



Department
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Early Language Support for Every Child (ELSEC) programme: Interim evaluation report

Research report

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List of abbreviations

Abbreviation	Meaning
AP	Alternative Provision
ASQ	Ages and Stages Questionnaire
BDCFT	Bradford District Care NHS Foundation Trust
CPP	Change Programme Partnership
DBV	Delivering Better Value
DfE	Department for Education
DPIA	Data Protection Impact Assessment
EHC plan	Education, Health and Care plan
ELSEC	Early Language Support for Every Child
EYFS	Early Years Foundation Stage
HLTA	Higher-level Teaching Assistant
ICB	Integrated Care Board
KS1	Key Stage 1
LA	Local authority
LLR	Leicester, Leicestershire and Rutland
NELI	Nuffield Early Language Intervention
NHSE	NHS England
PCF	Parent Carer Forum
PINS	Partnerships for Inclusion of Neurodiversity in Schools
PVI	Private, Voluntary and Independent (sector or setting, of early years provision)
Q-Bex	Quantifying Bilingual Experience Tool
QTS	Qualified Teacher Status
RCSLT	Royal College of Speech and Language Therapists
REACH	Reaching Excellence and Ambition for all Children
SaLT	Speech and Language Therapist
SEMH	Social, Emotional and Mental Health
SEN	Special Educational Needs
SENCO	Special Educational Needs Coordinator
SEND	Special Educational Needs and Disabilities
SLA	Speech and Language Assistant

Abbreviation	Meaning
SLCF	Speech and Language Communication Framework
SLCN	Speech, Language, and Communication Needs
SLTA	Speech and Language Therapy Assistant
SP	Support Practitioner
STW	Shropshire, Telford and Wrekin
TSW	Therapy Support Worker
Year R	Reception

Executive summary

Introduction to the evaluation

This interim evaluation report examines the Early Language Support for Every Child (ELSEC) programme, a joint initiative launched in September 2023 by the Department for Education (DfE) and NHS England (NHSE). The programme was designed to address children's speech, language, and communication needs (SLCN) through early intervention and innovative workforce models. ELSEC is delivered in non-healthcare settings such as nurseries, schools, and Family Hubs, and aims to foster collaboration between health and education professionals who support children daily.

The evaluation, commissioned by DfE and conducted by ICF in partnership with RSM¹, follows a 'test and learn' approach. Its purpose is to identify promising practices, provide evidence for policy development, and assess early outcomes for children, families, educational settings, local organisations, and the workforce. This interim report presents an overview of key outcomes from the first year of full delivery up until July 2025 and shares learning from the nine Pathfinder sites where ELSEC is being implemented.

Overview of the ELSEC programme

ELSEC forms part of the wider Special Educational Needs and Disabilities (SEND) and Alternative Provision (AP) Change Programme, led by DfE. It was originally conceived as a two-year Pathfinder programme, recently extended for a further year, to fund innovative workforce models for the early identification and support of children and young people with SLCN. The programme focuses on children in early years and primary education settings. ELSEC's core aims include improving early identification and support, reducing demand for specialist services, increasing workforce capacity, enhancing the quality of data on children and young people's needs across different services, and improving coordination between the health and education sectors.

Nine Pathfinder sites were selected, each from a different English region and each with flexibility to tailor their delivery model to local needs. The programme supports the testing of new workforce models, including the deployment of support workers, and encourages collaboration between education services, health providers, and other stakeholders.

¹ Work for this report was completed by RSM, who moved over to Economic Research Services Limited under the new brand name Fortia Insight in November 2025.

Key achievements, outcomes and challenges

Achievements

As of July 2025, the ELSEC programme has reached a substantial number of children and settings²:

- 17,333 children have received support through universal interventions
- 4,616 children have been supported through targeted interventions
- 3,830 staff in settings have been trained by ELSEC teams
- 590 educational settings have been engaged, including early years settings (nursery, Reception year) and primary schools

Outcomes

Early outcomes data received from the Pathfinder sites shows that children have made measurable progress in their speech, language, and communication development. Universal screening helped to identify large numbers of children with previously unidentified needs, and targeted interventions in mainstream settings led to improvements in communication, confidence, and readiness to learn. This was supported by comprehensive offers by ELSEC teams to work with setting staff to improve universal approaches and introduce new strategies into day-to-day routines in settings. In several sites, the proportion of children requiring specialist support decreased after ELSEC interventions. Parents and carers reported feeling more confident in supporting their children, and setting staff observed improvements in children's engagement and social skills. While positive progress was reported across the ELSEC Pathfinder sites, findings on children's progress should be interpreted in light of the varied local approaches adopted by individual sites, as well as differences in local context and implementation of screening and identification methods.

Staff in participating settings reported increased confidence and competence in supporting children with SLCN. Many settings are now able to deliver universal and targeted interventions independently, and support workers have developed new skills and reported high job satisfaction. The programme has also fostered stronger partnerships between health, education, and local authorities, with multi-agency steering groups and joint delivery models improving coordination and resource use.

² Data is taken from monthly reports submitted by the Pathfinder teams and is a best estimate of the numbers of children, staff and settings benefiting from the ELSEC programme.

Challenges

Although many settings are now able to deliver universal and targeted interventions independently, and support workers have developed new skills and reported high job satisfaction, challenges in relation to sustainability remain. For many settings, continuing to implement screening or assessments for SLCN, and deliver and adapt interventions without the support of ELSEC teams is expected to be challenging in the face of competing demands and heavy workloads. Many Pathfinders will continue to provide follow-up support to ensure that settings have the specialist advice that they need.

Key learning

The evaluation highlights the importance of early intervention and universal screening. The scale of previously unidentified need is greater than anticipated, and targeted interventions may need to be further expanded to meet demand. Building a resilient support worker workforce requires sustained investment in recruitment, training, supervision, and peer learning. Reflective practice, clinical leadership, and gradual transition to autonomous roles are essential for effective workforce development.

Successful implementation depends on building trust and relationships with settings, the engagement of senior leadership in settings, tailoring interventions to local needs, and involving parents and carers as equal partners in delivery. Flexible delivery models, ongoing coaching, and co-production of toolkits and resources with settings enhance sustainability. Sustainability also depends on long-term planning, including multi-year funding, alignment with academic calendars, and embedding new skills in settings with the engagement of school leaders. Transitioning from intensive external support to less frequent follow-up and peer-led models is a priority for the next phase.

The key success factors emerging from the learning to date include:

Integration of universal and targeted approaches to early intervention, supported by a flexible offer in screening and assessment, alongside a menu of interventions and strategies co-produced with parents and settings, tailored to suit different contexts, needs, and starting points.

Approaches that can be implemented and sustained by setting staff, including universal strategies, initial assessment, progress tracking, and targeted interventions.

Involving parents and carers as a key part of the model, both to impart skills and provide reassurance. Information from parents and carers also offers contextual information to help understand children's needs and tailor interventions.

Ensuring parent and carer input at every stage of implementation, for example through Parent Carer Forums taking on a strategic role in the design and delivery of interventions as equal partners alongside the local authority and NHS bodies.

Prioritising trust and relationship building with settings, including their senior leadership and supportive partner agencies at the strategic level.

Recognising that training and developing support workers takes time – and that key ingredients of effective learning include reflective practice, strong clinical and educational oversight, peer support, and a gradual transition from shadowing to more independent practice as a support worker.

Next steps

While the ELSEC programme has made significant progress, several areas require further attention. Recruitment and retention of support workers remain challenging, and short-term funding cycles can hinder long-term planning. Data sharing barriers and variability in setting engagement continue to present obstacles. The diversity of local models, while a strength, complicates direct comparison of outcomes and sustainability planning.

Further enquiry is needed into the most effective ways of engaging parents and carers, particularly in diverse communities and settings. As the programme moves into its final year, there is an opportunity to refine the Theory of Change, strengthen evaluation frameworks, and share learning more widely across the sector.

The ELSEC programme has demonstrated the value of a flexible, collaborative, and evidence-informed approach to early intervention for children's SLCN. The progress to date provides a strong foundation for further development, scaling, and integration of effective practices across the system. Continued investment in workforce development, data systems, and partnership working will be essential to sustain and build on these achievements.

Introduction

The Department for Education (DfE) commissioned ICF, in partnership with RSM, to undertake a process and early impact evaluation of the Early Language Support for Every Child (ELSEC) programme from November 2023 onwards. This is the interim report for that evaluation.

Purpose of the evaluation and this report

This interim evaluation report provides an overview of the ELSEC programme, its intended aims, and the outcomes observed in the first full year of delivery. It also highlights key learning to date across core aspects of the programme. The appendices present a glossary, the programme Theory of Change, and summaries of outcomes for children taken from the Pathfinders' local reporting.

This report incorporates learning from earlier stages of the evaluation and will be followed by a final report upon completion of the ELSEC programme.

Report structure

The report is structured into five further sections and three appendices:

- Chapter 2: The methodology for the evaluation
- Chapter 3: Describes the context and the delivery of the ELSEC programme giving examples from each of the Pathfinder sites
- Chapter 4: Focuses on the key outcomes and findings from research undertaken by the evaluation team and the local reporting from ELSEC Pathfinder sites
- Chapter 5: Looks at the important thematic learning, alongside the challenges currently being addressed
- Chapter 6: Conclusions, which focuses on the key ingredients of implementing ELSEC successfully, from the learning to date
- Appendix 1: Glossary of terms used in this report
- Appendix 2: The programme Theory of Change, developed in June 2024 prior to the first full year of delivery
- Appendix 3: Summary of outcomes evidence for children, pre-and post-intervention, from the Pathfinders' local reporting

Overview of the ELSEC programme

The ELSEC programme was launched in September 2023. It is part of the wider Special Educational Needs and Disabilities (SEND) and Alternative Provision (AP) Change Programme, led by DfE. It arose from the 2023 [SEND and AP Improvement Plan](#) as part of its overall objective of boosting universal support in settings and creating a skilled workforce and excellent leadership. The SEND and AP Change Programme is being implemented by 32 local areas across nine Change Programme Partnerships (CPPs).

ELSEC was originally conceived as a two-year pathfinder programme to fund innovative workforce models for the early identification and support for children and young people with speech, language and communication needs (SLCN). It has since been extended for a further year, covering the 2025/26 academic year. The programme specifically focuses on children in early years or primary education settings.

ELSEC is a cross-department programme that is jointly managed by a DfE and NHSE programme team. DfE and NHSE both provided funding; the original budget was approximately £9 million. The programme supports the testing of new workforce models in local Pathfinder sites at Local Authority (LA) level, which provide early intervention and generate learning for the wider implementation of innovative approaches to supporting children and young people with SLCN. Each Pathfinder site received up to £500,000 per year to deliver the programme.

To date, the ELSEC programme has funded nine Pathfinder sites, one in each CPP area across the DfE regions in England. The sites are generally located within a single local authority footprint, although two Pathfinders are delivered across multiple LAs. Within each site, partner agencies collaborate to deliver the Pathfinder. These sites vary in terms of population needs and organisational histories, and each has had considerable flexibility to tailor their delivery model to local contexts. This included building on previous improvement work and existing partnerships among education services, health providers, and stakeholders such as Integrated Care Boards (ICBs).

Pathfinder sites have adopted different workforce models, focused on varying types, numbers, or locations of settings, and selected different tools for screening children and delivering interventions, each with differing levels of specialist input. This diversity of approaches was felt to offer more opportunities for identifying effective practice. A distinctive partnership approach is a cornerstone of ELSEC, as reflected in the joint funding arrangement between DfE and NHSE. The programme is also underpinned by the recognition that improving outcomes for children, young people and their families require collaboration across governance, planning and delivery, and between NHS, LA, education and other partners.

Context for the ELSEC programme

According to DfE, over 1.7 million pupils in England in 2025 have special educational needs (SEN). This has increased by 5.6% since 2024. Both the number of pupils with an Education, Health and Care (EHC) plan and the number of pupils with SEN support have been rising since 2016. The most common type of need among pupils with SEN support is SLCN (25.7%)³.

NHS data on waiting lists for children and young people produced in June 2025, shows there were 70,698 individuals waiting for speech and language therapy services⁴. NHS reports also show that waiting lists and waiting times have been increasing year-on-year since the COVID-19 pandemic⁵. Furthermore, Speech and Language UK also state that 1.9 million children and young people have a speech and language challenge (for example, difficulties with understanding, social communication, and/or producing speech)⁶. This has long term consequences on a wide range of outcomes, from attainment in school to mental health.

It was against this background that ELSEC was developed, as a programme that could help to demonstrate how different approaches to early identification and intervention in early years and primary settings might stem the increase in need for SLCN support and prevent needs from escalating in the future.

Aims of the ELSEC programme

The ELSEC programme aims to address children's SLCN and strengthen inclusion, with a focus on improving support in settings and early intervention that is tailored to local contexts, to improve children's overall educational and social development. The programme also aims to 'test and learn' from innovative workforce models, with the emphasis on growing teams of support workers. Note that throughout this report, we use the term 'support workers' to describe this workforce. In many Pathfinders they are employed by the NHS or partner organisations and are described as Speech and Language Therapy Assistants (SLTAs), Speech and Language Assistants (SLAs), Therapy Support Workers (TSWs), or Support Practitioners (SPs), depending on the Pathfinder. However, some models also use teaching assistants or higher-level teaching assistants (HLTAs), who are line managed by education services in the local authority with clinical oversight, as support workers in the ELSEC workforce.

These ELSEC teams work directly in settings, supported by Speech and Language Therapists (SaLTs) and in some cases, specialist teachers, or advanced education

³ DfE [statistics on Special Educational Needs in England](#) 2024/25.

⁴ Community Health Services SitRep: June 2025 analysis, NHS England (2025)

⁵ Children's Community Therapies Report 2024, NHS Benchmarking Network (2024)

⁶ [Hidden speech and language challenges in the classroom](#), Speech and Language UK (2024)

practitioners with qualified teacher status. This model is intended to improve capacity to deliver universal and targeted provision to children and young people in early years and school settings, by upskilling staff such as teaching assistants. It also aims to increase knowledge and skills among the whole workforce that support children with emerging, or mild to moderate SLCN. ELSEC is delivered within non-healthcare settings such as nurseries, schools, and Family Hubs, enabling stronger joint working with adults that support children, better provision of early intervention, and resulting in learning about how mainstream settings can be more inclusive.

Increasing the capacity of schools to support children with SLCN is also intended to improve the capacity of specialist services to support children with more specialist needs, which may have an impact on waiting lists. There is also an expectation that more effective partnership working between settings and healthcare professionals can create a more efficient use of resources. This is intended to improve the quality of referrals and ensure appropriate support for SLCN can be accessed in mainstream settings where and when children need it.

There are five core aims of the ELSEC Pathfinders:

1. Improve early identification and support for children with SLCN, through more universal screening.
2. Reduce demand for specialist support through delivering universal and targeted support, implementing a 'graduated model' where needs are met by professionals with the most appropriate skill level.
3. Increase workforce capacity through innovative workforce models, with emphasis on utilisation of support workers and upskilling of staff in settings, supported by training and generating a consensus around training content that can be used nationally for developing this new workforce.
4. Improve the quality and use of data and evidence to facilitate improvement, inform practice, and support future policy and legislation.
5. Improve join up between health and education from local and national perspectives.

Through early identification and support for SLCN and strengthened universal services, the programme aims to explore more sustainable approaches to addressing children's needs. By meeting needs earlier, children and young people's experiences in school are expected to improve, as well as their health and educational outcomes in the longer term.

The nine local Pathfinders are Barnet, Bradford, Gloucestershire, Hartlepool, Leicester, Leicestershire and Rutland (LLR), Luton, Oldham, Portsmouth, and Shropshire, Telford and Wrekin (STW), shown in the map in Figure 1.

Figure 1. ELSEC Pathfinder Sites



The nine ELSEC Pathfinders mostly completed recruitment during spring and summer 2024, and the workforce models have been in operation working with settings since the start of the autumn term of 2024.

