

**2003  
Caseload Guidelines Survey  
Final Report**

**For  
Speech-Language Pathology  
December 2003**

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**Prepared for:**

**Canadian Association  
of Speech-Language  
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## **1.0 Introduction**

In May and June of 2003, the Canadian Association of Speech-Language Pathologists and Audiologists (CASLPA) undertook a survey of its members to determine average caseloads in various work settings for its members serving clients of various ages. The intent of the study was to assist Board members in developing caseload guidelines for speech-language pathologists and audiologists.

This analysis will look at speech-language pathologists (SLPs) who work with three age groups of clients: children under six years of age, children over six, and adults. In each case, the work setting, service delivery model and caseload will be explored.

Note also that the caseload figures we present are reported in ranges (i.e. <10, 10-20, 20-30, etc.) since this is how the data was captured in the on-line version of the survey. This places certain limits on how the data can be manipulated and analysed. The limits are explained in more detail in the body of this report.

## 1.1 Respondent Profile

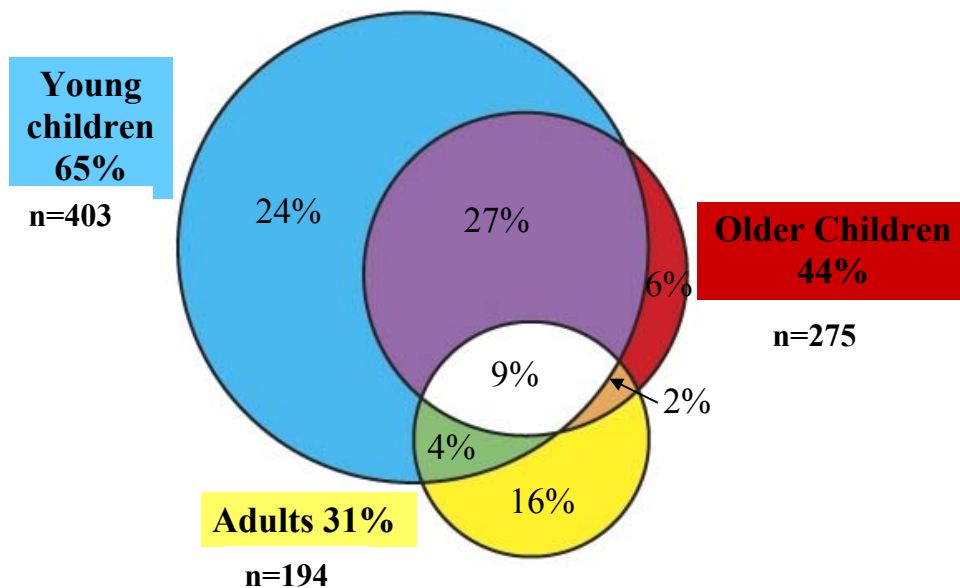
Of all 623 SLPs responding to the survey, the majority were working with young children under six and the smallest number with adults<sup>1</sup>.

- 65% of SLPs said at least some of their clients were young children, 44% were seeing older children, and 31% were treating adults.

It is important to note that there are large overlaps in the caseloads of SLPs in terms of client age (see figure 1). The largest overlap is between the two groups treating children:

- 62% of SLPs who treat young children (under six) also see older clients. Over half (55%) are treating children over six years of age.
- 85% of SLPs who treat children over six years of age are also seeing older or younger clients. The largest proportion (81%) sees younger children, and a number (24%) have adult clients as well.
- SLPs treating adults are more likely than those treating others to be seeing only one age group. Some 52% of those treating adults see only this type of client.

**Figure 1 – Overlapping caseloads of SLPs**



<sup>1</sup> CASLPA membership figures (from a small proportion of membership renewals in 2003) suggest that 33% of members work with adults, 57% with pre-school children, and 64% with school-age children.

## 2.0 Findings

### 2.1 SLPs Working with Adults

Just under one-third (31% or 194) of the SLPs responding to the survey did some work with adults. In order to get a clearer picture of those working primarily with adults, a subgroup was selected, consisting of 122 SLPs who said that adults accounted for half or more of their caseload. These 122 SLPs who work *mainly* with adults comprised 63% of all SLPs working with adults, and 20% of the total SLP respondents. They are the basis for the following analysis.

#### 2.1.1 Employment Pattern

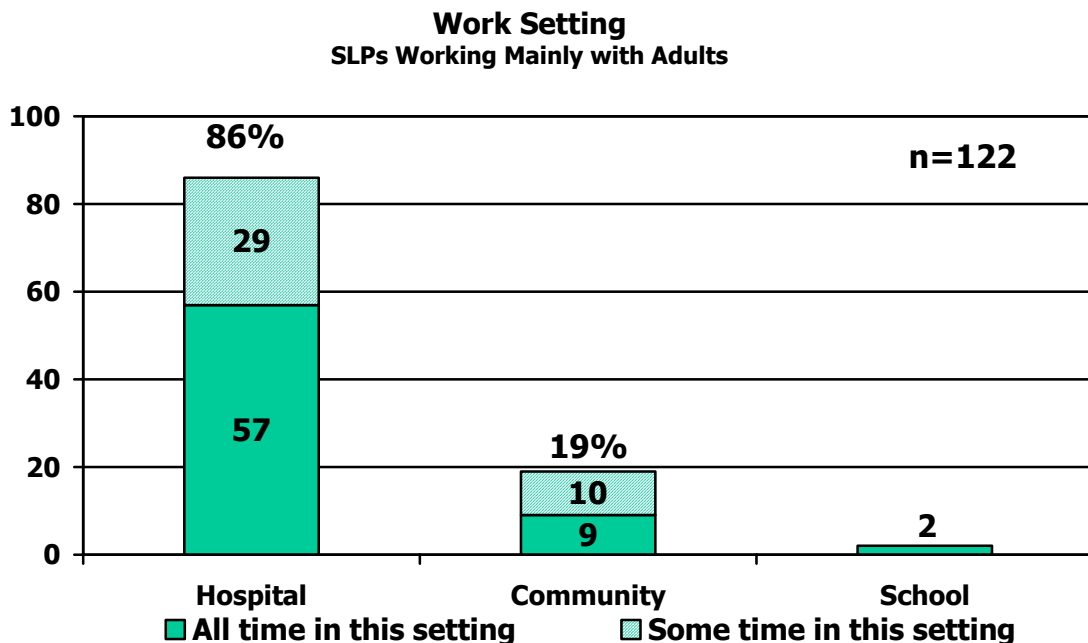
Looking only at those SLPs who see mainly adult clients, it is evident that their pattern of work is varied.

- Most (72%) SLPs working mainly with adults are employed full-time, with about one in four (24%) working half time or more, and a relatively small proportion (4%) working less than half time.

#### 2.1.2 Work Setting

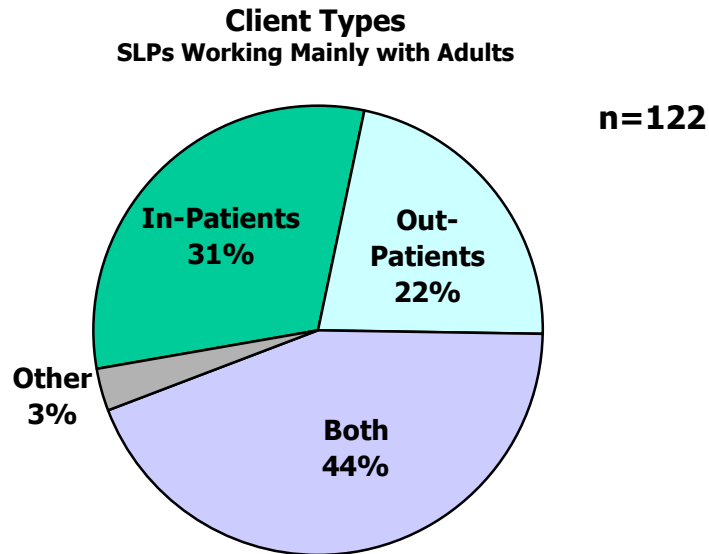
Most work in hospitals, although about one in five works for a health department, health authority or some organization in the community.

