

The Link

ISSUE 12 2018

RRP: £4.95

PUBLISHED BY SPEECH LINK MULTIMEDIA LTD



WORKING WITH CHILDREN
WITH A CLEFT

SUPPORTING ACTIVE ENGAGEMENT
IN YOUR CLASSROOM

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Editor's Letter

The Link magazine is published by Speech Link Multimedia Ltd and posted FREE of charge to all UK primary schools. We aim to provide helpful speech and language articles for any school staff supporting children with SLCN.

In a changing world, what remains the same is the growing number of children needing our support with their speech, language and communication difficulties. It is reassuring that the practical support we use doesn't change dramatically year on year but we can all benefit from an update to our knowledge and best practice from which to copy.

This month we have included feature articles that give you help with less everyday difficulties. Our first is **Speech and Language Tips for Working with Children with a Cleft**, written by Kenny Ardouin from CLAPA. Also our regular contributors, Scot Greathead and Rhiannon Yates, give practical advice on how to **Support Active Engagement in the Classroom**.

Here in the Speech Link Multimedia Ltd office, we have been touched

by one of our regular articles **From One TA to Another**. Claire Chambers shares a case study of her experience on how to support a child with global delay after she suffered from a death in the family.

There was a great response from our readers to Shelley Parkin's **Ask a Therapist** column. Please do contact us if you have any questions or suggestions that you feel your fellow readers in all the primary schools in the UK would benefit from.

Once again the Speech Link Multimedia Ltd brochure is at the back of this issue. Have a read to find out more about our SLCN support packages. We offer a free trial to any school SENCO interested in finding out how the packages are designed for them so please contact our Help Desk to receive your complementary username and password. And should you love what you see, our offer of **£150 discount off the purchase of a new Junior Language Link package** will be too good to resist.

www.speechandlanguage.info

Contact our Help Desk at office2@speechlink.co.uk or phone 0333 577 0784



@SpeechLink



Something to share?
Contribute to The Link magazine by writing to us at office2@speechlink.co.uk



Selective Mutism vs. Reluctant Talker



By Maggie Johnson, Speech and Language Therapist Advisor

It is important to differentiate between these two terms. Reluctance to talk is not a milder form of selective mutism (SM), on a continuum with SM, or a 'softer' name for SM. If we need an alternative to 'SM' or are unsure of the diagnosis, we could refer to 'fear of talking', 'anxiety/worry about talking', or 'speech-anxiety'.

Reluctance to talk

ALL of us are reluctant to talk at times and are usually aware of the reason:

- we don't know what to say or how to say it
- we are embarrassed about our speech
- we don't want to say the wrong thing or cause offence
- we don't want to look stupid
- we don't want to be corrected, teased, or misunderstood
- we feel too tired, upset or overwhelmed to speak
- there's a particular person who has upset us
- we feel unsure of ourselves and lack the confidence to initiate conversation (this includes shyness)

But these things rarely prevent us talking *completely* to certain people for a *whole month* and longer, which is what happens with SM. We'd be able to talk to that person in a different situation. Even when someone upsets us, long-term feuds are rare and an apology works wonders!

Children may also be reluctant to talk if they're worried about getting told off, if they are constantly corrected, don't know people very

well or are unsure of the answer or what to say. Don't forget that this applies to children with SM too! So, to make a diagnosis of SM we need to find situations where none of these explanations apply and the child knows exactly what to say but does not speak, e.g. answering the register; playing a favourite game; responding yes or no in a structured activity; talking to their parents or friends in close proximity of others.

Selective mutism

Children and young people with SM have no idea why they can't talk - they want to talk but something prevents it happening. The simple act of talking creates a sense of panic. It is nothing to do with the perceived *consequences* of talking, or their general mood, the language demands, the social circumstances or the other person (they have no issues with that person, other than the expectation to talk to them - if they were 100% sure there was no need to speak, they wouldn't avoid that person).

So, in direct contrast with the above reasons for reluctance to speak:

- children who have SM know exactly what to say but still can't say it (e.g. they can play a verbal game like Guess Who? with some people but not others)
- they are overly self-conscious about being overheard talking to their family, even when it is extremely unlikely that nearby strangers will be interested enough to stop what they are doing and join in the conversation
- even when they know their

answer is correct and have been reassured it's 'safe' to speak, they cannot get the words out

- they worry that **not** speaking will make them look stupid but still can't speak (*apart from children with low-profile SM who manage a word or two under duress*)
- they cannot participate in activities where there's no chance of being misunderstood or corrected (e.g. singing or talking in unison)
- they do not vocalise at all with certain people (even to laugh, cry, etc.)
- they do not speak to most new people that they meet, even after meeting those people several times within a four-week period
- it's not personal - they have difficulty speaking to both strangers and people they know well, and to people they like a lot and people they are wary of.

It is important that we do not use the terms 'reluctant talker' and 'selective mutism' interchangeably, as there are significant differences between the two and different implications for management. If you have concerns about a child, you can consider appropriate support strategies using advice from your local speech and language therapy or psychology service or *The Selective Mutism Resource Manual*, second edition (2016), by Maggie Johnson and Alison Wintgens, Speechmark Publishing Ltd. A full guide can be downloaded at www.selectivemutism.org.uk/info-where-to-get-help-with-selective-mutism/.

SPEECH & LANGUAGE TIPS FOR WORKING WITH CHILDREN WITH A CLEFT

By Kenny Ardouin – BSLP (Hons), Adult Services Coordinator, Cleft Lip & Palate Association



CLAPA Cleft Lip & Palate Association

Text
CLAPO2 to
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today

Three babies are born with a cleft every day in the United Kingdom. CLAPA works to support them and their families from diagnosis through to adulthood

@clapacommunity @clapacommunity
Cleft Lip and Palate Association
www.clapa.com

Around 1 in 700 children in the UK are born with a cleft lip and/or cleft palate. This happens when the two sides of the lip and/or hard and soft palate (roof of the mouth) don't join together and form a seam during antenatal development. The resulting gap or 'cleft' leads to an altered appearance, and often can result in difficulties with speech and hearing which are important to be aware of in the classroom environment.

