

# **I CAN's Primary Talk Package: An Evaluation of the Pilot Phase in One Local Authority**

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## **Executive Summary**

I CAN's Primary Talk training and accreditation package focuses on the central role of language in learning; the importance of speaking and listening across the entire curriculum, and the provision of communication rich environments for all children in primary schools. It aims to develop the knowledge and skills of school staff in relation to children's speech, language and communication, and to help them to identify and support pupils with difficulties in these areas. Collaboration with pupils, parents and other professionals are key aspects of the programme. The package was piloted in primary schools in three local authorities. The evaluation study was carried out in one of these authorities. Data were collated from questionnaires, interviews and non-participatory observation, and were used to assess the impact of Primary Talk in schools; user satisfaction and the validity/reliability of the accreditation process.

### **Overall findings**

- Primary Talk is underpinned by pertinent research evidence and recent policy drivers. It was welcomed by schools, who found it worthwhile to implement. It was viewed by both head teachers and teachers alike as a valuable tool with which to engage staff in relation to the speaking and listening curriculum, and meeting the needs of children with SLCN.
- Primary Talk is an in-depth programme that schools need to be firmly committed to implementing. There were some difficulties with the process, which requires streamlining to make it more manageable for schools to implement successfully.

### **Specific findings**

#### **Positive Impact of Primary Talk**

- Primary Talk has helped schools to identify and address gaps at a strategic level in relation to the speaking and listening curriculum.

- Speaking and listening are better integrated into the curriculum and there are more opportunities for child-child talk and interaction in the classroom.
- The school environment has become more visual which better supports children's learning.
- Staff are more aware of the need to modify adult speech to assist children's understanding.
- There is a lot more emphasis on supporting children's language and communication skills.
- Visits from the Regional Advisor were helpful in supporting the Primary Talk Coordinator and in keeping the project on track.
- There is increased networking between staff with regard to speaking and listening.
- Primary Talk provided useful resources; these have been positively received, and have enabled the same materials to be used consistently throughout a school.

### **Difficulties Encountered with Primary Talk During the Pilot Phase**

- There was a lack of advisory support to assist schools through the accreditation process.
- The paperwork involved in collating the portfolio of evidence was time consuming; finding time to train part-time staff in particular was challenging.
- Workload issues for the Primary Talk coordinators; they often had other roles in school and needed to use their own personal time to work on Primary Talk.
- Primary Talk coordinators did not feel fully confident in their role as trainer; they were concerned about their knowledge base when delivering the training and their ability to deal with questions.
- The screening and identification of children with SLCN involves technical language which school staff found difficult to engage with and use.
- Primary Talk does not assist with differentiating between EAL and a primary language learning difficulty.
- There was considerable overlap between the Supportive and Enhanced levels of training.
- The timescale between implementation and accreditation was too short for some schools.
- There was more uptake of Primary Talk in KS1 than in KS2.

- Where a school did not achieve accreditation at Enhanced level but could meet criteria for Supportive level instead, there was no mechanism for this fall-back award.
- It was not always clear what evidence was required to meet the standards.
- There are some issues around the time and personnel required to conduct accreditation visits, and how to ensure reliability/consistency across accreditors.

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# Chapter 1

## Introduction and Methodology

### Introduction

I CAN's Primary Talk is an inclusive, whole school training and accreditation programme that highlights the crucial role of speaking and listening across the entire curriculum. It aims to provide communication rich environments for all children; increase school staff's knowledge of the development of speech, language and communication, and enable them to identify children with significant difficulties and provide targeted intervention where indicated. Effective collaboration with the speech and language therapy service and other support agencies, integration of targets into the curriculum, and involvement of parents are central to the programme.

Primary Talk evolved from i) I CAN's Early Talk accreditation programme, designed for use in early years settings, and ii) Somerset Total Communication, a scheme that was being implemented in some schools across the Somerset Authority. Both of these initiatives are in keeping with a number of recent policy drivers which emphasise the importance of speaking and listening and the need for a whole school programme (Bercow, 2008; Rose Reviews: 2009 & 2006). In addition, research by Law et al (2000) and Lindsay et al (2008) indicate that a whole school programme like Primary Talk could help to remove some of the barriers for the effective provision of children with speech, language and communication needs (SLCN). There is now a clear move towards population health, and the Primary Talk package embraces the concept that a communication rich environment is beneficial to all

children, not just those with a significant need/clinical diagnosis. Further details regarding the background and rationale for the development of Primary Talk can be found in the Primary Talk main resource folder (I CAN, 2007, pp. 2-11).

The Primary Talk package consists of:

1. *Specialist advisory support* to assist schools in developing integrated and cohesive strategies to support children's communication.
2. *Professional development and training* to increase the knowledge and skills of Primary years practitioners.
3. *Accreditation of settings* at three levels (Supportive, Enhanced and Specialist) to quality-assure primary settings' support of young children's speech, language and communication development, SLCN and collaborative practice.
4. *I CAN's Primary Talk website* which publicises new developments, initiatives and good practice in the area of speech, language and communication for educationalists and speech and language therapists (I CAN, 2007).

## **Primary Talk Pilot: The Evaluation Study**

Primary Talk was piloted in three Local Authorities (LAs); approximately thirty schools were involved in each one. I CAN commissioned an evaluation of this pilot phase of the Primary Talk package. The initial brief for the study was broad, incorporating objectives relating to the effectiveness/impact of the programme from the perspectives of the LA, school staff, children and parents. It was soon apparent that this specification could not be achieved within the allocated budget. In negotiation with I CAN, it was agreed that the priorities for the evaluation study would be:

- i) *the workforce (teaching and non-teaching staff)*: the need to increase the knowledge and skills of practitioners working with children with regard to speech, language and communication development has been highlighted in the recent policy and research publications mentioned earlier (e.g. The Bercow Report, 2008; Lindsay et al, 2008).
- ii) *the accreditation process*: the accreditation of schools is central to the Primary Talk programme, thus, the process for this was a key focus for the evaluation study.

## Research Questions

Having narrowed down the scope of the study the following research questions were posed:

1. What impact does the Primary Talk training and accreditation process have on the knowledge and skills of a) teaching staff and b) non-teaching staff with regard to SLCN?
2. How satisfied are staff with the Primary Talk training and information resources?
3. How do schools rate Primary Talk in terms of:
  - accessibility/ease of use?
  - value of involvement?
4. What are the factors that impact on accreditation?
5. How valid/reliable is the accreditation process?

## Methodology

### Study Design

To address the research questions, a pre-/post- intervention design was employed to measure the impact of Primary Talk on school staff. Baseline data were collated before the accreditation process began; outcome data were collated ten -twelve months later (see Table 1.1). Matched comparison schools that were not taking part in Primary Talk were included in the design to ascertain the specific effects of the Primary Talk programme. Both quantitative and qualitative methods were used.

Since it was not feasible for the research team alone to collate data from all three LAs (Somerset, Walsall and Bradford), data collection was limited to one LA (Bradford) which did not have a 'Total Communication' initiative already in place. This LA will be the main focus of the Primary Talk evaluation study. However, generic information pertaining to the uptake of Primary Talk and the number of schools applying for and achieving accreditation will be presented for all three LAs in Chapter 2. Supportive and Enhanced accreditation levels are the focus of the evaluation since no settings within the LA signed up for Specialist level.

Setting up the study commenced in January 2008. The main project worker was employed for 2 days per week on the project. It was initially due to end in February 2009, with the production of the final report. However, slippage occurred within the implementation of the pilot phase that was outside the control of the research team. The accreditation of schools that had applied before the March 2009 deadline was not complete until June 2009. Hence, final data were not collected until July 2009. The analysis was then completed during August and September and the report submitted in October 2009.

Table 1.1 Timeline for the Primary Talk evaluation study

Jan - Apr 2008	May - June 2008	Jul 08 - Mar 09	Mar 09 - Jul 09	<b>Participations</b>
Set up study	Baselines collated	PT implemented	Outcomes collated	

**Participations**

Six intervention schools and two comparison schools were recruited to the study. However, one Primary Talk school was subsequently excluded because baseline data were not received by the research team. Accreditation level sought and biographical details pertaining to each of the seven settings are presented in Table 1.2.

Table 1.2: Biographical details of schools involved in the evaluation study

School (level of accreditation sought)	No. of pupils	IMD index	%SEN	%FSM	%EAL	English SATs 2006: L4+	English SATs 2007: L4+	Rating of last Ofsted visit (date)
School A (Supportive)	270	160	11.1	3%	0%	93%	90	satisfactory
School B* (Supportive)	349	96	11.5	24.5%	10.9%	71%	73%	satisfactory

School C (Enhanced)	267	5	13.1	31.1%	98.1%	54%	71%	notice to improve (2007)
School D** (Enhanced)	469	32	26.4	32.6%	98.0%	67%	67%	satisfactory (2007)
School E (Enhanced)	253	55	16.2	18.5%	98.4%	54%	59%	satisfactory
Comschool B* © (not applicable)	360	71	13.3	33%	1.4%	82%	70%	good (2007)
Comschool D** © (not applicable)	487	18	22.6	26.5%	95.9%	63%	54%	satisfactory (2007)

© indicates comparison school: School B\* was matched with Comschool B\* © School D\*\* was matched with Comschool D\*\* ©

IMD = Index of multiple deprivation; FSM= free school meals; SEN=special educational needs; EAL=English as an additional language; SATs=Statutory Assessment Tasks

Schools varied in size and location; included both rural and urban, some had a nursery attached. With the exception of the two Supportive level schools, the socio-economic status of many of the children in the schools was low. This was evidenced by the schools' low IMD index, a measure of neighbourhood deprivation. The IMD index is calculated using a variety of factors; the lowest ranked neighbourhoods are those with the highest levels of poverty and vice versa. The rankings of schools within the LA ranged from 1-164. Five schools taking part in the study were in neighbourhoods with an index of 71 or below. Additional evidence for low SES was the above average percentage of children that qualified for free school meals (FSM) in most of the schools.



Notably, the three Enhanced level schools had a significantly increased percentage of children with EAL, whereas the reverse was evident in the Supportive level schools. The incidence of EAL in this LA is greater than that found nationally, with the range being 0% - 98.4% EAL. One intervention school (plus its matched comparison school) had a higher than average proportion of children with SEN.

For schools taking part in the programme, a member of staff was recruited by the head teacher to be the Primary Talk coordinator, and was responsible for cascading the training and implementing the programme in their school. All teaching staff (teachers and teaching assistants), non-teaching staff (e.g. administrative staff, lunchtime supervisors) and the head teacher were invited to be participants.

Key Primary Talk personnel employed by I CAN also took part in the study:

- The three Primary Talk Regional Advisors, who provided support and advice to schools during the pilot phase. The Advisor for the LA involved in the evaluation study was a key contact person for the evaluation team.
- Three Primary Talk accreditors, who conducted the accreditation visits and provided a written report to schools
- The Primary Talk project manager, who oversaw the development and implementation of the pilot phase across the three LAs, also line manager to the Regional Advisors and the research team's contact point with I CAN.

## **Outcome Measures**

### **1. Questionnaires**

These were intended to be the key measurement tool in the evaluation study. They were used in intervention schools and comparison schools at baseline and outcome. Two separate questionnaires were designed: one for teachers and teaching assistants (see Appendix 1), and one for non-teaching staff (see Appendix 2).

To ensure validity, the content was underpinned by a cross-section of standards from the accreditation document as appropriate. These were:

- Management support.

- Knowledge and understanding.
- Curriculum and learning environment.
- Effective collaboration.
- Identification, assessment and response.

The only section not probed was 'Monitoring and Evaluation'.

a) *Questionnaire for teaching staff (teachers and teaching assistants)*

This was designed to assess changes in staff's perception of their confidence, knowledge, skills and day-to-day practice in relation to speech and language development, SLCN and the speaking and listening curriculum. The questionnaire was divided into five sections:

Section A. Background Information: this included biographical details; previous training on children's spoken language/communication skills; staff's perceptions of their knowledge and skills re SLCN; access to/use of resources; and the number of children perceived to have identified/unidentified SLCN. At baseline all of the above were covered. Repetitive biographical information was not included at outcome; other questions remained unchanged.

Section B. Classroom Practice: covered issues related to planning/differentiation; use of a seating plan; use of communication supportive strategies; classroom monitoring; awareness of signs that indicate SLCN and response procedures; networking within and between schools. This section remained identical at baseline and outcome: no changes were made.

Section C. Monitoring Progress: included methods used to assess and monitor children's speaking and listening skills and perceived confidence in assessing and monitoring the progress children make in this area of the curriculum. This section remained identical at baseline and outcome: no changes were made.

Section D. Pupil and Parent/Carer Involvement: established whether pupils and their parents/carers had been informed of the implementation of PT. This section remained identical at baseline and outcome: no changes were made.

Section E. Speech and Language Development: probed staff's *actual* knowledge

This section remained identical at baseline and outcome: no changes were made.

Section F. Case Studies: aimed to appraise whether teaching staff were able to identify children with SLCN and take an appropriate course of action. This section remained identical at baseline and outcome: no changes were made.

Section G. Views About the PT programme: designed to assess i) user satisfaction of the Primary Talk package, and ii) the impact of the Primary Talk training and resources on day-to-day practice. This section was added to the outcome questionnaire and sent to intervention schools only.

b) *Questionnaire for non-teaching staff* (e.g. lunchtime supervisors, administrative staff). Some of the Primary Talk accreditation standards concern the provision for children with SLCN at non-directed times of the school day (playtimes, lunchtimes and after school). The purpose of the questionnaire was to gauge the awareness and involvement of non-teaching staff in the Primary Talk programme and identify any impact it may have had on their day-to-day work. A short baseline and outcome questionnaire was designed for use in both intervention and comparison schools.

The *baseline* questionnaire consisted of one section. This included biographical details; training received re speech, language and communication; whether they encountered children with SLCN in their day-to-day work, information received and strategies used, if any. For staff in intervention schools, the *outcome* questionnaire included an additional section which established whether they had been involved in Primary Talk; the impact on practice, if any; and perceived value of Primary Talk.

Both sets of questionnaires were designed so they would be sensitive enough to detect change between baseline and outcome. Therefore, a range of answers to closed questions was presented, for example: yes, no, not sure, not applicable, and the use of a 5-point Likert scale. Open-ended questions were also incorporated to generate richer, qualitative data.

Questionnaires were not differentially designed for supportive and enhanced levels of accreditation. However, a micro analysis could be conducted to determine whether there

were any differences in staff's responses depending on the level of accreditation being sought, should this be needed for the future or if the evaluation project was extended.

## **2. Classroom observation schedule**

In addition to asking staff about their classroom practice, it was important to triangulate this with observations of what the teachers did. Use of a published observation schedule was explored e.g. the *School-Age Care Environmental Rating Scale* (Harms, Jacobs & White, 1996). However, such instruments did not capture the key concepts that are central to the Primary Talk programme, for example, use of communication supportive practices. Consequently, an observational schedule was specifically designed that incorporated some of the strategies located in the 'Resources and Strategies' section of the Primary Talk information resources folder (see Appendix 3). This schedule was divided into the following sections:

- the physical environment (position of the child; furnishings; visual support)
- adult speech
- strategies relating to the child's social environment
- building attention and listening skills
- building vocabulary
- building expressive language skills
- working with whole class or small groups
- non-directed periods
- promoting independence.

For each section, an overall rating was given where 1= not used/observed at all, 5 = always used/frequently observed. The same observation schedule was used at baseline and outcome in both intervention and comparison schools. The teacher from whom consent was obtained was observed, in addition to the classroom environment they were in.

## **3. Shadowing Accreditation visits**

The purpose was to audit the procedures/processes surrounding the accreditation visit. Communications with the school pre- and post- visit were reviewed, although the key focus was on events that happened on the day of the accreditation visit. Qualitative data in the form of written notes were collated during non-participatory observation.

#### **4. Interviews with key personnel**

The aim of the interviews was to obtain the views and opinions of i) the users of the Primary Talk programme and ii) those responsible for quality assurance of the standards/accreditation.

The following people were interviewed:

- Primary Talk Coordinator in each intervention school
- Head Teacher in each intervention schools
- I CAN Primary Talk Regional Advisors
- The Primary Talk Accreditors
- The Primary Talk Manager

A semi-structured interview schedule was designed for each of the above (see Appendix 4). Briefly, the purpose of the interviews was to obtain the views of the respondents about their role, what they thought worked well; what did not work so well; their views of the Primary Talk training and accreditation process and suggestions for improvement. The remit was slightly different for head teachers. For those in intervention schools, the aim was to obtain their whole school perspective on the implementation and impact of the programme. In comparison schools, the purpose was to ascertain the reasons for not taking on the Primary Talk programme. Additional issues were explored during the interview with the Primary Talk manager, for example plans for rolling out the programme in schools nationally.

#### **5. Additional outcome data**

Further data were collected by the researchers which contributed to the overall audit of the Primary Talk programme and how it was delivered in schools:

- Shadowing a regional advisor during the first two support visits to schools (non-participatory observation)
- Shadowing I CAN's Primary Talk Supportive and Enhanced level training that was delivered to PTCs (non-participatory observation)

## Procedure

### Recruitment of Schools

The aim was to match each intervention school with a comparison school using the indices presented in Table 1.2 above. The information was requested from the LA for each of its maintained schools. The database received contained 157 mainstream primary schools, including the 35 schools that had put their names forward for Primary Talk, and 12 on the waiting list. The latter were to be used as comparison schools. However, during the first five months of the study some Primary Talk schools opted out of the programme and were replaced by schools on the waiting list. This prohibited the matching and selection of schools. Moreover, the waiting list for Primary Talk became virtually exhausted. Consequently, schools that were unaware of Primary Talk had to be recruited as comparison schools.

Ten intervention schools were eventually identified – five that had signed up for supportive level accreditation and five for enhanced level accreditation. No schools had signed up for specialist level accreditation. Head teachers were approached in each school, inviting them to be part of the evaluation study. Six Primary Talk schools were recruited: four seeking Supportive level accreditation and three at Enhanced level. However, as mentioned previously, one school was subsequently dropped from the study. During the course of the evaluation, one Supportive level school transferred to the Enhanced level accreditation. Ultimately, there were two Supportive and three Enhanced level schools.

Recruiting matched comparison schools was extremely problematic: nineteen were contacted and invited to be part of the evaluation study. However, just two agreed. The key obstacles for recruiting comparison schools were:

- Reaching head teachers to gain consent.
- Competing demands on staff's time e.g. other initiatives, impending Ofsted visit.
- Staffing issues e.g. key staff on long term sick leave.
- Timing: mid-May onwards is a very hectic period in the school calendar, and was not a good time to be approaching schools about a new initiative.
- Initially, there was no incentive for comparison schools to participate in the study. Permission was sought from ICAN to offer the Primary Talk programme to

comparison schools free of charge once the pilot was complete. Nonetheless, this only yielded two comparison schools. They were, however, well matched with their intervention school on all of the indices used (see Table 1.2).

This recruitment issue was discussed with the Primary Talk project manager. It was agreed that the evaluation study would be best placed to audit the Primary Talk accreditation process rather than measure effectiveness, since the latter could not be rigorously achieved with an insufficient number of comparison schools.

Ethics approval was obtained through the University of Sheffield via the Department of Human Communication Sciences ethics committee, for the questionnaires, interview and observational schedules used in the study. Consent was obtained from all staff who participated in the study.

### **Data Collection**

To avoid bias, all data were collected by an independent research team. Baseline questionnaires were sent to all teaching and non-teaching staff in the intervention schools in May/June 2008, before they received their supportive level training. Classroom observations were also conducted around this time in two intervention schools. Comparison schools had not yet been recruited so these data were collected during the Autumn term 2008. A staggered time line was employed for the two comparison schools; they were given a similar amount of time between collation of baseline and outcome measures even though data were not collected at the same time as for their matched pair.

Outcome questionnaires and classroom observations in intervention schools were originally planned for January 2009. However, this was not possible because: a) supportive level schools felt they needed more time to implement the programme and b) the PT coordinators in enhanced level schools did not receive their training for this level of accreditation until January 2009. They then had to cascade this to staff in their own schools. It was the view of the research team that a time interval of 2-3 months should exist between staff training and collation of outcome measures, to allow them the opportunity to embed what had been learned/gained from the training into their day-to-day practice. This was discussed and

agreed with the Primary Talk manager. It was also agreed that schools should have maximum time to implement the Primary Talk programme in order to avoid a scenario where little change was observed between baseline and outcome due to the programme not being given enough time, rather than it being ineffective. This is a critical issue when evaluating the effectiveness of intervention. Table 1.3 summarises when each of the baseline and outcome measures were collated from school staff.

I CAN staff gave verbal consent to take part in the study. Telephone interviews were individually arranged and conducted at a time convenient for each respondent between March and July 2009, using the designed schedules. Interviews with the PTC and head teachers also followed this protocol.

Three accreditation visits were shadowed by the evaluation team, two at Enhanced level and one at Supportive level. Two members of the team were required for Enhanced level accreditation since two accreditors were involved.

Agreement to shadow the visits was obtained from the accreditors, the PTC and/or the head teacher.

Table 1.3. Timeline and collation of baseline and outcome measures in intervention and comparison schools



<i>Type of school</i>	<b>Baseline measure</b> <i>(date)</i>	<i>Training delivered</i> <i>(date)</i>	<b>Outcome measure</b> <i>(date)</i>
Intervention schools	Questionnaires (May/June2008)  Classroom observation (June/September 2008)	Supportive: (June 2008)  Enhanced: (Jan 2009)	Questionnaires (March/April 2009)  Classroom observation (May2009)  Shadow accreditation visits (March/April 2009)  Interviews: PTC & head teacher (June/July 2009)
Matched comparison schools	Questionnaires (Sept/Oct 2008)  Classroom observation (Sept/Nov 2008)	Not applicable	Questionnaires (May/June 2009)  Classroom observation (April/May 2009)

## Chapter 2

### Primary Talk: Uptake, Attrition and Outcome

The combined number of schools that originally a) signed up for Primary Talk; b) implemented the programme, and c) applied for accreditation in the three LAs was obtained from I CAN and is presented in Table 2.1. There was an attrition rate of approximately 20%. It is not clear from the figures provided whether individually there were any local differences between LAs in relation to this drop-out rate, or the implementation of Primary Talk, or the number of schools that became accredited.

Table 2.1. Uptake and outcome of Primary Talk in schools across the three LAs

(\* not known)

	Accreditation Level			Total
	Supportive	Enhanced	Specialist	
Signed up for PT	83	13	3	99
Implemented PT	*	*	*	81
Applied for accreditation	12	8	1	21
Successfully accredited	12	7	1	20

The vast majority of schools that signed up for Primary Talk were interested in the Supportive level accreditation; only a small proportion signed up for Enhanced level, and uptake at Specialist level was very small. Of the schools that implemented the programme, only 26% of them decided to apply for accreditation. Schools that expressed interest at Enhanced level were most likely to apply (61.5%) whilst those that signed up for Supportive level were least likely to apply for accreditation (14%). In terms of outcome of accreditation, the success rate was extremely high; only one school that applied for accreditation did not achieve it (5%).

In the LA studied, the following information was available to the research team:

- Thirty-five schools originally signed up for Primary Talk, and a further 12 schools were on the reserve list.
- 19 schools that signed up for Primary Talk decided not to implement it. (most were replaced by those on the reserve list i.e. they dropped out *before* they started implementing the programme; others dropped out *after* they started to implement it).
- 27 began to implement the programme: 6 at Enhanced level, and the remaining 21 at Supportive level.
- The number of schools that continued to implement Primary Talk until the end of the pilot and beyond is not known. At least one school experienced staffing difficulties and were forced to abandon Primary Talk.

In fact, staffing difficulties were mentioned as one of the main obstacles for why schools did not take up Primary Talk in the LA studied, or why those who did then could not complete it. For example, one school dropped out of the Primary Talk programme after the Primary Talk coordinator went on long term sick leave after implementing the training and there was no-one else who was able to take over her role. Another issue was that a number of head teachers were retiring and the schools would not consider taking on Primary Talk until a new Head was in place,

“Staff shortage and things like that, that’s the obstacles, that’s why they won’t take it on, or if people are moving on, deputy heads or people who were the coordinators were leaving, and the people who were coming into the new jobs thought they had enough on. That happened quite a few times.”

Other reasons why schools dropped out of the Primary Talk programme were:

- Too many other initiatives to implement.
- Impending Ofsted visit.

Across the three LAs, there were a number of schools that did not make the pilot deadline of end of March 2009 for the submission of their standards but were still continuing with Primary Talk. These schools will still be accredited **but** by local I CAN trained accreditation teams. Other schools are still working through their action plan in order to meet the standards with a view to being accredited in the future; they will be supported by locally trained mentors.

## **Summary**

Eighty percent of schools that signed up for Primary Talk began to implement the programme but it is not certain how many of them continued to do this until the end of the pilot and beyond. Staffing issues and competing initiatives are key barriers for those that drop out. Only a quarter of schools that implemented Primary Talk during the pilot applied for accreditation before the deadline. This low number could be explained by a number of factors that are explored elsewhere in this report, for example, time constraints, insufficient support from the Regional Advisor. Notably, however, almost all schools that did apply for accreditation were successful.

## Chapter 3

### Questionnaire Responses from Teaching Staff in the Primary Talk and Comparison Schools

In this chapter, three questions are addressed:

- 1) What were the characteristics of our respondents at baseline: their demographics, teaching experience, teaching practices, knowledge, skills and confidence in dealing with SLCN?
- 2) How did those characteristics differ between the staff in the Primary Talk schools and the comparison schools (i.e. those not engaged with Primary Talk)?
- 3) Did the teaching staff engaged in Primary Talk respond differently on the questionnaires at outcome compared to the staff in the comparison schools?

To answer these questions, teaching staff in the Primary Talk and comparison schools recruited to the study were asked to complete a questionnaire (see Appendix 1) and their responses were collated and analysed, both at baseline and at outcome. The results are summarized in this chapter and the analyses and tables are presented in Appendix 2.1. Out of 171 baseline questionnaires that were sent to 5 schools participating in the PT accreditation, 62 were returned. Out of 78 questionnaires that were sent to 2 comparison schools, 23 were returned. This represents a 36% and 29% response rate, respectively. Despite repeated attempts to contact the respondents, there was considerable attrition between baseline and outcome. Completed outcome questionnaires were returned by only one third of the original (baseline) respondents from the teachers engaged in Primary Talk and half from the control group (see table 3.1).

The analyses was therefore conducted on the 33 respondents who filled both baseline and outcome questionnaire, as it is only those data that allow exploration of the specific differences between the teaching staff involved in Primary Talk and the teaching staff from the comparison schools. These respondents may be unrepresentative of the teachers and TAs generally; on average, they were older and more experienced than those who dropped

out after the baseline, and possibly more diligent and motivated to continue with the study. Nevertheless, the 33 respondents did vary in terms of their age, teaching experience and the year group they taught, which increases the representativeness of the sample. Almost all of them were women (89%), which is typical of the primary school workforce.

## **Respondents' Qualifications and Experience**

Most of the respondents were teachers, though teaching assistants also represented a sizeable proportion of the sample (see table 3.2). Their qualifications varied widely, although most held a degree (see table 3.3). Age and teaching experience of the respondents also varied (see table 3.4). As mentioned above, a comparison of the respondents that dropped out from the study after baseline, and those that stayed on indicated that the latter group was older and more experienced. Respondents worked with children at different primary school grades in both KS1 and KS2 (see table 3.5). Although this was not originally intended, 2 nursery staff were included as well. Generally, the respondents taught classes of widely different sizes, but typically more than 25 pupils (see table 3.6).

## **Baseline Comparison**

The analysis of the questionnaire data suggests that the matching of the Primary Talk and comparison schools was successful, at least insofar as the characteristics of the teaching staff were concerned. There were very few statistically significant differences between the Primary Talk and comparison teaching staff at baseline. However, the respondents in the Primary Talk group had received significantly more training in the three years preceding this pilot study. At baseline, two thirds of the Primary Talk group respondents declared participating in some form of SLCN-related training during the preceding three years. However, that was the case for only one fifth of the comparison group respondents. The difference was statistically significant (see table 3.7a). Since the data were collected before the Primary Talk process started, the difference could not reflect the impact of the accreditation process itself on the schools that signed up for it. It may indicate, instead, that the schools that chose to participate in the Primary Talk programme were those who had been more active in seeking staff training in the past.

Not all of the respondents who declared taking courses chose to describe them on the questionnaire. Insofar as they were described, they appear to vary widely and were usually short (see tables 3.8a and 3.9a). These courses had a moderate impact on teaching practice - though some of them taken before the pilot study commenced appeared to have made a big impact (see table 3.10).

Respondents from the Primary Talk schools declared more often that they received speech, language and communication profiles of their pupils at the beginning of the school year (question B4). However, they also felt that they knew less about typical development of children's language and communication at school entry (question E6), compared with respondents from the comparison schools. No other between-group differences were statistically significant (or even approaching significance) at baseline.

## **Outcome Comparison**

One of the main aims of the evaluation was to establish whether the Primary Talk programme had a specific impact on teaching staff's knowledge, skills, confidence and practice of dealing with SLCN. A specific effect of intervention could be concluded if between the baseline and the outcome, one group changed, and the other did not; one group changed more than the other; or they changed in opposite directions. In statistical terms, these patterns correspond to a statistically significant interaction between time (baseline to outcome change) and group (Primary Talk vs. comparison). Several such significant, or near significant, interactions were observed. The following summarises the results from each section of the Questionnaire.