- 86% spend at least part of their work time in hospitals. And 57% spend all their time in a hospital setting.
- 19% spend some of their time working in a community setting, and 9% do this exclusively.
- A very small number spend some time in schools (2%)



### 2.1.3 Client Types

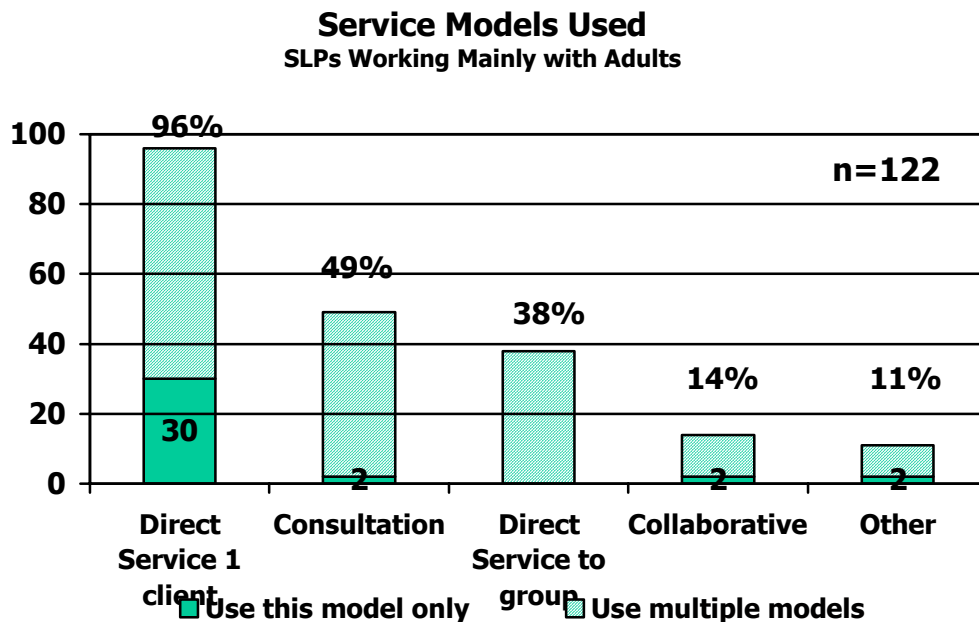
Just under one-third (31%) of SLPs working mainly with adults see in-patients exclusively, about one-fifth (22%) see only out-patients, while the largest proportion (44%) see both.



### 2.1.4 Service Models

SLPs working mainly with adults use a variety of service models.

- Nearly all (96%) use a direct service model, that is, one clinician treating one client.
- About half (49%) work in a consultative model in which they determine the intervention targets, procedures and contexts, but rely on another agent of intervention to carry out the program.
- A significant number (38%) also use a direct service model to see a group of clients.



These figures suggest that a substantial number of those SLPs who work mainly with adults currently work under several service models. In fact, seven out of ten (69%) use more than one service model.

- Three in ten (31%) use just one model; four in ten (39%) use two models and a substantial three in ten (29%) work in three or more service models. On average, SLPs working mainly with adults use 2.1 different service models.
- Virtually all SLPs in this sub-group who use just one service model are providing direct service to a single client.

Even when we limit our analysis to only those SLPs who work entirely with adults, we find that most use more than one service delivery model.

- Nearly all (96%) deliver services one-on-one, and more than half (57%) use a consultative model, while 37% deliver services to a group and 13% use a collaborative model.

## **2.1.5 Satisfaction with Service Models**

Almost eight in ten SLPs (78%) working mainly with adults were satisfied with the service models they used.

- Satisfaction did not appear to be affected by the type of model used, although those using a consultative model may have been marginally less satisfied (72%).
- Those working with adults in a health department or community setting were marginally more satisfied with their service models (83% satisfied).
- Part-timers were more likely to be satisfied with their service models (85%) than those working full-time (75%).
- Satisfaction with the service model was not related to whether there were caseload guidelines.
- Those seeing out-patients were more likely to be satisfied with their service model (81%) than those treating in-patients (73%).
- Those seeing a mixture of adults and children were more likely to be satisfied with their service models (86%) than those working exclusively with adults (76%)

Dissatisfaction with service models was strongly related to caseloads and the hospital setting. For example, a number reported that their caseload and level of service to clients varied widely, depending on the number of admissions.

“The model works, however, we are understaffed, as it is possible to have 20 or more active patients, or none. The caseload waxes and wanes; however, 0.6 of a position is insufficient to adequately do the job...”

"The hardest part is providing adequate service to the fluctuating caseload of in-patients at the hospital... The number of in-patients and their acuity fluctuates and is unpredictable."

Several of those working in a hospital setting also expressed concern that swallowing cases took priority over patients with communication problems.

"The consultative model leads us to focus primarily (or sometimes only) on swallowing at the expense of communication."

In general, these SLPs expressed the same concerns as those working with other types of patients: they were concerned heavy caseloads prevented them from providing high quality service to clients.

"I feel my clients need more than the few individual sessions I can offer them before I have to channel them into a therapy group."

"My caseload is too heavy to do the education, follow-up, therapy and the communication assessments my patients deserve."

"It is difficult to provide adequate service within the time limits imposed...most SLPs... here have very high stress level, and this leads to low job satisfaction, because the job is never really done as well as it ought to be."

## **2.1.6 Caseload Size**

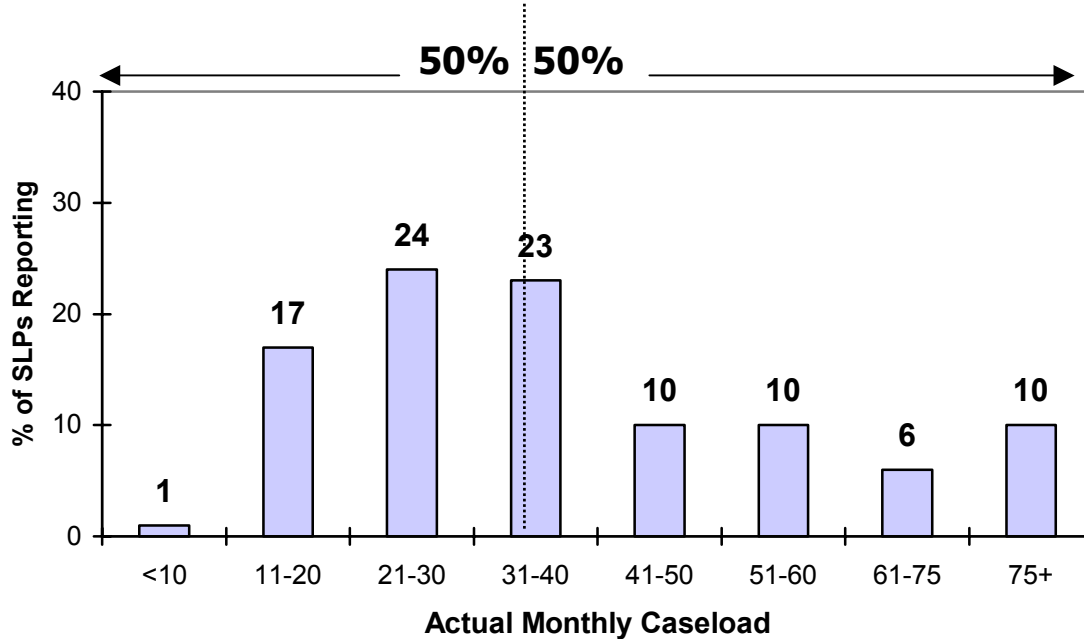
In order to effectively compare and analyze caseloads, only those SLPs who were working full-time, and who spent the majority of their time with adult clients were included. The remainder of this report presents data on the 88 SLPs who met these criteria.