In spring 2025, an extension to the ELSEC programme was agreed by DfE and NHSE for an additional year. This extension allows the varied ELSEC approaches to be tested further, expanding the scope of the work to new settings or a wider local authority footprint, as well as some Pathfinders adapting their delivery models or trying new approaches. The extension intends to give an opportunity for Pathfinders to make changes for greater sustainability and continue learning about how the wider workforce can be upskilled to enable inclusion in mainstream settings.

Methodology

Aims for the evaluation

This mixed-methods evaluation, together with local level evaluations and evidence gathering being undertaken by the ELSEC Pathfinders themselves, and the wider learning from the SEND and AP Change Programme, will contribute to establishing evidence-based practices. Specifically, the evaluation aims to:

- support the ‘test and learn’ approach by identifying promising practice across the programme that can support existing Pathfinders to develop and learn from each other
- identify learning for the future that can help the national programme and other local areas that would wish to implement ELSEC or similar approaches
- provide evidence that assists policy makers to develop effective policies and programmes to address children’s SLCN through early intervention, upskilling the workforce, and partnership working
- identify early outcomes from the ELSEC programme on multiple stakeholders including children and families, settings, local organisations and the workforce

Key research questions

Several research questions were set for the evaluation at the outset of the programme; these included:

- How effectively have the Pathfinders used ELSEC funding and resources to improve the delivery of early identification and support for SLCN?
- To what extent has the support, policy guidance and advice provided by DfE and NHSE supported Pathfinders to deliver the programme?
- To what extent has the ELSEC provision been aligned to local gaps in provision and existing capacity/existing services?
- To what extent have Pathfinder sites been able to engage with schools and early years settings, at a time when they are facing multiple pressures?
- To what extent has appropriate learning on the effectiveness of workforce models been collected from the programme?

The national evaluation has developed a programme Theory of Change, illustrating the relationship between the main inputs, outputs and outcomes that are expected for ELSEC at the national level (see [Appendix 2: Theory of Change](#)). This is currently being revised for the extension so that it reflects the longer-term impacts of the programme, such as the learning for local area partnerships including LAs, Integrated Care Boards (ICBs), education settings and healthcare providers looking to implement similar approaches and work together.

The outcomes will also reflect learning shared among similar programmes that aim to upskill the workforce such as the Partnerships for Inclusion of Neurodiversity in Schools (PINS) programme. As PINS covers leadership culture and values, mental health, readiness to learn, teaching and learning, environment and communication, there are links with ELSEC that will be explored in the next stage of the evaluation. Taken together, both ELSEC and PINS are approaches that are intended to support greater inclusion and earlier intervention for children with a range of overlapping needs – not only in relation to SLCN, but also social, emotional and mental health (SEMH) and neurodiversity.

Research approach

The evaluation is a mixed-methods, theory-based evaluation looking at process and implementation and early impact. A particular focus is identifying effective practice and working collaboratively with the national ELSEC team and with Pathfinders to ensure that learning is shared across the different local ELSEC teams. The evaluation team also work closely with the REACH (Reaching Excellence and Ambition for all Children) consortium, who support DfE with the delivery of the programme and understanding the relevant learning from the Pathfinder sites.

Evaluation findings are predominantly based on fieldwork carried out with a range of local stakeholders in two phases of fieldwork to date:

- November to December 2024, where we examined the different delivery models and learning from early implementation, including the setup and recruitment period for ELSEC Pathfinders
- June to July 2025, where we examined the outcomes from the first year of full delivery in settings with the full ELSEC team in place

A round of scoping interviews with ELSEC Clinical Leads and Project Managers in each of the Pathfinders also took place prior to the first wave of fieldwork, in July 2024.

A separate piece of ongoing work is also being carried out to assess the feasibility of conducting a quasi-experimental evaluation of the impact of the ELSEC programme using data from the National Pupil Database to examine pupil-level outcomes.

Research undertaken to date

This evaluation report draws on fieldwork undertaken by the ICF and RSM research team across the nine Pathfinders during the two phases of fieldwork, together with analysis of outcome data and other documentation provided by the Pathfinders themselves as part of their local evaluations.

Interviews

In-depth interviews were conducted by a member of a research team, either via Microsoft Teams or during visits to Pathfinder sites or observations in settings. Interviews followed a topic guide and were primarily individual, typically lasting up to an hour, although some were conducted as paired or group sessions. Participants were recruited with the assistance of local Pathfinder leads as well as through a 'snowballing' approach where participants were invited to suggest others that might be able to provide useful insights into the operational aspects of the programme and progress with delivery.

In the first phase of evaluation (November to December 2024), 98 stakeholders were interviewed (see Table 1).

In the second phase of evaluation (June to July 2025), 79 stakeholders were interviewed (see Table 2).

The interviews were conducted with:

- lead SaLT / clinical lead / project manager who provide operational and clinical leadership to the local ELSEC teams and are responsible for choosing intervention tools and designing the pathways for ELSEC to work
- delivery partners and/or strategic stakeholders, including partners that the ELSEC teams work alongside, for instance steering group members from the LA, ICB representatives or managers of services that work closely with ELSEC such as Family Hubs or health visitors
- delivery team, including support workers, teaching assistants or specialist teachers employed as part of the ELSEC workforce models
- setting staff, including senior leadership teams, teachers and teaching assistants being supported by ELSEC teams and delivering interventions and/or universal support in settings

Wherever possible, the research team also attempted to secure observations of support taking place (including sessions aimed at parents and carers) in settings, or training taking place with setting staff led by SaLTs or support workers. These observations and visits also gave researchers the opportunity to hold brief conversations with parents and carers, to understand their views of ELSEC.

Observations were not always possible, owing to the timing of the fieldwork (in some cases taking place before delivery had commenced or after it). We aimed to interview a variety of stakeholders involved in ELSEC, so while clinical leads and some support workers were interviewed twice, most of the other types of participants were interviewed once. The research team have also continued to participate in and observe network meetings that were intended for the sharing of knowledge and learning among Pathfinders during the programme to date, to gather further evidence about progress and emerging learning.

Further interviews (with a focus on settings, parents and carers) will be carried out by the evaluation team during the extension period in 2025-26, with observation in settings and participation in network meetings also continuing.

Table 1. Interviews undertaken in November to December 2024

Pathfinder	Total no. of interviews	Lead SaLT or project manager	Delivery team or support worker	Other e.g. strategic stakeholders	Setting staff
Barnet	13	1	7	1	4
Bradford	10	2	4	2	2
Gloucestershire	8	2	3	3	0
Hartlepool	11	2	6	2	1
Leicester, Leicestershire, Rutland (LLR)	11	1	4	5	1
Luton	8	1	4	0	3
Oldham	10	4	5	1	0
Portsmouth	12	2	5	3	2
Shropshire, Telford and Wrekin (STW)	15	1	6	1	7
Total	98	16	44	18	20

Table 2. Interviews undertaken in June to July 2025

Pathfinder	Total no. of interviews	Lead SaLT or project manager	Delivery team or support worker	Setting staff	Other e.g. strategic stakeholders	Observation or visit undertaken
Barnet	11	2	6	2	1	Yes
Bradford	8	2	3	3	0	No
Gloucestershire	6	3	2	0	1	Yes
Hartlepool	9	1	5	3 (including a written response)	0	No
Leicester, Leicestershire, Rutland (LLR)	11	4	3	0	4	Yes
Luton	7	2	1	2	2 (including specialist teachers)	Yes
Oldham	10	1	4	1	4 (including specialist teachers)	Yes
Portsmouth	11	5	6	0	0	No
Shropshire, Telford and Wrekin (STW)	6	1	4	1	0	Yes
Total	79	21	34	12	12	N/A

Data gathered from Pathfinder sites

During the first wave of fieldwork, we reviewed local documentation provided by the Pathfinder sites, including project plans, vision documents, and clinical pathways.

During the second phase of fieldwork, or following the end of the summer term, Pathfinder sites also shared a range of local evaluation data or evaluation reports, as an additional source of evidence for the national evaluation.

This supplementary data has been used throughout the report and triangulated with the interview findings to ensure that the evidence for any findings based on the local reports is as robust as possible.

Analysis methods

Interviews were analysed thematically using a framework approach. Individual interviews were written up as fieldwork notes, using automated transcripts where available, and synthesised into findings for each Pathfinder. A framework was then applied to collate the data together and reveal similarities and contrasts between the different Pathfinders' approaches.

The [Key outcomes of the ELSEC Pathfinders](#) section draws on the local evaluation reports, and the text highlights where these have been the source of information. Wherever possible we brought those together with insights from the evaluation team's own interviews, to triangulate the findings and ensure that they are reliable.

Strengths and limitations

Key strengths of the evaluation approach include the use of documentation collected by the national team, including proformas, project plans, the national Change Programme data collection, and progress trackers. These have helped us to build a picture of the context and how plans, intentions, and progress have evolved throughout the programme.

While local reports and self-reported data from parents, carers, and teaching staff provide valuable additional insights, their collection methods and presentation vary across Pathfinder sites and over time. This variability is a limitation, which the evaluation team has addressed by triangulating with interview data wherever possible.

Lastly, the flexibility given to local Pathfinders to use their own measurement tools and develop their own approaches suited to local need meant that it was not possible to directly compare outcomes across different Pathfinders. Notably, the Pathfinders used different thresholds for scoring children as requiring targeted or specialist support, reflecting differences in local context, priorities, or implementation strategies. In the report,

we have attempted to be clear as possible about how outcomes were measured and presented the context for the findings throughout. This allows findings to be understood in relation to the different elements of the Theory of Change and so that the reader can understand more about how findings were identified.

Pathfinder practice and delivery models

This chapter provides the wider context about the implementation of the ELSEC programme, by drawing on examples of practice in the Pathfinders. It is intended to give a broad overview of the delivery models that Pathfinders have put in place.

Local pathfinder areas

As mentioned, the ELSEC programme is delivered as a standalone pilot which is being implemented within the SEND and AP Change Programme. To establish the local pilots, the nine CPP areas were invited to propose a local area to lead delivery of ELSEC, either the lead local area or a partner local area.

The Pathfinders selected to deliver the ELSEC pilots are a mix of single local areas and partnerships. There are two that are delivered by a combined group of local areas (Leicester, Leicestershire and Rutland (LLR); and Shropshire, Telford and Wrekin (STW)) with the remainder taking place in single local areas. The Pathfinder sites also include a mix of lead LAs for the CPPs and partner LAs. Four of the Pathfinder sites are CPP lead areas (LLR, Barnet, Gloucestershire and Hartlepool). The mix of partnerships and single area Pathfinders adds to the complexity of the programme and the variation among the ELSEC Pathfinders.

Expected outcomes

In interviews, stakeholders gave several examples of how Pathfinders intended to generate impacts over the lifetime of the ELSEC programme for children, young people and families, settings and the workforce. While Pathfinders had differing objectives and delivery models, they were all aligned with the aims of the programme:

Improvements for children and young people were intended to lead to a range of beneficial impacts, including improvements in children's speech, language and communication, as well as wider impacts for children's educational attainment and behaviour, and improvements in family wellbeing. As children's communication skills improve, their confidence and self-esteem are expected to increase. By being able to express themselves clearly and effectively, better communication can have a positive impact on children's social interactions, attainment, and overall well-being.

Settings: The impacts for settings included greater capacity and capability to deliver universal and targeted interventions. Across all the Pathfinders, supporting setting staff, for instance with training, advice and mentoring from the ELSEC team, was an important aspect of planning for sustainability.

Services: These impacts included more timely access to services; better access to universal and targeted services that may have been previously unavailable; better coordination among health and education leading to an improved experience of those services; and greater access to support for children in their settings who have SLCN.

Longer term impacts: Pathfinders agreed that the impact on waiting lists for speech and language therapy services might be uncertain, as one of the intentions of the ELSEC programme was to address previously unidentified needs and understand the extent of need for targeted SLCN support across a range of settings. In addition, long-term potential impacts such as reductions in the number of EHC plans were not anticipated within the lifetime of ELSEC, even taking account of the one-year extension, although this might become apparent several years into the future.

Issues with current services identified by Pathfinders

Prior to the ELSEC programme, several issues were identified among multiple Pathfinders via their initial proformas submitted to the national ELSEC team, and their subsequent delivery plans, as described in the evaluation interviews with local stakeholders.

The increasing demand for speech and language therapy was noted across all Pathfinders. Stakeholders interviewed reported that children are being identified at all ages with SLCN that are thought to require intervention. Although demand was often associated with the presence of broader social and educational challenges, such as poverty and deprivation, many Pathfinders noted that the increase in demand and previously unidentified need was broad and present in varied social contexts, regardless of deprivation levels.

All Pathfinder teams reported long waiting times and backlogs for speech and language therapy services in their local areas, with children frequently facing wait times of over a year in many Pathfinders. This meant that timely specialist support was often not available. While those children with the highest needs were generally being prioritised, those on waiting lists for assessment could not be given additional support while they waited. This likely resulted in escalation of their needs and knock-on impacts on participation in learning and overall child and family wellbeing.

Furthermore, the COVID-19 pandemic was thought by many Pathfinders to have contributed to longer waits and bottlenecks in service delivery and the increase in demand. It was reported that some schools tried to meet increased demand by providing in-house speech, language and communication support, although they sometimes did not have the correct resources, training, or capacity to meet these needs effectively. The reductions in local authority budgets for children's services and the historic reductions in universal services over the last decade, such as those provided through children's centres, were also thought to have contributed to SLCN being identified later. Proactive support from

services for families was also reduced to prioritise services for those children with higher levels of need. Additionally, some Pathfinders pointed to short-term funding cycles causing difficulties in workforce planning and recruitment, leading NHS and local authority services to attempt different local approaches to developing skills in their existing workforce.

It was thought by all Pathfinders that there were likely to be large amounts of unidentified need where children and families would benefit from better identification and referral (see [Key outcomes of the ELSEC Pathfinders](#) for supporting evidence). Therefore, many Pathfinders were uncertain about the immediate impact of their delivery plans for ELSEC on existing waiting lists and the demand for different kinds of services.

Many Pathfinders reported a notable rise in EHC plans, especially for younger children. For example, Barnet's proforma submitted to DfE in 2023 outlining the LA's plans for ELSEC stated that Barnet experienced a notably higher percentage of EHC plans for under 5s, which is supported by national statistics⁷ showing that 3.5% of under 5s in Barnet had an EHC plan in January 2025, compared to 2.5% in England overall.

A nationwide shortage of SaLTs was cited by several Pathfinders as a key driver for the national ELSEC programme, meaning that there was a need to upskill the workforce and introduce more support workers to meet rising demand. This would enable SaLTs to focus on training that wider workforce and using their specialist skills to provide services to children and families with the highest levels of need. Pathfinders also reported high staff turnover rates in the sector, partly as a result of workload pressures and uncompetitive public sector pay. The frequent turnover of practitioners necessitated continual hiring and training efforts, which subsequently reduced the capacity and consistency of speech and language therapy services.

Pathfinders also wanted to improve the way that parents and carers are engaged by services in the development or delivery of speech, language and communication support. Developing new ways of supporting and informing parents and carers was expected to help to make them partners in supporting their children's communication. Some Pathfinders also needed to work with many families that had English as an Additional Language, entailing consideration of community languages in service delivery, and translation costs.

Alignment with existing local and national work

Pathfinders all felt that they began from different starting points and were able to build on existing services or previous work done on strengthening universal provision for SLCN. This approach aligned with the national ELSEC programme's aim of working with local

⁷ [Age and Gender, by type of SEN provision and type of need – 2016 to 2025 from Special educational needs in England.](#)

authority areas with varying strengths, enabling shared learning and practice across the wider programme.

Pathfinders gave some examples of how local ELSEC Pathfinders were aligned with, and benefited from, connections with other national and local initiatives:

Local Pathfinders aimed to align ELSEC with various local and national initiatives through their steering groups, delivery teams and wider governance, including the regional Change Programme infrastructure and the national Delivering Better Value (DBV) initiative. Three Pathfinder areas (LLR, Oldham and Gloucestershire) had taken part in the DBV programme.