### **A. Training and Experience at Outcome**

Fourteen respondents from the PT group (70%) declared taking part in at least one training course during the preceding year; 8 (38.1%) took part in at least two such courses, and 6 (28.6%) in three or more. In contrast, only one person in the comparison group declared taking part in one course (see table 3.7b) – a highly significant difference, no doubt reflecting the accreditation process, since the most frequently declared training was the Primary Talk (see table 3.8b). The respondents were asked at baseline and outcome how they perceived their knowledge, skills and resources necessary for supporting speech, language and communication skills of the children they teach (Questions A9-12). The overall pattern of results was similar for all four questions (see tables 3.11 – 3.14). At baseline, most respondents felt rather confident about their knowledge, skills and resources available. Primary Talk respondents gave similar answers at baseline and outcome, while the responses from the comparison group indicated they had less knowledge and confidence on the second occasion. These time by group interactions were small, however, they reached statistical significance for the question A11 ('I use a range of effective strategies'; see table

3.13) and A12 (I have access to effective resources; see table 3.14). This suggests a specific effect of the Primary Talk programme.

Whilst the respondents felt fairly confident about their knowledge and skills at baseline, at the same time a large proportion of them also declared the need to improve their knowledge of language and communication skills, and, to a lesser extent, to improve skills for supporting children's SLCN (see tables 3.15 and 3.16). A similar pattern was observed for both questions. Both groups did not differ significantly at baseline. However, at outcome, the Primary Talk respondents were *less* likely to say that they needed further knowledge or skills improvement than the comparison group respondents. Change occurred mainly in the Primary Talk group – the control group respondents usually gave the same answers on both occasions. This result may reflect an improvement in confidence in the Primary Talk group, as a result of training and support received. However, the pattern described here must be interpreted cautiously, as the differences mentioned here are only on the borderline of statistical significance.

Most respondents declared that they taught some children with identified SLCN at baseline as well as outcome (see table 3.17a). The declared number of children with SLCN taught was generally small, though some reported a number higher than 10 (see table 3.17b). Fewer respondents declared teaching children with suspected (but formally unidentified) SLCN (see tables 3.18a and b).

## **B. Classroom Practice**

Most of the significant differences between the Primary Talk and comparison schools were in classroom practice. At baseline, slightly above a third of all respondents declared that their lesson planning *differentiated* children according to their language and communication needs. At outcome, this proportion doubled in the Primary Talk group (a highly significant change) but remained approximately the same in the control group (see table 3.19). Thus, this may be a specific effect of engaging with Primary Talk.

At baseline, most respondents in both groups declared that their lesson planning included practices that support language and communication development. Between baseline and outcome this proportion increased noticeably in the Primary Talk group (a difference approaching significance) but remained roughly the same in the control group. Consequently, while at baseline such planning was declared slightly more often in the comparison than in the Primary Talk group, the reverse was the case at outcome when the difference between the two groups was substantial and approaching statistical significance.



(see table 3.20). This offers some, albeit statistically tentative, evidence for the specific effects of Primary Talk.

Less than half of the respondents at baseline were certain that the information about children's speech, language and communication abilities was circulated to all classroom staff. Between baseline and outcome this proportion increased in the Primary Talk group (a substantial but not statistically significant difference) but remained the same in the comparison group (see table 3.21). Thus, at outcome, the practice was declared significantly more often in the Primary Talk group. This, again, offers some statistically tentative evidence for the specific effects of Primary Talk.

At baseline, most respondents from the comparison schools declared that the speech, language and communication profiles of children they taught were made available to them at the beginning of the school year. In contrast, this practice was rather rare according to the Primary Talk schools respondents – a significant between-group difference. However, this difference disappeared at outcome. In fact it was the Primary Talk respondents who now declared receiving the speech, language and communication profiles slightly more often (see table 3.22). This suggests a specific effect of Primary Talk. However, the baseline to outcome change was not statistically significant in both groups, so this suggestion must remain tentative.

Teaching of good communication skills was declared by most respondents in both groups at baseline. At outcome, this proportion increased further still for the Primary Talk group, but decreased for the control group, so now the groups differed significantly – teaching of good communication skills was declared more often by the PT participants (see table 3.23). This is again tentative evidence for the specific effects of Primary Talk. A very similar pattern occurred with respect to the classroom seating plan. Most respondents in both groups declared having such plan at baseline. At outcome, this proportion went up slightly for the Primary Talk group, but slightly down for the comparison group, so now the two groups differed significantly, suggesting a specific effect of intervention (see table 3.24).

Nearly all respondents in both groups declared they used some kind of visual support strategies. The figures were similar irrespective of group and time point (see table 3.25a). Those respondents who declared that they used visual strategies, typically used many of them (see table 3.25b). The Primary Talk group (but not the control group) showed a notable increase in the declared frequency of use of visual timetables but the number of relevant answers were so few that these could not be analysed statistically. Respondents

also declared some (moderate) amount of explicit vocabulary teaching (see table 3.26). There were no changes in that respect between the groups, nor between baseline and outcome.

Most respondents declared that they taught children with SLCN (see table 3.27) This did not differ between the groups, nor did it change between baseline and outcome. Those who declared teaching such children typically stated that they engaged them in small group teaching focused on language on a regular basis (at least once a week; see table 3.28).

A structured environment for children with SLCN during playtimes was declared by approximately half of all respondents. There were no sizeable differences between the groups, nor between time points (see table 3.29). Monitoring of the classroom environment and practice, by another staff member appears extremely common (see tables 3.30 and 3.31). However, it is not certain whether these observations focus on the use of communication supportive practices. Most respondents declared that they knew the procedures for referring a child to an outside agency or specialist. Between baseline and outcome this proportion grew noticeably in the Primary Talk group but not in the comparison group; a difference approaching statistical significance (see table 3.32), which provides some further tentative evidence for the specific impact of Primary Talk. In both groups most respondents declared that they did not have structured opportunities to discuss ways of supporting children with SLCN. This changed in the Primary Talk staff at outcome (see table 3.33) but was not a statistically significant change. A variety of colleagues were mentioned as useful contacts; SENCOs were mentioned the most often, but SLTs were mentioned only once at outcome by a Primary Talk respondent (see table 3.34). It appears that there were no opportunities to discuss SLCN with colleagues from other schools (see table 3.35).

### **C. Monitoring Progress**

The Primary Talk respondents became slightly more confident in their own ability to monitor the progress children make with speaking and listening (question C4), while the comparison group respondents became slightly less confident (see tables 3.36 and 3.37).

### **D. Pupil and Parent/Carer Involvement**

The term “communication supportive practice”, which only one respondent knew at baseline, had become familiar to over 40% of the Primary Talk teaching staff at outcome – but still to none of the comparison teaching staff (see table 3.38). Relatively few respondents stated that they had informed and consulted pupils about this practice. However, consulting parents or carers of the school’s communication supportive practice was reported by many of the

Primary Talk teaching staff but not by the comparison staff at outcome (see tables 3.39 and 3.40).

## **E. Knowledge About Speech and Language Development and Delay**

Responses to the knowledge questions concerning speech, language and communication needs were predominantly cautious: 'not sure' was the option chosen most often. On average, more than a third of all responses were correct. There were no significant between-group differences (see tables 3.41-3.44) but there was some evidence of improvement in the Primary Talk staff on two of the statements:

- i) All children with SLCN have what is known as speech/language delay (question E1)
- ii) English as an additional language is a risk factor for developing speech, language and communication difficulties (question E 4)

The two questions concerning the speech, language and communication milestones expected to have been reached at school entry turned out to be rather hard; the average score was around 0, indicating that respondents gave about as many correct as incorrect answers (see table 3.45 and 3.46)

## **Non-Significant Effects of Involvement with Primary Talk**

There were a number of areas where there was clearly no significant difference between the Primary Talk and Comparison schools. These included:

- Confidence in knowledge of typical language development with reference to the age range taught.
- Confidence in ability to identify children with SLCN.
- The probability of respondents declaring that they teach children with SLCN, either formally identified, or yet unidentified.
- Use of visual support strategies. However, further analysis of the *type* of visual strategies used did suggest some possible effects of Primary Talk. The Primary

Talk respondents declared using some visual support strategies at the baseline and listed more of them at outcome; the use of visual timetables especially appeared to have increased.

- Pupils' with SLCN having access to a structured environment during playtimes and lunchtimes.
- Regular monitoring of classroom environment and practice. It may be of course that such monitoring was common practice to start with, so there was relatively little room for improvement. However, the observations are unlikely to have focused on the use of communication supportive practices.
- Structured opportunities to discuss ways of supporting children's spoken language and communication skills with fellow professionals at school, and outside of the school.
- Confidence in assessing children's speaking and listening skills.
- Practice of informing and consulting pupils about communication supportive practices.
- Knowledge about specific aspects of speech and language development
- Measurable impact on how respondents dealt with case studies, especially recognising when referral to speech and language therapy was indicated.

## F. Case Studies

The respondents were asked to evaluate four hypothetical cases of communication problems. From a speech and language therapy perspective, three of them (cases 1, 3 and 4) are cause for concern, while one (case 2) is not. Most respondents correctly identified cases 1, 3 and 4 as problematic. However, about half of them also did so with case 2 (see Tables 3.47-3.50). Such an answer might be considered to be incorrect if a long-term perspective is adopted (i.e. the lack of linguistic competence described in this case is likely to be temporary). However, the perspective adopted by the respondents might have been different, and in terms of the *immediate* demands of teaching and everyday communication, case 2 may indeed present as a challenge. Whilst most responses can be seen as correct, a sizeable proportion of them were a cautious "not sure". This tended to be more common in the Primary Talk staff than in the comparison staff; a trend that almost reached statistical significance in case 3. One striking point was that in their qualitative responses, very few respondents mentioned referral to a speech and language therapist (SLT) for the appropriate cases:

- Case 1: One respondent in the comparison group mentioned that the problem might be 'delayed speech'. The most popular answers were 'hearing' or 'speech problem.' When asked what they would do, 6 respondents – all in the Primary Talk group - mentioned referral to SLT.
- Case 2: EAL was the issue in this case study and referral to SLT was not indicated.
- Case 3: in terms of identification, respondents' qualitative responses revealed no notable changes between baseline and outcome. One respondent in the comparison group suggested referral to SLT.
- Case 4: again, with regard to identification, respondents' qualitative responses revealed no notable changes between baseline and outcome. One respondent would 'possibly' refer to SLT.

## **G. Teaching Staff's Evaluation of Primary Talk**

In the final part of the questionnaire, teaching staff from the Primary Talk schools gave their opinions about Primary Talk. These respondents included 22 of the original respondents who filled in both baseline and outcome questionnaires, plus an additional 17 respondents from different schools that had also participated in Primary Talk. Generally, all were fairly positive. On average, a moderate impact of the Primary Talk training and the Primary talk information pack on teaching practice was declared (a rating of 3 on a 5-point scale; see tables 3.51 and 3.52). However, most staff also declared that they did not access the Primary Talk website at all, and practically nobody accessed it frequently (see tables 3.53 and 3.54). Most respondents declared some time was set aside to discuss the implementation of Primary Talk with the Primary Talk coordinator, and found this moderately useful in implementing the programme (see tables 3.55 and 3.56). Nevertheless, only 40% of respondents declared that there were any procedures in place to help them transfer any newly acquired knowledge and skills into practice (see table 3.57). The most frequently occurring theme in the qualitative responses to this question related to resources: either that they needed more time to make them, or that resources needed to be made available, and share ideas. Finally, the overall evaluation of the value of the programme was positive (a rating of 4 on a 5-point scale; see table 3.58).

Respondents' qualitative responses to the remaining questions in this section revealed the following:

- For those who felt the Primary Talk training had changed their practice (question G2), the most common themes surrounded a) increased use of visual support strategies; b) modifying adult speech, and c) increased awareness,

..."more reflection on my speaking when working with a group"

- When asked what was least useful about the Primary Talk training (question G3), the most common response was 'nothing' or 'it was all useful.' Two respondents felt there was too much repetition between the Supportive and Enhanced levels of training, while two others stated that there was too much to do in too little time,

"The repetitive nature of the L2 training – it should either have been L1 or L2."

"Very quick, a large amount of information over a short time."

- The themes that emerged when respondents were asked what might assist them in making further changes to their practice related to: observation/feedback ; time to explore resources; and review of practice/progress made,

"Observation feedback, specific guidance of my classroom practice."

"Time to investigate resources/ideas"

"A need to refresh the course to check that I am still using the methods completely as they should be used."

## APPENDIX 3. 1

### ANALYSIS of QUESTIONNAIRE DATA FROM TEACHING STAFF

**Table 3.1. Response rates**

GROUP	SCHOOL	Questionnaires distributed at baseline (N)	Questionnaires returned at baseline (N)	% response rate	Questionnaires returned at outcome (N)	% response rate (in relation to baseline)
PT	A	30	8	27	0	0.0
	B	40	16	40	4	25.0
	C	42	18	43	11	61.1
	D	29	4	14	1	25.0
	E	30	16	53	6	37.5
	TOTAL	171	62 (6 M, 56 F)	36	22 (1M, 21F)	35.5
control	F	38	15	39	7	46.7
	G	40	8	20	4	50
	TOTAL	78	23 (3 M, 20 F)	29	11 (2M, 9F)	47.8

### RESPONDENTS' QUALIFICATIONS AND EXPERIENCE (SECTION A)

**Table 3.2. Respondents' main roles.**

Main roles	PT		control	
	N	%	N	%
teacher	14	63.6	7	63.6
TA	4	18.2	3	27.3
SENCO	2	9.1	1	9.1
other	2	9.1	0	
TOTAL	22		11	

$$\chi^2(3) = 1.286, p = .865^1$$

n.b. all respondents declared the same main roles at baseline and outcome

**Table 3.3. Respondents' main qualifications.**

Qualification	PT		control	
	N	%	N	%
none	0		0	
NVQ/GNVQ	3	15.0	2	18.2
degree	9	45.0	4	36.4
degree + PGCE	6	30.0	3	27.3
other*	2	10.0	2	18.2
TOTAL	20		11	

$$\chi^2(3) = 0.557, p = .949$$

\*\* Certificate in Education, Foundation Degree, Teaching Certificate

<sup>1</sup> Chi-square test with exact significance (two-tailed). Between group differences are considered to be statistically significant (i.e. unlikely to occur due to mere chance) if p value is smaller than 0.05 (i.e.  $p < .05$ ). Significant differences are marked with [sig.].

**Table 3.4. Respondents' age and experience (at baseline).**

VARIABLE	GROUP	N	M	Med	SD	Min-Max	Mann-Whitney <sup>2</sup>
Age	PT	16	42.19	43.5	11.95	21 – 59	Z = 0.148, p = .894
	contr	11	42.36	46	11.64	20 – 55	
How long have you been teaching?	PT	18	15.50	15.5	11.48	1 – 37	Z = 0.096, p = .934
	contr	10	16.23	19.5	11.39	0.33 – 30	
How long have you been working at this school?	PT	18	9.56	6.5	7.14	2 – 27	Z = 1.129, p = .269
	contr	10	6.68	5.5	5.73	0.33 – 19	

**Table 3.5. percentage of respondents teaching each year group (at outcome).**

GROUP	GRADE								TOTAL
	Nursery	Reception	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	
PT	2 (9.5%)	3 (14.3%)	7 (33.3%)	7 (33.3%)	6 (28.6%)	8 (38.1%)	6 (28.6%)	8 (38.1%)	21
contr		3 (27.3%)	4 (36.4%)	2 (18.2%)	4 (36.4%)	2 (18.2%)	2 (18.2%)	2 (18.2%)	11

n.b. As several respondents taught at more than one grade level, percentages add to more than 100.

**Table 3.6. Class size (at outcome).**

GROUP	N	M	Med	SD	Min-Max	Mann-Whitney U
PT	15	26.67	28	5.58	7 – 30	Z = 1.350, p = .185
contr	10	24.20	26	7.02	6 – 30	

**Table 3.7a. Training received before the study period – data from the baseline sample**

	Have you received training in SLCN in the last 3 years?			
	PT		control	
	N	%	N	%
yes	14	66.7	2	20.0
no	7	33.3	8	80.0
TOTAL	21		10	

$\chi^2(1) = 5.907, p = .023$  [sig.]

**Table 3.7b. Training received during the study period – data from the outcome sample.**

	Have you received training in SLCN since June 2008?			
	PT		control	
	N	%	N	%
yes	14	66.7	1	9.1
no	7	33.3	10	90.9
TOTAL	21		11	

$\chi^2(1) = 9.610, p = .003$  [sig.]

**Table 3.8a. Training received in the three years preceding the study.**

	PT	control

<sup>2</sup> Mann-Whitney U test, with exact probabilities (two-tailed). Statistical significance is interpreted and marked the same as in the chi-square test.



	n		n
Talk across the curriculum	8	communication & literacy	1
Story writing - Pie Corbett	2	EAL learners	1
ASD strategies	1		
Big sing workshop	1		
Bf? speaking & listening	1		
Guided talk for writing	1		
Jill Catlow	1		
Lead learners course	1		
local SLT course for teachers	1		
music & language	1		
Talking Partners	1		
visual timetables	1		
<b>TOTAL*</b>	<b>12</b>	<b>TOTAL*</b>	<b>2</b>

\* 'total' refers to the number of participants who declared taking some courses and chose to describe them. It may not tally with the numbers report above it, since each respondent could take several courses during the period in question, and was asked to describe up to three of them.

**Table 3.8b. Training received during the study period.**

	PT		control
	n		n
ICAN Primary Talk	17	Talking partners	1
Targeting talk	3		
Talking Partners	2		
BFD speaking and listening	1		
TAC	1		
Autism	1		
EAL speaking and listening provision	1		
ICAN Primary Talk level 2	1		
SALT training for ASD	1		
<b>TOTAL*</b>	<b>14</b>	<b>TOTAL*</b>	<b>1</b>

\* 'total' refers to the number of participants who declared taking some courses and chose to describe them. It may not tally with the numbers report above it, since each respondent could take several courses during the period in question, and was asked to describe up to three of them.

**Table 3.9a. Length of training received before the study period.**

Course length	PT	control
1 – 2 hrs	2	
3 hrs – half a day	3	
1 day	6	
2 days	3	
3-5 days	1	
longer	0	1
<b>TOTAL*</b>	<b>9</b>	<b>1</b>

**Table 3.9b. Length of training received during the study period.**

Course length	PT	control
1 – 2 hrs	15	
3 hrs – half a day	4	
1 day	4	
2 days	2	1
3-5 days		
longer		
<b>TOTAL*</b>	<b>13</b>	<b>1</b>

\* 'total' refers to the number of participants who declared taking some courses and chose to describe them. It may not tally with the numbers report above it, since each respondent could take several courses during the period in question, and was asked to describe up to three of them.

**Table 3.10a. Perceived impact of training received**

**Table 3.10b. Perceived impact of training**

**before the study period – data from the baseline sample.**

Course impact*	PT	control
1		
2	3	
3	5	1
4	3	
5	5	1
TOTAL**	9	2

**received during the study period – data from the outcome sample.**

Course impact*	PT	control
1		
2	5	
3	14	
4	8	1
5		
TOTAL**	13	1

\*scale from 1 (no impact whatsoever) to 5 (substantially changed my practice)

\*\* 'total' refers to the number of participants who declared taking some courses and chose to describe them. It may not tally with the numbers report above it, since each respondent could take several courses during the period in question, and was asked to describe up to three of them.

**Table 3.11. Question A9.**

QUESTION	GROUP	N	M	Med	SD	Min-Max*	
I have firm knowledge of typical language development with reference to the age range I teach	PT baseline	20	3.60	4	0.75	2 – 5	Time: $F(1,28) = 2.179, p = .151$ Group: $F(1,28) = 3.816, p = .061$ [nearly sig.] Time $\times$ Group: $F(1,28) = 1.318, p = .261$
	PT outcome		3.55	4	0.69	2 – 4	
	control baseline	10	3.30	3.5	0.82	2 – 4	
	control outcome		2.90	3	0.74	2 – 4	

\*scale from 1 (strongly disagree) to 5 (strongly agree)

**Table 3.12. Question A10.**

QUESTION	GROUP	N	M	Med	SD	Min-Max*	
I am confidently able to identify children with SLCN	PT baseline	21	3.81	4	0.81	2 – 5	Time: $F(1,30) = 1.299, p = .263$ Group: $F(1,30) = 1.284, p = .266$ Time $\times$ Group: $F(1,30) = 2.810, p = .104$
	PT outcome		3.90	4	0.70	2 – 5	
	control baseline	11	3.82	4	1.08	2 – 5	
	control outcome		3.32	3	0.84	2 – 5	

\*scale from 1 (strongly disagree) to 5 (strongly agree)

**Table 3.13. Question A11.**

QUESTION	GROUP	N	M	Med	SD	Min-Max*	
I use a range of effective strategies to support children's SLC skills in the classroom	PT baseline	20	3.70	4	0.73	3 – 5	Time: $F(1,27) = 2.224, p = .148$ Group: $F(1,27) = 0.490, p = .490$ Time $\times$ Group: $F(1,27) = 4.304, p = .048$ [sig.]
	PT outcome		3.80	4	0.62	2 – 5	
	control baseline	9	3.89	4	0.60	3 – 5	
	control outcome		3.28	3	1.03	2 – 5	

\*scale from 1 (strongly disagree) to 5 (strongly agree)

**Table 3.14. Question A12.**

QUESTION	GROUP	N	M	Med	SD	Min-Max*	
I have access to effective resources to enhance the SLC skills of the children I teach	PT baseline	19	3.21	3	0.79	2 – 5	Time: $F(1,26) = 0.066, p = .800$ Group: $F(1,26) = 7.256, p = .012$ [sig.] Time $\times$ Group: $F(1,26) = 4.850, p = .037$ [sig.]
	PT outcome		3.63	4	0.76	2 – 5	
	control baseline	9	2.89	3	0.60	2 – 4	
	control outcome		2.56	2	0.88	2 – 4	

\*scale from 1 (strongly disagree) to 5 (strongly agree)

**Table 3.15. Baseline to outcome change – question A13.**

	Do you feel you need to improve your <u>knowledge</u> of children's spoken language/communication skills?							
	PT				control			
	baseline		outcome		baseline		outcome	
	N	%	N	%	N	%	N	%
yes	11	55.0	9	45.0	9	81.8	9	81.8
no	2	10.0	8	40.0	0	0.0	0	0.0
not sure	7	35.0	3	15.0	2	18.2	2	18.2
TOTAL	20				11			

**Difference between PT and control:**

- At baseline:  $\chi^2(2) = 2.583, p = .383$
- At outcome:  $\chi^2(2) = 6.101, p = .053$  [nearly sig.]

**Baseline to outcome change:**

- In the PT group:  $p = .055$  [nearly sig.]
- In the control group:  $p = 1.000$

**Table 3.16. Baseline to outcome change – question A14.**

	Do you feel you need to improve your <u>skills</u> for supporting children's spoken language/communication skills in the classroom?							
	PT				control			
	baseline		outcome		baseline		outcome	
	N	%	N	%	N	%	N	%
yes	8	42.1	5	26.3	6	54.5	8	72.7
no	3	15.8	8	42.1	1	9.1	1	9.1
not sure	8	42.1	6	31.6	4	36.4	2	18.2
TOTAL	19				11			

**Difference between PT and control:**

- At baseline:  $\chi^2(2) = 0.523, p = .775$
- At outcome:  $\chi^2(2) = 6.463, p = .047$  [sig.]

**Baseline to outcome change:**

- In the PT group:  $p = .117$
- In the control group:  $p = .750$

**Table 3.17a. Question A16.**

	Do you teach any children with SLCN that have already been identified by a professional?							
	PT				control			
	baseline		outcome		baseline		outcome	
	N	%	N	%	N	%	N	%
yes	14	70.0	16	80.0	8	80.0	7	70.0
no	6	30.0	4	20.0	2	20.0	3	30.0
TOTAL	20				10			

**Difference between PT and control:**

- At baseline:  $\chi^2(1) = 0.341, p = .682$
- At outcome:  $\chi^2(1) = 0.373, p = .657$

**Baseline to outcome change:**

- In the PT group:  $p = .625$
- In the control group:  $p = 1.000$

**Table 3.17b. Question A16a – If yes, how many?**

GROUP	N	M	Med	SD	Min-Max
PT baseline	13	3.69	3	5.07	1 – 20
PT outcome	15	3.73	2	3.67	1 – 13
control baseline	8	2.25	2.5	1.16	1 – 4
control outcome	7	1.86	1	1.46	1 – 5

**Table 3.18a. Question A17**

	Do you teach any children that you feel have SLCN that have not yet been identified?							
	PT				control			
	baseline		outcome		baseline		outcome	
	N	%	N	%	N	%	N	%
yes	8	50.0	12	66.7	5	55.6	6	66.7
no	9	44.4	6	33.3	4	44.4	3	33.3
not sure	1	5.6	0		0		0	
TOTAL	18				9			

**Difference between PT and control:**

- At baseline:  $\chi^2(2) = 0.692, p = 1.000$
- At outcome:  $\chi^2(1) = 0.000, p = 1.000$

**Baseline to outcome change:**

- In the PT group:  $p = .289$
- In the control group:  $p = 1.000$

**Table 3.18b. Question A17a – If yes, how many?**

GROUP	N	M	Med	SD	Min-Max
PT baseline	6	2.50	1.5	2.35	1 – 7
PT outcome	11	2.55	2	2.73	1 – 10
control baseline	5	1.60	2	0.55	1 – 2
control outcome	4	3.25	3	1.50	2 – 5

## SECTION B: CLASSROOM PRACTICE

**Table 3.19. Question B1.**

	Does your current planning differentiate children according to their spoken language/communication needs?							
	PT			control				
	baseline	outcome		baseline	outcome			
	N	%	N	%	N	%		
yes	8	38.1	16	76.2	4	36.4	5	45.5
no	6	28.6	1	4.8	5	45.5	3	27.3
not sure	3	14.3	3	14.3	2	18.2	2	18.2
n/a	4	19.0	1	4.8	0	0.0	1	9.1
TOTAL	21				11			

**Difference between PT and control:**

- At baseline:  $\chi^2(3) = 2.770, p = .509$
- At outcome:  $\chi^2(3) = 4.252, p = .287$

**Baseline to outcome change**

- In the PT group:  $p = .006$  [sig.]
- In the control group:  $p = 1.000$

**Table 3.20. Question B2.**

	Does your current planning include practices that support children's spoken language/communication development?							
	PT			control				
	baseline	outcome		baseline	outcome			
	N	%	N	%	N	%		
yes	13	61.9	18	85.7	8	72.7	6	54.5
no	0	0.0	1	4.8	2	18.2	0	0.0
not sure	6	28.6	1	4.8	1	9.1	2	18.2
n/a	2	9.5	1	4.8	0	0.0	3	27.3
TOTAL			21				11	

**Difference between PT and control:**

- At baseline:  $\chi^2(3) = 6.247, p = .105$
- At outcome:  $\chi^2(3) = 5.772, p = .097$  [approaching sig.]

**Baseline to outcome change**

- In the PT group:  $p = .070$  [approaching sig.]
- In the control group:  $p = .375$

**Table 3.21. Question B3.**

	Is information about children's speech, language and communication abilities circulated to all classroom staff?							
	PT			control				
	baseline	outcome		baseline	outcome			
	N	%	N	%	N	%		
yes	9	45.0	16	80.0	4	36.4	4	36.4
no	6	30.0	3	15.0	4	36.4	3	27.3
not sure	5	25.5	1	5.0	3	27.3	4	36.4
TOTAL	20				11			

**Difference between PT and control:**

- At baseline:  $\chi^2(2) = 0.230, p = .898$
- At outcome:  $\chi^2(2) = 6.975, p = .029$  [sig.]

**Baseline to outcome change**

- In the PT group:  $p = .109$
- In the control group:  $p = 1.000$

**Table 3.22. Question B4.**

	Were the speech, language and communication profiles of the pupils you teach passed on to you at the start of this school year?							
	PT				control			
	baseline		outcome		baseline		outcome	
	N	%	N	%	N	%	N	%
yes	5	29.4	11	64.7	8	88.9	5	55.6
no	9	52.9	5	29.4	1	11.1	3	33.3
not sure	3	17.6	1	5.9	0	0.0	1	11.1
TOTAL	17				9			

**Difference between PT and control:**

- At baseline:  $\chi^2(2) = 8.429, p = .018$  [sig.]
- At outcome:  $\chi^2(2) = 0.319, p = 1.000$

**Baseline to outcome change**

- In the PT group:  $p = .109$
- In the control group:  $p = .250$

**Table 3.23. Question B5.**

	Do you teach your pupils about good verbal and nonverbal communication skills?							
	PT				control			
	baseline		outcome		baseline		outcome	
	N	%	N	%	N	%	N	%
yes	16	70.0	20	100.0	7	70.0	5	50.0
no	1	10.0	0	0.0	2	20.0	2	20.0
not sure	3	20.0	0	0.0	1	10.0	3	30.0
TOTAL	20		20		10		10	

**Difference between PT and control:**

- At baseline:  $\chi^2(2) = 1.712, p = .657$
- At outcome:  $\chi^2(2) = 12.000, p = .002$  [sig.]

