Speech, Language and Communication Toolkit

Information and guidance for mainstream primary schools

Targeted Support

Part of the Special Educational Needs and Disabilities (SEND) and Alternative Provision (AP) Change Partnership Programme across Leicester, Leicestershire and Rutland

Using the [Screening Tools](), you will identify which children have difficulties that require targeted interventions. Now you can support the child by embedding strategies within the classroom and providing targeted interventions. Some of the strategies have also been recommended in the universal section.

This section will also cover:

- Aims for targeted intervention
- List of programmes which are highly structured and includes session plans, resources, and training
- List of resources which can be used if planning your own small groups or individual intervention
- Advice for running interventions

Understanding of Language

Good understanding of language is vital for learning and thinking. To understand spoken language, we must:

- Understand word meanings
- Understand non-verbal aspects of language e.g., intonation, gestures, and facial expression
- Understand sentence structure and grammar within and across sentences
- Remember what we hear long enough to work on it
- Understand the context and apply world knowledge
- Follow the thread of stories
- Reason verbally e.g. inferences, jokes/ puns, use of idioms etc

What you might observe

- May give irrelevant answers or not respond to questions
- May have difficulty understanding implied meaning
- May only remember part of an instruction
- May need you to repeat the instruction several times
- May watch other children to work out what to do

The impact of these difficulties

- May have poor reading comprehension
- May show disruptive behaviour, become quiet/withdrawn, or look lost, as they are unable to understand what is being asked of them
- May appear like they have not paid attention
- May not recognise when they have not understood and do not ask for clarification
- May avoid, opt out, or abandon tasks

Visual strategies

- Instructions, questions, and explanations should be supported visually and referred to explicitly
- Use practical demonstration - show what you want the child to do, many children with language difficulties struggle to remember what is said
- Support what you say with something the child can see. Use gesture, pictures, objects, key words - not just written information
- Teach through practical experience and 'doing'
- Use colour coding symbols and signs to support understanding of questions, e.g., 'why?', 'when?' and 'how?'
- Use visual task plans for children to easily refer back to
- Use natural gesture or point to pictures while speaking to highlight key words/messages
- Write key points and vocabulary on the board

Targeted interventions

Principles/aims of published programmes and resources:

- For children to learn how to identify why they have not understood. For example, because it was said too quickly, they did not understand the words used or because the instruction was too long
- For children to learn phrases which they can use to repair conversation breakdown, e.g., "can you say it again please?", "can you write it on the board?"
- For children to learn and practise memory strategies such as, counting on fingers, rehearsal, visualisation, and note-taking
- For children to know which strategies are most effective for them so that they can use them independently. Please note that some of the memory strategies will only be suitable for children of 8 years and older and they will only be able to spontaneously use them from this age

Resources:

Elkan - Early Years Based Information Carrying Word Pack, Language Builders

Health for Kids - Understand Language, Signing to support communication

Pre-teaching vocabulary using interventions such as: Concept Cat and Word Aware 3

Published Programmes:

Active Listening (Comprehension Monitoring) - Active Listening for Active Learning

Thinking Talking - Language for Thinking, Language for Behaviour and Emotions

Language Strategies

Focus attention:

- Make sure child is attending and listening before speaking to them
- At the start of a lesson give a clear over view of what is going to be covered. Focus attention on the important parts: "there are 3 things you really should remember"
- Be clear about what the topic is and changes to the topic. "We were talking about Egypt. Now we are talking about Britain"

Slower rate of speech:

- Speak slowly to allow the child time to take in new information
- Pause between sentences allowing extra time for the child to process what was said and to respond. This could be as long as 5-10 seconds for some children

Simplify language:

- Use shorter sentences e.g. "Put the seeds in" "then water" "then it grows"
- Use simple grammar e.g. "Have you finished your picture?" rather than "Has anyone not yet finished their picture?"