Pathfinders described how the delivery of ELSEC was aligned with improvement programmes and frameworks developed by national organisations (e.g. NELI (Nuffield Early Language Intervention⁸) and Speech and Language UK's Early Talk Boost⁹) as well as programmes such as Family Hubs (jointly overseen by DfE and Department of Health and Social Care) that aim to improve the provision of targeted services and bring more services and pathways together under one team.

Pathfinders built on and learnt from previous experience of delivering improvement programmes. For example, the LLR Pathfinder built on the previous Language and Living SEND Integration Project (funded by NHSE in 2022-23). This project provided valuable insights into the effectiveness of upskilling the workforce in educational settings around supporting children with SLCN.

In Hartlepool, the intention was for ELSEC to build upon work previously commissioned by the ICB, local authority and Family Hubs around supporting speech, language, and communication. This work brought stakeholders together to form an integrated, system-wide approach to supporting children and families with early language. The investment introduced several universal family support resources and the targeted Early Talk Boost programme across the early-year system, led by Speech and Language UK. The ELSEC pathway was developed to sit within this existing comprehensive integrated speech and language pathway and strategy.

In Portsmouth, ELSEC leverages the city's existing partnerships and networks between health, education, and the LA. These relationships provided the foundations for implementing the ELSEC model. Early language development was an identified priority area across the city. To further support universal provision, the ELSEC team co-produced a visual identity to support the universal message of Chat Play Read (activities such as

⁸ The Nuffield Early Language Intervention (NELI) aims to improve the oral language skills of children aged four to five years. It is delivered over 30 weeks by teaching assistants in groups of three to four children.

⁹ Early Talk Boost is a targeted programme for the early years, aimed at children who need help with talking and understanding words.

songs, games and ideas for talking) across the city and have developed links with Family Hubs, Portsmouth Parent Network and Libraries to promote this message.

Key features of Pathfinder models

This section describes typical examples of different aspects of delivery – setting selection, approaches to screening, universal and targeted interventions, parent and carer engagement, and workforce models – which make up the key elements of a ‘local ELSEC’ model. The focus is on examples of the activity taking place to illustrate the range of approaches that are being tested across the programme and their main features.

Setting selection and target age groups

Pathfinders have based their ELSEC delivery models around working closely with specific settings in their area, where universal and targeted interventions are delivered within these settings and supported by ELSEC teams. In some cases, this is complemented by using ELSEC funding to provide support for a wider group of settings, for example, through training, coaching, or toolkits designed to strengthen universal and targeted provision across a local area, such as in Oldham or LLR. LLR’s model differs from other Pathfinder sites, as its service offers targeted interventions to children referred from all settings.

Settings were selected or invited to take part according to various criteria specific to each Pathfinder. The reasoning for this approach was pragmatic: to ensure that resources were focused where they were needed so that local Pathfinders could deliver ELSEC in a timely way and build relationships with the settings taking part. Many Pathfinders continued to promote ELSEC to other settings throughout the year to recruit more into the programme. Selection criteria generally included:

- the early years foundation stage (EYFS) statutory framework (e.g. the percentage of children meeting the expected standard across the early years curriculum, or specific areas of it relating to communication, language or personal, social and emotional development)
- SEND census data
- deprivation indices
- settings with high (or unusually low) levels of SLCN or referral rates to existing speech and language therapy services

For example, the Bradford Pathfinder site considered health inequalities, looking at indices of multiple deprivation, to select nurseries and schools to work with. The areas of focus were in the most deprived wards in Bradford, due to the correlation between poverty and children’s SLCN. Gloucestershire also chose early years settings in areas of deprivation

and those with higher percentages of children accessing the disadvantaged 2-year-old childcare offer.

Pathfinders used expressions of interest and soft intelligence to gauge the likely engagement of settings. They also wanted to include settings with varied characteristics and experience of interventions (e.g. in Hartlepool, settings using Early Talk Boost already as well as those that were not). Pathfinders often included both nurseries and schools – either selected independently of each other or chosen because the nurseries were feeders for the selected primary schools. Pathfinders also chose to work with settings based on both needs and their potential to support the approach (e.g. Barnet, Portsmouth, Oldham, Gloucestershire, Luton). They also chose settings that were open to adopting new practices and had leadership backing (e.g. Bradford).

Lastly, the selection processes also reflected local collaboration inside and outside the Pathfinders' steering groups, between LAs, NHS commissioners and providers, education and children's services teams, as they drew on a wide range of expertise and sources of data. For example, to ensure a more coordinated approach across education, health, and social care, Portsmouth drew on data from across those teams to select settings in areas of greatest need, while some settings self-selected through expressing interest in being part of ELSEC. Reflecting the support for ELSEC from across partner teams, the Early Years Advisory Teacher (Strategy) role was instrumental in initiating relationships with schools and settings in Portsmouth. Local knowledge from health and education professionals (e.g. in Gloucestershire and Hartlepool) was also important in the setting selection process, as was co-production with parents and carers (e.g. in Oldham where the local Parent Carer Forum are an equal partner in the oversight and development of the overall programme).

As Pathfinders developed different approaches to integrating support for universal and targeted interventions, they worked with varied types and numbers of settings. This is summarised in Table 3.

Table 3 shows the target age groups for each Pathfinder. While ELSEC Pathfinders worked with children and young people across different ages, the main focus was on children in the early years (nursery, Reception) and Year 1. All nine Pathfinders engaged with early years settings, with Luton focusing exclusively on Reception. Five Pathfinders extended provision to children in Year 1 (Barnet, Bradford, Oldham, STW, LLR), and three (Barnet, Oldham, LLR) also offered support across the full primary age range.

Table 3. Number of participating settings in each Pathfinder

Pathfinder Name	Participating settings
Barnet	40 primary schools, 6 private or voluntary sector nurseries, 2 school nurseries and 1 alternative provision setting. Schools chose the year groups to participate.
Bradford	4 nurseries and 4 primary schools (children up to age 7)
Gloucestershire	27 private and voluntary sector nurseries or playgroups, and 18 primary schools (all early years including Reception (Year R))
Hartlepool	12 primary schools and 1 private or voluntary sector nursery (all early years including Year R)
Leicestershire, Leicester and Rutland (LLR)	All children who have mild to moderate SLCN in early years settings and primary schools across LLR as a population-level approach
Luton	11 primary schools (Year R)
Oldham	10 primary schools receiving intensive ELSEC support (early years and primary). 'Open ELSEC Pathway' trialled and accessible to all schools and nursery settings.
Portsmouth	11 schools and 15 feeder nurseries (all early years including Year R)
Shropshire, Telford and Wrekin (STW)	16 primary schools and 12 private and voluntary sector feeder nurseries covering early years including Year R, and Year 1

Source: Interviews with Pathfinders, and documentation submitted by Pathfinders to the national team

Screening and identification

Screening or assessment tools were a key component in the ELSEC model used by all Pathfinders for the identification of SLCN. Many Pathfinders built on existing tools and practices to implement approaches to identifying children with SLCN in their respective ELSEC settings, who could then benefit from universal and/or targeted interventions. The extent to which setting staff were involved at the outset in the delivery of screening varied

among the Pathfinders. However, all Pathfinders aimed to gradually upskill setting staff, enabling them to deliver screening more independently and to strengthen their ability to identify children with SLCN who might need targeted support or a referral to specialist speech and language therapy services. This upskilling intended to improve the consistency and quality of identification and referral in the ELSEC settings. The LLR Pathfinder is an exception as consistent identification of children with SLCN was already in place, supported by training and coaching of setting staff.

WellComm¹⁰ was used by 4 out of 9 Pathfinders as a tool for identifying children with SLCN (Hartlepool, Gloucestershire, Oldham and Portsmouth):

1. In Hartlepool, the WellComm screening tool was already familiar to staff and in use across settings, so it was integrated into the ELSEC pathway as a screening tool for children where concerns were raised by setting staff and parents. This meant that screening remained the responsibility of the settings, while the ELSEC team (support workers, specialist teacher and SaLT) supported staff to identify children who may need screening, use the tool effectively, and analyse screening results to plan appropriate interventions.
2. In Gloucestershire, the WellComm screening tool was new to nurseries and primary schools, although some nurseries were already familiar with the 'Every Child a Talker' intervention and monitoring tool.
3. In Oldham, the Early Years WellComm toolkit had been embedded in nurseries and Reception prior to ELSEC. To build on this, the WellComm Primary toolkit was introduced into ten ELSEC 'intensive support' schools. This extended the approach beyond the early years and ensured a consistent and accessible method to identification and support using a familiar toolkit.
4. In Portsmouth, support workers worked together with teaching assistants to carry out screening using WellComm. Alongside screening in nurseries and Year R, Portsmouth also worked with the Public Health Nursing Team to support children aged 2 years, where relevant needs were identified during their Health Review 2 on the Ages and Stages Questionnaire (ASQ).

STW used Early Talk Boost to identify children with SLCN, as part of the Pathfinder's structured intervention model. This tool, already in use in some schools, was expanded through ELSEC to provide additional support to setting staff and families. Early Talk Boost trackers were used to monitor progress and development post-screening and identified those who may need further support.

Luton used a universal screening approach from Speech and Language UK Progression Tools. According to the Luton local evaluation report, the Luton ELSEC team selected

¹⁰ WellComm is a speech and language toolkit for screening and supporting children's language development.

these tools because they were already recommended locally, were less costly than other commercial tools, and were considered to present a broader screen that was less susceptible to 'teaching to the test'. Following identification of SLCN, every child who participated in targeted interventions was also screened using the Word Aware Concepts screener to help with tracking progress. After the intervention, children were rescreened using the Speech and Language UK Progression tools and the Word Aware Concepts screener.

Both Barnet and Bradford used locally developed tools to screen children for SLCN. In Barnet, the screening tool was developed specifically for use within the ELSEC programme. While in Bradford, screening of SLCN was undertaken in the child's main language using the Bradford District Care NHS Foundation Trust (BDCFT) SaLT screening tool. Where needed, multilingual staff or interpreters were used.

Barnet developed bespoke screening tools for different ages (18 months to 11 years), which were made freely available to schools. As these tools were developed by the Barnet ELSEC team, they were considered more sustainable, with no ongoing costs attached to wider use. According to Barnet's local evaluation report, this approach was intended to empower staff to feel confident in identifying children with language needs in their current and future year groups¹¹. The tools assessed children's developmental language progress as well as functional communication and access to learning in the classroom. Setting staff were trained by support workers to screen children and identify those requiring intervention. The local approach to screening was developed in response to earlier feedback from settings that 'off the shelf' tools were too time-consuming, inaccessible to children with English as an Additional Language (EAL), and/or were costly to settings. The tools created by Barnet's ELSEC team were therefore designed to take 5-15 minutes to complete per child, with additional recommendations and training being provided to support screening of children where English was not the strongest language.

In addition to working with setting staff to use the screening tools, the Pathfinders implemented approaches to gathering information from parents and carers, as well as setting staff, to support the identification of children with SLCN who might benefit from targeted interventions in their settings. This information also informed decisions about whether children should be referred for specialist assessment by a SaLT.

Three Pathfinders (Bradford, Luton and Portsmouth) used a multilingual questionnaire (Quantifying Bilingual Experience Tool; QBEx) which is free to use. It is completed by parents and carers and identifies the child's strongest language and parents' level of concern about their child's communication.

1. In Bradford, the Q-Bex questionnaire was completed by parents with help from a support worker, alongside interpreters where needed. The questionnaire was

¹¹ Barnet's ELSEC team recommended to schools that they focus on two consecutive year groups, although the final decision on the year groups involved in ELSEC was the school's.

customised by the ELSEC team so that it considered background information, risk factors for SLCN, language exposure and proficiency for all languages used by that child. The Bradford ELSEC Pathfinder also worked with University of Leeds researchers to evaluate the use of Q-Bex as a triage tool and co-create guidelines for professionals in its use.

2. In Portsmouth, following screening in English, support workers followed a flow chart to determine if further information was needed from parents – if needed, this included a telephone call with pre-set questions for parents, and the online Q-Bex questionnaire was then given to families in their home language to gather information on their child's languages, and their understanding and use at home. This resulted in a detailed report on exposure to languages, case history questions and concerns in each language used, which helped to inform next steps for further assessment.
3. In Luton, a Q-Bex questionnaire or phone call was used by the Pathfinder to find out more from families about the child's use of languages. If there was parental concern in the main language, they were considered for intervention. If there was no parental concern but the school were concerned, the child was also considered for intervention. Additionally, if the parents reported no concerns in English, but SLCN were identified in the screening, the child was considered for intervention.

Other Pathfinders also sought more information about children's main languages and the languages used at home. For example, in Barnet, where a child's strongest language was not English, setting staff were advised to involve parents in screening in that language to ensure appropriate identification of SLCN. Where parents could not support screening due to their own language barriers, the Barnet ELSEC team arranged interpreters to facilitate a short meeting between the parent and the support worker, enabling screening for potential SLCN in the child's strongest language.

Pathfinders also sought input from settings. For example, in Oldham this process was formalised in the ten 'intensive support' schools as termly Communication Clinics. At the Communication Clinics, school staff identified any children from nursery to year 6 where they had concerns relating to SLCN and discussed them with a specialist SaLT and advisory teacher. This led to action plans being devised and tailored to each child, so that ELSEC support workers could then coach key school staff to deliver interventions and implement strategies. Subsequent clinics were then used to review children, measure process and set next steps, with the ELSEC team and the school staff working together.

Although the screening tools chosen by the Pathfinders varied, nearly all tools categorised children into three bands, using a 'traffic light system'. This resulted in children being classified by level of need, often in relation to distance from their expected level of speech, language and communication: 'green' (meeting or exceeding age expectations), 'amber' (needing additional support), and 'red' (greatest need or a need for referral to specialist services). The shift in individual children's level, or the overall proportion of children in

each band pre- and post-intervention, was usually the main way of subsequently measuring children's progress or improvement across Pathfinder sites. Alongside these measures, tools also provided additional information that identified the specific needs of each child within different domains of communication, or highlighting which targeted interventions or universal strategies in the classroom would be of benefit to each child.

Universal interventions

Setting staff were upskilled and supported to be part of the intervention delivery so they could support children (and sometimes parents and carers), with guidance from SaLTs or support workers. This enabled the latter to support more settings and to do so more effectively, rather than the SaLTs going into settings to deliver interventions directly.

This approach also enabled setting staff to embed skills in day-to-day interactions, classroom activities and interventions – i.e. to deliver better universal support that aimed to improve children's speech, language and communication outcomes. The most commonly used approaches that ELSEC teams aimed to embed in everyday classroom practice included adult-child interaction training, the WellComm toolkits, Word Aware and visual strategies such as visual timetables and labelling vocabulary. Universal approaches often included different kinds of sessions or workshops for parents to enable them to support their children with SLCN (described further in the section '[Parent and carer involvement as part of universal approaches](#)').

Another approach that many Pathfinders took (e.g. Hartlepool, Luton, Gloucestershire, Oldham) was for the ELSEC staff to conduct Communication Friendly Environment Audits and provide tailored support to setting staff on how to make settings more inclusive and communication friendly. Among Pathfinders, these types of audits were a key part of their universal support offer and were also sometimes repeated at the end of ELSEC involvement to check for improvements. In Luton, schools and ELSEC staff carried out a locally devised Communication Friendly Environment Audit focusing on the physical environment, planning, parent engagement and adult-child interaction.

In Hartlepool, training for staff in settings by the ELSEC team was based on information collected from the Communication Friendly Environment Audits conducted in each setting, on the needs of the children attending the settings, and on the existing knowledge and skills of staff. The core centralised training offer in Hartlepool for settings staff focused on Early Language Strategies, planned and delivered by the specialist teacher and the SaLT. To respond to capacity issues with releasing staff, the training offer was also available to settings as twilight/evening sessions in house. Some settings also accessed training from external organisations, such as Elklan.

