



A Chance to Talk

A Chance to Talk

**A national pilot programme - a scalable model for improving
children's communication skills at primary school**

**End of Project Report
January 2013**

I CAN on behalf of the *A Chance to Talk* consortium:



helps children
communicate

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Every Child a Chance Trust

A Chance To Talk (ACTT) end of project report
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Executive summary

A Chance to Talk (ACTT) was an initiative which provided primary schools with a model for supporting speech and language development at key stage 1 for all their children, and meeting the needs of children who have difficulties in this area.

Key findings

Through ACTT, 8,308 children had help with their speech, language and communication, 611 took part in *Talk Boost* catch-up groups and 393 received specialist intervention from speech and language therapists.

ACTT had a positive impact on outcomes for children, particularly those with delayed language and those with longer-term speech, language and communication needs (SLCN).

- **Schools who took on a whole school approach to supporting speech, language and communication, showed enhanced progress in reading at key stage 1. In schools with complete sets of data for school years 1 and 2, children made, on average, 50% more progress than in previous years after ACTT had been implemented in schools. This exceeded the progress expected nationally for their age group.**
- **There are also indications that there are even greater impacts on children's speaking and listening – but data on this is limited as few schools regularly collect this data.**
- **Children with delayed language who had the *Talk Boost* intervention make *significant*¹ progress after intervention with *Talk Boost* in information, grammar and narrative. Progress ranges from 9 to 18 months following the 10 week intervention. Up to 80% caught up with their peers with typical levels of language. Children with English as an additional language and those on free school meals have lower starting points, and also make significant progress.**
- **This progress is reflected in pupils' learning: 90% of children with delayed language made or exceeded the progress expected for all children of their age group in reading, 69% in writing and 76% in numeracy.**
- **More children with SLCN who received specialist support from an SLT made progress following ACTT than before. After the ACTT initiative was introduced, 71% of children met or exceeded expected progress in reading (compared to 47% before ACTT), 56% in writing (compared to 41% before ACTT) and 100% in Maths (compared to 62% before).**
- **In support of data analysis, schools and parents reported that children with SLCN had better speech, language and communication skills, found learning in the classroom easier, and were noticeably more confident and sociable.**

¹ Where the term 'significant' is used this signals that statistical analysis has been carried out and the effects are unlikely to have occurred by chance

- **Both head teachers and speech and language therapy (SLT) service managers consider that ACTT provides an effective, value for money model of commissioning for developing all children's speech, language and communication (SLC), as well as for children with SLCN.**
- **ACTT's school-based model helps schools, parents and SLT services work more closely together to develop children's language.**
- **ACTT developed staff knowledge and confidence in working with children's SLC.**
- **The 3 wave model helps schools to see that developing children's language is a shared responsibility between schools and specialist services.**
- **100% of parents of children with SLCN were highly satisfied with the ACTT school-based model.**

Background

For children in primary schools, effective speech, language and communication skills are essential; they are key to learning and developing socially and emotionally. Ten per cent of children have significant speech, language and communication needs (SLCN). In some parts of the UK, particularly areas of social disadvantage, upwards of 50% of children start school with poorly developed language. These children will need particular support to develop the skills they need for success in school. In primary schools SLCN is the most prevalent reported special educational need (SEN), and most children with other SEN will have a measure of SLCN.

The impact of SLCN can be wide-ranging and long-term. Children's communication difficulties are a barrier to accessing the curriculum and developing emotional and social skills they need for a successful experience at school.

Support for children's communication varies; many school staff feel under-confident in working with children's spoken language or in identifying children with SLCN. Although many Speech and Language Therapy services for children with SLCN have a well-developed school-based model, in some areas this is under threat within current spending cuts, and in others a clinic-based service is operated. This presents difficulties of access for families – and of close working for education and speech and language professionals.

At the time of developing *A Chance to Talk*, models which worked across the 3 'waves' of provision in primary school had been established for improving children's literacy and numeracy – but not for children's communication. In the three 'wave' model, wave 1 is good, inclusive class teaching in a language-rich environment which promotes all children's language development, wave 2 is small group, time-limited intervention programmes (usually delivered by a teaching assistant) for those just behind expected levels for their age, and wave 3 more specialist interventions for those children with the greatest needs.

A Chance to Talk (ACTT) was developed to provide such a three wave solution to supporting all children’s speech, language and communication. It aims to:

- Improve outcomes for children – with and without SLCN
- Empower staff to support children’s SLC and identify those with SLCN
- Engender closer relationships between schools, speech and language therapy (SLT²) services and parents in supporting SLC
- Improve accessibility and quality of provision for children and their families
- Develop a cost effective model of commissioning services to support all children’s SLC

This report describes how the model was developed, piloted and evaluated over a 2 year period.

What happened

The initiative ran from Summer Term 2010 and until July 2012.

Four regions were selected as pilot sites: Rochdale (Greater Manchester), Whitby (North Yorkshire), Gravesham (Kent) and Kirkby (Merseyside). The regions all had significant deprivation, but represented a wide demographic range. In each region, 7 or 8 primary schools were recruited making a total of 30 schools in all, representing a total of 8,308 children aged 4 to 7 years old.

All the schools came to the project with different existing provision to support children’s SLC, and different reasons for taking part. For most of them, the increasing number of children starting school with poor language, together with limited access to specialist speech and language therapy (SLT) services were key factors in joining the pilot.

In all regions, an SLT was recruited to work across the 8 schools. Each school appointed an ACTT co-ordinator and an I CAN advisor worked closely to guide the project.

3 waves of provision were described:

Wave 1 ‘universal level’	High quality class teaching in a language-rich environment which promotes all children’s language development	All children
Wave 2 ‘targeted level’	Teaching assistants trained to deliver an intervention with ‘ <i>Talk Boost</i> ’ to small groups.	Children with ‘delayed language’ just below what is expected for their age
Wave 3 ‘specialist level’	A speech and language therapist works across the schools. Intensive intervention to individual children or groups with support for school staff.	Children with speech, language and communication needs (SLCN)

² Where the acronym SLT is used, this refers to ‘speech and language therapy’ or ‘speech and language therapist’

611 children benefitted from *Talk Boost* catch-up groups, 393 children received specialist intervention at wave 3.

The model worked flexibly to meet the needs of different regions and schools.

ACTT was evaluated using a mixed methods approach, gathering both quantitative and qualitative data from a range of sources (e.g. whole school data sets, language assessments, observations) and stakeholders (school staff, parents, SLTs, service managers, children themselves).

Results

Children – all children including those with delayed language and those with more significant SLCN:

- **improved outcomes in speech, language and communication.**

There was strong agreement that all children's language needs were addressed through the programme, particularly those with SLCN. Few schools regularly collected data on children's speaking and listening levels. In one school which did collect data, children made more progress than previously as a result of ACTT. Analysis of data from Year 1 to Year 2 showed that on average, before the programme children made 4 points progress in one year. After ACTT, children made 7 points progress, where a 4 point change is the nationally expected rate of progress.

For children with delayed language supported at wave 2, *Talk Boost* group sessions were rated highly; Quantitative data was collected before and after the intervention and statistically analysed for significance. Standardised language assessments investigating children's levels of grammar, information and narrative all showed children had made statistically significant progress.

Scores were translated into age equivalent scores, which showed substantial improvement in language scores across all ages and language measures. Gains ranged from **between 9 and 18 months progress following the intervention.**

For children with SLCN supported at wave 3 the majority of SLC targets were met; many with delayed SLC skills moved into the range expected for their age, and for some progress was exceptional³.

The most successful interventions were where the individual speech and language targets for children were shared with the schools.

Children themselves showed they were more aware of their communication through use of strategies, increased confidence and reduced frustration.

- **associated impacts on learning, behaviour and engagement.**

³ We have avoided using the terms 'outstanding' or 'good', as these carry meaning through Ofsted judgements. The terms used are either taken from interviews with school or therapy staff, or from descriptors used in interviews

For a sample of schools, data for their whole cohorts of children in Years 1 and 2 was analysed. Initial analysis of school data did not show large effects on children's *attainment* but gains were shown in the *progress* children made in **reading**. We compared data in 2009/2010 – before ACTT, with 2011/2012. When these data sets were compared children made, on average, **50% more progress in reading following engagement in ACTT**, exceeding the progress expected nationally for their age group. Before ACTT, average cohort progress was 4.3 points progress in reading in one year. After ACTT cohorts were making 6.3 points progress. The expected progress for one year is 4 points.

Children with delayed language who had *Talk Boost* wave 2 intervention, also made good progress in curriculum subjects. National guidance about the expected amount of progress from children is 2 sub levels of the National Curriculum (4 average points) in one year. Analysis of data between 2011 and 2012, for children who had *Talk Boost* showed that **90% of pupils met or exceeded expected progress in reading, 69% in writing and 76% in numeracy**.

To complement these findings, head teachers reported a strong impact on the learning of children with SLCN. There was less of an impact reported on the learning of children with no SLCN (at wave 1) although an impact was still reported. Classroom staff could see the wider impact on learning in the class, where more children understood lesson content.

Head teachers felt that ACTT had a strong impact on the behaviour of children with SLCN; less of an impact was reported on the behaviour of children with no SLCN although an impact was still reported.

Staff reported more children participating in discussions. Staff could see that the increased focus on encouraging active listening skills was having an impact on children engaging in lessons.

Parents saw changes in the ways their children handled frustration and saw the impact on their confidence, self esteem and friendships.

Parents and families:

- **improved access to support for and information about their child's speech, language and communication**

Parents valued the school-based service and expressed a high level of satisfaction with the service received through ACTT (88% at wave 2, 100% at wave 3). They appreciated the ability to discuss their children's communication needs, and programme. Interviews with SLT service managers reported positive contact with previously 'hard to reach' families.

School staff:

- **improved confidence and skill in supporting children's speech, language and communication and in identifying those with difficulties**

Staff felt that wave 1 training had a high impact on knowledge and confidence with SLC, and with identifying children with SLCN. This resulted in changes to referral patterns; children with more 'hidden' difficulties in understanding language were more likely to be referred to SLTs. Involvement in the *Talk Boost* groups also helped to develop expertise and confidence in supporting children's language.

A 'progression tool' (a checklist including informal tasks) supports staff in identifying children with delayed language who would benefit from *Talk Boost*. Staff report that using this, running the *Talk Boost* groups, training in *Talk Boost* and access to a school-based SLT all contributed to increased confidence in identifying children with different levels of SLCN.

- **effective communication supportive practice**

A high impact on practice to support children's SLC was reported by school staff, and use of communication supportive strategies was reported and observed by school staff and SLTs. Independent observations were carried out in classrooms, but the timing of these meant that they may have not captured changes to practice before and after ACTT. These did not show statistically significant differences, but did note examples of effective practice to support language learning. Head teachers reported the benefits of whole school training; some schools trained all staff including office and midday meal supervisors.

Schools:

- **established pathways and systems for supporting all children's speech, language and communication**

ACTT influenced changes to school systems in a number of ways. At a strategic level, most schools identified processes that had changed e.g. embedding SLC into their development plans. For other processes, it was felt that ACTT fine tuned and enhanced them. Almost all schools reported more efficient and developed systems for identifying children with SLCN and allocating appropriate intervention. They felt this was due to having clear pathways and resources to support the decisions.

Regular access to a speech and language therapist in school was a key part of this.

Services - both education and SLT:

- **effective ways of working together**
- **increased understanding of each others' context and perspectives**

A major outcome and key success of ACTT is the way schools and SLT services have developed more effective, joint ways of working. Many schools moved from having very little contact with SLT services or seeing them as an occasional visitor, to having a close, collaborative working partnership. For those schools that had previously experienced good working relationships, ACTT built on and enhanced these.

Conclusions

ACTT has an impact on children's speech, language and communication – and an impact on their wider school performance. These benefits are seen through analysed school data, but also by their teachers, head teachers and families. ACTT is particularly effective for children with delayed language and more severe special needs in speech, language and communication.

Developing and running a school-based model, where professionals work closely together to support children's SLC can be challenging. However, there is universal acknowledgement of the benefits this can engender: creating a system for efficiently and effectively supporting children's language, while improving confidence and skills through a mutually supportive collaborative relationship.

ACTT provides a school-based model of commissioning to support all children's speech, language and communication across a region, which is viewed as value for money by commissioners.

The future

The model is being taken forward in all 4 regions, in a range of different ways. All regions are using both the outcomes of the initiative and the model to shape future commissioning. Two regions are continuing with the model at all 3 waves in a very similar way to the pilot programme. In one region, schools plan on commissioning SLT directly from the local service, working across schools focusing on children requiring support at wave 3.

The Project

A Chance to Talk (ACTT) was an initiative which provided primary schools with a model for supporting speech and language development for all their children, and meeting the needs of children who had difficulties in this area.

Background

Why develop A Chance to Talk? - The need to support children's speech, language and communication in primary schools

For children, effective speech, language and communication skills are essential. In the classroom, spoken language is the primary medium through which teachers teach and children learn. Children need their language and communication skills to interact with their peers, to make and maintain friendships, and develop their thoughts and ideas. Competence in language is closely associated with literacy development, academic performance, behaviour at school and emotional well being¹.

Speech, language and communication are important, therefore, for all children – but particularly for those who have difficulty developing these skills. An estimated 10% of children have complex or persistent speech, language and communication needs (SLCN), this includes 7% who have SLCN as their main or primary difficulty.

There is a strong correlation between poor language skills and social deprivation. In parts of the UK, particularly areas of social disadvantage, as many as 50% of children enter education with speech, language and communication needs. Their communication difficulties are a barrier to accessing the curriculum and developing emotional and social skills they need for a successful experience at school.

Without the right support, as early as possible, the impact of SLCN can be wide-ranging. There is evidence of impact on attainment, social-emotional well-being, further education opportunities and employability. Because of these links, people with SLCN are significantly over-represented in the young offender and prison populations⁴.

These are not new ideas, and at the time that ACTT was developed there were many ways a range of people were helping children's speech, language and communication to develop.

However, there was evidence that, without a systematic approach, **children's language difficulties were persisting throughout primary school**⁵.

⁴ Hartshorne M (2006) *The Cost to the Nation of Children's Poor Communication* | CAN

⁵ Leyden J, Stackhouse J and Szczerbinski M (2007) *Does Language delay persist in children from socially disadvantaged backgrounds?*

<http://www.talkingpoint.org.uk/en/SLTs/Themes/Language%20and%20social%20exclusion/The%20persistence%20of%20language%20delay.aspx>

Various factors were identified as contributing to this:

- Limited skills and confidence in supporting children's SLC in schools. Many teachers reported that they had little preparation during their initial teacher training for Special Educational Needs (SEN)⁶ and over 60 per cent of primary school teachers cited a lack of confidence in their ability to meet children's language needs⁷.
- Inconsistent provision to support children with SLCN. While there were pockets of good practice, the Bercow Review of Services to support children with SLCN found the system to be characterised by high variability and a lack of equity, **particularly in the context of their access to speech and language therapy (SLT)**.⁸
- Services that were not 'joined up' in the ways they supported children's SLC, particularly health and education. Structures and processes to facilitate cooperation across health and LA services were at an early stage of development⁹.
- The lack of a shared understanding between SLTs, education staff and parents about what constitutes a 'rational' or 'appropriate' therapeutic intervention
- In some services there were high levels of parent concern or dissatisfaction with the provision offered¹⁰. Both parents and school staff reported children failing to access SLT services because of being discharged for not attending appointments¹¹

Crucial as a barrier to the development of a whole school, systematic approach to supporting children's communication was the lack of awareness of the increasingly robust evidence base showing the link between good language and communication skills in children and improved educational outcomes.

Despite this, at the time of developing ACTT, there was encouraging strategic level guidance showing an awareness of schools that *quality first teaching* needs to include strategies to promote speech, language and communication skills¹². More recently, and in support of this, the recent *Better Communication Research Programme* strongly recommends that good universal provision supporting all children's language should be in place. Without this, it is not possible to effectively allocate resourcing for children requiring more targeted or

⁶ Hobson et al (2008) *Becoming a Teacher: Student Teachers. Experiences of Initial Teacher Training in England* DfE research report 774

⁷ Sadler J. (2005) *Knowledge, attitudes and beliefs of the mainstream teachers of children with a pre school diagnosis of speech/language impairment*. Child Language Teaching and Therapy Vol 21.2

⁸ DCSF (2008) *The Bercow Report: A Review of Services for Children and Young People (0–19) with Speech, Language and Communication Needs* DCSF 00632

⁹ Lindsay G, Desforges M., Dockrell J., Law J., Peacey N. and Beecham J (2008) *Effective and Efficient Resources in services for children and young people with speech, language and communication needs* DCSF research report RW053

¹⁰ DCSF (2008) *The Bercow Report: Review of services for children and young people (0-19) with speech, language and communication needs* DCSF 00632

¹¹ Morris T (2004) *Turning up or Turning off* Speech and Language Therapy in Practice summer edition

¹² Ofsted (2009) *Twenty Outstanding Primary Schools: excelling against the odds*

specialist support for their SLCN¹³. This fits well with awareness among SLTs of the need to enable schools to meet the needs of children with milder, delayed SLCN in order to enable their specialist support to be targeted at the children with more complex needs who require this¹⁴.

A three wave model: the partnership

In view of importance of good speech, language and communication for all children in primary schools, a model was needed that provided a wide focus, appropriate for different levels of need, across the three 'waves' of provision. Such models had been developed, piloted and evaluated with impressive outcomes for children's literacy (*Every Child a Reader*¹⁵), and for numeracy (*Every Child Counts*¹⁶), but not for children's communication.

The three wave model, developed by the *Every Child a Chance Trust*, focuses supporting a highly trained specialist in a school or group of schools, working 1-1 at Wave 3 with children who are the lowest-achieving nationally, whilst also working with class teachers to improve the quality of wave 1 classroom teaching for all children, and teaching assistants to improve wave 2 small group support for children working just below national averages.

This three wave model was also advocated as a best practice approach for supporting children's speech, language and communication¹⁷.

A partnership between the *Every Child a Chance Trust*, I CAN and the Communication Trust (TCT) enabled this model to be adapted to support primary aged children's speech, language and communication. I CAN brought expertise in developing whole school environments to support children's communication through its *Primary Talk* programme and TCT brought experience in supporting workforce development in SLC through the *Speech, Language and Communication Framework* (SLCF). Together, they had developed and were piloting a wave 2 'catch up' intervention *Talk Boost*.

A continuing need

Many of the factors which prompted the programme to be established remain key issues. At the end of her two year post as England's Communication Champion, Jean Gross acknowledged the progress that had been made as a result of a National Year of Communication in the wake of the Bercow Review¹⁸. She saw an increased awareness of the centrality of good communication skills in children's learning, wellbeing and life chances, and identified some measurable improvements in children's speech, language and communication skills

¹³ Lindsay G, Dockrell J, Law J and Roulstone S (2012) *The Better Communication Research Programme: Improving provision for children and young people with speech, language and communication needs* DfE RR247 BCRP1

¹⁴ Gascoigne M (2006) *Supporting children within speech, language and communication needs within integrated children's services* RCSLT position paper

¹⁵ Every Child a Chance Trust (2009) *Every Child a Reader: the first year of the national roll out*

¹⁶ Every Child a Chance Trust (2009) *Every Child Counts: the result of the first year 2008/9*

¹⁷ Gascoigne M (2006) *Supporting children with SLCN within integrated children's services* RCSLT position paper

¹⁸ Gross J (2011) *Two Years on: final report of the communication champion*

However, she also reported continuing concerns. While there were good examples of joint commissioning across education and health, and high quality school-based provision for children's with SLC/N, these were not universal across the UK. She saw relatively few mainstream schools implementing a comprehensive three-wave model and recommended that school leaders needed support in implementing this approach. Likewise, teachers continued to need help to adapt their day-to-day teaching to meet the needs of pupils with SLCN. She highlighted that the gaps in services were most often in provision for school-age children – and that key factors such as the lack of an evidence base and low levels of resourcing were resulting in some therapy services resorting to ineffective models of speech and language therapy intervention e.g. 'seeing' children for an hour a week in isolation from those in daily contact with the child at school.

A change in government in 2010 has seen some promising moves for children's communication: the need for teachers to be proficient in teaching 'articulacy'¹⁹; a requirement that teachers support children's communication, as well as literacy and numeracy, in the revised Ofsted evaluation framework²⁰. However, with a move away from guidance on pedagogy, there remains much to be done to ensure that the reviewed national curriculum²¹ and revised SEN code of practice²² have an appropriate focus on speech, language and communication.

