importance of children and young people's communication skills. It is important that they are able to recognise when children are falling behind with their speech, language and communication and may need some extra help. It follows that all commissioners of children's services will need to take speech, language and communication needs into account in their commissioning standards and workforce planning, in order to provide a continuum of services around the family.

A whole system approach requires a fully integrated workforce, an ideal which is rarely found. The Bercow review found examples of places where an integrated workforce for speech, language and communication needs has been achieved or is being worked towards. However, the majority of sites visited did not have integrated working³.

Pathfinder sites that attempted to map the workforce across the whole speech, language and communication needs 'system' were challenged by:

- difficulty in understanding and defining the whole workforce for speech, language and communication needs and the respective contribution of each group

- difficulty in gathering robust data regarding skills and competences across the workforce.

When we consulted the pathfinder sites, there was widespread demand for a tool that could help commissioners of speech, language and communication services plan their workforce. For example, one site told us:

'We want a helpful guide that will enable us to understand the whole landscape of SLCN services, how the different parts of the system should link together, and how we can ensure commissioning brings improvement to all the different providers of SLCN services.'

This tool is designed to help commissioners map and plan competences and capacity to meet speech, language and communication needs, across the whole children's workforce.

Using this tool

The purpose of the tool is to:

- help commissioners carry out a whole system mapping of the skills mix and competency levels required in their local area to meet speech, language and communication needs across the spectrum of universal, targeted and specialist levels of need
- provide a practical, step by step guide to commissioners, managers and other providers to enable them to map speech, language and communication needs competences and capacity within their current workforce and to compare these with the needs of the population as identified through needs assessment
- provide guidance on strategic planning for the development of an integrated speech, language and communication needs workforce.

This tool is primarily for those commissioning the workforce that supports children and young people with speech, language and communication needs, within universal as well as specialist services. As such, it will be useful in developing local strategic plans for children and young people and any plans there may be for the development of the children's workforce. However, the competence mapping may also be of use to provider organisations seeking to ensure that the appropriate competence base and skill mix exists within their workforce, as part of their operational and business planning. The outcomes of workforce mapping will also provide an indication of further training and development needs.

1 See the whole system mapping and design tool for more information on what a whole system approach is and why it is needed

2 Bercow J (2008) *The Bercow Report: A Review of Services for Children and Young People (0–19) with Speech, Language and Communication Needs*. DCSF. <http://publications.education.gov.uk/default.aspx?PageFunction=productdetails&PageMode=publications&ProductId=DCSF-00632-2008&>

3 See [page 15](#) for indicators of an integrated workforce

This tool is part of a suite of tools for commissioners of speech, language and communication needs services. It should be read particularly in conjunction with the Whole System Mapping and Design, Needs Assessment and User Involvement and Consultation tools.

2. Workforce planning and the commissioning process

Workforce planning is an ongoing task for commissioners, service managers and providers. It is important, however, to carry out planning that can feed into key stages in the commissioning cycle.

We use here the four-stage cycle set out in the Commissioning Support Programme: understand, plan, do and review.

Understand

Commissioners should assess need (both met and unmet), identify and understand what works (and thus what needs to be commissioned), clearly identify and articulate desired outcomes (see the Evaluating Outcomes tool for further information), and use this analysis to inform decisions about priorities for commissioning.

Making an accurate 'map' of the current workforce will be an important part of this stage. It is essential to include the speech, language and communication needs competences of the entire children's workforce, not just the speech and language therapy workforce.

Plan

In the 'plan' stage, current skills should be mapped against needs in a gap analysis. The workforce development plan (which may be part of the local strategic plan for children and young people) should set out a strategy for remedying gaps. Providers will need to address gaps in their operational plans.

The shape of the workforce to deliver high quality provision for children and young people with speech, language and communication needs may vary according to specific factors within a local area. There is no 'benchmark' of an ideal workforce to meet a given need. However, in considering a range of providers to deliver speech, language and communication services, it will be crucial for commissioners to see beyond head count and cost and to take into consideration qualitative factors such as the levels of competence and organisational knowledge of the speech, language and communication needs area. It will also be important to understand the ongoing role of professional development and training.

Do

In this stage, commissioners procure and develop services based on the plan. The tools at the disposal of commissioners for improving performance include performance measures and standards. A statement about speech, language and communication could be included in the overarching commissioning standards, and appended to all service level agreements and contracts so helping to ensure that all staff are aware of



the importance of speech, language and communication and have the confidence to identify problems and refer children for further help if necessary.

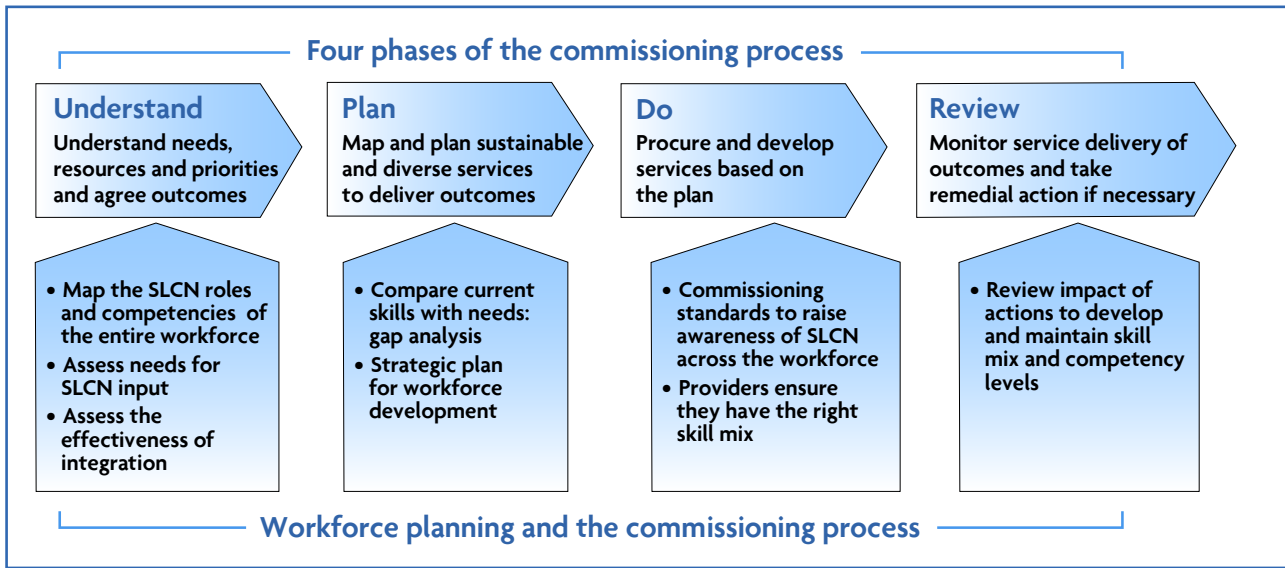
Providers will need to ensure that they have enough specialist staff (speech and language therapists, teachers and educational psychologists with specialist postgraduate qualifications in speech, language and communication). They will need to ensure that these specialist staff are given time to train and develop the wider workforce supporting children and young people across universal, targeted and specialist services.

