

Appendix 3

Every Child's Chance of Fluency – Criteria for the Delivery of an Outstanding Service for Pre-School Dysfluent Children

ESSENTIAL CRITERIA		
	CRITERION:	RATIONALE:
1	register of referrals coded to identify preschool dysfluency	If treatment is to be given the best chance of succeeding it is important that an SLT assesses dysfluent children as near as possible to the onset of the stammer. It is, therefore, necessary to have a means of differentiating these children, at the point of referral, from those waiting for treatment for other voice, speech and language disorders
2	assessment within eight weeks of referral	Treatment is more effective if intervention begins as soon after onset as possible. A recent report reinforces the view that early intervention is vital. The report recommends that intervention be carried out within 6 weeks from referral, with 12 weeks as the maximum.
3	intervention and monitoring begun immediately after assessment	
4	at least one specialist in dysfluency employed in the Department	Trusts generally have a higher standard of service if they employ a specialist SLT. These trusts also usually have a higher number of referrals.
5	all therapists trained to give initial advice	All generalist, paediatric SLTs need to feel confident they can undertake an initial risk assessment and advise parents accordingly.
6	evaluation of outcomes of therapy	Evidence-based practice requires the health care professional to be able to demonstrate that their treatment model is effective.
7	annual update of SLTs' knowledge and skills	In order to ensure that the best possible treatment is offered to dysfluent children, SLTs' knowledge and skills should be updated at least annually
DESIRABLE CRITERIA		
1	Parents sent an acknowledgment and information about the process on referral	SLT Departments have found that sending information about the process is reassuring to parents and will decrease the number of those who do not attend.
2	Regular review of therapy offered	As a result of the evaluation of therapy (see essential criteria 6) the Department should review their practice to see whether they are still delivering effective therapy
3	Regular review of referral patterns	Referral patterns should be reviewed regularly in order to ascertain that all the dysfluent children in the community are being referred. It has been accepted for many years that 5% of children, under the age of 5 years, develop dysfluent speech. However, this may have to be revised as recent research shows prevalence as high as 8.5% amongst 3-year-olds.
4	Regular update of information given to referral agencies	If the pattern of referral changes it may be necessary to review and update the information given to all those working with young children about identifying those children who are at risk of developing a stammer and the need for early referral
5	Information given to parents about the BSA	The BSA has excellent information and support services and parents should be put in touch with the organisation so that they can benefit from the services offered.