Fortunately, with a bit of understanding and support, children who were born with a cleft can succeed in the classroom and achieve their literacy goals.

Common difficulties with speech

For the vast majority of children who were born with a cleft, their **language** development is unaffected, and they have a typically developing understanding of language, an age-appropriate vocabulary and understanding of language structure and conventions. As with any child, it is important to foster their development of language by regularly reading with them and including them in the literacy programme with the rest of the classroom.

It is not uncommon, however, for children with a cleft palate to have difficulties with their **speech**. Even after a cleft palate has been repaired, many children will still have lingering speech concerns. This can be for a number of reasons. For example, they may still have a residual hole (*fistula*) in the roof of their mouth which

means they have no place to put their tongue to make certain speech sounds such as k, g, t, d, sh, ch, s and z. This is like trying to play a piano with one or more keys missing – no matter how great a pianist you are, you won't be able to play those missing notes. Surgery is generally needed to replace the missing 'keys'.

While they are waiting for this to be repaired, many children develop what is known as *compensatory articulation* where they substitute the target sound with a sound that they know how to make. A common example would be using a glottal stop, so instead of saying the 't' in 'bottle', they use a glottal stop: 'bo-le'. This often makes little sense to the uninitiated. After surgery to address the structural issues preventing them from making the right sounds, children will be trained out of using compensatory articulation through speech therapy.

It is incredibly frustrating to have intact language and know exactly what you want to say, but be unable to express yourself in a way in which others can understand you. Talk with those who know the child best to understand the sounds the child uses to compensate for the sounds that they may be missing, and take the time to give the child your undivided attention when they are communicating with you.

Even after surgery, there can be other factors which make it harder to be understood – for example missing teeth makes it more difficult to make certain sounds, and air escaping through the nose (known as *hypernasality*) can make it more difficult for others to understand. For many children, this is exacerbated by talking quickly, or when they are tired. In these cases, encouraging the child to slow down and almost exaggerate the pronunciation of the speech sounds could help (we call this a *speed-accuracy trade-off*).

Modelling

It's important to expose children to the right way to produce various speech sounds. One of the most effective ways of doing this is to simply model back, and expand upon what has already been said. For example, if a child with a cleft palate said 'wa-er bo-le' for *water bottle*, you could respond with "Yes, that is your water bottle." In doing so, you have modelled the correct pronunciation of the t sound and expanded on the child's utterance in a way that has validated their communicative intent (i.e. you are acknowledging that you understood the message they were attempting to convey). It's important not to tell them their message was wrong as you do not wish to discourage them from speaking – rather, simply model back the correct pronunciation and then progress the conversation.

Another excellent opportunity for modelling is sounding out the words in a book while reading it aloud – for example "d-o-g, dog! k-a-t, cat!" (*phonics*). In addition to providing a chance to practise the various sounds within a word, you are also teaching a child how the written form of language (print) links to the oral form of language (speech), a cornerstone for literacy development. Be sure to provide lots of *specific* praise when they do well – for example, "I loved the way you made that k sound at the start of cat!" rather than general praise such as "good job".

Understand a child's limits

It's important to realise that if a child is awaiting a speech related surgery, chances are there are one or more sounds that they are not physically able to make. If a child is repeatedly asked to perform a task that they just are not able to do, they will become frustrated and unlikely to continue to cooperate. It is a far better use of time to focus

on sounds which although the child finds hard, they are able to make with prompting and encouragement is (we call this being *stimulable*), rather than sounds which they are not stimulable for.

Keep a look out for hearing difficulties

With the palate and ears being so intimately connected, it is little surprise that many children with a cleft palate experience hearing difficulties as a result of *otitis media* (glue ear). In many cases, this is managed with grommets and usually is short-lived, although a small number of children with a cleft will have persistent hearing difficulties which may come and go. When hearing is impacted, it becomes difficult for a child to learn in the classroom environment, they may start to misbehave, and their speech may also be impacted as they cannot hear the speech that is modelled to them. If you suspect hearing difficulties, a referral to audiology would be prudent. Resolving any hearing difficulties will vastly improve the child's engagement and ability to learn.

More Information

Visit www.clapa.com to find more practical tips and advice for supporting speech development, as well as other things teachers can do to help children born with a cleft reach their full potential at school.

CLAPA 
Cleft Lip & Palate Association

From One TA to Another

For more advice visit
The Link
Online

When the Worst Happens - A Case Study

By Claire Chambers, Speech and Language Therapy Assistant

- Every 20 minutes a parent of dependent children dies in the UK (childbereavementuk.org)
- 42% of marriages in England and Wales end in divorce
- Over 58,000 children in the UK were identified as needing protection from abuse in 2017 (NSPCC)

Other life changing experiences - moving to a new area, transferring to a new school, losing a pet - can all impact greatly on a child's life.

Supporting all our children who experience trauma is challenging. When the child has speech, language and communication difficulties, it would be fair to say that an extra layer of consideration is needed to try and support their understanding about what is happening.

Several years ago, I was working at a mainstream junior school supporting a girl (whom I will call Sarah), who had global delay. Sarah was a delight although required lots of 1-1 support as she was only able to access a limited amount of the curriculum and was transferring to specialist provision at the end of primary school. She was liked well enough by her peers but didn't really have a friendship group that she belonged to and would very much be on the periphery. Tragedy struck her family when her older sister died very suddenly. Sarah arrived at school the next day bewildered, in shock, and unable to comprehend what had happened.