**Baseline to outcome change**

- In the PT group:  $p = .125$
- In the control group:  $p = .500$

**Table 3.24. Question B6.**

	Do you use a seating plan in your class?							
	PT				control			
	baseline		outcome		baseline		outcome	
	N	%	N	%	N	%	N	%
yes	15	75.0	17	85.0	5	55.6	3	33.3
no	5	25.0	3	15.0	4	44.4	6	66.6
TOTAL	20				9			

**Difference between PT and control:**

- At baseline:  $\chi^2(2) = 1.096, p = .396$
- At outcome:  $\chi^2(2) = 7.741, p = .010$

**Baseline to outcome change**

- In the PT group:  $p = .500$
- In the control group:  $p = .500$

**Table 3.25a. Question B7.**

	Do you use any visual support strategies?							
	PT				control			
	baseline		outcome		baseline		outcome	
	N	%	N	%	N	%	N	%
yes	17	85.0	19	95.0	8	100.0	7	87.5
no	3	15.0	1	5.0	0	0.0	1	12.5
TOTAL	20				8			

**Difference between PT and control:**

- At baseline:  $\chi^2(1) = 1.344, p = .536$
- At outcome:  $\chi^2(1) = 0.485, p = 1.000$

**Baseline to outcome change**

- In the PT group:  $p = .500$
- In the control group:  $p = 1.000$

**Table 3.25b. Question B7 – type of visual support used.**

	PT		control	
	baseline (N = 17)	outcome (N = 19)	baseline (N = 8)	Outcome (N = 7)
Signs	15 (88.2%)	19 (100%)	7 (87.5%)	5 (71.4%)
Symbols	12 (70.6%)	19 (100%)	5 (62.5%)	4 (57.1%)
Photographs/pictures	15 (88.2%)	19 (100%)	8 (100%)	7 (100%)
Visual timetable	7 (41.2%)	16 (84.2%)	4 (50.0%)	3 (42.8%)
Written words	17 (100%)	17 (89.5%)	8 (100%)	7 (100%)
Other (please specify)*	3 (17.6%)	0	1 (12.5%)	0

\* the following were declared: action for words, diagrams, flash cards and DVD clips ,displays re: topic  
n.b. Percentages are relative to those who did declare the use of visual support strategies in the first place

**Table 3.26. Question B9.**

VARIABLE	GROUP	N	M	Med	SD	Min-Max*	
When you introduce new vocabulary do you spend time explicitly teaching these words before they are embedded into a lesson?	PT baseline	17	3.41	4	1.06	1 – 5	Time: $F(1,24) = 0.274, p = .605$ Group: $F(1,24) = 0.637, p = .433$ Time $\times$ Group: $F(1,24) = 2.132, p = .157$
	PT outcome		3.88	4	0.60	3 – 5	
	control baseline	9	3.56	4	0.53	3 – 4	
	control outcome		3.33	3	1.00	2 – 5	

\*scale from 1 (strongly disagree) to 5 (strongly agree)

**Table 3. 27. Question B10.**

	Do you teach children with SLCN?							
	PT			control				
	baseline	outcome		baseline	outcome			
	N	%	N	%	N	%		
yes	16	84.2	15	78.9	9	100.0	7	77.8
no	3	15.8	4	21.1	0	0.0	2	22.2
TOTAL	19				9			

**Difference between PT and control:**

- At baseline:  $\chi^2(1) = 1.592, p = .530$
- At outcome:  $\chi^2(1) = 0.005, p = 1.000$

**Baseline to outcome change**

- In the PT group:  $p = 1.000$
- In the control group:  $p = .500$

**Table 3.28. Question B10 - if yes, how often do these pupils engage in small group teaching (2-6 children) that focuses specifically on language learning?**

	PT		control	
	baseline (N = 16)	outcome (N = 15)	baseline (N = 9)	Outcome (N = 7)
daily	4 (25.0%)	4 (26.7%)	3 (33.3%)	3 (42.9%)
2-4 times a week	3 (18.8%)	6 (40.0%)	1 (11.1%)	1 (14.3%)
once a week	5 (31.2%)	4 (26.7%)	1 (11.1%)	1 (14.3%)
fortnightly	2 (12.5%)	1 (6.7%)	0	0
never	1 (6.2%)	0	4 (44.4%)	2 (28.6%)
n/a	1 (6.2%)	0	0	0

\* the following were declared: action for words, diagrams, flash cards and DVD clips to teach, displays re: topic  
n.b. Percentages are relative to those who did declare the use of visual support strategies in the first place

**Table 3.29. Question B11.**

	Can children with SLCN access a structured environment during playtimes/lunchtimes?							
	PT			control				
	baseline	outcome		baseline	outcome			
	N	%	N	%	N	%		
yes	8	47.1	10	58.8	5	50.0	5	50.0
no	4	23.5	2	11.8	0	0.0	2	20.0
not sure	5	29.4	5	29.4	5	50.0	3	30.0
TOTAL	17				10			

**Difference between PT and control:**

- At baseline:  $\chi^2(2) = 3.085, p = .246$
- At outcome:  $\chi^2(2) = 0.377, p = .867$

**Baseline to outcome change**

- In the PT group:  $p = .453$
- In the control group:  $p = .625$

**Table 3.30. Question B12.**

	Is your <u>classroom environment</u> monitored regularly by a member of staff through observation or discussion?							
	PT				control			
	baseline		outcome		baseline		outcome	
	N	%	N	%	N	%	N	%
yes	15	83.3	16	88.9	7	70.0	6	60.0
no	2	11.1	2	11.1	1	10.0	2	20.0
not sure	1	5.6	0	0.0	2	20.0	2	20.0
TOTAL	18				10			

**Difference between PT and control:**

- At baseline:  $\chi^2(2) = 1.405, p = .781$
- At outcome:  $\chi^2(2) = 4.638, p = .077$

**Baseline to outcome change**

- In the PT group:  $p = 1.000$
- In the control group:  $p = 1.000$

**Table 3.31. Question B13.**

	Is your <u>classroom practice</u> monitored regularly by a member of staff through observation or discussion?							
	PT				control			
	baseline		outcome		baseline		outcome	
	N	%	N	%	N	%	N	%
yes	17	94.4	17	94.4	9	90.0	9	90.0
no	1	5.6	1	5.6	0	0.0	1	0.0
not sure	0	0.0	0	0.0	1	10.0	0	10.0
TOTAL	18				10			

**Difference between PT and control:**

- At baseline:  $\chi^2(2) = 2.369, p = .595$
- At outcome:  $\chi^2(2) = 0.191, p = 1.000$

**Baseline to outcome change**

- In the PT group:  $p = 1.000$
- In the control group:  $p = 1.000$

**Table 3.32. Question B15.**

	Are you aware of the current procedure in your school for referring a child to an outside agency/specialist?							
	PT				control			
	baseline		outcome		baseline		outcome	
	N	%	N	%	N	%	N	%
yes	14	70.0	19	95.0	6	60.0	7	70.0
no	1	5.0	0	0.0	1	10.0	1	10.0
not sure	5	25.0	1	5.5	3	30.0	2	20.0
TOTAL	20				10			

**Difference between PT and control:**

- At baseline:  $\chi^2(2) = 0.412, p = 1.000$
- At outcome:  $\chi^2(2) = 3.981, p = .095$  [near sig.]

**Baseline to outcome change**

- In the PT group:  $p = .062$  [near sig.]
- In the control group:  $p = .500$

**Table 3.33. Question B16**

	Do you have structured opportunities to discuss ways of supporting children's spoken language/communication skills with other members of staff/professionals <u>at school</u> ?							
	PT				control			
	baseline		outcome		baseline		outcome	
	N	%	N	%	N	%	N	%
yes	6	33.3	11	61.1	3	37.5	3	37.5
no	12	66.6	7	38.9	5	62.5	5	62.5
TOTAL	18				8			

**Difference between PT and control:**

- At baseline:  $\chi^2(2) = 0.042, p = 1.000$
- At outcome:  $\chi^2(2) = 1.242, p = .541$

**Baseline to outcome change**

- In the PT group:  $p = .125$
- In the control group:  $p = 1.000$

**Table 3.34. Question B16 - If yes, who do you find most useful to talk to?**

	PT		control	
	baseline (N = 5)	outcome (N = 11)	baseline (N = 3)	outcome (N = 3)
class teacher/DHT	1	KS1/2 Lead	1	Head teacher
discussed in meetings	1	literacy coordinator	1	other teaching staff
head of KS , deputy head	1	SALT	1	SENCO, previous teachers
SENCO	1	SENCO	4	colleagues; SENCO
staff with examples of good practice	1	SENCO/early yrs colleagues	1	SENCO
		SENCO/senior management	1	staff
		SLT	1	
		staff using good practice/previous teacher	1	

**Table 3.35.**

Do you have structured opportunities to discuss ways of supporting children's spoken language/communication skills with other members of staff/professionals <u>with other schools?</u>									
	PT				control				
	baseline		outcome		baseline		outcome		
	N	%	N	%	N	%	N	%	
yes	0	0	2	14.3	0	0	0	0	
no	14	100.0	12	85.7	5	100.0	5	100.0	
TOTAL	14				5				

**Difference between PT and control:**

- At baseline: -
- At outcome:  $\chi^2(2) = 0.798, p = .591$

**Baseline to outcome change**

- In the PT group:  $p = .500$
- In the control group:  $p = 1.000$

**SECTION C: MONITORING PROGRESS**

**Table 3.36. Question C4.**

VARIABLE	GROUP	N	M	Med	SD	Min-Max*	
I feel confident assessing children's speaking and listening skills	PT baseline	18	2.56	2.5	0.92	1 - 4	Time: $F(1,26) = 6.144, p = .020$ Group: $F(1,24) = 0.631, p = .434$ Time x Group: $F(1,24) = 1.620, p = .214$
	PT outcome		3.33	3.0	0.84	2 - 5	
	control baseline	10	2.60	2.5	0.97	1 - 4	
	control outcome		2.85	3.0	0.75	2 - 4	

n.b. scale from 1 (strongly disagree) to 5 (strongly agree)

**Table 3.37. Question C5.**

VARIABLE	GROUP	N	M	Med	SD	Min-Max*	
I can confidently monitor the progress children make with speaking and listening	PT baseline	18	2.72	3	0.83	1 - 4	Time: $F(1,26) = 0.610, p = .422$ Group: $F(1,24) = 0.518, p = .478$ Time x Group: $F(1,24) = 5.490, p = .027$ [sig.]
	PT outcome		3.22	3	0.88	2 - 5	
	control baseline	10	2.92	3	0.73	2 - 4	
	control outcome		2.65	2.25	0.82	2 - 4	

n.b. scale from 1 (strongly disagree) to 5 (strongly agree)



## SECTION D: PUPIL AND PARENT/CARER INVOLVEMENT

**Table 3.38. Question D1.**

	Do you know the term 'communication supportive practice'?							
	PT				control			
	baseline		outcome		baseline		outcome	
	N	%	N	%	N	%	N	%
yes	1	5.3	8	42.1	0	0	0	0
no	18	94.7	11	57.9	9	100	9	100
TOTAL	19				9			

**Difference between PT and control:**

- At baseline:  $\chi^2(1) = 0.491, p = 1.000$
- At outcome:  $\chi^2(1) = 5.305, p = .029$  [sig.]

**Baseline to outcome change**

- In the PT group:  $p = .016$  [sig.]
- In the control group:  $p = 1.000$

**Table 3.39. Question D2**

	The pupils I teach have been informed and consulted about communication supportive practices							
	PT				control			
	baseline		outcome		baseline		outcome	
	N	%	N	%	N	%	N	%
yes	0		5	29.4	0	0	0	0
no	9	52.9	6	35.3	8	80.0	4	40.0
not sure	8	47.1	6	35.3	2	20.0	6	60.0
TOTAL	17						10	

**Difference between PT and control:**

- At baseline:  $\chi^2(2) = 1.997, p = .230$
- At outcome:  $\chi^2(2) = 3.844, p = .192$

**Baseline to outcome change**

- In the PT group:  $p = .289$
- In the control group:  $p = .125$

**Table 3.40. Question D3**

	Parents/carers have been informed of the school's communication supportive practice and implementation							
	PT				control			
	baseline		outcome		baseline		outcome	
	N	%	N	%	N	%	N	%
yes	0		7	41.2	0	0	1	10.0
no	10	58.8	5	29.4	6	60.0	4	40.0
not sure	7	41.2	5	29.4	4	40.0	5	50.0
TOTAL	17				10			

**Difference between PT and control:**

- At baseline:  $\chi^2(2) = 0.004, p = 1.000$
- At outcome:  $\chi^2(2) = 2.998, p = .283$

**Baseline to outcome change**

- In the PT group:  $p = .039$  [sig.]
- In the control group:  $p = .250$

## SECTION E: RESPONDENTS' KNOWLEDGE ABOUT SPEECH AND LANGUAGE DEVELOPMENT

**Table 3.41. Question E1.**

	All children with SLCN have what is known as a speech/language delay							
	PT				control			
	baseline		outcome		baseline		outcome	
	N	%	N	%	N	%	N	%
true	1	5.3	1	5.3	0	0	0	0
false	8	42.1	15	78.9	4	40.0	5	50.0

**Difference between PT and control:**

- At baseline:  $\chi^2(2) = 0.598, p = 1.000$
- At outcome:  $\chi^2(2) = 4.102, p = .083$  [near sig.]

**Baseline to outcome change**

not sure	10	52.6	3	15.8	6	60.0	5	50.0
TOTAL	19				10			

\*correct answer: false

- In the PT group:  $p = .065$
- In the control group:  $p = 1.000$

**Table 3.42. Question E2.**

All children with expressive language problems also have comprehension difficulties								
	PT				control			
	baseline		outcome		baseline		outcome	
	N	%	N	%	N	%	N	%
true	1	5.0	2	10.0	0		1	10.0
false	9	45.0	15	75.0	6	60.0	4	40.0
not sure	10	50.0	3	15.0	4	40.0	5	50.0
TOTAL	20						10	

\*correct answer: false

- Difference between PT and control:**
- At baseline:  $\chi^2(2) = 0.943, p = .800$
  - At outcome:  $\chi^2(2) = 4.352, p = .130$
- Baseline to outcome change**
- In the PT group:  $p = .267$
  - In the control group:  $p = .625$

**Table 3.43. Question E3.**

A child with comprehension difficulties has problems discriminating between sounds in words								
	PT				control			
	baseline		outcome		baseline		outcome	
	N	%	N	%	N	%	N	%
true	1	5.0	2	10.0	1	11.1	0	
false	11	55.0	15	75.0	4	44.4	4	44.4
not sure	8	40.0	3	15.0	4	44.4	5	55.6
TOTAL	20				9			

\*correct answer: false

- Difference between PT and control:**
- At baseline:  $\chi^2(2) = 0.499, p = 1.000$
  - At outcome:  $\chi^2(2) = 5.485, p = .102$
- Baseline to outcome change**
- In the PT group:  $p = .344$
  - In the control group:  $p = 1.000$

**Table 3.44 Question E4.**

English as an additional language is a risk factor for developing speech, language and communication difficulties								
	PT				control			
	baseline		outcome		baseline		outcome	
	N	%	N	%	N	%	N	%
yes	6	30.0	2	10.0	2	20.0	3	30.0
no	7	35.0	17	5.0	4	40.0	3	30.0
not sure	7	35.0	1	85.0	4	40.0	4	40.0
TOTAL	20				10			

\*correct answer: no

- Difference between PT and control:**
- At baseline:  $\chi^2(2) = 0.341, p = .797$
  - At outcome:  $\chi^2(2) = 9.525, p = .007$
- Baseline to outcome change**
- In the PT group:  $p = .001$
  - In the control group:  $p = .727$

**Table 3.45. Question E5.**

VARIABLE	GROUP	N	M	Med	SD	Min-Max*	
Which of the following sounds could you expect a child to NOT yet have mastered at age 5?	PT baseline	15	0.00	0	1.31	-3 - 3	Time: $F(1,22) = 0.289, p = .596$ Group: $F(1,22) = 0.243, p = .627$ Time x Group: $F(1,22) = 0.529, p = .475$
	PT outcome		0.07	1	1.83	-4 - 3	
	control baseline	9	0.00	0	1.58	-3 - 2	
	control outcome		-0.44	0	0.88	-2 - 1	

\*possible range of scores: -9 - +3

**Table 3.46. Question E6.**

VARIABLE	GROUP	N	M	Med	SD	Min-Max*	
At school entry, children typically demonstrate the following...	PT baseline	13	-1.62	-1	2.06	-5 – 1	Time: $F(1,18) = 5.542, p = .030$ [sig.] Group: $F(1,16) = 3.746, p = .069$ [near sig.] Time × Group: $F(1,18) = 1.711, p = .207$
	PT outcome		0.38	1	1.94	-3 – 3	
	control baseline	7	0.29	1	0.95	-1 – 1	
	control outcome		0.86	1	1.21	-1 – 3	

\* possible range of scores: -6 – +3

## SECTION F: CASE STUDIES

CASE 1. You are the new class teacher for a boy age 6 ½ yrs with speech problems. You find him difficult to understand out of context. His phonic skills are very poor but he chats a lot and is very sociable despite his intelligibility problems.

**Table 3.47. Question F1**

	PT				control			
	baseline		outcome		baseline		outcome	
	N	%	N	%	N	%	N	%
yes	11	73.3	13	86.7	9	90.0	9	90.0
no	0				0		0	
not sure	4	26.7	2	13.3	1	10.0	1	10.0
TOTAL	15				10			

**Difference between PT and control:**

- At baseline:  $\chi^2(1) = 1.042, p = .615$

- At outcome:  $\chi^2(1) = 0.063, p = 1.000$

**Baseline to outcome change**

- In the PT group:  $p = .500$

- In the control group:  $p = 1.000$

\*correct answer:

CASE 2. A pupil has just arrived in your Y2 class who has been in the UK for four months. Her parents do not speak English. She speaks her native language fluently and is steadily increasing her English vocabulary. She is very quiet in class and does not socialize much with her peers. Her English literacy skills are poor. Would you be concerned about this pupil?

**Table 3.48. Question F2**

	PT				control			
	baseline		outcome		baseline		outcome	
	N	%	N	%	N	%	N	%
yes	8	53.3	7	46.7	6	60.0	5	50.0
no	5	33.3	7	46.7	3	30.0	4	40.0
not sure	2	13.3	1	6.7	1	10.0	1	10.0
TOTAL	15				10			

**Difference between PT and control:**

- At baseline:  $\chi^2(2) = 0.124, p = 1.000$

- At outcome:  $\chi^2(2) = 0.158, p = 1.000$

**Baseline to outcome change**

- In the PT group:  $p = .687$

- In the control group:  $p = 1.000$

\*correct answer:

CASE 3. You have noticed that one of your Y5 pupils avoids answering questions or offering information in a large group. His speech is clear but when you talk to him on a 1-1, he frequently uses words like 'thingy,' and 'it' with a lot of words and gestures. You have to ask a lot of questions to get to the bottom of what he is trying to tell you. His reading skills are good but his written work is disorganized. Would you be concerned about this pupil?

**Table 3.49. Question F3**

	PT				control			
	baseline		outcome		baseline		outcome	
	N	%	N	%	N	%	N	%
yes	12	80.0	13	86.7	6	60.0	6	60.0
no	0		0		2	20.0	0	
not sure	3	20.0	2	13.3	2	20.0	4	40.0
TOTAL	15				10			

**Difference between PT and control:**

- At baseline:  $\chi^2(2) = 3.333, p = .252$

- At outcome:  $\chi^2(2) = 2.339, p = .147$

**Baseline to outcome change**

- In the PT group:  $p = 1.000$

- In the control group:  $p = 1.000$

\*correct answer:

CASE 4. This Y1 pupil is quiet but not always attentive in class. She generally follows instructions in a group situation but often responds inappropriately to questions on a 1-1, or remains silent. Her sentences are very short and simple. Would you be concerned about this pupil?

**Table 3.50. Question F4**

	PT				control			
	baseline		outcome		baseline		outcome	
	N	%	N	%	N	%	N	%
yes	9	60.0	10	66.7	7	77.8	8	88.9
no	0		1	6.7	1	11.1	0	
not sure	6	40.0	4	26.7	1	11.1	1	11.1
TOTAL	15				9			

**Difference between PT and control:**

- At baseline:  $\chi^2(2) = 3.543, p = .171$

- At outcome:  $\chi^2(2) = 1.624, p = .757$

**Baseline to outcome change**

- In the PT group:  $p = 1.000$

- In the control group:  $p = 1.000$

\*correct answer:

## SECTION G. RESPONDENTS' EVALUATION OF PRIMARY TALK

Participants: 22 + 17

**Table 3.51. Question G1 - to what extent has the Primary Talk training changed your practice?**

N	M	Med	SD	Min-Max*
33	3.42	3	0.71	2 – 5

\* scale from 5 (changed my practice substantially) to 1 (no impact whatsoever)

**Table 3.52. Question G4 - to what extent did the information resources contained within the pack change your practice?**

N	M	Med	SD	Min-Max*
33	3.03	3	0.81	1 – 5

\* scale from 5 (changed my practice substantially) to 1 (no impact whatsoever)

**Table 3.53. Questions G7 – how often did you access the PT website?**

not at all	25 (69.4%)
just once	5 (13.9%)
occasionally	5 (13.9%)
frequently	1 (2.8%)
TOTAL	36

\* the following were declared: action for words, diagrams, flash cards and DVD clips to teach, displays re: topic

**Table 3.54. Question G7b – if you accessed the website, how useful was it?**

N	M	Med	SD	Min-Max*
8	3.12	3	0.35	3 – 4

\* scale from 5 (not at all useful) to 1 (extremely useful)

**Table 3.55. Questions G8 – Following your Primary Talk training, did you have any time set aside to discuss the implementation of PT with your PT coordinator?**

not at all	7 (20.0%)
just once	6 (17.1%)
occasionally	16 (45.7%)
frequently	6 (17.1%)
TOTAL	35

\* the following were declared: action for words, diagrams, flash cards and DVD clips to teach, displays re: topic

**Table 3.56. Question G9 - How useful was this in helping you to implement the Primary Talk programme?**

N	M	Med	SD	Min-Max*
28	3.25	3	0.80	1 – 5

\* scale from 5 (extremely useful) to 1 (not at all useful)

**Table 3.57. Questions G10 – Were there any procedures in place to help you transfer/embed any newly acquired knowledge and skills into your practice?**

not at all	18 (60.0%)
frequently	12 (40.0%)
TOTAL	30

\* the following were declared: action for words, diagrams, flash cards and DVD clips to teach, displays re: topic

**Table 3.58. Question G12 - In my opinion, PT is a valuable programme.**

N	M	Med	SD	Min-Max*
35	3.71	4	0.75	2 – 5

\* scale from 5 (strongly agree) to 1 (strongly disagree)

## Chapter 4

### Questionnaire Responses from Non-Teaching Staff in the Primary Talk and Comparison Schools

In this chapter we address three similar questions to those in Chapter 3 but with reference to the non-teaching rather than teaching staff participants in the study:

- 1) What were the characteristics of our respondents at baseline: their demographics; work experience; and knowledge, skills and confidence in dealing with SLCN?
- 2) How did those characteristics differ between the non-teaching staff in the Primary Talk schools and the comparison schools (i.e. those not engaged with Primary Talk)?
- 3) Did the non-teaching staff engaged in Primary Talk respond differently on the questionnaires at outcome compared to the staff in the comparison schools?

The non-teaching staff in both the Primary Talk schools and comparison schools were asked to complete a questionnaire (see Appendix 2) and their responses were collated and analysed, both at baseline and at outcome. The results are summarised in this chapter and the tables are presented in Appendix 4.1 at the end of this chapter.

Out of 74 *baseline* questionnaires that were sent to 5 schools participating in the PT accreditation, 39 were returned. Out of 22 questionnaires that were sent to the 2 comparison schools, 9 were returned. This represents a 53% and 41 % response rate respectively. Completed *outcome* questionnaires were returned by 22 of the original (baseline) respondents from the non-teaching staff in Primary Talk schools and 7 from the comparison schools (see table 4.1).

As with the teaching staff, the analyses were only conducted on the respondents who completed both baseline and outcome questionnaires, as it is only those data that allow exploration of the specific differences between the non-teaching staff in the Primary Talk and comparison schools. The numbers are therefore small and the results interpreted cautiously.

## Details of Respondents

Respondents were from a range of roles, e.g. business manager; inclusion manager, although the majority were lunchtime supervisors (see table 4.2). There was also a wide age range represented (19-62 years in the Primary Talk schools and 34-60 years in the comparison schools – see table 4.3), and a range of working experience (4 months -25 years in Primary Talk schools and 1-19 years in comparison schools; see tables 4.4 and 4.5).

## Outcome Comparison

Statistical analysis was limited by the small numbers and uneven distribution of respondents in the Primary Talk vs comparison schools. Apparent trends are described in this chapter but because of the small numbers, the reliability of observed findings cannot be assured. The following summarises the responses at baseline and outcome.

### A. Training

The vast majority of non-teaching staff had not received any training in SLCN during the three years *prior* to the study. Those that did (5 respondents) were in the Primary Talk schools, compared to none in the comparison schools (see table 4.6a). The course stated was a 12 week course in sign language. They rated its impact positively; between 3 and 5 (on a 5-point scale, where 1 is no impact whatsoever and 5 is changed practice substantially). No participant declared taking more than one course.

During the course of the study, only 3 of the 22 respondents in the accreditation schools declared that they received any training compared with none in the comparison schools (see table 4.6b). Out of 3 participants who declared receiving some training between baseline and outcome, 2 chose to describe it. One participated in 1-hour-long 'P communication skill training,' and rated its impact at 3. The other participated in '1-hour-long lunchtime strategies training', and also rated its impact at 3. It is possible that these were Primary Talk training sessions, but that the respondents were unaware of the name of the training programme.

## **B. Terminology**

At baseline, 1 out of the 20 respondents in the Primary Talk schools who answered this question was aware of the term 'communication supportive practice.' This increased slightly to 4 out of 20 at outcome. However, in the comparison schools no respondents were aware of this term and this did not change at outcome (see table 4.7).

## **C. Working with Children with SLCN**

At baseline 6 respondents stated they worked with children with SLCN at baseline and outcome. Four respondents in the comparison schools stated they worked with pupils with SLCN but only 2 did so at outcome (see table 4.8). The remaining questions in the baseline questionnaire were only applicable to those respondents who declared that they worked with children with SLCN on a day-to-day basis. However, because they were so few in number, a meaningful analysis is more difficult although certain trends are evident (see tables 4.9-4.12).

## **D. Use of Strategies**

Only 4 respondents from the Primary Talk schools responded to this question; at baseline 3 stated that they did use particular strategies to support children with SLCN and at outcome all 4 felt that they did. In the comparison schools only one responded to this question; this response changed from no at baseline to yes at outcome (see table 4.9). When asked if they felt the strategies they used were effective, on a scale of 1-5, where 1 is strongly disagree and 5 is strongly agree, the ratings increased from baseline to outcome for respondents in the Primary Talk schools but stayed the same for staff in the comparison schools (see table 4.10).

Similarly, when asked if they had been given any information about strategies to support children with SLCN, one out of three respondents from the Primary Talk schools said yes at baseline while 2 did so at outcome. Neither of the two respondents from the comparison schools felt they had any information about strategies to use either at baseline or at outcome (see table 4.12).



## **E. Organising Activities**

At baseline, none of the four respondents stated that they helped to organise lunch time activities to support children with SLCN but this changed at outcome to three of them saying that they did. Only one responded to this question from the comparison schools and stated no to this question at both points in time (see table 4.11).

## **F. Evaluation of Primary Talk by Non-teaching Staff**

The respondents from the Primary Talk schools were asked to evaluate the programme. Nearly all of them, 14 out of 18 (78%) declared that they have NOT been involved in it (see table 4.13). A further two said they were not sure.

Consequently, the remaining two evaluation questions were answered by too few participants to allow for a meaningful analysis (see tables 4.14 and 4.15).

## **Summary**

It appears that for the few non-teaching staff that were involved, and who completed a questionnaire, some changes occurred in their day-to-day work with children with SLCN, especially with organising lunch time activities to support those children. However, the very small numbers indicate that these findings must be interpreted cautiously and that more work needs to be done to involve non-teaching staff with Primary Talk.

## Appendix 4.1

### Analysis of Questionnaire Data from Non-Teaching Staff

**Table 4.1. Response rates**

GROUP	SCHOOL	Questionnaires distributed at baseline (N)	Questionnaires returned at baseline (N)	% response rate	Questionnaires returned at outcome (N)	% response rate (in relation to baseline)
PT	A	13	1	8%	0	0.0
	B	17	15	88%	11	73.3
	C	14	4	29%	2	50.0
	D	20	12	60%	5	41.7
	E	10	7	70%	4	57.1
	TOTAL	74	39 (5 M, 34 F)	53%	22 (3M, 19F)	56.4
control	F	10	5	50%	4	80.0
	G	12	4	33%	3	75.0
	TOTAL	22	9 (all F)	41%	7 (all F)	77.8

The subsequent analyses is limited to those who returned both baseline and outcome questionnaires.