With recent encouraging evidence to underpin support across three waves²³, the need for a tested model to show how it can work in practice has never been higher. In a climate of cuts to services, there is also the need for a model which demonstrates efficient use of resources and guidance for the new landscape of commissioners, be they clinical commissioning groups, head teachers or parents, via personal budgets.

'To avoid the 'DNAs'[did not attend] of today becoming the young offenders of the future, there must be an accessible core of services to which children are entitled from the NHS, from the local authority and from their school.'

Jean Gross, Communication Champion, 2011

A Chance to Talk aims to provide a model which provides this 'accessible core', with evidence to support a school-based model of speech and language therapy as efficient use of resources. This report describes and provides evidence of impact in the hope that it can be embedded in Local Authorities' *local offer*²⁴ and in any description of *outstanding teaching*²⁵.

¹⁹ DfE (May 2012) Teachers' standards

²⁰ Ofsted (2012) The Framework for School Inspection from September 2012

²¹ DfE (2012) Draft curriculum documents for English, mathematics and science

²² Draft Children and families bill 2012

²³ Lindsay G, Dockrell J, Law J and Roulstone S (2012) *The Better Communication Research Programme:*

Improving provision for children and young people with speech, language and communication needs DfE RR247 BCRP1

²⁴ Draft Children and Families Bill

²⁵ Ofsted (2012) The Framework for School Inspection form September 2012

Aims of ACTT

A Chance to Talk (ACTT) was an initiative for clusters of primary schools, which aimed to improve all children's speech, language and communication. In this report it is variously referred to as an **initiative**, a **programme** and a **project**. An 'initiative' as it describes a developing model, a 'programme' as it was a combination of activities and a 'project' because the report describes the piloting and evaluation of the model.

A Chance to Talk is all about improving outcomes for children.

This project aims to provide an effective local delivery model for children aged four to seven, which will meet the needs of

- Children with typically developing language
- Children with delayed language development
- Children with more complex, persistent speech, language and communication needs (SLCN) requiring specialist help

The overall project objective was to pilot, test, evaluate and evidence a programme to support the development of speech, language and communication skills of all children aged 4-7 in primary schools.

Outcomes, summarised, were expected in relation to:

Children – all children including those with delayed language and those with more significant SLCN:

- improved outcomes in speech, language and communication
- associated impacts on learning, behaviour and engagement

Parents and families:

- improved access to support for and information about their child's speech, language and communication

School staff:

- improved confidence and skill in supporting children's speech, language and communication and in identifying those with difficulties
- effective communication supportive practice

Schools:

- established pathways and systems for supporting all children's speech, language and communication

Services - both education and speech and language therapy (SLT):

- effective ways of working together
- increased understanding of each others' context and perspectives

As well as these, the project aimed to:

- establish a firm evidence base that demonstrates the improved outcomes for children and families, effectiveness of approach and a scalable model for roll out
- inform the development of a school-based model of support (including speech and language therapy) so that resources such as speech and language therapists can be used in the most effective way in future

Programme shape:

A Chance to Talk operates on 3 levels, or 'waves':

Wave 1 'universal level'	High quality class teaching in a language-rich environment which promotes all children's language development	All children
Wave 2 'targeted level'	Teaching assistants trained to deliver an intervention with 'Talk Boost' to small groups.	Children with 'delayed language' just below what is expected for their age
Wave 3 'specialist level'	A speech and language therapist works across the schools. Intensive intervention to individual children or groups with support for school staff.	Children with speech, language and communication needs (SLCN)

Key elements of *A Chance to Talk*

All Waves:

- Training for school staff in how to support children's speech, language and communication
- Practical classroom-based strategies for supporting children's language
- A tool to help school staff identify children who need additional support at Waves 2 and 3 (the progression tool).

Good practice strategies to promote an environment where language is better understood include:

- Making instructions simpler
- Saying children's names first to help them listen
- Giving them a bit more time to answer
- Teaching children how to ask when they don't understand

At Wave 1:

- Resources and approaches for schools that help them embed work on speaking and listening in schemes of work and lesson planning.

At Wave 2:

- A Wave 2 intervention programme – *Talk Boost* - that meets the needs of children with delayed language development. Groups of four children enjoy 3 weekly 30 minute activity sessions run by trained teaching assistants over a period of 10 weeks. Sessions focus on core elements of listening and attention, story-telling, sentence building, conversation and vocabulary.



At Wave 3:

- Small group and/or individual intervention planned by a speech and language therapist based in the cluster of schools.
- Information and support provided to families based around their children's specific areas of need.

What happened in practice

The *A Chance to Talk* initiative ran from Summer Term 2010 and until July 2012.

Four regions were selected as pilot sites: Rochdale (Greater Manchester), Whitby (North Yorkshire), Gravesham (Kent) and Kirkby (Merseyside). The regions all had significant deprivation, but represented a wide demographic range: rural to inner city, diverse ethnic populations to majority white British heritage, schools with up to 40 languages spoken to majority English speaking, from stable populations to some of high mobility.

In Rochdale Metropolitan Borough, Greater Manchester there is a range of schools including those with very high EAL populations, higher than average FSM, high mobility and high levels of social deprivation.

Kirkby is a town in the north west of England about 6 miles from central Liverpool. The area has historically high levels of long term unemployment, ill health and deprivation. Kirkby's population is largely white, English speaking and the town has one of the highest scores in England in indices of overall deprivation.

North Yorkshire is the largest county in England, its population density is low, with most residents living in small towns. Four of the seven pilot schools in rural areas have less than 70 pupils on roll.

Gravesham, a major regeneration area, is a borough centred on Gravesend on the north Kent coast, with a population of about 100,000. It experiences high mobility and is culturally diverse - the Sikh community representing 7% of the borough's population.

In each region, 7 or 8 primary schools were recruited making a total of 30 schools in all, representing a total of 8,308 children. The schools ranged in size from a small rural school of 36 pupils to a large urban primary school with 495 on roll.

In all regions, both the Local Authority and NHS speech and language therapy service were key partners in establishing, running and steering the programme.

Schools came to the project with differing levels of knowledge and experience of supporting children's language. For some schools, this was the beginning of a journey, for others it built on existing systems and structures.

Local rationale

Both school leaders and speech and language therapy (SLT) service managers in each region were asked their main impetus for getting involved in the ACTT project. While some were very specific, common themes across the 4 different areas were:

- Concern over the number of children coming in to Key Stage 1 with poor levels of spoken language
- There was limited access to SLT services for a range of reasons: long waiting lists, a rural area with dispersed population and strict referral criteria. These frustrated both schools and SLT services.
- Many parents did not attend clinic for SLT and the child would then be discharged.
- Schools wanted to raise the skills of their staff in delivering communication support in the classroom and identifying children who needed further support.

Funding

Several large funders supported ACTT at a strategic level: SHINE, Man Group, BT, Esmée Fairbairn Foundation and the DfE as one of the National Year of Communication programmes.

I CAN also secured contributions from 26 other funders²⁶, mainly to the costs of supporting the project's local pilot sites.

All the regions part-funded the specialist aspect of the project, for the most part this came from individual schools or Local Authorities (LAs), but some areas accessed local funding sources. In Kirkby, for example, this money came in from the Kirkby Housing Trust and the Kirkby Collaborative of schools in the first year and then in the second year from participating schools themselves.

Starting Up

- Steering group

Each region established a steering group comprising key local stakeholders including representatives from schools, Local Authority, SLT service as well the ACTT specialist and I CAN advisor. These groups met termly and had a key role in driving the programme, ensuring it met local needs.

- Roles in each region

All schools designated one member of staff as the **ACTT co-ordinator**, whose role it was to lead on the implementation of ACTT in their school, liaising with the SLT and the I CAN Advisor for termly planning meetings. An **I CAN Communication Advisor** was assigned to each region to support the project development and implementation. They met with the Steering Groups in each area and had regular meetings with the individual schools and specialists (both teachers and SLTs). Support provided by Advisors was flexible depending on each area's needs and included delivery of training at wave 1 and 2 and advice and support for the SLTs in developing the wave 3 support model.

²⁶ Full list of funders can be found in appendix A page 82

At the beginning of the Autumn term, each region identified a **specialist in speech, language and communication needs** to support children at wave 3. Activities also included

- Wave 2 activities: demonstrating intervention activities, supporting staff to run groups and training and supporting staff to assess children in the *Talk Boost* groups.
- Wave 1 activities: delivering training, discussing and supporting classroom communication strategies.

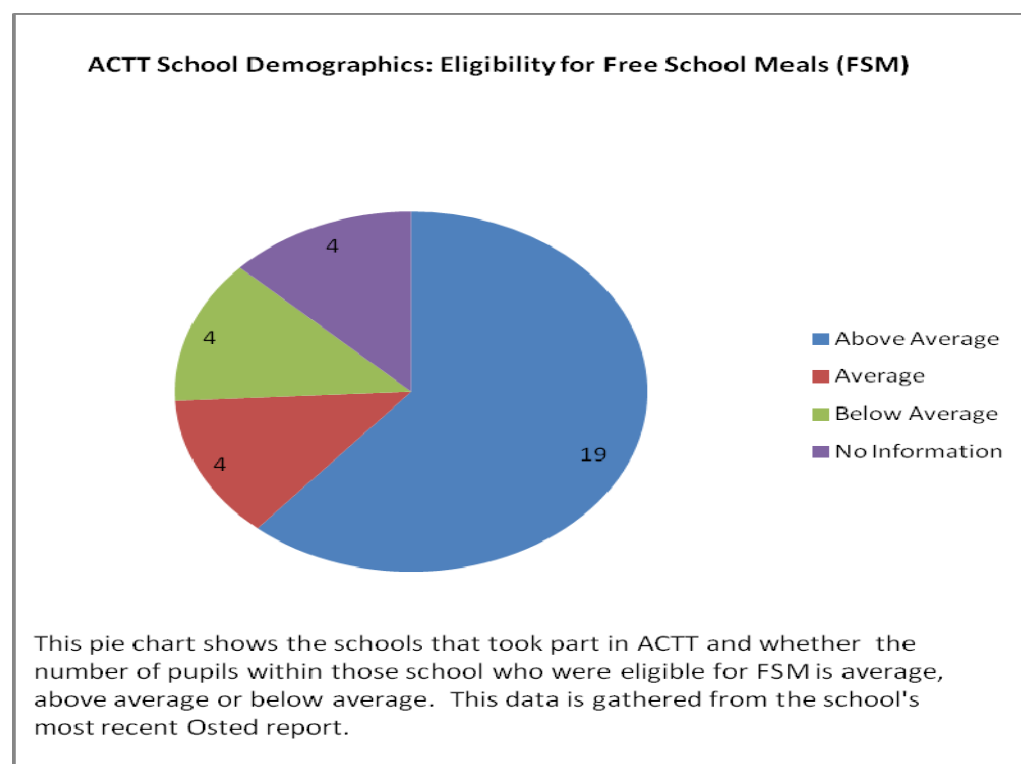
In all regions except for one, the specialist was a full time speech and language therapist (SLT) – in Whitby two part-time SLTs and one specialist teacher were seconded to fulfil the role. Two of the regions in the pilot seconded an SLT from their local service; one region advertised and appointed an SLT who was line managed by the local SLT service. The recruitment, management and supervision of the ACTT speech and language therapists, working with the 7/8 pilot schools in each area, were undertaken by each of the local SLT managers. In one area where SLTs and a specialist teacher worked with schools, the education manager also took a key role. In Rochdale, one SLT left the project in July 2011 and a replacement SLT took over in November 2011.

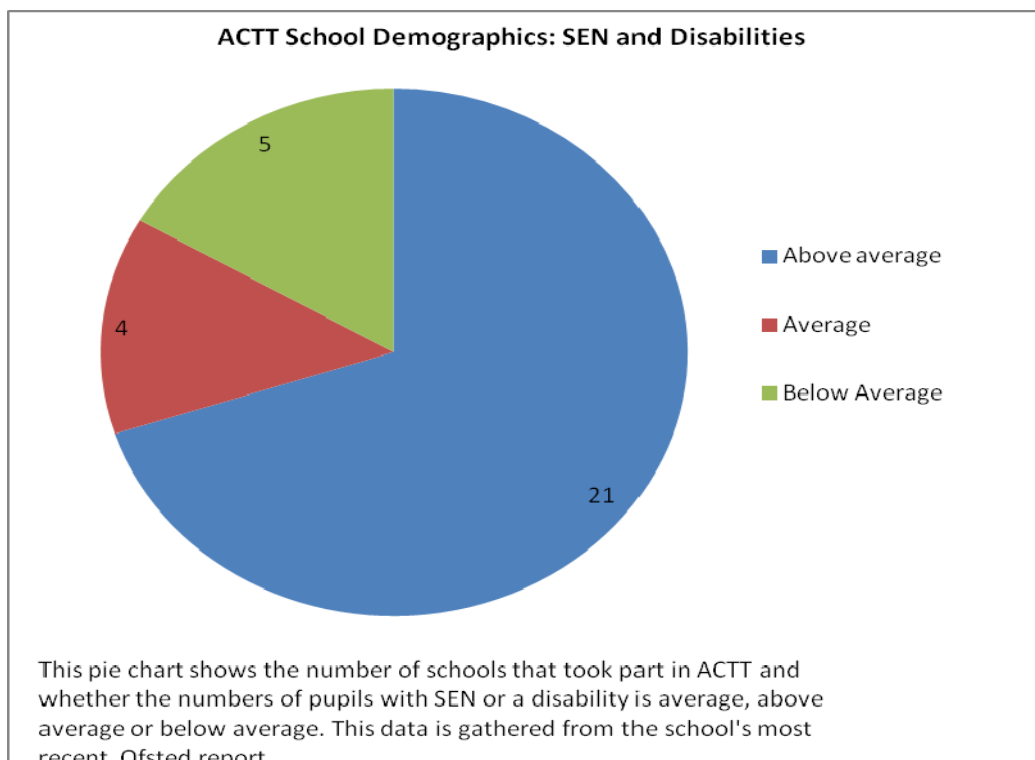
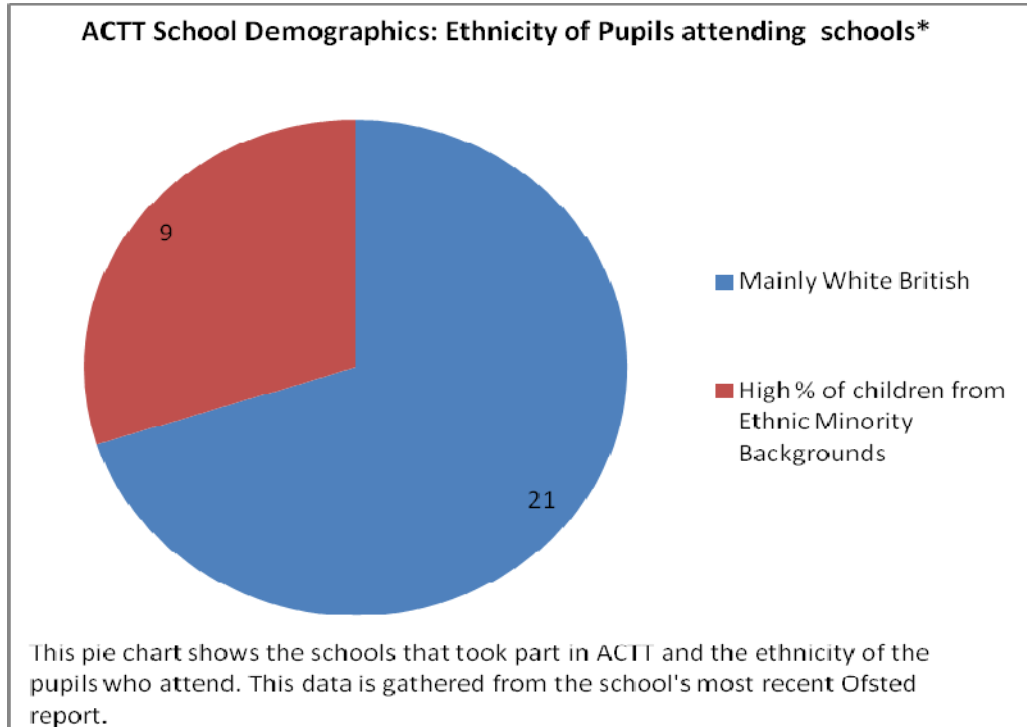
The Children

- Wave 1

30 schools in all took part, representing a total of 8,308 children across Key Stage 1 and 2. Wave 1 training was offered across both key stages, but some schools chose to focus on Key Stage 1.

63% of schools had above average numbers of children eligible for free school meals, an indicator of social disadvantage. 70% of schools had above average numbers of children recorded as having special needs and disabilities. The schools were ethnically diverse.

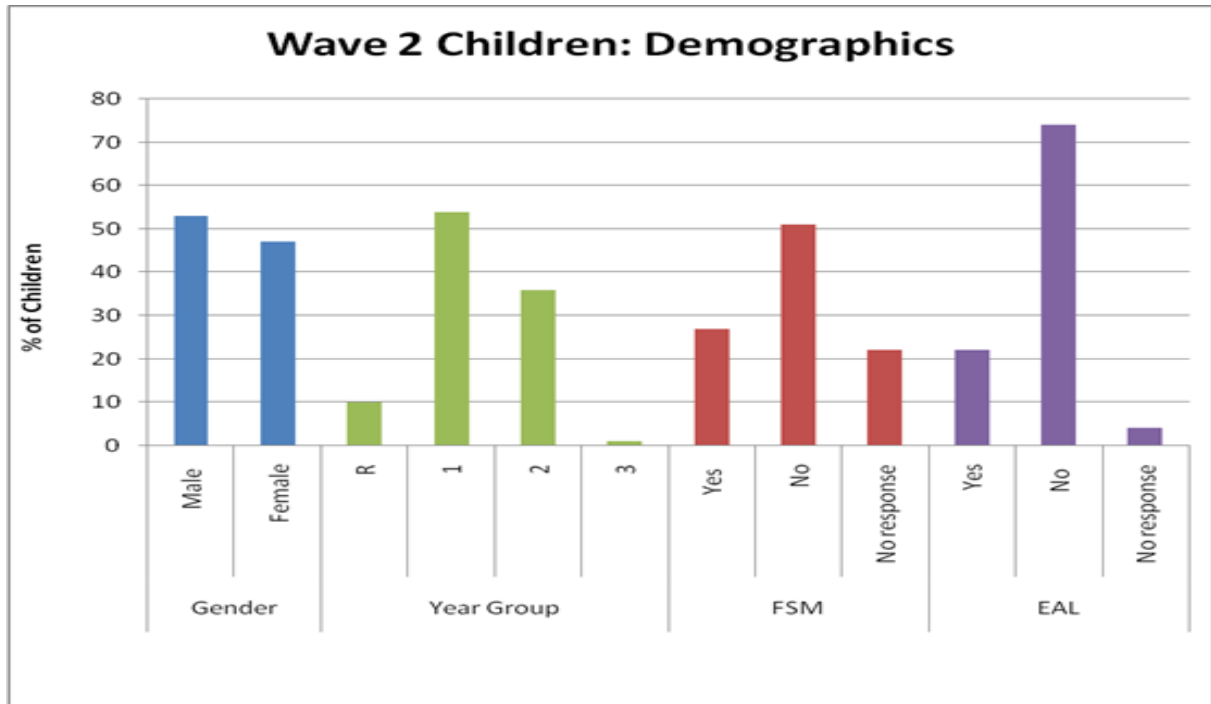




- Wave 2

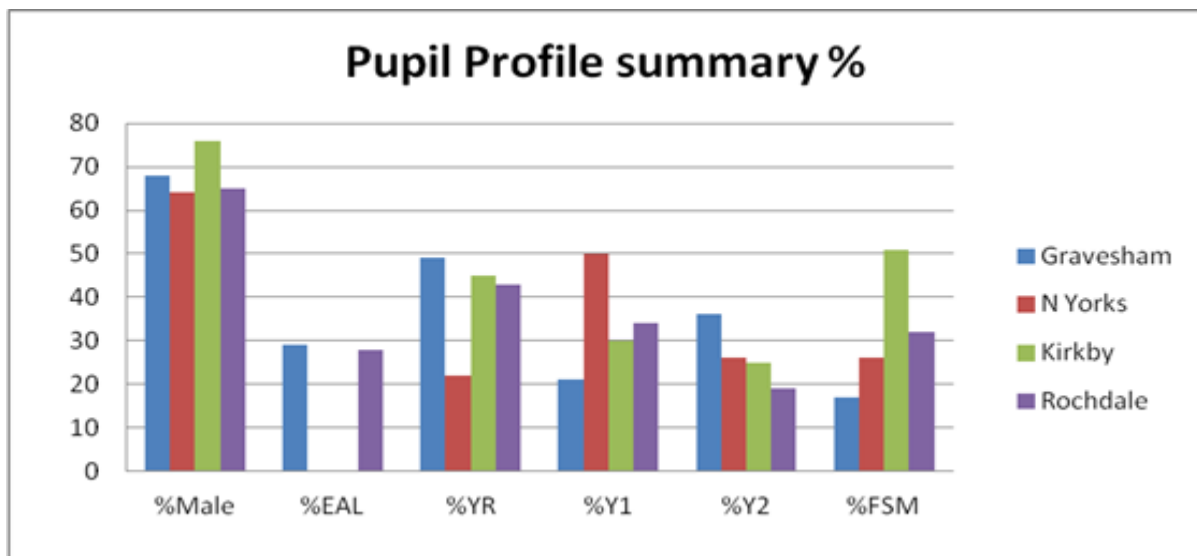
611 children took part in the wave 2 intervention, data was gathered from 163 pupils over 17 schools in all 4 areas. The majority of Wave 2 pupils were male (53%). The majority of the pupils were in year 1 (54%) followed by year 2 (36%) and year R (10%). 27% of children were on Free School Meals (FSM) and 51% were not, though 22% of the pupils do not have this

information recorded. 22% of children had English as an additional language (EAL) and 74% did not, though 4% of children do not have this data recorded.

