

Supplemental Report for Health Scrutiny Committee

Tuesday 13 December 2022 at 1.30pm
in the Council Chamber Council Offices
Market Street Newbury

Part I

Page No.

**6 Stammer Services provided by Berkshire Healthcare NHS
Foundation Trust**

1 - 26

Purpose: To consider the stammer service provisions for children in West Berkshire.

Sarah Clarke

Service Director (Strategy & Governance)

For further information about this item, or to inspect any background documents referred to in Part I reports, please contact Vicky Phoenix on 07500 679060

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Fluency Service Review

**Children’s and Young People’s Integrated Therapies
(CYPIT)**

November 2022

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Fluency Service Review

Children's and Young People's Integrated Therapies (CYPIT) service

November 2022

Purpose of the review

The timing of this fluency service review has been driven by circumstances and changes in staffing levels owing to people leaving or changing roles within the organisation. It is therefore an appropriate juncture to review the provision and service model to ensure that it is in line with current best practice and that the population of children with fluency needs are considered in the context of the wider service model.

The review aimed to determine the most effective way to meet the needs of children and young people (CYP) who stammer in Berkshire. We aimed to

- Consider the views of services users to understand what support they would like from the service
- Gain the views of the SLTs working within the fluency specialist team
- Scope the existing training, experience and confidence of current CYPIT SLTs in meeting the needs of children and young people (CYP) who stammer
- Understand the needs of CYP who are already known to the fluency service
- Understand what other community SLT services are providing for CYP with fluency needs (determined by a benchmarking exercise)
- Understand the latest evidence base.

Commissioning

In terms of supporting CYP with fluency needs, neither the Integrated Care Boards (ICBs) nor Local Authority (LA) contracts/service specifications include the provision of a specialist fluency service locally. Over ten years ago Berkshire Healthcare identified the need for a targeted specialist offer for children with fluency needs and established this as a clinic-based service model led by senior clinicians.

A report by Action for Stammering Children in 2019 found 45% of health providers across the UK offer a specialist stammering service. As part of this review, Berkshire were rated as 1, which was the highest level given. This meant that CYP have access to a specialist stammering service or have a specialist centre available within their locality.

Benchmarking against five other provider organisations demonstrated that 4 of the 5 are specifically commissioned to provide a specialist service. Berkshire Healthcare are not. The SLT services consulted, typically had 6 or 7 sessions allocated to provision of specialist intervention for CYP who stammer. Further detail, which will be used to inform service development is included in the Appendices.

Current service

The current service model is a specialist Fluency service, to which community SLTs can refer if a need for specialist assessment or intervention is identified following their initial assessment. The CYPIT specialist Fluency SLT team functions as a standalone service with a separate reporting line and standalone fluency team meetings. The clinicians who work purely within the fluency team do not typically attend locality or community team meetings, meaning that they can feel disconnected from the rest of the team and have a reduced awareness of the wider context and service pressures.

The Fluency service aims to facilitate recovery from and reduce the impact of stammering on emotional wellbeing, socialisation and learning, by providing evidence-based therapy services for Berkshire children and young adults (up to 19 years old) who stammer and their families. The service does this by offering;

- Early advice, information, and support.
- Specialist tailored and in-depth assessment and treatment, tailored to the individual needs of each child, young adult and their family.
- Liaison and joint working with educational staff and mainstream therapy services.

Resources and risk assessment materials are provided by the fluency team to support the SLTs within the main teams to make informed decisions about whether to refer to the specialist team. Support and supervision is readily available and specialist therapists frequently discuss the cases with therapists to determine who is best placed to meet the young person's needs and to ascertain level of risk (of persistence of stammer). All children for whom a medium to high risk is identified are referred to the fluency team who will deliver any intervention required in a clinic setting. If even more specialist input is required, the team will request funding from the ICB to refer children to the Michael Palin Centre.

The Fluency service SOP is attached in Appendix 1.

In 2019, the Berkshire Fluency SLT service consisted of:

West:

- One Fluency Lead SLT (Band 7) : 0.4WTE
- One specialist Fluency SLT (Band 6): 0.2WTE
- One Specialist Fluency SLT (Band 6): 0.2WTE

East:

- One Fluency Lead SLT (Band 7): 0.4WTE
- Two specialist Fluency SLTs (Band 6): 0.1WTE each (total of 0.2)

Many of the above staff have now left their role/the Trust and the remaining band 6 SLTs are located in the east of the county and deliver 1 session each per week.

Each SLT within the Fluency team has extensive experience and specialist training in supporting CYP with fluency needs and their families and are also members of the National Dysfluency Clinical Excellence Network (CEN).

The current model has been in place for at least the last 10 years and whilst specific documents and processes have been regularly reviewed and updated in line with other service developments and operational changes, the fundamental structure of the service provided has remained unchanged. No concerns have been raised by service users who have typically provided extremely positive feedback about the fluency service.

Within the CYPIT service we are constantly reviewing how we work in response to the increasing and changing demands on the service. Please refer to appendix 2 for further information regarding service developments over the last two years, specifically within the early years and mainstream school teams.

Consultation:

Feedback in relation to CYPIT provision for children who stammer was sought from:

- Current fluency team, including staff who recently left the Trust (via discussion)
- CYPIT workforce (48% of the workforce responded to an anonymous survey)
- Michael Palin Centre (via discussion)
- Parents and young people (survey)

Only 10.5% of the parents/carers contacted have completed the survey. The findings at this stage are insufficient to identify particular patterns or themes. As a result, the Professional Development Lead and the Participation Lead will be running a focus group on 23rd January 2023 to offer an alternative way to capture service users' views and feedback. A focus group for CYP is also being planned.

Detailed findings from the other sources above are presented in the appendices, but a summary of key points is below:

Praise for the current model:

- The CYPIT fluency team is highly trained, skilled and experienced
- The team offer a range of interventions that are people centred and evidence-based
- The team increase knowledge and understanding about stammering for CYP and their families.
- The team are effective and work well with other providers such as the Michael Palin Centre, and internal services such as CAMHS.
- The specialist team provide support and supervision to less experienced clinicians in the main teams
- Service users give positive feedback about their experiences
- More than one specialist therapist allows for flexible cover and business continuity

Challenges of the current model:

- The service relies on a small number of highly trained therapists
- All children requiring intervention are referred to the specialist team, which can potentially de-skill/disempower the wider workforce who do not therefore need to work with CYP with fluency needs. Approximately half of the current CYPIT SLT workforce report lack of confidence in assessment, identification and provision of intervention for CYP who stammer
- Some of the therapists with specialist training only work 1 or 3 sessions per week with the fluency caseload. From a financial perspective it is expensive to train these individuals.
- Much of the intervention work is delivered in clinics rather than in schools, making it more challenging for education staff to support generalisation of strategies/techniques
- Supporting school aged CYP who live in Slough is limited by commissioning arrangements; there are concerns that there is a potential cohort of CYP in Slough who are not accessing support/being referred to the Fluency SLT service.
- There are long waiting times within the community SLT teams (i.e. early years SLT team, school aged SLT team) for CYP with fluency needs to be initially assessed.
- CYP with fluency needs have to wait an average of 13 months to access the Fluency SLT service across the county.