Of course, everyone at school was informed. The Head called a special assembly; her peers supported

her in lessons and at break and began to include her in all their games and activities. Initially Sarah seemed to delight in this attention but her behaviour quickly changed. She became sillier, laughing at inappropriate times, playing the clown in class and becoming cheeky and more daring as she struggled to cope with her feelings.

After a few weeks, Sarah found herself back where she was before, on the outside looking in, but with terrible feelings of anger and distress that she was unable to verbalise, because she didn't have the right tools. A typical day would go like this:

- Logging into the computer and viewing the newspaper article frequently throughout the day (help was needed with this on each occasion)
- Any mention of death would send her in to a frenzy; subjects such as RE and History became no-go areas
- Challenging behaviour and unpredictable mood swings

Our fantastic staff, Flo and parents were of huge support to Sarah and her family, but what else helped her get through each painful day at school?

- Making a book about her sister, drawings, feelings, letters and

pictures for her were all included. She also took this to her new school on Transition Day

- Answering honestly and truthfully to her questions; particularly around the funeral and what it entailed
- Giving her space to shout and cry and to talk
- Offering alternative activities when a subject was likely to add to her distress - in particular RE
- It really helped that Sarah had a 'structured' day at school as far as was possible after a few weeks. This sometimes meant being a bit firm, yet gentle at times. Going to assembly, going to literacy and numeracy groups and being encouraged to ask permission to leave the class are part of a normal day at school and so we tried to follow this routine where possible.

Despite the challenges, her resilience shone through and she is now at secondary school and doing well. When I reflect on that year, I know that ultimately Sarah felt secure and safe and was able to put her trust in the staff.

That year made a huge impact on us as a team and we are certainly not alone in having to support young people who are living with life changing circumstances.

Some really good support and resources are available to help you:

Partnership for Children – www.partnershipforchildren.org.uk

Child Bereavement UK Helpline - 0800 0288840

NSPCC Separation, divorce and contact – www.nspcc.org.uk

Back Pocket Teacher - www.backpocketteacher.co.uk

£150 Discount

Buy Junior Language Link for only £275*

Junior Language Link Supports Teachers of Children with SLCN

- Web-based packages delivered on a secure platform. One licence covers all school computers and all pupils aged 7-11 years.
- Standardised assessments (including figurative language & narrative inference) for early identification of children with SLCN.
- Class/year group provision maps and Ofsted-ready reports.
- Early targeted interventions, managed by support staff.
- Progress measures include engagement ratings, pupil & parent views.
- Builds staff knowledge and skills in SLCN.
- Evidence of the impact of Pupil Premium.

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Email: office2@speechlink.co.uk



*Use promotional code **LINK12**

*Offer excludes VAT (total price £330)

*Offer expires on 15 January 2019





5 WAYS TO SUPPORT ACTIVE ENGAGEMENT IN YOUR CLASSROOM...

‘Getting children addicted to learning’!

by Scot Greathead (Consultant Speech and Language Therapist)
and Dr Rhiannon Yates (Educational Psychologist)

For many years, educators have spoken about how structuring activities to foster ‘engagement’ results in learners becoming self-motivated to interact with the content of lessons resulting in deeper and more memorable learning experiences...

Why are education professionals so interested in active engagement?

When children are ‘actively engaged’ in a task then the *process of learning* becomes more motivating to the learner than completing the task. Intrinsic motivation is a powerful driver; learners can be compelled to independently seek out more information about a topic, make deeper and more meaningful connections between new and

existing skills and knowledge, explore task materials and seek collaboration with other learners to solve problems.

What does neuroscience tell us?

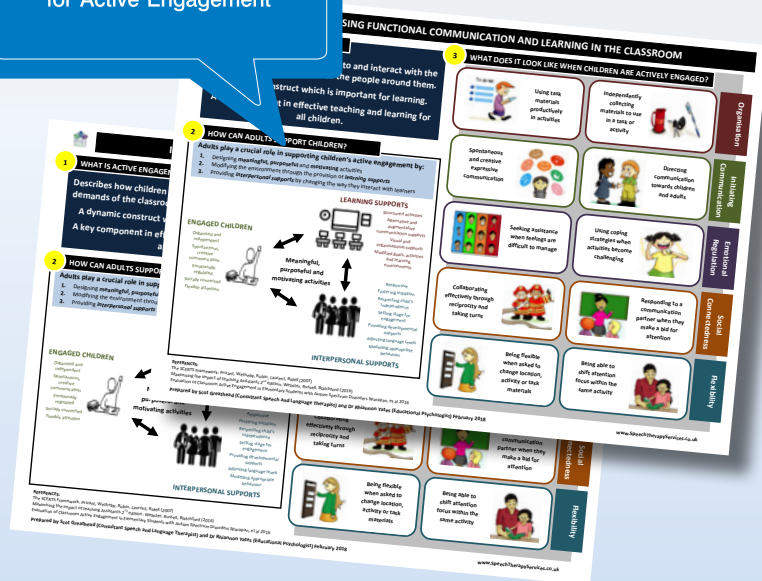
Research into learning has found that when children are intrinsically motivated to learn, then the brain’s reward centre is extremely active, releasing the neurotransmitter, dopamine. Dopamine has a unique effect on the memory centres of the brain. When learners are exposed to information whilst dopamine is being released, then they are more likely to be able to remember and recall that information. You just have to compare children’s somewhat incredible ability to remember the names of a seemingly endless list of Pokemon characters and yet

struggle to remember the names of 3D shapes learnt in a maths lesson!

What does active engagement look like?

Until recently, educational professionals have not had a clear idea about what active engagement looks like, but a pioneering study to explore how teachers can foster greater levels of active engagement for autistic children in their classrooms has shed some light on what it means to be actively engaged. This study defines active engagement as a set of five behaviours, described in the infographic opposite. The greater number of these behaviours that pupils spontaneously demonstrate during activities relate to higher levels of active engagement.

