

Agenda item 4

Improving Children's Speech, Language and Communication in Schools

1 Purpose of the report

The purpose of this report is to provide information and data on the needs of children and young people in relation to speech, language and communication, service demand and service delivery. This includes the national picture of growing need and the data demonstrating local increasing need for children with EHCPs and SEN. The report includes proposals to improve service provision to meet the speech, language and communication needs of children and young people in Cheshire West and Chester and work with schools as partners to improve outcomes collaboratively.

2 Recommendations

For Schools Forum to provide a view on:

- (a) The options for Children's Speech and Language Outreach Therapists service to improve the children's speech, language and communication support in schools in Cheshire West and Chester.
- (b) The option to procure Infant Language Link for all 130 primary schools.

The details of the proposals are included in section 4.

3 Background

3.1 Current speech, language and communication needs in children and young people in Cheshire West and Chester

- 3.1.1 Consideration has been given to national and local information on speech, language and communication needs in children and young people which are further detailed in Appendix A. The key points are as follows.

The Bercow Report: 10 years on (3) highlighted that more than 10% of children and young people have long-term speech, language and communication needs (SLCN) which create barriers to communication or learning in everyday life.

In Cheshire West and Chester, 10% of the children's population equates to approximately 61,910 (5) children aged 0-15. As of quarter 2 21-22, Cheshire West's Children's Speech and Language Therapy Services have a caseload of 2,736 for SCLN, which equates to approximately 44% of these 6,191 children. Therefore, it is presumed that approximately 3,455 children aged 0-15 (56%) in Cheshire West and Chester have an unmet SCLN need that has not been identified.

3.2 Local data for Cheshire West and Chester

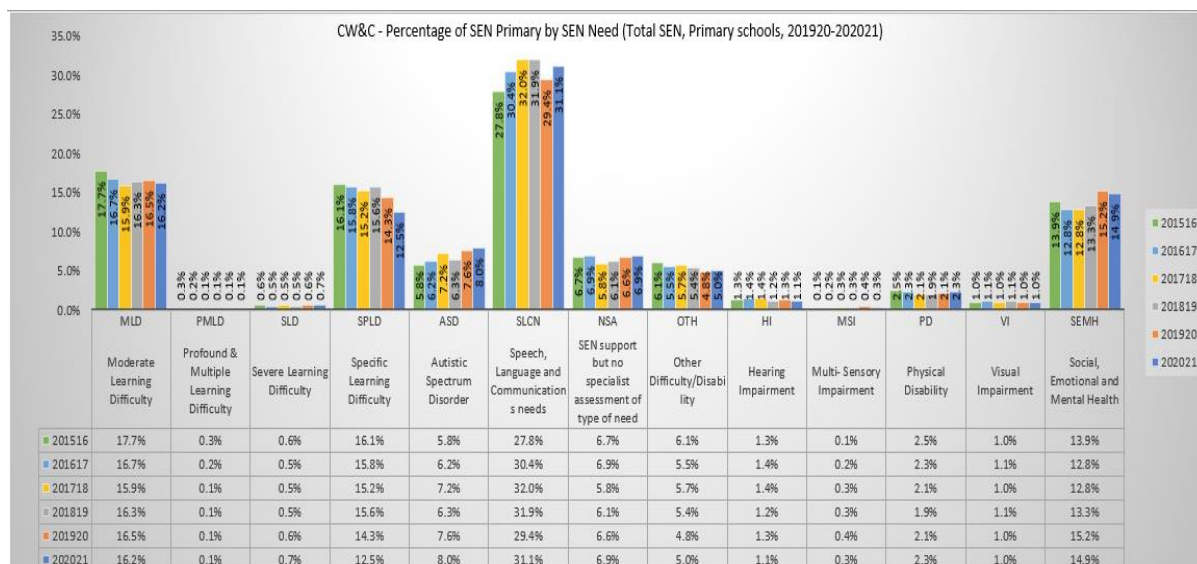
3.2.1 The SEND Joint Strategic Needs Assessment (JSNA) 2020 (6), cites the most common primary need for children and young people with SEND and those accessing SEN support is Speech, Language and Communication Needs in Cheshire West and Chester. For those with an EHCP, the most common primary need is Autism.