SLPs responding to the survey were asked to indicate their active caseloads in one of three formats: caseload per week, per month, or per year. Caseloads were indicated as ranges i.e. less than 10, 10 to 19 clients, 20 to 29 clients, etc. To permit analysis, substantial recoding of caseloads was carried out<sup>2</sup>.

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<sup>2</sup> Some respondents indicated their weekly, monthly and yearly caseloads. Some provided only one or two fields. Wherever possible, the data were recoded into monthly format. For example, if no monthly caseload was shown, the weekly caseload was multiplied by four to convert to a monthly caseload. This recoding may lead to over-estimation of monthly caseloads for some survey respondents.

### Actual Monthly Caseloads SLPs Working Fulltime, Mainly with Adults



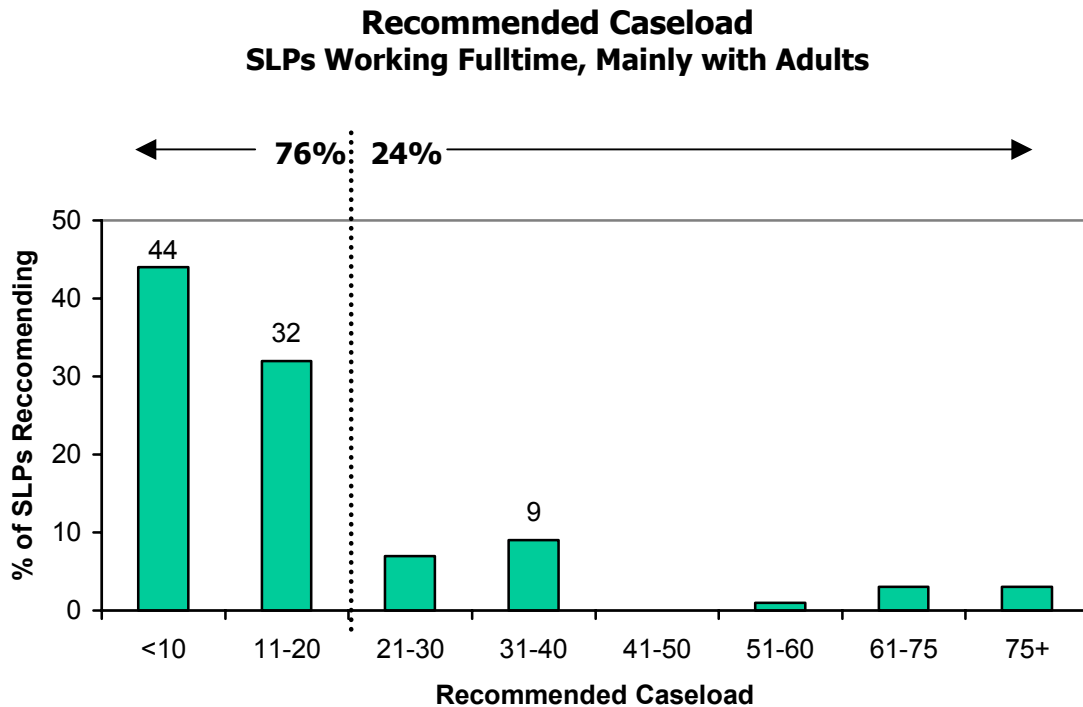
The chart above shows the proportion of SLPs that reported various monthly caseloads. Caseloads ranged from less than 10 to over 75 clients, with 24% of SLPs in this group carrying a caseload of 21-30 clients and about the same proportion (23%) reporting a monthly caseload of 31-40 clients.

- As the arrows indicate in the chart above, about half of the SLPs working mainly with adults reported monthly caseloads of less than 31 clients, and about half reported more than 31 clients (median).
- The average number of cases carried per month was roughly 37.
- Among SLPs who worked mainly with adults but also saw some children, the average caseload was significantly higher (49) than among those who saw only adults (34).

It must be noted that caseload alone does not describe the full workload of SLPs. In addition to conducting speech-hearing-language screenings and comprehensive diagnostic evaluations, SLPs write reports/chart results, participate in multidisciplinary teams and conferences, confer with clients' families, complete documentation as well as participating in continuing professional development, and other activities as employees or consultants.

## 2.1.7 Recommended Caseload

SLPs working full-time mainly with adults recommend a caseload that is considerably lower than their *actual* caseload<sup>3</sup>. As shown in the chart below, 76% of these respondents recommended caseloads of 20 or less in order to appropriately service their clients. Only 15% of respondents suggested that a caseload greater than 30 clients was appropriate. The average of the recommended caseloads was 17.



## 2.1.8 Conclusion - Adults

The findings of the survey are clear: caseloads for the majority of SLPs working mainly with adults are considerably higher than the caseloads those same respondents would recommend. Whereas half of these respondents currently handle a caseload of 31 or more, only 15% would actually recommend such a caseload. The findings strongly suggest a recommended monthly caseload of somewhere between 20 and 30 clients.

The findings also suggest that the recommended caseload should be a guideline with room for flexibility to recognize that SLPs who work primarily with adults do so using a variety of models – usually a blend of direct one-on-one service and other group or consultative models. Adding to the need for flexibility is the fact that many SLPs working mainly with adults do so in a variety of settings that includes hospitals, community settings and schools. The results of the survey make clear that differences in settings and service models can have a strong impact on *workload*, even when caseload is held constant.

<sup>3</sup> The time frame for the recommended caseload was not specified in the survey. We have assumed that the figures refer to recommended *monthly* caseloads.

## 2.2 SLPs Working with Young Children

SLPs working with children under the age of six made up the largest sub-group in the survey. Almost two-thirds of the participating SLPs (65% or 403 SLPs) did some work with children under the age of six. In order to get a clearer picture of those working primarily with young children, a sub-sample was selected, consisting of 249 SLPs who said that young children accounted for half or more of their caseload. These SLPs who work *mainly* with young children comprised 62% of all SLPs working with young children, or 40% of the total SLP respondents. They are the basis for the following analysis.

### 2.2.1 Employment Pattern

Looking only at those SLPs whose clients are mainly young children, patterns of work and work conditions vary considerably.

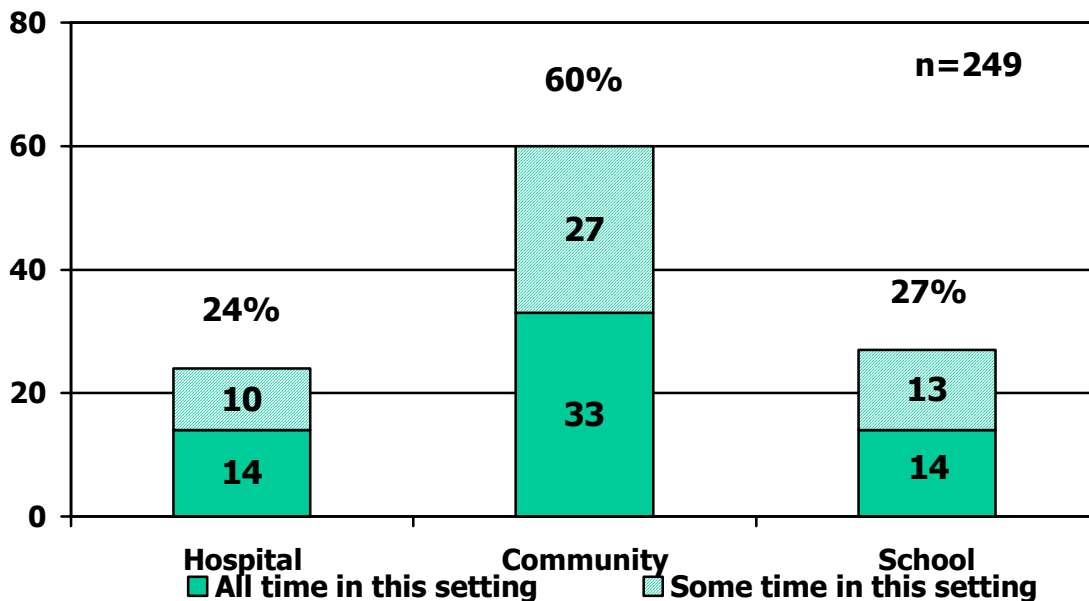
- Two-thirds (67%) of SLPs working mainly with young children are employed full-time. Another one in four (24%) work half-time or more, and a relatively small proportion (8%) work less than half-time.