Be positive:

- Recognise the effort the child uses in order to listen and understand. They will find it harder to do things which other children find easy

Questions:

- Answering questions in class raises self- esteem, so prepare the child before the lesson: tell them that you will ask them a particular question in class. Practise the question and answer with the child in advance
- Be aware of the complexity of questions. For example, 'how?', 'when?', and 'why?' questions (Blank levels 3 and 4) require inferencing skills, which may be particularly challenging to answer
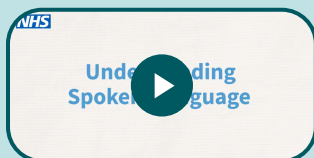
Check understanding:

- Ask the child to repeat in their own words what you have said/asked him to do.
- Link new information to what is known already e.g. saying "Yesterday we did shapes; we found circles like this shape. Today we are doing another shape...

Vocabulary:

- Prepare the child for new information – pre-teach topic vocabulary/send topic webs home. This will reduce the amount of information the child has to process when the new words come up in the lesson

Instructions:

- Say things in the order you want the child to do them (e.g., "Pack away your books, then go to lunch" rather than "Before you go to lunch, pack away your books).
- Chunk information by giving one instruction at a time. Try not to overload the child with information.
- Repeat information, especially key words - don't presume children know even basic vocabulary

NHS Chat Health - Watch our animation for more ideas on how you can support understanding in the classroom.

Understanding and Using Vocabulary

What you might observe

- May have a limited range of vocabulary or difficulty learning new vocabulary
- May find it difficult to 'find' words they know
- May use the wrong words or made-up words
- May over-use general words, e.g., "thingy", "that"
- May use a lot of fillers or hesitations, e.g., "um", "er"

Visual strategies

- Use pictures/symbols/objects to support understanding
- Use tools such as word webs
- Use a multi-sensory approach when teaching, rather than relying on spoken language alone
- Support the child to create personal word glossaries, with diagrams and pictures

Language strategies

- Emphasise key words/concepts when speaking "The mouse is under the box"
- Reinforce new vocabulary in different situations and contexts – with plenty of repetition
- Try and link new vocabulary to information the pupil is already familiar with
- Give phonological or semantic cues to support word-retrieval. For example: the beginning sound of the word; the first syllable of the words; or an associated word
- Talk to the child about the word- can they describe it or talk about what the word means?

Targeted interventions

Principles/aims of published programmes and resources:

- For children to develop a range of words including nouns, verbs, prepositions (e.g., 'in/on/under') and adjectives/adverbs (e.g., 'heavy', 'little')
- For pupils to be able to sort words into categories and identify similarities/differences
- For pupils to be able to describe a word based on its attributes/functions or provide a definition
- For pupils to be able to use word finding strategies when unable to retrieve a word
- Word Aware provides a structured framework for schools/settings to teach vocabulary and support children to become effective, enthusiastic and independent word-learners

Resources:

Thinking Talking - Word Aware 2 (age 3-5 years), Word Aware 3 (age 6-11 years)

Lift Lessons - Online Word Aware resource with Concept Cat animations and videos for supporting science vocabulary (age 6-14 years)
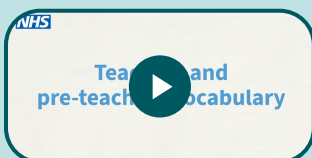
NHS Chat Health - Watch our animation for information about teaching and pre-teaching vocabulary in school.

Using Language

What you might observe

- May have difficulty with using well-formed and longer sentences
- May make errors or miss out words
- May mix up the word order making spoken language difficult to understand
- May have difficulty with hypothesising and predicting
- May rely a lot on pointing or gestures to get their message across

The impact of these difficulties

- May have difficulty with literacy (the same problems they have with spoken sentences will be evident in their writing)
- May have difficulty developing vocabulary through reading (for example they may not be able to work out the meaning of an unknown word from the context of the sentence)

Visual strategies

- Use colour coding approaches, e.g., use colour to highlight missing words in written work, e.g., blue line for 'where' words

Language strategies

- Model the correct response i.e. repeat back what the child says using the correct vocabulary and grammar (rather than correcting mistakes)
- Expand the sentence by adding a few words - to show how they can make their sentence longer
- Emphasise key words – to draw the child's attention to

Targeted interventions

Principles/aims of published programmes and resources:

- For children to develop grammar and sentence structure
- For children to develop verbal reasoning skills. For example, prediction, evaluation, justification, and explanation

Published Programmes:

NHS Forth Valley - Colourful Semantics

Thinking Talking - Language for Thinking, Language for Behaviour and Emotions

Resources:

