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Speech and language therapy service delivery: overcoming limited provision for children



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ABSTRACT

Objectives: To test an alternative Speech and Language Therapy (SLT) service delivery model based on partnerships between a University and local schools and charities, and to report on the impact and feasibility of intervention based on long-term outcome measures and three case studies with individual analysis of Reliable Change.

Study design: The following six-step model was tested: 1—establishing partnerships; 2—flagging children; 3—pre-treatment SLT assessment; 4—reporting and discussion with parents and teachers; 5—treatment; 6—post-treatment assessment. Case studies are presented.

Methods: A partnership was established with one kindergarten in a pre-test and a total of 25 kindergartens during the second phase of the process. A group of 139 children were then flagged and assessed. The following long-term outcomes (18 months post-therapy) were investigated: phonetic-phonological standardised test percentiles and raw scores; receptive and expressive language percentiles and raw scores according to a standardised language test; percentage of syllables stuttered; duration of stuttering moments; academic achievement in norm-tests' core areas (mathematics, Portuguese language and social studies). Case studies and a 95% credible interval analysis to assess Reliable Change are presented.

Results: Seventy five (54%) children needed SLT support. Fifty (67%) of those children returned to the clinic for long-term assessments and the analysis of all outcome measures showed significant improvements in their performance, 18 months post-therapy. Case Studies Reliable Change analysis revealed a statistically significant improvement, which also clearly shows the feasibility and the positive impact of the intervention.

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Conclusions: This specialised and differentiated care network constitutes an alternative delivery system of SLT services that addresses the lack of support currently experienced by children and their families. The long-term outcome measures and the 95% credible interval analysis are reliable methods to determine the impact of interventions.

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Introduction

Speech and language disorders have been reported to have a prevalence of 2–25% in children.^{1–7} These disorders in children can adversely affect emotional, educational and occupational development.⁸ If Speech and Language Therapy (SLT) can be provided at the earliest stage of development then these problems can be more easily remediated.^{9,10}

However, schools and public services have been facing, over the last years, a loss of funding to support the inclusion of speech and language therapists, which has had a negative impact in these services.¹¹ Difficult economic times place an exceptional burden on schools and public services to deliver the best education with fewer resources.^{11–13} These particular circumstances have a significant impact in small and fragile economies of countries such as Portugal, severely limiting the access to SLT in schools and public services. Currently, speech and language therapists often work with clients/families facing multiple complex communication problems and requiring social assistance who, regardless of their urgent needs, can not have access to support in overcoming difficulties that most likely will create subsequent complications. If speech and language therapist intervention is not provided, then the risk is that communication difficulties become more severe and pervasive and may require more complex interventions.⁹ The specific legislation in countries such as Portugal, excludes a considerable number of children who need special support, so it is not possible to give adequate educative responses to these children because of legal limitations.¹⁴ This legislation states that children with permanent special needs should have access to adequate educational responses. However, in reality only deaf, blind and autistic children, as well as children with cerebral palsy and other neuro-development disorders, are actually considered.¹⁵ All the other children who do not have a diagnosis of permanent special need have a reduced chance of support by public services. Children with language, speech and/or communication difficulties are often part of this group that cannot have access to specialised support. Some of these children are treated in private practices but there are a large number of parents with economic difficulties who cannot provide their children with much needed care. This lack of support may lead to the accumulation of difficulties (that could be overcome if intervention was given), turning them into chronic alterations, and this can also lead to developmental disadvantage, poor social skills, behavioural problems, emotional difficulties, literacy disadvantage, and mental illness.^{9,14} This can also reduce the chance of successful treatment and result in many children

not completing or not having treatment before they start school. When this happens, children may access a new learning environment with an undiagnosed and untreated disorder. This often hinders academic performance and educational progression.^{8,16}

This calls for new ways of providing support to children who otherwise would not have adequate responses to their problems. A common approach to meet the children's needs has been the provision of treatment by private units associated with mainstream schools.¹⁷ To establish new ways of providing support, it is important to create a well-structured design scheme. Breaking down service delivery programs structure into their components is very helpful for examining the inputs and resources that are needed to implement them.¹⁸ Alongside this, the opportunity to develop new roles across traditional professional and agency boundaries must be exploited.¹⁹

Guidelines for service quality assurance

Children's SLT services should follow specific international guidelines.^{19–21} The assessments can be conducted in a clinical or educational setting and/or other natural environment conducive to eliciting representative samples of children's speech language and communication abilities. The assessment should be based in standardised and informal tests that allow the evaluation of speech, language, orofacial myofunction, and communication. After assessment it is important to produce a report and the resulting information should be conveyed to the teacher and the caregiver. The report should include screening results, and recommendations, indicating the need for rescreening, assessment, or for a referral.^{19–21}

After the assessment and report, the next step should be the intervention. The intervention and consultation services should be provided when there is a reasonable expectation of benefit to the child in body structure/function and/or activity/participation, and the services should be based on the best available scientific and clinical evidence in conjunction with individual considerations.^{19–21} Treatment may be conducted in a variety of settings, including homes, day care centres, clinics, and schools that are selected on the basis of intervention goals and in consideration of natural contexts for the child.²¹

The American Speech-Language-Hearing Association²² has previously described various options for SLT service delivery methods - the pull-out method being the most prevalent option: children are provided with one-to-one or a small group therapy sessions in an independent room environment.^{23–26}

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