Primary Need	% 0 – 25 with SEND	% 0 – 25 with EHCP
Speech, language & communication needs	20.5%	11.6%
Autism Spectrum Condition	12.4%	28.0%

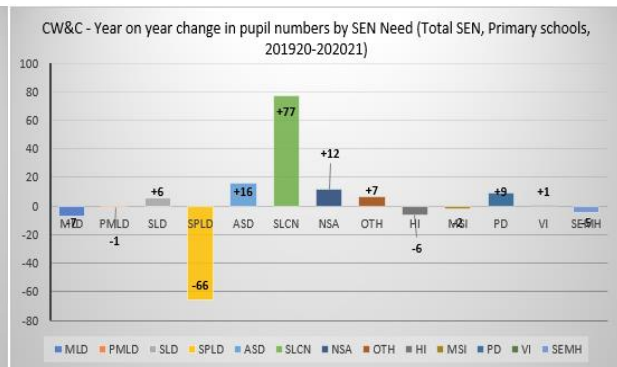
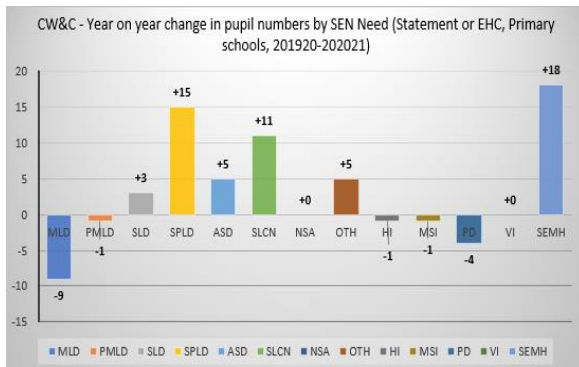
3.2.2 The January School Census 2020 further cites the greatest demand for SCLN as a primary need is with children under the age of 11. This demonstrates the significant need at 0-4 but also in the older age ranges.

Primary need	Under 5	5 to 10	11 to 15	16 to 19	20 to 23
Speech, Language and Communication	53.4%	25.10%	8.80%	13.70%	10.60%

3.2.3 The January Census 2021 indicates continued high levels of SLCN as the most significant primary need over the last five years in primary schools.



The School Census 2021 demonstrates an increase year-on-year change in pupil numbers in Primary Schools on an EHCP (chart 1) and by SEN (chart 2) with SCLN as a primary need from 2019 to 2021. The need for SCLN has increased for pupils with EHCP and SEN in Primary Schools with an increase of 11 for pupils with an EHCP and 77 for pupils with SEN from 2019 to 2021.



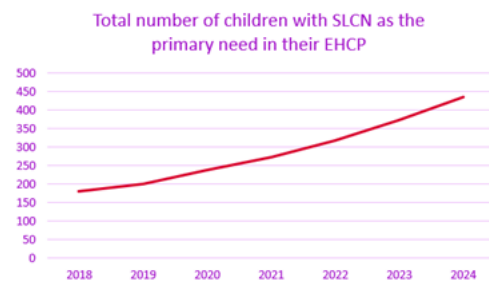
EHCP

SEN

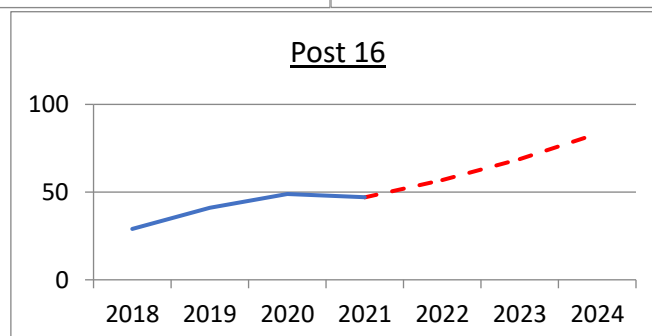
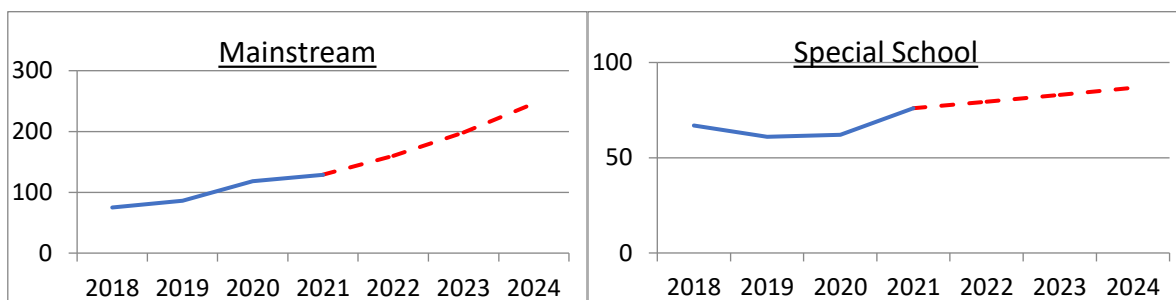
3.3 Forecasts of children’s speech, language and communication needs

3.3.1 Cheshire West and Chester SEND JSNA data 2020 expects demand to increase for all children's services including services for children and young people with SEND. Data modelling for children with EHCPs with SLCN as the primary need predict a steady continued increase from 2018 to 2024.