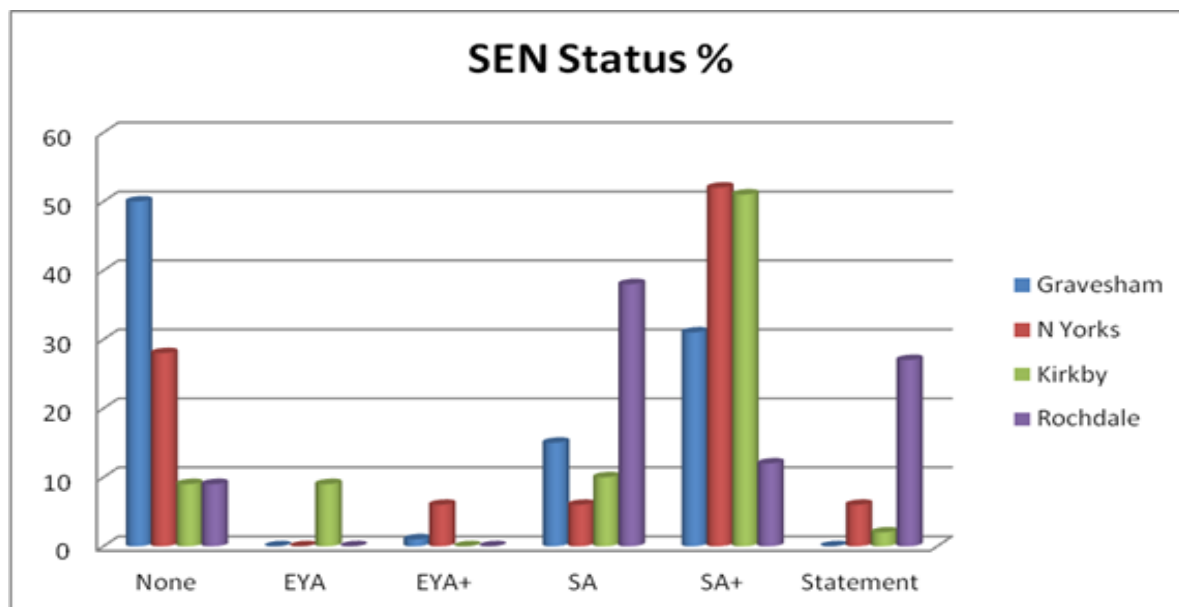


- Wave 3

Children were referred for intervention at wave 3 by teachers who identified them as needing specialist intervention. In many cases the fact that the children had been discharged from SLT in the past for non attendance was a factor in their referral. An average of 68% of children referred to wave 3 were boys. Children with EAL (28% and 29% in 2 regions) and children from poorer socio-economic backgrounds as represented by free school meals (FSM) were often identified as having SLCN needing wave 3 intervention (range 17-51% across the 4 regions).



The majority of children were at either School Action or School Action Plus on referral to the wave 3 service. Although the use of special educational need levels varies between and within authorities this is an indicator that children referred to had been identified as having significant additional needs by the schools.



The programme in action

- Wave 1

Wave 1 training offer

Introduction to speech, language and communication (based on I CAN *Primary Talk*)

Communication Supportive Environment – each approximately 1-1.5 hours

- Adult Approaches
- Social and Emotional Environment
- Physical Environment

Language and Learning Environment – these were selected to link with the structure of *Talk*

Boost; each approximately 1-1.5 hours

- Attention and Listening
- Vocabulary
- Sentence Building
- Narrative
- Conversations

Language Development Chart – a resource based on typical language development, including ideas on opportunities for assessment and teaching linked to specific aspects of language.

- ***A flexible programme***

Each school agreed a plan for the level and focus of whole staff wave 1 training. This plan was based on the existing knowledge and skills of staff, broader professional development priorities of schools and on prior training. The training was designed to build on and complement existing local training. So, for example, North Yorkshire had produced a number of training DVDs, some SLT departments had already delivered training and some schools in Rochdale had accessed training through other I CAN programmes.

The learning objectives and outcomes of the training could be mapped on to existing knowledge, in some cases using the *Speech, Language and Communication Framework* (SLCF). In some regions, additional bespoke training was provided to some schools following discussion with the ACTT coordinators in those schools. Examples include: discussion of particular children; incorporating specific targets into curriculum activities; training on dysfluency (stammering); training on selective mutism.

- ***Flexible delivery***

In some schools wave 1 training was delivered to a specific group of staff (e.g. teaching assistants), others to the whole school. In some cases only parts of the training were used (e.g. Introduction to SLCN). Some regions also built in locally developed training and resources. The training could be delivered as whole day training or split into sections over a series of twilights. In some schools aspects were presented in a staff meeting, using case studies of children from the school to show staff how to profile children and identify possible supportive strategies.

Generally, the delivery was initially shared by the I CAN Advisor and specialist SLT. In some regions over time the SLT led the training, sometimes supported by other local members of staff such as a member of the local advisory teacher service for SLCN. One small village school in North Yorkshire invited six other schools to attend the training, seeing this as an opportunity to share valuable training sessions with other small village school settings in their cluster.

Across the schools, 48 'Introduction to SLCN' sessions were run, 26 sessions explored the Communication Environment and 22 looked at Language Learning Environments.

Many of the schools ran training for the whole school, representing a total of 8,308 children.

- ***Wave 2***

Also during the Autumn term, schools worked closely with the SLT in instigating the wave 2 groups. Teaching assistants and teachers from some schools were trained in running the *Talk Boost* programme, and groups for children started.

Talk Boost – a wave 2 intervention

- Delivered by teachers, training assistants and volunteers to small groups of children who have been identified with language delay
- A profiling tool to identify children with delayed language (the progression tool)
- The children are from reception classes, year one and year two (age 4 -7)
- Sessions last 30 - 40 minutes and are run three times a week over a ten week period by the teaching assistant
- Each session focuses on the key components of language – listening and attention, vocabulary, sentence building, storytelling and conversations
- In total, 120 activities are delivered over the ten week period
- Whole class activities are provided to be delivered each week by the teacher to ensure a focus on language permeates the wider classroom

Over the 2 years, most schools ran 1 or 2 groups per term, making a total of 611 children involved.

Two schools in Rochdale participated in a small trial with 'talk volunteers'. Staff from BT Openreach were trained to deliver some of the activities as extra sessions for wave 2 children. This was found to be of limited benefit to children's communication skills due to the logistics of organising the volunteers.

- Wave 3

The wave 3 element of *A Chance To Talk* was designed to give schools access to an SLCN specialist who would be able to see children they identified as needing support in school. Initial guidance was provided to the SLTs (and one specialist teacher) who were appointed in each region. Induction guidance was also provided to schools and Steering Groups.

Wave 3 elements

- Referrals from schools: children considered to need specialist intervention
- Assessment – children coded for SLCN profile, intervention and outcome
- Individual or small group intervention with SLT or trained TA
- Case study discussion with school staff
- Supporting generalisation of skills and strategies through team teaching, demonstration, class-based activities
- Close working with parents

Support was given to the specialists by regular liaison with the ACTT Advisor and through email and telephone support from the designated wave 3 ACTT lead Advisor. Termly Away Days were held for all the SLTs and specialist teacher to meet together with the I CAN Advisors and one SLT gained her certificate of achievement in the *Primary Talk Specialist* level training course through the project.

The specialists were encouraged to develop the wave 3 element of ACTT in line with the needs of their ACTT schools – innovative and evidence based approaches to working with children in a school context were encouraged. Termly planning meetings were held with each school with the SLT, I CAN Advisor and School Coordinator to plan and develop the ACTT model.

Over the 2 years, 393 children were seen at wave 3.

- **Working with Parents**

Parents were informed and involved with the project to different degrees according to the wave of intervention and the approaches of different schools.

At wave 1 schools informed parents and governors about the existence of the project through their general whole school communication channels. Some generic information was shared with schools to use as appropriate.

At wave 2, parents were informed in writing about their child's proposed inclusion in the intervention groups and the focus and purpose of them. Permission was sought for their involvement, where the SLT was involved in the pre and post assessments. Schools were sensitive to the fact that for some children this was the first time that any delay in their language development had been officially raised and so personal approaches to parents were also made. Some schools arranged sessions with parents to explain about the groups and to introduce the idea of the home based activities for weeks 4 to 10 of the intervention. Other schools managed this through written communication. For the second year of the project activities were available for schools to send home. These provided a follow up to activities in the *Talk Boost* group and an opportunity for reinforcement of learning in the home environment.

At wave 3, parents gave written permission for the referral to and involvement of the SLT if the child was not already known to the service. Parents were invited in to meet the therapist, on a regular basis in many cases, in order to:

- exchange information about the child's needs and any assessment
- inform them about the approach being taken by the SLT
- discuss and share the children's targets
- discuss the activities that could be done at home to support the approach being taken in school and in therapy sessions.

Some strong working and supportive relationships were established between parents and the SLT.

Evaluation design and methods

The programme ran for 2 years, during which time evaluation data was collected in a range of different ways to capture the full impact of all aspects. We aimed to gather qualitative as well as quantitative data, from all stakeholders: school staff, children, parents, SLTs/specialists, school leaders, SLT service managers.

Our evaluation framework addressed agreed outcomes – for children, parents, school staff and schools. It also ensured we measured impacts for children.

The framework was developed by I CAN’s Head of Quality and Outcomes, in partnership with I CAN ACTT advisors – and with guidance from Professor Tim Pring, City University and Dr Judy Clegg, University of Sheffield who also both assisted with the analysis of data.

A Chance to Talk evaluation framework



Inputs	Outputs	Outcomes		Impact
Staff time (school, specialists and ACTT advisers)	W1 whole school training + modules	Staff understand more about SLC/N	Children develop SLC skills	Children do better at school
Professional expertise	Language Development chart	Able to identify children with SLCN	Children able to access curriculum	Children with language skills in typical range
Advisory and steering group time	Wave 2 activity manual (Talk Boost)	Able to support children with language delay	Children more engaged	Fewer children needing on-going specialist support
Management time	Wave 2 training	Classroom practice more supportive of communication	Children with SLCN get support they need	Parents satisfied with support
	Individually tailored sessions at W3	Schools have systems for supporting all children’s SLC		Services commissioned in effective and cost effective way
	Guidance for commissioners	Improved collaboration between SLT and school		
	Evaluation tools			

Data was collected at various points

- before the programme or intervention started e.g. language assessments, child ratings and then again at outcome at the end of the project
- retrospectively e.g. through interviews, focus groups
- throughout the pilot programme e.g. case studies and learning logs.

We used a mixed methods approach to evaluating ACTT, gathering both quantitative data as far as possible – school attainment data, surveys, rating scales - but corroborated with qualitative data. A main source of qualitative data was interviews with key stakeholders.

Interviews

Interviews with head teachers, SLT managers and SLTs at the end of the project to explore their perceptions of ACTT and its impact aimed to provide rich, descriptive, qualitative data. This data, when combined with the quantitative data already collected, provided a deeper understanding of the impact of the project. Examples of questionnaires used are in appendix B.

These interviews were carried out by I CAN staff who were not directly involved in programme delivery. Interviews with SLT managers were carried out by I CAN advisors. All of the interviews were either face to face or over the phone. Audio recordings were made and subsequently transcribed. An agreed format was used for these interviews and a briefing outlining the topics to be covered was made available to the interviewees prior to the interview. Interviews were a combination of open questions and ratings e.g. 'on a scale of 1-10, how much impact do you feel ACTT has had on pupils' learning in the classroom?'

A focus group of ACTT specialists was held, facilitated by I CAN's monitoring and evaluation officer. This was also recorded and transcribed.

All transcriptions were analysed into themes using NVivo. Quotes relating to each theme were identified.

All rated questions were analysed using Microsoft Office Excel 2007 and descriptive statistics were obtained.

Wave 1

Evaluating impact at Wave 1 had two distinct aspects:

1. The impact of training and development on staff knowledge, skills and confidence
2. The impact of training on outcomes for children.

1. For the staff evaluation, evidence of the impact was gained from a variety of sources:

- Training evaluation forms – feedback following training events
- Follow up of training – measures of strategies being tested out, feedback in staff meeting discussions
- Information collected by schools on behaviour – schools' logs, teacher report, case studies
- Descriptions of activities
- Case study information
- Quotes
- Reflections through learning logs
- Semi-structured interviews with head teachers
- Classroom observations by a team of independent researchers

2. For the impact on outcomes for children, sources included:

- School attainment data
- Case study information
- Ratings from school staff
- Feedback from head teachers, ACTT co-ordinators, SLTs and parents
- Quotes

Schools regularly collect and analyse attainment data for all pupils. We wanted to explore the possibility of using this dataset to show the impact of the programme. An initial trial showed that this would give useful information.

Since there were to be no control groups either within the school or from other matched schools, we decided to use previous cohorts within the same school as comparison groups. It was decided to examine school data in a number of ways, across several years. Standard end of year teacher assessment data was taken from Years R (Reception), 1 and 2 for 2 academic years before *A Chance to Talk* (2009 and 2010), and for the same year groups during the programme (2011 and 2012).

This would enable comparison of:

A Year group with and without ACTT (**same year group, different cohort** e.g. Year R 2010 to Year R 2011)

Change for 1 cohort over time which could be compared with national average attainment (**same cohort, different year group** e.g. Year 1 2011 to Year 2 2012).

By extending back a year before the project began, a third analysis could be made:

Comparing the typical **progress** within a school **before** with **during** the project e.g. progress Year 1 2009 to Year 1 2010 with Year 1 2011-2012 (different cohort, same school).

The subjects chosen were those most closely linked to language and communication, with one other as comparison.

	Key subjects	Other subjects
Reception	EYFS: Communication Language & Literacy Development: <ul style="list-style-type: none"> • Language for Communication & Thinking (LCT) • Linking Sounds & Letters (LSL) • Reading (R) • Writing (W) 	Problem Solving Reasoning & Numbers (PSRN)

	Key subjects	Other subjects
Years 1 & 2	National Curriculum: Speaking & Listening (not collected in all schools) (Sp & Li) Reading (R) Writing (W)	Numeracy / Maths

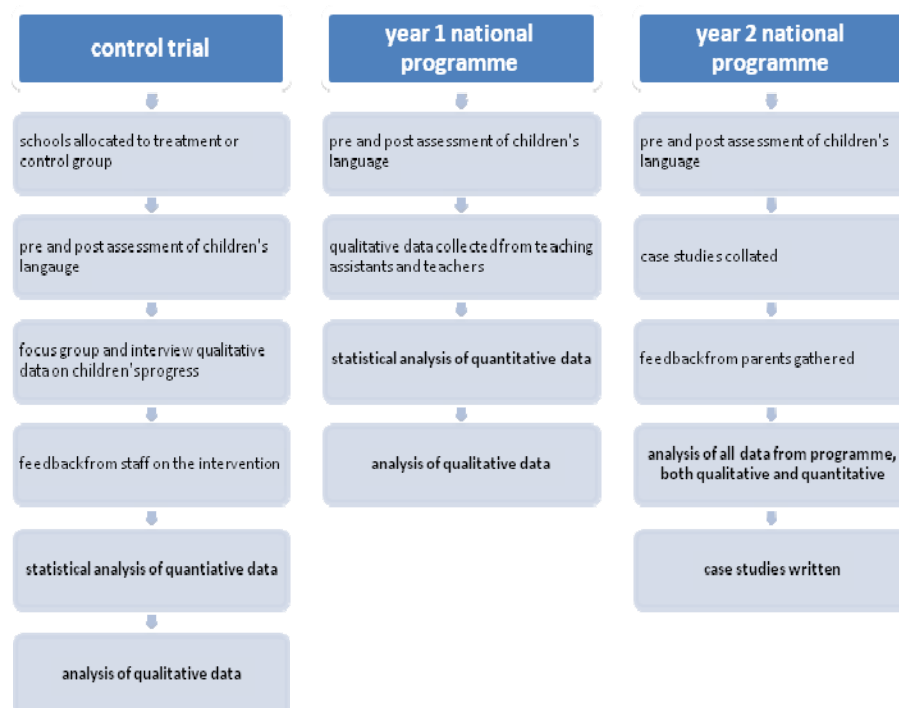
For each data set, additional information was collected to enable further analysis:

- Gender
- Special Educational Needs (School Action, School Action Plus, Statement)
- English as an Additional Language (EAL)
- Involvement with ACTT Wave 2 or 3
- Children receiving Free School Meals (FSM)

Following the initial trial in one school, data was collected from a sample of 8 schools representing all 4 areas in the project. We were able to use complete datasets from 6 of these schools. The sample was self-selecting; it represents schools that chose to submit their data for analysis. When we compared this sub-sample to the larger sample of 30 schools, it represented well the high numbers of children on free school meals, and the high numbers of children with SEN or disability. However, it was not totally representative of smaller schools (average size in analysed sample = 329 pupils, average of whole sample = 286), nor does it reflect the ethnic diversity of the larger sample (sub-sample was 83% white British whereas the whole sample was 70%)

Wave 2

The overall evaluation of the targeted intervention took the following pattern. A control trial of the intervention before the national programme (ACTT) enabled robust design, testing and evaluation, which could then be followed up through the national ACTT initiative. Although a control group was not possible in ACTT, a wider range of qualitative outcomes and those linked to attainment outcomes were collected, such as feedback from teachers, TAs and head teachers, with further feedback from parents. The aim here was to capture not only quantitative changes to children's levels of language, but impact of such changes on confidence in the classroom, engagement in lessons, initiation of questioning and commentary in the classroom etc.



The initial pilot of the intervention (the control trial) was carried out, with some children taking part in the intervention and another group used as a control group who received the intervention at a later date (delayed intervention).

All the children were assessed before and after the intervention period using the Renfrew Action Picture Test (RAPT) and Bus Story²⁷. Those in the intervention group were compared with the control group in order to see whether the intervention was effective.

The outcomes of the control trial showed that children with English as a first language made statistically significant progress compared to children receiving no intervention on 2 of the 3 language measures used. Average scores for children with English as a first language increased by 18 months for information and grammar and by 19 months for the verbal story telling task, compared to just 6 months and 10 months respectively for the children not receiving the intervention.

Many children with English as an additional language had a much lower starting point, but also made statistically significant progress, with progress of at least 15 months for information, 6 months for grammar and 12 months for verbal story telling.

The results of this are reported in a separate *Talk Boost* report. Based on these findings, the current national pilot (ACTT) was implemented.