### 2.2.2 Work Setting

The largest proportion of SLPs working mainly with children are employed in health departments, health authorities or community organizations. Sixty per cent (60%) spend at least part of their work time in a community setting and 33% spend all their time working in community-based organizations.

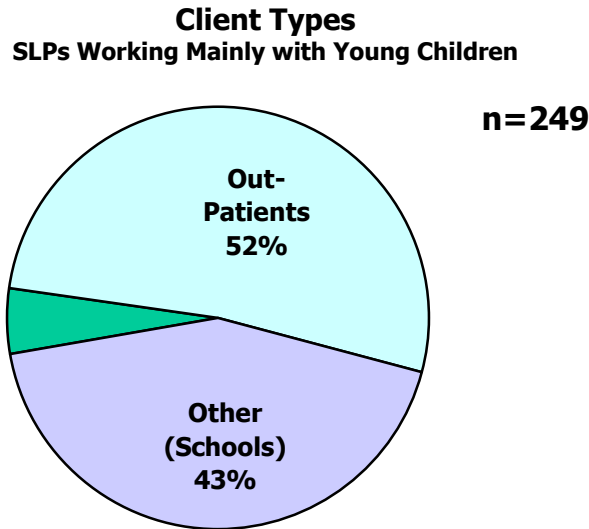
- Just over one-quarter (27%) spend some of their time working in schools, of which 14% do this fulltime.
- Just under one-quarter (24%) work in the hospital sector, 14% working fulltime in that setting.

**Work Setting for SLPs Working Mainly with Young Children**



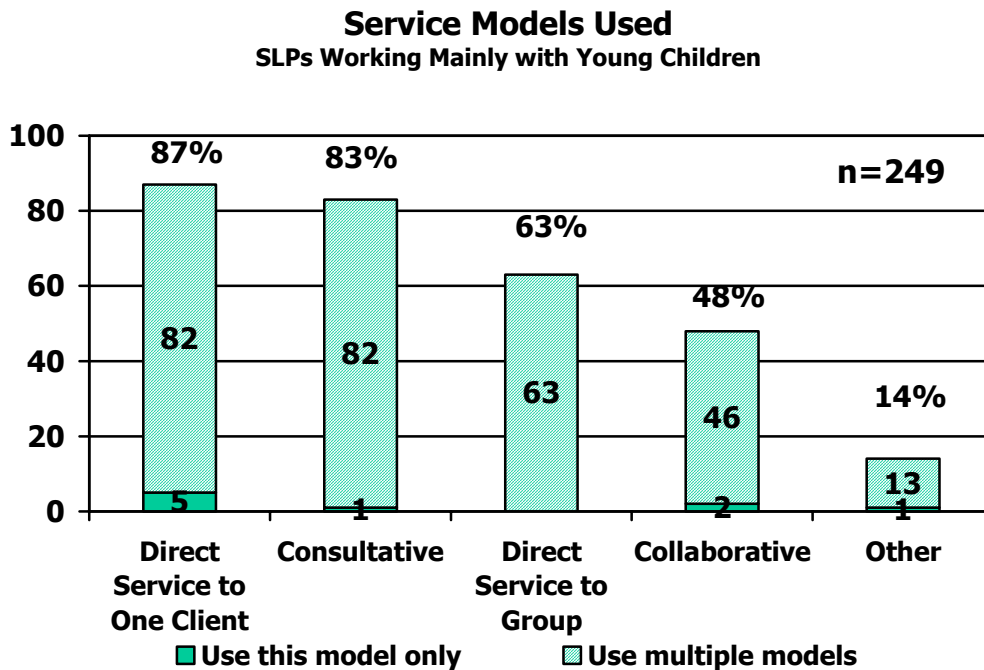
## 2.2.3 Client Types

Since most SLPs seeing young children work in the community, only 5% are seeing in-patients. The majority describe their clients as out-patients (52%), or "other" (43%).



## 2.2.4 Service Models

SLPs working mainly with young children use a variety of service models.



- Nearly nine in ten (87%) use the direct service model, that is, one clinician treating one client.

- More than eight in ten (83%) work in a consultative model in which they determine the intervention targets, procedures and contexts, but rely on another agent of intervention to carry out the program.
- A significant number (63%) use a direct service model, but see clients in groups.
- About half (48%) use a collaborative model, working with a classroom teacher, parent, volunteer, or other personnel.
- A small number (14%) of the SLPs seeing mainly young children use some other service model. This is often in a multidisciplinary or trans-disciplinary team. A significant number of SLPs working with young children also noted that they provide parent education, training, or coaching through programs such as Hanen.

Most SLPs who work mainly with young children use several different service models. In fact, almost nine out of ten (88%) use more than one service model, and on average each SLP is using three different models.

- Very few (10%) use only one model. About two in ten (18%) use two models; four in ten (39%) use three models, and a substantial three in ten (31%) work in four or more service models.
- Seven in ten (70%) are using three, four or five different service models in the course of their work.
- The number of different service models is not a result of SLPs working with several different client types. Looking only at those SLPs who work entirely with young children, nearly all (91%) use multiple service delivery models. Among those working exclusively with young children, the average number of service models used is 3.1.

## **2.2.5 Satisfaction with Service Models**

Seven in ten SLPs (70%) working mainly with young children were satisfied with the service models they used. This was somewhat lower than the comparable figure for those seeing a predominantly adult caseload (78%).

- Satisfaction did not appear to be affected by the type of model used, whether the SLP was working full- or part-time, work setting, or client mix.
- Satisfaction with service models was significantly related to whether caseload guidelines were in place. Of those with guidelines, 78% said they were satisfied with the service models they were using. Of those without caseload guidelines, only 66% were satisfied with their service models.

Respondents identified a number of factors that caused them to be dissatisfied with their service models. These included too much use of consultative/collaborative methods when direct service to clients would be more effective; insufficient frequency of direct service delivery; unmanageable caseloads; and insufficient time for travel, meetings, and preparation.

A number of respondents felt that the consultative service model was being implemented too often, simply because it allowed them to service more clients. It was being used to replace direct service to clients, rather than to supplement it.

"I have had to use collaborative/consultative models often, simply due to time constraints, when these are not the most appropriate models given those clients' needs."

"I do not feel I have the opportunity to choose the best service model for the client."

The consultative model is weakened by the fact that teachers, aides and parents need more training and support than SLPs have time to provide. In addition, SLPs say they often have insufficient time for follow-up.

"Consultation is often ineffective due to limited home and/or school support."

SLPs are frustrated at the slow rate of progress by clients who are being seen by assistants, school personnel or parents. A number feel that clients would be better served by more direct service from an SLP, but funding does not permit this.

"Many of the students would benefit from direct services but we do not have the resources."

"It's hard to go on a regular basis and see the limited progress being made by some clients when you know if you were doing it, the progress would be greater."

Some SLPs who were providing direct service felt that it was too infrequent.

"The children on my direct caseload only receive one hour of therapy over a two-week period, which I don't feel is sufficient."

"I would like to be able to see more children on a weekly basis. Most of my caseload is on a biweekly or monthly schedule."

"I would welcome the opportunity to offer more frequent visits to certain populations".

And finally, many respondents alluded to other duties, outside direct service and consultations that reduce their effective treatment time.