Elkan - Early Years Based Information Carrying Word Pack, Language Builders

Thinking Talking - Word Aware 3

Clear Resources - CLEAR Pictoys

Storytelling and Narrative

What you might observe

- May find common sequences hard to remember, e.g., days of the week
- May have difficulty talking about events, retelling stories, or making up their own stories
- Narratives may be shorter, may not be organised/coherent (e.g., difficulty setting the scene, events not linked together), may include irrelevancies

The impact of these difficulties

- May be difficult for someone to understand and follow what they are saying
- May have difficulty with peer relationships (e.g., not being able to talk about things that have happened or explain things clearly)
- May have difficulty with literacy skills

Visual strategies

- Use first, next and last templates to help structure events
- Use story planners/narrative frameworks to help structure stories, e.g., 'beginning', 'middle' and 'end'.
- Use visual timetables and reference explicitly to events, e.g., "First it's maths, next it's lunch"
- Use colour coding approaches to show that question words relate to story components, e.g., who = characters, what doing = what happened (events), where= location (places), when = time, what like = description of characters/ settings
- Use timelines to make concepts of past events explicit

Language strategies

- If the child makes a mistake in their sentence, model back the sentence to them so they can hear how it is supposed to sound.
- You may need to model a new word order, add missing vocabulary, or add grammatical structures such as -ing endings, prepositions, or determiners.

Targeted interventions

Principles/aims of published programmes and resources:

- For children to understand concrete units of time (e.g., times of day, days of week, seasons) and abstract concepts of time (e.g., earlier, soon, later)
- For children to order and describe a sequence of events
- For children to be able to use sequential concepts (e.g., 'now and next', 'before and after', 'fist', 'then', 'last')
- For children to have an increased awareness of the components of a story (e.g., beginning, middle and end) and understanding of question words
- For children to be able to re-tell stories (before they can generate their own narrative)
- For children to develop skills in shaping both 'macro-structure' (overall story structure) and 'micro-structure' (complex grammar and vocabulary within the story)

- For children to learn how to initiate a story sequence, describe problems, resolutions and conclude the story
- For children to learn joining language techniques (conjunctions, subordinate clauses, adverbial clauses etc)

Published Programmes:

Black Sheep Press - Fun with Narrative (Early Years), Reception Narrative (3-5), Speaking and Listening through Narrative (5-7), Conjunctions, Story Starters (5-11), Oral to Written Narrative (7-11)

Resources:

Speechmark - Sequencing Cards

Black Sheep Press - Sequencing Pictures

Leicestershire Partnership NHS Trust - Supporting Storytelling Skills Handout

Please be aware that some of the Black Sheep Narrative resources have colour-coded elements which are different to the colour-coding of Colourful Semantics. It is recommended that you are consistent with the Colourful Semantics colour-coding, and adapt other resources as necessary. Most Black Sheep resources contain the resources in both coloured and black and white forms, which may be more easily adapted.

Voice

What you might observe

- May have an unusual voice quality, e.g., hoarse, husky, breathy, rough, or weak
- May lose their voice or it cuts out whilst speaking

The impact of these difficulties

- May avoid speaking in certain situations

Voice strategies

- Encourage turn-taking to avoid pupils shouting over each other
- Ensure voice rest periods by having a balance between activities that require voice and activities which don't

Where you have ongoing concerns about a child / young person's voice quality make a referral to seek support. Targeted interventions should be recommended by a Speech and Language Therapist.

Children with a voice difficulty should be referred to Ear Nose and Throat Team at the hospital. To avoid a delay, this referral can be made through the GP while awaiting an initial appointment with Speech and Language Therapy.

Whilst waiting for the initial appointment, additional information can be access here – Encouraging Your Child to Produce a Healthy Voice.