Oldham's universal support for the ten intensive support settings also included Communication Friendly Environments Audits and embedding speech, language and communication as part of high-quality teaching in every classroom. The open offer to all

Oldham maintained primary and nursery settings also included training and resources – including adult-child interaction training, WellComm for early years and primary settings toolkits, intervention resource packs, a bank of visual strategies and a wide range of training offered in person and by video. ELSEC surgeries were also held, to offer a professional development opportunity for setting staff: they could listen and support others or bring cases for discussion. These were facilitated by the ELSEC Highly Specialist SaLT, the specialist advisory teacher and the support workers.

In Barnet, the ELSEC team coached staff and provided feedback to help them deliver intervention groups, to support children identified via the screening tools, and learn and practise new adult-child interaction strategies. Support workers visited settings at the beginning of their input to train staff in how to develop more communication-friendly classrooms to reduce barriers to participation and engagement and introduce approaches such as Word Aware (supporting curriculum-related vocabulary development) and Listening with Understanding (attention and listening skills in the whole class). For staff, half-termly virtual “ELSEC support for schools” sessions also took place, where a member of staff from each setting was invited to network and share ideas for supporting children’s language development with colleagues taking part in ELSEC across the borough. The overall goal was to create a sustainable model, tailored to the setting’s current model for supporting children, which could last beyond the end of the ELSEC programme. Similarly, Gloucestershire also used whole-class Word Aware as a universal intervention that could be brought into settings. Coaching approaches were also used in the Bradford Pathfinder, where SaLTs demonstrated interventions and encouraged staff to integrate them into daily practices. Video coaching was used to support setting staff learn from their interactions with children with SLCN.

In LLR, ELSEC funding was used to support a number of initiatives that were intended to enable the ongoing improvement of universal support in settings across the LAs involved. These included the development of a SLCN toolkit and videos based on the Balanced System model developed in Rutland; SLCN Assessment and Identification training for Special Educational Needs Coordinators (SENCOs) in schools developed by the Leicester Language, Communication and Interaction Specialist Team; Early Talk Boost, Word Aware, and speech and language support (Elklan) training for setting staff, an expansion of existing work led by Leicester Early Years Specialist Teaching Service; and the Making It Real SLCN Home Learning approach, also led by the Leicestershire Early Years Specialist Teaching Service. These were intended to be shared across LLR.

Parent and carer involvement as part of universal approaches

Involving parents, carers, and the wider community – whether to support children’s development, improve understanding of their communication needs, or encourage feedback and participation – was a key element of the ELSEC Pathfinders’ universal offers. Parent and carer and wider community involvement an important component of the

ELSEC Pathfinders' universal offers. Parent workshops and coffee mornings were important ways of engaging parents. For example, Hartlepool's ELSEC team offered parents' workshops which focused on raising awareness of SLCN and sharing ideas and strategies to support children at home. The workshops used materials available from Speech and Language UK, for instance Ages and Stages charts and videos demonstrating interaction strategies. To engage parents in Barnet, the ELSEC team also offered coffee mornings, presentations, and classroom drop-in sessions.

In Portsmouth, Family Hubs played a key role in supporting parents, offering resources and guidance on promoting speech and language development through everyday activities. The team described this as a community-driven, collaborative model designed to build parents' confidence in supporting their child's communication outside formal settings. Portsmouth focused its efforts on community-based activities to engage parents, including having a presence at local community events and drop-in sessions. This approach encouraged informal participation, and the Pathfinder staff reported in evaluation interviews that parents responded positively to key messages such as 'Chat, Play, Read'.

In Oldham, the Parent Carer Forum are considered equal and key partners in ELSEC. A key feature of the Oldham model was co-production with the Parent Carer Forum. Parents contributed through feedback surveys and events such as coffee mornings, which helped to shape the interventions and support offered. This was supported by partnership working across schools, local authorities, and health bodies. The approach aimed to foster a holistic, integrated approach to delivering support. Over time, as setting staff grew in confidence and new activities were added, the model was expected to evolve, further increasing support for children and families both in schools and at home, and strengthening the relationship between schools and the community.

Bradford's ELSEC team also considered how they could work with families to spread key messages to raise awareness and understanding of what parents and carers could do themselves with their children. During the first year of the programme, as well as circulating written handouts, the ELSEC Pathfinder team attended school events, parents' evenings, held drop-in sessions, had conversations in the playground, and delivered information sessions in multiple languages.

In Luton, parents were engaged through focus groups and take-home activities, such as concept word wristbands or keyrings with key vocabulary to prompt use in daily routines. Messaging systems such as 'Class Dojo' were also used to reinforce learning at home. For bilingual families, tailored support was provided to help foster language development in both English and the home language. Luton also offered 'stay and play' sessions as part of their offer to the parents of children receiving targeted support.

Targeted interventions

Following screening, Pathfinders developed targeted interventions for children identified as needing additional support for SLCN. Health and education staff worked together closely, with setting staff receiving support to develop their skills around supporting speech, language and communication development. Targeted interventions mainly consisted of short, small group interventions (6-10 children) led by an ELSEC support worker and/or a teaching assistant in the setting, where progress was regularly reviewed. In many cases, a gradual handover of delivery to teaching assistants was envisaged in the planning between the ELSEC Pathfinder team and each setting. This feature of Pathfinder models was often linked to sustainability planning (e.g. in Barnet and Luton), with ELSEC teams providing less frequent follow-up support once setting staff gained confidence to lead interventions and deliver strategies in the classroom. Some targeted interventions also included parental engagement, alongside the support offered for all parents of children participating in ELSEC.

Targeted interventions could be tailored according to different types of need, and as the examples in this section illustrate, multiple targeted interventions and universal strategies could be layered. The intention was for universal and targeted approaches to work in tandem, supporting each other.

In Barnet, options for early years settings included adult-child interaction video coaching for staff, alongside intervention groups for children delivered by setting staff with support from the ELSEC team. For Key Stages 1 and 2, intervention groups for children delivered by setting staff with support from the ELSEC team were also offered, and teachers received support that involved working with the ELSEC team outside the classroom. The intervention groups focused on attention (for early years), and social communication and language (for all children). Groups included up to 6 children, depending on the intervention. All families of children attending targeted intervention groups received information about the ELSEC programme and the intervention, as well as further activity ideas to support their language development at home.

In Bradford, children requiring targeted support ('amber') or with higher levels of need ('red') received small group interventions delivered by SaLT Support Workers alongside setting staff. These included Story Stars (narrative therapy) and Sound Stars (phonological awareness) for all children and Talking Stars (interaction skills) for early years children. Children with high levels of need ('red') were supported directly by the ELSEC SaLTs, who provided consultation, assessment, and personalised interventions where necessary.

In Hartlepool, targeted interventions delivered by settings included WellComm interventions and Early Talk Boost. WellComm interventions followed the WellComm Big Book of Ideas manual¹², and could be delivered one to one, in pairs or small groups. Early

¹² Big Book of Ideas contains activities to support language skills and social communication development that are used in both universal and targeted interventions and is part of the WellComm Toolkit.

Talk Boost was delivered in small groups of 6 to 8 children, over approximately 9 weeks, using songs, games, and story-related activities. Both interventions addressed aspects of speech, language and communication development including listening, understanding, and talking; and progress was measured for each child following all the targeted interventions. ELSEC in Hartlepool invited parents of children receiving their 'targeted plus' input to existing 'stay and play' sessions in the Family Hubs in the summer holidays, to support parents' skills in supporting children at home.

Luton focused on increasing staff skills and training teaching assistants to deliver interventions after observing ELSEC support workers. The core targeted intervention was ChatterCats¹³, a structured small-group approach for children requiring targeted support. These 20-minute weekly sessions focused on building concept vocabulary and sentences through interactive and visual activities, with ELSEC practitioners leading delivery. In Luton, any child identified as 'red' or 'amber' on any subtest of their screening were considered for received targeted support through ChatterCats groups, along with follow-up support in class. Schools released teaching assistants to shadow practitioners with the intention of taking over interventions. The groups were delivered once a week with follow up support embedded within the class to mitigate staffing issues and assist sustainability.

In Gloucestershire, speech and language therapy support was brought into early years and Year R settings to provide a comprehensive framework of support for children both at school and at home. Gloucestershire incorporated tools such as Makaton, Talk Boost, and tailored training into its pyramid model, creating language-rich environments through a combination of universal and targeted support.

In Oldham, WellComm training included coaching and support for setting up interventions and applying them in the classroom. Communication clinics were also trialled in settings and through this a variety of interventions and strategies were embedded via coaching with school staff to support children with identified SLCN. Specialist intervention and assessment were delivered by the mainstream funded SaLT team.

LLR developed their ELSEC model to offer assessment and time limited episodes of care for children aged two to eleven with mild to moderate SLCN who are referred into the specialist service. LLR have used prescriptive and evidence-based intervention packages consisting of three sessions, integrated with the universal approaches in place in children's settings and schools. LLR used a 'I do, we do, you do' approach to coach setting staff and parents and carers to gradually assume the role of delivering a targeted intervention. The initial session involved demonstration from a support worker, the second session was delivered together, and the final session involved observing setting staff or parents delivering the intervention. The final session offered the opportunity for the support worker

¹³ ChatterCats is a language programme which supports the development of a wide range of communication and language skills, including attention and listening skills; social communication; understanding vocabulary; and using sentences and narratives.

to give advice on activities or strategies to try next time and encourage use of strategies which were working well. Throughout the sessions, feedback was provided to coach professionals, parents and carers to support with embedding high quality interventions and strategies. After the sessions, a communication support plan was developed and shared with the family and educational settings, outlining strategies to continue supporting the child's development. Following discharge from the intervention, parents and settings are advised to contact the team for further support if their child has not progressed with their speech, language and communication after a period of six months.

In Portsmouth, Pathfinder staff worked to ensure schools and nurseries understood their supportive role. Training was provided to the school and nursery staff to use the WellComm tool, deliver Early Talk Boost interventions, and use the Big Book of Ideas to address varying levels of speech, language and communication development needs. The support workers also modelled strategies to help setting staff develop the skills needed to support children with SLCN. For the two-year-old pathway, children and their parents and carers were invited to attend a drop-in at a Family Hub where they were assessed by a SaLT, given advice and recommendations, and offered an appropriate, validated parent-based language programme. The programmes offered were Hanen¹⁴ or Peep¹⁵.

STW also used Talk Boost interventions coupled with 'targeted plus' interventions including the Black Sheep Narrative¹⁶ programme and Building Early Sentences Therapy (BEST) for those children with higher levels of need. There was insufficient capacity to deliver targeted interventions to all the children initially planned, as more children than expected were identified with SLCN. The interventions therefore focused on those children who were suitable for ELSEC, but who also met local criteria for the highest levels of need as measured by the Early Talk Boost progress tracker. These interventions were coupled with universal interventions such as Concept Cat¹⁷ for early years and parent sessions on the Talk Boost programme. In STW targeted interventions were also supported by parental involvement: parents of nursery children who scored 'red' or 'amber' were invited to 'Talk Away' parent sessions focused on adult-child interaction and maximising opportunities for language learning. These were delivered by an ELSEC SaLT or higher-level teaching assistant (support worker).

¹⁴ Hanen: It Takes Two to Talk is a ten-week programme which consists of a parent-only group led by a SaLT, together with an individual home visit, for children with expressive language difficulties, as well as difficulties with receptive language or other areas e.g. play.

¹⁵ Peep Talking is a group intervention that takes place over seven weeks for parents and children, led by a support worker, for children with expressive language difficulties only.

¹⁶ Black Sheep Reception Narrative is aimed at developing children's speaking and listening skills through narrative and it provides both SaLTs and teachers with an approach that can be used in small groups. It is highly structured and provides clear lesson plans and follow-on activities.

¹⁷ Concept Cat is a whole-class intervention, targeting children aged between three and four, that seeks to facilitate the acquisition of key early verbal concepts

Workforce models

The staffing models for ELSEC were relatively similar across Pathfinder sites. Nearly all appointed a Band 8a SaLT as the programme lead. Pathfinders ensured that specialist clinical oversight at a senior manager level (Band 8 or above in the NHS) played a key role in each of the models, although time allocated to the role varied. The skill mix of supporting clinical and managerial roles varied according to the local models: most areas also employed a Band 7 specialist SaLT role to support the Band 8 role in managing the overall ELSEC service, as well as more junior SaLT roles at Band 6 or Band 5. In addition, some Pathfinders also included specialist teachers to provide supervision and support from an educational perspective to the design of interventions and day-to-day management of the support workers.

Pathfinder areas employed between four to seven support workers, alongside project managers and/or administrative support roles. ELSEC Pathfinders implemented a range of strategies to support and train their support workers. These included input from SaLTs and Specialist Teachers, drawing on national frameworks, bespoke training and supervision, existing qualifications, or a combination of these approaches. There were a range of recruitment and training approaches followed across Pathfinders; Pathfinders used different qualifications to recognise skill development. For example:

In LLR, support workers were called Therapy Support Workers (TSWs) and were recruited through innovative group and individual approaches that focused on person-centred behaviours and values. While TSWs had prior experience working with children, they received comprehensive induction, training, mentoring, and shadowing to ensure safe delivery of interventions for SLCN and support setting staff, parents and carers. A competency framework was developed for TSWs, reflecting guidance from the Royal College of Speech and Language Therapists (RCSLT) and national standards for support workers working in Allied Health Professions. This framework underpinned a graduated approach to signing off competencies and fostering reflective practice.

In Luton, the initial plan was to recruit teaching assistants currently in schools to become support workers - called ELSEC Support Practitioners (SPs). However, many schools reported difficulties with staffing and recruitment, which limited their ability to support this approach. Securing suitable candidates, particularly for specialist roles like the Specialist Teacher, took time. The support workers received comprehensive training via methods such as Eklan Level 3, or Word Aware training, with locally developed additional training such as 'Lift Off to Language', and training on narrative-based approaches.

In STW, the delivery team included HLTAs, one specialist teacher with educational experience, and three SaLTs. Their familiarity with school environments was intended to facilitate trust and collaboration with school staff. Weekly supervision by SaLTs ensured that interventions remained effective and aligned with professional standards. HLTAs also

undertook the Level 3 qualification 'Supporting Children and Young People's Speech, Language and Communication'.

Key outcomes of the ELSEC Pathfinders

This part of the report gives an overview of the outcomes achieved across the ELSEC Pathfinders up to July 2025.

Progress with delivery

At the end of the first full year of delivery (July 2025), ELSEC Pathfinders were delivering at scale¹⁸:

- 17,333 children have received support through universal interventions
- 4,616 children have been supported through targeted interventions
- 3,830 staff in settings have been trained by ELSEC teams
- 590 educational settings have been engaged, including early years settings (nursery, Reception year) and primary schools

This represents a substantial increase compared to September 2024, when Pathfinders were just starting out with delivery, where 2,104 children had received support through universal interventions, 548 children had been supported through targeted interventions, and 133 setting staff had been trained.

Outcomes for children and families

Outcomes data shared by Pathfinder sites indicates children have made progress against locally measured baselines and experienced benefits in speech, language and communication. This section draws on evidence gathered by the research team through interviews with delivery and setting staff, triangulated with early outcomes reported directly by Pathfinder sites themselves and parent feedback collected by Pathfinder staff through surveys or in-person.

Most Pathfinders compared pre- and post-intervention speech, language and communication scores undertaken by setting and/or ELSEC staff. While this cannot conclusively prove that children would not have made similar progress without the interventions, or that the ELSEC programme alone contributed to their progress, it does provide a useful indication of the progress made. When interpreted alongside the evidence from the research team interviews, the findings show that gains from both universal and targeted interventions were considerable, and greater than the development of speech,

¹⁸ Data is taken from monthly reports submitted by the Pathfinder teams and is a best estimate of the numbers of children, staff and settings benefiting from the ELSEC programme.

language and communication skills that would otherwise have been expected by setting staff, in the absence of the interventions.