In the first and second years of the national pilot the intervention took place within the context of the 3 wave model of ACTT, with pre and post measures of children's language in 3 areas: grammar, information and narrative using the Renfrew Action Picture Test, and Bus

²⁷ Renfrew, C. (1991). *The Bus Story* (2nd edn.). Oxford: Speechmark Publishing Ltd.
Renfrew, C. (2003). *The Action Picture Test* (4th edn.). Oxford: Speechmark Publishing Ltd.

Story assessments. Statistical analysis for significance was carried out, both in terms of average progress made and also investigating the data in more detail to determine differences for children of different ages, free school meals and English as an additional language. This quantitative data analysis was supplemented with qualitative feedback from teaching staff and parents, as well as case studies of children taking part.

Wave 3

Evaluation of outcomes for children at wave 3 was based on data collected in a range of ways. Analysis relied on assigning codes to pupils relating to their profile of needs, type of intervention and outcomes.

Pupil outcome forms

I CAN advisors and ACTT specialists agreed through discussion how the information required for the project would be coded. Profile codes were agreed for 8 'needs-led' categories with specialists able to assign more than one profile to a child to reflect different areas of need which were being addressed. E.g. a child might have a period of support for a phonological difficulty (code 1) and the subsequently receive intervention for an expressive difficulty (code 3).

Codes were also developed for the type of intervention given to the child; for the outcome of the period of intervention and a final exit code for a child leaving the wave 3 element of the project.

Information at the child level was recorded on a Pupil Outcome Form and included:

- Background information (SEN status/FSM/Gender)
- Criteria for inclusion in wave 3
- Profile code
- Logic framework for outcomes of intervention
- Intervention (what happened)
- Outcome (the result of the intervention)
- Exit (what happened after intervention)

Pupil Outcome Forms were completed and updated regularly for every child seen at wave 3.

- 374 Pupil Outcome Forms were completed.

The data was entered on a spreadsheet which supported analysis across different criteria. SLTs were able to use more than one profile code and intervention for some children in order to reflect the complexity of their needs and the different approaches taken to meet those needs. Analysis has been done on both the total number of children referred to wave 3 and also the different types of need and interventions involved.

- Specialists were encouraged to complete Evidence Based Practice (EBP) forms for the interventions they used, especially where they felt these were new or worthy of interest. Twelve EBP forms were completed.

- Learning log formats were provided for specialists as well as others in the project to record and reflect on their experiences. Twenty-eight learning logs were completed.
- Case study formats were also provided. Twenty-five Case Studies were completed.
- At the end of the project a focus group was held with the SLTs to gather their views on a number of key elements in the project. Interviews were also conducted with two SLTs from different regions.
- Semi-structured interviews with head teachers and ACTT coordinators and with SLT service managers also yielded information on the wave 3 element of the project.
- Feedback from parents formed the final piece of the evaluation – this took the form of questionnaires sent out or given to parents of children supported at wave 3

Challenges and notes on research methods

We are aware that there are a number of reasons to be cautious due to the challenges inherent in evaluating a whole school approach to supporting children's SLC/N:

- The rate of return of questionnaires varied across regions and schools. Inevitably, parents and staff most involved with the programme responded more readily. We have attempted to ensure a representative sample.
- While trying to ensure the evaluation is as independent as possible, we are aware that much data collection was carried out by or via I CAN staff. We mitigated this by
 - using staff not directly involved in the programme to collect and analyse data
 - ensuring guidance from academic partners in research design and data analysis
 - using a range of data collection methods
- An incomplete set of baseline data for staff knowledge and confidence means that we are sometimes over reliant on retrospective interviews
- The highly heterogeneous nature of the children's SLCN meant we weren't able to make direct comparisons between children's needs, interventions and outcomes at wave 3.
- Some outcomes are measured using targets set by SLTs. We acknowledge that this data has limits in terms of robustness.
- There is an incomplete dataset for outcomes submitted by SLTs. Although all SLTs recorded outcomes, they did not all submit these as project data.

Whole school data analysis

- Comparing change using different scales (EYFS to National Curriculum) presented a challenge. The solution to this was to convert all teacher assessments to Average Point Scores (APS), a system used nationally to quantify National Curriculum levels so they can be analysed. We recognise that APS has not been designed to compare EYFS with NC levels, and so our analysis will take account of this – it is limited in this respect. However, it was thought to be a solution for showing continued progression across the 3 years: reception, Year 1 and Year 2.
- The analysis represents some 4,454 children. Data from schools was wide-ranging and in some cases incomplete.
- The schools supplying data were not randomly selected, though we tried to ensure a representative sample covering all 4 regions.
- The range (number of sessions and which sessions they were) of wave 1 training delivered in schools varied, and the timing of training also varied. This will have impacted on the data analysis.
- We know that in all of the schools there were other initiatives, programmes and project which happened during the 2 years of the ACTT programme. It would be impossible to directly attribute the findings of the data analysis entirely to ACTT. However, we are confident that ACTT **contributed to** the changes found.

All primary school are different and the number of range of different variables involved was impossible to predict and control. We wanted to evaluate a programme in a real context and so the evaluation methods, analysis and findings reflect this. Our reflections and learning, outlined on pages 68-71 add valuable insight into the challenges and solutions of evaluating whole school programmes.

Qualitative information from schools and parents adds rigour to our analysis and validity to our findings.

Results/outcomes

This section firstly describes the key findings, and then goes on to examine the evidence of impact against 14 outcomes agreed with funders. It draws on the complete range of evidence gathered before, during and after the project.

Key Findings

Through ACTT, 8,308 children had help with their speech, language and communication, 611 took part in *Talk Boost* catch-up groups and 393 received specialist intervention from speech and language therapists.

ACTT has a positive impact on outcomes for children, particularly those with delayed language and those with longer-term speech, language and communication needs (SLCN).

- **Schools who took on a whole school approach to supporting speech, language and communication, showed enhanced progress in reading at key stage 1. In schools with complete sets of data for school years 1 and 2, children made, on average, 50% more progress than in previous years after ACTT had been implemented in schools, exceeding the progress expected nationally for their age group.**

Data from Years 1 and 2 was analysed from a sample of schools engaged in ACTT. Data from 2009 – 2010 (before ACTT) was compared with data from 2011-2012 (with ACTT). In 2009-2010 children made on average 4 points progress (2 National Curriculum sub-levels, which is the nationally expected progress for children at Key Stage 1). In 2011-2012, children made on average 6 points progress (3 National Curriculum sub-levels, more than expected progress for children at Key Stage 1).

- **There are also indications that there are even greater impacts on children's speaking and listening – but data on this is limited.**

Only one school in our data sample collected data on children's speaking and listening in year 1 and year 2. In this school children made on average 4 points progress in 2009-2010 (before ACTT), rising to 7 points between 2011-2012 (with ACTT). Again, this exceeds expected progress for children in Key Stage 1.

- **Children with delayed language make *significant*²⁸ progress after intervention with *Talk Boost* in information, grammar and narrative. Many caught up with their peers with typical levels of language. Children with English as an additional language and those on free school meals have lower starting points, and also make significant progress**

Scores were translated into age equivalent scores, which showed substantial improvement in language scores across all ages and language measures. Gains ranged from **between 9 and 18 months progress following the intervention**. These data complemented research data found on the original control trial which demonstrated the

²⁸ Where the term 'significant' is used this signals that statistical analysis has been carried out and the effects are unlikely to have occurred by chance

effectiveness of the intervention, where pupils in the control group made just 6 months progress in comparison.

81% of children caught up with their peers who had typical levels of language in one of the language measures.

Children with English as an additional language and children on free school meals have a lower starting point than those without, and although they do make significant progress, it is not as much across the board as other children. Children on free school meals for example, make an average of 3 months less progress on information and narrative scores, though an average of 4 months more on grammar scores.

The intervention is effective for children in all three year groups, with statistically significant measures for all year groups, though there were some differences. Overall, year 1 children made most progress. Children in reception and year one made more progress in information and grammar, where children in year 2 made more progress in narrative.

- **This progress impacts on pupils' learning: 90% of children with delayed language made or exceeded the progress expected for all children of their age group in reading, 69% in writing and 76% in numeracy**

Children who received the *Talk Boost* intervention were identified in the whole school data. We looked at their attainment between Years 1 and Year 2. The expected progress is 4 points (equivalent to 2 National Curriculum sublevels). The figures above show the percentage of children who made or exceeded this progress during the year they had *Talk Boost* intervention.

- **More children with SLCN who received specialist support from an SLT made progress following ACTT than before. After the ACTT initiative was introduced, 71% of children met or exceeded expected progress in reading (compared to 47% before ACTT), 56% in writing (compared to 41% before ACTT) and 100% in Maths (compared to 62% before).**

Children who received wave 3 intervention were identified in our sub-sample of 6 schools. We were able to compare the same children before ACTT was introduced with after. We looked at the progress they made between Yr and Y1 (before ACTT) and compared it with progress made between Y1 and Y2 (after ACTT). We looked at the percentage of children who met or exceeded nationally expected progress (i.e. 4 average points score), and found that numbers increased by 51% with reading, by 36% with writing and by 61% with Maths.

- **In support of data analysis, schools and parents reported that children with SLCN had better speech, language and communication (SLC) skills, found learning in the classroom easier, and were noticeably more confident and sociable.**

For children with SLCN:

- In interviews and questionnaires SLTs, schools and parents all reported that the children made good progress, in some cases better than expected
 - Head teachers felt that programme had a high impact on learning in the classroom
 - The majority of children, with a range of SLCN, make good progress as measured by formal and informal assessments
 - The majority of children with SLCN met targets set
 - There were noticeable changes reported in confidence, self esteem and friendships
- **Both head teachers and SLT service managers consider that ACTT provides an effective, value for money model of commissioning for developing all children's SLC, as well as for children with SLCN.**
 - Most head teachers strongly agreed that ACTT was value for money (with 80% rating it on average 8.5/10), and were highly satisfied with the impact of the programme
- **ACTT's school-based model helps schools, parents and SLT services work more closely together to develop children's language**
 - SLTs changed the way they worked as a result of ACTT
 - Parents were supported to develop relationships with the SLT through accessing therapy at school
 - Parents reported a high level of satisfaction with the information and support received (88% at wave 2, 100% at wave 3)
 - Working more closely together led to positive professional development for all concerned
 - The project enabled more children to receive targeted and specialist support. For many of the schools, it gave them their first experience of constructive and successful engagement with speech and language therapy services in meeting the needs of a range of children and their families.
 - ACTT has been particularly successful in meeting the needs of children who were frequent non-attenders at clinic
- **ACTT developed staff knowledge and confidence in working with children's SLC and identifying those with SLCN**
 - Staff felt that wave 1 training had a high impact on knowledge and confidence with SLC and with identifying children with SLCN
 - Schools reported that they identified children earlier and were able to spot previously overlooked SLCN as a result of their involvement with the project
 - Some schools moved significantly in their understanding of the different aspects of SLC (i.e. that it is not just about speech)
 - A wide range of strategies were used in classrooms to support children's SLC
 - Staff in many schools realised that relatively small changes in their practice could have an impact on children's understanding, participation and thus their learning

- **The 3 wave model helps schools to see that developing children’s language is a shared responsibility between schools and specialist services**
- **100% of parents of children with SLCN were highly satisfied with the ACTT school-based model.**

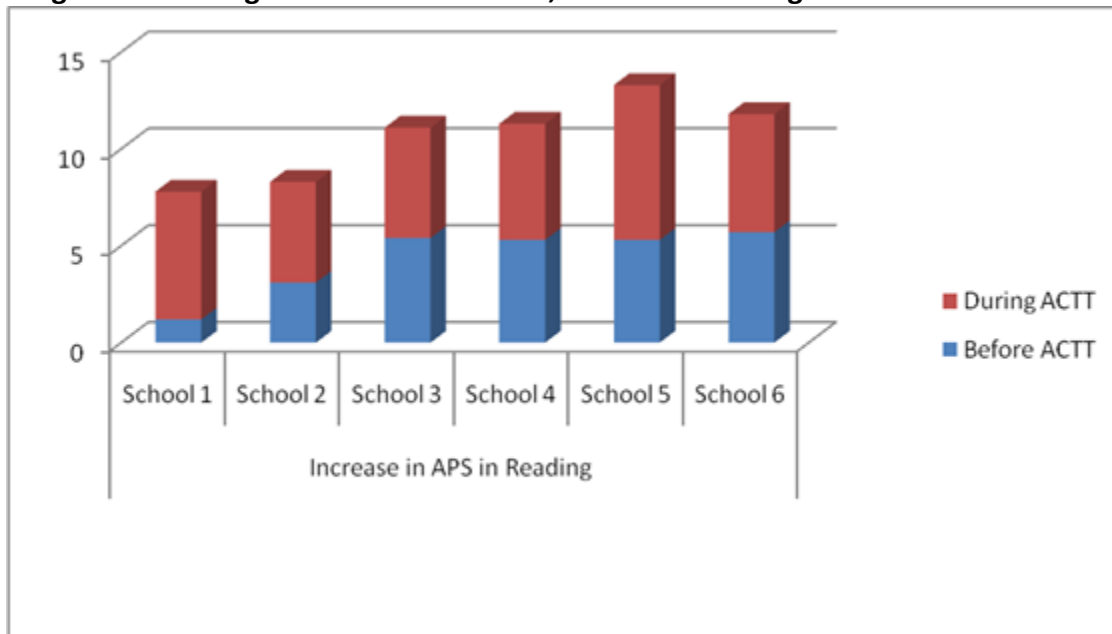
Findings in more detail

1. Improved educational attainment of cohorts of children

Initial analysis of school **attainment** data did not show large effects across the sample of schools we looked at. There were, however, findings in relation to the **progress** that children make.

Six schools had complete sets of data for year 1 and year 2. Data from all children in this sample was analysed in relation to the progress they made in **reading** during the year 2009-2010 (before ACTT). This was then compared to progress made during the year 2011-2012 (during ACTT). The data compared was the same year group in the same school – but different cohorts of children. The expected progress for one year at key stage 1 is 2 national curriculum sub-levels, this is equivalent to 4 average points (a system use to quantify national curriculum levels so they can be analysed).

Progress in reading from Year 1 to Year 2, before and during ACTT



As this table shows, before ACTT, progress varied between schools but on average children made 4.3 points progress in reading across the sample of schools (nationally expected progress). During ACTT, the average rate of progress increased to 6.3 points: effectively an average 50% increase in progress. In some schools the rate of progress changed enormously. For example, in one Kent school (school 1) on average progress before ACTT was 1.2 points but during ACTT it rose to 6.4 points.

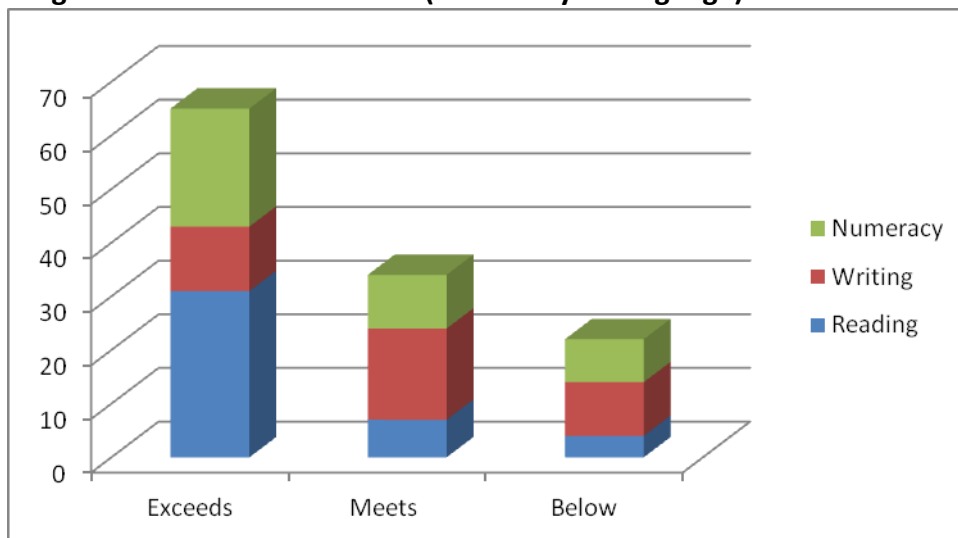
When asked to rate the impact of ACTT on children's attainment on a scale of 1-10 (where 1 = low impact and 10 = significant impact) school staff found it difficult to separate out the specific impact of ACTT for children with no SLCN, however some effect was still reported (mean = 5.9/10) and this was reflected in comments, for example:

'What I can say is that the large majority of children are making good progress in this school. We've got a system where we use green, amber, red and what I've seen over the last 2 years is far less children on the red, much more on green, so that's the evidence I could gather to say that they are all making good progress.'

Millbrook School, Kirkby

We looked in more depth at children with delayed language; those who had the *Talk Boost* intervention. In six schools we had complete datasets for these children. We looked at progress they made between Year 1 and Year 2 (during ACTT) in reading, writing and numeracy. All these children had the *Talk Boost* intervention at some stage during these 2 years. 90% of pupils met or exceeded nationally expected progress in reading, 69% met or exceeded expected progress in writing and 76% met or exceeded expected progress in numeracy.

Progress for children at wave 2 (with delayed language) between Y1 and Y2 during ACTT



When whole class activities linked to *Talk Boost* were used in Year 1 and 2 lessons, staff saw that it really helped pupils in their literacy lessons. Children who had attended the *Talk Boost* 'story telling' withdrawal group sessions were observed to help others, *'teaching them how to do it'*.

Comments were also made about the impact on other areas of learning, the ability and confidence of children joining in with classroom activities and for example, with writing skills:

'One boy who used to struggle with written work has really come on. In the past getting him to produce one sentence was hard work, but just last week he 'cracked on' and wrote a number of good descriptive sentences. '

ACTT co-ordinators meeting, Whitby

A more general impact on the learning of all children was seen by staff, as a result of the training they had received:

'A TA in Reception could spot pupils and ensure they were understanding instructions. As a result no children are missing out on understanding the instructions. They are all able to access the learning.'

Interviews with staff required them to rate the impact of ACTT on a scale of 1 – 10 (1 = low impact, 10 = significant impact). They felt that ACTT had the **strongest impact** on the learning (mean = 8.1/10) of children with SLCN: children who had wave 3 support from an SLT.

'the majority of them in that group have made significant progress. If you're looking for an Ofsted progress indicator it would be 'significant' it wouldn't just be 'good' it would be 'significant'.

Head teacher, Kirkby

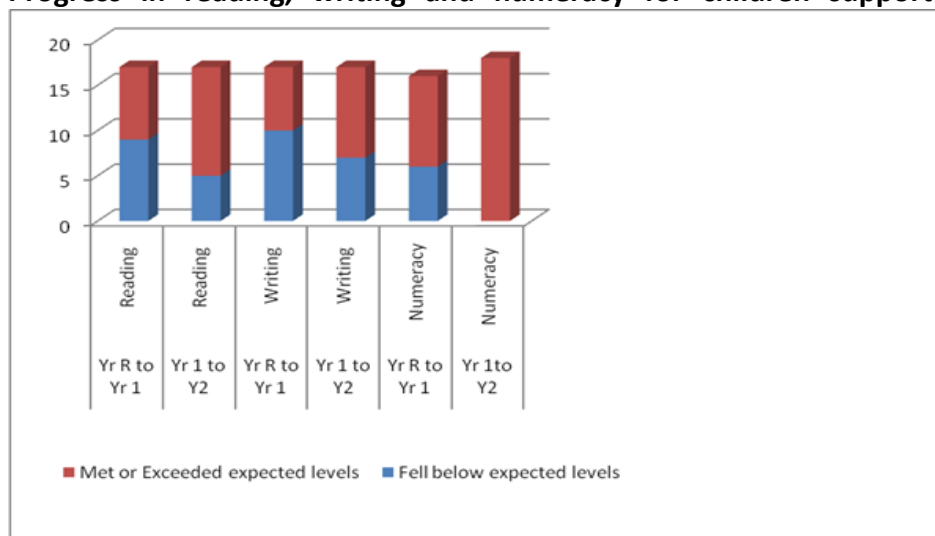
Parents of children with SLCN also noticed impact on learning in the classroom:

"He is working at the same level as others in the class"

"J was showing hardly any skills in reading and writing when he started, but now he's doing really well"

This progress is also reflected in analysis of school data. More children receiving wave 3 intervention made progress after engaging with ACTT than before. In five schools of our sample which had complete data we were able to analyse how much progress children supported at wave 3 made between reception and Year 1 (before intervention), and then how much progress they made from year 1 to year 2 (with intervention). For each group, we used 4 average points as 'expected' levels of progress²⁹.