CYPIT staff including the fluency team identified potential areas for development, which will inform future service development work once the service model has been agreed.

The wider context:

It is important to view the provision for CYP who stammer, within the context of the wider CYPIT service, considering the resources available, commissioning arrangements and significant increase in demand and complexity. The Fluency caseload currently make up only 0.9% of the total caseload in the west of the county and 1.32% in the east.

As of 30th November 2022, there are 6066 children on the active SLT caseloads for early years and schools years teams across east and west. The majority of the children on the active caseload do not have an Education, Health and Care Plan (EHCP) and SLT input is commissioned by the Integrated Care Board (ICB). Although EHCP assessments are requested by the Local Authorities (LA), they are funded by the ICB, and the demand for these far outstrips capacity, taking time away from delivering a service to children with identified needs in school. Our LA funded time in schools is commissioned to provide to children with SLT in section F of their EHCP (this includes children with SLT provision in section F of their Plan who are dysfluent; any specialist provision would be set out there). This element of the service is also under significant pressure, with the numbers of children with EHCPs having increased year on year.

Additionally, the county-wide CYPIT team support an average of 10 tribunals per term, and are expected to meet the statutory 6 week deadline for contributions to EHC needs assessment process. Our service model in schools is a three-tiered model including universal, targeted and specialist intervention, which is agreed in termly planning meetings with SENCOs.

We work flexibly and ensure that risk assessments are regularly undertaken to inform how therapy time is prioritised and to meet the needs of children in a range of ways including development of digital resources and online training.

Caseload and waiting list

The average waiting time for CYP to access support from the CYPIT Fluency SLT service is currently 13 months, with 46 CYP waiting in the west of the county and 27 waiting in the east.

All of the children on the current waiting list are of school age, with the exception of 3 children who are of preschool age (one child in Slough and two children in WAM).

Current caseloads are shown below:

Berkshire West (West Berks, Reading and Wokingham)	Total caseload in mainstream and early years west	3,425
	Total staffing	SLT - 24.09WTE Integrated Assistants - 6.14WTE
	Total fluency caseload west	*32 (0.93% of total caseload)
	Fluency staffing (west) including current vacancies	= 0.8WTE (3.32% of total workforce)
	Average fluency caseload per WTE specialist therapist	40

Berkshire East (Bracknell, WAM, Slough)	Total caseload in mainstream and early years east	2,641
	Total staffing	SLT: 35.96 WTE SLTA: 6.485 WTE
	Total fluency caseload east	**35 (1.32% of total caseload)
	Fluency staffing (east) including current vacancies	0.6WTE (1.67% of total workforce)
	Average fluency caseload per WTE specialist therapist	58

*10 of which are likely to be discharged following liaison with school/families

** 9 of which are likely to be discharged following liaison with school/families

The caseload sizes for specialist therapists working with children who stammer are comparable with the specialist Hearing Impairment service, where the average caseload per WTE is 44. For comparison, the west Hearing Impairment caseload is 40, with two staff providing 0.9WTE to meet the needs of this cohort. For other 'specialisms' children's needs are met by SLTs within the community school-aged and early years teams (e.g. Developmental Language Disorder, children using AAC), with support and supervision from Advanced Therapists.

Interim provision for children who stammer:

During the review period and until the new service model and staffing is in place, CYP in Berkshire who stammer can access support from the community SLT services (i.e. early years SLT team and school aged SLT team). The teams are prioritising all CYP based on clinical risk and the impact of their difficulty. The community CYPIT SLT teams are continuing to refer children to the Fluency SLT service:

- In the east of the county, the specialist therapists still in post are able to support these children and offer advice and support to community SLTs.
- In the west of the county, these CYP are added to the fluency waiting list. In order to identify and manage risk for these CYP, the community SLTs in the West are currently seeking advice and guidance when needed from the former specialist Fluency SLT (who has moved to another role within CYPIT). An audit shows that SLTs are seeking advice from the specialist SLT 2-3 times per week.

If a CYP presents as significant high risk and/or in complex cases, it may be appropriate to refer directly to the Michael Palin Centre for Stammering (MPC) or the Swindon Fluency groups. This would be discussed with the community SLT at the point of referral to the local fluency service.

Staff within the county-wide CYPIT service were asked to express interest in taking on additional hours to support CYP who are on the stammering caseload, however no-one has come forward. A long-term placement request has been lodged with our temporary staffing team to seek a suitably specialist SLT to provide support for children until there is clarity about next steps.

Recommendations

In addition to consultation feedback and caseload data, the research and evidence base was considered - see appendices.

The evidence and feedback collated as part of this review, suggests that a standalone specialist 'service' is not required. However, there is a clear need for a specialist fluency pathway within the main service, which should be embedded as part of the wider service to maximise the opportunity to upskill and empower all staff working across the age ranges to identify and meet the needs of children who stammer. The model will incorporate:

- Having SLTs who have specialist knowledge in stammering (one each in east/west)
- Support for early years children by the community SLTs
- Initial assessment of need for school years children by the school-based SLTs
- Clear process for CYP who stammer to access specialist input locally IF the community SLT is unable to safely manage clinical risk.
- Clear processes for external referral to MPC or Swindon Fluency groups if required
- Robust supervision (either internal or externally accessed)
- Training programme for CYPIT staff
- Training and information sessions offered to parents and young people
- More than one specialist therapist (skill mix to be determined)

The review also highlights the importance of safe practice (i.e. SLTs working within their level of competence and confidence) but also the importance of upskilling the wider workforce so they feel confident and have the skills to support CYP who stammer who present as low-medium risk and/or impact. It is anticipated that by having fluency specialists embedded in the community teams and a rolling programme of training and supervision for staff, a greater proportion of the CYP who stammer will have their needs met by their school's named therapist or their locality early years SLT, rather than requiring a 'referral' to the specialist team.

The recommended service model is described in more detail in the Appendix.

Staffing models

Demand and capacity planning was undertaken to ascertain staffing levels required (see appendix). This will need to be monitored over time. An Options appraisal is included as an appendix to this report.

The preferred model is Option 3; 0.7 band 6 therapists (one east and one west) who have some specialist training in working with CYP who stammer and are based within the community teams, working alongside colleagues in these teams, and reporting into the operational service leads. This is in line with the recommendation that Trusts have at least one specialist in stammering and takes into consideration potential staff changes and illnesses. SLT Assistants will support universal and targeted work in schools.