**Table 4.2. Respondents' main roles.**

Main roles	PT		control	
	N	%	N	%
Asst. kitchen unit manager	1			
Administrator	3		1	
Assistant administrator	1		1	
Business manager	2		1	
General kitchen assistant	1			
Inclusion manager			1	
Kitchen unit manager	1			
Lunchtime supervisor	12		1	
School receptionist	1		1	
Senior lunchtime supervisor			1	
TOTAL	22		7	

**Table 4.3. Respondents' age.**

GROUP	N	M	Med	SD	Min-Max
PT	21	43.43	43	10.34	19 – 62
contr	7	47.29	48	9.25	34 – 60

**Table 4.4 How long have you been working in this role?**

GROUP	N	M	Med	SD	Min-Max
PT	22	7.08	3.5	8.05	0.25 – 25
contr	7	7.43	4	7.68	1 – 19

**Table 4.5. How long have you been working at this school?**

GROUP	N	M	Med	SD	Min-Max
PT	22	7.17	5.5	7.17	0.25 – 25
contr	7	10.00	11	7.92	1 – 19

**Table 4.6a. Training received before the study period – data from the baseline questionnaire.**

	Have you received training in SLCN in the last 3 years?			
	PT		control	
	N	%	N	%
yes	5	22.7	0	
no	17	77.3	7	100
TOTAL	22		7	

**Table 4.6b. Training received during the study period – data from the outcome questionnaire.**

	Have you received training in SLCN since June 2008?			
	PT		control	
	N	%	N	%
yes	3	14.3	0	
no	18	85.7	6	100
TOTAL	21		6	

**Table 4.7. Baseline to outcome change – question A7.**

	Are you aware of the term 'communication supportive practice'?							
	PT				control			
	baseline		outcome		baseline		outcome	
	N	%	N	%	N	%	N	%
yes	1	5.0	4	20.0	0		0	
no	19	95.0	16	80.0	6	100	6	100
TOTAL	20				6			

**Table 4.8. Baseline to outcome change – question A8.**

	Do you encounter children with SLCN in your day-to-day work?							
	PT				control			
	baseline		outcome		baseline		outcome	
	N	%	N	%	N	%	N	%
yes	6	31.6	6	31.6	4	66.7	2	33.3
no	12	63.2	10	52.6	2	33.3	4	66.7
not sure	1	5.3	3	15.8	0		0	
TOTAL	19				6			

**Table 4.9. Baseline to outcome change – question A9.**

	Do you use any particular strategies to support these needs?			
	PT		control	
	baseline	outcome	baseline	outcome
	N	N	N	N
yes	3	4	0	1
no	1	0	1	0
TOTAL	4		1	

**Table 4.10. Baseline to outcome change – question A10.**

	I use effective strategies to support children with SLCN *			
	PT		control	
	baseline N	outcome N	baseline N	outcome N
1				
2	1			
3	3	1	1	1
4		2	1	1
5		1		
TOTAL	4		2	

\*scale from 1 (strongly disagree) to 5 (strongly agree)

**Table 4.11. Baseline to outcome change – question A11.**

	Are you involved in organized activities at lunchtime that support children with SLCN?			
	PT		control	
	baseline N	outcome N	baseline N	outcome N
yes		3		
no	4	1	1	1
TOTAL	4		1	

**Table 4.12. Baseline to outcome change – question A12.**

	Have you been given information about strategies to support the SLCN of individual children?			
	PT		control	
	baseline N	outcome N	baseline N	outcome N
yes	1	2		
no	2	1	2	2
TOTAL	3		2	

## SECTION B – EVALUATION OF PRIMARY TALK

**Table 4.13 - Question B1. Have you been involved in your school's Primary Talk?**

Yes 2 (11.1%)  
No 14 (77.8%)  
Not sure 2 (11.1%)  
TOTAL 18

**Table 4.14 - Question B2. Has the Primary Talk change your daily practice in any way?**

Yes 1 (25%)  
No  
Not sure 3 (75%)  
TOTAL 4

**Table 4.15 - Question B4. Overall, I found the Primary Talk programme extremely valuable [scale 1 – 5].**

1  
2  
3 1  
4  
5 1  
TOTAL 2

## Chapter 5

### Interviews with the Primary Talk Coordinators

The purpose of the interviews was to:

- explore the Primary Talk Coordinators' views about the Primary Talk training and accreditation package.
- find out how it was for them and their school participating in the project.
- establish whether they felt the programme had had any impact and, if so in what ways.
- obtain their perceptions of the strengths and weaknesses of Primary Talk and identify any difficulties they encountered.

Four of the five Primary Talk Coordinators were interviewed individually. Their teaching experience ranged from 8-30 years, spent largely or exclusively at their present school. They had taken different routes into teaching e.g. PGCE, QTS. Three of the Primary Talk Coordinators were members of the senior management team (SMT) e.g. assistant head teacher, deputy head teacher, and were class based for 50% or less of their time (if at all). The fourth Primary Talk Coordinator was a full-time class teacher. All four Coordinators had at least one additional key role within their school, e.g. SENCO, KS1 coordinator, literacy coordinator, EAL coordinator. All occupied full-time posts.

One Primary Talk Coordinator reported no prior experience of SLCN, while the other three had previously worked with children with SEN, SLTs and/or children with EAL. They were chosen by their head teachers to lead the Primary Talk programme for different reasons, e.g. a specific interest in speaking and listening; increased flexibility due to reduced or no teaching commitment, joint role as SENCO.

Two of the three Primary Talk Coordinators who were part of the SMT did not allocate specific time slots to Primary Talk, it was fitted in amongst their other roles/duties. One specified that she spent one afternoon per week on Primary Talk (2 ¼ hrs) but sometimes it was more, sometimes less, depending on what needed doing, but felt this was sufficient time overall. The fourth Primary Talk Coordinator used some of her allocated time as literacy coordinator one afternoon per week for Primary Talk work. Three Primary Talk Coordinators reported that they had spent a considerable amount of their own time on the Primary Talk programme (e.g. during the summer holiday, evenings and/or weekends), whilst preparing to deliver the training and evidencing the standards for the accreditation visit in particular.

Three Primary Talk Coordinators worked in schools that had applied for Primary Talk accreditation at Enhanced level, although one had subsequently postponed the visit. The fourth Primary Talk Coordinator was working at the Supportive level, but had not yet applied for accreditation.

## **Role of the Primary Talk Coordinators**

All Primary Talk Coordinators reported that their key role was to attend the training, organise and photocopy materials and cascade the training to their staff. Primary Talk Coordinators were also responsible for maintaining the impetus of Primary Talk despite other demands/initiatives in their school,

“...school is so busy. But it (Primary Talk) is there all the time. It’s a chip, chip, chip away until the point where it becomes part of everyday practice for everybody. And that’s not instant...”

Drip feeding it, keeping it high profile in staff meetings, gradually introducing different things, linking it to Talking Partners and Targeting Talk in September, providing a lot of resources...”

When asked what worked well in their role, the Primary Talk Coordinators reflected on different issues:

- *Having reduced teaching commitments* allowed greater flexibility to implement Primary Talk despite having other roles
- *The staff’s positive attitude to the Primary Talk training,*

“staff were really positive and said a lot of positive things about Primary Talk which I was a bit apprehensive about because it was a new thing...”

- *Visits from the Regional Advisor*

“It was nice to have someone coming in to support you with this accreditation.”

- *Increased staff awareness of issues relating to language and communication*

“People are more aware, though not everybody, and see speaking and listening as important.”

- *Creating a change in the learning environment*

“Adapting the classroom is what staff have taken on board more easily and enthusiastically. There is lots more visual information around school that has clearly been thought about, rather than lots of words everywhere. They’ve really taken that on board.”

## **Training**

### **Primary Talk Coordinators Views of the I CAN Training Sessions**

#### **Supportive level training (May/June 2008)**

This whole day session was very highly commended by all four Primary Talk Coordinators. Satisfaction was rated as 4 out of 5 (where 5 indicated that they were extremely satisfied, and 1, not at all satisfied),

“L1 was really good stuff, sensible, what everyone should have a handle on. Good solid stuff.”

“...very thorough, we went through each little section together; that was very useful.”

“I really enjoyed the training session – a really good piece of training.”

They were given the resources to deliver the same training to their school staff, 'word for word' which was positively received,

"I'm grateful that we didn't have to make up the resources; the notes were in the file. The file content and the training pack were very useful."

### **Enhanced level training (January 2009)**

This was a much shorter two-hour session attended by the three Primary Talk Coordinators whose schools were seeking this level of accreditation. They all reported that unlike the Supportive level training, the delivery felt very rushed. They would have preferred clearer explanation and an opportunity to actually do the practical activities,

"It would have been better to have done them because I was left a bit confused about some of them."

"The Enhanced level was a bit rushed, it was only 2 hours, whereas the first one was the whole day. Each section wasn't explained— it wasn't conducted in the same way the first one was. The first was detailed and thorough and everyone joined in with the activities. It made it difficult to deliver the second training to staff, even though we had the notes. If we had gone through the activities together it would have been a lot more useful."

In fact, two Primary Talk Coordinators reported that they subsequently omitted some or all of the practical elements in the Enhanced training when they trained their own staff. Unlike the Supportive level training, PTCs gave the Enhanced level training a rating of 2, where 5 indicated that they were extremely satisfied, and 1, not at all satisfied.

### **How the I CAN Training Could Be Developed**

- *Supportive level:* more time could have been spent on how to identify children with SLCN,



“I don’t think I’d change it – I quite enjoyed it. The weakest bit is about identifying needs and the assessment of them ready to make a referral, but I’m not sure if staff was more confident at the end of that. It seemed to be quicker that bit compared to the other activities”.

- *Enhanced level:* The Primary Talk Coordinators felt that two key changes could be made to the training. First, using the same format as for Supportive level, “Going through each section properly...I would have appreciated that.”

They also felt that there was too much repetition in the content of Supportive level and Enhanced level training. In fact, two Primary Talk Coordinators wondered whether they should attend both levels, or if Enhanced alone would have sufficed,

“What really, really didn’t work for me was that the Enhanced training was so similar to the Supportive training – I felt I was giving the same thing twice over. People were saying we’d already done this training, why are we doing it again? I felt it was poor. It was just slightly at a more in depth level. I did it in an hour and a half inset not over a day. I think it would be better for people if they had the one training or the other”.

## **Cascading the Training in Schools**

When asked how they felt about delivering the training, i.e. taking on the role as trainer, three Primary Talk Coordinators reported they felt worried that they would be asked a question that they did not know the answer to,

“I was also worried about delivering to our staff because I was concerned that if staff asked me technical questions, I wouldn’t be able to answer them. This did happen a couple of times. I would have felt more comfortable if I had a deeper knowledge – I was expected to pass on the same amount that had been passed on to me but I wasn’t as experienced as X. I only knew what they told me and what we’d practiced. I wasn’t really comfortable with that. You don’t know what you are going to be asked when you deliver the training.”

One Primary Talk Coordinator reported that though not ideal, she read verbatim from the manual at times since she was not always confident with the content. In contrast, another

Primary Talk Coordinator imparted that although the manual was good, she modified how she presented the content using a method she felt more comfortable with,

“I would have got lost in it. If I hadn’t put together my own (delivery) I’d have found it hard. The manual was wordy, and it was difficult to get the key points as a prompt for me to talk through things. I used it all but took out the wordy bits. I couldn’t have done it without that, it would have been waffled, it would have just been the little games/activities.”

One Primary Talk Coordinator described it as ‘quite a meaty amount of training to deliver’,

“There was a lot of information to give ...and you can only take on so much.”

Although the content of the training pack was detailed, three Primary Talk Coordinators reported that they spent long periods of their own time going through the Primary Talk manual in preparation for delivering the training, and it was this level of preparation that enabled them to feel more confident about their role as trainer,

“Because I had the summer holidays to prepare, I felt quite confident.”

“I was only reasonably confident about delivering the training which is why I had to go through the whole folder methodically, and that was my learning process too, let me get a handle on this and what does it actually mean. There was more technical learning. That was why I did the training as I did – I need to know this because someone might ask me a question. Overall, I felt fairly confident just with my practical knowledge and background, working with SLTs etc, but unpicking all of that (training), I had to really work on it.”

Another Primary Talk Coordinator reported that having done the preparation beforehand, she enjoyed delivering the training,

“The staff were very positive and said they’d learnt a lot – I felt I’d done the job properly with it coming from them - I was really pleased.”

The training was delivered differently across the four schools, utilising either a whole day inset, twilight sessions and/or staff meetings (see table 5.1). The main content, and therefore the length of the Supportive level training were unchanged by the Primary Talk Coordinators. With regard to the Enhanced training, however, it was left to the Primary Talk Coordinator to decide what to leave in or take out depending on the needs of their staff. Only one of the three schools delivered the Enhanced training for the specified period of time i.e. including the full content.

Table 5.1. Summary of how the Primary Talk training was cascaded in four intervention schools

	School 1	School 2	School 3	School 4
Supportive Level	Inset Day Sept 08 Teachers, some TAs, dinner ladies and Governors	Inset Day Sept 08 Teachers, some TAs, and dinner ladies	3-4x 1hr15min staff meetings Sept 08 Teachers, nursery nurses, HLTAs	1x3 hr twilight; 1x 1hr 15mins staff meeting Sept-Oct 08 Teachers, some TAs
			1x 1hr15mins some TAs, dinner ladies, parents 'mini' session combining both Supp & Enhan levels	
Enhanced Level	3x1hr20min twilights Feb-Mar 09 Teachers and some TAS, plus mini sessions for lunchtime staff and some parents	1-1 ½hr staff meeting Feb 09 Teachers, some TAs	1x 1 hr staff meeting Feb 09 Teachers, HLTAs	N/A

Although Primary Talk was designed for use in Y1-Y6 in the pilot phase, in all four schools, staff were trained and the programme was implemented from nursery through to Y6. The key training sessions were attended by staff who were paid to attend after school meetings, i.e. teachers and higher level TAs. The remaining TAs were invited (unpaid) and approximately one third came. Additional 'mini' training sessions were organised by Primary Talk Coordinators for staff who did not attend the main sessions, and included what they felt to be the pertinent points. These lasted for between 40 minutes (Supportive level) and 1hr 15 minutes for Supportive and Enhanced levels combined. These compact sessions were felt to be 'rushed' or 'not ideal',

"I thought I could miss out some bits of the training and just do the bits that were relevant for TAs, I selected the activities and went over the main points – 1 hr 10-15 minutes. This was a combination of L1 and L2 combined. But I did feel it was rushed and said I'd do another staff meeting later on but I didn't manage it. If I was to do it again I'd ask to have everybody in the staff meeting. It's better to have the TAs with the teachers and everybody hears the same thing... Also, not every body was there, some of the TAs were out, that was another problem."

Primary Talk Coordinators reported that time was an issue, and found it a challenge trying to fit the training in around staff's working hours, especially if they worked part-time.

In the Enhanced level schools the three Primary Talk Coordinators also did a short, modified training session for dinner ladies and paid them to attend outside of their normal working hours. This involved a financial commitment from the schools and impacted on how much training they could offer. Additionally, one Primary Talk Coordinator also did some training with Governors and parents, "We tried to make sure that everyone had something."

## Feedback About the In-school Training

Primary Talk Coordinators made many positive comments about the training and the impact it has had in their schools:

- *Useful resources enthusiastically received by staff*

“The (Supportive level) activities and the training manual were really good, the staff enjoyed them and had a bit of fun”

“Everyone enjoyed it and it did have an impact.”

“People are enthusiastic about the resources; children have responded well.”

- *Visual impact on the school environment*

“It was significant for teaching and support staff – lots of evidence about the environment, it has changed dramatically.”

- *Increased staff's knowledge*

“Staff found the typical stages for children's speech development very interesting/useful.”

- *Reminded staff of the different types of SLCN*

“...it brought to the forefront of our minds the difficulties that children have in school that you sometimes forget about. It might not be an output issue but an input issue, and that kind of processing difficulties that some children have.”

- *Alerted staff of the need to modify their own speech:*

“Staff said it's really made me think about slowing down and giving them (pupils) time to answer. We knew it, it wasn't new to us, but it brought it back to the forefront. How easy that is to maintain on a day to day basis for every child, I wouldn't like to say really. But that part was really successful.”

The differential impact of the Supportive level training compared with the Enhanced level training was highlighted by one Primary Talk Coordinator,

“The first one was successful and people found it very useful. The second one was not that much more useful but it was a reminder.”

### **How Well the Primary Talk Training Met the Needs of Staff (especially in relation to any previous training)**

- *It increased staff's knowledge and awareness of issues surrounding speaking and listening and SLCN*

“It gave them a bit more knowledge and awareness, that's the main thing.”

“A lot of the facts and information in the training was very beneficial for the staff – really, really good.”

- *Primary Talk provided a unique platform for discussion about language and communication*

“Not many of them (staff) had had much opportunity to talk about communication needs in the same way that Primary Talk does.”

“We've done a lot of training on speaking and listening, and activities to promote it but not the analytical stuff that comes with Primary Talk.”

Two Primary Talk Coordinators commented that staff found some aspects of the training easier to absorb and implement than others,

“The easiest thing was to look at the environment: a nice, easy, colourful, attractive thing to do. It makes all the children in school and all the adults in school think ‘oh that looks good,’ so is an incentive to start on the more difficult things, like screening.”

“Staff took away less the bits about identifying specific needs – better re the awareness of the needs within class and how to address the inclusive issues. Less useful was the screening and being sure we've selected the right children.”

“I know that people went away from that training with all the practical things and learning environment things at the forefront of their minds so how much of the assessing needs and diagnosing needs stayed in their minds, and because they don’t do it as often, is hard to specify really.”

It should be noted that staff were not, in fact, expected to make diagnoses.

Feedback forms/action plans were collated by one Primary Talk Coordinator following the training.

### **Actions Taken by the Primary Talk Coordinators To Follow Up and Embed the Training**

This differed in the four schools. One Primary Talk Coordinator reported that she found it easiest to break the Primary Talk programme down into different components and pick on one of them to focus on in a staff meeting,

“I did all the Supportive training on the first day but then picked up aspects at staff meetings as an item on the agenda, but set goals, so if we bring something up in one meeting, can we bring back some evidence or some comments in a month’s time. We kept on bringing it back to the surface but in a sort of monitored way rather than giving everyone everything to do and saying right we’ve all got to do this now – it seemed like such a lot to do. We just broke it down and came back together to say how we found it.”

“We’d sometimes have a little walk around school and see how different people have tackled different things in class, see how their environment looks and things like that.”

All four Primary Talk Coordinators reported that they followed-up the training, supporting staff in making changes to their learning environment. Two Primary Talk Coordinators carried out classroom observations in some or all classes (one used the action plans following the training session as a starting point) to monitor the extent to which new practices were being implemented; this was then discussed with those involved (e.g. what worked well, effective resources used),

“Monitoring the school’s environment, making sure visually it was supporting children’s language and observing teachers as well; to see if the training went through and to see if the teachers were taking in the training and putting it into practice...Half hour observations; I had objectives that I gave the teachers, making sure the environment is supporting children’s learning and the way the teachers taught the children, making it clear. Basically everything I taught them in the training. I put them into small bullet points and said this is what I’m coming to observe, and ticked if I saw things. We then went over the positives and made one area for development. I observed three teachers: nursery, Y2 and Y6, as an example. It was positive, I tried to make it developmental and gave them something to work on. The staff were quite positive about it.”

“The observations were useful for me because I could advise people to look at X’s great ideas. The staff worked cooperatively together, and that worked well for us...Looking around each others classrooms sparks off ideas and other people think ‘oh yeah I’ll take that on board’, it snowballs really. I observed every class; we have a one form entry so 8 classes.”

One Primary Talk Coordinator also reported the use of a staff book to communicate about Primary Talk,

“Everyday staff check it. I put notes down like please make sure your visual timetables are up by ---. Anything new, there’s usually a time limit to prepare and then have up in the classroom.”

Issues relating to Primary Talk could be brought up by staff in weekly staff meetings plus ad hoc conversations with the Primary Talk Coordinator.

In a different school, the Primary Talk Coordinator reported that implementing changes to the learning environment was their key focus, plus some discussion around using non-verbal signals in school e.g. raise hands for ‘be quiet.’ Apart from that they had had “little opportunity to do much else.” The fourth Primary Talk Coordinator did not mention any specific ways in which the PT training was followed up or embedded, except for providing resources for staff to access.



## Resources and Paperwork

### Use of the Primary Talk Resources Folders

When asked how much the Primary Talk Coordinators used the main folder, responses varied from ‘a lot!’ to ‘dipped into it when I needed to’ mostly when getting the portfolio together and preparing the training. Some parts of the folder were photocopied and given to staff. One Primary Talk Coordinator identified the most useful sections as typical language development and how to identify children with SLCN. She also found ideas from the training manual, including the models of language processing useful. Another Primary Talk Coordinator reported that she mostly used the training pack, as opposed to the main folder for reference or if staff came to her with a query. The fourth Primary Talk Coordinator only really used the standards as the reference point, and did not utilise the rest of the folder,

“We didn’t use the resources bit at the back; we didn’t get that far, people were happy to do what they were doing following the training.”

In terms of ease of use, one Primary Talk Coordinator commented that it was fairly well laid out, “I could find my way around it easily from the start.” The other comments all related to the standards, being repetitive, ‘wordy’ and sometimes unclear,

“I would change bits about the standards: they sometimes overlapped, so it was difficult to know where to put the evidence – in one section and cross refer to it, or put two copies in?”

“Sometimes we weren’t quite sure what something meant.”

“The accreditation document was very wordy and repetitive. I found it hard and tedious.”

“Some of them feel repetitive –bringing in the same evidence to meet different standards because they are very similar.”

Primary Talk Coordinators used the CD to complete the standards document and all reported considerable formatting difficulties which they found frustrating and tiresome.

Primary Talk Coordinators were asked how much teachers and TAs accessed/used the folder especially the resources section. This varied between the schools, from teaching staff having full access to the file and/or photocopied sections from the main folder and/or training manual, to no access,

“The file was kept in the staff room. I photocopied the section about resources and strategies and handed it to staff. That section was more useful, with activities and ideas to support children. In my observations I saw some of the activities that were taken from the file so they did use it.”

In contrast, a different Primary Talk Coordinator reported that,

“They (the staff) didn’t have access to it. I used it as a reference point; it was kept in my office.”

### **The Primary Talk Website**

Two Primary Talk Coordinators actively used the website, while the other two did not,

“I looked at the website and sent away for various copies of things, which was used by a TA.”

“I used it for activities for parents leaflet.”

“I shared some of the websites on the training but don’t know how much they were used.”

“I looked at it but not at great depth. I don’t know if anyone else looked at it.”

## Overall Satisfaction with the Primary Talk Resources

On a scale of 1-5, where 5 is extremely satisfied and 1 is not at all satisfied, three PTCs rated their satisfaction with the PT resources as 3; one gave a rating of 3.5.

## Content of the Primary Talk Training and Accreditation Programme

The Primary Talk Coordinators reported that Primary Talk is very comprehensive. There were positive reports,

“From the point of view of raising awareness, it was really excellent.”

“I think it’s wonderful, really good, I’ve enjoyed it. It’s very useful for parents and staff.”

However, their comments mostly focused on aspects of the programme that they found most difficult to grasp/implement. For two Primary Talk Coordinators, these issues related to: *screening/identification of children with SLCN,*

“From a training point of view in making people more specialised in diagnosing issues, I don’t think it was as strong.”

“The hardest bit is the speech therapy side of it – this is the hardest bit to get to grips with, i.e. the more technical stuff, what some of the points mean in the screening document. I decided that rather than internalising it, we would mostly need to know where to go to access information and help if we feel a child needs it. Being able to respond to any issues that there are is more important than having all this technical vocabulary and having a really accurate image in your head about which stages come before which stages and what all the terminology is. The thing that worried me most was having a common vocabulary of being able to discuss different problems that children might have. It can get very technical.”

*Prompt: Did PT assist with giving your staff this common vocabulary?*

“I think so but it’s a hard bit and I don’t think we have as much of it to make life flow really easily if you wanted to talk about children. We probably need to have at our finger tips more of the vocabulary that is in the training pack really. But we can always look it up.”

Another Primary Talk Coordinator raised a point about *assessing and monitoring spoken language skills*,

“The whole point is to support SLC, they’ve given ideas but not indicated how we know if we’ve done it successfully. There should be something to say here’s your training, deliver it. This is how you assess the impact. There’s nothing for that. I could say the impact is really good but we can’t assess it ourselves. I’d like to know how other schools are doing it. I went to visit X and they didn’t have anything for assessment either so if you know any schools I’d appreciate it if you could tell me and I’ll ask them. I don’t know how other schools are doing it.”

One Primary Talk Coordinator perceived the dividing lines between two accreditation levels as indistinct,

“I honestly think that the Supportive and Enhanced levels were too similar and the Supportive level could have been simpler as a step in the right direction and more based around the raising awareness and the ideas behind it, then moving on to diagnosing and assessing issues later.”

## **The Extent To Which Primary Talk Meets the Needs of the Schools’ Population (e.g. EAL speakers)**

The Primary Talk Coordinators focused on different issues, reflecting the differing needs within each school:

- *Addressing impoverished language regardless of mother tongue*

“I think it (PT) does so really well. All of our focus is on communication. Our children are not good communicators. Their mother tongue is not well developed; they come into nursery, we assess them on entry and the average performance linguistically is around 18 months. Whether we assess them in English or their mother tongue, it’s the same. It’s impoverished language, it doesn’t matter which language you are looking at, and many of them don’t have any English at all. So singing and pictures are just essential.”

- *Differentiating between children with a primary language learning difficulty and EAL*

One Primary Talk Coordinator mentioned that it would be helpful if Primary Talk was able to assist more in this area:

“The big thing is when we are trying to assess where a child is at linguistically, it’s still very, very difficult to know whether a child is performing at a low level because of EAL or because he has some form of delay or speech impairment. When we come to the screening document or checklist, we need something that picks up the problem easily, that is geared for children who are second language learners. It feels very much that the screening docs are more geared for indigenous children and so picks out the problem very easily but it doesn’t quite work out that way for us. This would be an area that would be very helpful for us to develop, some way of making that clearer, so you can target your interventions more carefully to the children who really need them. “

- *Focusing on spoken language assists with literacy*

“As a school, speaking and listening has really been focused – that’s really helped the school because the main focus in our school was improving children’s writing and I think children’s speaking and listening feeds into that: when children’s speaking and listening is good and supported it really supports their literacy skills.”

- *Primary Talk is part of a wider agenda in school and is not the sole focus on language*

“The agenda re language and speaking and listening and how the lack of language affects children through school fits into a much wider agenda....so PT has just become part of that rather than become one thing that we are focusing on, and that’s kind of why we haven’t been as focused on the accreditation side of it, cos it’s a wider agenda across the LA and across the country really, and there’s other things we’ve been doing.”

*Prompt: To what extent do you feel they complement each other?*

“They do, yes! The lines between them have become blurred for us. It’s kept it in our eyes as far as language is concerned but it’s the accreditation side of it that’s not kept its focus, getting the badge kind of thing i.e. getting the paperwork together.”

*Prompt: Do you feel Primary Talk provides a framework to hang those other things on to?*

“It was a good starting point for us, then other things came on board and it’s a case of that’s good, that links in with what we’re doing about PT. It wasn’t so much a framework as a starting point because that’s we did first.”

Primary Talk Coordinators rated their satisfaction with the content of the programme as between 3.5 to 4/5, where 5 is extremely satisfied, and 1 is not at all satisfied,

“Some of it was wordy but there were good ideas; a good resource to go to e.g. to check where a child is developmentally - so that aspect was friendly. I’ll give it a 4”.

## **Primary Talk Coordinators’ Perceptions of the Strengths of the Primary Talk programme**

- *The resources and strategies:*

“It’s made everybody here talk about those things (i.e. resources/strategies) and decide which would be really good for our school. It’s got it on the agenda and we’ve had dedicated time in meetings to come to conclusions.”

- *Increased networking between staff with regard to SLC:*

“In the past we might have all been beavering away in our own room doing things to help communication but not really sharing as much as we have done this year....People are talking and asking each other how that child was last year, how did you work with him, how did the parents respond, etc.”

- *Primary Talk has raised the profile of spoken language and increased staff’s understanding of the types of problems children can present with:*

“Highlighting the importance of speaking and listening and where the difficulty may be e.g. output, input, social. Having more understanding.”

One Primary Talk Coordinator quite simply stated that ‘the training’ was the strongest aspect of Primary Talk.

## Overall Impact of Primary Talk in Schools

The Primary Talk Coordinators' reported a moderately high level of impact; their responses congregate around impact on the visual environment, staff awareness of the need to modify adult speech and the ways in which they can achieve this, and ways of supporting children's spoken language skills,

"Rating: 4/5. Key impact is the visual stuff, parents really like it, seeing pictures on the door and knowing where to find their child; visual timetables are enthusiastically received by the children. Some of the ideas have been developed in some classes e.g. a clock next to each activity, to help the children understand the timing of the day."

"Rating: 4/5. There is a lot more emphasis on supporting children's language and communication. Teachers are thinking more about how they speak to children slowing down their rate of speech, also going over unfamiliar language, there is a big focus and the awareness has really helped staff and children, so I'm happy with that. Teachers have taken on quite a lot – visual teaching supporting children's language, they think about what they say to children and how they deliver the lesson; have visual prompts, they make activities practical – a lot more shared work going on with pairs of children, certain staff are supporting children on a 1-1 or in small groups, children are more emotionally supported: good work assembly, photos on the door so everyone knows these children are working really hard, supporting their achievement; feeling displays up, children not feeling confident can put their name on a sad face and the teacher can get back to them, so there's quite a lot of change since PT. We have intervention groups where children are supported with their learning in a smaller group. This happened before (Primary Talk) but it is more effective now – staff are more aware of how to do it now and are taking it slowly and at the child's pace really. Staff have really turned it round and thought about children's SLCN."

"Rating: 3- 3.5/5. I think it's right the impact it's had, it's just enough, that's why I haven't driven more e.g. the resources in school for children to have more visual prompts has been really good. For us we've moved forward. That's not to say that we can't improve but that's a nice level of impact that it's had really. This is a significant impact for us, for where we were at."

## Managing the Paperwork Associated with Primary Talk

Primary Talk Coordinators were overwhelmed by the amount of paperwork involved in collating the evidence required for accreditation:

"Horrendous! I've been surrounded by pieces of paper, trying to categorise them into this section that section, photograph them, bits of worksheets and planning sheets, and

everything I thought might be evidence, and how much do you get, how big should the range be.....It was arduous, one of the most difficult things I've ever done; it felt like I was wittering on at people, I need this and I need that. I didn't enjoy that bit!"

"Too onerous! I found it onerous and far too much – I could have gone on for ever collecting the evidence! It was like, oh just dreadful!"

"It was a little bit too much, evidencing the standards got too much. I had to share it with staff, the whole school got involved. I felt it was just too much paperwork - just so much evidence. Some of the things could just could be observed, or just know where policies are kept."

"There's a lot of standards! Just about manageable I'd think. I'm not class based and I haven't got it finished."

## **Support From the I CAN Regional Advisor**

The advisor was initially employed from December to July 2008, but this was subsequently extended to December 2008. Although the deadline for submitting standards for accreditation was February/March 2009, one school did not have their accreditation visit until June 2009. Hence schools did not receive any external support with PT for the last three to six months of implementing the programme.

### **The Number of Regional Adviser Visits**

Two Primary Talk Coordinators were satisfied with the number of visits they received although one acknowledged that the point at which the visits stopped was critical,

"I was far enough into it when X left, so that was ok, but if she had had to stop earlier on in the programme before I was running with it, that would have been more of a problem."

One of the Primary Talk Coordinators would have liked further visits to focus on the standards,



“I had about 5 visits, but could have had more support with the standards. It took time to go through them and ask what they mean and what do I need for this. I sometimes called her in the evenings and she didn't mind – if I couldn't I would have been stuck.”

