Proposal of differentiated care to parents of children with complaints of language alterations

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Introduction: It has been increasing in private or public Speech-Language and Hearing clinics demands for care to children with complaints like: "do not talk", "speaks little", "speaks wrong", or "presents unintelligible productions". The possibility to accept that demand in the National Health System is a relevant issue in accordance with public health policies based on the concepts of promotion, prevention and care. Aim: To check the efficacy of a differentiated care procedure, with preventive purposes, to parents of children with language alterations complaints waiting for speech-language therapy in the National Health System. Methods: Quantitative and qualitative research with participation of six families waiting for speech-language therapy at a Health Unit in São Paulo. Five instruments were used: 1- initial interview with parents; 2- language evaluation; 3- communicative abilities and difficulties questionnaire for parents; 4- communicative attitudes observation protocol for parents, filled in from the filming of a play activity between parents and their child, and an instrument that guided the construction of the differentiated care; 5- favorable and unfavorable actions to communication, play and oral habits. After three months, the instruments 2, 3 and 4 were re-applied, to check whether there were changes. **Results:** After the differentiated care, all families reported a better understanding of their children's speech. A general increase in favorable attitudes, such as discourse reformulations, continuity enunciations, and requests for clarification, was observed, as well as a decrease in unfavorable attitudes. That showed a positive impact on the dialogism, on the resulting interactions, and on the communicative skills of the children. Conclusion: Results show that the proposed differentiated care was effective as speech-language and hearing clinical device in public health and may establish new care practices, familycentered and centered in the commitments of co-responsibility between health professionals and the public.

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