Review

Monitoring and evaluation can enable commissioners to assess the extent to which services are contributing to improved outcomes for children and young people, provide evidence of what is working or not working, enable service users to provide feedback on services and identify what actions are necessary to secure improvements. For more information about evaluation approaches see the Evaluating Outcomes tool.

Monitoring and evaluation of the workforce contribution to improved outcomes for children and young people with speech, language and communication needs should include seeking evidence of integrated working across the workforce and the absence of 'silos' and single professional pathways, as well as recognising that good outcomes may be ones that are delivered by a number of individuals and not one group. Different commissioners will have greater or lesser interest in different aspects of outcomes for children and young people, but all need to be aware that speech, language and communication difficulties can contribute to other problems. Interviews with parents of children and young people with speech, language and communication needs indicate that the important workforce issues for them are timely access to the right people in the right places and a sense of 'joined up working' around their child.

Figure 1: Workforce planning and the commissioning process



3. The SLCN workforce

The speech, language and communication needs workforce encompasses both specialist SLCN staff (predominantly speech and language therapists, but also teachers and educational psychologists with specialist qualifications in SLCN), and other staff within the children’s workforce who require varying levels of SLCN competences.

There is currently a lack of consensus and firm evidence about the appropriate skill mix and workforce balance needed to support the speech, language and communication needs of the whole population of children and young people. There is much local variation, for instance in staffing ratios for language provision. Existing workforce planning tools tend to focus on what specialist skills or roles are required but rarely consider what is needed within the wider workforce, for example in relation to health visitors, teachers, teaching assistants and other non-SLCN ‘specialist’ roles.

The interface between the roles of the specialist and wider workforce

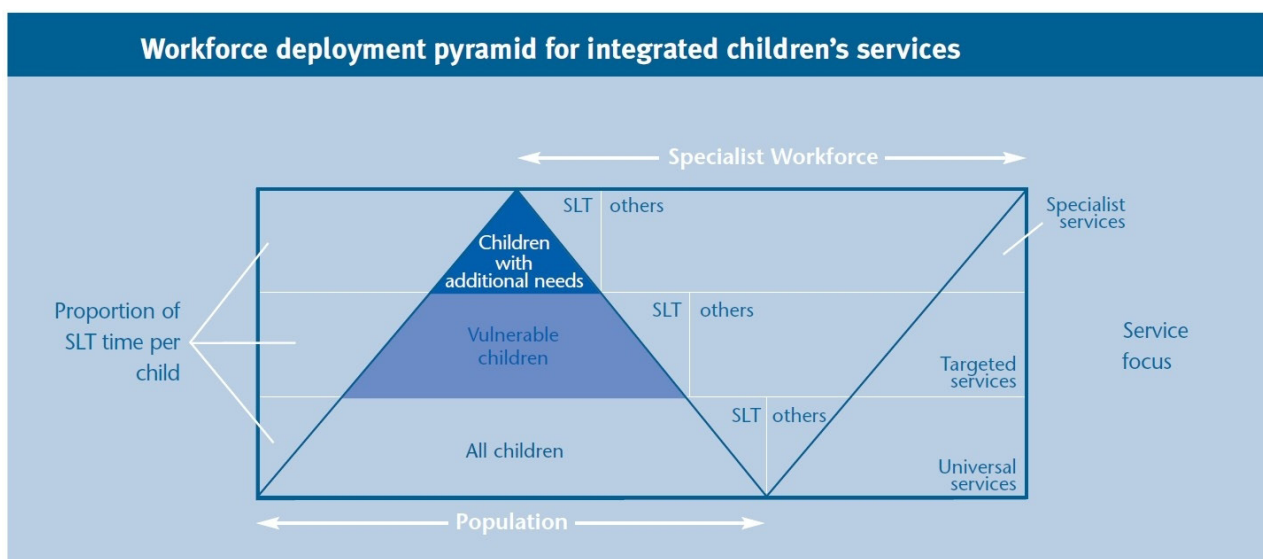
Speech and language therapists are the professional group with the most specialist competences for the support of speech, language and communication needs.

However, in considering the workforce required to deliver support across the whole system from universal, through targeted to specialist levels of needs, workforce planning needs to take account of both who in the wider workforce has a role to support speech, language and communication needs and how they can provide this support. Linked to this will be the interface with the speech and language therapists within the area and a need to define the role of the speech and language therapist in relation to the wider workforce.

The Royal College of Speech and Language Therapists position paper ‘Supporting children with speech, language and communication needs within integrated children’s services’ (Gascoigne, 2006)⁴ set the agenda for speech and language therapists within the changing context of children’s services and most significantly began to identify the role that speech and language therapists play across the spectrum of universal, targeted and specialist services as well as the linkages with the wider workforce.

Figure 2: Workforce deployment pyramid for integrated children’s services (Gascoigne, 2006)

Figure 2 graphically represents the role of the specialist speech and language therapy workforce as part of the



4 Gascoigne M T (2006) available at: www.rcslt.org/docs/free-pub/Supporting_children-website.pdf

wider workforce. The crucial point to note is that whilst speech and language therapists are the specialists for speech, language and communication needs, they rely on collaboration with parents and the wider workforce in order to effect change. They also have an important, albeit different, role to play at all three tiers of the system.

Figure 3, on the next page, *The Balanced System™ SLCN definitions and roles within the workforce*⁵, provides a narrative summary of the children accessing each tier of support and the roles of the specialist and wider workforce in supporting them.