The other Primary Talk Coordinator felt that the momentum was affected when the visits ceased,

“The support visits were great until they stopped. She kept us on track, kept me on track....things slowed down after the Regional Adviser left. It's more pressing if someone says 'next time I'm gonna have a look at this' otherwise there is a tendency for them to fade into the background.”

### **Positive Aspects of the Visits**

“The fact there was somebody there keeping me on track and the confidence that I was going in the right direction.”

In addition to helping to keep them on track, the Primary Talk Coordinators found the Regional Adviser to be very encouraging about the changes being implemented, and welcomed her suggestions,

“The Regional Adviser coming in from outside and looking at things was very positive, and just going over things was very helpful. Because you're so used to your own environment – it was a fresh pair of eyes. She'd show us things that were missing or points that we could work on. That was positive. She also gave us advice about what other schools were doing which was good. Sometimes she helped with the next steps. There were times that I didn't know what to do next and she'd say, 'you need to move on to this bit. Have you sorted this area out?' It was nice to have someone coming in to support you with this accreditation.”

Visits were followed up with an email summarising what was discussed; this was welcomed by Primary Talk Coordinators.

## **How the Visits from the Regional Adviser Could Be Enhanced**

Two Primary Talk Coordinators reported they would have benefitted from the Regional Adviser setting more specific objectives for an action plan,

“Maybe there should have been more deadlines, and more focus e.g. ‘how are your assessments going with individual children?’

“Checking on progress and setting next steps would have been useful.”

Two Primary Talk Coordinators commented that a speech and language therapy skill base would have further enhanced the visits,

“I think the bits I struggled with were more to do with the SLT aspects of it than the teaching aspects of it and X was a teacher so if the people had been SLTs then that would have been more helpful to me personally.”

Two Primary Talk Coordinators would have appreciated clearer guidance about the requirements for Enhanced level accreditation versus Supportive level,

“The person was very nice and brought things from another school, but she should have looked at what you need to get Enhanced and are you doing it.”

When asked to rate their overall satisfaction with the support visits (where 1 is not at all satisfied and 5 is extremely satisfied), three Primary Talk Coordinators gave a rating of 3 and one said 4.

## **Accreditation**

### **Timescale**

Primary Talk Coordinators felt that the original timescale for schools to implement the programme and become accredited was unrealistic (one term after they had been trained) but that two-three terms following the training for Primary Talk Coordinators was possible;

this seemed to vary according to the Primary Talk Coordinators level of teaching commitments,

“It would have been impossible to have been trained in June and accredited in December, as originally intended. The Enhanced training wasn’t until January – the timescale wasn’t really realistic. It was feasible by the end of March. We submitted our standards at the end of February. We haven’t done an awful lot since I submitted the standards. I think that two terms is feasible. If the coordinators are trained in June and July then it’s good to start implementing, start with a big launch in September and two terms to get it together is probably quite good timing.”

“Yes, there was enough time – we had a year and a bit which is realistic.”

“We probably were (given enough time) although the support stopped. We probably made it harder for ourselves. If we had done it more concisely with a greater priority then there was enough time.”

## **The Accreditation Visit**

### **Pre-accreditation visit**

The two Primary Talk Coordinators that had experienced a visit were satisfied with the procedures leading up to the visit. One experienced a significant breakdown in communication about their accreditation documents resulting in them only having a few days notice for their accreditation visit, but acknowledged this was an unfortunate sequence of events for which no-one was culpable.

### **The visit itself**

The two Primary Talk Coordinators had contrasting experiences; two different sets of accreditors were involved; one school also had two members of the Primary Talk evaluation team present who were there to shadow the accreditors. One Primary Talk Coordinator found the events on the day to be “very thorough” though generally “as expected” whereas the second Primary Talk Coordinator perceived the events differently,

“It was ok but much more onerous than we had expected. The HT hadn’t expected it to be at the level of scrutiny as it was. It was very, very detailed. In terms of everything they did, it was

like having an Ofsted. People found it quite hard. We had two evaluators as well...the presence of everybody.”

### **Post-accreditation visit**

One Primary Talk Coordinator was unhappy about the long interval between the accreditation visit and receiving the report,

“In terms of not letting us know it was really horrible...it was really poor ... because it could have been a verbal feedback. We couldn't tell the staff until we'd gone through the report, so I felt that was in limbo.”

The report was, however, useful when it arrived,

“The report was fine; we've put together an action plan.”

The Primary Talk Coordinators rated their satisfaction with the procedures surrounding the accreditation at opposite ends of the scale: where 1 is not at all satisfied and 5 is very satisfied,

“5; the problems that happened were due to my mistake.”

“1, because of the time we had to wait for the report”

### **Key Factors that Facilitate Successful Accreditation**

“Because of our clientele of EAL learners, we already knew that communication was key and was the basis for everything...so we were already committed really before we even started. Some of the ideas that came from Primary Talk the staff just picked and ran with really enthusiastically.”

## Obstacles to Successful Accreditation

All four Primary Talk Coordinators responded, two of whom commented on difficulties encountered with the Primary Talk paperwork relating to the portfolio of evidence:

“The standards not being as clear or as easy to understand as perhaps they should be. It wasn’t always clear to me what was needed.”

“Too much to do and it was difficult to decide what I was missing and what I needed to be doing. I couldn’t see where the gaps were really. A quick tick sheet might have been useful—have you got this this and this? I found the form continually repeated itself and by the time I got to the end of it I was so fed up I didn’t even want to look at it.”

The remaining Primary Talk Coordinators referred to diverse issues but that were pertinent to them,

“Time, lack of prioritisation and not having the continued support.”

“Primary Talk gives you activities and ideas but doesn’t focus on assessment. It doesn’t say anywhere in the pack or in the file how you would achieve that standard.” (re tracking progress of SLC/speaking and listening).

## Maintenance of Primary Talk Standards Post-accreditation

Primary Talk Coordinators were asked how well they felt their school would maintain the Primary Talk standards following accreditation and the factors that might be influential:

- *The attitude of staff*

“I think we will maintain it fairly easily because there is so much enthusiasm for it. People said from the beginning we like it because it works, it makes our life easier, the children respond well, I think there won’t be any issues for it continuing for us.”

- *Addressing weaker areas that have been identified*

“The points we have to address are tightening up our IEPs and differentiation, but even without Primary Talk we know they are things we are not as good as we should be on. So we’ll hopefully up our game in those few areas.”

- *Training new staff and parents*

“As staff, governors and parents change, we’ll need to go back to big inputs of training. I don’t have any doubts about all the practical applications and all the resources, it’s just the ethos that might get watered down if we don’t have training with significant numbers of incoming staff and parents. We have a stable staff and parents but before the end of the 3 yrs we’d have to think about it.”

- *The extent to which Primary Talk becomes embedded in everyday practice:*

“It needs to become part of systems, pupil progress meetings, include speaking and listening in addition to reading and numeracy. We are hoping to get to this stage via *Targeting Talk*, and for the children not progressing as they should be, we can look at more detailed assessment.”

## **Delivery of Primary Talk**

Two Primary Talk Coordinators felt that the delivery of Primary Talk would have been improved if a speech and language therapist was involved,

“Without it costing huge amounts of money and having an SLT come into school and deliver the programme... to be there to be called upon if any difficulties arise, that would make it a lot more powerful for me. But it is a funding issue. I can’t think of any other way of making it better.”

“I just delivered the same training that I got, I was unable to answer some questions – I had to get back to people. A SLT could answer the question there and then.”

Two Primary Talk Coordinators reported that Primary Talk was a large programme to implement and was too much work for one person,

“It’s been a big one, been a lot of work. Had I known how big Primary Talk was, it wouldn’t have been just me doing it. I’d have had coordinators with it, had more people on board.”

The fourth Primary Talk Coordinator felt that the training and implementation of Primary Talk would have been better chunked,

“It was all in one go the training and would have been better staggered, even the training we received. We had the training back in the Autumn term and it’s now near the end of the school year –it seems like a long time ago. It would have kept the awareness up at the forefront of peoples’ minds. I wonder if it would have been better if it had been done in smaller segments over time. One shorter piece of training and look at the standards and things that you need to meet those and then do the next bit. Keep doing the ones you’ve done but then add to them. To have it in stages would assist with embedding into practice. It’s been very open, and that’s why we’ve let it go on.”

### **Difficulties Encountered by Primary Talk Coordinators**

- *Time constraints*

“It’s a difficult thing to do alongside everything else that is going on....I’d like to be further on with it than we are...”

One Primary Talk Coordinator received visits from other Primary Talk Coordinators, at the recommendation of the Regional Advisor:

“It was very time consuming – people coming to look around school – that was my morning gone.”

- *Formatting difficulties encountered on the Primary Talk standards CD were reported by all of the Primary Talk Coordinators,*

“The form kept changing and you couldn’t delete spaces, change the font or change the size – that was a bit frustrating.”

- *Preparing for accreditation*

“Gathering the evidence and filling in the form was a living nightmare!! That was a massive job, and it’s not one of my strengths.”

- *Repetition of the content of Supportive and Enhanced level training* (mentioned previously in this chapter with regard to the Primary Talk training)
- *Knowing how to go about tracking/monitoring children's progress with speaking and listening,*

"What hasn't worked is that I haven't got everyone on board tracking speaking and listening ...I haven't got a handle on that yet. As a SENCO, it should be possibly my role to keep that ticking over but because I have so many other roles, I haven't got time."

- *Date changes*

"There was a mix up –pressure to get someone to come for the accreditation day and I had to deliver the training before we could be accredited. I bust a gut putting this together and I got an email saying it was the wrong date and they put it back a month later. That didn't go down well because I'd worked like mad to do the training and then I had a month to play with and thought, oh no! Those were the niggly bits really."

- *Maintaining the momentum of Primary Talk*

"Our Ofsted visit and other curriculum issues got in the way really."

## **What the Primary Talk Coordinators Would Have Done Differently**

Primary Talk Coordinators made the following comments:

"I wouldn't have done Supportive training all in one go, I would have done it as I did the Enhanced level which was in 1hr 20 min blocks."

"It probably works best if the Primary Talk Coordinators is also the SENCO, because so much of the contacts and processes are already in place – I had to find out an awful lot of things that would already have known if I was a SENCO."

"We've done it over too long a period – my fault really but school priorities can overtake sometimes and things get moved around, but I'd like to have done it over a much shorter period of time."



“I think we jumped a bit too high on this one and we should have gone for Supportive level - I don't know why I didn't do that, maybe I wasn't given enough information about it. It just makes sense going for Supportive level, and then if you achieve that look at standards for Enhanced level.”

### **Is Primary Talk Worth the Effort?**

All four Primary Talk Coordinators were affirmative in their response to this question, for example:

“Yes, definitely, it is value for money.”

“Yes, it is, but that's what I believe anyway.”

### **Summary**

The four Primary Talk Coordinators interviewed reported that the Primary Talk training and accreditation package has had a significant impact in their schools. Staff found it easiest to make changes to the learning environment, making better use of visual resources to support children's learning. Teachers and TAs are also more aware of the need to modify their own speech to better support children's spoken language skills. One of the most difficult aspects of Primary Talk to implement from the training were those that related to screening and identifying children with SLCN, which includes grasping more 'technical language.' Primary Talk Coordinators felt that the training would be more powerful if it was delivered by a speech and language therapist. They raised a number of other issues, which will be incorporated into the 'recommendations' section of this report, e.g. reducing the repetition between the Supportive and Enhanced training levels, and considering whether staff should receive either one set of training or the other, rather than both.

The Primary Talk Coordinators found the support visits from the Regional Adviser useful but in some cases, they could have been even more beneficial and continued for longer to assist with the accreditation standards. At least one Primary Talk Coordinator would have liked more guidance about the difference in requirements for Supportive vs Enhanced level of accreditation.

Primary Talk Coordinators found Primary Talk to be unwieldy and extremely time consuming to implement, particularly with regard to the paperwork involved in evidencing the standards. However, despite this and other difficulties that they encountered in their role, Primary Talk Coordinators were in full agreement that Primary Talk was worth the considerable effort involved in implementing it in their schools.

## Chapter 6

### Interviews with the Head Teachers

Interviews were carried out with head teachers of schools involved in the study to obtain a strategic perspective of the implementation of PT in schools; what worked well, perceived impact of the PT package, plus any difficulties encountered.

Four of the five head teachers in the intervention schools were interviewed at the end of the study (June/July 2009). They had worked in that role for between three and twenty years; three of them had spent the majority or all of that time in their current school. The head teacher of the fifth school could not be contacted to arrange an interview.

Head teachers were approached by the LA, informing them about the Primary Talk pilot and inviting them to take part. The head teacher or a member of the senior management team was then visited by the Primary Talk Regional Advisor. Subsequently, an executive decision was made about taking up the programme.

At the time of interview one school had not applied for accreditation. The other three schools had applied for Enhanced level accreditation; one subsequently postponed the visit; one school was accredited and one was not.

#### Rationale for Implementing Primary Talk

Two head teachers reported that they were already *intrinsically* interested in and aware of the need to promote good speaking and listening/communication skills, and this was viewed as a priority within school. For the other two head teachers, the trigger was external; in one

school Primary Talk fitted well with their Ofsted recommendations, for the other, motivation stemmed from issues surrounding accessing SLT services,

“We decided to implement it because we struggle to access services around SLT; e.g. parents don’t keep appointments; the school SES means that parents don’t always take seriously the impact of language delay or difficulties on the child’s education, so they don’t see the value of therapy, so don’t keep appointments. So we have an issue in school around delayed language... This impacts on phonics, on learning, so it (Primary Talk) fitted in as a self-help thing – taking responsibility ourselves rather than relying on other agencies or parents keeping appointments”.

## **Involvement of HTs with Primary Talk**

All head teachers reported that they supported their Primary Talk Coordinator in the implementation of the programme but were not directly involved:

“The Primary Talk Coordinator is the main person. For me, it was making sure that the SIP reflected the work that we would be doing through Primary Talk and making sure that everyone was aware that it had my full support. Then the Primary Talk Coordinator was responsible for implementing it, but X kept me in touch with what was going on. “

The head teachers attended all or some of the training sessions delivered by the Primary Talk Coordinator in their school.

## **Strengths of the Primary Talk Package**

The head teachers mentioned a number of strengths:

- *Whole school approach*

“The fact that it is consistent throughout the school makes the impact much greater than if it had been done in pockets.”

- *Consistency and continuity of the resources used throughout school*

“This is really important for young children, to see the same pictures from Sparkle Box, or in the dining room, the volume monitor. This helps the children feel this is what we are about and this is what happens in school. I think this is a very important factor.”

- *Awareness raising*

“Generally raising staff awareness of looking for all opportunities across the curriculum within the school day to focus on improving talk for the children so it isn’t something that just happens in lesson time or something that happens in a particular lesson – it becomes a real integral part of what the school is about and I think that is a lot of the power behind it.”

- *Induction for new staff*

“For new staff, it was bringing them up to speed that speaking and listening was such a major focus for us.”

- *Refresher for other staff*

“...staff can become stale and it’s been good for long serving members of staff to have this (Primary Talk). To remind and give them fresh ideas. All the resources and ideas behind Primary Talk has been a big impetus for them.”

- *Highlights clarity of communication*

“It emphasises the need to be clear in what we are saying and how it is been received by children as we are teaching them.”

- *Identified gaps*

“It has highlighted some things we need to work on and identified them within our action plan.”

- *Useful resources*

“The file, information and the resources, I think they are pretty thorough; websites etc where you can go for information was quite helpful.”

## **Impact of Primary Talk**

Three head teachers mentioned that the *school environment* has become more visual, and that there was greater awareness of how this assists children’s learning,

“Impact on the whole school environment, visually: things labelled, with pictures, visual timetables and things; all classrooms have made a good attempt on improving that. So, it (Primary Talk) raised our awareness around how children engage with and learn language just from the environment that they’re in.”

Two head teachers talked about *increased awareness of adult speech* and the impact this has on children’s learning,

“It’s raised the profile of how we communicate and look at speaking and listening and the understanding aspects, the instructions we give, the visual environment and how well children are able to read cues and understand and listen.”

One head teacher commented on the *impact on teaching practice*, and how variable this was,

“There is an impact, but it is not consistent across the school. There are some members of staff that really engage with it and are much more aware in terms of checking that certain children they’ve identified have understood, and are able to give them a bit more time, more prompts, various things. I’ve seen that when I’ve been doing my lesson observations. We have 1 or 2 children who have considerable difficulties, and in some ways it’s measured by the level of patience and help rather than not involving, because there is a danger in a busy classroom not to ask that child that you know (has a problem), rather than give them a little bit of help and support in the right way for them to access and be involved. But I wouldn’t say it’s consistent. Some staff really saw the value of it, perhaps because of particular children in their class. And some teachers haven’t changed their practice at all really.”

One head teacher, whose school was already engaged in initiatives to support language learning prior to Primary Talk, felt that *the main impact was at a strategic level*,

“It’s helped management maintain the impetus in delivering the speaking and listening curriculum that we had already started as a result of the last Ofsted visit.”

“It’s hard to separate Primary Talk from what we were doing anyway. That’s the bottom line. Primary Talk ran alongside that and helped support as we went but I wouldn’t like to say that Primary Talk itself was responsible specifically for any major changes, no.”

*Prompt: So did Primary Talk provide a framework for you to hang these things on?*

“That’s about right, and a sort of direction, it kind of supported.”

Three of the four head teachers felt that Primary Talk had *helped staff to identify children with SLCN/more severe difficulties*,

“It’s been very helpful with that because most of the school have problems with EAL and it is difficult to tease out whether the problems are due to EAL or if there is an underlying more complex problem that needs dealing with. Primary Talk has helped staff to differentiate between those two positions, giving a much clearer idea if it’s a question of time and extra teaching to give them the vocabulary and confidence to use English or whether there is an underlying communication difficulty that needs further work doing.”

“Yes, definitely, it’s made people think about, if this (SLCN) is the reason, this is something we need to think about. It’s raised staff awareness of the whole issue and looking at the needs of children in terms of communication.”

“That’s probably had the biggest impact – the Primary Talk Coordinator has concentrated a lot on this area. Looking at the different criteria, from the file, that’s what we used to identify 1-2 children in each class to then look at and work with. It’s helped them to understand what they are looking for, what they are noticing.”

“It has had an impact particularly in KS2 – where I said it hadn’t had as much impact, because the discussion was happening, there was a little dawning light, ‘oh yes, so and so in my class, he doesn’t... or she doesn’t... So staff were saying things like, oh perhaps I should have flagged him up before. They were managing difficult situations sometimes without realising that there was somewhere to go for help and to think if this was bad enough or severe enough, and impacting on their learning sufficiently that we should have sought more help at some point earlier. That’s why I was keen on Primary Talk – parents are often resistant to making a referral once we’d identified a child, and we were looking for ways in which we could make a difference ourselves as well as engaging with outside agencies.”

One head teacher felt it was unclear if Primary Talk had assisted in this way,

“It’s difficult to say because we have support in school for those children anyway; it’s the layer below that, that once *Targeting Talk* becomes embedded, it will help us a little more.”

The two head teachers in schools that had not been through the accreditation process reported that as yet there has been no impact on whole school systems and policies, but do have this on their respective agendas.

There was a general consensus amongst head teachers that it was too early to say if Primary Talk has had an impact on parents or children,

“Yes, staff are more aware but if you’re talking about groups or individual children, it’s hard to measure yet because it’s more of a long term thing, isn’t it?”

“It’s raised awareness of those who came to the parents meeting but I feel it’s early days on that one.”

“Anecdotally, children are responding more on a natural basis and commenting on some of the picture clues that they are seeing and certainly responding better when adults speak to them.”

### **Impact of Primary Talk on Assessing and Monitoring Children’s Speaking and Listening Skills**

Head teachers felt that Primary Talk highlighted this as a gap in their internal monitoring systems, but that the package did not provide ways to address the gap. Instead, additional initiatives, for example *Targeting Talk*, needed to be implemented to help meet this standard, which is mandatory for Enhanced level accreditation,

“It feels to me that one of the requirements for the accreditation is that we should have the systems in place but it didn’t feel that was a major focus in us addressing Primary Talk, but we could say that it is work in progress.”

“We’ve got a comprehensive system of tracking progress but speaking and listening is not as well developed in that area as reading, writing and maths. That’s one of the reasons for also taking on *Targeting Talk*. We’ve started work on assessing, tracking and recording but it isn’t as well developed yet, but we may be further on than some schools, but still not as good as we want it to be.”



“The accreditors knew before they came that the *Targeting Talk* programme hadn’t yet started. A lot of the reasons we weren’t accredited were because of that – had it been in place we would have been up there.”

### **Impact Rating of Primary Talk**

When asked to rate the impact of Primary Talk , where 5 indicated maximum impact, and 1 indicated no impact at all, two head teachers gave Primary Talk a rating of 4,

“Definitely a good 4 – the most impact was in bringing the staff together and making sure there is consistency across the school.”

One head teacher gave a rating of 3, and the remaining head teacher gave a rating of 2:

“ 2, it seems low but I expected a better impact - we put it into our School Improvement Plan and we’ve been reviewing that, and been looking at why it wasn’t as great as we thought it would be when we set out. And why I was so enthusiastic about the project in the beginning. And why that didn’t follow through in the way we thought. There may be fault on our side too, but I know the PTC did get a bit frustrated at various points about people not being available when he wanted to talk to somebody.”

### **Uptake of Primary Talk Across the School**

Head teachers were asked if the uptake of Primary Talk was consistent or differential across the Key Stages. Their responses varied. One reported that the impact of Primary Talk was emphatically consistent throughout the school,

“This was very much to do with how the Primary Talk Coordinator approached it: in the very early stages X made sure it was a whole school commitment and that everyone was up for it and could see the potential benefits of working in the same way throughout the school – we were keen to make it a whole school thing and everyone responded in that way so that was good.”

“We wanted to embed Primary Talk throughout the school so included Foundation Stage (FS) staff in everything that we did. They have definitely benefited from Primary Talk, there has been a positive impact there.”

“Talk in the staff room: everyone is talking the same language, right from nursery, right the way through, and that is always a good thing to hear that people are on the same wave length saying the same things and the fact that FS have taken it on board has been really good - it's a natural progression and not a big shift when children get to Y1.”

Another head teacher reported that uptake of Primary Talk had been “fairly consistent” through the school. The remaining two head teachers reported differential uptake,

“Differential uptake – much better in KS1. Staff there see it as very positive- that it can make a difference. At staff meetings, staff at upper KS2 saw it as a lost cause – its too late – they didn't see it as something that would make a big difference to the children. That was harder to sell to them because children at that age have their own coping strategies that they've built up themselves, but actually in terms of helping them understand and developing their language, it could have had a bigger impact.”

“It's had more impact in Foundation Stage and KS1 (Primary Talk was implemented across the whole school, including the nursery) and staff felt more confident to move along the speaking and listening line than in KS2.”

## **Extent to which Primary Talk Met Head Teachers Expectations**

Three schools made good to excellent progress with the implementation of Primary Talk. However, one head teacher reported that despite a highly enthusiastic start, with plenty of discussion in staff meetings around identifying children with SLCN, and what could be done to help address their needs, Primary Talk did not maintain its momentum,

“We did loose momentum half way through the year in terms of where to go next; next steps was where we began to loose it...It feels that the PTC finds it very hard but I feel X felt unsupported by people outside the school... so was making it up a little bit from the file rather than working with someone to help.”

The coordinator would have liked more support on how to take the programme forward. The head teacher acknowledged that the reduced impact of Primary Talk may have been due in part to a “lack of understanding on our part around what we would expect or not expect.” Additionally, other things took over as priority which meant that Primary Talk got a bit “sidelined.” Another confounding factor was that staff meetings are often key stage meetings, not whole school.

Another head teacher also commented that more support would have been welcomed, especially with completing the standards document and collating the evidence,

“We were left a little high and dry. We started off and were encouraged to go for the Enhanced level and from my point of view, seemed to be left very much on our own devices on that and to deal with this enormous form, a lot of formality to put down, a lot of auditing to do, etc etc, without a lot of support.”

One head teacher commented that the training did not specifically meet the needs of his staff,

“There was not a lot in it (the training) that was new, certainly at Supportive level, which is why we went for Enhanced, yet the Enhanced seemed to be very specifically SLCN which was not necessarily covered in the training I attended (Supportive and Enhanced). “

## **Difficulties Encountered with the Primary Talk Package/and its Delivery**

### **1.Time**

This was a recurring theme, with regard to:

- *fitting in the training*, especially for non-teaching staff who worked part-time, “...finding a common time within their working day was something of a challenge ...forty staff, so a lot of people to round up. It’s been a headache for the PTC to bring people together to talk through what we are doing.”

- *The burden of completing the standards form and collating the evidence,*  
“The form is a huge document; it took hours and hours to fill in, and the delving to find the evidence.”

One head teacher raised the issue of the timescale for implementing Primary Talk,

“The vision is probably a year. But if it was sold to the senior leadership team and the governors the target was 2-3 yrs, it would be built on systems that the school already has or are developing rather than becoming an effort in itself.”

## **2. The Accreditation Process**

The process of accreditation vs the end product was a key issue for one head teacher,

“Need to consider if there is a potential for it (Primary Talk paperwork) to take over, even though it’s at the core of what you need to do as a school, it’s whether ticking the boxes and presenting the evidence becomes a task in itself, rather than doing it. What’s more important is the doing of it rather than the evidencing of it. If you are trying to meet the standards, you can’t get away from that but it may be more useful to audit something for ourselves rather than for other people, because it’s in a discussion, but where there is realms and realms of paperwork needed, that takes a lot of time.”

*Prompt Q: It seems that the question here is, how important is the accreditation itself i.e. the rubber stamp, and is it more important going through the process and what you get from that, rather than getting the rubber stamp at the end?*

“The process is more important for us, but when you embark on it you want to ensure that at the end you’ve met the standards as well. In meeting the standards there is a lot of bureaucracy in it. I don’t regret putting our names forward for it but it’s one of those things that maybe, rather than go through accreditation, if we were thinking about this again, we’d put some training in, and build up some evidence over time and maybe go for accreditation 2-3 years down the line.”

### 3. The Accreditation Visit

Issues surrounding the accreditation visit were raised by a different head teacher,

“The accreditation day was rather gruelling – a long, long day. The staff found it gruelling, whether it was because you two (researchers) were there as well, it added to the pressure a little for some people. The disappointment at the end of having to wait was not helpful. The timescale between the day finishing and receiving the report was quite damaging for the school. We didn’t know if we had been successful or not for months really.”

“The issue is that from the feedback, we are operating in excess of the Supportive level yet not quite at the Enhanced level. So not to even get the Supportive level was quite damaging really. I do believe that we are operating at beyond the Supportive level so to go for the higher one because we were wanting to move on and do more than we were already doing basically, and then be told that you can’t have Supportive level either didn’t do us much good. It would have been good to have got a supportive or supportive plus, rather than I’m sorry you’ve failed.”

“We are now left wondering whether to start over again. We need to go to the LEA and say that we need some support. We haven’t had any advice from anyone to say where do we go from here, we got the feedback letter and that was it. That was over half a term after the accreditation day. We’re not sure where to go in terms of picking up now. There was no guidance on the email that came.”

### 4. Communication Difficulties

One head teacher reported a void in communication with I CAN whilst trying to arrange the accreditation visit, with telephone and email messages not returned,

“The visit was to be early in the spring term, but it didn’t happen so that was a difficulty. Had we known it was going to be that way then we could have adjusted the work accordingly, but we got all geared up and then people don’t reply to you. That was a difficulty. A better response back would have helped.”

## Was Primary Talk Worth the Effort?

All of the head teachers agreed that Primary Talk was worthwhile, albeit in different degrees:

“In terms of the IDP we are working towards, it has helped us to get on the right track.”

“It is a lot of time, effort and determination but enough staff are seeing the benefit so it will be maintained in school.”

“Yes, because it’s something we need to address anyway. We need to be acutely aware of how we are communicating to children and what they are understanding and their awareness of language. That’s at the core of what we do. Communication is the tool by which all learning takes place, for us to have a focus on that is always going to be value for money.”

## **Would Head Teachers Purchase the Primary Talk Package?**

Two head teachers would definitely purchase it, one probably would, and the fourth would if they had enough support from the Advisor,

“Yes we would have done because of the big need in our school – fundamental. It’s one of those things that you can’t see the full impact until you are engaged in it. It may be useful to have a list of schools that have found it effective, who can be available to show other people the benefits. The LA may want to consider this.”

“I would do but in terms of accreditation, go 2-3 years down the line.”

Despite Primary Talk losing its momentum in one school that did not apply for accreditation during the pilot, the head teacher reported that they would continue to take Primary Talk forward, and felt that accreditation was a realistic aim,

“It’s in there but it’s not top of the list. I’m driving it a little but there is growing appreciation of the impact that it could have. I still believe that prevention is better than cure and I still believe that if children don’t have good language skills it limits them, so I am still keen to carry on and get the accreditation not in sense of ‘bagging’ it, but because it drives improvement and understanding whereas if you just have something that has no end game then people are less likely to stick with it. And standards are good, that’s what we all work to now - they give us a benchmark to measure ourselves by and that’s what I need to do – go back to the Primary Talk Coordinator and talk about the standards and where we are.”

## Summary

The four head teachers interviewed all value their schools involvement in Primary Talk and report a positive impact, albeit in varying ways. For example, classrooms are now more visual and there is a greater awareness amongst staff of the role of language in learning, and making use of opportunities to foster children's speaking and listening skills. However, on the negative side, the paperwork associated with the accreditation process is perceived to be extremely onerous and time consuming; increased support would have been welcomed, and there are issues surrounding the accreditation process. Nevertheless, head teachers feel that overall, Primary Talk is worth the time and effort involved in implementing the programme.