Progress in reading, writing and numeracy for children supported at wave 3



²⁹ See page 34-5 for explanations and provisos

Going from Year R to Year 1 47% of pupils met or exceeded expected progress in reading, 41% met or exceeded expected progress in writing and 62% met or exceeded expected progress in numeracy. However for these same pupils going from Year 1 to Year 2 these figures increased to 71% of pupils meeting or exceeding expected progress in reading (50% increase), 56% in writing (36% increase) and 100% in numeracy (61% increase).

Ellie

Background

Ellie had been attending speech and language therapy (SLT) sessions in a clinic from the age of 3 due to concerns regarding her speech sounds. When she started school she was transferred to the ACTT project for school based therapy.

The approach taken

An assessment by the ACTT SLT showed that Ellie made several mistakes in her speech. The SLT developed a programme and worked individually with Ellie, supported by school staff. After a year, the programme was reviewed and she had therapy with a group of children who had similar needs. This was to help increase Ellie's confidence when communicating. She made good progress, and when re-assessed her speech skills were appropriate for her age so she was discharged from the service.

Ellie's parents are very pleased with the progress she has made. They were worried as she hadn't made progress in the clinic based service.

Ellie's mum says-

'When Ellie first started school, we were told she was behind academically. She was better in numeracy than literacy, which I felt was a result of her speech difficulties, which could sometimes make it hard to accurately assess her. I always felt that she would be capable of more if it wasn't for her speech and confidence. As soon as therapy started taking place in school, Ellie started making progress, which as a parent was an enormous relief. I feel that this was due to having therapy more regularly within her own environment with people she knew. At parents evening recently, we were told that Ellie has made lots of progress academically and is currently on track to meet her targets for this year. In literacy she is now catching up to her peers. I feel that speech and language therapy in school has been life changing for Ellie. We have seen a big difference in her confidence and her behaviour is more settled because she is less frustrated and we can understand her. Friends and family have also commented on improvements in her speech and confidence, saying "hasn't she done well" and that they can see a big difference. I always felt she was intelligent but that her speech and her confidence were holding her back. Now I feel that she has 'bridged the gap' with her peers and I have no worries that her speech won't continue to progress. '

2. Improvements in behaviour and engagement in lessons

Olivia

Staff at school were concerned that Olivia (*named changed*) was very shy and did not interact with school staff or her peers. Olivia did not answer questions in class nor would she ask for help. She would wait for staff to come to her.

Olivia took part in the ACTT *Talk Boost* program. At first she still would not contribute so her teacher would ask her questions that she knew Olivia would be able to answer. This resulted in Olivia gradually gaining confidence and taking part in the *Talk Boost* activities.

Olivia has now moved to juniors and this transition has gone well. She will now sit with her friends during carpet time (rather than needing to be near the teacher) and she will put her hand up and answer questions. Olivia is interacting much more with school staff and will say hello when she sees staff in the corridor. Olivia is also making academic progress.

Changes to children's behaviour and engagement in lessons was measured quantitatively through head teacher questionnaires, supported with data from interviews with staff, feedback forms from parents and case studies.

Head teachers were asked to rate the impact of ACTT on a scale of 1-10, where 1 = low impact and 10 = significant impact. They felt that ACTT had a strong impact on the behaviour (mean=7.4/10) of children with SLCN, less of an impact was reported on the behaviour of children with no SLCN although an effect was still reported (mean 5.6/10).

Through case studies and interviews, there was evidence of the impact of the programme on children's engagement and behaviour in the classroom, with staff reporting more children participating in discussions. Staff could see that the increased focus on encouraging active listening skills was having an impact on children engaging in lessons.

Talk Boost in the classroom

In one Kent school, pupils taking part in the ACTT *Talk Boost* Intervention were still having difficulty paying attention, listening and sitting still during the groups. Verbal prompts from the staff running the groups did not seem to be making much difference.

To try and improve the pupils' attention and listening, their teacher took photos of all the children demonstrating 'good sitting' on chairs and on the floor. These pictures were then used to reinforce good sitting during the groups, alongside verbal prompts. The pictures were put on the table or on the floor in front of the child.

The use of these pictures resulted in improved listening and focus and as a result the groups flowed better as there were fewer interruptions

It was felt that the children responded better because the pictures used were of *them* doing good listening. rather than generic pictures.

In more than one region, parents reported improvements in their child's well being - noticing that they were less frustrated and angry, less likely to give up due to people not understanding what is being said. They describe their children as being in 'a less confusing place'.

Parents of children in wave 3 reported an increase in confidence in their children alongside improved intelligibility, language and academic skills. They reported that children had reduced frustration levels and were more likely to persevere to get their message across.

"...you couldn't even understand him at the beginning of the year....he had real social difficulties because he couldn't communicate with the other children, couldn't get his message across.....he has had intensive support and what a difference...and his behaviour is just the norm"

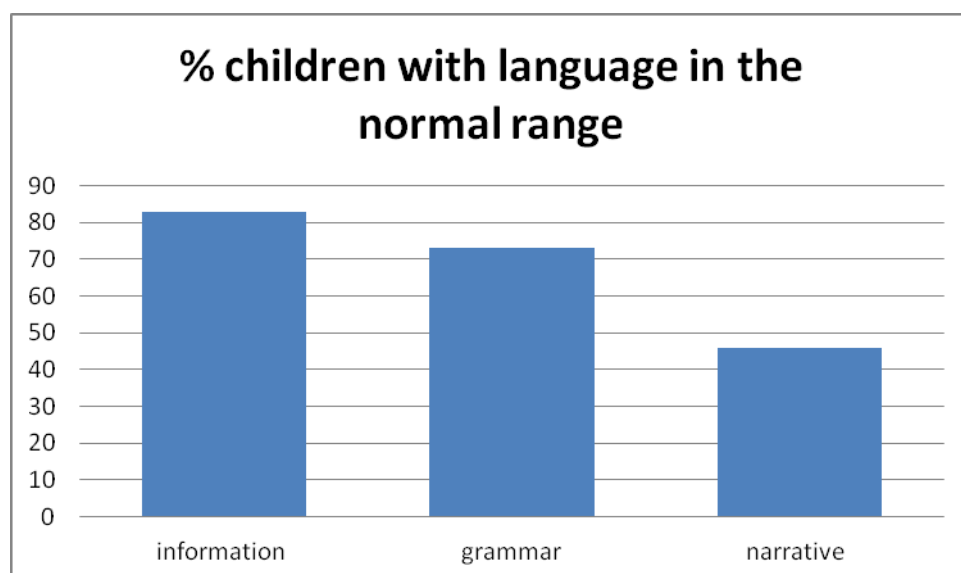
Head teacher

3. Greater number of children within the normal range for language development

Few of the schools collected data in children's speaking and listening levels, however for one school in our sample we were able to look at the progress that children made between year 1 and 2. Before ACTT, on average children made 4 points progress (2 National Curriculum sub-levels, expected progress). During the project, this rose to 7 points, exceeding expected progress for children of this age).

For children at wave 2, the *Talk Boost* programme shifted their language levels from below the normal range to well within the range for many.

The graph below shows as a percentage the children who were in the normal range following the intervention.



Statistical analysis was made of the pre and post assessment data showing children across all ages made statistically significant progress across all three language measures; information, grammar and narrative. 'Catch up' was achieved for many of the children with

delayed language: 81% for 'information', 71% for 'grammar' and 45% for 'narrative' (RAPT and Bus Story).

Scores were translated into age equivalent scores, which showed substantial improvement in language scores across all ages and language measures. **Gains ranged from between 9 and 18 months progress following the intervention.** These data complemented research data found on the original control trial which demonstrated the effectiveness of the intervention, where pupils in the control group made just 6 months progress in comparison.

Children with English as an additional language and those on free school meals have lower starting points, with many falling below the baseline of the test, a very low language level indeed. This meant age equivalent scores were difficult to accurately establish. The children that fell below in this way were given the lowest score the test allowed (3;6 for information and grammar, 3;9 for narrative), even though their actual scores may have been much lower. This means that the progress seen in months is the *minimum* progress made.

Progress was statistically significant, although not totally catching up, **narrowing the gap between them and their peers.** Further input would be needed to catch up with their peers in particular elements of language.

Progress could be seen, not only in terms of tangible qualitative language level analysis, but in the softer data coming from qualitative feedback, commenting on the changes in confidence in these children, both within the classroom and outside. Specific comments about the ways in which these children could listen, take part and have genuine peer to peer conversations were striking.

Even before the cohort analysis of data, school staff could see the progress children were making in *Talk Boost* groups

'So his assessment was in April his Action Picture Test; his information score was aged 3 years 6 months and his Action Picture Test yesterday (July) for his information was 6 years 11 months, so that is 3 years 6 months progress in 10 weeks, which is a massive impact. He's supported at Wave 2'

Teaching Assistant, Gravesham

At wave 3, children made significant levels of progress with some moving into the range expected for their age. Although most parents, in their feedback, focused on specific areas of their own child's progress, some were pleased to see them performing at a similar level to their peers:

"..... Is working at the same level as others in the class"

"G can have conversations with myself, family and brother"

Reflecting on not now needing SLT *"....her speech is clear and understandable, she has no problems communicating"*

For some children, progress was exceptional. They responded to the support offered by wave 1 strategies in the classroom, intervention at wave 2, and more focused specialist support:

"A little boy who's got severe communication was down at the I CAN nursery, came in to our reception, he's clearly got very, very poor communication, went straight in to wave 3 plus the background [wave 1] because the foundation stage teacher was doing more and more of this, so he got pure I CAN (3 levels of intervention). He moved in to almost normal ranges by the end of the year...it was that he had a year of extremely good thorough wave 2 and 3 intervention that worked that got him within the normal ranges"

Headteacher Rochdale

Nathan

Nathan (*name changed*) was described by school staff as being 'in his own world' and this was impacting upon his ability to understand and access lessons. Nathan was assessed by the speech and language therapist, and then included in the ACTT *Talk Boost* intervention programme. At first he needed a lot of support to attend and to listen but with support and encouragement he started to improve. Now Nathan is making good progress academically in all areas and will contribute more in the classroom by putting his hand up to answer questions. Nathan's language skills are developing well and he is no longer in need of wave 2 or wave 3 support.

4. Increase in number of children within each target group whose needs for support of speech, language and communication are fully met through a combination of whole school, small group and individual support.

Head teachers were asked whether they felt ACTT met the needs of pupils with typically developing language, with delayed language development and those with more complex SLCN using a scale of 1-10, where 1 = hardly met at all and 10 = totally met). There was strong agreement that all children's needs were met through the programme, particularly those with SLCN (average score 8.9/10).

Staff rated the *Talk Boost* groups highly; they liked the structured approach and practical emphasis. This made it easier for them to see the relevance of activities to learning in the classroom and communicating in a range of situations. There were plenty of examples of the improvements they saw in children's interaction and learning; evidence of the programme meeting children's needs.

'one boy who was very reluctant to speak in class.....will now answer in a large group'

Teaching assistant

'a boy who when speaking would look away from you, be barely audible and would often avoid communicating with adults and peers altogether....now he has confidence in class discussion, communicates with all adults, not just those he knows, and will interact with peers'

Reflection by class teacher

'Since H has started on this programme I have seen a real change in him, he seems to be getting more confident, and has formed a great friendship group'

Parent letter

Many stakeholders (parents, SLTs, school staff) commented on the benefits of a school-based service to support children's needs. It has been particularly successful in meeting the needs of children who were frequent non-attenders at clinic. In many cases the children referred to ACTT specialists had been discharged from SLT in the past for non attendance.

'Hard to reach families are now engaged with the service, which in itself is priceless.'

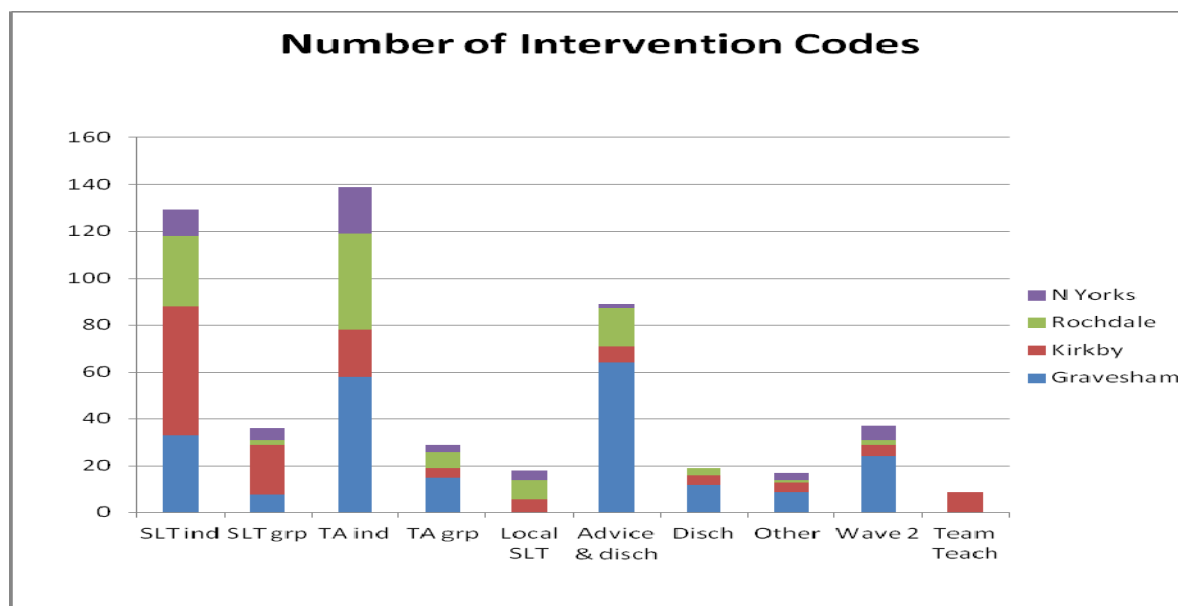
Rochdale SLT manager

Children supported at wave 3 benefited from the whole school approach offered by ACTT. The majority of intervention was delivered either by the SLT on an individual basis or by providing a programme for a teaching assistant to deliver. Case studies and Learning Logs provide details of innovative ways in which SLTs have worked with schools and local SLT services in order to meet the needs of children at wave 3. Team teaching proved successful in a number of cases and led to increased teacher confidence in meeting the needs of pupils with SLCN. Working within the school context allowed SLTs to be flexible in how they worked; to build up relationships within the school; to get to know parents and their family circumstances better and to secure senior leadership 'buy in' to their work to support children's SLCN.

'Initially we focused on individual children that the school staff were most concerned about and follow up work was done by the school's SEN teacher. Over time we realised this was impractical and barely scraping the surface in terms of children who needed support. We changed tack and set up groups in Year R/1/2, run by the class LSAs with SLT support. This worked well in this school as it meant that many children were being supported weekly and a number of members of staff were being skilled in supporting children with SLCN.'

Speech and Language Therapist

The following chart shows the range of interventions available at wave 3 and illustrates the range of activities carried out by SLTs in schools.



Schools reported that they identified children earlier and were able to spot previously overlooked SLCN as a result of their involvement with the project.

'now I sometimes look at children who are underachieving and who have been referred and I think 'ooh right' it wouldn't be strictly apparent if you didn't have those measures to check at wave 1 and then assess at wave 2'.

Millbrook School Kirkby

5. An increase in the number of children who achieve individual speech and language targets

Therapists used a logic framework to record the aims of intervention and the outcome for each child Appendix C. At the end of the intervention the outcome targets were measured and coded according to the percentage achieved.

Data was collected on the outcomes of 62% of all children supported at wave 3, most of these (71%) reached the majority (51-100%) of their SLT targets.

The most successful interventions were where the targets were shared with the schools and in the case of pupils who had an Individual Education Plan in place, targets were incorporated into this and shared with the class teacher and SENCo and where TAs also worked on targets. Parental involvement was also key in ensuring good outcomes for pupils – as shown by evidence from case studies and learning logs.

Thomas

Thomas's teacher was concerned about his poor language – he was reluctant to talk and had started to lash out at others in his class. The ACTT SLT assessed his language and found severe difficulties with his understanding of language and his speech.

At the beginning of the ACTT project, Thomas had weekly sessions with the SLT who shared targets with the class teacher, and left work to be done in school and at home between sessions. He made some progress, but as he got older, it became clear that this 'traditional' model of intervention was not working. Thomas became more aware of his difficulties, would opt out of answering questions or activities – and did not want to come to therapy sessions. The school team was very concerned, and decided to keep him down a year at school.

The ACTT SLT used a different approach. She worked in the classroom with the class teacher to introduce visual support by 'team teaching'. She modelled strategies which would support Thomas, but for the whole class. The teacher could see the benefits; it really helped to see how the SLT supported children with SLCN. They worked together, extending the ideas to support other areas of the curriculum.

Thomas' class teacher is now confident using the strategies and has built them into a language session for the whole class every morning. Thomas now appears much happier, and this has impacted on his language skills.

The deputy head has also noticed that there has been an improvement. "We had grave concerns about him, this child hardly spoke, he had really poor expressive and receptive language and now he doesn't shut up. He's chat, chat, chat and he's coming up to Year 3 and he's actually moving up to the year group he should be with, without support". Thomas was also considered as a possible candidate for the specialist language resource but is now able to be supported in mainstream school with local SLT support.

The case study shows the benefits of ACTT:

- ✓ Being in school allowed the SLT to liaise with the class teacher and SENCo to share targets and planning.
- ✓ The SLT was able to use Team Teaching to transfer skills to the class teacher, benefitting the whole class
- ✓ Thomas was able to access SLT which he had not been able to in the local clinic because of non attendance.
- ✓ The level of support provided meant that Thomas made good progress and is able to remain in his mainstream setting.

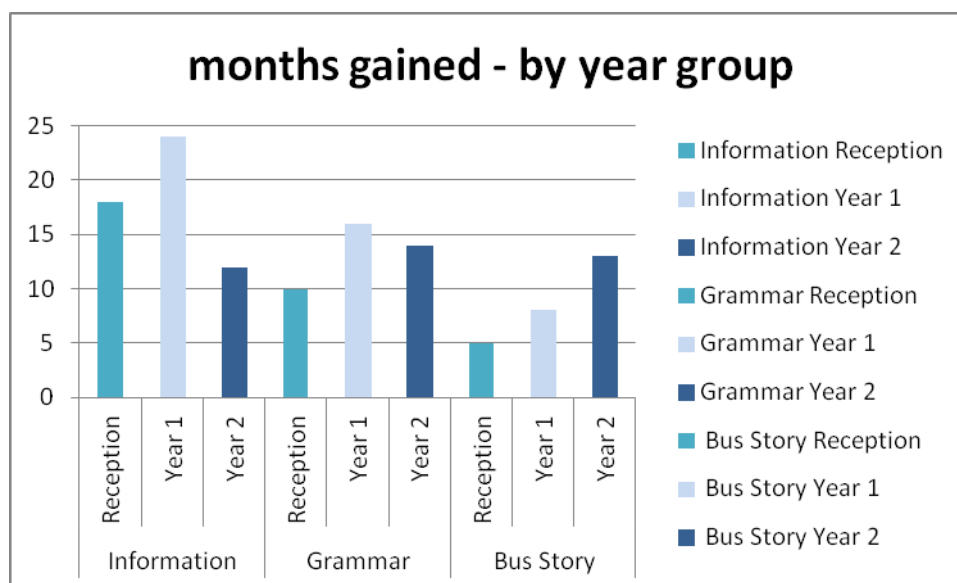
6. Measures of children’s speech, language and communication will increase after intervention.