In parallel with the development of this workforce model, our understanding of speech, language and communication needs has changed. Awareness of the importance of spoken language and communication skills for learning and the links between disadvantage and impoverished early language development broadened the definition of speech, language and communication needs. It now includes not only the traditional target group – children and young people most impaired in respect of their communication – but also those who do not have specific, long term speech and language needs but nevertheless are experiencing delayed speech and language development which is impacting on their access to learning opportunities.

This increased awareness highlights the importance of the wider workforce in supporting speech, language and communication at the universal level and also the role of the wider workforce in working alongside speech and

language therapists in providing targeted and supporting specialist interventions.

The Speech, Language and Communication Framework (SLCF)⁶ provides a competence based self-assessment tool for the wider workforce linked to the Children’s Workforce Development Council’s Integrated Qualification Framework (IQF).

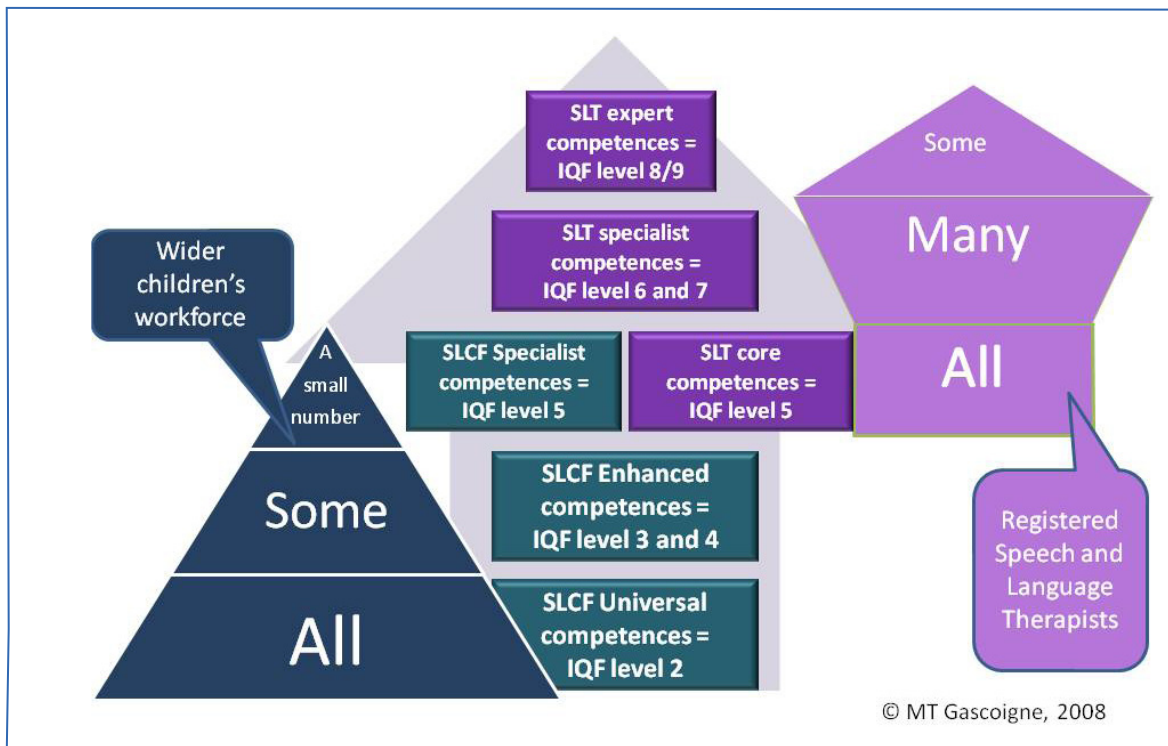
Figure 4 shows how the wider workforce and the speech and language therapy workforce interface around the IQF levels in respect of specific expertise in speech, language and communication needs. Key points to note are:

- Within the wider children’s workforce, all staff require a basic level of competence in speech, language and communication, some will require enhanced competences, and a few will require specialist competences.
- Similarly, within the professional speech and language therapist workforce, a range of levels of competency and specialism will be required.

The wider workforce for SLCN

The Bercow Review in 2008, took up the concept of provision for children and young people with SLCN needing to be across universal, targeted and specialist levels and therefore underlined the need to define the contribution of the wider workforce in meeting SLCN.

Figure 4: Using a competence framework to link the SLT and wider workforce in respect of SLCN (Gascoigne, 2008)



5 Gascoigne M T (2008–2010) *The Balanced System™* www.mgaconsulting.org.uk/the-balanced-system

6 The Speech, Language and Communication Framework (SLCF), published by the Communication Trust www.communicationhelppoint.org.uk/da/about%20the%20slcf.aspx