Speech, Language and Communications needs	Projected Activity						
	2018	2019	2020	2021	2022	2023	2024
Mainstream	75	86	118	129	160	198	246
Special School	67	61	62	76	79	83	87
Post 16	29	41	49	47	57	69	83
Other	3	5	6	12			
Resourced Provision	5	5	4	8			
INNMS	1	4	0	1			
Other	9	14	10	21	30	44	64
Total	180	202	239	273	319	374	437



3.3.2 The SEND JSNA 2020 has similar data modelling for children with EHCP with SLCN as a primary need across mainstream, special schools and post 16 educational establishments, forecasting an increase in need from 2018 to 2024.



3.4 Service demand

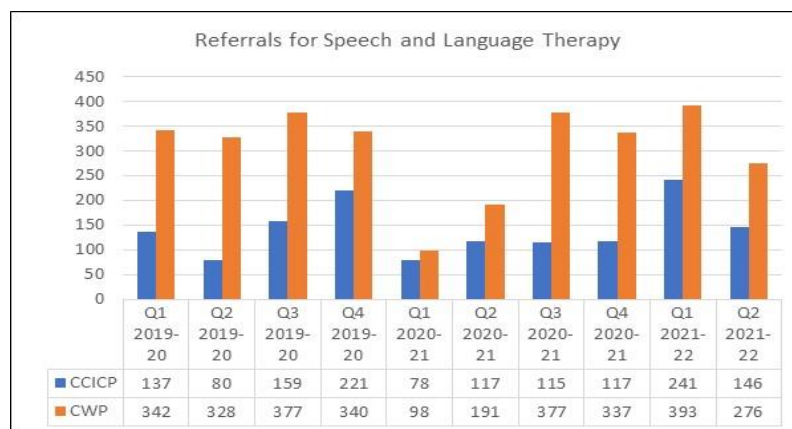
3.4.1 Currently, Children’s Speech and Language Therapy is delivered by Cheshire and Wirral Partnership (CWP) for Chester and Ellesmere Port and Central Cheshire Integrated Care Partnership (CCICP) for Northwich/Winsford.

Service capacity through the two current service providers for Children’s Speech and Language Therapy is challenged through consistently high numbers of referrals, high caseload numbers and long waiting lists for both assessments (first appointments) and follow up appointments.

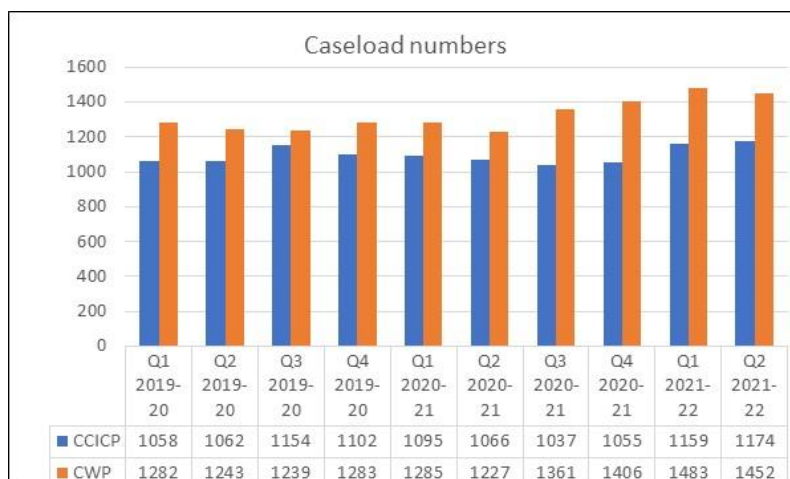
The graph below demonstrates the high numbers of children waiting for assessments (first appointments) especially in Chester and Ellesmere Port where Cheshire and Wirral Partnership provide the service. Q1 and Q2 of 20-21 saw dips in numbers due to school closures.



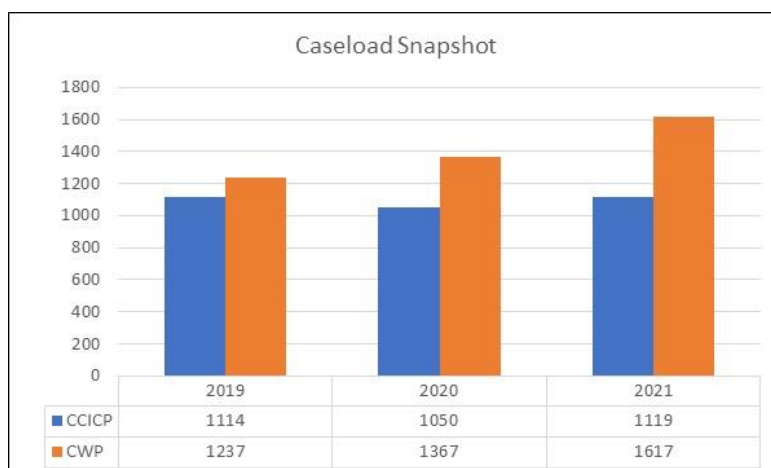
3.4.2 Referrals to the service are also consistently high, particularly for CWP. Q1 and Q2 of 20-21 saw again dips in numbers due to school closures. The graph below is indicative of continued demand on Children’s Speech and Language Therapy services in Cheshire West and Chester.