Visit The Link at
www.speechandlanguage.info
 to download this poster
 for Active Engagement



Social communication provides the fuel for active engagement

In the same study, educators and researchers worked together to modify learning activities so that children were encouraged to be more responsible for organising their learning materials, had more opportunities to collaborate with their peers and were given more visual content so that children could talk about what they were learning with each other. In a randomised control trial, those pupils who were given modified activities displayed more behaviours associated with active engagement than those pupils who were exposed to more traditional, teacher-directed methods of teaching.

What does that mean for my classroom?

A few small modifications in your teaching style can result in significant changes in the way that children learn. Start small and try to build one of the suggestions below into each lesson. Use the list opposite to see if there are any changes in the way that children talk about and show how they're acquiring new skills and knowledge. For children with SEN, who may have challenges with social communication, language learning or emotional regulation, a Speech and Language Therapist, Occupational Therapist or Educational Psychologist may be able to offer more specialist strategies which enable these children to participate in the classroom as much as their peers.

5 WAYS OF GETTING PUPILS MORE INVOLVED IN THEIR LEARNING

1. Use written **learning objectives** and **learning schedules** at the start of each lesson and then ask pupils to discuss them with each other at the end of the lesson.
2. Incorporate **movement** into learning! Research suggests that children who use gesture whilst completing maths problems, role play during literacy and are allowed to organise and manipulate task materials show a deeper understanding of subjects.
3. Build **resilience** by giving feedback to children about their **efforts rather than their intelligence!** Children who are praised for the effort they put into learning are more likely to try new things than children who are told by adults that they are 'clever'.
4. Create **unpredictability and excitement!** When you're asking questions in class, pick out children's names from a cup of lollypop sticks with their names written on them. Be aware that this can cause some stress for children so ensure that you allow kids to respond with 'give me a clue' or 'I want to ask a friend' scripts!
5. Try to create a **conversation** with children rather than teaching being '**one directional**'. Leave spaces for children to finish the ends of sentence or ask children to become the teacher and talk about text or diagrams on the blackboard to the rest of the class.

Speech & Language Games for the classroom

Designed for

- Schools
- Parents
- SLTs



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Ask a Therapist

by Shelley Parkin, Speech and Language Therapist

QUESTION:

Have you got any advice for a pupil who does not listen or pay attention in their language group?

Answer: This can be very frustrating when you're trying to support a child's language skills, but they do not appear to engage in the sessions. The important question to ask yourself is, 'is this child not listening to me and so **therefore** doesn't understand?' or 'is this child not listening to me **because** he has difficulty understanding?' It is not always easy to tell these apart, especially if a child has become very good at masking their difficulties and knows just how to take the focus off their abilities.

If a child is persistently struggling with attention, consider whether the child could be struggling with the language level used in the group. When a child (or indeed an adult) is finding it difficult to understand something, they will soon 'switch off' and turn their attention to something else. If this happens repeatedly, the child may come to expect they won't understand, and may not engage from the outset. It's possible this child may benefit from some 1:1 intervention, where you can adjust your language level to that of the individual child.

Attention, like many things, is a skill that develops over time. It can be practised and supported and improvements can be made. Attention usually develops in stages-very young babies' attention is only fleeting, but by age two, they can attend to their activity for longer. At this stage, their attention is totally directed towards the activity and any speech directed at them is only going to interfere with that. By age three, children can attend to a speaker, but will need some help to redirect their attention. By age four, they become a bit more independent at switching this focus of attention. By the time the child reaches five years of age, they no longer have to stop what they are doing to listen to what you are saying to them. However, it may not be until they are six years old that they can listen and attend well in class. Of course, many children will take longer to develop these

skills, and will need opportunities to practise their attention control in small group settings.

Consider how much talking is done in your language group session-many children find it easier to sustain their attention for longer periods if you alternate 'listening' and 'doing'. Make sure the children are actively involved and not having to wait too long between turns. This could involve giving that child a task, such as placing a mark next to each child's name or picture when they've had a turn. Some children may need an explicit signal that it's time to listen, such as calling their name. If you have tried a range of strategies and have not noticed any change, you may need to discuss this with the child's teacher and school SENCo to consider whether a referral to specialist services is appropriate.

DO YOU HAVE A QUESTION?

Email our therapist at office2@speechlink.co.uk





Supporting Speech and Language in the classroom





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THE IMPACT OF SLCN: THE CHALLENGE FACING SCHOOLS

Good language skills are linked to achievement and life chances. A child starting school with poor language skills faces an uphill struggle to catch up. Unsupported language delays affect **attainment**, learning, **literacy**, social relationships, behaviour, **mental health** and ultimately employment and social mobility. Even minor language delays at age 5 can, if unsupported, impact on attainment.

Around 25% of children starting school across the UK have poor speech and language skills. This figure rises sharply for children growing up in poverty. Some language problems are obvious and linked to other developmental difficulties. However, many are less easy to observe and can remain hidden for some time.

Without addressing SLCN, schools cannot raise attainment. Yet how can schools do this when many children will not meet the referral criteria for local NHS Speech and Language Therapy services?

Our services/packages help schools to ensure **early identification** and **intervention** to **raise attainment** and **narrow the gap** between disadvantaged and non-disadvantaged children. They are designed to complement the support from local Speech and Language Therapists.

DID YOU KNOW...

- THE GAP BETWEEN THE BEST AND WORST 10 YEAR OLD READERS IS 7 YEARS
- VOCABULARY AT AGE 5 IS A RELIABLE PREDICTOR OF LATER ACADEMIC ACHIEVEMENT
- GOOD LANGUAGE SKILLS ARE THE BEST WAY TO IMPROVE SOCIAL MOBILITY
- 1 IN SIX CHILDREN IN SCHOOL DO NOT HAVE ENGLISH AS THEIR FIRST LANGUAGE
- HALF THE CHILDREN REFERRED TO MENTAL HEALTH SERVICES HAVE SIGNIFICANT LANGUAGE DIFFICULTIES

Sources: Early Language Delays in the UK. Law, J. et al (2013), Read On Get On campaign (2014) Save the Children, Early Intervention Foundation report (2015), I CAN report (2016).