This section also describes a range of other outcomes for children that were also reported across multiple Pathfinders, including earlier and more reliable identification of children's SLCN, improvements in children's readiness to participate in learning, social skills, engagement in school and attendance, as well as positive feedback from parents and carers who felt more confident and knowledgeable in supporting their children.

Many of these early outcomes were achieved despite challenges with meeting the amount of previously unidentified need. Across sites, many ELSEC project managers and leads highlighted the scale of previously unidentified need uncovered as a result of ELSEC, because universal or near-universal screening had not been carried out previously. For example, in one Pathfinder, only a third of the children identified as needing support with speech, language and communication had been previously identified:

“[We were] shocked at the amount of children flagging as needing targeted support” – (ELSEC Project Manager)

Similarly, in Barnet, local data showed that the majority of children identified through ELSEC as having significant needs (defined locally as not meeting many of the speech, language and communication developmental milestones) had not been previously referred to speech and language therapy services. Further, the Gloucestershire team also reported that there were high levels of previously unidentified need:

“Screening results showed a huge percentage of children... not where this [setting's] assessment said they should be ... it's enabled us to have a conversation with settings about where our norms are” – (ELSEC Gloucestershire team)

All Pathfinders reported SLCN screening scores for children initially in scope (usually selected year groups in participating settings), and almost all have, or plan to have, rescreening data for children who received low scores and subsequently participated in targeted interventions. Although each Pathfinder measured outcomes differently, there were clear indications that the tailored local approaches to intervention were making a positive difference, with the results of rescreening showing improvements in children's scores, as presented in local reports.

Commonly used screening approaches were WellComm and Early Talk Boost, though some sites used locally developed tools. Bradford, for instance, used their local NHS Trust's Speech Language and Communication Needs Screening Tool, administered in the child's strongest language; while Barnet also developed a set of local tools that were designed to make them convenient and quick for setting staff to be trained to use.

Pathfinders used a 'traffic light system' to classify children by level of need, often in relation to distance from their expected level of speech, language and communication (green for meeting expectations, amber for needing additional support, red for greatest need). However, due to the differences in Pathfinders' approaches and use of screening tools and information used in these assessments, the progress outcomes reported by Pathfinders cannot be directly compared. The results could also reflect differences in local context, priorities, or implementation strategies due to the flexibility given to Pathfinders to design their own local programmes.

Across the Pathfinder areas, the different combinations of both universal and targeted interventions that were implemented led to considerable improvements in children's speech, language and communication. Many Pathfinders reported that at the end of year 1 of ELSEC delivery in settings, the proportion of children needing additional support (amber category) or specialist support (red category) had greatly reduced or reported that those children had made substantial progress by other measures (such as the Word Aware concepts screener used in Luton). Examples of these improvements are described in the following, and the evidence provided from the local Pathfinder data in [Appendix 3: Outcomes data](#).

One illustration of how these improvements were achieved comes from Bradford, where it was identified that a number of children requiring specialist support for SLCN would also benefit from attending targeted intervention groups while waiting for further specialist support. This 'support while waiting' approach allowed many children to receive beneficial interventions while they were waiting for more detailed assessments to be undertaken by the speech and language therapy team and resulted in fewer children requiring specialist support at the end of the academic year.

In an interview, a nursery manager in Bradford stated that the progress from receiving targeted interventions meant that these children were now "more ready for school" and "won't need as much intervention moving forwards as they've learnt from these groups". Setting and delivery staff both stated that more children are now speaking in full sentences and have become better at identifying syllables. Additionally, children gained a lot of confidence in their speaking, with both parents and setting staff reporting how children were using more spoken language.

Portsmouth's model highlighted the value of a structured, multi-layered approach to identifying and supporting children with SLCN. All children in scope were screened using the WellComm tool, and those identified with needs were offered targeted support (Early Talk Boost) through ELSEC pathways. Most children requiring support were able to access appropriate interventions without needing referral to specialist services, suggesting that settings, when supported by specialists, were able to make more accurate and confident assessments. The use of screening data from WellComm, alongside clinical judgement and setting staff input contributed towards a more rounded assessment of each child's needs that helped avoid over-identification of children requiring support. Prior to

ELSEC, this was leading to more referrals to specialist services than necessary. Children who had initially been identified with SLCN in Portsmouth were given a follow up screen after receiving targeted interventions, and many showed meaningful progress. Delivery staff noted that improvements were not only evident in targeted groups but also reflected the impact of universal strategies delivered at scale including the Big Book of Ideas from the WellComm Toolkit.

Pathfinders also reported wider benefits from the personalised support offered through ELSEC. For example, in Portsmouth, children's engagement with intervention groups was reported to have had a positive effect on their attendance:

“One of my children's attendance wasn't too great, and because they were put in the Early Talk Boost group and they enjoyed it ... the nursery said that their attendance improved” – (Speech and Language Therapy Assistant)

Feedback from Luton setting staff was consistently positive, highlighting several key benefits of the interventions that were put in place. In terms of engagement, staff noted that “all children who attended the group were really excited every week to attend” and that “they learn more about understanding and listening”. More holistic aspects of the approach were also praised: “It gives the children a quiet space and it's a nurturing intervention”. Staff further observed improvements in speech, language and communication in relation to vocabulary: “I enjoy how the scheme involves words which are not regularly used/explored” and “it has definitely developed their language”.

Similarly in Gloucestershire, feedback from the Pathfinder team suggested that children in the targeted interventions were making strong progress and that needs were being identified and addressed earlier as a result of the programme: “Children are engaged, they're focused ... they're wanting to be part of it”.

These observations suggest that the programme's impact extended beyond outcomes directly relating to speech, language and communication, contributing to broader improvements in children's wellbeing and participation in school life.

Similarly, other Pathfinders also reported wider positive benefits to children's engagement in learning, often attributed to parent engagement. For instance, in Hartlepool, setting staff reported that improved speech, language and communication, supported by ‘stay and play’ sessions for parents, contributed to better emotional regulation at home. ‘Stay and play’ sessions were used to engage parents and carers in the ELSEC programme, offering practical tools such as information about visual resources and turn-taking games. One Assistant Head reported as a result:

“Lots of our parents have been putting those things into practice and comment that children are actually able to regulate their emotions a lot better at home because they're showing less frustration with their communication” – (Assistant Head)

Parents echoed this sentiment, with one parent sharing in Hartlepool’s local evaluation report:

“I cannot fault the support [child’s name] has received from ELSEC. Her self-confidence is soaring, and she has come out of her shell” – (Hartlepool Parent)

In Oldham, the ELSEC team also noted wider classroom engagement and social participation. Staff interviewed noted that pupils were “more willing to participate in class” and “more sociable at dinnertime,” which staff linked to improved comprehension and expressive language skills. School staff interviewed consistently reported that ELSEC support had a strong impact on pupils’ communication development and classroom participation. Staff observed children becoming “more confident to speak out,” “using full sentences,” and “better able to explain their thinking”. Teachers highlighted clear gains in vocabulary, comprehension, and ability to follow instructions, which in turn supported wider engagement in learning. Several schools noted that children who had previously been reluctant communicators were now “joining in with peers” and “contributing more in lessons”. The programme was also credited with providing practical strategies and resources that staff could use immediately, which they felt had accelerated progress.

Additionally, in Shropshire, Telford and Wrekin (STW), wider benefits to children’s engagement in learning and socialisation were observed by both the support workers and the setting staff. They reported that the targeted intervention groups set expectations of listening to each other, modelling eye contact, and taking turns and sharing. This led to increased confidence in class, less miscommunication between students, and children expressing their needs better, which led to an overall improvement in children’s participation in class. Further, universal screening at the outset was also felt to be important by ELSEC staff, to correctly identify children that could benefit:

“By screening all children in nursery, reception, and Year 1, we were able to identify those who might otherwise have been missed, children who were vocal but not necessarily understanding” – (ELSEC staff member)

Teacher feedback in STW suggested that an emphasis on parental engagement supported and helped to sustain children’s outcomes, developed home-school links, and increased awareness among parents and carers of how best they can support their child’s speech, language, and communication development outside the classroom. In particular, parents of nursery children needing additional support (amber) or specialist support (red) were invited to ‘Talk Away’ parent sessions focused on adult-child interaction and

maximising opportunities for language learning, delivered by ELSEC support workers. All parents reported that they now felt confident about supporting their child's language skills at home. In the local data report provided by the STW Pathfinder, parents also reported communication improvements both at home and in school.

One parent shared:

“When we went shopping she wanted to tell me something and instead of me just rushing on I gave her the time to think about what she wanted to tell me and let her tell me, we then continued shopping with no behaviour issues which is usually not what happens”. – (STW Parent)

Another parent reflected on their child's progress in the classroom:

“Before the [ELSEC] programme, my son rarely spoke in class and when he did it was really difficult to understand him. He rarely even spoke to his peers. But the difference we are seeing in him now is amazing. He volunteers to answers questions and has full sentence conversations with adults in his class” – (STW Parent)

Parental engagement in Barnet was also seen as an essential component contributing to positive outcomes for children and young people. Feedback from parents and carers suggesting that increased knowledge and skills developed through ELSEC played an important role in supporting their child's progress. As one parent shared:

“I now know specific ways to support my child's speech at home, which makes a big difference” – (Barnet Parent)

In the settings receiving intensive ELSEC support in Oldham¹⁹, communication clinics were trialled, providing multi-professional reviews involving ELSEC teams and teaching staff. Children's progress was assessed using WellComm scores, parent feedback, and staff discussion. Delivery staff described several cases of rapid catch-up, with one support worker noting:

“Some children moved one [WellComm score] band, some children moved two bands... some have even moved three bands” – (Support Worker)

School staff attributed this to the combination of targets set in the communication clinics implemented jointly between the school staff and the support workers. Various interventions and strategies were embedded via coaching with the school staff to support children with identified SLCN. Oldham's local evaluation report also highlighted how

¹⁹ 'Intensive support' is the name given by the Oldham ELSEC Pathfinder team for in-depth support that was provided during the whole year, to ten schools. Other schools were also supported, through an 'open offer' that involved less day-to-day input.

layered support quickened progress, including weekly small-group sessions and twice-daily 'five-minute' in-class tasks enabling setting staff to deliver universal support more effectively:

“The packs that we'd put together... it's literally a pack that's ready to go... schools appreciated the resources... it's saved them a lot of time because they could just pick it up and go with it” – (Support Worker)

Additionally in Oldham, support workers also helped setting staff to better understand pupils' needs, for example, enabling better differentiation between needs related to speech, language and communication, and those relating to social, emotional and mental health (SEMH), ensuring appropriate referrals and preserving specialist capacity. Staff could then direct these children to appropriate pastoral or friendship-building interventions rather than speech and language pathways. This in turn helped ensure specialist capacity in the speech and language therapy service was preserved for children with the clearest need.

Outcomes for settings

Across all Pathfinder areas, outcomes for settings were reported to be positive, particularly where staff, their ELSEC teams, and support workers had built strong relationships and were able to deliver interventions as planned. All the Pathfinder areas offered a co-delivery model, in which staff in some or all settings were supported by ELSEC teams to improve day-to-day practice in the classroom. This model also enabled staff to gradually develop their skills in universal approaches, as well as screening children and/or delivering some or all the targeted interventions in school. Collaboration was reported as a strong theme, with ELSEC teams being seen as providing high quality support to setting staff in ways that settings could not have managed themselves.

ELSEC teams were also often seen as trusted partners because support workers were able to provide specialist inputs whilst being embedded in the settings. In interviews, many settings praised the high-quality training on improving classroom environments and day-to-day interaction. Additionally, setting staff valued the support and nudges given to engage with parents and carers via 'stay and play' and other family sessions. Settings expressed enthusiasm about continuing the collaboration with the ELSEC team into the following academic year (2025/26).

In many Pathfinders, settings felt much better equipped to implement universal interventions, better able to identify children with different levels of need (therefore able to make more appropriate referrals to speech and language therapy services) and take on greater responsibility for developing, leading and delivering targeted interventions, supported by ongoing follow-up conversations with the ELSEC teams (e.g. in Bradford, Barnet, Oldham, Luton).

Universal approaches, such as using visual supports in the classroom, improving the quality of adult-child interactions, introducing key vocabulary before teaching, and enabling time for children to process communication, have enabled settings to improve their communication environments. Staff valued simple changes (such as introducing supports such as visual timetables) but also the ongoing coaching, reflection, shadowing and mentoring. These supports helped staff improve the quality of interactions and child observation during continuous provision and free play in the early years or learn from the opportunity to reflectively review videos of their classroom practice with a support worker (e.g. in both Bradford and Barnet).

Setting staff discussed the benefits of these approaches in interviews and in the local evaluation reports provided by Pathfinders. For example, in Luton, the Pathfinder's local evaluation report states that all schools showed a significant increase over the academic year 2024/25 in their scoring on the Communication Friendly Environment Audit Reflective Tools (looking at the physical environment, planning, involvement of parents, adult-child interactions and tracking children's interactions with adults). In STW, staff surveyed commented on the importance of being able to make the small adjustments that can make classrooms communication-rich environments.

In Oldham, setting staff gained confidence and independence in supporting children with a wide range of needs with less dependence on external referral. Several schools that had embedded WellComm and the 'five-minute' routines (e.g. finding and identifying objects, sentence expansion) reported that teachers and teaching assistants were implementing strategies as part of ordinary teaching, with leadership timetabling space for this work. In turn, the ELSEC offer in those schools began to taper from weekly visits to less frequent 'check-ins', reflecting a shift from intensive modelling to maintenance and quality assurance. The communication clinics where staff and support workers met helped to enable transitions between classes and teachers. Support workers prepared simple summaries of 'what's been done' and child profiles, inviting comment from teachers and passing the documents on to subsequent teachers. This supported continuity and resilience, through helping setting staff understand what worked with different children.

Many Pathfinders surveyed setting staff themselves to understand how confidence and skills had improved via informal training from the support workers and occasionally, the offer of more formal training funded via ELSEC. Setting staff across multiple Pathfinders reported growing self-confidence and competence in supporting children's SLCN.

Luton, for example, found increases in setting staff's self-assessed confidence in using and identifying strategies to support language development following ELSEC coaching sessions. The Luton local evaluation report highlighted ways in which staff had adapted their approaches: e.g. identifying spaces that were conducive to or putting up barriers for communication; interacting more with children who needed support; making the most of communication opportunities during outdoor play. Staff also reported a rise in the number of strategies consistently used during child-initiated play. Interviewed staff echoed these

findings, with one teacher noting plans to extend the model across the school into older year groups:

“We’ll use the same model next year for new staff and across the school – training other staff members to improve adult-child interactions and support speech, language and communication needs. Even teachers in Key Stage 2 are becoming more aware of effective strategies” – (Teacher)

In Hartlepool, practitioners in settings were surveyed by the local ELSEC team and the local evaluation report showed that following the training, staff reported increased confidence in adapting communication for a child with communication challenges, identifying communication needs earlier, and confidence in knowing what to do next in terms of adapting practice and environment.

Similarly, when surveyed in LLR by the ELSEC team, staff that undertook a school-based assessment project in Leicester (training schools in assessing SLCN themselves) showed increases in confidence to identify pupils with needs, and match support strategies to different needs. In Barnet, setting staff were asked by the Pathfinder team to rate their confidence level in identifying and supporting children with SLCN before and after receiving ELSEC support; and many more staff following felt confident to support a child with these needs after receiving support. In qualitative feedback to the Pathfinder team, staff reported that they had improved their practice and gained greater awareness and use of targeted strategies and techniques such as ‘more comments, few questions’ and modelling language.