3.4.3 Caseloads continue to be consistently high for both providers, demonstrating the challenges the providers face in responding to increases in need and/or demand.



3.4.4 The graph below demonstrates a snapshot of caseload numbers by provider. CWP caseload numbers have continued to increase, demonstrating particularly high numbers in Chester and Ellesmere Port.



3.5 Schools survey in Cheshire West and Chester

36 schools completed a survey about the Children’s Speech and Language Therapy Service in October 2021. 32 primary schools, 3 special schools and 1 high school completed the survey.

20 schools (55.6%) work with Cheshire and Wirral Partnership (CWP) (who cover Chester and Ellesmere Port), 14 schools work with Central Cheshire Integrated Care Partnership (CCICP) (who cover Northwich and Winsford) (38.9%), 1 school said they worked with both and 1 school said they worked with neither.

The responses are summarised as follows with further comments detailed in **Appendix B**.

- 21 schools (58%) felt that the SLCN are high or very high in their schools
- 23 schools (63.9%) felt that needs have increased since the pandemic.

- 33.3% of schools do not feel that service meets the needs of their school and 13.9% are unsure.
- 27% of schools feel they have not received suitable speech, language and communication needs training to meet the needs of the children and 18.2% are unsure.
- 57.6% of schools would like additional speech, language and communication training. 9% were unsure.
- 21.9% of schools felt that working with the Children’s Speech and Language Therapy Service was average or not great. 50% of schools felt that it was good and 28.1% felt it was excellent.

3.6 Current funding arrangements

Children’s Speech and Language Therapy Services are jointly commissioned by Cheshire West and Chester Council and NHS Cheshire Clinical Commissioning Group (CCG). Both budgets have remained the same for a number of years with DSG funding of £711k allocated across the providers. The CCG uplift their contract value annually in line with national NHS pay uplifts. For Cheshire West and Chester Council, the contract value has not increased with annual NHS pay uplifts and therefore this has meant a real terms contract value decrease every year.

In 2018, budgets between the providers were realigned to take into account demand and geographical differences and this resulted in changes to service delivery in order to manage capacity and pressures on the service. In particular, this led to service delivery moving away from schools for children without EHCPs or top up funding, requiring this group to attend clinic provision instead.

4 Proposals for future service delivery

4.1 Considering the local data, demand for services and survey responses from schools, the following options for increasing service delivery are being considered, to be funded from the growth in DSG High Needs Block funding from 2022-2023. Options are further detailed in the Table at 4.6 below.

Children’s Speech and Language Therapy Services	Current budget 2021-2022	Options for further investment	Total provision
No change	£711,000		£711,000
6 Outreach Therapists (2 in each district)		£322,500	£1,033,500
3 Outreach Therapists (1 in each district)		162,000	£873,000
4 Outreach Therapists (1.3 in each district)		214,900	£925,900
Language link purchase	30 schools	60 schools	130 schools
Language link year 1 including set up costs	£11,850	£23,700	£51,350
Language link year 2 onwards	£8,250	£16,500	£35,750

- 4.2 For the recruitment of the Outreach Therapists, plans will need to be developed to establish the roles of these therapists and put in place contractual arrangements that detail the outputs, outcomes and finance arrangements. The plan will include which schools will be priorities for support between April and September and from September onwards.
- 4.3 In recruitment terms, this can take place as soon as funding is approved, however it is likely that recruitment will need to be staggered depending on the response to adverts for posts. These posts would be part of the new service commissioned in September 2022.
- 4.4 Infant Language Link can be mobilised quickly with the company who provide Language Link, with a plan developed for working with the primary schools who will be receiving the package. This will mean that the benefits of Language Link can have an impact as soon as the licences for the programme are purchased and the training is delivered to schools.
- 4.5 For both elements of above, evaluation measures will be part of the plans to ensure that the impact of both the posts and Language Link can be tracked and monitored in terms of activity and outcomes for children, families and schools.