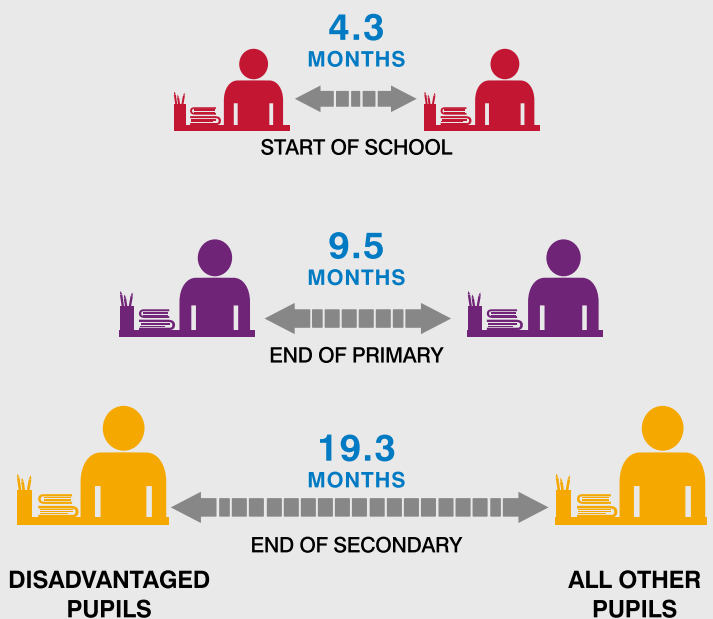
81%

OF CHILDREN WITH EMOTIONAL AND BEHAVIOURAL DIFFICULTIES HAVE UNDERLYING LANGUAGE PROBLEMS

ICAN Impact Report 2016/17

1 IN 3 CHILDREN GROWING UP IN POVERTY HAVE DELAYED LANGUAGE

THE DISADVANTAGE GAP



"Closing the gap? Trends in educational attainment and disadvantage."
Education Policy Institute, July 2017

BOOK A
FREE
TRIAL

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“as a school we have been using the Language Link interventions programme over the past 5 years and it had proved invaluable with regard to narrowing the attainment gap and helping children to achieve.”

**EARLY YEARS TEACHER,
BRIDGEHALL PRIMARY SCHOOL,
STOCKPORT**

**“22% OF SEN SUPPORT PUPILS
IN ENGLAND HAVE SLCN AS
THEIR PRIMARY NEED ”**

DFE SCHOOL CENSUS DATA 2017





OUR COMPANY

Speech Link Multimedia Ltd provides unique award-winning packages, enabling schools to identify and support children with speech, language and communication needs (SLCN) and those new to English (EAL).

We are passionate about supporting schools to help ALL children build communication skills for life and are established in over 3,500 primary and secondary schools.

CASE STUDY

The Scarborough Pledge has supported its coastal schools to address concerns about pupils' poor levels of Speech and Language development. This has been made possible through Language Link - an interactive child-friendly system that screens children from Reception class through to Year 6. Initially the project was for 5 schools but due to the success of the pilot, a further 10 schools joined the project in 2017.

The programme has not only been highly effective in identifying children whose teachers did not think they had communication or comprehension gaps, but the children have also made accelerated progress. It's a joy to work with and to see the children make progress because they have access to the interventions that meet their personalised needs.

Vicki Logan, Headteacher, Overdale CP School, Scarborough

THE DIFFERENCE WE ARE MAKING

73%

- the percentage of Reception/P1 children with mild/moderate delays whose scores improved to the age-typical range following Language Link interventions.

94%

- the percentage of school staff/teachers who had seen improvements in understanding, communication, listening and participation.

77%

- the percentage of class teachers who believe that Language Link has a direct impact on pupil attainment.

72%

- the percentage of support staff who changed the way they work with pupils after using Language Link.

9000+

- the number of intervention groups completed annually.

136,821

the number of Language Link assessments completed by schools (Sep-Feb 2017).



SPEECH LINK AND LANGUAGE LINK

Our serviced packages

Speech Link and Language Link provide online SLCN assessments, tailored interventions, resources, data analysis and in-product training enabling you to make the best use of external agency support, saving you time and money.

Our packages are written by speech and language therapists. Their specialist knowledge enhances the SENCO's graduated approach to Additional Educational Needs. Each package provides clear advice to support teachers in their decision whether a child needs to be seen by a speech and language therapist or supported with a programme in class. All the planning, resources and training to deliver programmes form an integral part of each package.

Our SLCN magazine is packed full of advice, tips and resources. Delivered FREE to your school.

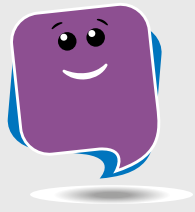


“This is an amazing programme of work that eliminates all the making of resources, assessing children then having to collate all the results so you can produce cast iron evidence of the children’s progress.”

ELAINE PACE,
FURZE INFANT SCHOOL,
LONDON BOROUGH OF
BARKING & DAGENHAM

“This is the best ICT assessment programme I have ever invested in.”

D GARNER, SENCO



OUR PACKAGES LANGUAGE LINK

Infant Language Link and **Junior Language Link** provide schools with online tools to identify difficulties understanding language and provide timely targeted interventions.

With 3 standardised child friendly assessments, over 1,000 colourful resources, 22 planned termly language groups, 34 individual supplementary teaching plans and 78 handouts for parents, the Language Link packages are the most comprehensive set of tools available for SLCN. Each package includes an online training course, a friendly Help Desk with speech and language therapist support to help you make the most of these powerful tools. All this for a modest annual subscription, less than one pupil premium or equivalent!