Figure 3: The Balanced System[™] – SLCN definitions and roles

The Balanced System [™] SLCN definitions and roles within the workforce				
Service tier	Population of children with SLCN	Role of the Speech and Language Therapist	Role of others	
<p>Specialist</p> <p>In addition to universal and targeted offer – specialist services for children with identified specialist need. Team around the child approach and multi-disciplinary teams commonly the source of support.</p>	<p>'Few' children relative to the whole population but numbers not to be underestimated. In terms of SLCN these children will have ongoing persistent difficulties in this area. The range will include children who are cognitively able and have specific speech, language and communication difficulties as well as children with more complex profiles of need of which language and communication are a part.</p>	<p>The role of the speech and language therapist at the specialist level is, to assess and diagnose specific SLCN requiring a specialist level of support</p> <ul style="list-style-type: none"> Identify the appropriate interventions and put these in place. Interventions may include direct work by a speech and language therapist but will always benefit from the involvement of parents and others in the wider workforce to reinforce and repeat appropriate activities on an ongoing basis. To provide specialist advice and training to parents and the wider workforce regarding specific interventions regarding the relevant SLCN 	<p>To work alongside specialist colleagues to carry out activities and programmes</p> <p>In the case of teachers or educational psychologists with specialist SLCN qualifications: to support parents, early years practitioners and school staff in ensuring that children can access appropriate learning opportunities</p> <p>In the case of specialist Augmentative and Alternative Communication (AAC) teams: to assess and make recommendations on appropriate communication aids for those who need them</p> <p>To identify children and young people who may have SLCN and seek appropriate advice, assessment and intervention</p> <p>To support SLTs in the delivering of interventions for children and young people at the targeted level.</p> <p>Following appropriate training and guidance - to lead interventions which have been set up by a speech and language therapist and/or to provide targeted interventions as part of the spectrum of provision within the setting or school.</p>	
<p>Targeted</p> <p>In addition to universal offer – specific interventions provided mainly through mainstream settings but with the support of more specialist workforce and / or using mainstream workforce to implement specific programmes (eg parenting programmes; language enrichment groups; transition groups for school entry, primary to secondary transfer etc.</p>	<p>'Some' children – the numbers will vary and will be influenced by demographic factors within a given area</p> <p>Targeted services are for an identified sub-group who may have specific need or be felt to be vulnerable to particular need. In terms SLCN specifically this group is broad and makes up the majority in volume of children who benefit from SLT involvement.</p> <p>Range includes children with delayed language and communication skills who can be expected to respond to intervention through to early identification of children who may go on to have more persistent need and potentially require specialist services in other respects.</p> <p>Most of this group should by definition be a mobile group and children may go back to the universal level or move to the specialist level.</p> <p>Some children with specialist overall profiles of need of which SLCN are a secondary feature will have their SLCN appropriately met at this tier and may not require specialist SLCN provision.</p>	<p>The role of the speech and language therapist at the targeted level is three-fold:</p> <ol style="list-style-type: none"> To identify children and young people who require support at a targeted or potentially specialist level including assessment and diagnosis of SLCN as needed To provide more advanced and specific training to parents and members of the wider workforce To establish and maintain a wide range of interventions suitable for groups of children and young people – ideally within settings and schools. These can be very general, such as early language 'first words', or more specific, such as working on a specific sound group. <p>The speech and language therapist will be involved in,</p> <ul style="list-style-type: none"> Establishing the interventions and outline schemas and plans Co-running the interventions with staff from the wider workforce who will continue the work in the absence of the SLT as part of the setting or school offer Monitoring the progress of the staff members from the wider workforce and offering support as needed Monitoring the selection and progress of children accessing targeted interventions and evaluating interventions <p>The balance of direct involvement from the SLT for specific interventions will be dependent on the capacity in the wider workforce to support the interventions.</p>	<p>To be the main provider of information and support to parents and service users drawing on training and guidance materials provided by specialists to support this work.</p>	
<p>Universal</p> <p>Mainstream services available to all eg. Children's centres, nurseries, schools, GP, HV, libraries, leisure centres etc</p>	<p>All children</p> <p>Every child needing to acquire and use speech, language and communication. All age range and includes children identified at targeted and specialist levels</p>	<p>The role of the speech and language therapist at a universal level is to support the mainstream system. This involves,</p> <ul style="list-style-type: none"> Training of others General awareness raising and advice to parents and interested parties – ideally in conjunction with existing universal programmes Development and provision of appropriate information materials to parents, service users, and the wider workforce 		

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MGA: Consulting

The wider workforce as it applies to children and young people with speech, language and communication needs could be construed as all of the 'core children's workforce' as described by the Children's Workforce Development Council.

The minimum set of competences which would ideally be in place for the whole of this wider workforce would equate to the universal level of competence for supporting speech, language and communication needs as identified using the SLCF.

Within that wider workforce there will be some who develop a particular interest and enhanced competences with respect to speech, language and communication needs, and a relatively small number who will make this a specialist interest within their own particular role. For example, within a children's centre, early years setting or school, there may be a small number of support staff who complete additional training, either through courses or as a result of 'on the job' skills development working with the speech and language therapy team, who then have a role to play in delivering an enhanced level of support for children at the universal and in some cases, targeted levels of support. In a small number of places, there are BTEC Level 3 courses available in speech, language and communication for support workers⁷. The North Lincolnshire Pathfinder has been closely involved in the development of such a course since 2000. The case study on [page 10](#) provides an outline of the impact this has had on the local workforce profile.

Commissioners in a geographically distant area where there is no current access to such a course have considered seed funding the establishment of a course at their local FE College in order to facilitate this level of competence in the wider workforce. Suitable SLCN modules, developed for the Level 3 Children and Young People's Workforce Diploma, are available at www.talkingpoint.org.uk. Some widely used licensed training courses provided locally by speech and language therapists and advisory teachers are accredited at Level 3 by the Open College Network (OCN). Distance learning courses are also available from a number of universities.

Those who develop specialist competences for speech, language and communication needs within the wider workforce will typically be in roles which are already specialist roles in another related domain. For example some SENCOs may choose to develop this level of competence, along with some advisory teachers and learning support staff. Whilst all health visitors would be expected to have at least the enhanced level of competence for the identification strand in the framework, some will develop a special interest and achieve the specialist level of competence.

Strategically, it is important to be able to both map the current range of competences and the roles in which they sit, and to pro-actively commission the workforce

competence profile that the needs assessment and whole system mapping indicate is appropriate for a given local area.

There is no 'ideal' workforce map and there will be different solutions in different areas which may all deliver the required provision and outcomes for children and young people. For example, where there is a school with a SENCO and team of teaching assistants who have reached an enhanced level of competence for speech, language and communication needs, it will be possible for children with targeted needs to be appropriately supported by the school staff with minimal oversight from a speech and language therapist. In contrast, where a school has no staff with competences for speech, language and communication needs beyond the universal level, the same targeted interventions may need to be delivered by a speech and language therapist alongside training to raise the level of competence within the school.

The specialist workforce for SLCN

The specialist workforce for speech, language and communication needs comprises two groups: registered speech and language therapists, and other professionals with specialist knowledge of speech, language and communication needs. We consider the latter group first.

Apart from speech and language therapists, there are a small number of other professional roles which have specialist knowledge of speech, language and communication needs with a specific focus, such as psychologists and paediatricians who specialise in communication disorders. Typically all these disciplines work together within multi-disciplinary teams around those specific areas of need.

There are a small number of specialist teachers who have developed specialist knowledge of speech, language and communication needs from the perspective of their impact on the child or young person's access to the curriculum. There is currently no mandatory post-graduate training for this role nor a mandatory requirement for such posts to exist within a local area, resulting in significant variation from place to place. Where such posts do exist, their collaborative work with speech and language therapists both in delivering joint training and in supporting education colleagues in increasing the accessibility of the curriculum for pupils with speech, language and communication needs is very valuable.