4.6 Detailed Proposals: Outreach Therapists for schools and Infant Language Link

What is it?	Details of delivery	Benefits	Options and costs
<p>Outreach Therapists for schools:</p> <p>Band 6 Qualified Children's Speech and Language Therapists (£53,716 each)</p>	<p>Outreach Therapists will:</p> <p>Deliver additional speech, language and communication advice, guidance, training and direct interventions to support children in mainstream schools.</p> <p>This includes:</p> <ul style="list-style-type: none"> • Delivery of assessments and ongoing interventions in school for targeted children who are finding it difficult to access clinic provision. • To deliver outreach, follow up and wrap around support to work collaboratively with schools to help children and families access the service, including where they have not opted into the service or appointments have been missed. • To ensure that the service can offer link therapists to every mainstream school. They will attend termly meetings and provide a point of contact, liaison and advice. 	<p>The posts will fill a gap that schools have clearly identified in current service provision through the survey that took place in October 2021.</p> <p>The posts will deliver the following outcomes:</p> <ul style="list-style-type: none"> • An accessible and responsive service that has the capacity to work collaboratively with schools, with a focus on improving communication and positive relationships. • Joint working between schools and the service improves through easy access to advice, guidance, coaching and support for children who may require additional support and children who are involved with the service already. • Increase in schools delivering a range of evidence-based strategies to help children with speech, language and communication needs. 	<p>6 Outreach Therapists 2 in each district £322,500</p> <p>The option for 6 therapists in total would provide additional capacity to deliver the service detailed in the delivery column. It will also ensure that they can provide a presence in the 130 primary schools and 20 high schools in Cheshire West and Chester.</p> <p>Other options considered:</p> <p>3 Outreach Therapists 1 in each district (Chester, Ellesmere)</p>

	<ul style="list-style-type: none"> • To provide a flexible and responsive service for priority groups of children and young people, including those requiring immediate/very short notice assessments and/or interventions. This includes children who are in mediation or tribunal or at risk of going down this route. This will ensure that the speech, language and communication needs of these children are identified as early as possible, with clear clinical recommendations available to support the local authority and CCG in mediation/tribunal preparation work. • Delivery of an additional school focussed training programme, including bespoke training for schools requiring additional support. • To provide targeted, bespoke advice, guidance and training to schools that are highlighted as requiring additional support. Decisions on which schools these are will be made termly through discussions with the service, the SEND team and commissioners. 	<ul style="list-style-type: none"> • To focus on meeting the needs of hard to reach children and families, with strategies in place to support families to opt in and reduce missed appointments. Schools are required to follow up children and re-refer into the service less. • To improve the capacity and skills within the school workforce to identify children with speech, language and communication needs and deliver support children at universal and universal/targeted levels. This ensures that: <ul style="list-style-type: none"> - Children get the support they need at the earliest opportunity, reducing the time it takes between first referral to delivery of interventions where this is needed. - Children make improved progress in meeting their speech, language and communication goals, with schools having access to advice and guidance where this is needed. 	<p>Port, Northwich/Winsford) £162,000</p> <p>4 Outreach Therapists 1.3 in each district £214,900</p>
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<p>Infant Language Link (4-8 year olds)</p> <p>An online package used to identify and support children with mild to moderate SLCN and those new to English.</p> <p>Children with more severe language needs, such as Developmental Language Disorder (DLD) are identified, so that these children can be referred to the Children's Speech and Language</p>	<p>Infant Language Link provides the following:</p> <p>1. Online standardised assessment</p> <ul style="list-style-type: none"> • Fun, quick and easy to administer. • Identifies key areas of understanding of language for the classroom. • Used universally in year R and tracks identified children. • Instant results identify where support is needed and recommend appropriate class and small group interventions. • Children who need specialist support are clearly highlighted for referral to speech and language therapy. <p>2. Intervention</p> <ul style="list-style-type: none"> • Planned and resourced interventions for a graduated approach are provided. • Recommended high quality SLCN teaching strategies and classroom resources support teaching of all children. • Planned and fully resourced language groups allow support staff to provide targeted interventions. • For children who need a little bit extra, our supplementary teaching plans offer intensive focussed individual support. <p>3. In package training</p>	<p>Language Link will deliver the following outcomes:</p> <ul style="list-style-type: none"> • Assessing all children at reception and as needed in other age groups between years 1-3 will ensure that children who have SLCN are identified and receive the support they need as quickly as possible. • Schools will have the tools to be able to assess children quickly, easily and consistently, giving teachers, SENCOs and schools accessible information about children's individual needs in order to plan effective support. • Schools will be able to use resources, strategies and interventions directly to support children whose needs can be met swiftly and effectively in school. • The ability of the school workforce will improve to support and develop children's SLC skills, with staff empowered to identify speech difficulties and implement programmes appropriately, including developing additional skills and experience in identifying and 	<p>Total for year 1: 130 primary schools: £51,350</p> <p>Set up cost (one off fee): 130 schools: £15,600</p> <p>Annual subscription (recurring cost every year): 130 primary schools: £35,750</p> <p>This will mean that every primary school will have access to Infant Language Link equitably across the borough.</p> <p>Totals for year 2 as for the annual subscription cost.</p> <p>Other options considered:</p> <p>Set up cost (one off fee): 30 schools: £3,600 60 schools: £7,200</p>
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<p>Therapy Team.</p> <p>They provide: 500 colourful resources, 12 planned termly language groups, 24 individual teaching plans and 52 handouts for parents.</p>	<ul style="list-style-type: none"> • Language Link provide advice, guidance and regular training to ensure that schools get the most out of the powerful tools. • Regular webinar training sessions feature our Speech and Language Therapy team and cover different aspects of use of the package allowing staff to ask the experts questions. <p>4. Measuring progress</p> <ul style="list-style-type: none"> • Language Link includes a powerful set of progress measures. • Teacher Engagement Ratings help teachers set targets for improvement across key classroom skills including, communication, participation, self-regulation, active involvement and social confidence. • Parent and Pupil Views provides a holistic view of the child to track changes across skills that matter to parents as well as the children themselves. • Flexible, dynamic reports provide all information instantly. Reports and provision maps show in-school improvement for each child, class, year group and even the whole school. <p>5. Children with English as an additional language</p>	<p>supporting children with speech difficulties.</p> <ul style="list-style-type: none"> • Progress tracking will facilitate target settings and active review of outcomes by teachers, leaders, the speech and language service and parents/carers. This will ensure that any issues or barriers to progress are resolved swiftly, and that additional help is accessed if needed. • Outcomes of children will be clear and visible as they progress, ensuring that the support that is being delivered is making a difference. • Data, reports and provision maps clearly demonstrate level of need and in-school improvement for each child, class, year group and the whole school. This data can be used to monitor the progress made by the school in their journey to become an example of excellent SLC practice. This information can also be used to plan resources for groups of children and the school as a whole, as well as providing invaluable 	<p>Annual subscription (recurring cost every year): 30 primary schools: £8,250 60 primary schools: £16,500</p> <p>Totals for year 1: 30 primary schools: £11,850 60 primary schools: £23,700</p> <p>Language Link Junior (7-11 year olds) and Language Link Secondary (11-14 year olds) are additional options. Both of these could also be considered especially for schools with high levels of need and/or in areas of deprivation.</p> <p>Purchasing bundles of language link includes a 20%</p>
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	<ul style="list-style-type: none"> • Infant Language Link can be easily adapted so that the standardised assessment shows how well children are understanding English in comparison to English speaking children of the same age. • For children who are just beginning to learn English the assessment will identify areas for development. • Reports and provision maps clearly show where a child is identified as a learner with EAL, allowing progress with learning English to be tracked across terms and years. • Language Link language groups and supplementary teaching plans can be used with groups or individual children with EAL to encourage the development of spoken and social use of English. 	<p>data about SLCN needs to inform commissioning.</p> <ul style="list-style-type: none"> • Referral into the Children’s Speech and Language Service will be easier and quicker, as the information about the child’s needs and what has already been done will be available to inform clinical decision making. • Joint working with the Children’s Speech and Language Service improves, nurturing relationships between professionals and supporting a shared understanding of SLC. • Referrals to the Children’s Speech and Language Therapy Service are more appropriate, reducing referrals for children who can be managed in schools. This will result in lower waiting times for the children who need specialist input from the service. 	<p>discount on the set up cost and free elements of:</p> <ul style="list-style-type: none"> • FREE bespoke online training (value: £500) • FREE licences for specialist teams and local NHS SLT teams (value £790 annually) • FREE access to Parent Portal.
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5 Next steps