Identification



Children are assessed using our online, adult-led standardised assessments. Fun, quick and easily accessible, they assess children's understanding of language across key areas appropriate for their age. Instant results will identify children who need specialist support and recommend appropriate class and small group interventions so you can target help at the right level where it is most needed.

A set of comprehensive progress measures establishes how the child is coping in the classroom. These help teachers set targets for improvement across key skills including communication, participation, listening, active involvement and social confidence.

Intervention



The Language Link packages provide planned and resourced interventions for a graduated approach:

- **Whole class** – high quality teaching strategies and classroom resources allow the teacher to support speech and language difficulties universally
- **Group interventions** – small planned and fully resourced language groups allow the support staff to provide targeted interventions
- **Individual interventions** – for pupils who need a little bit extra following a group, our supplementary teaching plans allow teachers and support staff to offer intensive focussed support in the classroom.

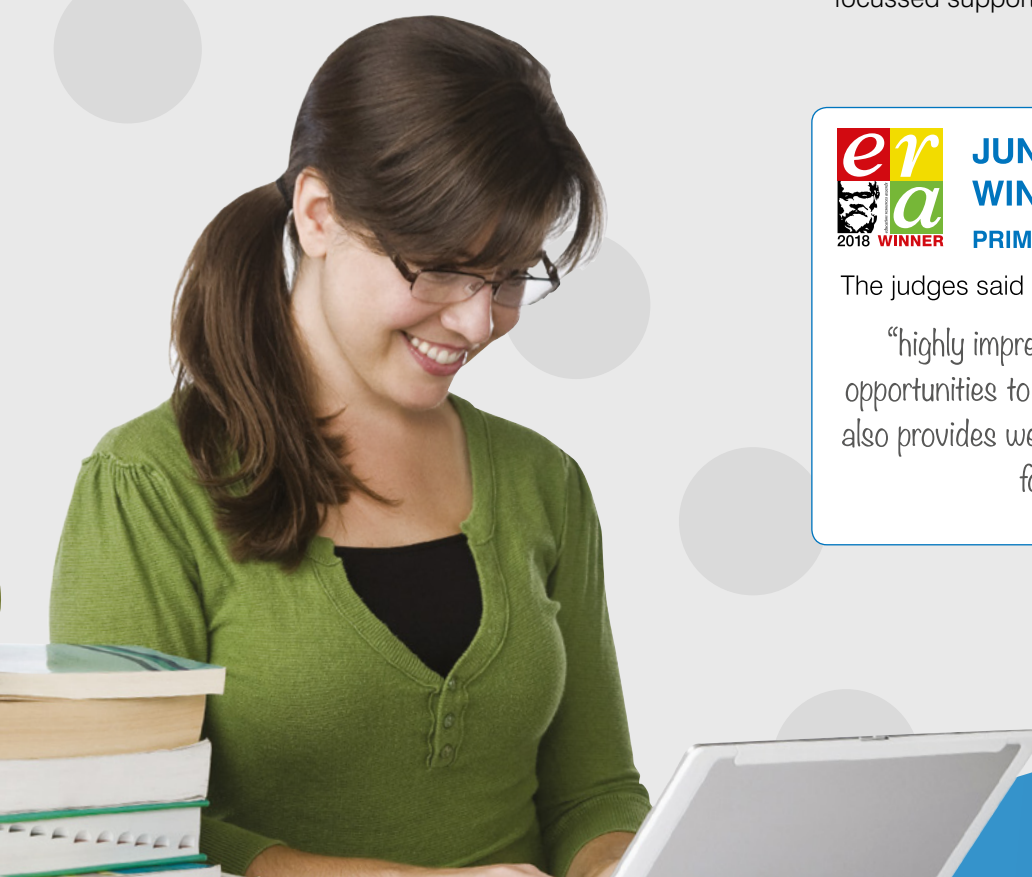


**JUNIOR LANGUAGE LINK
WINNER 2018**

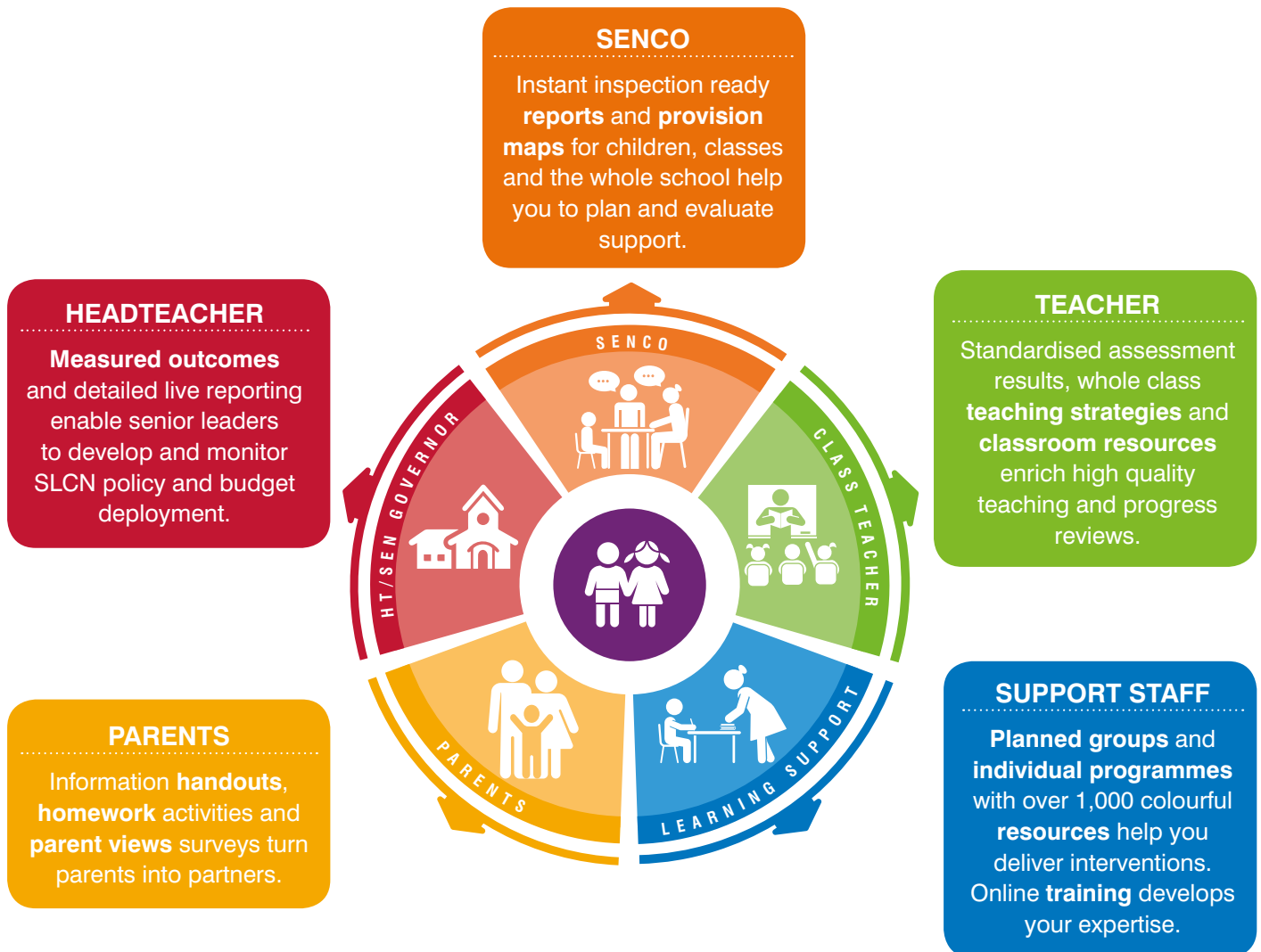
PRIMARY RESOURCE (INCLUDING ICT)

The judges said

“highly impressed – the platform not only offers opportunities to track and trace student progress, but also provides well-designed suggestions and strategies for teacher intervention.”



AN INTEGRATED APPROACH



Measuring progress

Language Link allows you to track impact with powerful **progress measures**, parent and pupil views, and group and supplementary teaching outcomes. Our flexible **dynamic reporting** tool provides the information you need at the touch of a button. Reports and provision maps show in-school improvement for each child, class, year group and even the whole school!

Universal screening