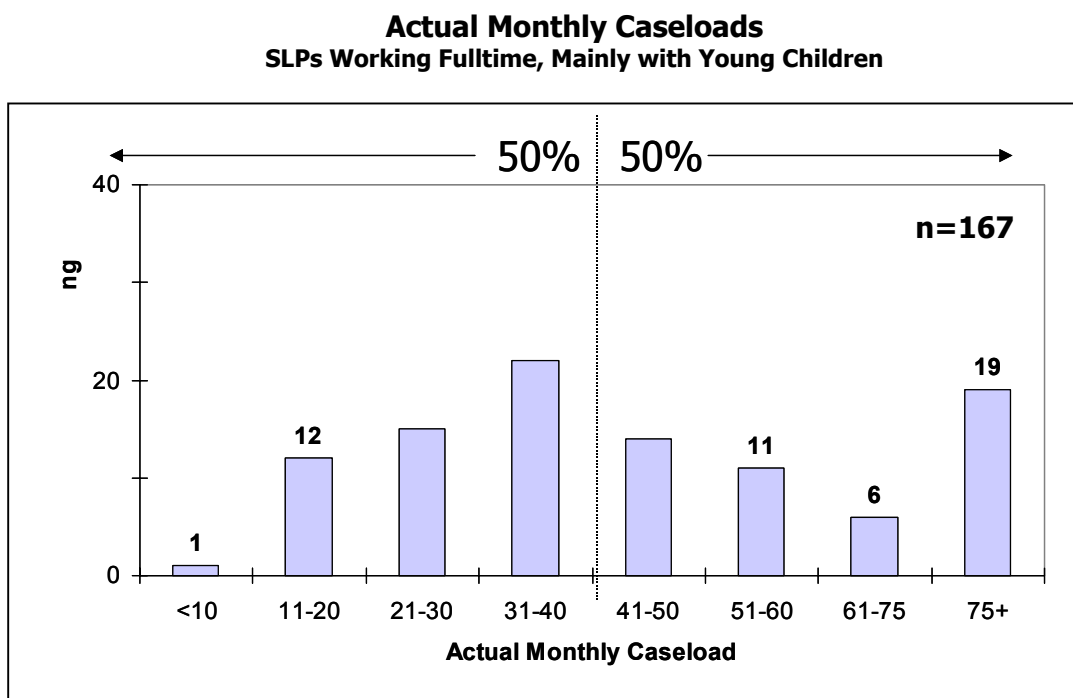
"Currently the majority of my time is spent doing assessments, case conferences and writing reports. There is little or no time for on-going follow-up with students once the report has been completed. I serve a population of 11,500 students."

Overall, SLPs working with young children were satisfied with the variety of service models available, but a substantial number felt that direct service to clients was being sacrificed due to heavy caseloads and limited resources.

## 2.2.6 Caseload Size

In order to effectively compare and analyze caseloads, only those SLPs who were working full-time, and who spent the majority of their time with children under six were included in the caseload sizing. The remainder of this report presents data on the 167 SLPs who met these criteria.

SLPs responding to the survey were asked to indicate their active caseloads in one of three formats: caseload per week, per month, or per year. Caseloads were indicated as ranges, i.e. less than 10, 10 to 19 clients, 20 to 29 clients, etc. To permit analysis, substantial recoding of caseloads was carried out<sup>4</sup>.



The chart above shows the proportion of SLPs that reported various monthly caseloads. Caseloads ranged from less than 10 to over 75 clients, with 22% of SLPs in this group carrying a caseload of 31-40 clients, and nearly as many (19%) seeing more than 75 clients monthly.

- As the arrows indicate in the chart above, about half of the SLPs working mainly with young children reported monthly caseloads of less than 41 clients, and about half reported more than 41 clients (median).
- Among those SLPs who worked full-time and whose clients were mainly young children, the average number of cases carried per month was about 46.

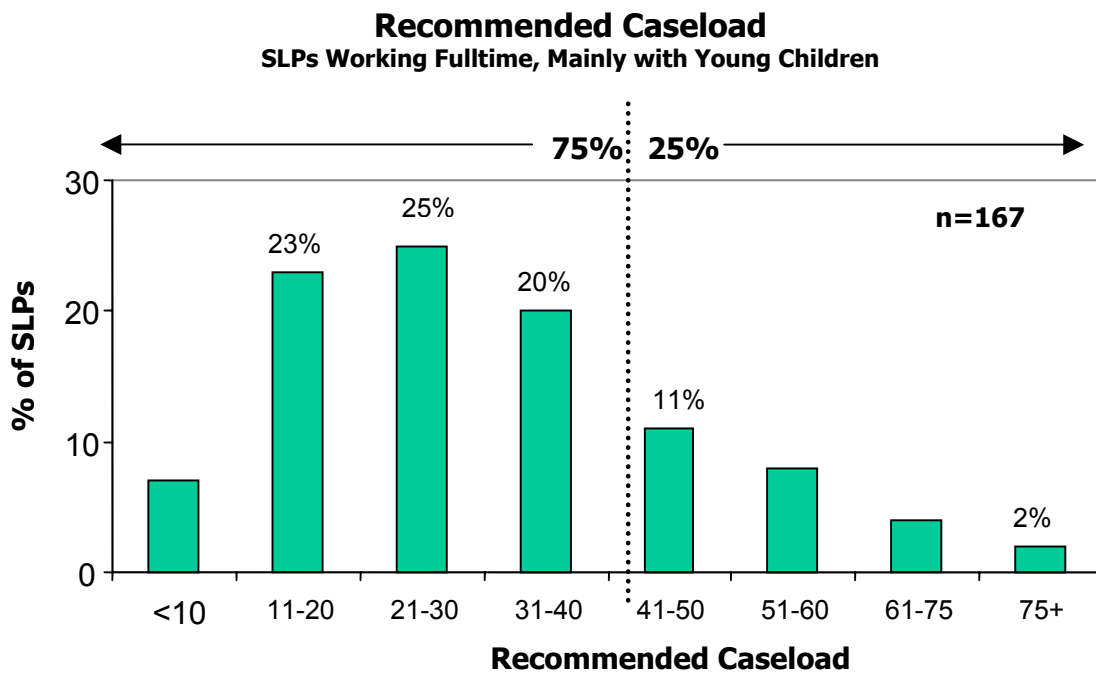
<sup>4</sup> Some respondents indicated their weekly, monthly and yearly caseloads. Some provided only one or two fields. Wherever possible, the data were recoded into monthly format. For example, if no monthly caseload was shown, the weekly caseload was multiplied by four to convert to a monthly caseload. This recoding may lead to over-estimation of monthly caseloads for some survey respondents.

- Among SLPs who worked mainly with young children but also saw some adults or older children, the average caseload was higher (51) than among those who saw only young children (44).

It must be noted that caseload alone does not describe the full workload of SLPs. In addition to conducting speech-hearing-language screenings and comprehensive diagnostic evaluations, SLPs write reports/chart results, participate in multidisciplinary teams and conferences, confer with clients' families, complete documentation, as well as participating in continuing professional development, and other activities as employees or consultants. As noted above, working with classroom teachers and parents is an important part of the work for SLPs treating young children.

## 2.2.7 Recommended Caseload

SLPs working full-time mainly with young children recommend a caseload that is considerably lower than their *actual* situations<sup>5</sup>. As shown in the chart below, three-quarters (75%) of these respondents recommended caseloads of 40 or less in order to appropriately service their clients, but half were carrying more than 40 clients. Fifty-five percent recommended a caseload of 30 clients or less, while 72% were seeing more than this volume of patients. The average of the recommended caseloads was 31.



<sup>5</sup> The time frame for the recommended caseload was not specified in the survey. We have assumed that the figures refer to recommended *monthly* caseloads.

## **2.2.8 Conclusion –Young Children**

Caseloads for SLPs working mainly with young children are considerably higher than the caseloads those same respondents would recommend. While nearly half of these respondents currently handle a monthly caseload of 41 or more, only 25% would recommend such a high caseload. The findings strongly suggest a recommended caseload of somewhere between 26 and 30 clients, for those SLPs working full-time and primarily seeing young children.