Options 2 and 3 presented in the appraisal both have benefits and challenges and we are still evaluating the financial implications to ensure that the model proposed will be the most cost effective for the organisation. This will be reviewed alongside the focus group feedback in January and a final decision will be made about the service model moving forward.

Michelle Woolhouse
Professional Development Lead (PDL) for SLT (CYPIT)
Specialist Fluency Therapist

Appendix 1:

CYPIT Fluency Service

Standard Operating Procedures

Vision Statement

'Enabling Children and Young people to fulfil life opportunities, unlimited by stammering'

Mission Statement

We aim to facilitate recovery from and reduce the impact of stammering on emotional wellbeing, socialisation and learning by providing evidence based therapy services for children and young adults who stammer and their families.

We will do this by offering:

- Screening to identify risk of persistence
- Early advice, information and support.
- Specialist assessment and treatment, tailored to the individual needs of each child, young adult and their family
- Liaison and joint working with educational staff and mainstream therapy services

Care Pathway from Triage

All referrers to be directed to the CYPF online Resource (website)

- EYs children - Signpost to drop in clinic.
- MSS Children (SENCO) – Direct school to have conversation with named school therapist.
- Independent School Children / home school (fluency RTT) - ref to Specialist Fluency team for triage call.
- Slough School Children: Referrer directed to contact Slough Schools' SALT Team and direct to Toolkit.
- Triage to accept referrals for Slough school age children ONLY from Slough Schools SALT Team
- GP or consultant/paediatrician referrals – Triage team to contact parents and have discussion to ascertain level of concern and impact of difficulties. Then either direct to drop-in or SENCO, or Slough Schools' SALT Team.
- Triage team to flag up cases where parental anxiety is particularly high – in this case the Specialist Fluency team will make a call and offer early advice, which may alleviate anxiety.

Care pathway from Drop In Clinic

- At Drop In, the low risk cases will be discharged with red flags
- Mod/ high risk will be offered assessment appointment with a Specialist Fluency Therapist within EYS team.
- According to need, children will be discharged with red flags or referred to Specialist Fluency Team for further assessment and therapy

Care pathway from Mainstream School Service

- Following MSS SLT assessment, if intervention for fluency is required, refer to the Specialist Fluency Team.
The child will remain on the MSS caseload if support for Speech/language is needed.
The MSS SLT will liaise between school and the fluency service.

Slough School Children

- Family, GP, SENCO, HV (referring agent) contacts Triage who direct to Slough SALT School Team (SSST).
- SSST gather information from school/ past records on child within 2 weeks. Either provide input themselves or refer to CYPIT Fluency Team via hub using standard CYPIT referral form with specialist referral form attached.
- Triage notifies the lead for the East Specialist Fluency Team (Dagmar Neate)
- The lead for the East Specialist Fluency Team carries out triage call/visit to family. According to need, children will be discharged with red flags or added to the database waiting list for further assessment and therapy

Telephone screening or screening appointments

These will be offered by specialist team for children who do not fit into any of the above categories

CYPIT Specialist Fluency Service Waiting list and RIO

We have a single waiting list for specialist assessment and treatment, with shared responsibility and aiming to offer increased flexibility for appointment times and clinics.

The fluency waiting list/database will be held by Admin, on the shared drive.

The database will capture all referrals, across CYPIT, for a specialist assessment by the fluency team, with and without an RTT. The RIO waiting list will include children both with and without an RTT.

The only children who should appear on a Fluency RTT are those who are completely new to CYPIT

Referrals requiring an RTT are:

- 16-19 year olds
- Home schooled children
- Children in independent schools and free schools

Admin Process for referrals received from CYPIT clinicians:

1. Referral comes in to the Specialist Fluency Team from SLTs
2. Admin adds details to database, scans and uploads referrals to RIO and add to fluency NR team
3. An RTT pathway is only created for the groups mentioned above
4. Admin sends an acknowledgement letter to all patents referred to fluency team (both internal and external).
5. When the client attends their first appointment the SLT will move them to the relevant RIO active team.

Appendix 2

Service developments within CYPIT over the last two years

Early Years:

- SLT early years surgeries. We have set up monthly SLT sessions with each local authority EY team to offer advice and support for settings about how to support children. This is a great opportunity to reassure and remind staff of their ability to support speech and language in the everyday context and which red flags to look out for.
- Training sessions and parent workshops (for pre-school children). These will be offered virtually on a monthly basis. These are aimed at explaining how language develops and giving some useful tips to families (and key workers). We are also looking at offering these face to face.
- Advice sheets. We have developed a comprehensive set of both Early Years and School Age advice sheets for speech and language development. These contain top tips and useful strategies for adults who are supporting a child's speech and language development
- Enquiries line. Anyone concerned about a child's speech and language is able to contact the service via email and a therapist will call them back to discuss the enquiry. This avoids families having to turn up for appointments that may not be needed when their initial concerns can be dealt with as a phone call. A therapist will phone back the referrer and discuss the concerns with them. Together they will identify what support is needed. This may often involve giving some reassurance and advice as well as signposting to other useful sources of help and advice. On average last year, 52% of all enquiries were discharged following the conversation and advice. Follow-up appointments will be arranged if required and the therapist and the family will discuss what support is needed to get them to a place of self-management. They will then work out a plan to achieve this.
- Videos. We have produced some simple videos to promote the common messages that occur when talking to service users. This means therapists can signpost service users to these videos and service users can listen to the advice at their own pace and repeated as frequently as they need. We are working on getting these produced professionally and in an animated form to make them more accessible for being on our website to support families.

School age SLT

- SLT universal schools training programme. Undoubtedly one of the biggest achievements of the last academic year, having trained in excess of 800 school staff across Wokingham, Reading and West Berkshire since September 2021 with hugely positive feedback from schools and continued high attendance rates. These sessions allow us to share knowledge about different aspects of speech, language and communication and provide staff with advice and strategies to try within their classrooms. An average of 95.2% of attendees rated the training as good or very good, and 98.8% of attendees felt their confidence had improved after attending the training session. CYPIT have proactively planned the autumn term training to ensure a focus on the needs of those children coming into reception.
- Supporting transition. The school age and early years operational SLT leads have worked closely over the last term to support the transition into school/between services. Over the summer holidays, therapists working in the schools teams have been calling parents of children who were previously known to the early years team to introduce themselves, talk through concerns, provide advice and explain how the school age service works.