Speech

What you might observe

- May have difficulty producing specific sounds/substitute sounds/miss off parts of words
- May have poor phonological awareness
- May have speech processing difficulties such as sequencing multi-syllabic words

The impact of these difficulties

- May be unintelligible to unfamiliar listeners
- May have difficulty with phonics, e.g., unable to tell the difference between sounds
- May be at higher risk of reading, spelling, and writing difficulties (if have weak phonological awareness)
- May have difficulty learning new vocabulary (if have persistent speech processing problems)
- May avoid speaking in certain situations or avoid certain words

Speech strategies

- Focus on what the child is saying not how they are saying it
- Repeat back clearly what the child has tried to say, so that they hear good models
- Avoid correcting them and don't make the child repeat after you
- If you are finding it difficult to understand, ask them to show you. Don't pretend to understand if you haven't

Visual strategies

- Cued Articulation is a signing system for all of the sounds used in English. It uses colour coding and signs to make speech sounds visual, and can be used in Phonics

Resources:

Sound awareness activities to help children with their phonological skills; Listening to Sounds in Words

Twinkl has speech sound visuals to use in the classroom; Visual Supports for Speech Sounds Fricatives

Elklan website has a range of resources, including Cued Articulation Cards. Watch the video for a demonstration of the signs.

Speech difficulties will often require a referral to the Speech and Language Therapy Service. Targeted interventions should be recommended by a Speech and Language Therapist. The Speech Sound Screen should be used and sent with the referral form.

Stammering

What you might observe

- May repeat sounds or part of words, e.g., "b-b-b-but"
- May prolong sounds, e.g., "mmmum"
- May block, e.g., no sound comes out
- May have tension in their face or make extra movements, e.g., blinking

The impact of these difficulties

- May avoid certain situations (e.g., social events or responding to questions in class)
- May avoid certain sounds or words
- May adopt strategies to hide their stammering, e.g., change what they were going to say mid-sentence
- May feel fear frustrated or embarrassed because of their stammering

Stammering strategies

- Focus on what the child is saying not how they are saying it
- Don't interrupt or finish their sentence for them
- Slow down your own rate of speech
- Give plenty of time for the child to answer the question, to avoid them feeling under pressure
- Don't give direct advice about how to manage their stammer e.g. "hurry up", "slow down", "take a deep breath"

When concerns with stammering are ongoing and the stammer is having an impact on the child / young person, make a referral to seek support. Targeting interventions should be recommended by a Speech and Language Therapist.

Useful websites:

[STAMMA](#)
[Action for Stammering Children](#)
[Michael Palin Centre for Stammering](#)

My Stammering Tap video - "Hear the message not the stammer".

The project is collaboration between Speech and Language Therapy at Humber NHS Trust, Artlink Hull, the general public and people who stammer.

7 Tips for Talking with the Child Who Stutters

In the video, a group of speech-language experts talk compassionately and directly to adults about how to promote easier talking as they interact with their preschool-age children. The professionals offer simple, easy-to-do tips that parents can begin to use immediately.

Selective Mutism

Selective Mutism is an anxiety disorder which prevents a person from speaking in certain situations such as at school or in public places. The expectation to speak triggers a panic (freeze) response in the child. In other situations (within their comfort zone) the child can speak freely and without inhibition (e.g. at home). Children with Selective Mutism *want* to speak but have an irrational fear (*phobia*) of speaking in specific situations. Selective Mutism often starts in early childhood but can continue into adulthood if left untreated. It is sometimes informally referred to as 'Situational Mutism' (not a recognised diagnosis).

Services for people with Selective Mutism are *not* widely available across the country and our local area is no exception. Referrals for Selective Mutism are not accepted by local health services (e.g., Speech and Language Therapy, CAMHS, Paediatrician) in the absence of additional needs. Some Educational Psychologists provide support depending on the service provider. Some Specialist Teachers can provide support in certain circumstances.

> SMiRA has information and recommended strategies for children and young people who have selective mutism. Some independent providers (psychologists and therapists) provide support for Selective Mutism but these services are not free.

A diagnosis of Selective Mutism is not required to start providing support. You can use this toolkit to start supporting a child as soon as the earliest signs of possible Selective Mutism emerge. SMiRA recommend that children are NOT described as being 'Reluctant Speakers' or 'Reluctant Talkers' as these terms can be misleading, suggesting that the child may be *refusing* to speak when in fact they are *unable* to speak.