Speech and language therapists have the specialist competences for supporting speech, language and communication needs within the children's workforce as a whole. All speech and language therapists will have the competences to assess and diagnose the majority of speech, language and communication needs in children and young people and identify an appropriate support plan. There will be children for whom assessment and/or support from a specialist speech and language therapist

⁷ For example, John Leggott College: www.leggott.ac.uk/files/our-courses/SpeechTherapy.pdf

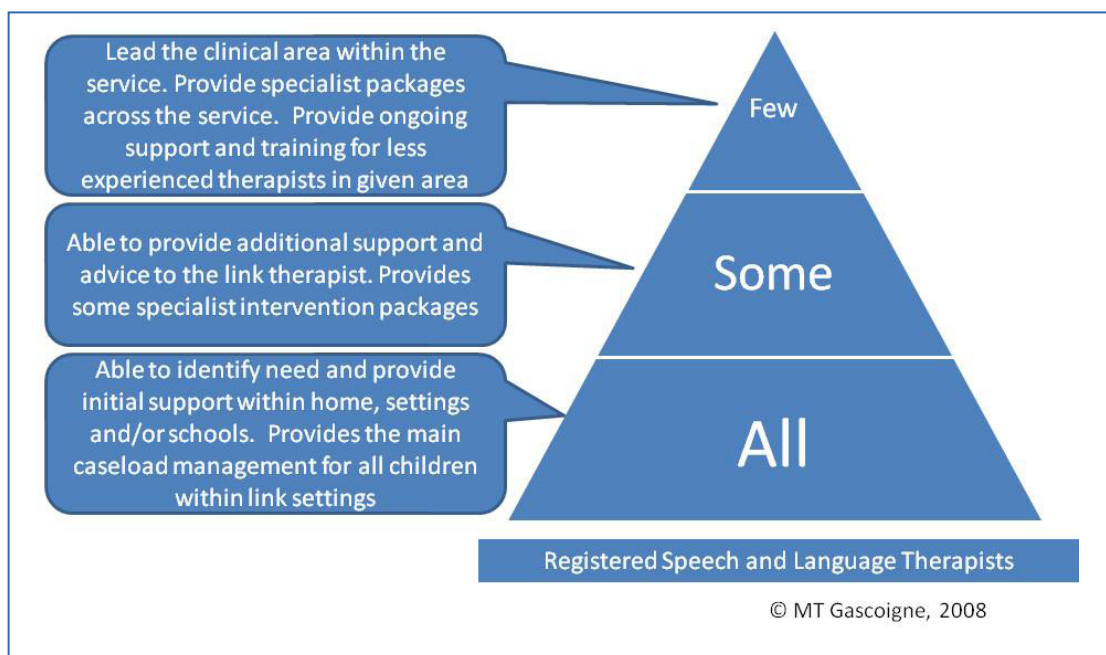
is required. Specialist and highly specialist speech and language therapists have a key role to play in supporting less specialist colleagues as well as in training and developing the wider children's workforce. Consequently, there will need to be a skill mix which allows for specialist and highly specialist skills within the speech and language therapy element of the workforce.

Some speech, language and communication needs are so specific, low incidence, and high need, that the specialist skills needed as part of the pathway to support these children and young people may need to be commissioned on a regional or sub-regional basis. Examples would be cleft lip and palate, persistent stammering in older

children or young people and services to support children and young people who need high-technology augmentative and alternative communication aids.

Figure 5 illustrates the role of the specialist speech and language therapist within the speech and language therapy element of the workforce.

Figure 5: Specialist support for low incidence needs (Gascoigne, 2008)



Workforce planning: North Lincolnshire Case Study

Background

Over the last few years the North Lincolnshire pathfinder has developed SLT services in mainstream schools through joint health and education funding, joint consultation and staff training. Workforce planning and development has been an important part of this process and the pathfinder has run training and provided toolkits for staff in educational settings, particularly schools and nurseries. In addition, a 'Communication and Interaction Charter Mark' has been introduced for schools to benchmark themselves, aimed at raising standards with support from SLC specialists.

What has been developed and achieved

BTEC Qualification for support staff

In 2000 the pathfinder developed a BTEC qualification for support staff aimed at any workers with a role in supporting speech, language and communication. Over the past ten years approximately 120 people have obtained the Edexcel-validated qualification, and the programme has been rolled out to other areas. This has enabled the numbers of staff trained with a benchmarked level of understanding regarding SLCN to increase across all levels of the health, social care and education workforce. All schools in the area now have at least one member of staff holding the BTEC qualification. In addition, specialised training delivered to the early years workforce, such as family link workers, assistant staff within health, and local childminders, has up-skilled the workforce with a basic awareness of SLCN, and equipped them with the knowledge to recognise normal and abnormal language and communication development in children.

Work with schools and toolkit supporting universal provision

All children with SLCN (not just those with statements of SEN) are now seen by SLTs in school, reducing the number of missed appointments and minimising the burden on the child and the family. Each school now has a named SLT working with them. Only children with cleft lip and palate are now taken out of school for an initial referral meeting by a specialist.

Toolkits have been provided to schools in the area, so that staff can identify problems with children's SLC and try to resolve mild problems without referring on to Speech and Language therapy. This makes for more efficient use of SLT staff, as teachers are given training on what they can try to resolve and what should be referred to specialist SLT professionals. This has enabled the SLT service to focus on delivering the most effective interventions and target those most in need of their support.

Communication and Interaction Charter Mark

The 'Communication and Interaction' Charter Mark was launched in 2010, and is being taken forward by several children's services providers, including primary, secondary and specialist schools, local authority respite care and voluntary provision, and early years settings. Once the award has been achieved, the intention is for services to be in a position to encourage and support others to achieve the award, making the scheme self-sustaining. The aim of the award is to encourage services to set their own baselines, evaluate SLCN knowledge within the workforce and identify any gaps. They are then encouraged to use local resources to identify their needs and are offered tailored training and development.

One key challenge and success factor

The main challenge has been to bring all stakeholders to the table and ensure all their various needs and interests are met.

Key to North Lincolnshire's success has been making links with the current agendas of individual schools and settings – ensuring that the service meets their particular needs and priorities, and identifying how improvements in SLC provision can support schools and settings to meet broader outcomes.