- Managing SLT needs in school starters. Another product of the close working relationship with the operational leads from mainstream and early years was the introduction of targeted group packages for those children transitioning from the early years service to reception. In September 2021 and 2022, all children starting school and known to CYPIT were provided with an updated therapy plan and specific activity/resource sheets so strategies could be put in place in school at the earliest opportunity. All children were also allocated to a group package that could be effectively run by school staff and could help support their needs; CYPIT provided all session plans and resources for school staff to run the groups and received positive feedback from schools.
- Reception class triage. SLTs offered schools in the West a session over the autumn term where they would spend time specifically within the reception classes, talking through concerns with staff and providing advice to support children's speech, language and communication needs within the classroom environment. The therapists could identify which children required referrals into the service and whose needs can be well managed by school staff, ensuring understanding and confidence in using relevant strategies.
- Operational support for tribunals. This year has seen one of the operational leads for mainstream take the lead for supporting staff involved in tribunals as we are very aware of the time intensive and stressful nature of this work.

Other service developments:

- More robust service user feedback. We are now using QR codes on our CYPIT reports to allow service users to easily provide feedback on the care and service they have received.
- More efficient and effective data capture. Through the streamlining of our RiO teams, as well as separating out teams and caseloads, we are able to accurately report on referrals, discharges and caseloads for different parts of the service and against different contracts.
- Clinical Supervision Recording. We have introduced a new way of recording clinical, safeguarding and management supervision for staff, ensuring that all staff are up to date with supervision requirements and able to provide a safe service as a result.
- Staff retention. As staff retention is so important, one of our initiatives over the last year has been the introduction of 'developmental band 6 roles'. This allows those staff who are thinking about promotion opportunities but may feel they aren't quite ready, a structured pathway of support through a series of competencies to achieve the next banding.
- Recruitment. We are working directly with one of the Trust's Recruitment Business Partners to support our recruitment processes, particularly around SLT and OT where there is a National shortage of qualified therapists.
- Covid/Covid recovery. Creating a hybrid service offer of virtual and face to face appointments dependent on Covid restrictions and parent/child choice.

Appendix 3 – Consultations

Feedback from the current Fluency SLT team

What is working well for CYP with fluency needs in Berkshire:

- Our trust offers a specialist service, which has dedicated time to support CYP with fluency needs. The team is highly trained, skilled, and experienced.
- The team are proud to offer a range of interventions/therapeutic support, that are people centred and evidence based, which supports our model of impact-based clinical decision making.
- The team are effective in reducing the risk of persistence and reducing the impact of stammering.
- The team increase knowledge and understanding about stammering for CYP and their families.
- Prior to recent therapist departures, the fluency service included advanced practitioners (Band 7), who had the skill and experience to provide specialist support for complex cases. They also provided clinical support and supervision for other specialist Fluency SLTs within the team.
- The fluency team works collaboratively and effectively with other services e.g., Children and Adolescent Mental Health Services (CAMHS), Michael Palin Centre for stammering (MPC).

What are the weaknesses/challenges of the current model of service delivery?

- Several therapists have only one session as a specialist Fluency SLT as part of the their wider post. This often means the SLT cannot be flexible with their time, which can impact on the amount of good quality care than can be provided. It is also challenging to undertake all necessary tasks within one session i.e. appointments, keeping up to date with latest research/evidence base, attending meetings and undertaking administrative tasks.
- The service relies on a small number of highly trained therapists, potentially de-skilling/disempowering the wider workforce who do not therefore need to work with CYP with fluency needs. From a financial perspective it is expensive to train these individuals, particularly if they deliver only 1 or 2 fluency sessions per week.
- Supporting school aged CYP who live in Slough – limited by commissioning arrangements. CYPIT are commissioned to support a small number of schools in Slough if the child has an Education, Health and Care Plan (EHCP). However, many schools in Slough do not access support from the CYPIT service. As a result, there are concerns that there is a potential cohort of CYP in Slough who are not accessing support/being referred to the Fluency SLT service.
- The long waiting times within the community SLT teams (i.e. early years SLT team, school aged SLT team) for CYP with fluency needs to be initially assessed.
- The length of time CYP who have fluency needs have to wait to access the Fluency SLT service across the county.

What are the opportunities for service development?

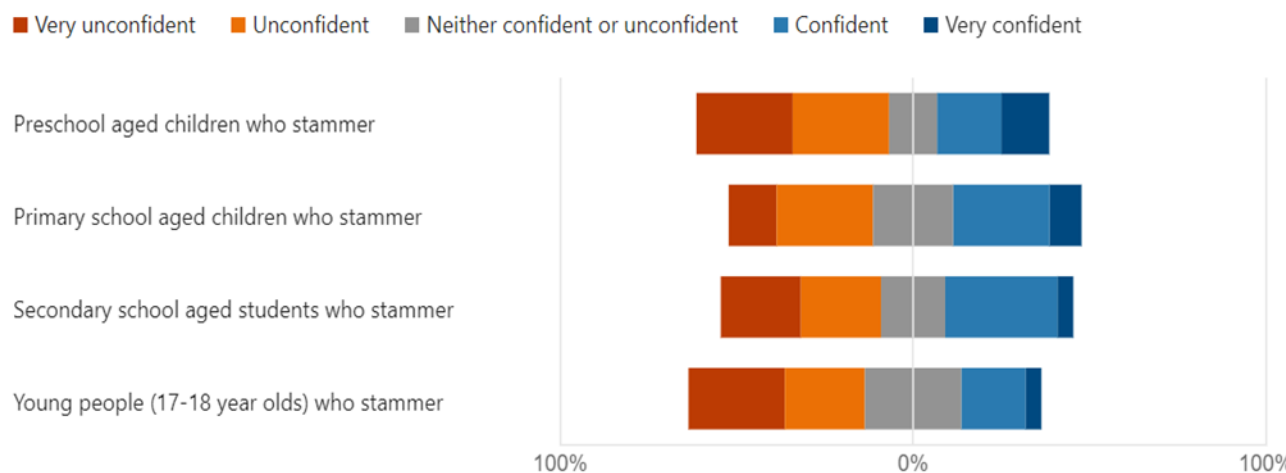
- Upskilling the wider workforce so they feel confident and have the skills to support CYP who have fluency needs who present as low risk and/or low impact.
- Further development of the universal and targeted support available for CYP with fluency needs.

- Could enhance digital offer including the offer of online group sessions for CYP with fluency needs across East and West of Berkshire Fluency SLT service.
- Strengthening our digital offer by developing pre-recorded training packages for schools and/or offering online training for school staff in meeting the needs of YP who stammer.
- Having a clear pathway for complex cases (e.g., those who require involvement with CAMHS and the Fluency SLT service).

Results from CYPIT SLT Staff Survey

An on-line survey was sent to the wider CYPIT team to gain feedback about their own experiences and views of supporting CYP who stammer and their families. A total of 48% of the workforce completed the anonymous survey. Please see the results below, which will inform service development and training priorities.