What you might observe

- The child speaks little or not at all in certain situations, even if is in their best interest to do so. In other situations they speak freely
- 'Freeze response': the child may have a blank expression or appear 'frozen' when expected to speak. Their body or face may be observed to tense or stiffen
- The people the child is most comfortable with may observe sudden changes in behaviour; from relaxed and chatty to tense and unresponsive as the child moves between situations
- Some children and young people with SM are not completely silent. They may speak in a whispered or strained voice in places they cannot speak comfortably

The impact of these difficulties

- The difficulties can be wrongly perceived as stubbornness, defiance, refusal or willpower. These false perceptions can lead to adults adopting unhelpful strategies (e.g. persuasion, rewarding, punishing, bribing) based on an expectation to speak, which exacerbates the difficulties
- The child may eventually start to anticipate when talking will be expected and start to avoid these situations to avoid the distressing feelings
- Child may become more isolated from his/her peers
- School work can suffer as the child is unable to seek clarification and active participation in lessons is reduced
- Continued avoidance of social interaction limits opportunities to develop their social/communication skills

Targeted strategies

Routine:

- Prepare the child for changes and transitions well in advance, with photos, visits, and visual timetables

Accept and reassure:

- Openly acknowledge the child 's difficulty in an accepting and relaxed way, while stressing that the situation is only temporary;
- Reassure the child they will find talking easier if they just take things slowly and try to join in one small step at a time;
- Provide the opportunity rather than expectation to join in, e.g. 'I love this colour - I wonder what your favourite colour is?'

Friendships:

- Allow the child to sit/ work with friends they talk to at home
- Actively support friendships and associations with other children

Communication:

- Encourage communication in a relaxed atmosphere, with no pressure on the child to actually speak, by warmly responding to all means of communication
- Introduce alternative forms of communication (e.g. pointing, holding up a picture, using a dry-wipe board) as a temporary stepping stone
- Use puppets, masks, voice-activated toys and recorded messages to help the child adopt another 'persona'
- Allow hands-up or involve whole class in a social activity at registration

Working with parents and staff:

- Visit the child's home to build rapport in a non-threatening setting
- Invite parents to take part in classroom activities to ease the child into talking at school
- Encourage parents to invite classmates home after school
- Ensure relatives, supply teachers, playground and canteen staff understand the child's needs

Activities:

- Include whole class or small group activities which do not require speech, making this clear before the activity
- Try to find time to be with the child alone in a corner of the classroom or in a quiet room
- Create opportunities for speech in situations which the child may find less threatening e.g. 'Can you take Isla to the pegs and show her where to put her PE bag?'; 'Take Mummy to the hall and show her the models we've been making for assembly', 'Please help Theo tidy up - he's not sure what he's got to do';

Useful websites:

SMiRA - The national charity, which provides detailed guidance

Kent Community Health NHS Trust - Free recorded training modules on Selective Mutism

Embarking on a programme of support (Key stages for Education Staff):

Children with Selective Mutism need help to gradually face their fears at their own pace by following a gradual progression moving from building trust and participating in activities non-verbally to using single words and sentences. If a gradual progression is not followed, there is a risk of the Selective Mutism becoming more entrenched and resistant to intervention.

1. Education on Selective Mutism for home and school
2. Plan and implement appropriate modifications at home and school
3. Acknowledge the difficulty with the child and involve them as much as possible.
4. Establish speech with key individuals, using a parent where possible
5. Generalise speech to other people and places, including the wider community
6. Increase opportunities to generalise skills to more places and more people

This programme is associated with the following resource and the Selective Mutism Masterclass training package for education staff, accessible via Course Beetle.

Social Interaction

What you might observe

- May have differences in their understanding of their own/ other people's feelings
- May have differences in seeing things from another's point of view
- May have differences in starting, joining in and maintaining conversations. For example, they may interrupt, give lots of information, may switch topic without signal or persevere on a favoured topic
- May have differences in their interpretation and use of non-verbal communication, e.g., body language, eye-contact, personal space, and tone of voice
- May have differences in their understanding of non-literal language, e.g., jokes, idioms, and metaphors

The impact of these difficulties

- May show disruptive behaviour
- May have difficulty with peer relationships
- May find it difficult to join in and play with other peers. Unstructured activities such as 'break time' may be particularly challenging
- May have difficulty participating in group work
- May have difficulty adapting to new or unfamiliar social situations

Children with and without Autism can demonstrate differences in their social interaction skills. To learn more about Autism, go to Autism Space.