4. Mapping the SLCN workforce

This section of the tool has links with the Whole System Mapping and Design and Needs Assessment tools from which information will have been gathered about the current provision for children and young people with speech, language and communication needs and the range of individuals involved in delivering that provision.

Two aspects of mapping the speech, language and communication needs workforce will be explored:

- identifying the workforce and their competences for speech, language and communication needs (who, where, how many, what they can do)
- auditing the integration of the workforce to deliver support for children and young people (how effective is it).

Identifying the workforce and their competences

The templates which follow (table 1) are not intended to be prescriptive but give an overview of how the competences expected from different sections of the workforce might map onto the common integrated qualifications framework, taking competences in supporting speech, language and communication needs as the parameter of measurement. Naturally many of the professionals in the wider workforce will have competences in their own area of specialism that are equivalent to levels 5–9.

In mapping the workforce in a given area, this template can be completed with details of precisely who the workforce are, where they support children and young people with speech, language and communication needs and how many of each are currently in the system within a local area.

Table 1: Identifying the workforce and their potential competences

IQF level of competence for SLCN	Wider workforce		SLT workforce	
	Who?	Where?	Who?	Where?
9			Highly specialist speech and language therapists who also hold senior managerial positions with cross-organisational responsibilities	Regional centres of excellence or managers in organisations where they have significant responsibilities
8			Highly specialist speech and language therapists who may have achieved consultant or principal speech and language therapist level and / or may have additional responsibilities for management, research and clinical leadership within a clinical specialist area Competences will be demonstrated at masters or doctorate level in addition to registration as a speech and language therapist	In current NHS pay bands level 8 has four sub-bands: 8d; 8c; 8b; 8a Posts at 8c & 8d will typically include cross-professional leadership beyond speech and language therapy or be a consultant level clinical post Posts at 8a & 8b will typically be clinical leaders for a specialist area and team managers within their organisation
7	A very small number of specialist advisory teachers nationally who have developed a career in supporting SLCN as a specialist role. Educational psychologists with a particular interest in SLCN	Employed at local area level or working within regional or national resources. Involved in professional development activities at a national level	Highly specialist clinical posts where the post holder has developed competences in a specialist area at a masters or equivalent level and provides clinical leadership for less experienced colleagues in this area and provides highly specialist expertise in the assessment, diagnosis and management of specific SLCN	These posts are the clinical specialists within a service and a number can be expected in every speech and language therapy service relative to the overall needs of the area
		Not consistently present in every local area. Typically one or two per local area		There will be significant numbers of speech and language therapists with competences at this level. In areas of the country where there has been downward pressure on budget it may be that therapists with this level of competence are practising in Band 6 level posts

IQF level of competence for SLCN	Wider workforce			SLT workforce		
	Who?	Where?	How many?	Who?	Where?	How many?
6	A small number of those advisory teachers or learning support teachers for SLCN and / or teachers in charge of specialist resources for SLCN within a local area who have completed post-graduate training in the area and/ or who have accumulated significant skills and experience in the area Educational psychologists	Usually local authority wide roles or within specialist resources	Not consistently present in every local area. In many places these roles do not exist at all	Specialist speech and language therapists. These therapists have moved beyond their newly and recently qualified stage and are highly competent practitioners able to assess and diagnose and manage a wide range of SLCN with advice as needed from highly specialist colleagues	These therapists are the mainstay of the SLT service	This level of post should be the highest in number in a SLT service as these are the 'core workers'
5 (equivalent to the specialist level of the SLCF)	Some health visitors will have additional competences in the area of SLCN Advisory teachers or learning support teachers for SLCN and / or teachers in charge of specialist resources for SLCN within a local area who have completed post-graduate training in the area and/ or who have accumulated significant skills and experience in the area Some parents of children with specific SLCN will also potentially develop competences at this level and beyond	Typically specialist health visitors working as part of specialist multi-disciplinary teams Usually local authority wide roles or within specialist resources	Not a consistent role across local areas Typically a very small number per local area though this varies and in many places these roles do not exist at all	Newly qualified registered speech and language therapists. These therapists are certified to assess and diagnose SLCN and to practise in any area of SLCN as autonomous practitioners but they will not have developed specialist skills in specific areas of SLCN	These posts can be expected in every SLT service. They require greater clinical supervision in the first year of practise as they transition into the workforce.	These posts should be found in significant numbers within SLT services but this is not always the case

IQF level of competence for SLCN	Wider workforce			SLT workforce		
	Who?	Where?	How many?	Who?	Where?	How many?
4 (equivalent to the enhanced level of the SLCF) Practitioners at Level 4 are differentiated from those at Level 3 by their having greater experience specifically with SLCN within their wider role.	Health visitors should have enhanced level competences for SLCN as minimum requirement. Parents, early years practitioners, teachers, teaching assistants, support workers, health care assistants with enhanced training for SLCN working at a higher level	Early years settings and schools, health settings.	Small numbers per children's centre or extended school cluster or similar grouping	Speech and language therapy assistants Bilingual co-workers	Working in a range of settings under the supervision of a speech and language therapist who remains accountable for the assistant's work with a child or young person	Numbers of these posts vary hugely with some SLT services having no SLT assistant posts and others having significant numbers
3 (equivalent to the enhanced level of the SLCF)	Parents, early years practitioners, teachers, teaching assistants, support workers, health care assistants with enhanced training for SLCN.	Early years settings and schools, health settings.	Small numbers per children's centre or extended school cluster or similar grouping	Speech and language therapy assistants Bilingual co-workers	Working in a range of settings under the supervision of a speech and language therapist who remains accountable for the assistant's work with a child or young person	Numbers of these posts vary hugely with some SLT services having no SLT assistant posts and others having significant numbers
2 (equivalent to the universal level of the SLCF)	Parents, early years practitioners, teachers, teaching assistants, support workers, health care assistants	Early years settings and schools, health settings.	Significant numbers in each local area. Ideally the whole children's workforce			

Auditing the integration of the workforce in your local area

The second element of mapping the workforce is having a baseline of the progress towards an integrated speech, language and communication needs workforce. As noted above, the evidence from the Bercow review is that very few places can demonstrate a truly integrated approach to the workforce for speech, language and communication needs. However, it must be an aspiration and in order to map progress a baseline measure is essential.