Difficulty understanding language can be hard to spot in the classroom through observation alone. To ensure no child is missed we recommend that **every child** is screened at the beginning of their school career and again at junior level. Early intervention is key to ensuring any delays are supported. A Language Link subscription allows you to carry out **unlimited assessments** across an academic year representing **outstanding value** for money.



OUR PACKAGES SPEECH LINK

This innovative, easy to use package takes the stress out of identifying and working with children who have developmental speech difficulties. Some of these children are at greater **risk** of developing **literacy difficulties** making early identification essential (Nathan et al, 2004). Traditionally seen as 'specialist' intervention, Speech Link demystifies speech helping support staff work effectively with a child's common speech errors.

IDENTIFICATION



The quick, engaging screen is used to identify the speech

sounds that need support and will also alert staff to children who may need more specialist help from Speech and Language Therapists.

INTERVENTION



Following assessment, an age appropriate speech

programme will be recommended. Each programme comes with clear instructions for support staff and extensive resources, including support materials for parents to use for home practice. The impact is measured through intelligibility ratings.

ONLINE TRAINING

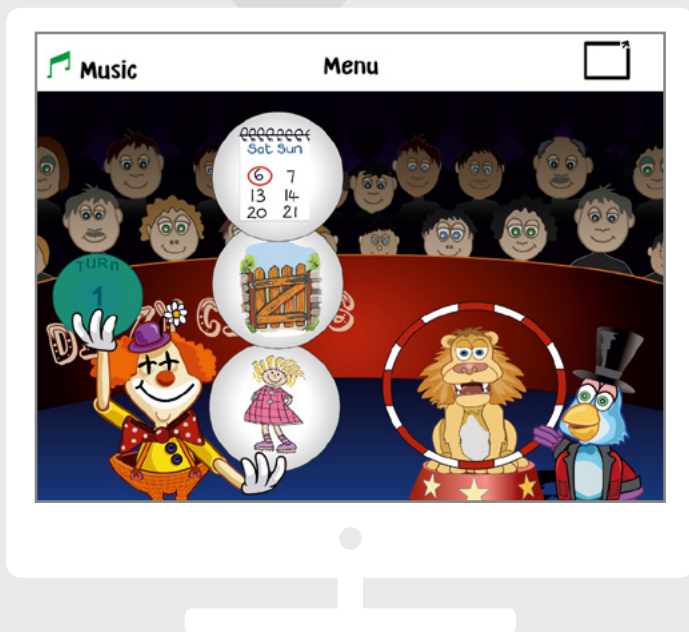


Speech Link provides online training for staff new to working

with speech. Our two modules cover how speech sounds are produced and show examples of Speech and Language Therapists working through speech programmes.

"Precise, quick identification of how best to support a child. Children are motivated by the resources."

SENCO, DERBY CITY



Online Listening Games

The ability to hear the difference between speech sounds is essential for both speech and literacy development. Use our engaging interactive graded listening games across the whole class to establish the skills needed to access early phonics.

£150 Discount

See page 7

PRIMARY PRICING

All 3 of our primary packages represent fantastic value for money.