- 5.1 Officers will reflect the views of Schools Forum in taking forward the preferred proposal. This will be considered by the Local Authority as part of the SEND Priority Working Group and Management Team to progress with procurement of the preferred option within available funding.

Appendix A What do we know about the national needs of speech, language and communication of children and young people?

- Approximately 10% of all children have long-term speech, language and communication needs (SLCN) (1).
- In some areas of deprivation, more than 50% of children start school with SLCN (2).
- Meeting the needs of children, and reducing inequality, requires a system-wide approach as currently needs are frequently unidentified (3).
- iCan, the Children's Communication Charity, published the report Speaking Up for the Covid Generation in July 2021 which told us:
 - 1.5 million (4) children are at risk of not being able to speak or understand language at an age-appropriate level.
 - Out of the 58 primary schools surveyed, 96% were concerned about pupils' speech and language development.
 - Both primary and secondary school teachers are concerned that without further support, children at risk will be unable to catch up.
 - 63% of teachers surveyed think children moving to secondary school in September 2021 will struggle more with their speaking and understanding than those who moved before the pandemic.
 - 63% of teachers surveyed think the UK Government is not providing enough support for children to help with their speaking and understanding.
 - Speaking and understanding language is critical to children's ability to read, write and learn other subjects, not to mention their relationships, mental health and future job prospects.

iCan's report in 2017 Talking about a Generation highlighted issues of identification and access to provision. They found:

- 7.6% of children in the early primary years will have a developmental language disorder not linked to factors such as general learning difficulties, cerebral palsy or hearing impairment. This equates to two children in every class of thirty. This means that developmental language disorder is far more common than other childhood conditions that are more familiar to the general public, such as autism and dyslexia.
- There is a major mismatch between the known prevalence of SLCN and the numbers of children actually being identified and supported.
- Failing to identify children has a profound impact on their life outcomes.