The Children's Workforce Development Council (2010) produced a useful model for considering indicators of a good integrated children's workforce along eight dimensions:⁸

- Shared identity purpose and vision – characterised by all those working with children and young people perceiving themselves as part of one workforce with a common purpose
- Common language and values
- Behaviour focused on positive outcomes for children and young people – characterised by team behaviour around children's pathways and not 'silo' thinking within professional or sector groups
- Integrated working practices – characterised by shared practice across professional and sector groups to achieve common goals for children and young people
- High quality appropriately trained workforce – characterised by a workforce that has access to high quality CPD and where all individuals are valued for their competences
- Complementary roles focused around children and young people
- Capacity to deliver and keep children safe – characterised by having enough people with the right skills with a central tenet of keeping children safe as being everyone's responsibility
- Outcome focus.

This model can be used to consider how integrated the SLCN workforce is in a given area as part of the overall workforce analysis.

Figure 6 takes the indicators of a good integrated workforce and adds potential indicators of speech, language and communication needs, which can be used as an audit tool.

The case study on [page 17](#) gives an illustration of a successful attempt to integrate the speech, language and communication needs SLCN workforce.

8 Children's Workforce Development Council (2010). *All together, a better way of working. One children's workforce framework.* www.cwdcouncil.org.uk/assets/0000/9017/WR13-0310_OCWF_poster.pdf

Figure 6: The Balanced System™ Integrated SLCN workforce audit tool

The Balanced System™ Integrated SLCN workforce audit tool		How well are we doing?
Key factor¹	What does an integrated SLCN workforce look like?	
Shared identity purpose and vision	SLCN understood to be a shared responsibility across the wider workforce and the specialist workforce and across all agencies contributing to the service for children and young people in the Local Area. No 'them and us' between statutory agencies	
Common language and values	Finding ways of describing SLCN which do not use over medical terminology and equally explain educational terms in accessible ways. Working together in planning pathways for children and young people with SLCN focusing on shared outcomes	
Behaviour focused on positive outcomes for children and young people	Integrated teams around settings, schools and communities with the goals for children and young people with SLCN at the centre. No unilateral decision making without taking into account the impact on the wider support infrastructure. This includes strategic commissioning decisions and organisational re-structures as well as practitioner teams	
Integrated working practices	SLTs and the wider workforce work as part of integrated teams using all the available competences for maximum impact on children and young people	
High quality appropriately trained workforce	Robust training for all levels of competence and transparency and shared understanding of SLCN skills and competences Cost savings should be viewed holistically and the cost/benefit analysis of different skills mix should be taken into account – for example the cost benefits of employing more assistant level staff may be offset by the costs of supervision from specialists in some circumstances	
Complementary roles focused around children and young people	Respect and mutual understanding of SLCN competences across teams, professional groups and agencies. Trans-disciplinary working for the benefit of children and young people.	
Capacity to deliver and develop speech, language and communication skills of all children	SLCN is everyone's responsibility at some level	
Outcome focus	Commissioned outcomes for SLCN must be joint outcomes which are child and young person centred and not about specific inputs from specific members of the workforce	

¹ Adapted from the CWDC One Workforce Framework http://www.cwdcouncil.org.uk/assets/000/0/9017/WFR13-0310_OCWF_poster.pdf

Children's Integrated Speech and Language Therapy Service for Hackney and the City

In 2004, teams from City and Hackney Teaching PCT and the Learning Trust came together to form the Integrated Speech and Language Therapy Service. The PCT team historically sat within the wider Children's Therapy Service which included occupational therapists and physiotherapists, whilst the Learning Trust team sat within the Inclusion Support Service which included specialist teachers and early years consultants. The new integrated service provided a structural link between the wider workforce groups across health and education providers.

Time was taken to develop a shared vision for the support of all children and young people with speech, language and communication needs in the local area.

Some team members were employed by the PCT and others by the Learning Trust but all team members carried access and identity cards for both organisations in order to facilitate both practical sharing of space and facilities but also to foster a sense of belonging across agency boundaries.

Joint training and professional development was a key factor in the service development with 'health' employees and 'education' employees accessing training opportunities across both organisations – not only increasing knowledge but also introducing a common language around speech, language and communication needs that was applicable in any domain.

Similarly, staff from both organisations jointly developed and delivered a comprehensive training programme to the wider workforce, further reinforcing a joint identity and common purpose.

Management structures were developed based on functional processes rather than traditional organisational boundaries meaning that staff employed by either organisation could be line managed by someone from the alternate organisation if this was functionally appropriate.

At a strategic level, reciprocal membership of key management groups was put in place.

Financially, budgets from both organisations for SLCN services were aligned under the day-to-day management of the overall service lead.

Outcomes

- » There is less confusion for parents, schools, early years settings and other stakeholders.
- » Service delivery is more effective, with reduced structural barriers for children and young people in terms of accessing support.

Challenges

- » Establishing a new service identity within and beyond the immediate team is challenging.
- » There was a lack of precedent for infrastructure in terms of corporate services across both organisations.

5. Workforce planning for meeting speech, language and communication needs

There are a number of workforce planning guides within the public sector⁹ but essentially all cover the same core elements:

1. **definition of the scope** of the workforce to be considered
2. **identification of need** for this workforce
3. **mapping the current workforce**, matching the current workforce to identified need and gap analysis
4. **strategic plan** for workforce development
5. **monitoring and review**

This guide will follow this process. However it should be noted that there are significant challenges in workforce planning for speech, language and communication needs associated with the wide range of variables within the system for which data are currently insufficient or inadequate.

Step One: Definition of the scope of the workforce to be considered

The workforce model in section 4 shows the range of the whole workforce needed to support speech, language and communication needs of children and young people within a 'whole system' approach. However, there are currently insufficient data to attach numbers to the various elements of the workforce and so establish an 'ideal' workforce profile. This difficulty stems from the wide variation from place to place in how services are provided and the lack of robust outcomes data with which to evaluate different models.

Where a commissioner wishes to consider a sub-section of the 'whole' there are additional challenges in terms of the need to understand the interplay between different elements of the system, for example,

- between different tiers of the system – are you considering the workforce to deliver to children with targeted needs vs. specialist needs?
- between different groups within the workforce – are you considering the number of speech and language therapists needed vs. the number of teaching assistants to deliver support in schools?
- between the workforce needed to deliver a defined pathway – are you considering the skill mix needed to support children and young people with a specific speech, language and communication need in terms of universal, targeted and specialist elements of the pathway?