At wave 2, the children who had been in *Talk Boost* groups made **significant progress** over time across the three scores; information, grammar and narrative – as measured by standardised speech and language assessments³⁰. **Further analysis of the data enabled investigation of particular groups of children.**

Age group

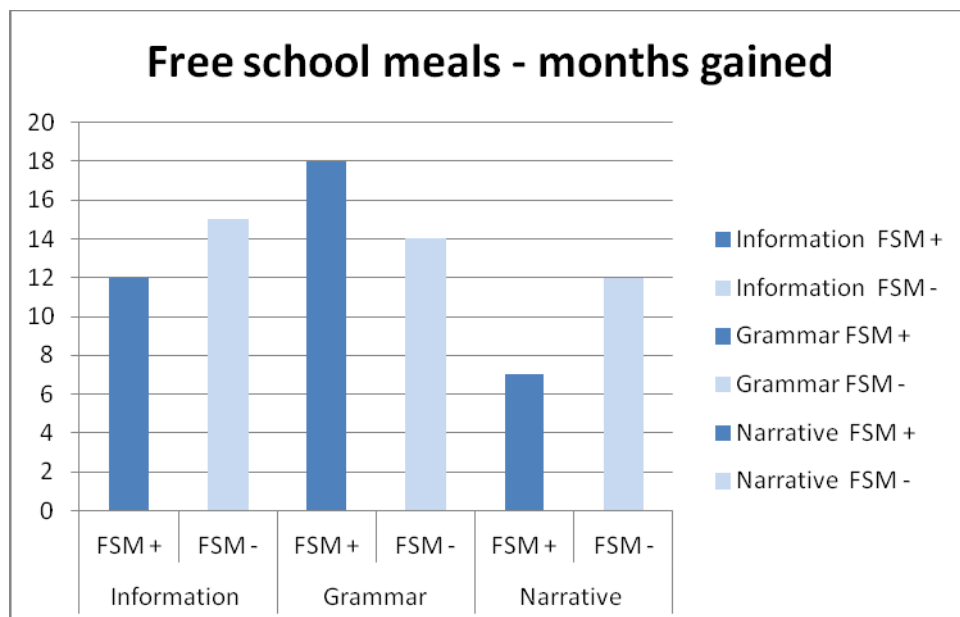
When the data was broken down further by age group, a wider range of progress could be seen, dependent on age. Again, results for all children were statistically significant, though were translated into age scores to ease understanding. NB Many of the children in reception fell well below the baseline of the test in the narrative test, so results here represent **minimum progress** made for many of the children.

Overall children in year 1 made the greatest progress, particularly with information and grammar scores. Children in year 2 made best progress in narrative scores.



Similar analysis was made of children on free school meals. Children on free school meals have a lower starting point than those without and though they make significant progress, it is not as much across the board as those children not on free school meals. They make an average of 3 months less progress on information and narrative scores, though an average of 4 months more on grammar scores.

³⁰ Renfrew Action Picture Test and Bus Story



- **Children with English as an additional language (EAL)**

Children with EAL perform very well following *Talk Boost* intervention groups. Information scores show children with EAL make more progress than their monolingual counterparts in the reception and year 1 groups. For grammar, they make similar progress to their monolingual peers and for narrative skills, results are still significant, but not as much as their peers. We might expect narrative skills to be more challenging for this group of children as their starting point is often much lower than their monolingual peers, which means producing effective narrative skills is more challenging, though as highlighted, outcomes are statistically significant.

At wave 3, school staff, SLT and parents report substantial improvements in children’s SLC. Although based on a small amount of outcome data, quantitative analysis does support this. SLTs used a range of formal and informal assessment measures which gave detailed information about each individual child at wave 3 and enabled them to make clear and informed judgements about whether or not these children had made progress. However it proved challenging in the project to collect this information in a way which allowed it to be collated across all wave 3 children in all regions. The table shows % of outcomes met, where data was provided:

Pilot area	Most 80-100%	Majority 51-79%	Minority 20-49%	Few 0-19%	Targets not reviewed
Gravesham	47%	31%	14%	6%	3%
Kirkby	38%	41%	6%	4%	10%
Rochdale	46%	15%	20%	5%	15%
N Yorks	24%	11%	2%	0%	7%

More detailed analysis was undertaken in one region (Kirkby) to look at three areas of difficulty identified by the profile codes **Phonological delay/disorder** (code 1); **Receptive delay/disorder** (Code 2) and **Expressive delay/disorder** (code 3). Where school-based

interventions were selected for these children (individual SLT/group SLT/Individual TA/group TA) the analysis looked at outcomes at the end of the project. Due to the long term nature of the children's SLCN some intervention plans had not been completed by the end of the project. The analysis shows that the majority of children for whom we have data, with a range of SLCN, make good progress as measured by formal and informal assessments.

For Kirkby

85 children were given intervention within the school during the course of the project - either by the SLT directly or under her supervision by a TA or teacher. See text under each table for the outcomes of this intervention:

27% of children seen at wave 3 had **phonological delay or disorder**

ACTT SLT individual	ACTT SLT group	Programme for TA to deliver to individual	Programme for TA to deliver to a group
61% of children	9% of children	4% of children	4% of children

Some children had other interventions such as 'advice to teacher' or were transferred to local SLT service, however these were the main interventions. For these children who had contact either with an SLT or TA, 31% achieved most (80-100%) of their targets, 44% achieved the majority (50-79%) of targets and 6% achieved some (20-49%) targets.

33% of children seen at wave 3 had **receptive language delay or disorder**

ACTT SLT individual	ACTT SLT group	Programme for TA to deliver to individual	Programme for TA to deliver to a group
61% of children	14% of children	18% of children	7% of children

Some children were transferred to local SLT service, however these were the main interventions. For these children who had contact either with an SLT or TA, 36% achieved most (80-100%) of their targets, 32% achieved the majority (50-79%) of targets, 7% achieved some (20-49%) targets and 7% achieved few (0-19%).

8% of children seen at wave 3 had **expressive language delay or disorder**

ACTT SLT individual	ACTT SLT group	Programme for TA to deliver to individual	Recommended for wave 2
29% of children	29% of children	14% of children	28% of children

For children who had contact either with an SLT or TA, 25% achieved most (80-100%) of their targets and 75% achieved the majority (50-79%). No children achieved less than this. Of the 25 case studies submitted as part of the ACTT evaluation, 20 related to children at wave 3 and gave examples of successful intervention. For example:

Charlie

Previously a non-attender at the local NHS SLT service, Charlie was 5 ½ when he was referred to ACTT. He was assessed and found to have disordered speech sound development, making him very difficult to understand. His speech was often unintelligible; when people didn't understand him, he repeated what he had said in a louder voice. It was clear Charlie was getting frustrated by this as he was confident, with lots to say.

Charlie received 10 sessions of speech and language therapy at school. Activities and resources were demonstrated to school staff by the SLT, who were also shown how to adapt toys and games to help Charlie. He was therefore supported 2-3 times a week in school by the SEN teacher

Frequent access to SLT, together with school support meant that targets could be updated regularly and new resources provided. Charlie made fantastic progress with his speech sounds. When re-assessed 6 months later, his speech was largely intelligible in most situations. This has had a positive impact on Charlie's ability to communicate with school staff and his peers, access the curriculum and develop and maintain friendships.

One of the ACTT SLTS reflected on the positive improvements in children's speech, language and communication as a result of the whole school approach she was able to take.

'And I think it's been really nice for me to have confidence that the therapy is working - you can see it. I've always had at the back of my head "would these children have resolved anyway if we hadn't done anything - just with natural maturity?" and you can see the children who have had the input and really engaged with the programme, they've done better than that child where it's been really hit and miss. So as a clinician it gives you the confidence that it's making a difference and a better formula for what does work and what doesn't work.'

The impact that these outcomes in speech, language and communication had on the progress they made in reading, writing and maths is described on page 40. More children met or exceeded national expectations of progress after ACTT than before.

7. Improvement in children's awareness of the importance of communication, and of their own speech, language and communication skills.

Feedback from children was collected via a child attitude survey (appendix E) which used a 3 point self awareness scale (supported visually with faces), feedback from staff and parents, and observation of strategy use at home and in the classroom.

From a small cohort of children's self awareness judgements before and after the wave 2 intervention, the average score went up by 10% when the children reflected on how good they feel they are at talking. This is further illustrated by Jamie, a child with dysfluency who took part in *Talk Boost* groups. The survey showed that he had a more positive attitude towards coming to school and asking for help when stuck in lessons. Jamie's mum

commented that when using specific praise at home, he was starting to look happy and proud, whereas before he had looked shy and embarrassed. His class teacher also reported an increase in Jamie's confidence in the classroom.

At wave 3, many parents reported that their children with SLCN are already aware of their difficulties and that this has a negative effect on their feelings of well being and confidence. After intervention, they noticed an increase in confidence in their children which accompanied improved intelligibility, language and academic skills. They reported that children had reduced frustration levels and were more likely to persevere to get their message across; negative feelings were reduced and the children felt more positive about their communication and interactions.

Increased awareness of strategies to help interaction illustrates an increase in awareness of communication:

'Now she will take her time and finish her sentence off whereas before she would stop talking'.

A pupil in Rochdale showed his ability to reflect on his communication skills:

SLT: Why is talking hard?

Pupil: Because me keep forgetting the right words

SLT: How does that feel?

Pupil: Lonely, because everyone can talk proper except me

SLT: Is talking getting easier?

Pupil: Yes, because every two weeks you come and help me and leave me to practise. It will be easy one day.

8. Increased levels of satisfaction amongst parents with information and support received.

A key issue for many families and schools prior to the start of the project was accessing the local speech and language therapy (SLT) provision. This did vary across regions, but a number of issues were raised such as referrals taking a long time and high thresholds of difficulty for SLT involvement. Schools were particularly concerned by the number of children discharged from SLT because of poor attendance at the clinic. They did not feel they had the expertise to advise parents and had similar issues over referral processes.

Prior to the project, parents of children with more persistent difficulties had a range of concerns about their child's speech, language and communication (SLC) including: poor

expressive skills and displays of frustration; not knowing what to do; getting behind academically; stammering; being quiet and lacking confidence to communicate:

'...he was very quiet, lacked confidence, hardly spoke, and when he did he found it hard to express his words to get what he wanted across'

Parents were also concerned about the potential impact of language difficulties; that they may be picked on or bullied:

'I was upset he was going to be picked on and it would really hinder his development'

Parents were involved in the ACTT programme in a range of ways:

- At wave 1 parents were made aware that their child's school was involved in the *Chance to Talk* pilot programme, what the programme consisted of and that an SLT would be working with some of the children in the school. In some regions there were other activities such as a parent coffee morning, with all parents invited.
- At wave 2 parents were engaged at different levels by schools and the speech and language therapist (SLT) through the sharing of information about the intervention being received, home activities in support of the programme and feedback about progress at the end of the intervention.
- At wave 3 parents had a more in depth relationship with the SLT which could have involved sharing information, attending assessments, sitting in on individual sessions, agreeing targets, activities to do at home with their child, written reports, and regular opportunities to meet.

At wave 2, questionnaires from parents showed a **high level of satisfaction**: Of those received, 88% of parents were happy about the amount of information received about their child's talking, of which 46% were very happy. 81% were happy about the level of support their child was receiving, 62% of which were very happy.

At wave 3, 100% of parents who responded to the questionnaire were **highly satisfied** with the level of support received. Positive comments were made about being able to attend every SLT session, receiving written reports, being informed of what is happening, working together as a team involving school, SLT and parent and being able to support their child at home with their 'speech homework'.

'We had continuing communication throughout the whole programme'

'I used to go to school to see what the SLT was doing so I could do it at home'

'I think the level of support is of a high standard and have felt involved from the onset'

'The support she was given was excellent, this is evident by the results'

'The SLT is doing excellent work helping L and supporting us with material at home and school.'

These sentiments are supported by the schools where there is a sense that parents have valued the opportunities to receive information about their child's language and discuss it

with the SLT and school staff, regularly and within the school. School feel parents are satisfied that their child has been receiving a good level of support in their speech and language development. Comments from schools include:

'.....parents felt engaged in wave 3 and part of it'

'..... parents have come in to school to speak to myself and the SLT and find out more about what has been happening.....'

Charlotte

Charlotte was in reception class when she was first seen by the ACTT SLT, she was only using a few words in school and lacked confidence to attend individual sessions. The SLT worked hard to build up her trust and spent some time team teaching in the classroom using strategies which helped all the children as well as Charlotte.

Charlotte enjoyed the class-based work and will now come to sessions with the SLT on her own, happily. She will now use short phrases to say what she wants or to describe pictures. She has gained in confidence, the head teacher recently commented on how much Charlotte was talking.

The team teaching in Charlotte's class has allowed her teacher to see how a specialist approach: *colourful semantics* can be used. Her teacher has been able to use it with Charlotte and some of her classmates. Her teacher commented that she felt this had helped their written sentences.

Her Mum says: " she's so much clearer, she's saying longer sentences she's not scared to talk in front of strangers anymore.even in school she's opening up to people more. She's joining in more in class; she's got no problem with standing up in front of the other children and explaining something"

Recently the SLT asked Charlotte: Is talking getting easier? She answered: "Yes. I can talk much better." How does that feel?: "Be happy."

9. Increase in skills, knowledge and confidence for school staff and volunteers – in supporting children’s language, identifying and supporting children with SLCN

Staff felt that wave 1 training had a high impact on knowledge and confidence with SLC. This is reflected in comments from head teachers following training:

“It’s improved our knowledge and understanding”

“There’s been a gap, for years we’ve been saying it and this (Wave 1) is beginning to plug that gap.”

They also felt that ACTT had had a high impact on teaching practice:

“I think a lot of those techniques, ideas and suggestions have gone back in to classrooms and are being used so yeah I think they probably are benefitting.”

Measures of changes in staff confidence were taken through the evaluation forms after each training session; they were asked to rate changes on a 6 point scale where 1 = low impact and 6 = high impact. Those completed generally showed a high impact on confidence (average 4.5 out of 6) and a high impact on reported classroom practice (average 4.6 out of 6). Some schools also completed a confidence questionnaire before and after a block of training. This showed that 60% of staff felt more confident about SLC development.

Staff appreciated the balance of theory and practical aspects to the training. The resources such as the checklists enabled them to reflect on their practice and the classroom environment in detail.

Staff also felt that Wave 1 training had increased their confidence with making referrals for children with SLCN and led to reduced numbers of referrals later in the project since more children were being better supported in the classroom.

Staff confidence in identifying children with SLCN also developed through involvement in *Talk Boost* groups:

Children identified for *Talk Boost* groups by school staff at one school in Gravesham were not making as much progress in pre- and post- assessment scores as children in other ACTT schools in the region. The ACTT SLT worked with the school’s SEN teacher to identify children who had more potential to “catch up” than those identified for the previous groups. This involved assessing children who were perceived by the class teacher as being her most able students in terms of speaking and listening. Children in this ‘more able’ set were found to have some delay in their expressive language skills and so were included in the wave 2 groups.

More focused / in-depth assessment for wave 2 has resulted in the identification of appropriate children for the wave 2 programme and children who would benefit from having their language skills investigated at wave 3. This exercise further highlighted the significant language need of the population of children who attend Chantry Primary School, Gravesham

This was also found in Rochdale, where head teachers and co-ordinators commented that running the groups had helped develop staff knowledge and skills, which would hopefully be transferred to other aspects of their work.

Delivering training for staff with a wide variety of previous skill and experience was an issue – for the more experienced staff it was often a timely reminder of the importance of the strategies:

“Some of the teachers felt they'd seen it before and it wasn't anything new to them but equally it did just shift focus back to the importance of speaking and listening and no-one underestimates the importance of that.”

Some schools with a high proportion of children with EAL felt confident with strategies such as using visual resources and experiential learning and recognised the overlap in needs between children with EAL and supporting language development in other children.

Some senior staff felt that the overview of what training was on offer, and how they might explore in more detail what training options would best suit them, should be provided before the start of the school year, when training and staff meeting agendas were being set.

‘... for the schools that have been involved with the project it has raised the profile of SLCN generally and those schools are now much more aware of the types of needs that children have’

SEND and Outreach Manager, Whitby

*“Thanks to **A Chance to Talk**, our staff team are now trained and confident in identifying children with delayed language or significant language difficulties. We are able to offer the right support at the right time to children we identify with communication needs to ensure children can fulfil their potential at school.”*

Sue Bennett, Head Teacher, Shears Green Primary School

10. Changes in staff’s conceptual understanding of language and language difficulties, and therefore their ability to make changes in their planning and lessons

Head teachers felt there had been a high impact on staff’s understanding of speech, language and communication and SLCN.

‘The way in which their understanding of the needs of the children around speech and language issues I think has developed enormously.’

Headteacher, Wrotham Road, Gravesham

In interviews, staff commented on seeing more clearly the need for communication support and were able to recognise older children who may have benefitted from support earlier in school. In particular, there was increased understanding that SLCN can be about comprehension (receptive) aspects of language; some pupils with comprehension difficulties may have previously been overlooked until their difficulties became more

apparent in later KS2. In one school in North Yorkshire, staff reflected that they now understood the difference between a language delay and a disorder.

Many schools and ACTT SLTs highlighted the importance of developing a whole school approach by means of wave 1 training, to give all staff the necessary background knowledge, as well as providing the structure for wave 2 and 3 input. To support this, some schools had either built aspects of SLC into their leadership observations of classrooms, or were planning to do so.

When delivered by the SLT, training also provided the starting point for developing the working relationship between them and the school; staff were able to see the wider role of the SLT. Teachers responded positively to suggestions about how to incorporate changes without creating excessive additional demands on their time. For example, including a section on their planning sheets showing key vocabulary was seen as a simple change that could have a potentially huge impact.

Most schools reported that they included a focus on SLC in their planning, with some recognising that this was now more focused. Some schools also spoke of the impact in terms of obtaining new resources to use across the school or making sure SLC was covered in the induction of new staff.

11. Improved supportive communication practice: an increased range of strategies to support children's speech, language and communication.

In Dover Road primary school in Gravesham, children in Year 1 classes completed *Talk Boost* groups, but staff wanted to ensure that class-based follow up work took place.

Denise O'Neil, specialist teaching assistant (TA) set up *Big Cheeky Monkey* sessions in Year 1 classes. These were whole class sessions focusing on language and social skills: attention/listening, turn taking, vocabulary, sharing ideas and narrative. Key strategies such as using visual support to help understanding of the different aspects of good listening and narrative structure were introduced to the whole class. With both TA and class teacher involved, staff took games and ideas from the *Talk Boost* programme and included other school resources to support social communication skills; they linked activities in with class topic work wherever possible.

Both class teachers and children have benefitted from the sessions. Teachers have had the chance to see strategies and games in action and have gone on to use them whilst teaching. Children from *Talk Boost* groups have had approaches reinforced in the whole class setting. They have often played the games before and so are able to act as a good role model for their peers. All children really enjoy the sessions

Staff plan to extend running Big Cheeky Monkeys in Y2 in the future.

To evaluate this outcome, a team from the *Better Communication Research Programme*³¹ was commissioned to use their recently developed 'Communication Supporting Classrooms' observation tool. They observed R, Y1 and Y2 classroom in 4 ACTT schools in Gravesham. Observations took place in Autumn term 2011 and then again in the summer term 2012. Although the observation tool did not identify statistically significant changes over this time period, the team observed '*excellent teaching and learning sessions by highly skilled professionals*', particularly in relation to developing an effective language learning environment. The timing of the baseline observations (one year into the ACTT initiative, rather than at the beginning) may have affected how they were able to capture change.

Less formal reflections by school staff showed that they felt the training had resulted in an increased focus on strategies to support learning and communication:

The class have picked up on the listening, how can we be good listeners because we're constantly reminding them in class when they're on the carpet "how can we be good listeners" and they're all picking up on those aspects.

Teaching assistant, Whitby

[We use strategies] ... such as modelling back correct speech, giving alternative words that they might know. "When we're talking about this, we could use all of these different words" as a lot of the children only know one word for a particular thing.

Head teacher, Chantry, Gravesham

An action research approach to training, where staff explored strategies, tried them out and then reported back to colleagues using a 'before and after' template worked well when staff engaged in the process:

"The ideas were quite simple and when the group met again staff could give examples of how they had used the suggestions and the impact it had had"

"...going away after a session, implementing the ideas and then coming back to discuss at the next, it was a good reminder of the topic and good to have time to reflect"

"....the before and after form came back and showed that the training improved our knowledge and understanding, it was really beneficial"

Wave 1 training also provided staff with the opportunity to reflect on current practice, using the checklists to review and discuss strategies. For some this was more of a "refresher" depending on the individual's level of prior knowledge; it also confirmed current good practice thus boosting staff confidence levels.