References:

(1) Law J, McBean, K, Rush, R. Communication skills in a population of primary school-aged children raised in an area of pronounced social disadvantage. *International Journal of Language and Communication Disorders*. 2011;46(6):657-64.

(2) Locke A, Ginsborg, J, Peers, I. Development and disadvantage: implications for the early years and beyond. International Journal of Language & Communication Disorders. 2002;37(1):3-15.

(3) ICAN and RCSLT. Bercow Ten Years On: An independent review of provision for children and young people with speech, language and communication needs in England. 2018. [Bercow: Ten Years On – An independent review of provision for children and young people with speech, language and communication needs in England \(bercow10yearson.com\)](http://www.bercow10yearson.com)

(4) <https://www.bbc.co.uk/news/education-56889035> Teacher estimates of the percentage of children affected were subjected to a midpoint interval analysis. Using a pupil population estimate of England, Scotland and Wales of 9,190,799 primary and secondary pupils, this equated to 1.5 million children.

(5) [Population \(cheshirewestandchester.gov.uk\)](http://www.cheshirewestandchester.gov.uk)

(6) Children and young people with EHCP from SEN2, Cheshire West and Chester Council. SEND Support from School Census January 2020.

Appendix B Responses to Schools survey in Cheshire West and Chester October 2021

About waiting times:

- The quality of speech therapists is extremely high. The advice given by SALT is excellent. It is specific, accessible to the staff delivering it in schools and has an impact. However the waiting list for initial assessment and then a further appointment if deemed appropriate, is far far too long. I also feel that the workload for therapists delivering advice for children with additional funding is unmanageable.
- I think the service once a child is in the system is good, but timescales are long. From referral to being seen seems quite long and then it takes a long time to get care plans through to school for us to start working on.
- The waiting lists are huge. We have children still waiting to be seen who have been on the waiting list for months. Lots of our parents fail to attend appointments and school are not copied into appointment letters so we have to wait until a discharge letter is sent and then re-refer them, causing even further delays.
- The waiting list is so long and communication between school (who often are the ones who have referred is not great)
- We have had to wait a long time for some children to get programs - especially if they have met their targets and their targets need reviewing. This can mean that their learning isn't moved forwards in the best way as we are waiting for advice. When children are being seen, the service is great.
- The children are seen and assessed, however there is often a long wait for care plans which impacts on intervention in school. Sometimes as well the targets are repeated instead of trying to get children to progress.

About vulnerable families:

- For some families, we are unable to support the children in school as we do not have access to the targets set. The lack of support also impacts children when families do not take children to their appointments. We know that on site visits have been cut due to funding restrictions but there are children who you are willing to see that you do not because parents do not take them to the appointments. This has a direct impact on speech issues for these children.
- Many children are discharged from the service as their parents do not take them to appointments. This seems unfair on the children who have a high level of need who are not able to access support without parental support. If these appointments were available in school this problem would be minimised.

About meeting need:

- One visit for 30 minutes each half term does not meet the needs of our children. They require specialist help more frequently.
- I find that over time, school staff are being asked to be experts in everything and expected to address needs for which they have minimal training in order to patch over the gaps in expertise from external professionals. It is the fault of lack of central funding. Too much rhetoric and not enough real action or determination to make a real difference.

About improvements that could be made to help children and schools:

- I think it would be good to look at the idea of having School Hubs so that children are seen in schools where there is room availability. This way staff would be able

to attend alongside parents when it is felt necessary. After the day, clinic care plans and resources could be provided immediately. Reviews could happen half termly or termly depending on the capacity of the service.

- More in school SLT support would be great. If support isn't in school, often parents miss appointments and then are signed off. It would be great to also have a SLT who came in termly to review all children in the school that have some speech and language input, not just the funded children.
- It would be great if children who are seen in clinic could be seen in school. Lots of time is missed from school by children being picked up and taken to clinic rather than accessing in house.
- More school based sessions for children without EHCPs and stimulating resources.
- More therapists of the same high standard to reduce the waiting list for assessment and intervention. Further courses which are not as intensive as the ELKAN course but can offer helpful hints or practical strategies for addressing issues.
- It's very slow so we have children waiting for months to be assessed. We do our best in school with the resources that we have but if we had specific targets quicker, we could better support. An example of latest experience: therapist due to visit school in July for a child. Visit was cancelled. Didn't hear any more so chased up the service to be told that he had left so the child is waiting.