## Chapter 7

### Interviews with the Regional Advisors

This chapter presents the findings from the interviews with the three Regional Advisors about their views and experience of Primary Talk. They were all experienced teachers; two had worked in primary schools and one in a secondary school (subject: modern foreign languages). One was also trained as a speech and language therapist and had been working in this role before taking up her current position with I CAN. They all had a degree, and two had undertaken postgraduate study.

The Regional Advisors were employed for three days a week to work on the Primary Talk pilot project, and commenced their role between September and December 2007. One Regional Adviser was involved in recruiting schools for the pilot. The other two each had a list of approximately thirty schools that were already interested in Primary Talk, plus a reserve list, supplied by the relevant LA. School visits began in late November 2007 in one LA when the main Primary Talk documents were ready for use, but were mostly conducted from January 2008 onwards. The Regional Advisors' contracts ended in August 2008. However, in the LA where the Regional Adviser was the last to be recruited, this was extended to December 2008. Hence, support to schools was available from the Regional Advisors for two terms in two LAs, but three terms in the third LA.

In one of the LAs the Primary Talk Coordinators had received their Supportive level training before their contracts ended, but not the Enhanced. In the other two LAs, both Supportive and Enhanced level training had been delivered to the Primary Talk Coordinators. Two schools had applied for accreditation in two of the LAs, but none in the third.



## Training and Support for the Regional Advisers

Although the Regional Advisers had one or more general induction sessions, and one had received some incidental training in SLCN, none were trained in preparation for their role as Regional Advisers for Primary Talk. The Regional Advisers felt supported to some extent by their manager,

“The manager talked us through the project but I felt I was learning along the way... I didn't have the whole picture of what the whole project was about and it was difficult to pass this on to schools”.

but frequently liaised with each other, offering advice and sharing information,

“And it was only when we sat down and thought, right, what are the accreditors looking for, and it was when we drew up that document that schools could then sit back and think I know where we're aiming for...But we spent a lot of time developing it and we felt it should have been in place before we started. But of course that's all part of a pilot isn't it? It is a pilot project. So yeah, not enough time to do everything that we were expected to do, I don't think.”

The Regional Advisers reported that they were often asked questions by school staff about the project which they did not know the answer to, though were able to find out. Two Regional Advisers would nevertheless have preferred to have had some specific input about Primary Talk and their role,

“If we'd had a couple of days of being taken through the whole project right from where the idea had come from, what was expected of schools.”

However, they acknowledged that time constraints and the distance between them made this difficult.

The Regional Advisers themselves raised the issue of how their own professional background might influence their role,

“I was a teacher so I knew just how precious time was, so probably felt more uncomfortable going in to schools than perhaps a SLT working with schools who weren’t quite aware of the pressures that were on teachers but then I was very easily able to relate to them and present the value of what I was doing as a fellow teacher, so there were definitely pros and cons in terms of being a teacher in that role, and I did find it very easy to build up relationships with the schools, but on the other hand I was quite reticent about pushing too much because of being very aware of the lack of time in the school environment.”

“As a teacher I know how hard it is. If you’ve got a class to run, and then if you’ve got to do a project at the same time, there is barely any time as a teacher.”

“I found on individual visits I could sit back a little bit and watch the children and could spot children who were struggling, I suppose being a SLT. And I could quickly say, well I noticed that when she tried to communicate something to the TA and the TA didn’t understand so I was able to give the TA instant advice on well, if you try this or demonstrating it myself. I suppose that was my role as a SLT as well... that just came naturally to me that.”

## Role of the Regional Advisers

The initial visit to a school was to introduce and promote Primary Talk and to outline the content of the programme. Subsequently, the Regional Advisers’ role was largely facilitative,

“...informing schools about the accreditation process, working with their appointed person on looking round the school, developing an action plan, developing priorities and so on.”

One Regional Adviser reported that making and maintaining contact with the school’s Primary Talk coordinator was a key aspect of her role,

“Liaising with them (Primary Talk coordinators) and seeing how they’re getting on and not waiting for them to ring me, or contact me ...you know, giving them a few weeks and then finding out how they’re doing.”

However, this in itself was not easy; few coordinators made spontaneous contact, hence the

onus was on the Regional Advisers to check on progress,

“Sometimes it was really hard to get into schools and even get hold of the coordinators. If you emailed them sometimes they wouldn’t email you back so I had to be persistent sometimes. Getting through the secretaries, that was hard work, even though the schools were on the list.”

“All schools were aware that they could contact the advisors at any time but no schools took up on that, and again, I think that’s because it just becomes bottom of the list, basically.”

Two of the Regional Advisers would have liked to have supported the coordinator in delivering the training to school staff but the sheer numbers of schools they were dealing with made this prohibitive,

“I was tempted to go in and help them with their training but I wasn’t allowed, it wasn’t my role. I did ask, actually, because some schools said will you come in and help us but X was very reluctant to let me do that, because of course there were 32 schools and if I helped one school I’d have to help the others.”

## **Support Visits To Schools**

### **1. Number of Visits**

Regional Advisers made between two and six visits to each school that was implementing Primary Talk, although those schools that received the most visits were in the LA where the Regional Advisor’s contract had been extended. All Regional Advisers felt that there were insufficient visits to support schools through the accreditation process,

“I could have done a visit a week with these schools they really needed a lot of support, a lot

more support than is envisaged.”

“I had 32 schools. I think I did a maximum of 3 or 4 visits from the November to the July so each school got 3 visits on average. I think they could have done with a lot more and certainly nearer to accreditation they needed a lot more. And that did worry me.”

Moreover, it could take two to three visits to get things off the ground,

“At the initial visit it was the head or maybe the deputy, I don’t think they had chosen the coordinator then. Sometimes they had. But then on the second visit, I had to do the same thing again because it was the coordinator, and the head hadn’t really said anything. They wanted me to go through the file again. The second visit was very similar to the first visit. It had taken a few visits before they had pushed off.”

Regional Advisers envisaged the ideal number of visits to be once per month or per half term depending on how ‘able’ a school was. This would be in addition to telephone/email contact.

The three Advisors commented on the personal nature of the role,

“It was a very personal thing really. It’s not just the role it was about going and building personal relationships.”

“I felt a phone call wasn’t enough, you need to be in the school. You need time to build up a relationship with the staff there, they need to trust you. It would be very easy to hand them the package and say get on with it – they would really struggle. They need someone to say, try this, and try that. A lot of schools lack confidence with this and they need someone there to encourage them and say you can do this, and look you are already doing some of this, we’ll just do a bit more.”.

## 2. Nature and Purpose of the Visits

Some of the Regional Advisers' time was spent advising the Primary Talk Coordinators about how they could modify the learning environment so that it better supported children's learning, and alerting Primary Talk Coordinators to useful resources, including the *Resources and Strategies* section in the main folder, and materials in the appendices. The majority of time, however, was focused on guiding and supporting Primary Talk Coordinators in relation to the standards, setting targets and devising action plans,

"Time was taken up with the standards. I always went through some of the resources with them and showed them some of the best ones, and when you get them interested and they say I like that, I like that, I say well keep looking through the resources section, so really it was pointing it out to them."

*Prompt: "So how was the balance of time spent on that as opposed to doing other things?"*

"Not as much as I would have liked. I would spend a morning or an afternoon in a school on my visit, and most of that time was spent wading through the standards and talking about what evidence they could come up with and the resources would be tacked on to the end to be honest. So two thirds of my time would be spent looking at standards and one third on the resources. And it should be the other way round."

## 3. Ways in which the support visits could have been more effective

Two Regional Advisers felt that the visits would have been more beneficial if they had had 'more of a practical focus', showing PTCs how to use the resources effectively, rather than focusing on the paperwork,

"I could say, oh you've got a visual timetable that's brilliant can you show me how you use it, but when they hesitated it I'd say well have you tried using it this way and that. It actually needed you there to show them a lot of the time. So it wasn't a matter of going in and checking up on what they were doing it was actually going and helping them use these things."

"I think a more practical hands on approach would be more useful, rather than...have you done your targets, have you done this, have you filled in this, and so on."

One Regional Adviser suggested that time could be employed more effectively by holding workshops for Primary Talk Coordinators to follow up on aspects of the training, for example, looking at effective use of the resources; useful strategies. This would also provide a support network for Primary Talk Coordinators,

“I think it may have been better to put on a couple more of those workshop type, surgery, for staff training days rather than trying to get to so many schools individually. I think it may have been easier to get them to commit to the time by doing it that way rather than me making appointments and going in to see them, and obviously it would have saved a lot of my leg work as well. It would have been a lot more quality time if I could work with a number of staff in one go.... I think what’s useful is practical examples of things, trying things out, discussing and exploring issues and ideas which is the sort of things which came through on the training day or sessions in schools. I think some more of those (workshop) days would be useful if only to share practice and share experiences at a later date.”

Time pressure was an issue and Regional Advisers felt that dedicated time for Primary Talk during staff meetings or a workshop session would help the Primary Talk Coordinators,

*Prompt: “So does that mean that unless you contacted schools they didn’t contact you?”*

“No, No contact from them at all. They just didn’t have time. The school day is just, and then it becomes, well they were going to have this meeting so they have to do it but they’re not necessarily prepared and they’re not necessarily in the frame of mind to go into ideas very well, because they’ve got 3 different people coming up to them to ask them about what’s happening with this child, what’s happening with that child and so on, which is why I think it would be a good idea to focus more on, things like taking the time during staff meetings and taking the time during training days to actually have dedicated time and valuable time that can be used rather than just trying to fit in meetings, which were basically to do with paperwork.”

Two of the Regional Advisers would have preferred more whole school contact with staff, and believed that would have more impact,

“I would love to have talked to whole school staff meetings about Primary Talk rather than a coordinator.”

“In one school I did a whole staff meeting to introduce it to the whole school and I think things like that, time needs to be given to because I think staff are much more interested when someone is coming in from outside to explain something than when it is one of their own staff. So extra time should be made for that.”

## **Advisors’ Views of Primary Talk Training for the Coordinators**

The Regional Advisers reported that the Supportive level training was very good, albeit too detailed in places,

“The supportive level was great, it had lovely examples and case studies. I thought it was really good training actually. Sometimes a bit too in-depth but for some schools that was ok.”

“It was good, they enjoyed it, it was fun, they got a lot out of it. We got really positive comments.”

“It was really effective. The hands on activities are what all of them gained most from.”

However, the two Regional Advisers that experienced the Enhanced level training felt that this was at times too complex and demanding,

“The Enhanced training I felt was quite specialist, in terms of content. I think we were expecting an awful lot from schools, it was quite high level. It would really need a SLT to support the coordinators to deliver it to schools.”

In fact, the Regional Advisers reported that many Primary Talk Coordinators were concerned about having to cascade training in their schools,

“There were a lot of coordinators not confident about doing the training to their staff because a lot of the coordinators were TAs and they didn’t feel they could train head teachers and SENCOs and teachers in their schools they didn’t have that confidence and that was an assumption that was made.”

“As a mode of delivery I think it was heavy going. I know there was a training manual but I know that some of the coordinators were really worried about passing it on, remembering what we’d done. I know it’s very detailed the training manual, do this say that. I think that unless you’ve done training before it would be quite worrying...I think it was a bit overwhelming for them.”

“It would be interesting to see how many schools have cascaded it down to their staff. I didn’t have confidence that they could.”

Timetabling the training was also an issue. In all three LAs, the training was delivered to Primary Talk Coordinators between April and June, which is relatively late in the school year and few schools were able to find a slot to cascade the training in that school year. A further complication was that some schools had already planned their training calendar for the following school year,

“None of them would have been ready to cascade the training until September, because the training was so late in their academic year.”

*Prompt: “So didn’t they have time in the timetable to cascade it before September?”*

“Oh gosh no. Most of them were optimistic and booking it in to September. But that was another major thing. Schools would say this is just one part of all the training we’ve got to do in school and we can’t prioritise it. And so some would be leaving it for a year before they cascaded it. Cos they’d be saying well we’ve got dyslexia friendly training in September and we’ve only got 6 days a year to do training and we’re going to have to slot it in when we can.”

Just attending the training was not felt to be sufficient; the Regional Advisers felt that follow-up and monitoring is required to ensure that new knowledge and skills are being embedded into practice,



“But it was very easy for school to do that. To say that all our school staff are trained up. Well they can attend the training can’t they but they can sit and plan their evening meal through that training. There needed to be some sort of check as to whether they are carrying out what they’ve been trained in. When I was there, there wasn’t any sort of check like that and we did discuss it and the idea was that you’d then need Primary Talk staff to check up on whether the training had been delivered.”

In particular, one Regional Adviser felt that school staff required further practical input to help them to identify children with SLCN,

“I think that schools would need more support in that. It is very easy to say that I’d recognize a child who has SLC difficulties in theory: oh we look for this, this and this but in practice I think they might find it very difficult without the experience as well. They did have all the checklists. I came out of the training wanting to say to them as long as you know when to be concerned and where to go if you have got concerns, meaning to the checklists that I CAN provide. Often schools felt they were having to do the work of speech and language therapy and were worried about that responsibility. That’s just anecdotal.”

## **Difficulties Encountered By the Regional Advisers**

The main issues related to difficulties contacting the coordinator to arrange appointments and materials not being ready on time,

“I think the major frustration was that things weren’t ready....That was the negative side, and then again, maybe that’s because it was the pilot.”

“They (the schools) were all expected to be accredited by the end of the summer term and a couple of my schools were ready, and when it came to actually setting up the accreditation they weren’t ready to do the accreditation, so they then had to wait through all through the summer holiday and then do it all again in September, because the team weren’t ready. Schools noticed that, they felt under pressure to achieve all this but actually, the Primary Talk team weren’t ready to see what they had achieved at the end of it. And they felt a bit let

down.”

When asked if the role was as they expected it to be, two of the Regional Advisers had expected to be more involved in training school staff,

“No. Not at all. I thought I would have more of a role of training. Training the schools. And I think I could have done more training and more often.”

## Strengths of Primary Talk

The Regional Advisers identified the following as the main strengths of the Primary Talk training and accreditation process:-

1. **The underlying premise of Primary Talk**, i.e. the need for teachers to focus on and integrate speaking and listening into the curriculum, and to raise teachers awareness of the development of spoken language, the types of difficulties children encounter and how they can be supported in the classroom,

“I think the principle of it is brilliant – the whole school has to be on board.”

“I taught for 12 yrs and wasn’t aware of the importance of communication and speech and language skills. Speech and language skills are something that are dropped off the end of the curriculum (basically) or tagged on to the end of something. So I think it’s absolutely vital that schools find out the centrality of language and communication skills, so that is the strength of it.”

## 2. The Primary Talk training

“It is invaluable for schools. Teachers don’t tend to have any of the training in that area. So teachers are not aware in general of speech and language development, they are not aware in general of communication difficulties, and they’re not aware of how to deal with them. So I think that it’s vital training that should be in all schools which is definitely its strength.”

“The training made you think of children who do have speech problems or find it hard to communicate or are not confident, because it’s for all children not just children with special needs. How hard it is for them... the training really put you in their place and it did make you really aware of what the child was going through; more sympathetic for the child really, and we forget that don’t we?”

**3. The Primary Talk resources**, e.g. those in the appendices of the main folder,

“If they managed to do staff training then they did tend to take the information from there, in terms of speech and language development and so on, these were the appendices the schools commented on being most useful.”

## Impact of Primary Talk

Two Regional Advisers felt unable to comment on whether Primary Talk had had an impact in schools since their involvement ended relatively early in the training and accreditation process. One Regional Adviser highlighted the fact that the overall effect of Primary Talk depends on how much schools were doing already, i.e. before they engaged with the Primary Talk programme,

“I never got to see that (impact) to be honest. Like I say, 2 schools when I finished thought that they were ready for accreditation. One was a school with a specialist language centre anyway, and they knew it all already, they were doing it all already so it was just a form filling exercise. The other school had introduced a lot of things and had taken it quite on board and it seemed to be something that they were embracing and it was making a difference but most of the other schools I worked with were still at the early stages there hadn’t been any great changes to schools so I wouldn’t have seen a change in the culture, or in the school at all.”

The third Regional Adviser had noticed a difference in schools; this was the Regional Adviser who had had the opportunity to spend an extra term working with schools,

“You need time to see how, but it does, it does have an effect. Especially the visual, visual and labelled. With pictures that makes a difference.”

## Factors Influencing Implementation of Primary Talk

### 1. Having the Head Teacher on Board the Project

It was the view of all three Regional Advisers that Primary Talk could only be implemented successfully if it had the support of the head teacher,

“Basically it came down to whether the head teacher embraced the idea or not. It has to come from management. It has to be a whole school approach so unless the head teacher is on board there is no point.”

“One of the key factors is whether you’ve got the head teacher on board. It’s very easy in some schools for head teacher to say oh you need the special needs dept and I would say no, I need you, it’s got to come from you. In schools where I was fobbed off to the special needs dept they were struggling. In some schools head teachers just didn’t think it involved them.”

### 2. Time Constraints

Regional Advisers were acutely aware that schools are extremely busy places and teaching staff have many competing demands on their time from various angles. With the best will in the world, Primary Talk Coordinators often found it difficult to find time to implement Primary Talk,

“I don’t think its anything to do with how responsive they (the Primary Talk Coordinators) are, all good intentions, but the fact of the matter is that schools don’t have time, and teachers don’t have time and nine times out of ten you look at the school diary and staff meetings are booked up for the year, staff training days are booked up for the year. So, the member of staff taking it on could have all good intentions but there is not actually time for it to happen in schools.”

“There wasn’t enough time to, they’ve got to do the training, then they’ve got to implement it to the staff and then in to the classrooms. Then they want to see the progress children are making. But then they had to be finished by December. But I don’t think that a lot of them will have finished yet.”

Compiling the portfolio of evidence was also very time consuming,

“The two schools that were ready for accreditation when I left had two huge lever arch files full of evidence... those teachers were given time out to collect all of this. Most schools said we don't have time to collect this. So the only schools that were ready were where the teachers had taken days off to do this. Most schools can't do that.”

### **3. Insufficient support from Regional Advisers to assist schools through the entire accreditation process,**

“Before, they knew that I was coming to visit them so they'd think they had to get things done. They did say that we need you to the end - six or seven people said that. X have asked me to come back next week but they're paying me as a supply teacher. She wanted me to help her go through it.” (i.e. accreditation documents)

“I really felt I was letting some of the schools down by just physically not being able to be there enough.”

### **4. Excessive paperwork**

“Too much, too much detail. Too complex.”

“It's a big long form filling exercise.”

“Obstacles is the time to fill in these forms, and for the schools finding time to present it to the whole staff.”

“They wanted to be committed but it was too was too huge a thing for them.”

### **5. Size of the school**

“Smaller schools were coping better, because it was more personable and all the teachers tended to know all the children that would be involved more. Larger schools tended to feel it was a reception class thing and that the children would be nicely sorted out by the time they reached their class. So smaller schools were better, larger schools more cumbersome. Well,

just the sheer logistics of coordinating everyone to be there at the training.”

## Perceived Weaknesses of Primary Talk

The Regional Advisers felt that the main weaknesses of Primary Talk were that it was too long and ‘cumbersome’; there was too much repetition among the standards; the focus was very much on the form filling paper exercise and ‘tick box mentality’ especially with regard to management issues, rather than on changing classroom practice,

“I think that when you pass the documents to school and they start to wade their way through they get really disheartened and they felt there was a lot of repetition. Particular sections in particular that kept crossing over, kept repeating.”

“Getting the views of pupils and parents they found very difficult. They would lose heart by the time we got to sections 5 and 6. It was too long.”

“They’ve got to put everything down that they do in school, that was quite hard. Putting into class all the bits that need doing and changing things around school that was ok but filling out the boxes was really hard work for them. That was probably what was pulling them back. Finding time to do that. A lot of teachers didn’t get time to do it so they were doing it in their spare time.”

“I think it focused a little bit too much on sort of administrative, managerial aspects rather than focusing on the actual culture of the school and the culture within the classrooms.”

## How Primary Talk Could Be Improved

The Regional Advisers felt that Primary Talk could be simplified by being shorter, with ‘punchier statements’,

“I think that each section could be summarized. Just punchier statements and fewer standards.”

“I think that the last thing schools want is another folder full of forms to fill in. So I think that if it could be condensed in some way. To schools focusing more on the key themes rather than

filling in a 50 page document. That would be far better.”

Regional Advisers suggested ways in which collating evidence for the portfolio could be less onerous for schools,

“I started by saying to schools because I didn’t know what was expected, well if it’s written in your school policy then when the accreditation comes round you can say, here in my head teachers office we’ve got a file with all the school policies rather than copy it and put it into a special Primary Talk file. Evidence of visual stuff, photos were taken of children’s work, and around the school of what was going on and compiled it all in a file. Whereas I felt surely the accreditors if they walk around they can see for themselves without it having to be gathered in to another file because that was what was taking a lot of work. I think accreditors should be able to tell as soon as they walk into a school. So all the standards saying portfolio of evidence, photos of children’s work, photos of this, things around the school, they shouldn’t have to collect it in a portfolio, it should be all there happening everyday.”

The three Regional Advisers felt that schools needed a whole school year from introducing the programme to becoming accredited,

“I think they needed a year, basically, because it takes so long for information to filter through, timetables are so crammed that even if they think it is a fantastic idea, finding the time to actually relate all the information to their whole staff, and to start to think of the targets for the whole school and so on, it all takes a very long time. So I think from them deciding that this is something that they are interested in to them being ready for accreditation, realistically, for them really to be ready, would take about a year.”

## **Maintenance of Primary Talk Standards Post Accreditation**

When asked how well they felt schools would maintain the Primary Talk standards post accreditation, all three Regional Advisers felt that schools would need intermittent input, or demonstrate that Primary Talk remains high on the agenda, given that new initiatives are constantly being introduced to schools,

“I think that like anything its gonna be forgotten if schools aren’t reminded about it. There’s gonna be so many new agendas coming in that it’ll just get buried. So I do think there does needs to be some sort of follow-up to make sure that it’s fresh at least once every year or

once every term or so.”

“I think they’ll need ongoing support from the Primary Talk team to be honest. And occasional visits rather than a phone call; you can never get the right person at the right time, and they feel easily under pressure to say it’s fine when it’s not.”

“I think they might lag off a bit but if there were visits say every year or so to see that they are still on board.”

## **Is Primary Talk Worth the Effort for Schools?**

The three RAs all reported that Primary Talk addresses important and fundamental issues. Two of them however, felt that practical changes need to be made in order to make Primary Talk more manageable and meaningful for schools,

“Time needs to be made for schools to explore the centrality of communication skills, without a doubt. But whether that needs to be done through form filling, no I don’t think it should be done that way. I think it should be done through practical hands on training, staff training days, meetings, and so on, but not through tick box mentality.”

“I suppose my instinct is it’s not going to work in its current form so no it’s not value for money. Because it is a lot work for schools to take on and I CAN have underestimated how much work it is. Some of these schools have no idea what language is. They think in terms of reading, writing and literacy. So for a school that is starting at such a basic level you’ve got a long way to go and then you go into busy school who have lots of projects going and they won’t see it as a priority. I also think that if there was a lot more input from I CAN, a lot more coordinators going in and helping them through it, supporting training, more visits then the money would seem to be spent in those terms. But I think leaving schools with this file and expecting them to go through it, I think it would be shelved to be honest.”



## Summary

The three Regional Advisers firmly agreed with the principles that underpin Primary Talk and feel that it could be of immense value to schools, particularly the training element. However, they were of the opinion that there is scope for the training and accreditation process to be streamlined so that Primary Talk becomes even more worthwhile and easier to implement. The issues identified were around increasing the amount and nature of the advisory support including how it is delivered; slimming down the standards; and placing more practical emphasis on helping schools to use the resources effectively rather than focusing on the paperwork. Two of the three Regional Advisers also felt they could have been more involved in training staff and following this up with practical support.

### Key Messages From These Interviews

- 1 Regional Advisers should be trained before they commence their role.
- 2 Schools will require more regular and on-going support until they become accredited, if that is their goal.
- 3 A realistic time period for implementing the Primary Talk training and accreditation programme is one school year, at least.
- 4 Flexible use of the Regional Advisers time should be considered, for example alternatives to working solely on a 1:1 basis with the Primary Talk Coordinators.
- 5 Training should be delivered by Regional Advisers instead of Primary Talk Coordinators.
- 6 Workshops should be created for Primary Talk Coordinators to follow up on aspects of the training and to facilitate networking between schools and the sharing of good practice.
- 7 Primary Talk Coordinators should request dedicated time at school for Primary Talk, e.g. at staff meetings.
- 8 Staff may need additional and more practical input on how to identify children with SLCN following the training.
- 9 Regional Advisers should have sufficient time to provide practical support to Primary Talk Coordinators in addition to advising about evidence for standards
- 10 The Primary Talk standards should be slimmed down to make the accreditation process more manageable for schools.
- 11 Review what is required in the portfolio of evidence.
- 12 Identify what should be visible to the accreditors when they visit schools.

## Chapter 8

### Interviews with the Primary Talk Accreditors

This chapter focuses on the key issues surrounding the accreditation of schools that were identified by the research team during the course of the study, particularly whilst shadowing accreditation visits. Some of these related to the practicalities surrounding the visit while others concerned validity and reliability of the accreditation procedures, or the standards themselves. Interviews were used to explore the Primary Talk accreditors' views of these procedures based on their personal experiences during the pilot.

During the pilot phase there were three Primary Talk accreditors, each of whom was interviewed. They were existing ICAN employees with considerable experience in their respective fields; one was an experienced teacher, currently a member of the senior leadership team in a specialist school for children with SLCN and had been involved in the development of the Primary Talk standards. The other two were speech and language therapists; one of whom worked in the same school as the teacher, whilst the other was also involved in developing the Primary Talk package.

One accreditor had one fixed day each week allocated to her role as a Primary Talk accreditor, the others were able to use their time more flexibly. The accreditors had had no specific training in preparation for this role.

At Supportive level, one accreditor undertook the accreditation visit which lasted for one day. At Enhanced level, the visit required two accreditors for one day; and for specialist level, two accreditors were required for two days. At the time of the interviews, a number of schools had been accredited at Supportive and Enhanced levels but only one accreditation visit had

occurred at Specialist level. The principle role of the accreditors was to audit schools against the Primary Talk standards and decide if the mandatory standards in particular had been achieved. To pass the accreditation, a school had to meet these mandatory standards which formed 80% of the standards overall. Their performance on the remaining standards was also assessed, and a total percentage awarded.

## The Primary Talk Accreditor Role

Duties involved in the role revolved around three main phases: pre-accreditation visit; the visit itself; and the post accreditation visit.

### 1. Pre-accreditation Visit

Half a day was allocated for the following:

- *Administrative tasks involved in arranging the visit.* The procedure is standardised, and the same documents are utilised by all accreditors. Hence, consistency is maintained.
- *Reviewing the schools completed standards/audit document.* Accreditors reported that reviewing this document prior to visiting the school was an important and beneficial task since it gave them useful insight into the extent to which the standards were met, and pinpointed areas they would need to follow-up at the visit. However, there was considerable variability in how the document had been completed by the Primary Talk coordinator,

“That starting point is really useful but it depends on how comprehensive the standards are – some are very much so and you get a really good idea of what the school is like; others are quite scant and they say see section X in the portfolio of evidence, and those require a lot more digging and preparation in terms of thinking of exactly what we want to see and what we want to ask because it’s not evident from looking at those standards.”

“X did give some advice and good examples of what we’d be looking for inside those boxes, but it still can vary quite a lot, and some people fill the boxes up and more. It helps if there is more information or if it is clearly referenced rather than quoted.

Some people are more intuitive about filling in things like this than others. It doesn't help if it says 'see ref 1.1' that's not terribly helpful. But in the case of an outstanding school, the boxes weren't full on the audit but it was evident as soon as I walked into the school. So it didn't matter...but it could have done, it could have made it more difficult if I'd had concerns."

The portfolio of evidence was not available to view until the day of the visit. Hence, in cases where the evidence was 'scant' on the audit document, more time was required during the visit to 'dig' and obtain the information required. This then impacted on the amount of time available to do other things during the visit. Accreditors agreed that on occasions, it would have been better to have had the portfolio of evidence prior to the visit,

"Sometimes the lack of detail (in the audit) can give you a bit of alarm bells. Having the portfolio of evidence would help to see whether they have got there yet, or if they have the evidence but haven't transferred it into clarity of information on the audit."

Hence some of the further investigation required could be carried out in advance of the visit, saving time on the day, which was already full. However, the amount of time allocated prior to the visit would need to be reviewed; accreditors felt that the half day was currently sufficient or 'just about manageable.' However, the amount of evidence supplied by schools is considerable, often two large files or more, and in some cases it is a great deal more than this. Accreditors do not get the opportunity to look at it all. One accreditor reported that further work on the standards could assist Primary Talk coordinators,

"Some of them (standards) need tightening up, we could give schools more examples of what we need. Now we've done the pilot, we should look at whether the questions and the statements above those boxes are clear and tight enough to get the information that we want."

Additionally, there would be gains for both parties if schools had further guidance on *how much* evidence was required for the portfolio (e.g. how many IEPs; teaching plans) and which evidence could be omitted altogether and instead noted on the day of the visit (e.g.

the inclusion of photographs in the portfolio could be replaced by direct observation by the accreditors).

At Enhanced and Specialist levels, both accreditors worked collaboratively and looked through the entire standards audit and the portfolio of evidence together,

“There should be two people working collaboratively on it together, sharing the things we’ve seen or heard to decide whether a standard has been met. We try to get the two heads working as one.”

Whilst this approach has its advantages, it may be more efficient to divide the standards and relevant parts of the portfolio of evidence between the two accreditors, rather than both of them reviewing the entire document together as is their current practice. There would need to be further discussion amongst the Primary Talk team regarding the pros and cons of this joint collaborative approach.

It was confirmed in one of the interviews that when Primary Talk is rolled out across LAs, accreditors will collect the portfolio of evidence from the relevant school two weeks prior to the accreditation visit. The best use of this time and how the workload will be shared is to be considered.