Across areas, setting staff pointed to cultural changes in how their settings approached communication needs overall. For instance, one teacher in STW commented that the presence of HLTAs in schools, deployed as support workers in the ELSEC team, helped shift perspectives:

“We wouldn’t have assumed there was any underlying issue with reluctant children... but the assessments showed us that some of these children had significant language deficits... I think it generally helped the school as a whole, look at, talk in a way that we didn’t before... we would have taken the Talk Boost results from reception and then ignored the issue. Now we’re seeing reluctant children differently” – (Teacher)

The exchange of skills and information resulting from working across health and education was also an important contributor here (see section on [‘Outcomes for partner organisations and the wider organisation’](#))

Outcomes for speech and language therapy workforce

Interviews highlighted several key benefits to the speech and language therapy workforce, including addressing capacity shortages, increasing resilience in speech and language therapy services, as well as support workers themselves developing greater confidence and independence. The learning gained from developing a support worker workforce that is capable of working to support settings is described in the section '[Key learning](#)'. In general, there were many reports across the Pathfinders that support workers had high job satisfaction through undertaking varied and challenging work (when supported by specialist speech and language therapists) and through the learning they had undertaken in their roles:

"We've learned a huge amount. We've had lots of training and hands-on learning and we're now able to do. If we do an assessment, we know where to go from there. We have the confidence now... So yeah, we have learned a huge amount, but I also think we've grown massively as a team"
– (Speech and Language Assistant)

In turn, learning how to provide a support network where support workers and SaLTs can exchange ideas and solve operational and clinical issues was also beneficial to the SaLTs and the clinical leads, who reported gaining skills in leadership, training, and evaluation:

"It's made us better, more rounded therapists – and better managers, too"
– (Clinical lead)

Outcomes for partner organisations and the wider system

Across all Pathfinder sites, there were multiple examples of improved integration and joint working. The delivery of ELSEC often involved pairing different kinds of services across health and education, with speech and language therapy teams typically providing local leadership. In Bradford, for instance, this was facilitated by the speech and language therapists learning to work within the wider specialist children's services team. In STW, HLTAs recruited as support workers benefited from a multi-layered support structure – receiving line management from education teams, operational support from the Specialist Teacher, and clinical supervision from speech and language therapists. ELSEC teams also demonstrated successful engagement with school leadership, as seen in areas such as Oldham and Hartlepool.

Collaborative steering groups in each of the Pathfinders were also considered to have been valuable, especially in the set-up phase, and helped ELSEC teams to negotiate complex funding arrangements. More broadly, the evidence from interviews with Pathfinder leads and senior stakeholders shows that they have had an impact on making strategic leadership in this area more joined up; some have also benefited from Parent and Carer Forum representation. For example, in Oldham the Parent and Carer Forum are

involved in all aspects of the programme and they have led on delivery of workshops and coffee mornings to support families.

The LLR steering group (bringing together stakeholders from the three local authorities, health providers and commissioners, and education services) decided to allocate funding to support local projects to improve universal and targeted provision – Early Talk Boost, assessment training for schools, and the Word Aware project. The multi-agency, multi-local authority steering group helped to resolve the challenges raised by working across different services and local authorities to support a unified approach to delivery.

One of the most significant outcomes reported from improved partnership working was the streamlining and enhancement of referral pathways into specialist services. Through ELSEC, children who might have otherwise been referred for specialist assessment were instead able to access timely interventions, while those whose needs may have been missed were more accurately identified. This approach helped to alleviate pressure on local speech and language therapy teams, reduce waiting lists, and support more effective use of specialist resources.

For example, research interviews indicated that ELSEC was improving referrals by supporting clearer differentiation between mild to moderate SLCN, and other needs (e.g. in Oldham, Hartlepool, and Luton). This resulted from sharing guidance on what to do before making a referral with a wider number of participating schools and helping setting staff distinguish between SLCN, and SEMH needs (such as in Oldham). Elsewhere, support workers helped setting staff understand when to refer to the NHS, how to provide high quality information, and to understand the distinction between early support and intervention (which can be provided in settings) and specialist provision. This helped reduce confusion around referral responsibilities (as in Hartlepool).

Reductions in referral numbers were seen (e.g. in Portsmouth) and reduced waiting times for core services were also identified (LLR):

“We're seeing a reduction in some of the waiting times for the children, which is excellent” – (ELSEC Team member)

In Barnet, the ELSEC team measured the impact of ELSEC on referral patterns by comparing data from participating settings with those that did not take part, both before and after implementation; with data showing that the increases in referrals in ELSEC settings were much smaller than in non-ELSEC settings. In addition, non-educational referrals such as those from GPs, health visitors, or self-referrals fell, which may reflect increased capability in settings to support children and families directly, or increased parental satisfaction with the support that children are receiving in school.

Key learning from the ELSEC Pathfinders

This section looks at the key learning focusing on the challenges to delivery of the ELSEC Pathfinders before summarising some of the important thematic learning to date.

Challenges during early implementation

One of the main challenges for Pathfinders at the start was recruitment and staffing. ELSEC faced workforce shortages in SaLT services, and the time taken to recruit suitable support workers and SaLT assistants was longer than expected.

Challenges included recruiting in a competitive environment and finding professionals with suitable backgrounds, such as those with clinical and/or educational experience. Awareness of support workers as a professional group may be low, and most recruits had relevant experience with children but not specifically with SLCN or speech and language therapy. There were also difficulties in some Pathfinders with recruiting as specific roles were hard to fill (e.g. Specialist Teachers, data roles) or because attracting people to work in rural areas was challenging. However, some Pathfinders found recruitment less challenging and found that the quality of applicants was high.

There was also uncertainty over financial allocations, and the short-term nature of funding discouraged candidates from applying. Pathfinders developed creative solutions, such as ensuring higher pay for ELSEC support workers by employing them at NHS Band 4 (or on similar local authority pay levels), or seconding staff from educational roles into the NHS. Although it was envisaged that support workers with different titles would have similar job descriptions and be banded in the same way across NHS providers, Pathfinders found that the locally tailored activities they planned required each area to develop their own bespoke job descriptions. Writing and agreeing on job descriptions and planning recruitment took time. Job evaluation processes also varied across NHS organisations, and this added additional delays for some pathfinders before final sign off was granted for the ELSEC leads to go out to advert.

Staggered recruitments and bringing in staff temporarily from the main speech and language therapy service teams were approaches also used by Pathfinders to support the development of local ELSEC approaches, to keep the implementation of Pathfinders moving forward. These ongoing challenges highlight the need for sustainable, long-term solutions to the SaLT workforce issue.

Another key insight from the set-up phase of the ELSEC programme was the importance of aligning funding structures with the practical needs of schools. Multi-year funding cycles were identified as a better approach for supporting interventions. Schools in Hartlepool noted that short-term funding made it difficult to commit to planned changes, while authorities in Bradford suggested a three-to-four-year funding structure to better match the

scale and duration of interventions. Schools recommended synchronising funding with the school year to help with a smoother integration of interventions, which would mitigate negative impacts on delivery timelines.

Data sharing and IT challenges

Most Pathfinders experienced challenges in relation to data sharing between different organisations involved in the Pathfinders because of a lack of integrated systems and varying policies between the partners. In some cases, Pathfinder teams needed to undertake time consuming data protection impact assessment (DPIA) processes, commenting on the lack of flexibility available to them.

In some cases, these challenges arose as a result of the short-term funding of the ELSEC programme. LAs and the NHS do not have the resources to support every initiative that requires the development of IT systems, and resources are prioritised to the most important programmes.

Many of the NHS Pathfinders used SystmOne (an electronic patient record system), but each individual Pathfinder had to identify capacity and expertise needed to develop effective local approaches for using it. This included ensuring staff had access to the system and received appropriate training. Where ELSEC staff (or those needing to use data systems) were employed across different organisations, finding practical solutions was particularly challenging.

Capturing the right data in a consistent way often required the input of a specialist who could understand the needs of the service and the capabilities and limitations of data systems. For example, following initial challenges, the LLR pathfinder employed a specialist with an NHS service delivery background who could communicate effectively with NHS IT specialists, secure the necessary resources to begin building the systems needed, and train the ELSEC team on how to input their data correctly to meet local and national reporting requirements. A specialist could also carry out service design (e.g. through process mapping or patient journey mapping) and quality assurance (e.g. looking at batch reports) in ways that a clinical lead, whose main role is to oversee other aspects of service delivery, may not be able to.

Challenges and barriers to implementation reported by Pathfinders

The following section highlights the main challenges that Pathfinders faced and will be attempting to address in the extended year of delivery.

Gaining commitment from settings remains a challenge for Pathfinders, especially in implementing (sustainable) targeted interventions in schools, and in recruiting private and

voluntary sector (PVI) settings in particular. Settings experienced difficulty in releasing time for staff to receive training, supporting the delivery and running of intervention groups, engagement in follow up activities, and ongoing learning and coaching to support improvements in classroom environments and day-to-day practice. Delivery of targeted interventions requires time for staff to be trained to deliver the interventions, whereas universal interventions can be introduced with a degree of flexibility (e.g. coaching could take place during classroom time, such as modelling techniques for interacting with children during free play or continuous provision in the early years) and were often thought to have a more immediate impact by both setting and ELSEC staff. As a result, these strategies were also considered less challenging to sustain and implement, since they were less dependent on staff being released to deliver targeted interventions at times when their capacity might be needed for other priorities.

High staff turnover and availability in settings, especially among teaching assistants who are important in delivering targeted interventions, was also highlighted by Pathfinders. Resource constraints (for example, room or even hallway space availability to deliver the interventions, especially in small nurseries or PVIs) or workload issues (time demands of teaching the curriculum from Year 1 onwards, reliance on agency workers especially in nurseries) were also issues raised by settings.

Pathfinders have attempted to resolve this in different ways, including offering greater flexibility in the intervention model; tailoring the intensity of interventions to the time that schools are able to give; providing 'bite-size' tools that can be implemented quickly; making training and interventions shorter or offering training as twilight/evening or after school sessions. Although it could be argued that these might lead to more variations to the models implemented in each setting, participants also reported that adaptation has also helped focus settings and ELSEC teams on where improvements (e.g. in universal approaches) can be made more easily, and on changes that are more likely to be sustained without ongoing support, in the context of limited resources. The effectiveness of these changes and whether the benefits are worthwhile will be explored in the next round of evaluation.

Some Pathfinders have started to nominate dedicated communication champions who work in settings (who will not necessarily be SENCOs) who are empowered to liaise with other setting staff (e.g. Oldham) or set up termly action planning meetings with senior leaders underpinned by formal partnership agreements (e.g. Hartlepool). It was reported that the latter approach had helped to sustain senior leadership engagement. Regular check-ins between ELSEC and setting staff and jointly contributing to child profiles can help with continuity between teachers and year groups, although this adds to the support worker workload.

The workload for SaLT services and settings involved in screening was more significant than many Pathfinders had initially envisaged. This was especially evident in cases where Pathfinders needed to seek informed parental consent for children taking part in targeted

interventions, or where re-screening more than once was needed because children need different assessment tools as they aged. ELSEC Pathfinders often lacked the resources to carry out screening in languages other than English, and settings often lacked vital information about a child's communication in their home language. As a result, ELSEC teams spent additional time gathering this information, either by engaging with parents or using tools such as the QBex questionnaire, which is designed to explore home language use.

Some Pathfinders felt it was important to be flexible and try to work on improving the use of screening and tracking tools that settings were already familiar with. Others developed their own simple tools that could be implemented more easily and quickly without acquiring a great deal of specialist knowledge by teachers, or focused on supplementing tools by clinical judgment, staff knowledge of the child and parental input. In practical terms, many Pathfinders reported in both their interviews and local evaluation reports that screening tools were supported by wider information from parents and staff to build a more complete picture of the child's needs. Having screening that was considered 'good enough' to identify children's needs at scale allowed SLTAs and others to spend more time developing and sustaining interventions. This was thought to be a better use of time than doing detailed SaLT assessments for all children, although such assessments were still carried out for many children for whom screening indicated a high level of SLCN.

Generally, Pathfinders used different approaches to universal screening at the outset to help identify need and develop a more accurate understanding of which children might benefit most from targeted interventions provided by ELSEC, different intervention strategies in the classroom, or specialist SLCN support. However, some Pathfinders also aimed to better prioritise setting staff and support worker workload by limiting re-screening to children in targeted interventions, or by choosing to not re-screen children whose speech, language and communication development was deemed age-appropriate at the start of ELSEC.

An important learning from Pathfinders was that screening should not be done in isolation from teacher observation, contextual knowledge or parent and carer input. The support of skilled SaLT teams was also considered essential to avoid over-identification of SLCN by settings. Some Pathfinders worked closely with setting staff, who provided their professional judgment to better understand children where there were concerns and identify children that would benefit from more detailed screening.

Pathfinders are still learning about the most effective ways of engaging parents and carers, recognising the importance of their support and participation. Pathfinder staff interviews indicated that parents who are engaged are more likely to feel reassured that support is being provided in school, benefit from using everyday tools to help their child's SLCN. and contribute valuable feedback that supports more rounded assessments of need.

For example, some Pathfinders have found that 'stay and play' sessions (where parents are invited to stay with their children on site during the school day or immediately before or after) were more effective than scheduling workshops at times when parents and carers will be at work or caring for other children. In some cases, Pathfinders also began supporting settings to take more of a lead in organising their own engagement with the wider parent and carer community. Other Pathfinders are working to build in earlier parent and carer engagement, recognising its importance in supporting children's SLCN so it becomes a core element of ELSEC delivery.

Building trust and community links is also important for engaging parents and carers. Pathfinders are working to deliver engagement through Family Hubs (e.g. Portsmouth, Hartlepool); or Parent Carer Forums (Oldham, Barnet). Direct contact and repeated engagement are important to dispel fears too. For example, in Bradford, some parents were reticent to talk about whether they used other languages at home, and furthermore, the consent and QBex questionnaire processes were not well understood. Direct contact via telephone helped to bring about better engagement. Many Pathfinder teams stated in interviews that greater emphasis on parent, carer, and community engagement will be a more significant element in year 2 of programme delivery.

Some children present with additional needs or barriers to learning that need addressing, and in year 2 of delivery, many Pathfinder teams will focus on improving setting staff's ability to distinguish between SLCN and SEMH needs or needs connected with neurodiversity. Poor attendance (e.g. in nurseries where attendance is not compulsory) can also hinder the full implementation of interventions. In a few cases, Pathfinder teams reported pressure from settings to include other children with SEN who were not appropriate for ELSEC. This was addressed by SLTAs spending time with setting staff to explain why some children were appropriate for targeted interventions, while others were not.

Some Pathfinders found it challenging to shift from a more intensive model, where support workers deliver targeted interventions, to a model in which support workers provide less frequent follow-up visits or top-up coaching once setting staff have gained the necessary skills and confidence. Over time, settings and their leadership teams are expected to lead in developing interventions, selecting children, and allocating staff time to deliver them with less regular input from SaLTs or support workers. However, in some areas, the most attractive aspect of the original model was the additional capacity support workers provided to deliver interventions that setting staff could not. As a result, there are concerns about sustainability, particularly if the model becomes less appealing when support workers begin to 'taper off' and hand over delivery responsibilities.

To address this challenge, Pathfinders are placing greater emphasis on embedding support workers in settings for a time-limited period. During this time, they work alongside staff to ensure changes are implemented, provide coaching, facilitate peer support, and focus on universal approaches and everyday classroom practice.

Training, supervision and scope of practice of support workers

Pathfinders all described a great deal of learning connected with how to support, develop and supervise their varied workforce of support workers.

Despite support workers being recruited with differing skills and backgrounds across the Pathfinders, and the varied skill mix among different ELSEC teams, much of the learning about what support workers needed was shared widely across all the Pathfinders. This sharing of practice built on the work undertaken to develop a support worker workforce development framework which was created in co-production with NHSE, Pathfinders and the NHSE parent carer adviser. Many of the learning points discussed here are also in reference to this framework.

Most Pathfinders felt that it was important to recruit support workers in alignment with values, aptitude in working with professionals and children, and their potential to develop. Rather than limiting recruitment to those with backgrounds in speech and language therapy or teaching, it was important to have a workforce with a wide range of professional backgrounds. For Pathfinder staff, this variety enabled better peer-to-peer support and gave support workers greater resilience in adapting to a varied role.