1. Majority of staff (86%) report they have limited experience in supporting CYP who stammer. Their experience mainly consists of triaging the referral, providing general advice and strategies, and then referring to the fluency service. There are two members of the CYPIT team, who have previous experience in working in a specialist stammering service.
2. CYPIT SLT staff rate their confidence in assessing and identifying the needs of;

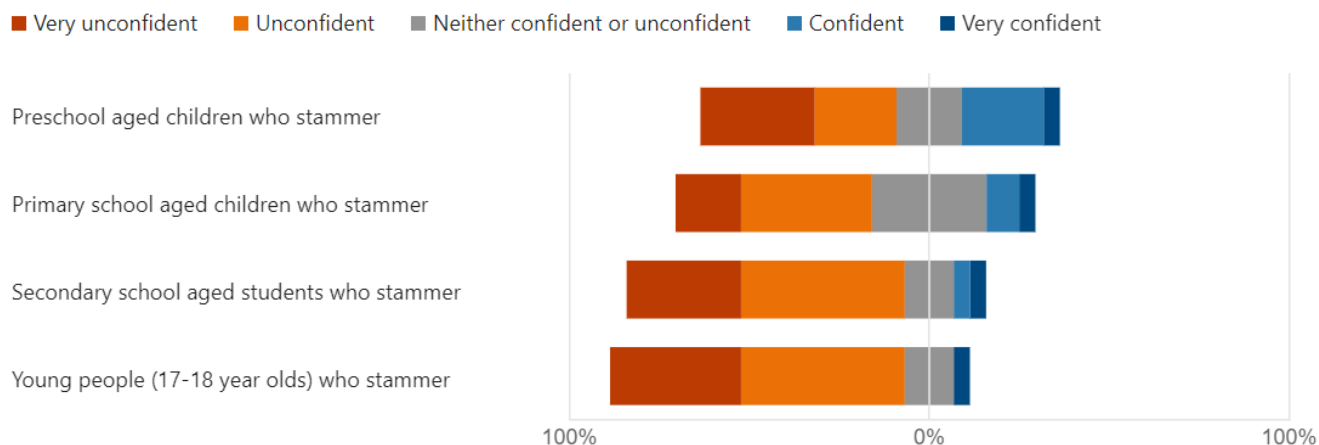


How confident do you feel in assessing and identifying the needs of;

- Preschool aged children who stammer; 54.6% are either **very unconfident or unconfident** and 31.8% are **confident or very confident**.
- Primary school aged children who stammer; 40.9% are either **very unconfident or unconfident**, and 36.4% are **confident or very confident**.
- Secondary school aged students who stammer; 45.4% are either **very unconfident or unconfident** and 36.3% are **confident or very confident**.
- Young people (17-18 year olds) who stammer; 50% rated as **either very unconfident or unconfident**, and 22.7% as **confident or very confident**.

These results indicate that staff feel most unconfident in assessing and identifying the needs of preschool aged children and young people (17-18 years olds) who stammer.

3. CYPIT SLT staff rate their confidence in supporting and managing;



How confident do you feel in supporting and managing;

- Preschool aged children who stammer; 54.5% are either **very unconfident or unconfident** and 27.2% are **confident or very confident**.
- Primary school aged children who stammer; 54.6% are either **very unconfident or unconfident** and 13.6% are **confident or very confident**.
- Secondary school aged students who stammer; 77.3% are either **very unconfident or unconfident**, and 9% are **confident or very confident**.
- Young people (17-18 year olds) who stammer; 81.9% are **either very unconfident or unconfident** and 4.5% are **confident or very confident**

These results indicate that the majority of staff feel unconfident or very unconfident in supporting and managing CYP who stammer, and this percentage increases as the CYP gets older.

*Please see appendix for a breakdown of the percentages for each of these questions.

4. 27% of CYPIT SLT staff have attended specific fluency training in the past. Half of these have attended informal and/or internal training (consisting of information about what stammering is and general advice and strategies). Two members of the CYPIT team (excluding the current fluency service SLTs) have attended specific stammering training, including; Lidcombe training, training from the Michael Palin Centre and Camperdown programme training.
5. Staff would like to further develop their skills in supporting CYP who stammer and their families by having;
 - a. More opportunities to shadow fluency specialist colleagues,
 - b. Regular case discussion meetings or drop-in clinics with the specialist fluency team to discuss cases,
 - c. Further training, with opportunities for re-fresher training, on assessment and management of CYP who stammer. Majority of staff would like to increase their confidence in giving more specific advice/strategies that is individualised for the CYP.

6. Staff fed back the following has been effective about the fluency support provided by CYPIT:
Having specialist therapists accessible to them for:
 - i. Access specialist support and advice,
 - ii. Access supervision, particularly for CYP who have more than one presenting communication need,
 - iii. Refer to specialist SLTs, who have the competency, knowledge and time to support CYP who stammer and their families.

7. Staff identified that the following could be improved on to support CYP who stammer and their families:
 - a. Clearer guidelines/pathway to know when to refer to the specialist fluency SLT service and which team will be supporting the CYP. Some staff would also like the referral forms for the fluency service to be quicker and easier to complete.
 - b. Upskilling the wider workforce so that 'low risk' CYP can be supported within the early years and school aged teams.
 - c. A specific advice line to provide support for parents.
 - d. Having an easily accessible specialist fluency service, where children have shorter waiting time to access support.
 - e. Opportunities to run group therapy sessions where appropriate for CYP who stammer.
 - f. Information sessions for families whilst the CYP is on the waiting list, particularly in relation to special time advice (Parent-Child Interaction therapy, PCI).
 - g. Specific training for education settings on supporting CYP who stammer, which is run throughout the year.

Patient experience/feedback

An on-line survey has been sent to parents/carers of CYP who stammer who have accessed support from the Fluency SLT service in Berkshire. The aim of the survey is to gain their feedback about what is working well within our service in supporting CYP who stammer and what we can do to improve on the service provided. The survey included the following questions;

- How satisfied are you with the support for fluency provided by the CYPIT SLT service?
- How likely are you to recommend the CYPIT SLT service to your family and friends if they need to access similar care and treatment for fluency?
- What has the CYPIT SLT service helped you with the most regarding your child's fluency?
- What improvement could be made to the service to support children and young people who stammer?
- How would you like to access the CYPIT SLT service in the future (e.g., face to face, online, telephone, combination).

As of the 6th December 2022, a total of 10.5% of the parents/carers have completed the survey. From the responses provided there is not enough information to identify particular patterns or themes. Focus groups planned for January with parents and CYP.