Caseload guidelines also must recognize that SLPs who work primarily with young children do so using a variety of service models – usually a blend of the one-on-one and consultative models. Adding to the need for flexibility is the fact that many SLPs working mainly with young children do so in community settings and their duties include education, training and coaching of parents, early childhood educators, teachers, and other individuals who are part of the intervention team.

## **2.3 SLPs Working with School-Age Children**

SLPs working with children aged six and up made up the second largest sub-group in the survey. More than four in ten SLPs (44% or 275 SLPs) were seeing some children aged six and up.

Nearly all SLPs working with children over the age of six were also seeing other types of patients. Of the 44% seeing children over the age of six, 36% were also treating younger children, and 11% had some adult clients. Only 6% of the SLPs responding to the survey were treating school-aged children exclusively.

Those SLPs who said that young children accounted for half or more of their caseload were selected for closer analysis. SLPs who work *mainly* with children over six comprised 72% of all SLPs working with older children, or one-third (32%) of the total SLP respondents. They are the basis for the remainder of the analysis in this section.

### **2.3.1 Employment Pattern**

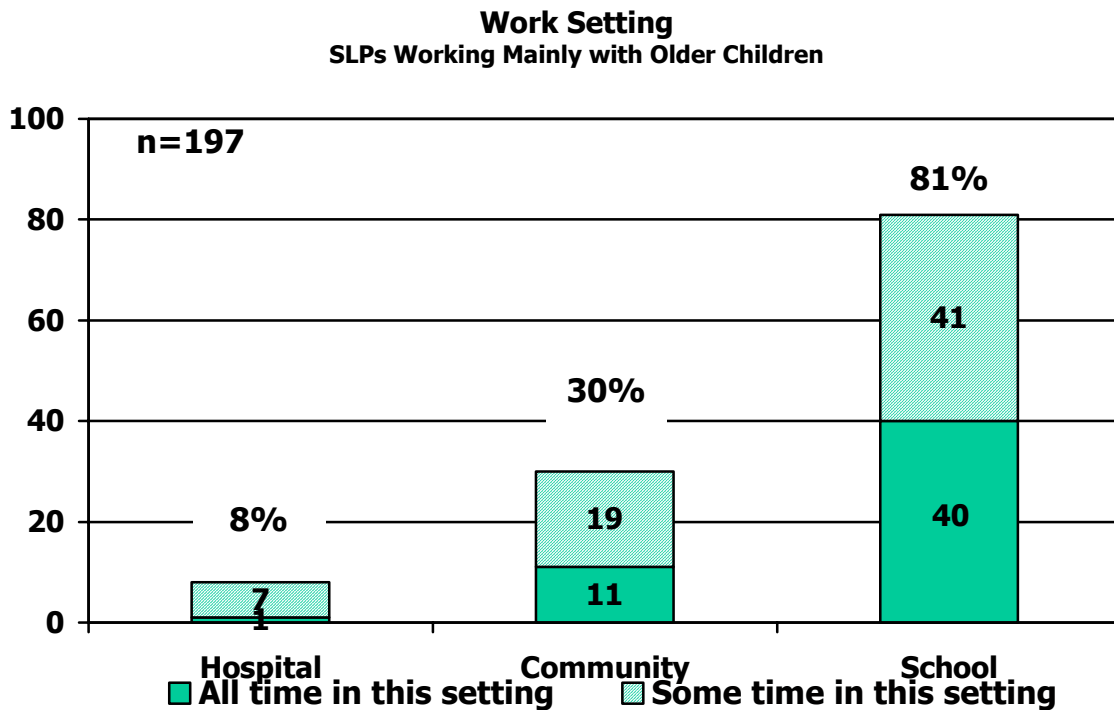
Looking only at those SLPs whose clients are mainly children over the age of six, patterns of work and work conditions vary considerably.

- Two-thirds (67%) of SLPs working mainly with older children were employed full-time. Another one in four (25%) worked half time or more, and a relatively small proportion (7%) worked less than half time.

## 2.3.2 Work Setting

The majority of SLPs working mainly with children over six years were employed in the education sector.

- Eight in ten (81%) spent some of their time working in schools, of which 40% did this full-time.
- Three in ten (30%) spent at least part of their work time in a community setting, but only 11% spent all their time working in community-based organizations.
- Just 8% worked in the hospital sector, and only 1% worked full-time in that setting.



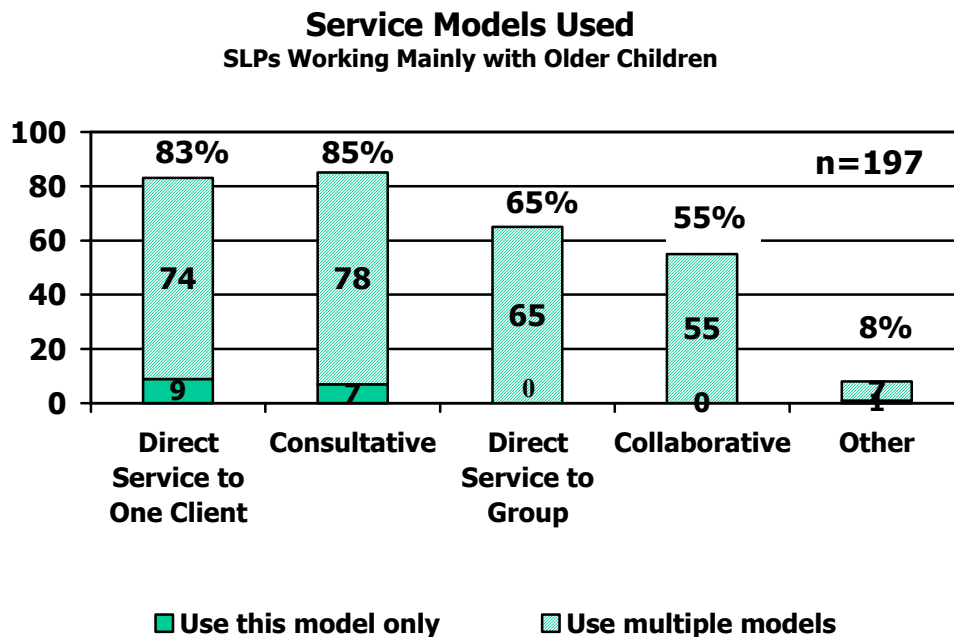
## 2.3.3 Client Types

Since most SLPs working mainly with older children were in schools or the community, only 8% were seeing any in-patients, and 17% were seeing some clients as out-patients. The large majority saw clients outside a hospital setting (84%).

## 2.3.4 Service Models

SLPs working mainly with children over six used a variety of service models.

- More than eight in ten (85%) worked in a consultative model in which they determined the intervention targets, procedures and contexts, but relied on another agent of intervention to carry out the program.
- About the same proportion (83%) used the direct service model, that is, one clinician treating one client.
- Almost two-thirds sometimes (65%) provided direct service to clients in groups.
- Just over half (55%) used a collaborative model, working with a classroom teacher, parent, volunteer, or other personnel.
- A small number (8%) of SLPs seeing mainly older children used some other service model.



Clearly, most SLPs who worked mainly with older children used several different service models. In fact, eight out of ten (81%) used more than one service model, and on average each SLP was using three different models.

- Less than two in ten (18%) used only one model. Just 15% used two models; 22% used three models. A substantial four in ten (45%) used four or more service models.
- Two-thirds (67%) were using three, four or five different service models in the course of their work.
- The number of different service models was not a result of SLPs working with several different client age groups. Looking only at those SLPs who worked entirely with older children, nearly all (92%) used multiple service delivery models. Among those working exclusively with young children, the average number of service models used was 3.3.

### **2.3.5 Satisfaction with Service Models**

Only 62% of SLPs working mainly with older children were satisfied with the service models they were using. This was lower than the comparable figure for SLPs seeing predominantly young children (70%) or adults (78%).

- Satisfaction did not appear to be affected by the type of model used, work setting, or client mix, or whether caseload guidelines were in place.
- SLPs working full-time were significantly less satisfied (58%) than those working part-time with this client group (71%).
- Those with smaller monthly caseloads (less than 25) were substantially more satisfied (75%) than those with large caseloads (56%).