Pathfinders were aware of the risk that support workers, supporting different settings, could become isolated. Therefore, most of the models for training support workers included building in regular opportunities for reflective learning, as well as peer shadowing and observation, and online or in-person team huddles. Frequent site visits by SaLTs and/or line managers were also thought to improve team development. For example, Oldham used monthly peer-to-peer support sessions in addition to clinical supervision. These sessions were cited in research interviews with the ELSEC team and settings as a practical mechanism to share solutions, while targeted top-up training strengthened links between SaLT practice and learning outcomes for the support workers.

Developing effective support workers takes time. ELSEC leads factored in an academic year's worth of experiential and formal learning for support workers, to enable them to develop into the full scope of their roles. Support workers need to learn about the delivery of different interventions, environmental audits and screening tools, as well as acquiring fluency in using a wide range of tools situationally. Additionally, they needed to gain skills in coaching, mentoring and team working with professionals in settings. Mastering this wide scope of practice required time and ongoing support from specialised SaLTs (and Specialist Teachers where they were part of the model).

Experiential learning for support workers has been scaffolded by a wide range of reflective learning tools and frameworks. In Barnet, for example, there was a structured approach to skill development. Support workers in Barnet moved from shadowing experienced SaLTs at the start, to a more collaborative model of delivery supported by coaching and eventually to more independent practice over a three-month period. This included

completion of a 'skills passport' at the start of the support workers' employment, and use of a speech, language and communication self-assessment tool to help with reflective learning and mapping out where each support worker needed to develop skills and knowledge. Support workers have also had access to the Speech and Language UK online modules and received training from SaLTs and external trainers on the different interventions. Structured learning logs were completed after each setting visit and reviewed with clinical staff. Learning logs and competency frameworks were also a feature supporting reflective learning not only in Barnet, but also in Oldham and other Pathfinders.

In Bradford, support workers learned to use the screening tools through shadowing and used the Speech and Language Communication Framework (SLCF) to monitor their skill development and identify priorities for further learning. There was protected time every week for support with a SaLT and planning for the week ahead. Support workers often commented (via interviews or feedback to their own teams) about the value of this support and supervision, and its contribution to job satisfaction:

"I've worked in education previous to this for 26 years. And I've never had this kind of support... supervision happens regularly, which it didn't in my old job" – (Support Worker)

Clinical supervision, either delivered as one-to-one meetings, group supervision, or both, was an essential part of ongoing support and ensuring safe and consistent practice. In Hartlepool, support workers are employed by the LA, and their local authority manager provides managerial supervision. ELSEC supervision is divided between professional supervision, led by the ELSEC Specialist Teacher for educational objectives and service priorities, and clinical supervision (monthly, plus ad-hoc weekly advice) led by the ELSEC SaLT clinical lead. A training needs analysis guided the setup of the extended training framework for the ELSEC support workers' team. In Barnet, the SaLTs completed joint visits with the support workers to provide feedback and coaching, and the support workers also attended monthly group supervision.

Many Pathfinders (but not all) also used ELSEC funds to help their support workers gain a more formal work-based learning qualification. For example, the Luton Pathfinder used Eklan Level 3 which has a lot of reflective practice elements, with additional local training. LLR used the Care Certificate developed by Skills for Care and NHSE to ensure safe practice, and Hartlepool used the Speech and Language UK Level 3 qualification (119 hours of training). In the STW Pathfinder, HLTAs undertook the Level 3 Award in Supporting Children and Young People's SLCN, in addition to intervention specific training (160 hours). Pathfinder teams reported that while the workload for these qualifications could be quite substantial, they were well integrated within the roles and experiential learning.

Other important challenges concerning support workers included managing the fluctuating workload, with the start of the academic year being a particularly challenging time because

of engagement with schools, conducting screening and starting formal training courses. This led some Pathfinders to consider how this workload could be better spread out in the extension year of the ELSEC programme, by streamlining screening processes or staggering the timing of bringing new settings on board (in particular, if settings that started to take part in the last academic year are still receiving ELSEC support).

Another issue was developing an attractive career pathway for support workers while ensuring sufficient retention of staff. While it was recognised that a support worker moving on to (for example) training to become a SaLT or undertaking a SaLT Masters course was a good outcome for the worker, the service, and the profession, balancing this with retaining sufficiently skilled staff for delivery of ELSEC has been challenging.

Engaging parents and carers

All Pathfinder sites agreed that engagement with parents and carers was an essential part of the early intervention approach, where effort is rewarded by more sustainable outcomes. They agreed that it is an element of ELSEC that needs to be built on in year 2 of delivery. Good practice in this area included:

Working with pre-existing channels in settings and staff that are responsible for communicating with parents. In Bradford, the Early Years Lead in one school held one-to-one conversations with parents to emphasise that the ELSEC programme was a faster way for their child to receive support for SLCN. These conversations were instrumental in parents consenting to ELSEC. An Assistant Head and a different Early Years Lead at another school called parents directly to encourage them to sign up for ELSEC and this direct communication from senior leadership helped to engage parents.

Take home activity packs and toolkits with quick activities for parents. These included strategies such as talking at the eye level of the child, pausing for answers, finding objects, and commenting rather than questioning. In Oldham, the ELSEC team worked with the local Parent Carer Forum to distribute these through established channels (coffee mornings, parents' evenings) to capture parent and pupil voice alongside school actions, helping home and school pull in the same direction.

Offering a variety of engagement types, including 'stay and play' sessions. Luton and Hartlepool offered 'stay and play' sessions as part of their offer to the parents of children receiving targeted support. This was to promote adult-child interactions as well as other supportive tools and support engagement in interventions early on. While a variety of engagement types was considered important, 'stay and play' sessions, especially when schools extended invitations, were thought to work particularly well.

Using Family Hubs to reach parents and carers. Interviews with Pathfinders already working with Family Hubs suggested they may provide a good environment to reach families in need. Portsmouth ELSEC is already working with their local Family Hubs, while

other Pathfinders, such as STW, are exploring this as an option for year 2 of ELSEC delivery.

Exploring digital tools to support engagement. Gloucestershire received positive feedback from a small number of parents who used the Pippin Speech Therapy app. The app offers low-cost, easy access to SaLT-approved tools and activities that parents and carers can use. The benefits of this approach will be further examined in the final evaluation report.

Similar learning about the importance of engaging with parents and carers, and making that an integral part of programme delivery, is emerging from the evaluation of the PINS programme. Engagement with parents and carers will be explored further in the final evaluation report.

Engagement with settings

Interviews suggested that many school and nursery staff, particularly those that would be involved in the day-to-day delivery of ELSEC, had received little formal training in speech and language development. It is important for ELSEC teams to not only build the skills of setting staff at all levels, but also to build trust and be mindful of establishing priorities for upskilling staff in ways that are tailored to the setting and introducing gradual change:

“Don’t underestimate the training needs of the team... building your relationship with settings is a massive part of the work” – (SaLT lead)

Several recommendations emerged from Pathfinder teams regarding how best to engage with settings. For example, being sensitive and flexible to scheduling needs, recognising that room availability and timetables can change. Many participants in ELSEC teams also suggested minimising the time staff need to be released from their settings for training, alongside being sympathetic to the pressures of curriculum delivery, such as the time demands of phonics in early years and reception, and physical space constraints, particularly in smaller settings. For example, one Pathfinder enabled the shifting of time allocation between nurseries and schools depending on local demand and the settings’ readiness to deliver interventions independently:

“Every setting’s different... just get to know them and start where they are”
– (SLTA)

Being non-judgmental was thought to build trust and relationships, so that setting staff become comfortable with consulting support workers and asking for informal mentoring.

Pathfinder teams also spoke about the importance of engaging and getting the commitment of senior leadership early on, so that staff could be released to undertake training and delivery, and so that leadership could understand the importance of prioritising SLCN in the setting. Some Pathfinders reported that nominating champions

who are closely involved with ELSEC and can act as a regular presence or contact point, was better than approaching busy SENCOs who are sometimes seen as the logical contact in settings.

Holding regular review meetings with senior leadership can also help keep momentum throughout the year and set expectations around 'non-negotiables', together with regularly coaching staff and reviewing the progress of individual children and the Pathfinder support. For instance, Hartlepool asked all parties involved to sign up to a partnership agreement for the whole academic year, backed up by termly action planning meetings in which the nominated school senior leader and early years lead would meet with the Speech and Language Assistant, the clinical lead and the Specialist Teacher from the ELSEC team. At these meetings, support from ELSEC was agreed considering individual settings' needs and capacity, leading to a support plan that provided a record of decision making and accountability.

Engaging senior staff in identifying staff development needs and co-producing training to help staff deliver improvements to different aspects of speech, language and communication support in those settings was also thought to be important by Pathfinder teams. Pathfinders such as Luton tried to engage settings in deciding on content and developing interventions – e.g. identifying concepts to focus on, determining whether specific elements such as attention and listening were priorities, altering the interventions to accommodate the skills and interests of the setting. Elsewhere, in STW, school senior leaders were consulted in the development of training packages for staff aimed at improving universal provision, which were delivered by Band 7 SaLTs.

Trying not to make engagement with ELSEC support an extra 'task' for teaching staff, particularly when that involved learning outside of the classroom, while ensuring that staff could see progress was seen as important. For universal support, the strategies and tools could be presented as ways to teach differently, rather than extra sessions to carve out of existing time. In Oldham, coaching included training on the WellComm interventions and other specific evidenced based interventions specific to children discussed as part of communication clinics, as well as supporting class teachers in whole class approaches, routines and topics. Further, in Barnet, adult-child interaction strategies were modelled by ELSEC staff in class so that teachers could see pace, prompting and wait-time in action – weaving improvements into day-to-day routines. Follow up visits were offered by the support workers or SaLTs so that setting staff had ongoing opportunities to receive support for any challenges associated with embedding the targeted interventions and other changes. This helped setting staff to feel supported, while at the same time emphasising their central role in keeping interventions going.

An Assistant Head at a primary school advised other settings and ELSEC teams to start small, be reflective, and plan achievable actions rather than trying to do too much too quickly. They recommended focusing on one area at first to build confidence (e.g.

receptive language), and to ask questions early and often. Other Pathfinders tried to prioritise short, ‘bite-size’ changes that could be implemented easily and frequently:

“Schools that are implementing [interventions]... three times a week, 20 minutes each time... are making vast amounts of progress” – (Support worker)

Support workers across Pathfinders emphasised that settings need clear and simple tips (e.g. pause and allow for silence to allow children to speak) and simple tools (use of word checklists, mnemonics like SHREC (Share, Respond, Encourage, Communicate) or setting up quieter areas where children can go if overwhelmed or dysregulated. Communication Friendly Environments Audits or communication checklists were thought to be useful for identifying these sorts of actions. These tools were used to identify improvements and review progress with implementing universal approaches across many Pathfinders. Communication Friendly Environments Audits were also thought to be an effective way of gathering information on the training and support needs for setting staff so that ELSEC Pathfinders could tailor their training to the needs of the setting (e.g. in Hartlepool).

In general, adult-child interaction video coaching was highly valued by many settings where it was offered. Video coaching aimed to get staff to reflect on their own interaction skills and learn strategies to help children with their SLCN:

“Just slowing everything down, giving children more time to process, not talking as much, not asking as many questions” – (Support worker)

Some Pathfinders also set up cluster meetings or surgery meetings to facilitate peer learning or collaborative problem-solving between settings. These helped to upskill more settings and provided a supportive environment for settings to take on more responsibility. This was an important part of the Oldham model, for example, which enabled the ELSEC team to support more settings via the ‘open offer’ than just those settings directly supported to implement interventions.

For the longer term, Pathfinder leads suggested that it might be more effective at the national level to ensure that early years teachers and teaching assistants in nurseries and Reception are better trained in understanding and developing children’s speech, language and communication in their initial training, rather than relying on external staff to develop these skills within schools. Suggestions included:

Ensure that judgments include parent and setting feedback as well as intelligence about home languages and other potential needs that might need addressing in parallel, such as SEMH and neurodiversity.

Adapt delivery over time and prioritise interventions and strategies that can be taken on most easily and be made sustainable (‘owned’ by the setting). However, sustainability

depends on ongoing follow up, review and action planning with input from external specialists to ensure continuity.

Ensure a project manager is in place early on and involve information governance teams from the outset to ensure that gaining consent is not a barrier or is at least as a manageable barrier.

Engagement with other Pathfinders

Lastly, the enthusiasm for collaboration and sharing information between Pathfinders was widely recognised. The demand for sharing learning and providing peer support were acknowledged by NHSE, and in response, the national NHSE team established supportive networks in place such as the monthly Pathfinder Network and SaLT lead huddle meetings. These enabled the exchange of information and knowledge, peer advice, support and guidance to each other, and collaborative problem-solving. Although not anticipated at the beginning of the national programme, all ELSEC Pathfinders acknowledged the value and importance of these additional supports in helping them to develop and implement their models.

ELSEC Pathfinders are also sharing their learning with wider Change Programme local areas who are now beginning to test similar models to ELSEC. Other CPP local areas that are not part of ELSEC have now expressed interest in testing ELSEC and many are exploring how to adapt the approach to local contexts – including hybrid models or versions that focus on screening and staff training.

Conclusions

The interim evaluation report of the ELSEC programme has provided a comprehensive overview of its progress, outcomes, and learning after the first full year of delivery during September 2024 to July 2025.

The evidence demonstrates that ELSEC's 'test and learn' approach has enabled significant innovation in early intervention for supporting children's SLCN, while also revealing the scale of previously unidentified need and the complexity of implementing new workforce models across diverse local contexts.

The programme's core aims of improving early identification and support, reducing demand for specialist services, increasing workforce capacity, enhancing the quality of data on children and young people's needs across different services, and strengthening collaboration between health and education, have been embraced by Pathfinder sites. The evaluation finds that ELSEC is making tangible progress towards these aims, though challenges remain in sustaining workforce development, engaging settings, parents, and carers, and embedding data systems.

The following sections distil the most important findings, learning points, and success factors from the report.

Key findings

The ELSEC programme has achieved substantial reach in its first year. By July 2025, Pathfinders had supported over 17,000 children through universal interventions and more than 4,600 through targeted interventions, trained nearly 4,000 staff, and engaged 590 educational settings. This represents a significant scaling up of support for children with SLCN since the start of delivery.

Across Pathfinders, evidence from interviews and local evaluation reports reveal that children showed measurable progress in speech, language, and communication skills. Universal screening identified large numbers of children with previously unidentified needs, and targeted interventions led to improvements in communication, talking, and engagement in learning. Some Pathfinders were able to show that the proportion of children requiring specialist support (typically the 'red' category or a subset of it) decreased after ELSEC interventions.

Universal screening and upskilling of staff resulted in earlier and more accurate identification of SLCN, reducing inappropriate referrals to specialist services and enabling more children to receive support in their settings. Some sites reported reductions in waiting times and improved quality of referrals.

Staff in participating settings generally reported increased confidence and competence in supporting children with SLCN, with many settings now able to deliver universal and targeted interventions independently. However, it is likely that most sites will still require follow up support or more hands-on support to sustain, own and further develop the delivery of interventions. This is being planned into Pathfinders' delivery for the academic year 2025/26. Support workers developed new skills and reported high job satisfaction, while SaLT leads gained valuable experience in leadership, training and coaching others, and operationalising a new service.

ELSEC fostered stronger partnerships between health, education, and LAs, with multi-agency steering groups being a particularly important feature of the ELSEC model. Parent and carer engagement was also an important feature of Pathfinder delivery, with parents and carers providing positive feedback on the support provided in relation to awareness of the programme or understanding ways they could help their children.

However, challenges remain. Recruitment and retention of support workers, short-term funding cycles, data sharing barriers, and variability in setting engagement continue to present obstacles. However, the evaluation points to a great deal of innovative practice in engaging setting staff, including senior leaders.