	LANGUAGE LINK INFANT	LANGUAGE LINK JUNIOR	SPEECH LINK
Assessment	✓	✓	✓
Group Intervention – Fully Resourced	✓	✓	N/A
Individual Intervention – Fully Resourced	✓	✓	✓
Online Games	N/A	N/A	✓
Provision Maps and Online Reporting	✓	✓	✓
Online Training Course	✓	✓	✓
Help Desk Support	✓	✓	✓
Speech and Language Therapist Support	✓	✓	✓
Total cost in start-up year	£425	£425	£330
Cost in follow-on years	£275	£275	£180

ARE YOU...

- **A small school?**
Contact us to discuss our small school prices
- **An existing customer?**
Contact us to discuss multi-package discounts
- **An Additional Resource Provision?**
We have a special pricing structure just for ARPs

All prices in pounds sterling and exclusive of VAT. Prices valid from 1st April 2018

All that and more..

HELP DESK



Advice on choosing the right support for your school and A* in-package support from SLTs, specialist teachers and TAs. In this technological age, it is reassuring that you can always talk to a real person with expertise.

TRAINING



A range of training options for ALL teaching and support staff. Online, face to face and bespoke solutions allow the SENCO to choose the strategic provision that best meets the team's CPD needs.

ADDITIONAL RESOURCES



Enhance each package with a box of pre-printed resources. Including over 600+ pages on high quality card, this resource will save you time at the photocopier. Ask the Help Desk for more information.

“The teacher, TA & children thoroughly enjoy using your resources. It is certainly a tool we will continue to use.”

**HEAD TEACHER,
PRIMARY SCHOOL, KENT.**

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The impact of using Language Link in one Kent Primary School.

Background

Language Link is an assessment and intervention package used by schools to enable pupils with developmental language difficulties and those new to English access the curriculum. To investigate the impact of Language Link interventions a small scales study was carried out in a large mainstream primary school in Kent.

The study took place in a large, three form entry primary school in East Kent. The school had a wide and varied catchment area. Staff were familiar with the Language Link package and had experience delivering the package in previous academic years. All staff involved had previously received training in how to use the package.

Method

The Language Link assessment identified 34 pupils aged between 4:01 and 5:00 years to take part in this study. They were assessed on a range of standardised tests and then assigned to either an experimental group (n=20) or a control group (n=14). The experimental group was divided into smaller groups of 3 or 4 pupils who all received the same small group intervention aimed at improving their understanding of concepts and the ability to follow instructions. The groups ran for 8 x 30 min sessions and were delivered by an experienced Teaching Assistant.

Each Language Link group session involved a warm-up game, two 10 minute activities, and a plenary session. A plan detailing the aims, target vocabulary, resources needed and detailed instructions for each activity is provided by the Language Link programme.

	MALE	FEMALE
Experimental Group	14	6
Control Group	3	11
Total	17	17

This study set out to answer two important questions:

- 1) Would the intervention make a difference?
- 2) What areas of language would improve?

Results

The children in the experimental group who took part in the Language Link intervention made more progress in their ability to follow instructions involving concepts than those in the control group.

The children in the experimental group also made more progress in other areas of their language.

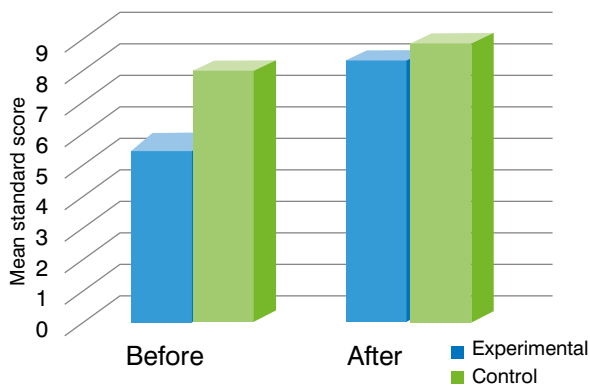
Mean and SD for experimental and control groups before intervention (T1) and after intervention (T2)

	BPVS		CELF		TROG	
	T1	T2	T1	T2	T1	T2
Experimental Group	92.7 (9.79)	93.2 (8.35)	5.45 (2.43)	8.15 (2.49)	84.9 (6.93)	89.5 (10.3)
Control Group	96.5 (5.96)	97.3 (7.52)	7.78 (1.36)	8.64 (2.06)	91.9 (12.3)	91.2 (13.5)

There was a significant difference ($p < 0.001$) between the two groups before intervention but not after intervention on the CELF 4UK Concepts and Directions test. The children in the experimental group made significant progress in their ability to follow instructions.

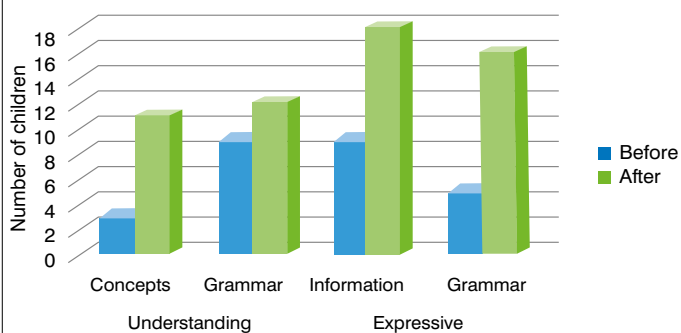
Did the children who received intervention make progress with their understanding of language?

Mean standard score for understanding before and after Language Link intervention



How did the experimental group's language skills change?

Number of children scoring within expected range for their age before and after the Language Link Intervention



After the interventions more children were scoring within the expected range for their age for understanding and expressive language.

CONCLUSIONS

The Language Link intervention group impacted positively on the children in the study. The group targeted understanding of concepts and following instructions.

The children made significant progress in this area compared to the control group. The experimental group also improved in their use of oral language with more children scoring within the expected range for their age following the intervention.





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