It is important to respect a child's differences with social interaction. Some children want to spend time alone, and are happy with this, not lonely. Some children may appreciate adult support to make and navigate friendships – such as being paired up with a peer at break time or being encouraged to join a lunchtime club. However, others may find this idea very stressful. Consider each child individually and what their preferences are.

When working with Autistic children, it is also important to ensure our support is neuroaffirmative, and not ableist. This means that we do not view being Autistic as something that is "wrong" with a child or that something needs fixing. Instead, we view being Autistic as a difference that is a part of human diversity. Neuroaffirmative support seeks to reduce barriers within their environment and make adaptions to accommodate their needs. It does not seek to fundamentally change the individual or make adaptions to their behaviour so that they appear more like a neurotypical person or less Autistic.

Strategies

- Creating a Communication-Friendly environment whereby the child feels safe, supported and included.
- Provide and accept alternative methods of communication e.g. symbols, signs, gesture etc.
- Teach self-advocacy, perspective taking, emotions, pragmatic language and social communication.
- Support with Social Stories and Comic Strip Conversations
- Supporting children and young people to manage social communication difficulties, including those on the Autism Spectrum (Derby Community Health Services)

Resources:

Talkabout - Book series teaching social, emotional and communication skills for all ages

The Zones of Regulation - A social emotional learning curriculum and regulation program

Black Sheep Press - Talking about friendships: situational understanding

Running Interventions

Delivering interventions in school is an important part of promoting inclusion and effective SEND practice. Children with speech, language and communication needs at the 'targeted' level require more than just 'universal' support, and interventions play a significant role in developing their skills.

Create a Communication-Friendly Environment

Aim to create an environment with limited distractions. Ensure you have visual supports e.g. visual reminder of group rules, visual timetable

Grouping and aims

Use the Screening Tools to group children with similar difficulties, and to create aims. Consider their attention and listening levels, and how many children you can have in the group (typically a maximum of 6).

Measure baseline skills

Most published interventions will have their own assessment you can use to measure the child's baseline skills. If not, use an informal activity e.g. action pictures, vocab pictures, wh-picture cards, sequencing pictures.

Length and Frequency

Research says that language groups are most impactful when delivered as often as possible, a minimum of twice per week. Consider the other logistics, including: when will the group meet (this needs to be embedded in the class timetable); how long each group session will be (depends on the children's age/attention levels) and how long the child will participate in the group for (e.g. half a term, a term).

Planning content

Most published interventions will have a set structure. If you're creating your own, you should consider:

- Plan activities that provide opportunities to work on their targets
- Link back to what is already happening in the classroom
- Use themes which link back to the curriculum e.g. Our body, Pirates
- Remember to use a multi-sensory approach within activities
- Repeat activities with different targets
- Use reward system to encourage participation
- Make sure it's fun and engaging

Structure

Each session should follow the same structure:

- Welcome
- Group rules, visual timetable
- Recap of previous week
- Activity 1
- Activity 2
- Game

Run it

- Use visuals to help with attention levels and engagement
  - Keep going back to the visual timetable and listening prompts
- Introduce each activity clearly, with simple language and multi-sensory support
- Use communication and compassionate strategies to support child's language
- Write down examples of what the children say in a progress tracker

Monitor and Measure Progress

A progress tracker helps is vital to provide a focus of the session, and enable the adult to keep an accurate record of progress. At the end of the intervention:

- Re-assess using the same assessment or activity you used before the intervention
  - Compare results use this as a measure to check progress
- Summarise progress, using the tracker, examples gathered and informal activity
- Meet with class teacher to evaluate evidence of progress within classroom
- Together, plan the next steps for each child. This could be:
  - They need individual support for a specific language target
  - They will continue with a language group
  - They will have access a different intervention
  - Adults will focus on applying the target into the classroom

