RCSLT Stammering position statement (downloadable document)

## DRAFT FOR CONSULTATION

April 2025

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**The information in this document is currently in development and has been shared as part of a consultation. If you are seeking guidance or information on this topic, please ensure you refer to final published content which can be found on rcslt.org.**

We appreciate any comments provided to us during the consultation, all of which will be reviewed by the working group within the context and scope of the project. We ask that, where possible and relevant, you accompany any counter arguments to statements made in the document with supporting evidence e.g. a research reference.

Members of the working group should not be contacted directly, and all feedback should be made through the assigned route e.g. via survey or project manager. Feedback made through unassigned routes or after the closing date will not be accepted or responded to.

Thank you for your support with this project.

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# Introduction

This document is for managers and commissioners of speech and language therapy services across the four nations of the UK.It outlines the nature of stammering, the benefits of speech and language therapy, and the risks of a lack of service provision.

# Terminology

The terms *stammering, stuttering* and *dysfluency* can be used inter-changeably. The term dysfluency is deficit based whereas stammeringor *stuttering* acknowledge the lived experience without implying that variation is inferior. Within the UK, *stammering* is the term most used by organisations that provide support to this group of people. *Stammering* will be the term used within this position paper.

# What is stammering?

Stammering is a different way of talking that is caused by a complex range of factors including neurophysiology.

Stammering, also known as stuttering, comprises repetitions and prolongations of sounds and syllables and moments of blocking when a sound is restricted by excessive tension in speech. People who stammer may experience negative thoughts and feelings associated with speaking and employ strategies to conceal stammering. Research has indicated that stammering is stigmatised and that people receive negative listener responses and children who stammer are bullied at school (Crichton-Smith, 2002; Boyle, 2015; Coalson et al., 2022).

In more recent years, ableist views around stammering have been challenged through the influence of the social model of disability (Constantino et al., 2022), stammering pride (Campbell et al., 2019) and the neurodiversity movement.

Stammering is typically developmental and starts in early childhood. Stammering acquired in adolescence and adulthood often results from neurological, psychological or pharmacological changes.

# Risks of not providing a speech and language therapy service

There are multiple benefits of speech and language therapy for people who stammer.

* Speech and Language Therapists are qualified professionals who must be registered with the Health and Care Professions Council. The quality and safety of their practice are ensured through a professional code of ethics and standards of practice. Llll
* For children who stammer, early therapeutic intervention ensures the risk of future impact is reduced (Van Der Meulen and Pangalila, 2022). It can support positive interaction between the child and parent and reduce parental anxiety (Millard et al, 2018). Stammering in young children can be significantly reduced (Franken et al., 2015) with long term positive outcomes (Koushik et al, 2009).
* People who stammer are at greater risk of experiencing social anxiety disorder (Iverach et al., 2016) which can be supported and reduced by speech and language therapy. The opportunity to meet others who stammer in group therapy has positive benefits in terms of self-acceptance and increased communicative confidence (Everard &Howell, 2018).
* The communication skills and mental health benefits gained from speech and language therapy enhance both educational and employment outcomes.
* Speech and language therapists offer training to other professionals to increase early identification and referral. They advocate for people who stammer to ensure a supportive communication environment such as in schools.

# Benefits of providing a speech and language therapy service

The risks of not providing an adequate speech and language therapy service are considerable in terms of the cost to the individual and to society. The impact of stammering extends far beyond speech. The absence of speech and language therapy support is likely to mean that:

* Stammering may have a significant impact on the individual’s quality of life, mental health and on educational and employment outcomes (Klein and Hood ,2004; McAllister et al, 2012; Iverach and Rapee, 2014; Iverach et al., 2016; Gerlach et al. 2018).
* Children and adults who stammer will use more health resources overall than people who do not stammer including hospitalisation, use of medication and consultation with mental health professionals (Norman et al., 2023) This will mean greater cost to the NHS.

# Workforce

To provide adequate care for people who stammer, each speech and language therapy service should ensure an appropriate level of clinical knowledge and skill mix across the workforce. This includes a combination of speech and language therapists who:

* Work with a general caseload
* Allocate specific time to stammering
* Possess highly specialised expertise in stammering

It is advisable for services to consider their current workforce skill mix for stammering in terms of access to specialist practitioners e.g. for shadowing, mentoring and supervision opportunities.

# References TO BE ADDED