## **2. The Accreditation Visit**

There were various standardised components of the visit that formed a timetable, for example scrutinising the portfolio of evidence against the standards audit; following up the queries identified prior to the visit; observing classroom practice; observations at playtimes/lunchtimes; group discussion with pupils, a group of parents, members of the Senior Management Team; and talking with a governor.

Classroom observations were conducted separately by accreditors in the Enhanced level schools. Other tasks were divided between the accreditors though most were carried out

jointly. At the end of the visit, some or all members of the Senior Management Team are given verbal feedback about the visit, although the actual outcome was not revealed, unless the accreditors were certain that all the mandatory standards had been met.

The interviews followed up the main issues that arose in the shadowing process. These included:

**a) Time available for the visit**

This was a main barrier/difficulty for accreditors; the days are 'tight' and extremely full,

"Getting through everything in the amount of time you are in the school, making sure you've seen as much as possible."

At the *Supportive level* accreditors agreed the time available was feasible in a small school, but far more difficult in a large primary school,

"The visit itself is intensive but possible at Supportive level"

As a considerable amount of time was spent looking through the portfolio of evidence during the visit, if the accreditors had access to it in advance then this would ease the time pressure on the day and the timetable would perhaps be more manageable. The alternative of increasing the length of the visit is not practical and would incur further costs. Also, as one accreditor said,

"...is it fair on schools for it to be longer than an Ofsted visit?"

At the *Enhanced level* two accreditors felt they sometimes needed longer than a day since at this level they were taking 'a more detailed look,'

“At enhanced level, you have to be very well managed with your time to see what you need to see. In one school, it would have been helpful if we had been there a lot longer.”

This was particularly true if the school also had a resource unit attached, when one day was unlikely to be long enough.

The time allocated for a Supportive level accreditation visit in relation to size of the school is currently being reviewed by the Primary Talk project team. Continued monitoring and flexibility with regard to the Enhanced level accreditation is also indicated.

#### **b) The number of accreditors required for each level of accreditation**

At the *Supportive level*, accreditors felt that it was feasible for one person to conduct a visit, albeit ‘intensive but possible.’ One of them reported that at times it could be challenging,

“There is an awful lot to see even at a Supportive level school, especially if it’s a school you don’t feel sure about. It can be difficult for one accreditor to spend enough time trying to find out everything they need to.”

However, during the roll out of Primary Talk in 2009, some LAs decided that two accreditors (one SLT and one educationalist) will accredit Supportive level schools. This is a positive step, especially since they will be considerably less familiar both with the procedure and the Primary Talk standards. Hence, the advantage of having two accreditors working collaboratively should reduce the workload and support the decision process regarding accreditation, which one accreditor felt was ‘quite a responsibility.’

At the *Enhanced level*, accreditors agreed that two people are essential since the evidence needs to be checked in more depth, for example there is more focus on SLT and SLT provision for targeted children.

### **c) What do accreditors rank as most/least important?**

The three accreditors reported that observations in the classroom and of adult child-interactions around the school were crucial,

“Classroom observations, and in the playground, in corridors, talking to staff, getting an idea of whether it is having an impact. The whole observation is exceedingly important.”

Evidence relating to management support was almost as highly rated if not equally by the accreditors,

“If Primary Talk has not got the senior management support then it won’t emphatically make a difference to the school.”

The portfolio of evidence was also seen as important, “to show what they have reflected on, made changes to and how they are monitoring it.”, as was talking to children, “...they are quite often insightful without knowing it.” Two accreditors asked pupils questions informally in the classroom about things on the wall, if they are referred to by the teacher and whether it helps them, and felt that more can sometimes be gained from this informal discussion than a more formal group discussion depending on the age of the children. Least useful was talking to a governor “less relevant information is obtained.” It was acknowledged, however, to be more important at Enhanced level but even then a planned telephone conversation could be conducted maybe prior to the visit, allowing more time for other things on the day.

### **d) Ensuring consistency among accreditors**

Consistency and standardisation issues were highlighted in two situations in particular: classroom observations, and discussions with parents/children.



i) *Classroom observations.* These are a fundamental component of the accreditation visit. To ensure reliability across settings, the following need to be clarified and confirmed :

- *Number:* The minimum number of classes to observe.
- *Timing:* e.g. length of observations; which part of the lesson is observed (the beginning or plenary); a guide of approximately how much time should be spent in a class e.g. 15-20 minutes. During shadowing, accreditors aimed to reach classes in time for the beginning but this was not always achieved, due to slippage from time pressures, and once there, the duration of observations and level of participation varied considerably across accreditors.
- *Who to observe:* Currently, schools decide which classes are observed. The year groups and ability groups observed could be standardised across accreditation visits to ensure consistency across KS1 and KS2 e.g. Y1, Y3, Y 5, plus one other.
- *A classroom observation schedule or checklist:* this could specify the types of communication supportive practices being sought and would help to standardise recording of information. During the pilot, accreditors did not use any kind of schedule but when asked what they were looking for, they all converged around the same themes. Something more structured might assist newly trained accreditors, and could be reviewed regularly. Moreover, the schedule could specify how many of the target behaviours should be observed, in order to fulfil the standards in section 3, *Curriculum and Learning Environment.*

“The three current accreditors know what we are looking for because we have digested the standards thoroughly over a period of time, but using a pro-forma will be useful e.g. use made of visual support – is what is on the walls referred to, signing used, level of language used with children, are they given processing time - all of those things are in the back of our head. We know that we are looking for, but having an agreed protocol so that all of the accreditors are looking at the same things.”

- *An observation schedule for use at non-directed times:* e.g. playtimes and lunchtimes. This would help to ensure consistency when Primary Talk is rolled out and a greater number of accreditors are involved.

When asked if the classroom observations were felt to be reliable indicators of classroom practice across the school, the accreditors acknowledged that this was difficult to ascertain; they took it to be “indicative of practice – sometimes we have been shown the best, as you would expect”. If there were inconsistencies across classrooms with regard to use of

communication supportive practice, the need to disseminate the good practice across the school would be discussed with the head teacher, and this would become part of the school's action plan,

"I've seen the odd teacher not doing it (CSP) as much, so I've talked in relation to their action plan about dissemination and spreading of the good practice within the school to make sure that everyone is at the same standard. I'd maybe talk to the teacher. Always some will be better than others, it's not that they didn't meet the standard it was just to degree really."

ii) *Discussions with children/parents.* A standardised schedule with a list of questions to be asked of children and parents has been developed by the Primary Talk project team. These were reported to have some use but may need modification, especially with younger children where a group approach does not work as well. Indeed, differences were observed between two sets of accreditors. Alternative methods might include using opportunities in the classroom as described above. With regard to parents, it was apparent that most if not all parents invited by one of the schools were those with children with SEN which may or may not include SLCN; this was not only unrepresentative of the school population, but also not specifically the focus for the Primary Talk programme.

### **3. Post-Accreditation Visit**

Accreditors wrote a detailed 5-6 page report to schools using a standardised format which summarised the visit; informed the school of the outcome; and incorporated a suggested action plan. Half a day was allocated for this task although some reports take up to three quarters of a day, 'depending on the school.' Changes have been made to the procedure for report writing, "it's just about manageable the way we are doing it now."

The timescale for getting the report to schools varied, depending on other work commitments and the number of accreditation visits pending. It is essential that schools are given a timely but realistic timescale, and that this is adhered to. Accreditors acknowledged that the procedure for dealing with schools that do not achieve accreditation needs to be further refined, so that feedback can be given as soon as possible, together with a clear action plan and follow-up support.

## Further Issues Surrounding Reliability

Two other critical issues relating to reliability were touched on in the interviews with accreditors:

i) *What is 'good enough' evidence as opposed to 'gold standard' evidence and to what extent does this vary among accreditors?* This needs some clarification,

“There needs to be drilling down of what should you expect to see that gives evidence to that standard. As it's been a pilot we've done it on the hoof and learnt it as we've gone along, inevitably.”

ii) *What do accreditors do when they have insufficient evidence to deem that a standard has been achieved, especially if it is for a mandatory standard?*

Given the large subjective element of any accreditation process due to differences in perceptions amongst individuals, it is important that these critical issues are discussed and built in to the monitoring of the Primary Talk accreditation process when it is rolled out across LAs. All three accreditors felt that there was work to be done in this area,

“We have shadowed each other and there is good agreement between the three of us but as you widen it out, you are going to get wider interpretation, and that goes back to taking the time, over mandatory standards in particular: what do we all agree we should be seeing as *minimum* evidence for that - what has to be in place, what questions must they be able to answer to satisfy that? That is a body of work for us to do. Because otherwise we are going to lose the tightness and the consistency around it, and diminish it.”

“(A current weakness is) standardisation around the accreditation process and looking at consistency of judgement – it is quite a subjective process.”

“I think that accreditors should meet as a team and have this discussion about what they are looking for in classroom observations so everyone is clear and maybe there should be some absolute must see things in order to be accredited... You need to be

skilled about what a communication supportive environment is: they may think it is about having loads of symbols up and it isn't, because there's no point if they are never referred to."

## **The Accreditation Standards**

An issue around the standards is that now that 80% of them are mandatory, to what extent does that make the others redundant? Could this be a valid way of 'slimming down' the Primary Talk programme to make it less onerous for schools, without compromising on the essential principles which underpin it?

## **The Accreditation Levels**

During their interviews, the Primary Talk coordinators revealed that they perceived few differences between Supportive and Enhanced levels. Hence, accreditors were asked to clarify what they felt those differences to be. Their responses revolved around the identification and provision of targeted intervention for children with SLCN, and they agreed on the differences between a Supportive level and an Enhanced level school in relation to the most pertinent standards,

"Another key area is the identification: in some schools they have very little contact with SLTs but they did have their own systems for identifying and a response, so if a school is proactive about using their own resources, but using external resources when they are available to them and if they maximise that information that is given to them about children's needs and more importantly what do they do about it. This is important at Enhanced level because if they are trying to give targeted responses to children who have been identified, first have they been successfully identified and what kind of responses are they giving? And in terms of the monitoring and evaluation, how are they monitoring the impact of those interventions, because it is no good doing them if they have no impact. We've got to look at whether they are making the most use of the resources that they have."

“The key difference between Supportive and Enhanced level is supporting targeted children – looking at IEPs, looking at lesson plans where there is clear differentiation for children with SLCN; staff have Enhanced level training; look at SEN policy closely to see that communication is there as a separate part of that, and deeper collaborative working, that IEPs are written collaboratively with the SLT, that they are embedded with the curriculum and lesson plans. At supportive level, staff need to be able to identify children with problems and that there is a process for referring them on.”

Three accreditation visits were shadowed in this evaluation study. It was apparent that all three schools, including the two undergoing Enhanced level accreditation, received very little SLT input. Therefore it may be unrealistic to expect schools at Enhanced level to be providing targeted interventions for identified children with SLCN, to write joint IEPs, and to monitor the intervention and progress children are making in the absence of appropriate specialist input. In order to meet this standard, collaborative working with SLT is an essential requirement. This may not always be possible and schools may be penalised for constraints that are in fact outside their control. Some schools might need considerable support in order to identify children with SLCN, as a prerequisite to providing input. The wording of the standards in question may need modifying; what accreditors need to ascertain is whether schools are doing the best they can given the limited input they have, which may not be the same as meeting the relevant standards as they are currently worded. If it is an ‘external’ issue accreditors can then give appropriate support and advice. This issue is critical for differentiating awards of Supportive or Enhanced level. It may also be helpful to identify what the ‘better’ schools are doing despite limited SLT support and whether this information could be shared as an example of good practice. The evidence available in the portfolios illustrated that in all three schools, SLT input was generally provided at a clinic or in the form of a school programme, rather than through an IEP. One accreditor acknowledged this as a potential difficulty for school,

“At this level you are dealing with children with quite significant needs and you can’t do that by yourself – those children need more targeted intervention and that has to come from SLT. Schools do a great a job but can only do so much, they need to have established a link with the service, example training TAs, help with writing IEPs. Some schools are doing the best they can in spite of very little links with the SLT service”.

Moreover, it was apparent to the accreditors that some Primary Talk Coordinators were indeed uncertain about the key differences between Supportive and Enhanced level accreditation,

“We have asked some schools how many children they have with mild to moderate SLCN and they say ‘very few.’ So why are they going for Enhanced level?”

“If schools are given the wrong advice that they are ready to do enhanced and maybe they are not, then they can be weaker and therefore it takes longer for the accreditors to find out what they need to find out because they (coordinators) don’t necessarily know the answers to some of the questions, they can’t give us some of the evidence.”

Thus, key differences between Supportive and Enhanced level accreditation need to be made explicitly available to schools via Regional Advisers but also readily accessible in schools, for example at the front of the Enhanced level standards.

## **Overlap Between I CAN’s Early Talk and Primary Talk**

The Foundation Stage is covered by I CAN’s Early Talk. Primary Talk was intended for use in Y1 through to Y6 during the pilot. However, this was not apparent to schools who took part in the pilot, and, in practice, Primary Talk was implemented in both nursery and reception classes. Hence, documents relating to pupils and policy in the Early Years were included in the schools’ portfolio of evidence. When asked how they dealt with this, one accreditor reported that technically they could not take notice of the Foundation stage, and tended not to go into reception class. The other two accreditors, however, had carried out observations in reception class, but not regularly,

“I will go and see reception – it’s no good it suddenly starts in Y1 for them”.

None of the accreditors had spent time in nurseries. Evidence relating to the Foundation Stage was 'technically' not looked at. The accreditors agreed that the crossover between Early Talk and Primary Talk within the school setting needs to be reconciled by I CAN.

## Summary

The accreditation of schools during the pilot has generally worked smoothly, but this may in part be due to the in-depth knowledge that the three accreditors have of the Primary Talk training and accreditation package, and of the standards in particular. Nevertheless, the following issues arose:

- Time and personnel required to conduct the accreditation visits.
- Procedural changes to standardise the processes involved e.g. use of classroom observation schedules.
- What is the minimum evidence required to meet each standard?
- What should happen in the situation where the evidence provided is insufficient?
- Should the accreditation document be reduced in size to include the mandatory standards only?
- Enhanced level standards around identification and response may need to be refined so that schools are clearer about what is required from them, and in particular whether they need additional support from the SLT service.
- Training of accreditors should include a set number of shadowing visits to help with familiarisation of the process and to check inter-rater reliability. Suggestions as to how to divide up the workload between two accreditors working together should be included.
- Monitoring of accreditation visits needs to be ongoing in LAs when Primary Talk is rolled out across schools, with involvement from I CAN.
- Cross over between Primary Talk and Early Talk in Foundation Stage classes

## Chapter 9

### Classroom Observations:

#### A Comparison of Baseline and Outcome Measures

Classroom observations provided the opportunity to triangulate data, so that the reports from teaching staff in questionnaires and interviews could be viewed alongside what was actually happening in classrooms. Observations took place in four settings: two Primary Talk accreditation schools and two matched comparison schools. They were all carried out by the project researcher in reception classes at baseline (i.e. before Primary Talk was implemented in the accreditation schools) and at outcome, 7-11 months later. The timing of the observations differed between one Primary Talk school and its matched comparison school because the latter was recruited much later in the study (see Chapter 1, re the difficulties encountered in recruiting comparison schools).

To ensure validity, the observation schedule used comprised a selection of the communication supportive strategies (CSPs) listed in the '*Resources and Strategies*' section of main Primary Talk folder (see Appendix 3). However, the opportunity did not arise to observe all of the strategies in each setting, because not all the related activities took place. Hence, only the three key sections that were observed in full in all classes at both baseline and outcome are reported here. These were:

1. *The physical environment*
  - position of the child
  - furnishings
  - visual support



Total number of CSP indices = 11

2. *Adult speech during teaching and learning*

- explaining the task or giving information

Total number of CSP indices=17

3. *Other*

This section brought together additional communication supportive practices not covered in the previous two sections e.g. creating opportunities for peer-peer interaction (including speaking and listening); all pupils attempts at speaking are encouraged and praised.

Total number of CSP indices=8.

For each CSP index, a rating of 1-5 was given where 1= not observed at all, and 5 = observed consistently.

One of the researchers in the Primary Talk evaluation team (an experienced speech and language therapist who has spent considerable time working in mainstream schools) carried out the non-participatory observations for between 2 and 2 ½ hours in each class. The classroom environment and teacher-pupil interactions were the main focus of the observations.

The observation schedule was an informal, non-standardised instrument developed specifically for the purpose of this study. It was not possible to conduct inter-rater reliability checks within the study, and therefore this, together with the small sample size, indicates that the findings presented in this chapter should be interpreted with some caution.

## Results

The data were statistically analysed using the Wilcoxon Test (see table 8.1).

Table 8.1: Results of classroom observations using the Wilcoxon test

School	Section of observation schedule							
	Physical Environment		Adult Speech		Miscellaneous		All 3 sections combined	
	Z =	p=	Z=	p=	Z=	p=	Z=	p=
Accred sch 1*	<b>2.121</b>	<b>.034</b>	<b>2.058</b>	<b>.040</b>	<b>2.041</b>	<b>.041</b>	<b>3.403</b>	<b>.001</b>
Comp sch1*	0	1	<b>1.633</b>	<b>.028</b>	1.633	.102	<b>2.478</b>	<b>.013</b>
Accred sch 2**	<b>2.232</b>	<b>.026</b>	<b>2.041</b>	<b>.041</b>	1.841	.066	<b>3.561</b>	<b>&lt;.001</b>
Comp sch 2 **	1.414	.157	1.583	.113	0.447	.655	<b>2.035</b>	<b>.042</b>

**Figures in bold indicate statistical significance;** Accred sch 1\* is matched with Comp sch 1\*;  
Accred sch 2\*\* is matched with Comp sch 2\*\*

Analyses were carried out for the entire observation schedule overall, and for each individual section within it.

**1. Overall Improvement:** All four schools improved significantly between baseline and outcome in their use of communication supportive practices across the entire schedule. However, the Primary Talk schools showed slightly more improvement than the comparison schools, as reflected by the larger Z values.

### 2. Improvement in Each Section of the Observation Schedule:

#### i) The physical environment (e.g. position of the child furnishings; visual support)

The results indicate that there was significant improvement in the two Primary Talk accreditation schools at outcome, but that there was no significant change, or indeed no

change at all, in the comparison schools. A closer look at the schedules from the Primary Talk schools revealed that the largest improvement was that 'name labels with photos are used for expected behaviour' (e.g. good looking, good sitting'): ratings changed from '1' at baseline (not observed at all) to '5' at outcome (a good selection present) in both classrooms. However, there was still scope for further improvement in the Primary Talk accreditation schools at outcome, for example although visual timetables were present in both classrooms they were not referred to during the observation period.

## ii) **Adult speech**

These results demonstrate a significant improvement in the ways in which the teachers observed modified their speech in both of the Primary Talk accreditation schools. However, a significant improvement was also found in one of the matched comparison schools.

Ratings increased at outcome in relation to the following CSPs:

- a. A better balance of commentary vs questions (Primary Talk accreditation school)
- b. Demonstrates a new activity (Primary Talk accreditation school)
- c. Allows processing time for children to think and respond (Comparison school)

Some CSPs were barely observed (if at all at baseline) and had not improved at outcome in the Primary Talk schools, for example, rate of speech; use of short, simple sentences; encouraging children to say that they don't understand.

## iii) **Miscellaneous**

At outcome, there was a significant improvement in one of the Primary Talk schools in the following areas: rewards good looking, good listening; focuses on the phonological structure of the word. The Z value approached significance for the other accreditation school. In contrast, neither of the comparison schools improved significantly with regard to the behaviours observed.

## Discussion

These observations replicate the findings from other sources in this study, (e.g. teaching staff and Primary Talk coordinators) that the Primary Talk programme has the most impact on the visual environment. However, not all of the improvements noted between baseline and outcome were specific to the Primary Talk schools; the comparison schools which were not taking part in the accreditation process also improved. One of the comparison schools was particularly outstanding with regard to the use of CSPs. To investigate this further the teacher involved was asked why this might be. Although there had been no training related to SLCN in the comparison school between baseline and outcome, the teacher concerned was very interested in speech and language generally and had three children with SLCN in her class. It could be that this experience coupled with her own interest in the subject was the reason why she now modified her own language extremely well overall. Another consideration is that the presence of three children with SLCN in her class may have facilitated more direct contact with the SLT service including opportunities for collaborative working.

Improvements noted in the other comparison school might have resulted from the type of activity the teacher was engaged in at the point of the observation. At outcome, the comparison school teacher was engaged in a much more structured teaching activity than the one observed at baseline; thus, there were more opportunities to examine her use of CSPs. Further, the timing of the observation might also be an important factor. The first observation took place in late September at a point in the school year when the children in this setting were allowed to choose their own activities for the majority of the morning. Most of the time this resulted in them playing outside, whilst the teacher chatted to one of the children during the play but without using any CSPs.

## Summary

At outcome, all four teachers observed showed an overall improvement in the use of communication supportive strategies in their reception class. The analyses of the separate sections of the observation schedule also suggested that there were positive changes to the physical environment in the Primary Talk schools that led to a significant improvement in the use of visual support to assist children's learning. This change was not observed in the

comparison schools. Moreover, with regard to miscellaneous communication supportive strategies, there was a trend for the Primary Talk schools to improve more than their comparison schools. However, with regard to the ways in which teachers modified their speech to assist and support children's language and learning, there was no clear evidence that Primary Talk schools had improved more than the comparison schools at outcome.

## Chapter 10

### Conclusions and Recommendations

The remit for this study was to evaluate the pilot phase of I CAN's Primary Talk training and accreditation package; the focus was on one of the three Local Authorities involved in this pilot. Data were collected using a variety of methods: questionnaires, interviews and non-participatory observation. This chapter uses the findings to address the five research questions posed at the beginning of the study.

#### **1a. What Impact Does the Primary Talk Training and Accreditation Process Have on the Knowledge and Skills of Teaching Staff with regard to SLCN?**

##### **Knowledge**

The responses from teaching staff on the questionnaires and from the Primary Talk coordinators and head teachers in the interviews indicate that Primary Talk was very successful in raising staff *awareness* of speech, language and communication; the central role of language in learning, and how to integrate speaking and listening across the curriculum. However, there were mixed reports in the interviews about impact on *increasing knowledge*. Two head teachers felt that staff were able to identify children with SLCN better as a result of Primary Talk, whilst two Primary Talk coordinators reported that staff were still quite unsure of the 'technical' language relating to speech and language development and that they found screening for SLCN quite challenging. The questionnaire data confirmed that involvement with Primary Talk did not significantly increase staff knowledge. There were no statistical differences between staff in the Primary Talk schools and those in the comparison schools on questions that related to confidence in their knowledge of typical language development with reference to the age range taught, or confidence in their ability to identify children with SLCN. Moreover, staff were no more likely to report that they taught

children who they felt had *unidentified* SLCN at outcome than they did at baseline. In relation to the case studies, very few respondents specified referral to SLT where this was indicated, or drawing up an IEP in the first instance, especially where the child had a language difficulty.

Even though the staff in the Primary Talk schools had received more training than staff in the comparison schools at baseline, this had not impacted on their knowledge of SLCN. One possible explanation is that the courses they had previously attended had a practical rather than theoretical focus. The Primary Talk training may therefore have been the first time that teachers and TAs had received specific information about the development of speech, language and communication and how to identify children with problems in these areas. If this is the case then it would naturally take staff longer to assimilate new knowledge from a professional field that is different from their own. Despite these findings staff in the Primary Talk schools felt more *confident* about their knowledge of children's spoken language and communication skills at outcome than they had at baseline, and felt their need to improve their knowledge was less.

## **Skills**

Staff in the Primary Talk schools felt that they used effective strategies to support children's communication at baseline and outcome, indicating that they had already employed some useful strategies and techniques prior to involvement in Primary Talk, (possibly resulting from the training staff had previously received). However, Primary Talk seemed to have an impact on the skills of teachers and TAs in the accreditation schools; they felt more of a need to improve their skills at baseline than they did at outcome. This development was evident in their qualitative responses on the questionnaires; for example, the increased use of visual timetables and other types of visual support to assist children's understanding or when explaining a task or giving information. Significant adaptations to the physical environment and adult speech to support language and communication were also evident in the two classroom observations at outcome, although there was scope for further improvement in these areas. When asked to specify ways in which their current planning included practices that support children's spoken language and communication development, staff in the Primary Talk schools at outcome reported greater use of practices that targeted spoken language, or vocabulary quite specifically. Use of *Talking Partner* type activities were also listed more often at outcome by staff in the Primary Talk schools.

## **1b. What Impact Does the Primary Talk Training and Accreditation Process Have on the Knowledge and Skills of Non-Teaching Staff with regard to SLCN?**

Meaningful interpretation of the questionnaire data from non-teaching staff was severely restricted by the paucity of information: just six respondents in the Primary Talk schools stated that they worked with children with SLCN at outcome, and two respondents in the comparison schools. What is clear, however, is that the vast majority (18 out of 21) had not received any training in SLCN since Primary Talk was implemented in their schools, and were mostly unaware of the term, 'communication supportive practice.'

## **2. How Satisfied are Staff with the Primary Talk Training and Information resources?**

### **Training**

Overall, the Primary Talk coordinators were highly satisfied with the Supportive level training that they had received and found the resources that accompanied it very useful. However, the teaching staff found it easier to implement some parts of the training than others. For example, raising staff awareness of the importance of speaking and listening; making changes to the children's learning environment, incorporating more visual support, and modifying adult speech were easier to grasp and 'run with' than aspects relating to speech and language development and screening for SLCN. Some staff found this aspect of the training too 'technical' and the language used difficult to engage with and use. The Primary Talk training did not assist staff with differentiating between EAL and a primary language learning difficulty, hence it was still difficult for schools, especially those with a high percentage of children with EAL, to identify the pupils who are in most need of targeted intervention and/or referral to SLT.



One Primary Talk coordinator based in a school that did not apply for accreditation felt that the Supportive level training would have been better chunked, both in terms of how she received it and how it was then delivered to staff. Moreover, comments were made by staff in the outcome questionnaire that the training was ‘too much in too little time.’

Primary Talk coordinators were not very satisfied with the Enhanced level training. They reported that it was substantially less effective in terms of its delivery, and staff perceived there to be too much repetition between the Supportive and Enhanced levels, to the extent that they queried whether Enhanced schools needed to do the Supportive training first.

Most of the non-teaching staff who completed a questionnaire did not receive any training about Primary Talk. While this appears to be a requirement for Enhanced level accreditation, it is not clear whether this is also the case for Supportive level.

### **Information Resources**

Staff found the information in the training pack very useful. However, they rarely accessed the Primary Talk website, and the feedback received from those who did use it was mixed. Even though the *Resources and Strategies* section, the *Appendices*, and *Further Reading, Resources and Websites* sections in the main Primary Talk folder contain a host of valuable information for schools, it was apparent that some Coordinators did not make very much use of it. In their evaluation of Primary Talk, on average, teaching staff reported that the training and information resources had a moderate effect on changing their practice.

During the interviews, issues arose in relation to the process of the training:

- Primary Talk Coordinators did not feel fully confident in their role as trainer and were concerned about their restricted knowledge base when delivering the training and dealing with questions – they felt an SLT would be better equipped to do this.

- Time pressures: finding time to train part-time staff in particular was challenging, including TAs who were not contracted to attend staff meetings, and lunchtime supervisors. The training received by up to two thirds of TAs were 'mini' sessions, only a small proportion of the full content. This may have diluted the potential impact of Primary Talk in schools.
- Non-teaching staff received varying quantity and content of the training which might have affected the impact of Primary Talk during non-directed times of the school day.

### **3) How do schools rate Primary Talk in terms of a) accessibility/ease of use, and b) value of involvement?**

#### **Accessibility/ease of use**

Primary Talk coordinators reported that they had to do a lot of preparation in their own time, before they felt confident enough to deliver the training to their staff. This was reinforced by the three Regional Advisors. Although certain aspects of the programme were easier to implement than others, there was a consensus that the amount of work involved in implementing Primary Talk was too much. Concern was expressed about the large number of standards, that these were not clearly numbered at the outset, and that there was considerable repetition and overlap between them. Completing the audit document was exceedingly time consuming and onerous; difficulties were encountered with completing the form, using the CD provided. Schools were overwhelmed by the sheer effort required to complete the portfolio of evidence. A strong message was that it was too much work for one person.

#### **Value of involvement**

Despite these difficulties, it is clear from the data from the school staff involved in the study (head teachers, coordinators, and teaching staff ) that they felt that Primary Talk is a valuable programme and worth the effort required to implement it. The majority of participants rated the impact as moderate/moderate to high.

#### 4) What are the Factors that Impact on Accreditation?

Many of the themes that emerged from the data were consistent across the methods used, and are summarised as follows:

- Having the head teacher on board is essential. It signifies to staff that the project is given full management support.
- The sheer size of the programme is challenging, e.g. the number of standards and the paperwork involved.
- Time/prioritization.
  - A well-motivated Primary Talk coordinator is not sufficient. There needs to be sufficient non-teaching time allocated to this role, and the number of competing roles reduced (e.g. KS2 coordinator, SENCO, EAL coordinator).
  - time needs to be built into the training calendar for Primary Talk
  - time needs to be set aside regularly in staff meetings to implement and monitor the programme
  - timescale between implementation of Primary Talk and accreditation visit needs to be realistic, and is likely to vary between schools/
  - the impetus of Primary Talk needs to be maintained and competing demands from other initiatives or events (e.g. Ofsted visit) managed in order for the programme not to drift.
- Support visits from an Advisor must be sufficient in number to assist schools throughout the accreditation process. Frequency and nature of these visits, together with the advisors knowledge of the accreditation standards (especially those that differentiate between Supportive and Enhanced levels) are key considerations.
- Schools need a clear understanding of the requirements for each of the standards.
- Method/approach used to implement Primary Talk. Examples of good practice included: chunking the training into sections and focusing on one area at a time e.g. visual support; adult speech; identification of children with SLCN.