Michael Palin Centre for stammering (MPC):

In November 2022, Ali Berquez (Clinical Lead SLT at MPC) was consulted regarding the CYPIT fluency service. Please see the below summary:

- MPC fed back that the CYPIT Fluency SLT service provide a good quality stammering service, and we have an effective working relationship with them. We have always had more than one specialist therapist, and this was identified as a strength as it allows for succession planning and cover arrangements in the event of sickness absence or maternity leave.
- The MPC provides an Assessment Clinic for 2-18 year olds. This is a stand-alone service that provides advice and makes recommendations for CYP who stammer, their families and the SLTs supporting them. They accept referrals from Local NHS SLTs or independent SLTs who will continue to work with the family. Parents self-referrals are no longer accepted.
- MPC advise that a local specialist fluency SLT service needs to have a core number of staff who have completed the basic training, which includes; PCI therapy for children under 7, Supporting 8-14 year olds, Working with 15-18 year olds, SFBT, CBT and ACT.
- Additional recommendations from the MPC for our service, include;
 - To purchase copies of the new resource manual; Palin Parent-Child Interaction Therapy for Early Childhood Stammering (2020) , which contain up to date downloadable resources. Three copies of this manual were ordered for the CYPIT team on the 16th November 2022.
 - Staff to join the National Dysfluency Clinical Excellence Network (CEN), which is £20 for the year and includes three online study days a year. This will also enable SLTs to join their Facebook discussion group.
 - The fluency SLTs to watch online training videos (e.g. The MPC's YouTube channel, monthly free webinars from the Stuttering Foundation website), as part of their continual professional development.
- An alternative option could be a Service Level Agreement (SLA) with MPC, where they can create a bespoke package of what we need as a service. This could consist of supervision for the specialist stammering SLT's in CYPIT, upskilling and training staff and/or specialist therapy for complex cases.

Appendix 4 - Benchmarking against other community SLT services

The CYPIT Professional Lead for SLT contacted the SLT service leads for five localities in the south east of England to understand how other community SLT services are supporting CYP with fluency needs and their families.

Provider A:

- They are **not commissioned to provide a specialist service**, but the local service has decided to set up a service specific for children with fluency needs.
- It has not been possible to gain further information at this stage, but we aim to speak with a member of their team as soon as possible to discuss further.

Provider B:

- They are **specifically commissioned to deliver a specialist service**
- The specialist fluency service in Surrey supports school-aged CYP.
- Preschool children who stammer access support from the early years SLT service.

Provider C:

- They are **specifically commissioned to deliver a specialist service**
- Their fluency service is made up of three specialist Fluency SLTs who have 7 sessions between them.
- Their service model is separated into; 1) children who are under 5 years old and/or children identified as low risk, 2) CYP who are over 5 years of age and/or who are identified as high risk.

Provider D:

- They are **specifically commissioned to deliver a specialist service**
- The Fluency service consists of a Band 7 Fluency Lead SLT who has 6 sessions.
- Their service pathway is based on the universal, targeted and individualised model of support. Where CYP at the specialist level access support from the Fluency SLT lead.

Provider E:

- They are **specifically commissioned to deliver a specialist service.**
- This has a set amount of resource attached, which consists of a Band 7 Stammering Lead SLT who has 5 sessions, and two Band 6 Specialist SLTs (who have one session each).
- The Fluency Trust is a registered charity, who work in partnership with Swindon Borough Council to run highly specialist residential courses for young people who stammer. They work with children and adults.

Appendix 5 - Research and evidence-base

Evidence regarding service provision for children who stammer within the UK:

Research indicates that access to SLTs with a clinical specialism in dysfluency maximises the effectiveness of intervention, particularly for complex cases, leading to greater cost benefit for children, families and commissioners (Action for stammering Children, 2019).

The available evidence supports empowering the wider workforce, particularly in meeting the needs of preschool aged children, to enable specialist stammering SLTs to support complex cases, keep up to date with latest evidence base and upskill the wider team.

For an SLT service to be effective, services must have a minimum of one specialist in stammering for the Trust to provide support for staff and families. Referrals should be seen within 8 weeks and treatment should be begun immediately following assessment. It is important to note, that these are similar recommendations for other areas such as children with phonological disorders. As a result, we need to view the Fluency service waiting time in the context of the wider waiting list.

Clinical evidence base:

A literature review has been completed, with information gained from Royal College of Speech and Language Therapists (RCSLT), STAMMA and MPC.

Most stammering in childhood is caused by a neurodevelopmental difference in the way the brain develops. This highlights the need for early intervention while neural pathways are still developing, and the brain has a higher level of neural plasticity. The sooner therapy begins, the more effective the outcome for children and young people who stammer.

The literature supports the need for therapy to be child centred and individualised based on the needs of the child and family (Baxter et al, 2016; Fower et al, 2015), which should be the case for all CYP accessing CYPIT. Studies also identify the importance of support for the maintenance of skills such as through regular follow ups for reinforcing therapeutic aims and the involvement of significant others such as parents (Baxter et al, 2016; Johnson et al, 2016).

Studies have identified that approaches such as the Lidcombe Program, Palin Parent Child Interaction Therapy (PCI) Demands and Capacities Model can be effective in reducing the frequency of a child's stammer (Brignell et al, 2021; Shafiei et al, 2018).

A recent systematic review identified that as children move through school years, stammering intervention focuses less on eliminating stammering and more on controlling and accepting stammering (Brignell et al, 2021).

Appendix 6 – Detailed description of principles of recommended service model

After discussion with the current fluency team, feedback from SLTs within CYPIT, benchmarking against other community SLT services and considering the latest research and evidence base, it is recommended that the following principles should apply to the support in place for CYP who stammer in Berkshire:

Preschool aged children who stammer will be supported by the early years SLT team (not a specialist stammering SLT):

- Existing staff within the early years SLT team who already have appropriate training (e.g., PCI training) and/or other staff within the early years team would receive appropriate training to enable them to support these children.
- An early years SLT would triage the referrals and assess the individual child's risk for stammering (i.e. whether the child is low risk or high risk), where universal advice (e.g. attending an information session/workshop, signposting to universal advice) would be given to all families during this initial contact/appointment.
- If the child had identified risk and/or impact, they would be placed on the waiting list for an early years SLT to complete an initial assessment, deliver therapy (e.g., PCI) and/or follow up appointments dependent on the need and impact for each individual child.
- Based on waiting list figures over the last three years, on average the fluency SLT service has received 9 referrals for preschool aged children who stammer each year in the west of the county. As a result, it is estimated that over the course of a year, 9 children could be supported by the early years SLT service following appropriate training. If a child presents as high risk and/or the early years SLT need additional advice or input, they can access support from a specialist stammering SLT.

For school aged referrals:

- The school-based SLT would initially complete a speech and language therapy assessment and have discussions with families and school staff to discuss concerns and impact. This would enable the school based SLT to assess the individual CYP's risk for stammering (i.e. whether the child is low risk or high risk).
- Support would be carried out by the school-based SLTs for those children who present as low risk and/or impact. This may consist of advice and active monitoring, training on environmental advice, demonstration of special time to parents and settings.
- If there are on-going concerns and/or no change in impact for these children initially identified as low risk, the school based SLT can access support from a specialist stammering SLT and/or the CYP can be transferred to the specialist stammering SLT. It is estimated based on current caseload figures that approximately 20% of the caseload (those who are low risk) could be supported by the mainstream SLT service.