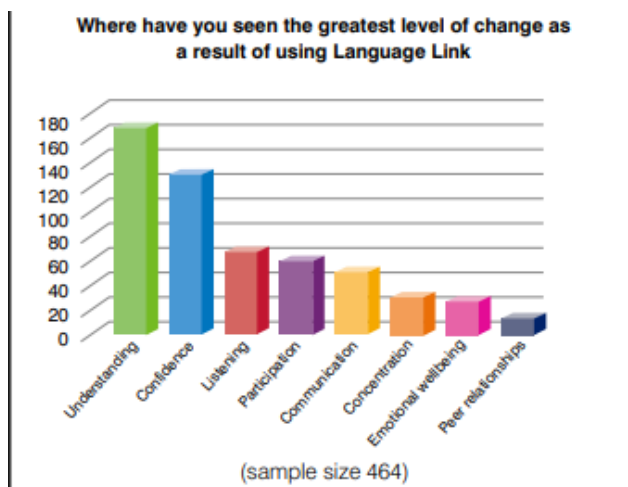
Appendix C: Feedback on Language Link (from Language Link website)

An impact study in 2008 with 17 primary schools showed the following:

- 100% of children who needed to be referred were picked up.
- 78.4% of children with identified SLCN no longer needed support at the end of the year.
- 35.4% increase in teacher confidence.
- 72% of reception classes delivered whole class level interventions as well as small groups
- 94% of the schools continued to use Infant Language funded from their own school budget

Three surveys were carried out between 2013 and 2017. Data was collected at training sessions and online. In total there were 962 participants across the three surveys.

- The response to all three questionnaires was positive with 93.4% of respondents reporting Language Link had made a positive difference to their children.
- Staff also reported a change in their own behaviour with 71.2% of support staff reporting they had changed the way they work with children resulting from using Language Link.
- The following professionals responded: 161 Teachers (16.7%), 196 SENCOs (20.4%), 598 Teaching Assistants (62.2%), 7 Senior Leaders (0.7%).



69.2% of participants reported that using Language Link had made a difference to attainment (Sample size 962)

Has using Language Link made a difference to your pupil's attainment?



The greatest improvements were reported for speaking and listening followed by reading.

Comments from schools:

"This is an amazing programme of work that eliminates all the making of resources."

Furze Infant School
Barking & Dagenham

"As a school we have been using the Language Link interventions over the past 5 years and it has proved invaluable with regard to narrowing the attainment gap and helping children to achieve."

Bridgehall Primary School
Stockport

"We are amazed by the quality of the resources, the videos, and the helpfulness of the people in the office."

The Meadows Primary School
Birmingham

The school has now been using Speech Link for three years. The package was bought for every school on the island (Guernsey) under the Every Child Our Future (ECOF) scheme.

The teacher identifies children who appear to have speech sound difficulties, and I screen them and deliver the interventions. It's easy to use. The children love it- all the games. It's very colourful and visual. I use the speech games as an end-of-week treat. They ask me 'Is it a laptop day today? Is it a submarine day? Or a race car day?'

We didn't address speech sound difficulties at all before. Some children don't realise they have a speech sound difficulty, but others are very conscious of it. After working with them, they have increased confidence and are not as embarrassed. It has an impact on their literacy- noticeable improvement (from teacher feedback). It also helps the SaLT focus on more complex children.

A boy in Reception had a number of speech sound errors. He would barely speak because he was so self-conscious. We started working on 'k' and 'g' first, which he picked up really quickly. After four months of interventions he is now freely speaking. He still has a few errors, but he is confident enough to speak now. His parents are pleased with his progress and now the adults in school can understand him.

Michelle Partington

St Mary and St Michael Catholic Primary
Guernsey

Our school has a high level of need with more than 60 children identified with SLCN out of 480. We were asked by the council and a local speech and language therapist to attend a talk (given by Speech Link) hosted by another school in the area. Both the SENCo and I attended. We discussed it with the Head Teacher and decided to purchase Infant Language Link. 6 Months later we purchased Speech Link, then 2-3 years later Junior.

It was initially difficult, now no problem at all. There was some initial scepticism, such as concerns about taking children out of class, and that this was yet 'another intervention'. However, now all staff are on board.

It teaches the one thing that teachers don't teach- how to listen- and that has a knock-on effect to everything else. It gives me the flexibility to be creative. I'm working on The Park programme, and we have little park right by the school, so as part of our work, as a treat, I took them down to it- they loved it.

It has made a huge change to the children's behaviour. It's made a big difference- you see them and they're like a completely changed child particularly a big increase in confidence. They now speak in full sentences. The improved understanding lets them know they can put their hand up in class. They know it's ok to make mistakes, that's how you learn. They leave in Year 6 a totally different child. Parents often come up and thank me, or they tell the teacher what a difference it has made.

Christine Goode,

Gladstone School,
Barry