## 5) How Valid/Reliable is the Process for Accrediting Schools?

Overall, the procedures used for accrediting schools during the pilot allowed the accreditor(s) to ascertain whether the school had at least met the mandatory standards required for the level of accreditation being sought. However, potential barriers to this were time and personnel allocated for the visit, given the tight schedule. This was especially challenging in schools where accreditors felt the need to ‘dig deep’ in search of the necessary evidence.

A key issue around the accreditation process related to its reliability; for example, ensuring consistency among accreditors, especially with regard to what level of evidence is required to conclude a ‘good enough’ or ‘insufficient’ or ‘gold star’ achievement. Another was the wording of the standards themselves; their meaning and requirements could be clearer for both accreditors and school staff. Two schools in the evaluation study were unsure about what was required for Enhanced level accreditation, to the extent that one school was not accredited and another postponed their accreditation visit when they realised very late into the process that they did not have certain systems in place. The issue of whether all schools should be encouraged to obtain Supportive level accreditation first and then work on the Enhanced level standards if they wish was also raised.

## Recommendations

Since this Pilot Study was commissioned, I CAN have rolled out Primary Talk to a wider geographical area. This has been independent of the findings from this report but still following feedback from schools, Regional Advisers and Accreditors. A number of recommendations have therefore already been addressed, for example:

- Ensure that standards are clearly labelled including those that are mandatory
- Reduce/eliminate repetition among standards
- Ensure that accreditors are fully trained to prepare them for their role

- Ensure that systems are in place to monitor consistency/inter-rater reliability, with involvement from I CAN
- Advisors (mentors) should have specialist knowledge re SLCN
- Advisors (mentors) should receive training to prepare them for their role
- Reconcile the overlap between Early Talk and Primary Talk standards so that reception class (Foundation Stage 2) is accommodated by Primary Talk

In addition, the following recommendations arise from the findings of this study:

### **Training**

- The training would be best delivered by a speech and language therapist or specialist teacher to the whole school, including TAs.
- Deliver the training in sections, to enable staff to focus on and implement/embed and monitor one aspect at a time e.g. modifying adult speech; types of SLCN.
- Give more time and emphasis to identifying children with SLCN and when referral to SLT is indicated; this could be simplified at Supportive level to allow greater differentiation between Supportive and Enhanced.
- Reduce repetition between Supportive and Enhanced level training; consider whether schools seeking Enhanced level accreditation should receive an amalgamated version of both levels rather than two sets of training.
- Enhanced level training should be delivered using the same format as the Supportive level training i.e. in the same time frame and including all the practical activities.
- The training should be followed up with practical support from the Advisor/mentor.
- To embed new knowledge and skills, action plans should be followed up by classroom observations and feedback that focus on communication supportive practices, carried out by the coordinator; planned opportunities for staff to look around each other's classrooms facilitates networking within-school.
- Follow-up workshops for coordinators would facilitate networking between schools and sharing good practice (e.g. once a term).
- A short training package is designed for use with non-teaching staff so that the content is standardised across schools.

## **The Primary Talk Coordinator**

- Dedicated non-teaching time to fulfil the role is essential. Possible competing roles should be examined and reduced.
- The coordinator is supported by a small management team who share some of the responsibilities for implementing and monitoring Primary Talk , and preparing for accreditation.

## **The Advisor/Mentor**

- The Advisor/mentor should be well equipped to advise coordinators appropriately about which level of accreditation to pursue, and to provide the necessary support.
- Their visits to schools should be half-termly.
- Regularly highlight the resources and strategies sections and appendices in the main folder; encourage the coordinator to make these sections easily accessible for teaching staff; and actively promote use of the Primary Talk website.
- Consider how to increase the engagement of KS2 staff in Primary Talk.
- Highlight ways in which schools could effectively assess and monitor children's speaking and listening skills.

## **The Standards**

- Review the wording to ensure that the requirements to fulfil each standard are clear.
- Make explicit the differences between Supportive and Enhanced level requirements.
- Consider what is 'good enough' as opposed to 'gold standard' evidence and look at consistency of agreement across accreditors, including those that have been newly trained.
- Consider whether the programme could be streamlined and made easier to implement by utilising the mandatory standards alone.

## **Accreditation of Schools**

- Review how the workload might be shared between accreditors when examining the portfolio of evidence pre-accreditation visit and during the visit itself.
- Consider whether some of the evidence required for the portfolio could be omitted and instead replaced by observation on the day of the visit.

- Review the time allocated for Enhanced level visits, especially if the schools has a resource unit attached.
- Standardise the procedures surrounding classroom and playground observations by including an observation schedule.
- Review the current pro-formas and procedures used with groups of parents and children and ensure consistency across accreditors.
- Allow a longer and more flexible time frame between implementation of Primary Talk and accreditation.
- Consider whether schools should first seek accreditation at Supportive level, and then move on to Enhanced.
- Consider a fall back position for the awards, e.g. award schools aiming for the Enhanced level with the Supportive level accreditation if they have met these standards but not yet those at Enhanced level
- For schools that apply for accreditation but do not achieve it, consider how to manage the process in a supportive and constructive way.
- Decrease if possible the timescale between accreditation visit and receipt of the written report.
- Make explicit the use of Early Talk vs Primary Talk in primary schools that also have a nursery class.

## References

Bercow, J. (2008). *The Bercow Report: A Review of Services for Children and Young people (0-19) with Speech, Language and Communication Needs*. Nottingham: DCSF.

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Rose, J. (2009). *Independent Review of the Primary Curriculum*. Nottingham:DCSF.

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## Primary Talk Evaluation: Questionnaire for Teachers and Teaching Assistants

**PLEASE COMPLETE ALL SECTIONS. Where appropriate, please circle your response**

### SECTION A: Background Information

Name .....

Male

Female



Name of school -----

**A1.** What is your main role in this school?

Teacher      Teaching assistant      SENCO      Other (please specify) -----  
-----

**A6.** Which year group(s) do you currently teach? FS2      Y1      Y2

Y3      Y4      Y5      Y6

**A7.** How many children are in your class(es)? -----

**A8.** Have you received training about children's spoken language/communication skills **since June 2008?**

Yes      No

If yes, please complete the table below. Continue on a separate sheet if necessary.

Name of course	Date (mm/yy)	Length of course (no of hrs)	Impact*

**\* Impact on day-to-day work: use a 1-5 scale where 1= no impact whatsoever, 5= changed my practice substantially**

**A9.** I have firm knowledge of typical language development with reference to the age range I teach

Strongly agree Strongly disagree  
 5 4 3 2 1

**A10.** I am *confidently* able to identify children with speech, language and communication needs

Strongly agree Strongly disagree  
 5 4 3 2 1

**A11.** I use a range of effective strategies to support children’s speech, language and communication skills in the classroom

Strongly agree Strongly disagree  
 5 4 3 2 1

**A12.** I have access to effective resources to enhance the speech, language/ communication skills of the children I teach

Strongly agree Strongly disagree  
 5 4 3 2 1

**A13.** Do you feel you need to improve your **knowledge** of children’s spoken language/communication skills?

Yes No Not sure

If yes, please list the things that you would like to learn:

-----  
 -----  
 -----

-----  
-----  
**A14.** Do you feel you need to improve your **skills** for supporting children's spoken language/communication skills in the classroom?

Yes                      No                      Not sure

If yes, please list the skills that you would like to develop:

-----  
-----  
-----  
-----  
-----  
-----

**A15.** I would recommend the following resources to help develop the speech language and communication skills of the children I teach:

-----  
-----  
-----  
-----  
-----

**A16.** Do you teach any children with speech, language or communication needs (SLCN) that have already been identified by a professional?      Yes              No

If yes, how many? -----

**A17.** Do you teach any children that you feel have SLCN that have not yet been identified?

Yes              No

If yes, how many? -----

## SECTION B: Classroom Practice

**B1.** Does your current planning differentiate children according to their spoken language/communication needs?

Yes                      No                      Not sure                      Not applicable

If yes, please list examples-----  
-----  
-----  
-----  
-----

**B2.** Does your current planning include practices that support children's spoken language/communication development?

Yes                      No                      Not sure                      Not applicable

If yes, please list examples -----  
-----  
-----  
-----  
-----

**B3.** Is information about children's speech, language and communication abilities circulated to all classroom staff?

Yes                      No                      Not sure

**B4.** Were the speech, language and communication profiles of the pupils you teach passed on to you at the start of this school year?

Yes                      No                      Not sure

**B5.** Do you teach your pupils about good verbal and nonverbal communication skills?

Yes                      No                      Not sure

**B6.** Do you use a seating plan in your class?      Yes                      No                      Not sure

If yes, please specify the purpose it serves -----  
 -----  
 -----  
 -----

**B7.** Do you use any visual support strategies?      Yes                      No

If yes, please complete the table below

Type of visual support used	Yes	No	Purpose
Signs			
Symbols			
Photographs/pictures			
Visual timetable			
Written words			
Other (please specify)			

**B8.** List any strategies that you use to assist children’s understanding when you are explaining a task or giving information:

-----  
-----  
-----  
-----  
-----  
-----  
-----

**B9.** When you introduce new vocabulary do you spend time explicitly teaching these words before they are embedded into a lesson?

Always					Never
5	4	3	2	1	

**B10.** Do you teach children with speech, language and communication needs?

Yes                  No

If yes, how often do these pupils engage in small group teaching (2-6 children) that focuses specifically on language learning?

Daily                  2-4 times weekly                  once a week                  fortnightly                  never

**B11.** Can children with speech, language and communication needs access a structured environment during playtimes/lunchtimes?

Yes                  No                  Not sure

**B12.** Is your classroom environment monitored regularly by a member of staff through observation or discussion?                  Yes                  No                  Not sure

**B13.** Is your classroom practice monitored regularly by a member of staff through observation or discussion?    Yes                      No                      Not sure

**B14.** What sort of sign(s) would make you feel that a pupil has:

A speech problem -----  
-----

-----  
-----

-----  
-----

A language problem -----  
-----

-----  
-----

-----  
-----

A communication problem -----

-----  
-----

-----

**B15.** Are you aware of the current procedure in your school for referring a child to an outside agency/specialist?

Yes                      No                      Not sure

If yes, please specify the procedure -----

-----  
-----

-----  
-----

-----**B16.** Do you have structured opportunities to discuss ways of supporting children's spoken language/communication skills with other members of staff/professionals:

a) **in-school:**    Yes                      No

If yes, who do you find most useful to talk to? -----

How often does this networking occur?    weekly            monthly            termly            once a year

Do you feel this is sufficient?    Yes                      No

b) **with other schools:**    Yes                      No

If yes, who do you find most useful to talk to? -----

How often does this networking occur?    weekly            monthly            termly            once a year

Do you feel this is sufficient?    Yes                      No

### **SECTION C: Monitoring progress**

**C1.** What methods do you currently use to assess children's speaking and listening skills?

-----  
-----  
-----  
-----

**C2.** What methods do you currently use to monitor children's progress in relation to speaking and listening?



-----

-----

-----

-----

**C4.** I feel confident assessing children's speaking and listening skills

Strongly agree Strongly disagree

5 4 3 2 1

**C5.** I can confidently monitor the progress children make with speaking and listening

Strongly agree Strongly disagree

5 4 3 2 1

**SECTION D: Pupil and parent/carers involvement**

**D1.** Do you know the term, 'communication supportive practice'? Yes No

If yes, what does it mean to you? -----

-----

-----

**D2.** The pupils I teach have been informed and consulted about communication supportive practices

Yes No Not sure

**D3.** Parents/carers have been informed of the school's communication supportive practice and implementation

Yes                      No                      Not sure

### **SECTION E: Speech and language development**

**E1.** All children with SLCN have what is known as a *speech/language delay*

True              False              not sure

**E2.** All children with expressive language problems also have comprehension difficulties

True              False              not sure

**E3.** A child with comprehension difficulties has problems discriminating between sounds in words

True              False              not sure

**E4.** English as an additional language is a risk factor for developing speech, language and communication difficulties?

Yes                      No                      not sure

**5.** Typically, a child's speech sound system is not fully developed at the age of 5. Which of the following sounds could you expect a child to **NOT** yet have mastered?

ch    b    str    l    k    s    r    th    f

**E6.** At school entry, children typically demonstrate the following (Tick all that apply):

- Understand 4-5 key words in a sentence
- Integrate attention and sustain under voluntary control for long periods of time
- Use all plurals and past tense forms correctly
- Talk unsupported about an event/activity
- Understand idioms
- Ask for clarification if they don't understand

**E7.** In your opinion, what contributes to children's literacy development?

-----  
-----  
-----  
-----

**SECTION F: Case studies**

**F1.** You are the new class teacher for a boy age 6 ½yrs with speech problems. You find him difficult to understand out of context. His phonic skills are very poor but he chats a lot and is very sociable despite his intelligibility problems.

Would you be concerned about this pupil?    Yes                      No                      Not sure

If yes, a) what might the problem be? -----  
-----  
-----

b) what would you do?-----  
-----  
-----  
-----

**F2.** A pupil has just arrived in your Y2 class who has been in the UK for four months. Her parents do not speak English. She speaks her native language fluently and is steadily increasing her English vocabulary. She is very quiet in class and does not socialize much with her peers. Her English literacy skills are poor.

Would you be concerned about this pupil?    Yes                      No                      Not sure

If yes, a) what might the problem be? -----  
-----  
-----

b) what would you do?-----  
-----  
-----  
-----

**F3.** You have noticed that one of your Y5 pupils avoids answering questions or offering information in a large group. His speech is clear but when you talk to him on a 1-1, he frequently uses words like 'thingy, 'and 'it' with a lot of words and gestures. You have to ask a lot of questions to get to the bottom of what he is trying to tell you. His reading skills are good but his written work is disorganized.

Would you be concerned about this pupil?    Yes                      No                      Not sure

If yes, a) what might the problem be? -----  
-----  
-----

b) what would you do? -----  
-----  
-----  
-----

**F4.** This Y1 pupil is quiet but not always attentive in class. She generally follows instructions in a group situation but often responds inappropriately to questions on a 1-1, or remains silent. Her sentences are very short and simple.

Would you be concerned about this pupil?    Yes                      No                      Not sure

If yes, a) what might the problem be? -----  
-----  
-----

b) what would you do?-----  
-----  
-----  
-----

**SECTION G: Your views about the Primary Talk programme**

**Primary Talk training**

**G1.** To what extent has the Primary Talk training changed your practice?

Changed my practice substantially				No impact whatsoever
5	4	3	2	1

**G2.** If you feel the Primary Talk training has changed your practice, please list the changes you have made:

-----  
-----  
-----

-----

**G3.** What was least useful about the Primary Talk training?

-----  
-----  
-----  
-----

**Primary Talk information pack**

**G4.** To what extent did the information resources contained within the pack change your practice?

Changed my practice substantially

No impact whatsoever

5                      4                      3                      2                      1

**G5.** If you feel the Primary Talk information pack has changed your practice, please list the changes you have made:

-----  
-----  
-----  
-----

**G6.** What was least useful about the Primary Talk information resources?

-----

-----

-----

-----

**Primary Talk website**

**G7.** How often did you access the PT website?

Not at all                      just once                      occasionally                      frequently

If you accessed the website, how useful was it?

Extremely useful			Not at all useful		
5	4	3	2	1	
	2	1			

**General points**

**G8.** Following your Primary Talk training, did you have any time set aside to discuss the implementation of PT with your PT coordinator?

Not at all                      just once                      occasionally                      frequently

**G9.** How useful was this in helping you to implement the Primary Talk programme?

Extremely useful			Not at all useful		
5	4	3	2	1	

**G10.** Were there any procedures in place to help you transfer/embed any newly acquired knowledge and skills into your practice?      Yes                      No

If yes, please specify the procedures

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---

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---

**G11.** What might assist you in making further changes to your practice?

---

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---

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**G12.** In my opinion, Primary Talk is a valuable programme

Strongly agree

Strongly disagree

5

4

3

2

1

**G13.** In your opinion, how could the Primary Talk programme be improved?

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---



**Thank you very much for taking time to complete this questionnaire. Your participation in this evaluation study will provide valuable information about the Primary Talk programme.**

If you wish, please use this space to expand any of your answers or add further comments about the topics covered in this questionnaire.

**Please return to: Jenny Leyden, 31 Claremont Crescent, Sheffield, S10 2TA**

**Thank you.**

## Primary Talk Evaluation: Questionnaire for Non-Teaching Staff

Where appropriate, please circle the response that applies to you

Name -----

Male                      Female

Name of school -----

**A1.** Your job title -----

**A2.** Briefly, what are your main day-to-day duties? -----  
-----  
-----

**A3.** How long have you been working in this role? -----

**A4.** How long have you been working **at this school**? -----

**A5.** How old are you? -----

**A6.** Have you received training about children’s speech, language/communication skills in the last 3 years?

Yes                      No

If yes, please complete the table below.

Name of training (state if study day/course; online etc)	Date (mm/yy)	Length of training	Impact*

**\* Impact on day-to-day work: use a 1-5 scale where 1= no impact whatsoever;  
3= partial impact;  
5= changed my daily work substantially**

**A7.** Are you aware of the term, ‘communication supportive practice’?    Yes                      No

If yes, what does it mean to you? -----  
-----  
-----

**A8.** Do you encounter children with speech, language/communication needs in your day-to-day work?    Yes  
No                      Not sure

(If you answered ‘yes’ please complete the remaining questions (A9-A12). If you answered ‘no,’ please proceed to the end of this questionnaire (page3).

**A9.** Do you use any particular strategies to support these needs when you are interacting with these children?  
Yes                      No

If yes, what strategies do you use? -----  
-----  
-----  
-----

**A10.** Read the following statement and then circle the number which best reflects your agreement with it:

I use effective strategies to support children with speech, language or communication needs

Strongly agree

Strongly disagree

5                      4                      3                      2                      1

**A11.** Are you involved in organised activities during playtimes and/or lunchtimes that support children with speech, language or communication needs?

Yes

No

If yes, please briefly describe each activity:

-----  
-----  
-----  
-----  
-----

**A12.** Have you been given information about strategies to support the speech, language or communication needs of individual pupils?      Yes                      No

If yes, a) who provided you with this information?

(please specify this person's role e.g. parent, headteacher)

-----

b) what type of information were you given? -----

-----

-----

c) was this information useful?    Yes                      No

## **SECTION B Your views about the Primary Talk programme**

**B1.** Have you been involved in your school's Primary Talk programme?

Yes                      No                      Not sure

(If no, then you have now completed the questionnaire. Thank you)

If yes, please describe your involvement:

-----

-----

-----

-----

**B2.** Did it change your day-to-day practice in any way?

Yes

No

Not sure

**B3.** Overall, I found the Primary Talk programme extremely valuable

Strongly agree

Strongly disagree

5

4

3

2

1

**Thank you for taking time to complete this questionnaire.**

If you wish, please use this sheet to expand any of your answers or add further comments about the topics covered in this questionnaire.

Please return to: Jenny Leyden, 31 Claremont Crescent, Sheffield, S10 2TA as soon as possible. Thank you.

## Primary Talk Evaluation

### CLASSROOM OBSERVATION SCHEDULE:

School:

Class:

Date:

#### 1. **The physical environment** (position of the child; furnishings; visual support)

- Children needing most visual support faces the teacher/TA
  - Name labels, with photos are used for equipment
  - Name labels, with photos are used for jobs /roles/expected behaviour
  - Equipment is kept in set places to help with recall of words
  - Posters with pictures of vocabulary relevant to current topic are displayed
  - Posters with symbols of vocabulary relevant to current topic are displayed
  - There are displays praising good talking as well as displays for good work
  - Soft furnishings, curtains, blinds and carpets. If no carpet, rubber stops are on the chairs to help absorb sound
  - Background noise is kept to the minimum eg computer fans, heating systems
- 
- Visual displays used for noise levels and are referred to frequently
  - Visual displays used for class timetables etc and are referred to frequently
  - OTHER:

Not at all

Always

1

2

3

4

5

-----

## 2. Adult speech (Explaining the task or giving information)

- Gains attention of child before giving instruction
- Speaks slowly
- Uses short, simple sentences
- Uses repetition
- Emphasizes key words eg put on board, revisit at end of lesson/include in homework
- Complex instructions are broken down and chunked
- Simplifies sequences
- Allows processing time for children to think and respond
- Balances commentary vs questions
- Demonstrates a new activity
- Complex tasks broken down into achievable steps
- Uses strategies to check comprehension
- Uses visual tools/strategies
- Uses effective nonverbal communication
- Avoids non-literal language
- Encourages an asking friendly environment
- Encourages children to say when they don't understand

OTHER:

**Not at all**

**Always**

**1**

**2**

**3**

**4**

**5**

---

## 3. Miscellaneous



- Say and gesture stop and listen
- Reward and praise good listening /sitting etc
- Vocabulary: focuses on meaning/semantics
- Vocabulary: focuses on phonological structure of the word
- Uses expansion and modelling techniques
- All pupils answers and attempts at answers are encourage and praised
- Regular opportunities for supported peer to peer talk/ interaction
- Use of reward systems and praise

OTHER:

**Not at all**

**Always**

**1**

**2**

**3**

**4**

**5**

-----

## **Primary Talk Evaluation: Interview schedule for the Primary Talk Coordinators**

### **Background info**

- How long have you been teaching?
- How long have you been at this school?
- What is your current role?
- What are your qualifications?
- How old are you?
- Do you have any previous (specific) experience re children's speech, language and communication needs?

### **General**

- How was your school selected to take part in the PT programme?
- Why were you chosen to lead the PT programme?

### **Your role as PTC**

- What did your role as PTC involve?
- What worked well in your role?
- What did not work so well?
- In hindsight, is there anything that you would have done differently? Is there anything you would like to be able to change?

### **ICAN Training/management of training in your school**

- Which training sessions did you attend?
- What are your views of the ICAN training session(s) you attended?
- (If did L1 & L2) What are your thoughts about the differences between the two levels?
- What worked well about the training session(s)?
- Is there anything that you would change?
- How was the training delivered in your school? Timings of meetings?
- Which groups of staff members attended the training?
- How easy did you find it to deliver the training?
- How confident were you in taking on the role as trainer?
- How successful was the in-school training?
- Did you collate feedback forms? If yes, can you remember if any key themes emerged?
- Did you modify the training in any way?
- How well did the ICAN training meet the needs of your staff (especially in relation to other previous training)
- What, if anything, did staff do to follow-up/embed the training?
- Which aspects of training were particularly useful?
- Which aspects of training could have been improved?
- Overall, how satisfied are you with the training aspect of the PT programme? (where 1=not at all satisfied, 5 = very satisfied)

### **Resources and paperwork**

- How much did you use the PT folder?
- How did you use it?

- Which aspects of the folder were most useful (especially in relation to other materials)?
  - What would you change?
  - To what extent did individual teachers/TAs use the folder, especially the resources section?
  - What, if anything did you do to highlight the strategies/resources sections during implementation of the programme?
  - Where was the folder kept? How accessible was it?
  - Have you used the PT website or any of the recommended websites? If so, how? Other members of staff?
  - How manageable was the paperwork associated with the package?  
(Very manageable/just about manageable/a little onerous/too onerous)
- Overall, how satisfied are you with the PT resources and paperwork? (where 1=not at all satisfied, 5 = very satisfied)

### **The PT programme**

- What are your thoughts about the content of PT programme?
- What do you perceive to be its strengths?
- What are your thoughts about how the programme was delivered?
- How useful was PT in addressing the needs of your school?
- Do you feel there are any weaknesses re the programme/its delivery?
- If yes, what do you consider these to be?
- What (if any) impact has PT had on your school?
- Do you feel PT is worth the effort that your school has put in ie is it value for money?
- Overall, how satisfied are you with the content of the PT programme? (if 1=not at all satisfied, 5 = very satisfied)

### **Regional advisor support visits**

- Were there enough of them to support you/your school?
- What would you envisage to be the ideal number?
- What worked well about them?
- What didn't work so well?
- Overall, how satisfied are you with the regional advisor support visits? (if 1=not at all satisfied, 5 = very satisfied)

### **Accreditation process**

- What are your views about the accreditation process?
- In relation to your school, what are the key factors that facilitate successful accreditation?
- What are the key obstacles?
- Do you feel you were given enough time and support for your school to implement the programme and become accredited?

### **The accreditation visit (if applicable)**

- What are your thoughts about the procedures that surrounded i) pre-visit ii) the visit itself iii) post-visit eg the report
- Post accreditation: do you have any views on how well your school will maintain the PT standards once they have been accredited?
- What factors might influence this?
- What could be done to help your school maintain these standards?
- Overall, how satisfied are you with the procedures surrounding the accreditation visit? (if 1=not at all satisfied, 5 = very satisfied)

### **Do you have any further comments about the PT programme and accreditation process?**

.

### **PRIMARY TALK EVALUATION: Interview schedule for head teachers**

#### **General information:**

- How long have you been a headteacher?
- How long have you been a HT at this school?
- How was your school selected to take part in the PT programme?
- Why did you decide to implement PT in your school?

#### **The PT programme:**

- How is the programme progressing in your school?
- Has the programme unfolded as you would have expected?
- What do you feel are the strengths of PT?
- What do you feel are its weaknesses?  
What, if any impact do you feel PT has had in your school?
- Overall, how would you rate the impact of the PT programme in your school? (if 1= minimum impact, 5 = maximum impact)
- Do you feel that PT is worth the effort that your school has put in to implement the programme ie is it value for money?
- Have you encountered any particular challenges during the implementation of PT?

- Is accreditation a realistic aim for your school?

**The accreditation process (if applicable):**

- What are your views about the accreditation process/visit?
- How well do you feel your school will maintain the PT standards post accreditation?
- What might assist?
- What might be the barriers?

Do you have any further comments to make about the PT programme?

**Primary Talk Evaluation: Interview schedule for Primary Talk Regional advisors**

**Background information**

- What is your professional background?
- How long have you been working in this profession?
- What was your previous post?
- What are your qualifications?
- What type of work are you involved in now?
- How old are you?

**Your role as PT Regional Advisor:**

- What did your role involve?
- What worked well in your role?
- What did not work so well?
- Was the role as you expected it would be?
- If not, how did it differ from your expectations?
- In hindsight, is there anything that you would have done differently? Is there anything you would like to be able to change?

**Training:**

- Do you feel you received sufficient information/training/support to fulfill your PT role? Would you have liked any further information/training?

**The PT programme:**

- What are your thoughts about the content of the PT programme?
- What are your thoughts about how the programme was delivered?
- What do you perceive to be its strengths?

- Do you feel there are any weaknesses re the programme/its delivery?
- If yes, what do you consider these to be?
- In your opinion, do you feel that PT makes a difference in schools/has impact?
- If so, in what ways?
- Do you feel PT is worth the effort that schools have to put in ie is it value for money?

### **Additional questions if not already raised by the interviewee**

#### **Recruiting schools :**

- Was the system an effective one? In hindsight, would you have changed it in any way? Are there any other pertinent issues?

#### **Your support visits:**

- What worked well about them?
- What didn't work so well?
- Were there enough of them to support schools?
- What would you envisage to be the ideal number?
- Did you feel you had sufficient information/training to support the schools in their requests?

#### **The PT programme**

- The folder: (ease of use, layout, familiarity with content etc). What do you think worked well about the folder?
- What would you change?
- What do you know how much teachers used the folder? Which parts did they use?
- What, if anything did you do to highlight the strategies/resources sections during implementation of the programme?
- How much time, if any, did you spend on this specifically?

#### **PT training for staff**

- The training days for PT coordinators: do you have any views about the content of the training?
- Mode of delivery?
- How it was cascaded in schools?
- In your opinion, was the method (and content) of training effective?

#### **Accreditation**

- What are your views about the accreditation process? Were schools given enough time? Enough support?
- In your opinion, what are the key factors that facilitate successful accreditation?
- What are the key obstacles?
- Post accreditation: do you have any views on how well schools will maintain the PT standards once they have been accredited?
- What kind of factors might influence this?
- What could be done to help schools maintain these standards? What could be put into place?
- Realistically, a) how much time and b) how much support do you feel the average school needs to implement the programme and become accredited?
- Do you have any further comments?

## **PRIMARY TALK EVALUATION: Interview schedule for the Primary Talk Manager**

### **Role as PT manager**

- What does your role as PT manager involve?
- What worked well in your role?
- What didn't work so well?
- With hindsight, what would you have changed/done differently?

### **The PT pilot**

- Do you know why the 3 Local Authorities (LAs) were selected for the pilot?
- What was the procedure for selecting schools in each LA?
- What has worked well about the pilot across the 3 Local Authorities?
- What didn't work so well/what were the key challenges?
- Is there anything you would have changed/done differently?

### **The PT programme**

- What do you feel are the main strengths of the programme?
- What are its weaknesses?
- Is it explicit to its users that PT is aimed at Y1-Y6 only, and not Foundation Stage?
- Is the divide between what is covered by Early Talk and Primary Talk realistic in a primary school context? What are your views about this divide?
- Do you have any thoughts on how the two may be amalgamated?
- What are your thoughts about how the programme was delivered during the pilot?
- Which aspects of the programme have already been changed (prior to it being rolled out nationally) and why?
- Are any further changes envisaged?

- Who was involved in the decision making about these changes?
- Who made the final decision?
- How well do you think that schools will maintain the standards following accreditation?
- What do you feel are main the barriers?
- What do you feel will help schools to maintain the standards?

**Roll out of the PT programme:**

- What are the plans for rolling out PT nationally? How do they differ from the pilot?
- What is the level of interest in PT?
- Do you see any potential pitfalls in the roll out plans as they currently stand?
- What threats/challenges to the success of PT do you envisage?
- How much scope there will be for modifying the structure and content of PT, once it is rolled out nationally?
- What are the mechanisms for feedback from schools to ICAN concerning the programme content and delivery, once the PT is rolled out nationally?
- What are the mechanisms for the ongoing quality control of the PT, once it is rolled out nationally?