There were many examples given in feedback of how staff had started using new approaches or strategies in everyday practice, or had adapted things they were already

³¹ This national research programme is an output of the Bercow Review of 2008, led by Professor G Lindsay from the Centre of Educational Development, appraisal and research, University of Warwick

doing in light of the training sessions. Some of these had spread from staff training in Wave 2 strategies and activities; some had also been taken on more widely across the whole school.

The strategies most commonly reported were those that could be incorporated into a range of classroom situations, enabling children to engage with learning such as

- paired talking and structuring the talk e.g. through questions or instructions to feedback on what your partner said
- comprehension monitoring – prompting children about what to say if they don't understand

A full list of strategies observed is in appendix F.

'The beauty of the ACTT project was that the training wasn't just for one or two people within a school; it was for the whole school and everybody working within that school down to the dinner ladies and the cleaners or whatever.'

Team leader for children's therapy services in Dartford, Gravesham and Swanley

These emerging changes to practice are pleasing to see, and signify the beginning of more widespread change. This is discussed in the section on page 72.

12. Schools will have clear pathways and systems for supporting children's SLC and those with SLCN

Schools were asked to think what systems were in place as a result of the ACTT programme. The most widely used approaches reported were

- having speech, language and communication in the school development plan
- having targeted interventions available (*Talk Boost*).

For many schools aspects such as including SLC in planning, having resources to support SLC and monitoring arrangement in place were systems that had been in existence before the programme – but schools identified that ACTT had enhanced and fine-tuned processes: *'people are more aware'*.

One aspect which many schools felt they had developed was their systems for identifying and supporting children's language difficulties. Many commented on the benefit knowing something would happen as a result of identifying language difficulties. Around half the schools described a process where they would assess children for wave 2 intervention to 'check' and they felt they would do this much earlier. The project gave schools methods for identifying speech and language difficulties – for this they noted both the progression tool and the language development checklist.

There was a perception that these changes had happened because staff felt more knowledgeable and comfortable about asking for help

'The project has raised the profile of SLCN generally and those schools are now much more aware of the types of needs that children have'

SEND and Outreach manager, Whitby

This growing awareness supported the need for a whole school approach to developing children's language

'Schools are aware that there's never going to be enough time to work with every single individual child on an individual basis so they've got to take it [children's language] on board, they've got to up-skill their staff group, they've got to spread the word within the whole school and so they're on board already with that.'

Team leader for children's therapy services in Dartford, Gravesham and Swanley

Having an SLT based in schools supported change for these systems. Through the development of a positive working relationship with the SLT, schools learnt that there no arbitrary threshold for referral for therapy. They also saw that often an informal discussion can hasten a more formal referral or alleviate anxiety and support assessment and evidence gathering. Staff were more willing to investigate further or try a strategy in the knowledge that the SLT would shortly be back in school, when they could get feedback and support in planning next steps.

'...we are referring much sooner.....but referring the children for the right level of support now (wave 2 or 3), and this has improved over time'

Head teacher, Gravesham

13. Schools will use clear guidance, supported with outcomes, to commission an appropriate model of support for children's SLC

14.

Each of the four regions has chosen to take the programme forward in different ways. All regions are using both the outcomes of the programme and the model to shape future commissioning. In one region, this has meant commissioning SLT from the local service, working across schools focusing on wave 3 children. 2 regions are continuing with the model at all 3 waves in a very similar way to the pilot programme.

In **Rochdale**, five of the 8 schools involved with the project and an additional five new schools have commissioned support from the local SLT service to provide SLTs to work across the schools focusing on supporting children at wave 3. This has proved difficult to set up in other schools due to financial considerations. In interviews, several head teachers spoke about the need to develop expertise within the school, realising that more children at wave 3 could be supported in this way.

All the schools in the **Kirkby** pilot area participated in ACTT, with some schools able to participate more fully than others. Mid-way through the project it was felt to be so successful that one of the coordinators was asked to present their experience to their local cluster of schools. The ACTT steering group has been instrumental in securing continuation

of the project, negotiating a Service Level Agreement with the local SLT service. The fact that the schools have commissioned a continuation of the service is testament to the high regard in which they hold the SLT and the progress they feel the ACTT project has secured for their pupils.

'we got things from it we didn't expect to get – knowledge, team teaching, staff confidence.'

Headteacher St Michael and All Angels, Kirkby

'..... to see a model of working that is effective for children and schools, it's provided us with a model that we can share with the rest of the area to say look this works to open up the opportunity to commission our services.'

SLT manager, Kirkby

In **North Yorkshire**, schools plan to carry on with *Talk Boost* groups and to gain *Primary Talk* accreditation. As a result of the pilot, a cluster of small rural schools are considering commissioning speech and language therapy directly.

In **Kent**, a model of provision based on ACTT has been set up to run for at least the next two years; seven out of the eight ACTT schools have signed up, along with a further seven primary schools to fund speech and language therapists to work within the schools across the three waves. The Gravesham Learning Partnership has contracts with each of the schools to provide the service and has commissioned the SLT service to deliver it.

'We are buying back in [to the project] at quite a high cost because it is so, so valuable'

Head teacher, Shears Green, Gravesham

This means that the specialist SLT will continue to work in the ACTT schools and she will induct new therapists to support the expansion to other schools. The aim is to expand the reach in schools across key stage 2 and for the SLT to work closely with each school to plan a three wave service tailored to the needs of each school.

'..... the existing schools in the ACTT project were very familiar with Wave 1, 2 and 3 and there was no suggestion from any of those that they wanted to change that model when they were buying in to the new service. For the new schools.....we have just been promoting that structure and that whole package so it's directly affected the way we're commissioning services'

SLT Manager, Kent

In Kent, the local manager of the speech and language therapy service and the Gravesham Learning Partnership (GLP) have worked together to take ACTT forward into the future. A model of provision based on ACTT has been set up to run for at least the next two years; seven out of the eight ACTT schools have signed up, along with a further seven primary schools to fund speech and language therapists to work within the schools across the three waves. The GLP has contracts with each of the schools to provide the service and has commissioned the SLT service to deliver it. This means that the specialist SLT will continue to work in the ACTT schools and she will induct new therapists to support the expansion to other schools. The aim is to expand the reach in schools across key stage 2 and for the SLT to work closely with each school to plan a three wave service tailored to the needs of each school. The enthusiasm with which this venture has been sought and agreed across so many schools is testament itself to the success and impact of the ACTT project in Gravesham and that this is a model of provision that could be replicated in other areas.

15. Education and SLT services will develop the way they work together, and increase their understanding each others' context and perspectives.

Head teachers were asked to rate the collaborative relationship between the SLT service and schools, before ACTT, at the start and then again at the end of the project using a 10 point scale: 1 was 'very little contact' and 10 was 'a close collaborative relationship'. The pattern was similar across most of the schools, with statistically significant changes. An initial boost when the project started meant ratings increased from an average of 2.4 to 5.5. By the end the average rating was 8.6, with half of schools scoring the relationship either 9 or 10. Three of the schools judged the way they worked together as moving from 0 at the outset to 10 by the end.

In many schools, but not all, the previous experience of an SLT in school had been one of an occasional visitor who was focusing on the needs of individual children at wave 3, but without the necessary time or role to become involved in the life of the school and support speech, language and communication in a broader sense. The inherent structure, regularity and consistency of the ACTT project across the 3 waves meant that over time, schools and SLTs built a new type of working relationship, collaborative in nature and trusting in character. This was reflected upon by the managers:

'it's an ideal way of working and if we could do it in all schools we would..... the schools have been very impressed with the SLT and the service that she's provided' (Kirkby)

'..... the communication is so much better, the therapist is much more seen as part of the team in the school..... she becomes part of the everyday workings of the school and the schools go to her much more readily..... and the speed at which things can be sorted is so much better..... she's not seen as a visiting therapist who comes and needs a room it's much more planned that

feeling of trust, just permeates everything.....everything is much more relaxed and people are calmer in the way that they're dealing with the therapist.'
(Gravesham)

These sentiments were emphatically endorsed by schools:

..... having an SLT that we can see and is real is fantastic.....it has affected the ethos of the school as SLT is no longer seen as an outside agency coming in and telling you what to do - she is now part of the team.

(Head teacher, Raynehurst school)

This multi professional approach extended to include parents

"Working with ACTT was a massive shift in my working practice. Being able to spend time with each child, working with them over a number of sessions, talking to their parents, teachers, and other school staff meant that I got a much better picture of each child's strengths and areas of need. Developing relationships with school staff and understanding the curriculum meant that I could set more appropriate and functional targets. It's been a really positive experience and I think I'm a better speech and language therapist for it"

Speech and language therapist

The development of the collaborative relationship between schools, SLT service and parents has been a major success of *A Chance to Talk*.

Implications for future development of *A Chance to Talk*

In the course of developing and delivering the ACTT model and as a result of feedback and evaluation a number of important learning points have been collected and used to inform subsequent development of the ACTT model.

These learning points cover three main areas:

1. the project design;
2. the role schools play and
3. the role of the SLT.

These learning points have been addressed in aspects of the future programme; this is shown on page 71.

1. *Project design learning points:*

- A cohesive approach
 - Being clear about the 3 wave model from the outset e.g. Starting training sessions with an overview of all three waves of provision would give schools and SLTs a clear idea of how the model fitted together.
 - Materials were developed and delivered during the course of the project. Having all materials available at the start of the project would have supported timetabling and planning of training.
- Training
 - ACTT advisors felt that it would have been useful to audit current strategies in use in a school when selecting training (e.g. through classroom observations)
 - Variable levels of knowledge and competency within staff groups meant materials needed to be flexible and delivery needed to acknowledge and incorporate prior learning.
 - Embedding changes in classroom practice is hard to achieve. Where this worked best, schools were encouraged to work on 1 or 2 strategies at a time, including the use of before and after measures to test / demonstrate the effectiveness of those strategies, amending as necessary after some time.
 - The training materials provided suggestions for applying ideas from the training, following an action learning approach, but this needed to be focused to individual school's needs in order to be of benefit. Staff needed further guidance in order to take a more objective approach to testing the effectiveness of chosen strategies.
 - Schools appreciated most the practical suggestions especially where they could see ideas being used; some staff also liked having a small amount of theory to back this up.
 - Schools liked having the opportunity to reflect on current practice and discuss how approaches and strategies in the training could be applied in their school.

- Training, particularly for aspects of language (Language and Learning Environment) needs to be differentiated more for KS1 / KS2 audiences. Some Key Stage 2 staff reported that they thought the impact of the training would not influence their practice, seeing it very much as a Key Stage 1 approach.
- Schools and SLTs preferred the twilight training option rather than whole-day training.
- The wave 2 intervention groups worked very well but the engagement with class teachers for the accompanying whole class activity was not consistent. Teachers were not trained in the intervention (alongside TAs) at the start of the pilot and so they were not completely engaged in the intervention programme.
- Working with parents
 - A clear strategy of engagement with parents at all three waves present to schools would have been useful. This could then be developed according to the needs of the school and the parents. Without this engagement can be too reliant on individuals.
 - The 'take home' activities to use with parents worked well, but there was some inconsistency both between schools and from week to week during the intervention programme. The home activities were added during the intervention rather than from the beginning and so were not seen as an integral part of the programme
- Evaluation
 - An evaluation framework agreed at the outset would have supported the evaluation and ensured better information gathering at the start of the project.
 - Communicating expectations of schools in terms of data gathering, with a clear rationale would have ensured this was firmly embedded as a key aspect of the project
 - Quick feedback of results of the assessment, testing, data analysis was useful in keeping schools on board with the evaluation

2. *Role of schools:*

- Sharing the role of coordinator between a number of staff – ensuring involvement of TA team, school senior leadership and teachers worked best.
- Schools that gained the most from the project engaged with it across all 3 waves as a whole school approach.
- SLTs working with class teachers, TAs and SENCOs had the best outcomes for children.
- School leadership support within the school was key in the successful implementation of all waves.
- The main challenges for schools in implementing *Talk Boost* were the availability of a suitably trained TA, flexible timetabling and careful preparation: where TA time was safeguarded and prioritised for the intervention, outcomes were best.

3. *Role of SLT*

- In schools with high EAL intake, ensuring that the SLT is experienced in working with children with EAL/having the necessary resources/having access to specialists was essential.
- The requirements for NHS administrative tasks for SLTs working in schools sometimes took them away from schools. The need for these activities should be made clear to schools and some flexibility is required around requirements for NHS admin.
- Having the same SLT for the duration of the project meant a greater degree of consistency and better impact.
- It was important to ensure that schools were aware of the SLT's need for professional development and that time away from schools is distributed fairly across the schools in the partnership.
- The most effective specialist support was through an SLT with strong links to the local SLT service.
- Having a SLT to deliver wave 1 training, whilst also being involved in other aspects of the project helped in terms of allowing the SLT to get to know the school, and for the SLT to see where the training fits with other priorities in the school.

How this learning and these recommendations have been addressed so far Solutions:

- I CAN's existing training materials for primary schools (*Primary Talk*) have been revised in the light of lessons learned about how to help teaching staff to learn about SLCN and to adapt their classroom practice to support all children's SLC.
- Likewise, *Primary Talk* accreditation includes good practice guidance on how to audit staff training needs as well as evaluate changes to classroom practice as a result of new learning.
- We hope to develop a practical, user friendly resource to help staff to develop communication supportive classrooms. The resource will encourage staff to reflect on training, to try out new approaches or strategies and then to discuss them in a feedback meeting.
- A commissioning guide for schools is being developed which will help schools design and provide support to meet all children's speech, language and communication skills development. The guide will stress the importance of senior leadership within the school and how to secure a whole school 'buy in' to the changes needed to develop teaching practice across the school. In addition there will be guidance on how best to use the specialist skills of an SLT and how SLTs work best in schools, as well as guidance on how to successfully engage with parents.
- *Talk Boost* materials have been revised and adapted in the light of findings from this project. Initial training includes both class teacher and TA and evaluation materials are included in the pack. Children's activity books provide quality, attractive reinforcement activities for children to do at home.

Discussion

During the analysis of the quantitative and qualitative data, eight key themes emerged. In this section, they are explored in relation to what is already known about working with children's language in schools. This adds something to the main report as it gives us room to explore some of the findings, and pull out some more key features of success.

1. Changing practice in schools

Studies have shown that you can change teachers' thinking about something without actually changing what those teachers do in classrooms³². Evaluation of ACTT shows that staff become more knowledgeable and confident in supporting children's speech, language and communication through ACTT. There are also some reported changes to practice, although not supported by independent observations. The adult learning model underpinning the training for schools in ACTT is based on that found to be most effective in changing practice: linking training to practice, involving reflection, emphasising peer support with structured professional dialogue and acknowledging individual teacher's starting points³³.

Other studies have shown that more tangible changes to practice, such as those involving physical changes to classroom set up happen more quickly than those which involve change to teaching approaches³⁴. However, the early changes we see reported through ACTT are positive signs that there will be longer term, more embedded change.

Our rich qualitative data demonstrating **how** changes to practice happened are useful additions to the evidence base:

- Headteachers and coordinators commented that running the TalkBoost groups had helped develop staff knowledge and skills, which would hopefully be transferred to other aspects of their work.
- Training evaluation feedback and interviews with headteachers showed that staff valued the opportunities in the training modules to discuss strategies, what they currently do across classes and ways that they might embed ideas from the training.
- Many staff welcomed the checklists provided as part of the training.
- One school decided to have a focus on adult use of questions following the training. Some teachers included questions as a section in their planning and reported it had made them more aware of the level of language they were using.
- Building in ways to measure the impact of changes staff made to practice e.g. video/count hands up/record average length of answer or number of pupils giving answers & record changes over time
- Shared training sessions with local schools where ideas could be exchanged
- Working more closely with a speech and language therapist (see below)

³² William D (2007) *Changing Classroom Practice* Educational Leadership Vol 6 no 4

³³ Cordingley et al (2005) *The impact of collaborative continuing professional development (CPD) on classroom teaching and learning. How do collaborative and sustained CPD and sustained but not collaborative CPD affect teaching and learning?* In: *Research Evidence in Education Library*. London: EPPI-Centre, Social Science Research Unit, Institute of Education, University of London.

³⁴ Lindsay, Dockrell, Law and Roulstone (2012) *Better Communication 2nd Interim research report* DfE

2. Changing perceptions about the role of the speech and language therapist

One of the key reasons that schools signed up to be involved in the ACTT project was the opportunity to have direct, school-based input from a speech and language therapist (SLT) for children with significant SLCN. In most regions, an additional outcome – often unexpected both for schools and SLTs – was the development of the way SLTs worked. Although many started with a focus on wave 3, their role became more varied, operating across the 3 waves of provision. The model allowed therapists to work in a more flexible, innovative and responsive way; and illustrates the role SLTs have in supporting all children's SLC³⁵. It gave schools, in general, a new experience of engaging with an SLT within the school setting, but also a new way of working for the SLTs themselves.

Therapists got involved in a broad range of activities, some more formal than others such as jointly running parent groups, running workshops, advising about the classroom environment, staffroom discussion. This was shown to be a powerful way of developing practice in schools and in meeting pupils' needs. For example, in Kirkby, the SLT introduced the use of Team Teaching in several schools.

'Claire took a class and the teacher observed and then the following week the teacher took the class and Claire observed and gave the teacher advice.'

St Michael and All Angels school, Kirkby

'One boy that Claire was seeing, she also worked with his class teacher and delivered team teaching. They had thought this boy would need referring to the language unit-he hasn't and is now age appropriate.'

Northwood School, Kirkby

For most SLTs, their previous experience of contact with schools was infrequent with limited contact with school staff.

'we would go and see them, take them out of class, give advice and then send targets afterwards... .. it was more just having their clinic appointment in schools rather than having a school based service.'

This meant that the project was a learning experience for both SLTs and schools – the schools understood the broader scope of the role of the SLT than they were used to, that they were going to be in school regularly, and be able to contribute across all three waves of provision, not just at wave 3 and not just with the children with longer term persistent difficulties. The SLTs learned about how schools worked, the curriculum, what they would be able to actively contribute to, and how to enable school staff to understand their role and use them effectively. They learned more about the families and the barriers to accessing SLT and could see at first hand the impact of the interventions on the child's functional language.

³⁵ Gascoigne M (2006) *Supporting children with speech, language and communication needs within integrated services* RCSLT Position paper

ACTT therapists identified the benefits to this way of working:

- They felt that children got the support they needed, for as long as they needed it
- They could prioritise time in a flexible way
- School staff became more confident as SLT support was not just for specific children
- Referrals became more appropriate
- Seeing the impact of SLCN in the functional environment, knowing children's strengths and needs, and therefore making target setting more appropriate
- More successful grouping of children

Their school colleagues added to the list:

- Advice for all children, whether in ACTT or not
- Relationships with staff – SLT 'would give confidence to staff to try things'.
- Regular access to and contact with the SLT – available by email and phone even when not in the school. Reduced paperwork for SENCo
- Children received SLT who would not otherwise have attended clinic

SLTs also saw that ACTT had made a difference to the way they worked as a therapist:

'I understand more about the curriculum and how teachers try and respond to the curriculum and struggle with putting targets in to the curriculum.....I would never give a big programme out to a teacher again, I don't think it helps at all but maybe just give a little bit at a time'

With a move towards more inclusive, school-based services for children with SLCN, there is concern about the lack of an evidence base, and the difficulty in addressing children's individual needs. A systematic review of school-based models concluded that the optimal combination of service delivery variables, such as intervention setting, dosage, and service provider roles, is likely to differ for individual children³⁶. ACTT provides a model flexible enough to ensure that that these variables can be flexibly adjusted to meet individual needs.

3. The role of school staff in supporting children's speech, language and communication

Best practice models of support for children's speech, language and communication identify that it should be a shared responsibility; shared between school staff and SLTs³⁷. However, school staff can need support to be confident in doing this³⁸. The ACTT project saw a shift in understanding of these roles, and gave school staff the knowledge and confidence to support children's speech, language and communication. In particular, school staff became more aware of the language and communication aspects that may previously have been

³⁶ Cirrin F et al (2010) *Evidence based systematic review: effects of different service delivery models on communication outcomes for elementary school-aged children* LSHSS Vol 41

³⁷ Gascoigne M (2006) *ibid*

³⁸ Hutchinson J and Clegg J (2011) *Education practitioner-led intervention to facilitate language learning in young children: an effectiveness study* CLTT Vol 27 no 2

interpreted in terms of the child's behaviour or the environment. For some staff, it also confirmed the attitude that SLC has to be a central aspect of learning.