	Week 1 (11/09/24) No. of sessions: 3 Target: 'and'	Week 2 No. of sessions: Target:	Week 3 No. of sessions: Target:	Week 4 No. of sessions: Target:	Week 5 No. of sessions: Target:	Week 6 No. of sessions: Target:
Charlotte	Achieved target: ☐ Example: "Cat's furry and brown"	Achieved target: ☐ Example:	Achieved target: ☐ Example:	Achieved target: ☐ Example:	Achieved target: ☐ Example:	Achieved target: ☐ Example:
Child B	Achieved target: ☐ Example:	Achieved target: ☐ Example:	Achieved target: ☐ Example:	Achieved target: ☐ Example:	Achieved target: ☐ Example:	Achieved target: ☐ Example:
Child C	Achieved target: ☐ Example:	Achieved target: ☐ Example:	Achieved target: ☐ Example:	Achieved target: ☐ Example:	Achieved target: ☐ Example:	Achieved target: ☐ Example:
Child D	Achieved target: ☐ Example:	Achieved target: ☐ Example:	Achieved target: ☐ Example:	Achieved target: ☐ Example:	Achieved target: ☐ Example:	Achieved target: ☐ Example:

A barrier to running interventions will always be finding time and staff. Consider the following to ensure you can complete your interventions:

- Find times in the day the child will not miss out on learning, or when it may be possible to free up support staff e.g. in registration or during assembly
- Break the interventions down into short, frequent sessions e.g. 15 minutes three times a week rather than one 45 minute intervention
- Share planning with colleagues, and keep a bank of resources, so that interventions do not need to be planned again when a different child needs it
- Buy ready-made interventions rather than creating interventions from scratch. This Tooklit signposts to a range of interventions
- Group children together wherever possible, rather than delivering individual interventions
- Some schools employ a dedicated TA to carry out all the interventions, rather than relying on class TAs who are often needed to support the teacher

Year 6 Transition to Secondary School

The transition from primary to secondary school can be especially challenging for children with SLCN. They may struggle with adjusting to different teachers, fast-paced lessons, and complex vocabulary. Navigating large buildings, moving between classrooms, staying organised, following new rules, and managing homework can also cause anxiety. With a greater focus on academic achievement, secondary school is more demanding, and children with SLCN are at risk of not receiving the support they need.

We know under-identification is a significant issue. Although data shows 10% of young people will have long term SLCN, less than 1% of pupils at Key Stage 4 have SLCN identified as their primary need. Young people in secondary school see lots of different teachers, so it's easy for SLCN to be missed, or to be misinterpreted as challenging behaviour. However, it's critical that their communication needs are identified, as they can have a knock-on effect on a young person's learning, mental health, long-term employment prospects, and even criminal justice (over 60% of young people in justice settings have SLCN.)

Year 6 teachers and primary SENCos can address this issue by ensuring any SLCN is identified before a child leaves primary school. It is recommended to screen children for difficulties at the start of the year, allowing support to be provided throughout Year 6. At the end of the year, any challenges and required support can be clearly communicated to the child's next school.
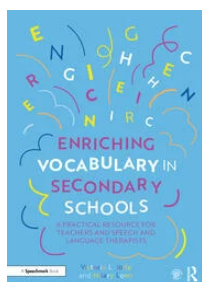
Enriching Vocabulary in Secondary Schools

This resource explores the importance of vocabulary for academic, social, emotional, and employment outcomes. It describes the vulnerability of vocabulary skills in children and adolescents with speech, language, and communication needs (SLCN), and suggests practical ways to support them as they learn.
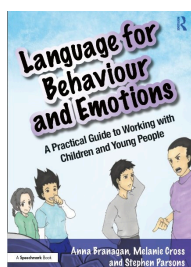
Language for Behaviour and Emotions

This intervention covers understanding language, emotional literacy skills, inference and verbal reasoning, understanding and telling stories and solving 'people' problems, with training and resource available.

Resources:

Black Sheep Press - Talking about secondary school

Health for Kids - Making the move: primary to secondary

Supporting DLD - Speech and language UK DLD for secondary teachers

Other Targeted Interventions

There are additional programmes which schools can purchase with further screens and targeted interventions. These can be used in conjunction with this Toolkit.

If a school wishes to use one of these programmes, it is recommended they are used *if* the Toolkit screen identifies a child requires targeted support. They are not a requirement.

If there are concerns regarding lack of progress, and you feel a referral to the NHS Speech and Language Therapy Service is required, evidence from these programmes can be used in the referral.

NELI Intervention (4-5 years)   **WellComm (Early Years/Primary)**   **Early Talkboost / KS1 / KS2**