

National (UK) Standards for Speech for children born with cleft palate (+/- cleft lip / alveolus). Developed October 2009 & updated March 2023

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The National (UK) Standards for Speech defined below were developed in 2009 by a working group from the UK Lead Therapists' forum. They are intended as shared standards for use by both primary surgeons & SLTs. They have been used nationally to audit five-year-old speech outcomes for children born from 2001 onwards. The theoretical standards developed in 2009 were based upon the outcomes of the CSAG study (Sell et al 2001) and evidence from a range of other studies (published & unpublished). In 2013 it was agreed that five year speech outcomes should be audited against standards based on the latest three years national data rather than theoretical standards based on published literature. The current benchmarks for the Speech Outcome standards (shown in brackets below) are based on speech outcomes for 2010-12 births reported on CRANE in Autumn 2019. They will continue to be reviewed as part of the annual audit cycle and the benchmarks are likely to be next updated using data from 2014-16 births in 2023. The Speech Outcome Standard Definitions were reworded in March 2023.

The standards include:

- * Process Standards designed to audit the activities undertaken by SLTs in caring for their patients with cleft palate.
- * Outcome Standards designed to measure the speech outcomes for children aged five years.

Process Standards

1. 100% of children with cleft palate (+/- cleft lip/alveolus) who are eligible are offered assessment by a specialist speech and language therapist between 18- 27 months old and this offer documented.

 2. Speech records are taken in line with national audit recommendations (CFSGBI, 2016) and reported locally & nationally for all non-syndromic children with UCLP, BCLP, isolated cleft palate (including PRS) who are able to complete audit. Any exclusions are reported with reasons

 3. For children aged 5 years,
- National Standards for Speech for children with Cleft Lip and Palate: Last amended 14-3-23

- a) All audit recordings will be analysed by consensus by a minimum of two CAPS A trained SLTs
- b) The consensus must be agreed by the CAPSA trained Listeners
- c) A minimum of 10% of recordings in a consecutive series per network will involve a listener external to the network as part of the consensus group each year.
- d) All results are submitted to the CRANE database

**Theoretical Outcome Standards for non-syndromic children with UCLP / BCLP & CP:
(Five year standards based on national data from 2010-12 births shown in brackets)**

1. By 5;0-5;11 years 50% (61% 2010-12 births) of children will have speech with no evidence of a structurally related problem and no cleft speech characteristics requiring intervention i.e. a green profile on the CAPSA tool

- * *Resonance rated as WNL or borderline hypernasality or mild hyponasality*
- * *Nasal airflow rated as 0/1*
- * *No cleft speech characteristics identified on sentence repetition other than dentalisation, lateralisation (1 or 2 consonants affected), palatalisation (1 or 2), double articulation to velar (1 or 2)*

2. By 5;0-5;11 years,

- a) 70% (71.5% 2010-12 births) of children will have speech with no evidence of a structurally related problem (as defined below) and have not had VP surgery or fistula repair for speech

Locally (but not nationally reported) services may review

b) % of children have had VP surgery or fistula repair and speech now has no evidence of a structurally related problem

c) % of children have had VP surgery or fistula repair & still have speech indicative of a structurally related problem

d) % of children have had no VP surgery or fistula repair and have current evidence of a structurally related problem

Speech indicative of a structurally related problem is defined as having one or more of the following on CAPS A:

- * *Resonance rated as mild -severe hypernasality (rated as 2-4)*
- * *Nasal airflow rated as 2 (refer to guidance notes)*
- * *Passive Cleft Speech Characteristics*

3. By 5;0 - 5.11 years more than 50% (68% 2010-12 births) of children will have no significant cleft speech characteristics identified on sentence repetition which may require therapy and/or surgery.

Defined as green or light green for all the following categories on CAPSA:

- Lateral / palatal realisations (1-2 sounds)
- Double articulation (1-2 sounds)
- Backing to velar
- Pharyngeal Realisations
- Glottal Realisations
- Active Nasal Fricatives
- Gliding.

TABLE 1: AVAILABLE FOR USE IN PAPERS

UK National Cleft Lip & Palate Speech Audit Outcome Standards in 5-year-olds, their definitions & CAPS-A requirements. Adapted from Britton et al (2014), CRANE annual report (2021), Fell et al (2021) & Butterworth et al (2022)

Speech Outcome Standard	Abbreviated Definition	Benchmark from Britton et al, 2014	Requirement in relation to CAPS-A
1	The achievement of speech with no evidence of a structurally related problem and no cleft speech characteristics requiring intervention	By 5-5;11 years over 50% of children with CP+/-L will have speech with no evidence of a structurally related problem and no cleft speech characteristics requiring intervention	Green colour code outcome profile on all 16 CAPS-A speech parameters at 5 years of age.
2a	The absence of structurally related speech difficulties and no history of velopharyngeal surgery or fistula repair <i>for speech purposes</i> .	By 5-5;11 years over 70% of children with CP+/-L will have speech with no evidence of a structurally related problem and have not had velopharyngeal surgery or fistula repair for speech	Green colour code outcome profile on hypernasal resonance, audible nasal emission, nasal turbulence, and passive CSCs and no history of surgery for speech purposes by 5 years of age
3	The absence of significant cleft-related speech characteristics (CSCs) on sentence repetition, which may require therapy and/or surgery.	By 5-5;11 years over 50% of children with CP+/-L will have no significant cleft related speech characteristics (CSCs) requiring SLT and or surgery	Green colour code outcome profile on anterior, posterior and non- oral CSCs and gliding of fricatives at 5 years of age

Standards written by Lorraine Britton, Liz Albery, Melanie Bowden, Anne Harding-Bell, Ginette Phippen and Debbie Sell, shared with primary surgeons Sept 2007, ratified by Lead SLT forum October 2007, piloted in 2008 and amended in 2009. *Definitions reworded and ratified at National Lead SLT Forum March 2023*

Next review of benchmarks recommended: Autumn 2023

5 year Speech Outcome Standards Based on National Data

	Theoretical	2001-03	2004-06	2007-09	2010-12
Standard 1	50%	47%	55%	60%	61%
Standard 2	70%	66%	67%	70%	71.5%
Standard 3	50%	60%	65%	68%	68%

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