⁹ See the references in section 6, and also the following more general guides: IDeA Workforce Planning; and the NHS Six Steps Methodology to Integrated Workforce Planning

Step Two: Identification of need for this workforce

The Needs Assessment tool provides detailed information in terms of identifying the needs of the population for which you are commissioning.

The next step is to identify the workforce which is required to achieve the desired outcomes for the children and young people with speech, language and communication needs across the whole system or in a defined part of it.

There will be a number of options in terms of skills mix and pattern of delivery and at this point it will be necessary to form a view as to the model of service provision that is required.

Advice regarding models of provision can be obtained from a range of sources including guidance documents produced by government departments, third sector representative organisations such as the Communication Trust, the Office of the Communication Champion and Council's website (www.thecommunicationcouncil.org), and the Royal College of Speech and Language Therapists' *Resource Manual for Commissioning and Planning Services for SLCN*.

Step Three: Mapping the current workforce, and matching it to identified need and gap analysis

In parallel with identifying the scope and scale of the need to be addressed, it is essential to understand the current workforce in place to meet the need.

It will be necessary to identify:

- the roles which exist
- the competences associated with each role and how these are determined (for example, self or peer assessment, formal qualification, accredited training etc)
- how many of each role are in place
- where they carry out their role
- how many children and young people they currently support
- which other roles within the workforce have key relationships with them in supporting children and young people.

Once the workforce has been identified and a model of service provision decided upon, it will be possible to explore scenarios to test the degree to which the current workforce can meet the need and alternative ways of

using the workforce to meet the need, and to identify gaps in the workforce – which might be competence gaps and / or capacity gaps.

As with all areas of commissioning there is a cyclical process, and feedback from monitoring and review of the workforce must inform the next phase of needs analysis and so on.

Step Four: Strategic planning for workforce development

The next step is to decide on the most appropriate strategy to secure the required workforce.

Potential challenges at this stage include:

- identifying an ideal workforce which is unaffordable within the current economic climate – in which case strategic decisions will have to be taken as to how best to manage such pressures
- identifying a workforce need where there is a significant shortfall in supply – either through identifying significant training needs which have to be met in order to address a competence deficit in the workforce or through identifying a lack of resource of appropriately skilled practitioners, for example specialist practitioners in a very specific element of speech, language and communication needs.

It will be important to be aware of the relative costs and availability of different elements in the workforce and plan to ensure that more highly qualified (scarce and/or expensive) staff are used as effectively as possible. This is particularly crucial at a time of financial stringency.

Regardless of potential challenges, the clarity achieved through a systematic workforce mapping exercise should allow for informed strategic decision making in order to meet the speech, language and communication needs of children and young people. The information should inform commissioning standards and service specifications.

Step Five: Monitoring and review

This part of the process links to the Evaluating Outcomes tool.

Whilst the impact of speech, language and communication services is likely to be measured using primarily child and young person centred data, at the individual and/or at a group level, the workforce should also be reviewed across a number of parameters.

Potential areas for monitoring which relate specifically to the workforce include:

- that provider organisations maintain the appropriate skills mix and competence levels within the workforce to deliver the service
- that the wider workforce continues to be developed and trained in accordance with the workforce competence map
- developments in the evidence base which might suggest adjustments to the current workforce needed.

6. Useful resources

Tools and frameworks

- The Speech, Language and Communication Framework (SLCF), published by the Communication Trust www.communicationhelppoint.org.uk/da/about%20the%20slcf.aspx

This Framework allows practitioners to carry out a self assessment of their skills and knowledge and to identify the areas that may need further professional development. The Framework defines competences at different levels in speech language and communication services – universal, enhanced and specialist. The SLCN Framework can also be used on a group basis as well as for individual skill mapping.
- National standards for AAC assessment services will be available in early 2011. www.communicationmatters.org.uk/nationalaacstandards These include a description of the competences needed for targeted and specialist AAC service providers.
- The CWDC One Workforce Framework. www.cwdcouncil.org.uk/participation/resources/workforce-planning

The *One Children's Workforce Framework* describes an integrated workforce for children's services. It can be used at an individual level or at team level to identify areas for professional development as well as being a tool for strategic commissioners to help them with workforce planning.
- Gascoigne M T (2006) *Supporting children with speech, language and communication needs within integrated children's services*, www.rcslt.org/docs/free-pub/Supporting_children-website.pdf

This position paper published by the Royal College of Speech and Language Therapists discusses the role of speech and language therapy within the wider workforce and sets out a vision for the future.
- Children & Young People's Workforce Development Guide* www.cypworkforce.co.uk/

Although this guide is specifically for Wales, it may be a useful tool for commissioners in developing workforce plans. The guide has been designed as a resource for children and young people's partnerships to support local workforce development plans.
- National CAMHs Support Service *Integrated Workforce Planning Tool*, www.chimat.org.uk/default.aspx?QN=CAMHSTOOL

This tool has been developed for CAMHs services but has some useful transferable learning for SLCN commissioners.
- NHS healthcare workforce portal www.healthcareworkforce.nhs.uk/

This website covers workforce issues in the NHS, and contains useful tools for workforce planning, including a guide on the children's services workforce.
- Gascoigne M T (2008) 'The role of the SLT in supporting wider workforce development' in *Proceedings of the Communication Trust Conference: Developing a workforce to support speech, language and communication for all children*, March 2008 www.thecommunicationtrust.org.uk/upload2/communication%20trust/documents/conference%20
- Children's Workforce Development Council (2010). *All together, a better way of working. One children's workforce framework*. www.cwdcouncil.org.uk/assets/0000/9017/WR13-0310_OCWF_poster.pdf
- IDeA Workforce Planning at www.idea.gov.uk/idk/core/page.do?pageId=5448611
- NHS *Six Steps Methodology to Integrated Workforce Planning* at www.healthcareworkforce.nhs.uk/resources/latest_resources/six_steps_refresh.html
- Office of the Communication Champion and Council website www.thecommunicationcouncil.org
- Royal College of Speech and Language Therapists' *Resource Manual for Commissioning and Planning Services for SLCN*. www.rcslt.org/speech_and_language_therapy/intro/resource_manual_for_commissioning_and_planning_services