Well I think in practical terms it actually makes a difference in removing barriers to learning of which there are many and the children, it's not just about the SLT it's actually a strategy that is of great benefit to virtually all children.

St John's school, Rochdale

In more than one report, Ofsted notes that the most effective teachers were those who saw teaching of SLC as a priority³⁹. In ACTT, in one region, a local authority advisor who observed two Talkboost sessions in a school recommended that it was signposted to other schools as an example of good practice. This fits very much with the model proposed by Jean Gross, Communication Champion, who saw the need for all staff to understand about children's language, but also for specialist roles to be developed amongst school staff.⁴⁰

4. Collaborative working

The relationship between SLT and school developed in different ways and at a different pace in different schools, but where they were most successful for both therapist and school a model of collaborative practice evolved that was characterised by: dialogue and information sharing; joint planning and evaluation; preparation and organisation; trust, understanding, and flexibility.

Close trans-disciplinary working through a collaborative model is the optimal way to ensure children's SLC needs are met. And yet this is not easy – there can be barriers relating to different cultures and approaches between health and education, but also logistical difficulties such as timetabling.⁴¹

Evidence shows that collaboration is most effective when the following elements are in place:

- Professionals having a clear understanding of each others' roles
- Therapists take account of educational context
- Teachers understand the importance of language to the whole curriculum
- Schools support therapists' involvement⁴²

The ACTT model enables all of these to develop – with all head teachers reporting that collaboration had improved and many head teachers identifying these very elements. Interestingly, having the SLT as part of the school community was seen as being one of the most effective features in the ACTT project allowing them to be involved in informal

³⁹ Ofsted (2011) *Excellence in English* and Ofsted (2012) *Moving English Forward: action to raise standards in English*

⁴⁰ Gross J (2011) *Two Years on: final report of the communication champion*

⁴¹ Baxter et al (2009) *Speech and language therapists and teachers working together: Exploring the issues* CLTT Vol 25; 2

⁴² Law et al (2001) *Provision for Children with speech, language needs in England and Wales: facilitating communication between education and health services* DfEE

conversations at break times and at the end of the school day – for feedback, planning and for timely problem solving.

‘it’s a triangle now: parent, school and the therapist rather than separate entities.’

St Michael and All Angels, Kirkby

School staff and SLTs felt this close collaboration to be one of the most exciting aspects of the project. A third partner was strong in ACTT - the multi-professional approach was supported by parents who when reflecting about what worked well in the project highlighted the issue of working together – the school, the therapist and the parent.

5. Identifying children with SLCN

The need for effective early identification leading to early intervention was one of the key themes of the Bercow Review⁴³. It is recognised that children are more likely to do well at school when the nature of their SLCN is recognised and understood⁴⁴. For many schools in ACTT, one of the initial reasons for getting involved with the project was to develop staff awareness of and skill in identifying children with SLCN; the fact that most saw this as a major positive outcome of the project is a clear benefit of the 3 wave model.

Initially, schools reported that they struggled to identify those children who would best benefit from a ‘catch up’ programme and to differentiate them from children who required a wave 3 intervention. However, as the programme became more embedded, the ways that children’s SLCN were identified changed.

The schools found having an SLT in school invaluable in supporting their developing awareness of knowing *which children* required *what kind* of support for their SLCN. SLTs could see pupils in class and see if a referral was necessary. It also meant that staff could discuss concerns they had about specific pupils before deciding whether to make a referral. However, the school staff’s own growing confidence meant that they began to rely less on the therapist for this decision-making.

‘... it helped us to sharpen up on the early identification of speech and language needs’

St Johns, Rochdale

‘As teachers have Wave 1 training they noticed things like the children speaking better but not necessarily understanding so they’d then go on Wave 2.’

Northwood, Kirkby

‘Picking your children for Wave 2 can be difficult to start with. As you get more experienced it becomes easier. It was hard for class teachers to pick the children, particularly the first time as you have “no benchmark”

St Michael and All Angels, Kirkby

⁴³ Bercow (2008)

⁴⁴ Dockrell J et al (2007) Raising the achievements of children and young people with specific language and communication needs and other special educational needs through school, work and college DfES

Towards the end of the project the SLC Progression Tool was introduced in schools. Teaching assistants were trained in using this so they could carry out a baseline assessment. They really liked doing as it gave them “ownership” of the project. They could see the impact of their teaching.

In one region, many schools had a high proportion of children with EAL. ACTT SLTs found that school staff often referred EAL children who did not have SLCN; some staff being unsure about typical language development in EAL children. There needed to be close collaboration with the SLT-EAL specialists in the local service so that children were accurately identified, assessed, supported – and where necessary referred on for more specialist intervention.

One school used the *Talkboost* baseline assessments (RAPT & Bus Story) to profile all children in the reception class. Although time consuming, staff felt that this provided them with essential information, from which to base decisions about on-going support.

Within the project, there were many examples of where this earlier identification had led to

- more appropriate support
- a change in understanding about SLC/N
- recognising older children who may have benefitted from support earlier in school
- increased understanding that SLCN can be about comprehension (receptive) aspects of language; some pupils with comprehension difficulties may have previously been overlooked until their difficulties became more apparent in later KS2.

*‘Thanks to **A Chance to Talk**, our staff team are now trained and confident in identifying children with delayed language or significant language difficulties. We are able to offer the right support at the right time to children we identify with communication needs to ensure children can fulfil their potential at school.’*

Sue Bennett, Headteacher, Shears Green School, Kent

6. Referral patterns

An integrated service that empowers parents and staff to support language can result in either a significant decrease in referrals to the speech and language therapy service⁴⁵, particularly in the early years. In the ACTT project, referral patterns varied and regions saw increases, decreases and changes to the timing of referrals.

In one region, the referral rate increased, but this was not seen to be a problem:

‘... over the course of the project the numbers of children known to SLT services have increased as the schools identify more children, the schools are putting forward the children who previously wouldn’t have access to clinic services – it’s not a worrying increase, it’s a positive increase....’

SLT Manager, Kirkby

⁴⁵ Gross J (2011) *Two Years on: final report of the communication champion*

In 2 regions, referrals reduced over time, got earlier and included children with needs which previously wouldn't have been identified, in particular those with receptive language difficulties.

'...we are referring much sooner.....but referring the children for the right level of support now (wave 2 or 3), and this has improved over time'.

Culverstone Green School, Kent

"..children that may have slipped through the net are getting referred earlier, they are being referred more for language rather than just speech.....its gone up because teachers are more aware, but also you know something will be done if you do refer".

Shears Green, Kent

In most regions, what was reported was an increase in *appropriate* referrals, as schools became more accurate in identifying the children who needed specialist intervention. This meant that compared with referrals before the project, referrals to local SLT services usually involved children with a more significant level of need.

The reasons behind these changes to referral patterns were varied:

- Schools were reporting that they identified children earlier and were able to spot previously overlooked SLCN as a result of their involvement with the project.

'now I sometimes look at children who are underachieving and who have been referred and I think 'ooh right' it wouldn't be strictly apparent if you didn't have those measures to check at wave 1 and then assess at wave 2'.

Milbrook School, Kirkby

- Interestingly, one school felt that previously they had accepted low levels of language as 'normal'. They described having 'set the bar too high' for referrals
- Staff also felt that Wave 1 training had increased their confidence to support them in the classroom – and this led to reduced numbers of referrals
- One SLT manager reflected that the significantly improved service in the eight schools involved, might mean that other local schools not involved in the project would become aware of their comparatively limited provision and refer more children.
- *'I think it will happen now that it's spreading out..... we will notice, because now this project is part of our core service the referrals within the service generally will increase tremendously.....'*

SLT manager Kent

- A number of head teachers felt that more children were referred because staff knew that some kind of intervention would follow, and that it would happen more quickly.
- Some SLTs pointed out that the referrals from schools were sometimes based on where a child could get a service; if they knew that parents would not be able to take them to clinic they would ask the ACTT SLT to prioritise them.

The most encouraging aspect of changes to referral patterns is that referrals have become more appropriate, based on a decision-making process that involves school and SLT working together.

'At first they didn't really know who to refer so some schools came up with massive lists which were just not manageable some schools couldn't think of any but have now increase their referrals and become more appropriate with them'

SLT Kirby

7. Working with parents

As children spend the majority of their time at home with their families, the important role of parents in supporting children's language development has long been recognised. For children with SLCN, parents continue to have a vital role in this throughout schooling⁴⁶. For many parents, the biggest change in a school-based, as opposed to clinic-based service was the accessibility of therapy; Parents liked having the SLT in school, they felt they had learnt more about the SLT's role and recognised the increased ease and quality of contact:

S. being seen in school for her speech therapy made my life a lot easier! In the past I dreaded getting appointments as it meant I had to leave work early every week ... which isn't easy to do. I don't really like her missing school either ... I liked meeting you [the SLT] in school and finding out about her problems and what you were going to be doing in school. It was good how you gave me work to do at home too so I knew what was going on.⁴⁷

In two regions, the SLT made use of their widening role in school and set up opportunities to meet groups of parents: through a parent workshop, or through social coffee mornings. These were highly valued by parents

For many schools, non-attendance at clinic was an issue raised from the start of the project. Working with SLTs in school meant that certain children were more likely to receive therapy. Children did not have to miss time off school to attend clinic sessions, and it was easier for children to get support where previously they may have missed clinic sessions.

Other, less predicted, benefits were identified by parents. Although only 31% of parents reported that they felt confident in supporting their child, this may have been because they became increasingly aware of the nature and wider impact of their child's SLCN. Parents saw an increase in confidence in their children alongside improved intelligibility, language and academic skills. They reported that children had reduced frustration levels and were more likely to persevere to get their message across⁴⁸.

⁴⁶ Palikara, O., Lindsay, G. and Dockrell, J. (2009) Voices of young people with a history of specific language impairment in the first year of post-16 education *International Journal of Language and Communication Disorders* 44:1 p56-78

⁴⁷ Parent of Wave 3 pupil, Rochdale

⁴⁸ Wave 3 Parent feedback forms

Conclusions

ACTT improves children's speech, language and communication – with associated impacts on their wider school performance. Having a whole school focus on all children's speech, language and communication enhances learning and improves outcomes for children.

These benefits are seen both through analysed data and by their teachers, head teachers and families. It is particularly effective for children with delayed language and for those with more complex SLCN.

Developing and running a school-based model, where professionals work closely together to support children's SLC can be challenging. However, there is universal acknowledgement of the benefits this can engender: creating a system for efficiently and effectively supporting children's language, while improving confidence and skill through a mutually supportive collaborative relationship.

ACTT provides a school-based model of commissioning to support all children's speech, language and communication across a region, which is viewed as value for money by commissioners.

Appendices

Appendix A: funders of ACTT

Man Group Charitable Trust
SHINE (Support and Help in Education)
BT
Sobell Foundation
Beatrice Laing Charitable Trust
Tilotson Bradbery Charitable Trust
Duchy of Lancaster Benevolent Fund
Goldsmiths' Company Charitable Trust
Thales Charitable Trust
The Communication Trust
Souter Charitable Trust
E L Rathbone Charitable Trust
Split Infinitive Charitable Trust
Ravensdale Trust
Proven Family Charitable Trust
Albert E Procter Charitable Trust
A M Pilkington Charitable Trust
E F Rathbone Charitable Trust
Rainford Trust
Hannah Bloom Charitable Trust
Promotion of English Trust
Ernest Cook Charitable Trust
Esmée Fairbairn Foundation
Equitable Charitable Trust
Rayne Foundation
Zochonis Charitable Trust
Sir James Roll Charitable Trust
EBM Charitable Trust
Souter Charitable Trust
Grand Charity
Pilkington CT

Appendix B: Extract from end of project interview (for full interview for head teachers and SLT service managers please contact I CAN)



ACTT Headteacher and/or ACTT Co-ordinator interview

Feedback comments from [name of school]:

Headteacher:

Co-ordinator:

I CAN Advisor for ACTT:

Date:

Interviewed by:

Permission given to use comments / quotes given: **YES / NO**

BACKGROUND INFORMATION

What is your current role? (*if ACTT co-ordinator*)

Why did your school decide to sign up for ACTT?

1. IMPLEMENTING ACTT

How easy/difficult was it to implement ACTT in your school?

Think about each part of the programme

1.1 Thinking about Wave 1 – the training for all staff

1.11 What factors facilitated the implementation of this/What made it work?

1.12 What were the challenges of implementing the training?

1.13 With hindsight, is there anything you would have done differently?

1.14 To what extent did the training and resources meet staff's needs? (e.g. balance between theory and practical ideas)

1 = did not meet needs at all; 10 = met staff's needs fully

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

1.15 How easy was it to put the ideas into practice following the training?

What helped?

What were the challenges?

1.2 Thinking now about Wave 2 – the ‘Catch up ‘ programme (Talk Boost)

1.21 What factors facilitated the implementation of the intervention programme? What worked well?

1.22 What were the challenges of implementing the intervention programme?

1.23 With hindsight, is there anything you would have done differently?

1.3 And finally – think about Wave 3 – having a specialist/specialists working with children with SLCN in school

1.31 Was it easy to make this work? What helped?

1.32 What were the challenges?

1.33 With hindsight, is there anything you would have done differently to make working with the specialist easier?

1.4 On a scale of 1-10 to what extent did ACTT meet your expectations?

Where 1 = not at all, and 10 = totally

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Comment:

2. IMPACT OF ACTT

2.1 What impact, if any, did the ACTT programme have in your school?

2.1.1 On staff knowledge and understanding about SLC/N

1 = no impact at all and 10 = substantial change to their knowledge and understanding

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Please give examples of the type of impact you have observed or that staff/pupils have reported (please note specific examples to follow up later)

2.1.2 On teaching practice.

1 = no impact at all and 10 = changed practice substantially

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Please give examples of the type of impact you have observed or that staff/pupils have reported (please note specific examples to follow up later)

2.1.3 On pupils' learning.

First, **children with SLCN – the wave 2 and 3 children**

1 = no impact and 10 = substantial impact.

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Prompt engagement, behaviour for learning. Please give examples of the type of impact you have observed or that staff/pupils have reported (please note specific examples to follow up later)

Now, **children with no SLCN**

1 = no impact and 10 = substantial impact.

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Prompt engagement, behaviour for learning. Please give examples of the type of impact you have observed or that staff/pupils have reported (please note specific examples to follow up later)

2.1.4 On pupils' behaviour.

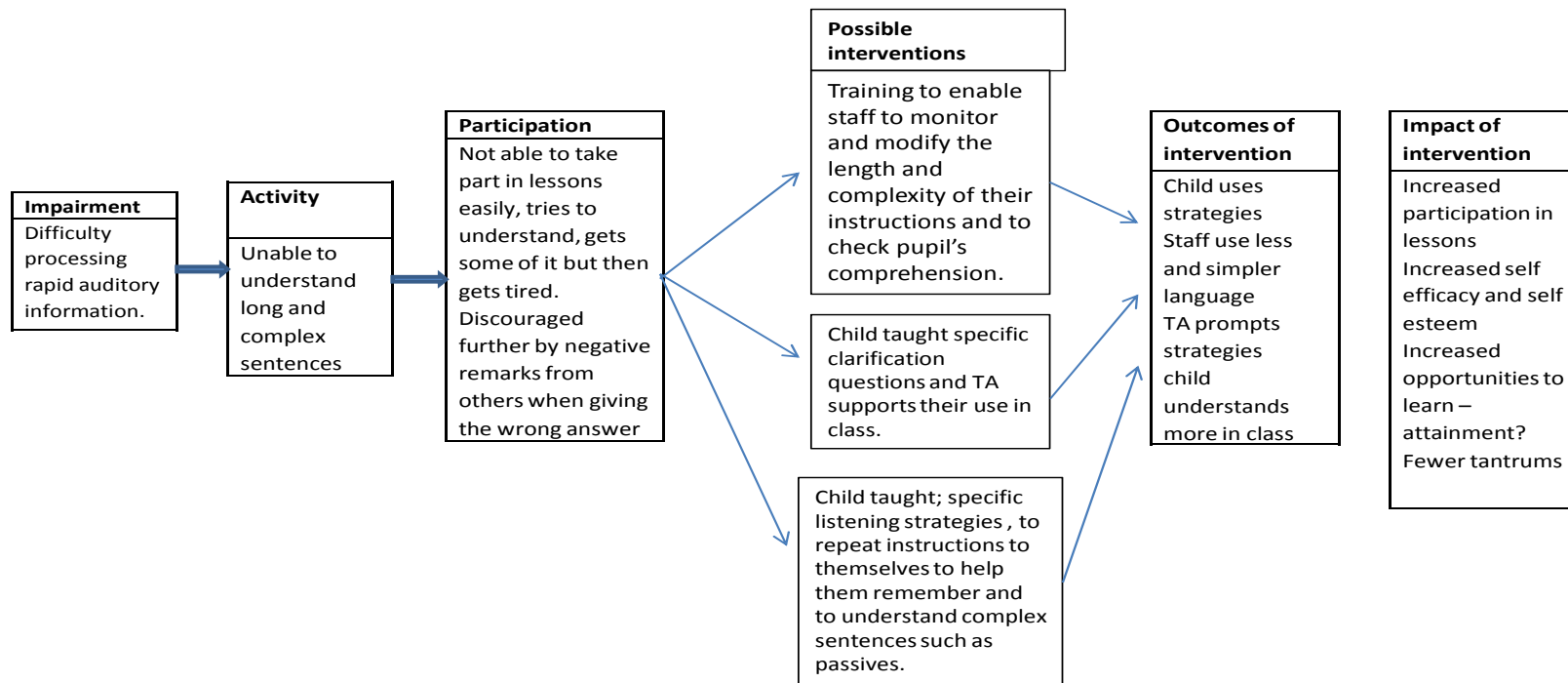
First, **children with SLCN – the wave 2 and 3 children**

1 = no impact and 10 = substantial impact.

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Please give examples of the type of impact you have observed or that staff/pupils have reported (please note specific examples to follow up later)

Appendix C Logic framework for evaluation at wave 3



Appendix D

Results where outcomes are available for children supported at wave 3

Outcomes					
Pilot	Most 80-100%	Majority 51-79%	Minority 20-49%	Few 0-19%	Targets not reviewed
Gravesham	42%	29%	24%	5%	0%
Kirkby	36%	40%	7%	4%	14%
Rochdale	46%	15%	20%	5%	15%
N Yorks	41%	32%	15%	5%	7%
NB N Yorks 61% forms not completed					
NB: % is of outcome codes NOT children					

Appendix E Child Attitude survey

A Chance to Talk Children's Attitude Survey

To be completed with Teacher or Teaching Assistant. Record any additional comments in the box below. **Use the faces on a separate card** to help child indicate level of feeling.

Name of child:

School:

Year Group:

Date:

Pre / Post Intervention (delete as applicable)

1. When you go to school, do you feel? (point to card)

very sad *sad* *OK* *happy* *very happy*

2. When you go to [name of wave 2 intervention in your school], do you feel ...?

very sad *sad* *OK* *happy* *very happy*

3. How good are you at talking?

Terrible *Not Good* *OK* *Good* *Great*

4. How good does your teacher think you are at talking?

Terrible *Not Good* *OK* *Good* *Great*

5. How is talking and playing with your friends?

Terrible *Not Good* *OK* *Good* *Great*

6. Saying what you think in lessons – is it ...?

Terrible *Not Good* *OK* *Good* *Great*

7. Asking for help when you are stuck in lessons – is it ...?

Terrible *Not Good* *OK* *Good* *Great*

Do you want to tell me anything else?

Appendix F: classroom strategies reported to be used

- Encouraging listening skills
- More focus on S and L
- Team Teaching with an SLT
- Explicit teaching of new words
- Increased awareness in teaching staff
- Modelling correct speech
- Reinforcing good speaking and listening skills
- Using TA's to ensure children are understanding what the teacher has said
- Thinking time
- Teacher using more pauses, slower speech
- Visual aids - timetables, happy faces etc as prompts for learning and behaviour
- More discussion before writing
- Lunchtime clubs - Chatter Club
- Talking homework – asking questions to find out information at home, reading with someone, discussion at home