The specialist stammering SLTs would support CYP who are medium/high risk and/or have a significant impact:

- They will continue to offer a range of different therapeutic interventions dependent on the CYPs' needs e.g.1:1, PCI, family communication therapy.
- To support development of group therapy provision across East and West of Berkshire, it is recommended that an SLT(s) could attend The Fluency Trust's

training in relation to running groups for YP who stammer. The SLT would have full access to the three group packs (The Smoothies pack for age 6-9 years, The Blockbuster Pack for 9-12 years, The Teens Challenge Pack for 13-17 years), as well as updates for one year. These packs include information on assessment, therapy and outcomes. The cost of the 2-day course is £200 per person. This would enable groups to be run locally across Berkshire, for CYP who are medium and high risk and/or impact.

- Based on previous caseload experience, it is anticipated that these groups would be more successful if they were run on-line to enable a larger cohort of CYP to attend from both East and West of Berkshire. This would need to be run by a stammering specialist SLT, and could be supported by a community SLT within CYPIT, in order to upskill staff.

A clear training offer (for CYPIT staff, CYP and families) should be in place as part of our universal and targeted provision for CYP who stammer.

This training would need to be updated and reviewed once a year, by a specialist stammering SLT, in line with latest evidence base and should include:

- Upskilling community SLTs:
 - annual training/refresher training to SLTs (to ensure staff are up to date with the latest research/evidence base, know when and how to refer to the stammering pathway, including how to identify CYP who are low and high risk)
 - setting up termly case discussion groups which is facilitated by a specialist stammering SLT to discuss complex cases and offer advice
 - opportunities for CYPIT staff to shadow specialist stammering SLTs
 - inviting community SLTs to attend clinical excellence meetings run by the team.
- Running termly workshops/information sessions for families and education settings on supporting CYP who stammer.
- Providing universal advice, which signposts families and education settings to advice, including information on websites (such as MPC, STAMMA), videos (including MPC, Stuttering Foundation) and workshops (such as those run by STAMMA). This information would be accessible to community SLTs and would be updated yearly by a specialist stammering SLT.

It is anticipated that to develop our universal and targeted service, the specialist SLTs will need to deliver a minimum of 16 sessions of training per year.

Demand and capacity planning:

Data collated between April 2021- March 2022 for the Berkshire Fluency service, indicates that:

- All children were offered an initial assessment appointment by a fluency specialist SLT.
- 39.5% of the caseload required therapy (the average needing 6 sessions of direct therapy per block).
- 42% of the caseload needed a parent interview (in depth parent case history).
- 27% of the caseload needed a review/check in appointment (the average needing 2-3 follow up sessions within the year).
- 5% of the caseload needed child assessment.

This has been applied to inform demand and capacity planning and demonstrates that a minimum of 1.5 sessions per week is required to deliver to the caseload and 0.5 sessions per week (16 sessions across the year) is required to deliver training.

For the CYP on the current waiting list (East and West), the Fluency SLTs would need approximately 5 sessions per week to provide; initial assessments, parent interviews, child interviews, meetings with parents and education setting, therapy sessions, reviews/follow up appointment (this includes those CYP who dip in and out of the service dependent on their need and impact). This is based on:

- Initial assessments, review/follow up sessions = 0.5 session
- Completing a parent interview, analysing and writing the report= 2 sessions.
- Child assessment = 1 session
- One hour therapy = ½ session
- Meetings with parents and education setting = 0.5 session
- Attendance at MPC assessments = 2 sessions (4-5 children on average per year have been referred to the MPC by the Berkshire Fluency service)

*one session = 3.75 hours.

These sessions do not include attendance at meetings or statutory and mandatory training for example.

Due to the current vacancy, the waiting list has increased in length over time to the current 12 -13 months wait. To reduce the waiting list time, a six month injection of sessions should be considered to reduce the waiting time to ensure it is at a safe level. These additional sessions could be provided by paying appropriately skilled staff (including community SLTs with appropriate training) to work additional hours to provide input for these children based on their level of needs or via lodging a long term placement request with our temporary staffing team to seek a suitably specialist SLT.

Appendix 7 - OPTIONS APPRAISAL

Option one:

Description	
No specialist therapists within the CYPIT team. All CYP with fluency needs which cannot be met by community SLT are referred directly to the Michael Palin Centre	
Advantages	Disadvantages
Reduces training and staffing costs	Families have to travel to access specialist intervention
Frees up resource within main team to address shortfall due to increased demand	If already known to SLT, CYP ends up working with 2 different clinicians
	Community teams do not have access to specialist skills/knowledge within the service, reducing capacity and capability of the team and increasing the number of external referrals (e.g. to MPC)
	Increased waiting time. There is currently a 10 month wait for the one-off assessment clinic appointment at MPC (not therapy).
	MPC only accept referrals from local NHS SLTs or independent SLTs who are actively involved and who will continue to work with the CYP and family. When seen in the Assessment Clinic, MPC will often provide advice and recommendations that need to be carried out by the Local NHS SLT or independent SLT, rather than therapy at MPC.
	Not up upskilling the wider CYPIT workforce so they feel confident and have the skills to support CYP who stammer.

Option 2

Description
Band 7 Stammering lead – 0.4WTE Band 6 specialist SLTs – 0.3WTE (as part of wider roles)
The specialist stammering pathway would have one Stammering Lead/ Advanced Therapist (Band 7), based within a community team, who reports in to a CYPIT service lead, and one or 2 other band 6 therapists with designated sessions for fluency.
Supervision: <ul style="list-style-type: none"> • Stammering Lead can access clinical supervision externally as required e.g. from MPC, where the cost is £100 per session (1hr) for supervision. • Band 6 specialist SLTs would access support and supervision from the Stammering Lead as required.
Assessment and intervention: <ul style="list-style-type: none"> • Preschool children would be seen by the early years SLT team • Children who are school age and are low risk and/or impact would be supported by the school aged SLT team

<ul style="list-style-type: none"> Children who are medium to high risk would be 'referred' to the specialist therapists within CYPIT who would assess the level of need/risk and deliver intervention or directly supervise and support the community SLT to deliver intervention. For complex stammering cases, CYPIT will continue to refer to the MPC Assessment Clinic as appropriate for advice and recommendations (there is currently a 10 month waiting list). If intensive group therapy/specialist therapy run by the MPC was recommended, we would continue to apply for funding via ICB. 	
<u>Advantages</u>	<u>Disadvantages</u>
Stammering Lead 'in house' to support complex cases and provide supervision. They would also take the lead in upskilling the workforce in early years and schools, as well as taking forward digital developments and expansion of universal and targeted service offer, and leading on further service quality initiatives (e.g., referral criteria, outcome measurement tools). This would future proof our service if we have an increase in the number of complex cases in the future.	Prefer to recruit to posts of minimum of 0.6 due to cost of statutory/mandatory training and overheads. This could result in only one session for the Band 6 SLT - Feedback from current specialist stammering SLTs, has highlighted the disadvantages in only have one session to support CYP who stammer.
Increase the confidence and skills of the wider CYPIT workforce to support CYP who stammer.	
The needs of the majority of CYP and their families are being met locally within Berkshire. There is a clear pathway for the small number of complex cases and/or are higher risk who need to access support from other services (e.g. MPC, The Fluency Trust).	

