RCSLT Cluttering guidance

## DRAFT FOR CONSULTATION

April 2025

Information contained within this document is for consultation only and should not be shared outside of this.

**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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#  Practice recommendations

The RCSLT makes the following recommendations for delivering the remit of a speech and language service in cluttering. You can also find a summary of the area [add link], as well as additional resources [add link].

See also RCSLT general guidance on [Care Pathways](https://www.rcslt.org/members/delivering-quality-services/care-pathways), including [Referrals](https://www.rcslt.org/members/delivering-quality-services/care-pathways/screening-and-referrals), [Assessmen](https://www.rcslt.org/members/delivering-quality-services/care-pathways/assessment)t, [Management](https://www.rcslt.org/members/delivering-quality-services/care-pathways/management-and-intervention) and [Discharge](https://www.rcslt.org/members/delivering-quality-services/care-pathways/discharge).

**Please note:** the resources on this page are provided for informational purposes only. No endorsement is expressed or implied, unless otherwise stated. While we make every effort to ensure this page is up to date and relevant, we cannot take responsibility for pages maintained by external providers.

Please [contact us](https://www.rcslt.org/help-and-support/contact-us) if you have any suggestions or feedback on these pages.

# Introduction

These web pages provide practice guidance for speech and language therapists (SLTs) who work with children, young people and adults who clutter. The guidance outlines the key responsibilities and activities of SLTs when working with children, young people and adults who clutter. The views of people with lived experience of cluttering have been sought and used when writing this guidance.

#  Ensuring access to speech and language therapy services

## 3.1 Public health and partnerships

The role of the SLT is to:

* Collaborate with the cluttering community and organisations that support people who clutter to provide accurate information and advice.
* Advocate for the needs of people who clutter by ensuring services are available
* Develop care pathways that meet the needs of people who clutter.
* Provide training and support to colleagues in Education and Health to increase the identification of cluttering and referral. This ensures timely support and positive outcomes.
* Work in partnership with parents to increase their awareness of the things that they can do to support their child’s communication confidence and participation.
* Support children, young people and their families with the possible psychosocial and emotional aspects of cluttering.

## 3.2 Awareness raising and early identification

Our understanding of cluttering is limited and therefore it may be under-identified as a result. SLTs working with children who clutter need to ensure SLT colleagues working with children on other caseloads (e.g. developmental language disorder, autism, ADHD, stammering) know how to recognise cluttering and the appropriate support to provide.

## 3.3 Access

All SLT services should provide information about their referral criteria for children, young people and adults who clutter. Details about how to refer should be available in-service literature and/or website. Information must be accessible in accordance with the [Information Accessible Standard](https://www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/accessibleinfo/).

Information about how to access other forms of support such as charities should also be provided.

## 3.4 Referrals

* The RCSLT recommends that consent guidance is followed (see [RCSLT guidance on consent](https://www.rcslt.org/members/delivering-quality-services/consent-guidance/)).
* Referrals for cluttering are processed in a timely manner.
* An assessment is offered as soon as service priorities allow, and that both the referrer and client are informed of the waiting time.
* When the waiting time will be significant, it may be appropriate to offer some general advice to be implemented during this waiting time and signpost to the available resources [link to public pages resources].

Please see [RCSLT information on screening and referrals](https://www.rcslt.org/members/delivering-quality-services/care-pathways/screening-and-referrals/) for general details about referral management.

#  Assessment

Assessment of cluttering is a detailed process. It aims to establish whether cluttering is present and if so, its impact on the client. A comprehensive assessment would be individualised for the client and typically involves gathering information linked to relevant medical, developmental, communication, psychosocial, environmental and family history factors.

It may be helpful to video assessment to facilitate analysis. An assessment of cluttering includes:

## 4.1 Children and young people

* reasons for seeking help and hopes from, therapy
* presence or signs of other related conditions e.g. ADHD, stammering, autism
* impact of speech at home, socially, at school and academically
* variability in speech
* awareness of communication skills
* overall academic attainment.
* impact of speech at school
* impact of speech at home and socially

Speech motor:

* rate of speech in reading, monologue, discussion
* clarity of speech in reading, monologue, discussion
* telescoping of words
* presence of disfluencies, fillers

Language and organisation:

* word finding difficulties
* information from parent/carer about narrative skills
* language assessment
* assessment of narrative skills which may include a sample of written narrative

## 4.2 Adults

It may be helpful for an adult to attend assessment with a significant other to enable the gathering of information about communication skills in everyday life.

* reasons for seeking help and hopes for therapy
* presence or signs of other related conditions e.g. ADHD, stammering, autism, dyslexia, dyspraxia
* impact of speech at home and socially
* impact of speech on employment
* variability in speech
* awareness of communication skills
* current coping strategies and their usefulness
* previous therapy

If appropriate, video record to facilitate analysis.

Speech motor:

* rate of speech in reading, monologue, discussion
* clarity of speech in reading, monologue, discussion
* telescoping of words
* presence of disfluencies, fillers

Language and organisation:

* narrative skills and maze behaviours
* topic maintenance and ability to indicate a topic shift
* word finding difficulties

#  Decision making and therapy

Therapy takes different forms over time and people who clutter may access it across all transition points and stages of life.