### **2.3.6 Reasons for Dissatisfaction**

Many of the comments from dissatisfied SLPs suggested that caseload size, not choice of service model, was their main problem.

“More direct service is needed to effectively manage the communication disorders, but due to high caseload numbers and needs in the school system, indirect methods such as school or home programs must be used.”

“We are not meeting the needs of our students. But with these high numbers the model is not the problem. No matter what you do, you can’t be effective with 180 students in 8 different schools in 7 different towns.”

“For the most part I am satisfied; however, these models could work much more effectively with a more reasonable caseload size.”

“Consultative service delivery is often the only alternative for some clients, given the caseload size. However, after several years of working with the model, I find that the outcomes are not satisfactory.”

“It is not the type of service delivery that is the problem, but rather the sheer numbers that require some intervention by a SLP.”

While many were using the consultative model, this approach had drawbacks. Teachers and parents often need more support than the SLP has time to provide, and there is insufficient time for follow-up.

“The consultative model works well when you have supportive parents, teaching assistants, and teachers, who follow through on goals, but this doesn’t always happen.”

“Not enough time for follow-up with all individuals involved with the client – teachers, teacher assistants, parents, and other family members.”

“Consultation is a good service delivery [model]; however, the time is not there to provide enough monitoring of programming.”

“With the use of support personnel to implement programming in the school, there is a wide range of effectiveness and the SLP has no authority to ensure that the identified programming happens.”

“I do not get to see the students very often, and this leaves the school staff out on their own a bit. Resource teachers rely too heavily on me to provide in-depth program planning.”

SLPs providing direct one-to-one service say that they were not able to see clients as frequently as required.

“More than one session per week is needed for the direct service model to work effectively.”

“I think the service delivery models work well; however, the frequency of client contact is not high enough to effect the most ... effective/efficient change, due to large caseload sizes.”

“Service must be more intensive to really make a significant difference for the students.”

SLPs working mainly with the consultative and collaborative models were sometimes frustrated with the slow progress of clients.

“Some children don’t get any services, and others don’t receive enough. I try to see too many kids and end up not doing enough for anyone, it seems, when I could concentrate on a few, and really feel like I’ve accomplished things.”

“Services are spread too thin. Too often it feels like a bandaid.”

“We are stretched too thin to do a really effective job—we are able to have some impact but it often does not seem to be enough.”

A number of SLPs working in schools reported that they were spending more time on assessment because it was required to get funding, and less time on actual service delivery.

“The model is now largely assessment and consultative. Problems are identified, but little direct intervention or remediation is possible.”

“I spend most of my time identifying new students instead of following up and making sure programming is working for the students already identified.”

SLPs working in rural areas pointed out that distance and isolation present additional difficulties.

“Working in rural communities is quite a challenge. It is often difficult to communicate with clients and to establish goals with the family. We are making use of telehealth equipment to facilitate supervision of paraprofessionals, report sharing, etc...”

“My biggest problem: being in an itinerant, stand-alone position in a rural area where schools are separated by vast distances...”

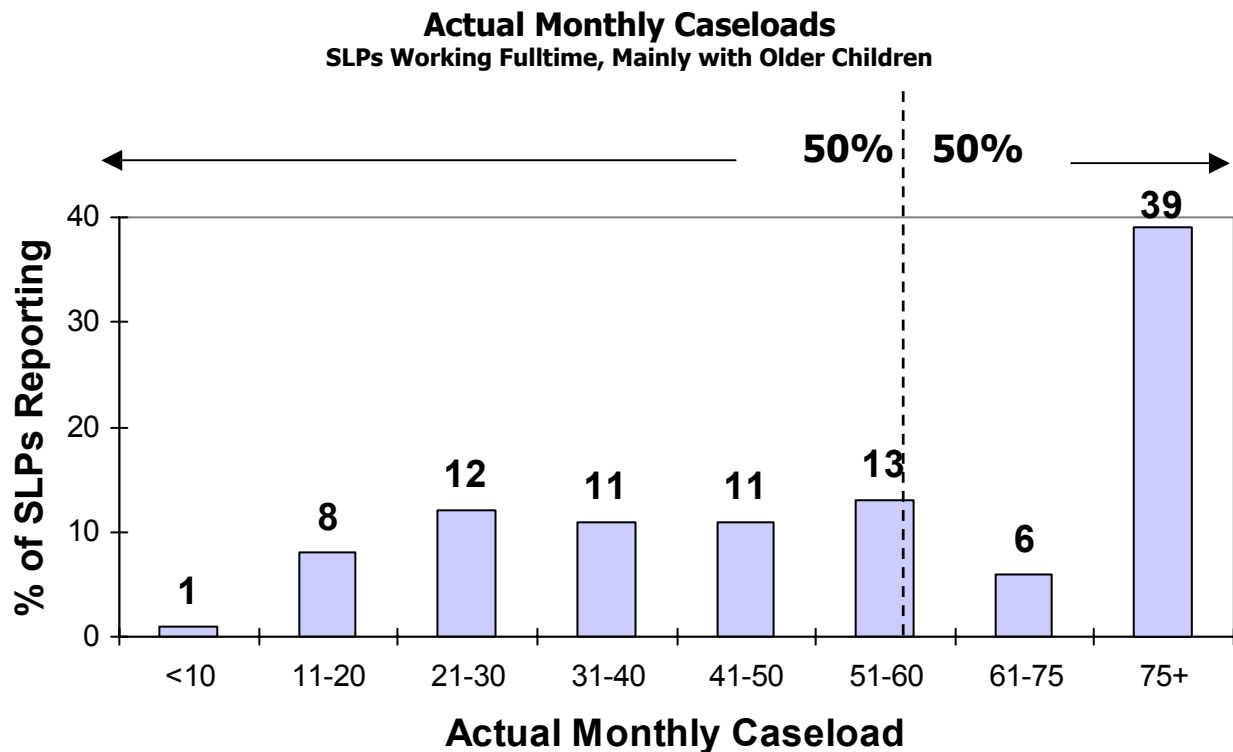
“As an itinerant to eight schools spread over a large geographic area, it is difficult for school staffs to understand why I can’t be contacted the day before to attend a team meeting, or to travel 75 km during lunch to make the meeting...”

“In a rural setting, a big challenge is being on top of every disorder. Often an SLP might have one child with autism, ADHD, Down Syndrome, voice, fluency, phonology, augmentative communication/VOCA, language, articulation, etc...”

### 2.3.7 Caseload Size

In order to effectively compare and analyze caseloads, only those SLPs who were working full-time, and who spent the majority of their time with children over six were included in the caseload sizing. The remainder of this report presents data on the 132 SLPs who met these criteria.

SLPs responding to the survey were asked to indicate their active caseloads in one of three formats: caseload per week, per month, or per year. Caseloads were indicated as ranges, i.e. less than 10, 10 to 19 clients, 20 to 29 clients, etc. To permit analysis, substantial recoding of caseloads was carried out<sup>6</sup>.



The chart shows the proportion of SLPs that reported various monthly caseloads. Caseloads were at the higher end of the range, and much higher than for SLPs treating either adults or

<sup>6</sup> Some respondents indicated their weekly, monthly and yearly caseloads. Some provided only one or two fields. Wherever possible, the data were recoded into monthly format. For example, if no monthly caseload was shown, the weekly caseload was multiplied by four to convert to a monthly caseload. This recoding may lead to over-estimation of monthly caseloads for some survey respondents.

children under six. Nearly four in ten (39%) SLPs in this group were carrying a caseload of more than 75 clients.

- As the arrows indicate in the chart above, about half of the SLPs working mainly with young children reported monthly caseloads of less than 60 clients, and about half reported more than 60 clients (median).
- The average number of cases carried per month by SLPs working with older children was much higher (65) than for those working predominantly with young children (46) or adults (37).
- Among SLPs who saw *only* children over six, the average caseload was much higher (78) than among those who also saw some adults or younger children, along with their school-aged clients (63).