Option 3:

<u>Description</u>
<p>Band 6 SLTs: 0.7WTE (at least 2 therapists) Supported by identified SLT Assistant time – to support delivery of universal and targeted support in schools (Minimum of 0.4 across east and west).</p> <p>The specialist stammering pathway would include a minimum of two specialist Stammering SLTs (Band 6) who are managed by an operational lead within CYPIT (such as the Mainstream Schools Operational Lead).</p> <p>Development of a robust digital offer and expansion of universal and targeted service offer for children with fluency needs is the responsibility of the service leads; community SLTs would work with specialist fluency therapists to develop and implement this offer.</p> <p>Supervision:</p> <ul style="list-style-type: none"> Peer supervision Access to specialist clinical supervision/support for complex cases externally when required e.g. from the MPC, where cost is £100 per session (1hr) for group supervision. Recommend 4-5 clinical supervision sessions per year, although this will need to be reviewed depending on the therapist's caseload. <p>Assessment and intervention:</p> <ul style="list-style-type: none"> Preschool children would be seen by early years SLT team

- Children who are school age and are low risk and/or impact would be supported by the school aged SLT team, including SLT Assistants
- Complex and/or higher risk stammering cases will be referred to the MPC assessment clinic as appropriate for advice and recommendations (as they are currently). There is currently a 10 month waiting list for this service.
- If intensive group therapy/specialist therapy run by the MPC was recommended, we would continue to apply for funding via ICB as we do currently.
- Digital training offer to be developed and online groups offered across the county (jointly run by community SLT and fluency-trained SLT)

Other options to explore:

To support those CYP who stammer, aged between 10-17 years old, who are more complex and/or if it is felt that support is needed over and above what can be provided locally, our service could consider funding support from The Fluency Trust, this could either consist of:

- Funding 2-3 children per year to attend their residential groups in Plymouth (for CYP aged between 10-17 years old). The cost is £380per child per year (this is the cost of the SLT therapy). This includes an assessment day in Swindon (which is on a weekend), the therapy during the five day residential trip and a follow up day. The remaining cost of the residential trip (such as travel, accommodation, activities) is funded by the charity.
- OR,
- One of the specialist SLTs within our stammering pathway would apply to be a ‘visiting therapist’ per year. A ‘visiting therapist’ has a key role in running the residential course (outlined above) alongside the SLTs from the Fluency Trust, as well being involved in the assessment, follow up day and report writing. Our service would be able to bring up to 3 young people (aged 10-17 years) from our local area free of charge. The cost of this option is the therapist’s time, where they would need to commit to all 8 days. This option would upskill local SLTs as well as provide support for those identified CYP who stammer.

<u>Advantages</u>	<u>Disadvantages</u>
This option would enable the Stammering therapists to be embedded with the mainstream school team as well as allow for easier support for colleagues within those teams and sharing of good practice.	Not having our own ‘in house’ Stammering Lead Band 7 within Berkshire, so less accessible supervision for band 6s – would need to access and fund externally.
CYP seen by familiar therapists in school or locally	
Participation in other providers’ groups – increases experience and skill set of CYPIT fluency specialist therapist – to pass these skills on to the wider team.	Time commitment for ‘visiting therapist’ role.
Use of skill mix to deliver intervention for low-risk cases reduces pressure on main school-based SLT team	
This option would enable one therapist to be based in the east and one in the west community teams; gives easy access to a specialist SLT by the teams.	
Increase the confidence and skills of the wider CYPIT workforce to support CYP who stammer.	
The needs of the majority of CYP and their families are being met locally within Berkshire. There is a clear pathway for the small number of complex cases and/or are higher risk who need to access support from other services (e.g. MPC, The Fluency Trust).	

References:

- Baxter S, Johnson M, Blank L, Cantrell A, Brumfitt S, Enderby P, et al.(2016). *Non-pharmacological treatments for stuttering in children and adults: a systematic review and evaluation of clinical effectiveness, and exploration of barriers to successful outcomes.* Health Technology Assessment, 20(2), pp1-302.
- Brignell, A., Krahe, M., Downes, M., Kefalianos, E., Reilly, S., & Morgan, A. (2021). Interventions for children and adolescents who stutter: A systematic review, meta-analysis, and evidence map. *Journal of fluency disorders*, 70, 105843. <https://doi.org/10.1016/j.jfludis.2021.105843>
- Christie, E. (2000). The primary healthcare workers project. London: British Stammering Association.
- Cook, F., & Botterill, W. (2005) Family-based approach to therapy with primary school children: 'throwing the ball back'. In R. Lees and C. Stark (Eds.). *The Treatment of Stuttering in the Young School-aged Child*. London: Whurr.
- Fower, K. & Harley, Jane & Millard, Sharon. (2015). A Closer Look: The Effect of an Intensive Group Therapy Program for Young People who Stammer. *Procedia - Social and Behavioral Sciences*. 193. 339. 10.1016/j.sbspro.2015.03.312.
- Fry, J., Millard, S., & Botterill, W. (2014). Effectiveness of intensive, group therapy for teenagers who stutter. *International journal of language & communication disorders*, 49(1), 113–126. <https://doi.org/10.1111/1460-6984.12051>
- Johnson, M., Baxter, S., Blank, L., Cantrell, A., Brumfitt, S., Enderby, P., & Goyder, E. (2016). The state of the art in non-pharmacological interventions for developmental stuttering. Part 2: qualitative evidence synthesis of views and experiences. *International journal of language & communication disorders*, 51(1), 3–17. <https://doi.org/10.1111/1460-6984.12182>
- Liddle, H., James, S., and Hardman, M., 2011. Group therapy for school-aged children who stutter: A survey of current practises. *Journal of Fluency Disorders*, 36: 274 – 279
- Onslow, M., & O'Brian, S,. (2013). Management of childhood stuttering. *Journal of Paediatric Child Health*, 49 (2) :112-115.
- Shafiei, B., Faramarzi, S., Abedi, A., Dehqan, A., & Scherer, R. C. (2019). Effects of the Lidcombe Program and Parent-Child Interaction Therapy on Stuttering Reduction in Preschool Children. *Folia phoniatrica et logopaedica : official organ of the International Association of Logopedics and Phoniatricians (IALP)*, 71(1), 29–41. <https://doi.org/10.1159/000493915>