The process of decision making when working with people who clutter is complex. In deciding about the best way to support a child, young person or adult who clutters, the following questions need to be addressed:

* What are the priorities or best hopes for therapy for the client or parent?
* Will speech and language therapy help to reduce any negative *impact* of cluttering?
* Will therapy for the child support parents to reduce their concern about their child’s speech?
* Could a reduction of any negative impact of cluttering be achieved through working with others to create a more supportive communication environment?
* What level of support is needed to facilitate the client’s (child, young person, parent, adult) knowledge and understanding of cluttering?
* Would group therapy support be beneficial?
* Are there any other areas within the child or young person’s speech, language and communication profile which require support?
* Would the individual benefit from being a member of the cluttering supported community?
* Will working directly on speech be beneficial or could we inadvertently reinforce ableist views about cluttering and fluency?
* Will this client’s needs be more appropriately met by another service or professional?

The above questions can support collaboration between the SLT and client to formulate an agreed joint plan which needs to be discussed with the client/child and/or parent. Where it is considered that the client’s needs will be most appropriately met by another professional or service, the SLT will make an onward referral or contact with the GP to request a referral.

Therapy for cluttering is individualised, based on the client’s priorities and best hopes. Areas to be prioritised in therapy will be agreed with the client and may include psychological change, speech modification, language strategies and facilitating changes in the speaking environment.

# 6. Therapy

Typically, therapy will include work to support the client to increase awareness of their speech and be able to monitor and modify it when required. Video or audio feedback supports this process. Therapy may include the following:

Speech motor:

* rate control and pausing
* articulation – over articulating to emphasise word boundaries and increase intelligibility
* syllable counting/tapping for multisyllabic words
* rhythm and stress using rhymes/limericks/poetry
* intonation and volume

Language and organisation:

* pausing may help by allowing more time for planning
* narrative skills
* working on visual support for structuring explanations and narrative (Ward, 2006)

Pragmatics:

* conversational turn taking
* eye-contact
* observing listener response to check for understanding

Psychological factors

* Support around thoughts and feelings around cluttering
* Self-advertising
* Desensitisation
* Self-compassion

## 6.1 Discharge

Clients will be discharged from speech and language therapy for the following reasons:

* Care has been transferred to another service via onward referral.
* Therapy is complete and outcomes have been achieved and maintained.
* Therapy is no longer meeting their needs.
* They have been unable to engage with therapy through non-attendance (discharge within local policy).

For whatever reason the client is discharged, they should be signposted to organisations and services that can offer support (link to public pages resources) and provided with information about how to re-enter the service if required later. Care should be transferred to the professional with a universal duty of care i.e. GP and/or headteacher along with information about how to re-refer.

See [RCSLT guidance on discharge](https://www.rcslt.org/members/delivering-quality-services/care-pathways/discharge/).

## 6.2 Bilingualism

For bilingual clients who clutter, see [RCSLT bilingualism guidance](https://www.rcslt.org/members/clinical-guidance/bilingualism/).

## 6.3 Supervision

The RCSLT recommends that all practising SLTs access regular supervision – see [RCSLT supervision guidance](https://www.rcslt.org/members/delivering-quality-services/supervision/supervision-guidance/).

When working with people who clutter, SLTs help parents, children, young people and adults who are experiencing challenging thoughts and feelings. They work in partnership with the client to facilitate psychological change. It is essential that this work is brought to regular supervision sessions to ensure the SLT is well supported in providing high quality care.

## 6.4 Collaborative working

SLTs should work with others to ensure that children, young people and adults who clutter are fully supported. This includes but is not limited to:

* Providing general advice about cluttering to schools, colleges and universities including in relation to Reasonable Adjustments
* Providing information to employers
* Working with teachers to support a specific child at school
* Supporting clients’ self-advocacy

See [RCSLT guidance on collaborative working](https://www.rcslt.org/members/delivering-quality-services/collaborative-working-guidance/).

## 6.5 Workforce

SLTs have recognised variability with their knowledge, skills and confidence levels when working in the field of cluttering. In view of this, CPD and workforce development opportunities linked to cluttering can ensure an appropriate mix of clinical knowledge and skill across services. As part of CPD and support/supervision, it is helpful for practitioners to understand the post registration level that they are working at in order to access relevant learning and development to support autonomous practice. It is advisable for services to consider their current workforce skill mix for cluttering in terms of access to specialist practitioners e.g. for shadowing, mentoring and supervision opportunities.

It can be helpful for service providers to consider their workforce knowledge and skill mix for cluttering across the three defined levels of practice outlined below. Information gathered from a training needs or skill mix analysis can then be integrated as part of local service competencies to facilitate a streamlined and evidence-based approach to CPD, supervision and mentorship within this field.

**At Level 1**, practitioners typically work with a range of cluttering cases. This level of practice will usually incorporate early entry clinicians (e.g. newly qualified practitioners) or those who are new to working in the field, often as part of a more generalist caseload. Depending on case complexity, Level 1 practitioners can usually work autonomously within the field to a certain level with appropriate support/supervision and guidance in place.

**At Level 2,** practitioners will typically demonstrate an emerging specialist level of knowledge and skill and they can work autonomously with cluttering cases. This may involve undertaking additional specialist training within the field as well as offering supervision and second opinions to more generalist practitioners e.g. with complex cases and decision making.

**At Level 3,** practitioners demonstrate advanced knowledge/skills within the field of cluttering. Typically, Level 3 practitioners will lead with areas such as care pathway and training development. In terms of workforce development, Level 3 practitioners will be able to identify learning and CPD opportunities for Level 1/2 SLTs as well as offering specialist support and supervision.

## 6.6 Telehealth

Services for cluttering can be provided online. See [RCSLT telehealth guidance](https://www.rcslt.org/wp-content/uploads/2022/11/telehealth-guidance-update-member-consultation-November-2022.pdf).

# References

TO BE ADDED