In their comments, SLPs underlined that caseload alone does not describe the full workload of SLPs. In addition to conducting speech-hearing-language screenings and comprehensive diagnostic evaluations, SLPs write reports/chart results, train and supervise assistants or volunteers, participate in multidisciplinary teams and conferences, confer with clients' families, complete documentation, as well as participating in continuing professional development, and other activities as employees or consultants. As noted above, working with classroom teachers and parents is an important part of the work for SLPs treating school-aged children.

Comments suggest the range of other duties they must, or should, perform.

"There is not adequate opportunity (time and resources) to train assistants."

"Consultative model, is very time consuming (supervision, writing plans) as the support personnel are often untrained and learning on the job."

"No time in schedule to organize special group activities or public education activities and events."

"[There is] no structural incorporation of cross-cultural, multi-lingual nature of client population."

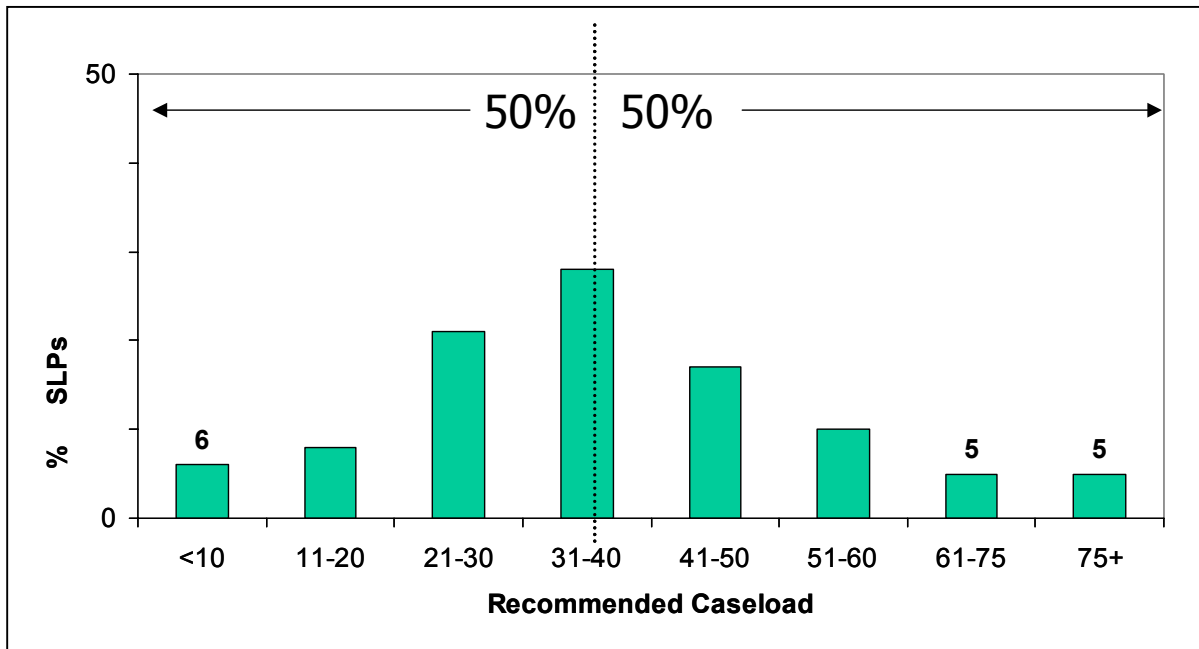
"I find that I can squish clients in, but what suffers is preparation and planning. I could do a lot more collaboration and more original activities...if I had more time available."

"Too much pressure to see too many kids. No understanding of the "workload" rather than a caseload of numbers."

### 2.3.8 Recommended Caseload

SLPs working full-time mainly with older children recommend a caseload that is considerably lower than their *actual* caseload<sup>7</sup>. As shown in the chart below, about half of these respondents recommended monthly caseloads of less than 40 in order to appropriately service their clients. The average of the recommended caseloads was 36.

**Recommended Monthly Caseload**  
SLPs Working Fulltime, Mainly with Older Children



<sup>7</sup> The time frame for the recommended caseload was not specified in the survey. We have assumed that the figures refer to recommended *monthly* caseloads.

### **2.3.9 Conclusion-Older Children**

Caseloads for SLPs working mainly with older children are much higher than those of SLPs working with either children under six, or adults. Whereas nearly half of these respondents (45%) currently handle a monthly caseload of 61 or more, only 10% would recommend such a large caseload. The findings strongly suggest a recommended monthly caseload of somewhere between 31 and 40 clients for those SLPs primarily seeing children aged six and over.

Caseload guidelines also must recognize that SLPs who work primarily with school-aged children do so using several service models – usually a blend of direct one-on-one and consultative service, with some group or collaborative work. Adding to the need for flexibility is the fact that many SLPs working mainly with older children do so in a school setting and their duties include education, training and coaching of parents, teachers, and other individuals who are part of the implementation team.

### 3.0 Overall Conclusions

A number of SLPs responding to the survey underlined the need for caseload guidelines:

“I would be very interested in the results of this survey. We have been struggling with caseload size for many years. Knowing the treatment model and the ratios that various agencies are using would be valuable.”

“I appreciate the effort of trying to put together some sort of guideline with regard to our services. Parents, teachers, as well as employers, always want and expect MORE, not understanding that something has to give...”

“[This survey] will hopefully serve as a collective guideline for all of us, in terms of job fulfillment, and provision of quality services for each individual.”

The chart below further underlines that speech-language pathologists across Canada need established and recognized caseload guidelines in order to better serve the needs of their clients. Depending on the age of those clients, the percentage of speech-language pathologists currently working with caseload guidelines in place ranges from a high of 41% to a low of 22%. In other words, more than half of respondents serving each age group are doing so without the benefit of caseload guidelines.

#### At-a-Glance Comparison of SLP Community

	<b>SLPs Working Mainly with Children Under 6 (249 SLPs)</b>	<b>SLPs Working Mainly with Children 6+ Years (197 SLPs)</b>	<b>SLPs Working Mainly with Adults (122 SLPs)</b>
Sector	60% in Health Depts/Community	81% in Schools	86% in Hospitals
Service Models Used	One-to-one 87% Consultative 83%	One-to-one 83% Consultative 85%	One-to-one 96% Consultative 49%
Average number of Service Models Used	3.1	3.0	2.1
Satisfaction with Service Models	70%	62%	78%
<b>Have Caseload Guidelines</b>	<b>41%</b>	<b>26%</b>	<b>22%</b>
% Fulltime	67%	67%	72%
Current Mo. Caseload (FT only)	Average 46 Median 40	Average 65 Median 51-60	Average 37 Median 31-40
Recommended Caseload (FT only)	Average 31 Median 21-30	Average 36 Median 31-40	Average 17 Median 11-20
<b>Gap</b> (current average caseload - recommend average caseload)	<b>15</b>	<b>29</b>	<b>20</b>

In the absence of guidelines, we find that a majority of speech-language pathologists are currently serving many more clients than they themselves would recommend. That gap between what members would recommend as ideal for their clients and what they currently work can be as high 29 additional clients per month for those SLPs working mainly with school-aged children. Indeed, for each of the three age-groupings we studied, we find that on average SLPs are serving 1½ to 2 times the number of clients they would recommend.

The comments provided by many respondents suggest that SLPs are frustrated by being unable to provide an adequate level of service to clients due to workload. It is not that SLPs want to “work to rule”, or abdicate their decision-making responsibilities in favour of caseload guidelines. SLPs want to have enough control of their workload to be able to work in an effective, professional manner. Comments from SLPs in private practice suggest they have more work satisfaction because they feel more “in control” of the work they do. The study also makes clear that whatever guidelines are established will need to be flexible enough to reflect the diversity of delivery models in use. In the end, each SLP’s situation depends on the unique mix of delivery models, client disorder and severity and work setting.



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