While the weight of evidence indicates that Pathfinders are achieving good outcomes according to their local evaluation reports, there are limitations. Although Pathfinder leads reported that the tools that they used were evidence-informed, the validity of screening tools was often unclear, especially for locally developed or adapted ones. The impact of bilingualism and interpreter use on scores was acknowledged but inconsistently recorded. It was also unclear whether all sites retained individual-level data to track progress over time. Timing of screenings also varied, shaped by differing definitions of 'intervention'. Some sites screened before and after specific programmes (e.g. a 10-week Talk Boost), while others used broader timelines aligned with the academic year. These choices were methodologically sound and contextually justified but required clearer conceptualisation of 'intervention' and justification for screening schedules. Therefore, the diversity of local models, while a strength, complicates direct comparison of outcomes, their generalisation, and sustainability planning. Finally, a few sites reflected on external factors that may have influenced outcomes. While the data provided valuable insights and was supported by rich qualitative evidence, stronger methodological clarity would have enhanced confidence in the findings.

The feedback from Pathfinders suggests that the ELSEC programme is meeting a need for building up universal and targeted services as part of a graduated model of meeting children's SLCN. It is enabling more timely intervention to take place where previously children might have been placed on long waiting lists while enabling greater flexibility in the workforce so that it can meet different kinds of needs with the most appropriate kinds of skills.

The focus on upskilling settings and giving staff the skills they need to support children more consistently and effectively in mainstream settings is expected to lead to greater sustainability, as those staff will be able to develop and deliver those services themselves. Therefore, in response to the need for more early intervention, ELSEC is helping to develop both universal and targeted approaches in ways that work around the constraints on the whole workforce.

Key success factors

This section gives a summary of the most important key ingredients for success thought to be/reported to be important, irrespective of the skill mix, interventions or emphasis of approaches to early intervention in addressing SLCN that take inspiration from the ELSEC programme. The key success factors emerging from the learning to date include:

Integration of universal and targeted approaches to early intervention, supported by a flexible offer in screening and assessment, alongside a menu of interventions and strategies co-produced with parents and settings, tailored to suit different contexts, needs, and starting points. The evidence presented in this report demonstrates the value that well-trained and appropriately supervised support workers bring to improving provision for SLCN, making it more inclusive and accessible.

Approaches that can be implemented and sustained by setting staff, including universal strategies, initial assessment, progress tracking, and targeted interventions. These should be straightforward enough to continue over the long term with limited external support, ensuring sustainability and reducing dependence on embedded ELSEC staff.

Involving parents and carers as a key part of the model, both to impart skills and provide reassurance. Information from parents and carers also offers contextual information to help understand children's needs and tailor interventions. This requires sustained effort and multiple strategies to engage different groups, led by both settings and speech and language therapy services.

Ensuring parent and carer input at every stage of implementation, for example through Parent Carer Forums taking on a strategic role in the design and delivery of interventions as equal partners alongside the local authority and NHS bodies.

Prioritising trust and relationship building with settings, including their senior leadership and supportive partner agencies at the strategic level. This fosters the ability to hold challenging but necessary conversations about aligning funding, timelines and staffing to bring about whole school approaches to SLCN.

Recognising that training and developing support workers takes time – and that key ingredients of effective learning include reflective practice, strong clinical and educational

oversight, peer support, and a gradual transition from shadowing to more independent practice as a support worker.

Key learning points

The evaluation highlights the critical importance of early intervention. The programme's emphasis on universal screening and early support is successfully addressing previously unidentified speech and language needs and helping to prevent escalation. However, the scale of previously unidentified need is greater than anticipated. Targeted interventions may need to be further 'universalised' to meet demand.

Building a resilient support worker workforce takes sustained investment in recruitment, training, supervision, and peer learning. Reflective practice, clinical oversight, and gradual transition to more autonomous roles over a year of practice are essential for effective workforce development.

Successful implementation depends on building trust and relationships with settings, tailoring interventions to local needs, and involving parents and carers as active partners. Flexible delivery models, ongoing coaching from support workers and specialists, and co-production of resources with settings are likely to enhance sustainability, by integrating new strategies and interventions into day-to-day routines, interactions and learning. The engagement of school leaders in the strategic planning of support for SLCN in their schools is particularly crucial for embedding change and improvement in mainstream provision (universal and targeted approaches) and generating the conditions for working together successfully with specialist services such as speech and language therapy. Such a cultural change within settings will help to sustain the interventions over time and ensure they are embedded as whole school approaches.

The setup phase of ELSEC has demonstrated that overcoming barriers (e.g. aligning funding, information sharing, planning an effective programme) to working across organisations requires creative solutions, robust mechanisms for involving stakeholders (including parents and carers) and mutual trust. Given the time required to overcome data protection and sharing issues, recruit staff, and engage settings and parents, this should be factored into future rollout, alongside sharing the learning from the experiences of the first ELSEC pathfinders. Stakeholders have noted that six to nine months would be necessary, to lead into operational activity in with children in settings. Longer term funding would support improvements in recruitment and retention, provide added incentives for LAs and NHS bodies to prioritise building IT infrastructure, and allow time to adapt interventions over time.

Allowing Pathfinders to tailor models to local contexts fosters innovation and ownership but also requires clear frameworks for sharing learning and scaling effective practices. Here, national support via the Pathfinder network meetings has been highly valued.

Sustainability depends on long-term planning. Multi-year funding, alignment with academic calendars, and embedding skills in settings with strategic leadership for addressing SLCN provision in settings are key to sustaining improvements beyond the programme's lifetime. Transitioning from intensive external support to less regular follow-up and peer-led models should be a priority for the next academic year.

The ongoing evaluation of ELSEC will examine how the programme and the local Pathfinders continue to develop in 2025/26, with an emphasis in the fieldwork on parents and carers, and settings' views (including leadership); strategic involvement of parents and carers; and the actions that Pathfinders are taking to spread effective practice, embed changes and support sustainability.

Appendices

Appendix 1: Glossary

Term	Definition
Bandings (NHS)	Bandings reflect staff pay grades and responsibilities, Band 1 being the lowest and 8 the highest
Black Sheep Reception Narrative	A programme aimed at developing children's speaking and listening skills through narrative using an approach that can be used in small groups
Change Programme (SEND and AP Change programme)	The wider DfE reform programme for special education needs and mainstream inclusion, testing key reforms
Chatter Cats	A locally developed intervention used by the Luton Pathfinder
Classroom Dojo	A digital platform for communication between parents and settings
Communication clinic	A meeting convened to discuss a child's progress and interventions (Oldham Pathfinder)
Communication friendly environment audit	An approach to reviewing how well classrooms as a physical and social space support speaking, listening, and understanding for all users, especially children with Speech, Language and Communication needs
Concept Cat	A universal, whole-class intervention used by ELSEC Pathfinders
Early Talk Boost and KS1 Talk Boost	A targeted programme for the early years, aimed at children who need help with talking and understanding words
Elklan	A training provider focused on speech, language and communication development
Family Hub	A place where families can access a range of useful services. See Family Hubs and Start for Life programme guide published by DfE
Graduated Model	A model whereby different support for speech, language and communication is categorised into universal, specialist and targeted approaches
Hanen	Hanen: It Takes Two to Talk is a ten-week programme which consists of a parent-only group led by a speech and language therapist, together with an individual home visit, for children with expressive language difficulties, as well as difficulties with receptive language or other areas e.g. play

Term	Definition
Language rich environment	An environment that supports high quality social interaction and communication
Lift off to Language	A speech, language and communication programme for early years settings (Luton Pathfinder)
Makaton	A programme that uses signs, symbols and speech to give people options for communication
Nuffield Early Language Intervention	The Nuffield Early Language Intervention is a programme that aims to improve the oral language skills of children aged four to five years
Pathfinder	A place where ELSEC is being piloted and evaluated under the ELSEC programme, in a single or multiple local authority footprint
Peep Talking	A group intervention that takes place over seven weeks for parents and children, led by a support worker, for children with expressive language difficulties only
Pippin Speech Therapy app	An app designed to assist parents and carers in supporting their child(ren)'s speech, language and communication skills, offering tools such as assessments, tracking tools and activities to help children learn to talk.
Screening (assessment)	The process or tool used to better understand a child's needs prior to interventions taking place
Support Worker	A worker who supports settings and children in the ELSEC programme, alongside Speech and Language Therapists and Specialist Teachers
Talk Away	Name given to sessions for supporting parents in ELSEC (STW Pathfinder)
Theory of Change	An approach to illustrating and describing how programme inputs and activities lead to outcomes and impacts
Wellcomm	A speech and language toolkit for screening and supporting children's language development, and measuring their progress
Word Aware	An approach to supporting children's vocabulary development used in settings

Appendix 2: Theory of Change

The programme Theory of Change was developed in June 2024 prior to the first full year of delivery. A revised Theory of Change will be presented in the final report.

Inputs and activities	Outputs	Short-term outcomes	Medium-term outcomes	Impacts
<p>Inputs</p> <p>Government and NHSE funding over 2 years to Integrated Care Boards (ICBs).</p> <p>Existing screening and referral systems for SLCN.</p> <p>Synergy and efficiencies of scale with other Change Programme reforms.</p> <p>Support from other local areas in Change Programme Partnerships (CPPs) and REACH.</p> <p>Support and ‘buy-in’ from schools and early years settings.</p> <p>‘In kind’ support provided by SaLT clinical teams and support staff in schools.</p>	<p>Greater capacity in the workforce supporting children with SLCN in settings.</p> <p>School and early years staff trained to identify and support universal and targeted speech and language interventions.</p> <p>Better communication and data sharing systems in place between schools/early years settings and clinical teams supporting SLCN.</p> <p>Better triaging of children and young people with SLCN.</p>	<p>System level</p> <p>Improved identification for SLCN for children and young people in early years and primary schools.</p> <p>Children and young people have access to quicker, more appropriate, and high-quality support.</p> <p>More consistency in the triaging and delivery of support in the local area.</p> <p>Identification of effective workforce models.</p> <p>More effective joint working between settings and clinical teams.</p> <p>More efficient use of Speech and Language Therapists’ time.</p> <p>Improved use of data on children and young people with SLCN.</p> <p>Improved prioritisation and leadership of SLCN in ICBs and LAs.</p>	<p>Improvement of the quality of support provided to children and young people with SLCN.</p> <p>Reduction in referrals to specialist services and/or shorter waiting times because more appropriate and timely support is available.</p> <p>Increased trust from parents in the quality of the speech and language support available to their children.</p> <p>More effective working relationship between early years, schools and health services (SaLT services, ICBs).</p>	<p>Improved attainment and learning for children and young people with SLCN and a reduction in the attainment gap.</p> <p>Improved children and young people’s experiences and enjoyment in school.</p>

Inputs and activities	Outputs	Short-term outcomes	Medium-term outcomes	Impacts
<p>Activities</p> <p>Establishing a project team to lead on the delivery of interventions.</p> <p>Development/refinement of a consistent pathway for delivering universal or targeted interventions which involves increased collaboration between settings and clinical staff.</p> <p>Review and refine existing screening processes.</p> <p>Appropriate training for staff in specific settings to support them to deliver universal or targeted support.</p> <p>The delivery of appropriate interventions based on need.</p> <p>Establishment of effective data sharing arrangements to improve joint working.</p>	<p>Increase in some areas of children and young people being screened for SLCN.</p> <p>Guidance for schools/early years settings on what support should be required for certain needs.</p> <p>Development of practical training resources for SLCN support workers.</p> <p>Increased number of children and young people receiving speech and language support relevant to their needs.</p>	<p>Setting level</p> <p>Increased capacity to support children and young people with SLCN.</p> <p>Improved teacher experiences, skills and confidence in supporting children and young people with SLCN.</p> <p>Increased understanding of and prioritisation of SLCN among senior managers.</p> <p>Individual level</p> <p>Improved family experiences of the system and ability to seek help.</p> <p>Children and young people learn in a language rich environment.</p> <p>Children and young people's SLCN are being met or have been met earlier (greater equity in service provision/availability for all children).</p>	<p>Improved resilience of the workforce as more people known how to help children with SLCN.</p> <p>Improved retention and recruitment of Specialist Speech and Language therapy staff.</p>	<p>More efficient use of DfE/NHS budgets allows more children and young people with SLCN to be supported.</p> <p>Improved capacity (people, funding) to support all children and young people with SLCN appropriately.</p> <p>Good practice is shared more widely outside Pathfinders.</p>

Appendix 3: Outcomes data

The following tables summarise and highlight the key evidence for outcomes for children provided by the ELSEC Pathfinders in their local evaluation reports.

Although the screening/assessment tools chosen by the Pathfinders varied, nearly all Pathfinders used tools that categorised children into three bands, using a ‘traffic light system’. This resulted in children being classified by level of need, often in relation to distance from their expected level of speech, language and communication: ‘green’ (meeting or exceeding age expectations), ‘amber’ (needing additional support), and ‘red’ (greatest need or a need for referral to specialist services).

The shift in individual children’s level, or the overall proportion of children in each band pre- and post-intervention, was usually the main way of subsequently measuring children’s progress or improvement across Pathfinder sites. The results for each local Pathfinder in year 1 of the ELSEC programme are presented in the following tables. Seven of the nine Pathfinders have gathered and provided data in this way.

Importantly, the evidence presented is specific to each Pathfinder site, reflecting the distinct local contexts, approaches, and data collection methods used.

Where contextual information has been provided about the local data collection, this is included so that the reader can understand more about it.

Table A2.1. Screening outcomes for Barnet

Category	First screen (before ELSEC team support)	Rescreen (after ELSEC team support)
Significant SLCN (Red)	404 children	189 children
Mild-moderate SLCN (Amber)	1,161 children	539 children
Age-appropriate speech, language and communication (Green)	1,848 children	2,494 children (this includes the children who initially screened as age-appropriate)
Overall number of children screened	3,413 children screened ²⁰	1,374 children rescreened ²¹
Total children across settings	3,611 children (across 48 settings)	3,420 children (across 45 settings) ²²

Source: Barnet local ELSEC evaluation report

In Barnet, out of 3,611 children in ELSEC settings, 3,413 children were initially screened. 198 children were not screened at all due to having an EHC plan/identified with significant needs. Of the 3,413 children screened, 404 children were identified with significant SLCN ('red'); 1,161 children were identified with mild-moderate SLCN ('amber'); and 1,848 children were identified with age-appropriate speech, language and communication ('green').

After receiving support from the ELSEC team, 1,374 children were then rescreened. The children initially identified with age-appropriate language skills ('green'; 1,848 children) were not rescreened due to staff capacity. Additionally, 134 screeners were not returned; and 57 children left their setting. After rescreening, the number of children with significant SLCN ('red') reduced to 189 children; the number of children with mild-moderate SLCN reduced to 539 children; and the number of children with age-appropriate speech, language and communication increased to 2,494 children. There was also a small proportion of children initially identified with mild-moderate needs ('amber') who were presenting with significant language needs ('red') after rescreening.

²⁰ 198 children were not screened at all due to having an EHC plan/identified with significant needs.

²¹ The 1,848 children initially screened with age-appropriate language skills ('green') were not rescreened due to staff capacity.

²² 191 fewer children at rescreen as 134 screeners were not returned; and 57 children left their setting.

Bradford

Table A2.2. Screening outcomes for Bradford

Category	First screen (autumn term 2024)	Rescreen (summer term 2025)
Require specialist SLCN support (Red)	221 children	128 children
Require targeted SLCN support (Amber)	140 children	75 children
Age-appropriate speech, language and communication (Green)	200 children	358 children
Overall number of children screened	561 ²³ children	361 children rescreened ²⁴

Source: Bradford local evaluation report

A total of 614 children were screened in autumn term 2024 in Bradford. Of these, 53 children left their setting during the school year and were not rescreened. In addition, the 200 children initially assessed as age-appropriate ('green') were not included in the rescreening. The data in Table A2.2 therefore reflects the progress of the 561 children who remained in the ELSEC programme in Bradford throughout the first academic year of delivery.

After initial screening, 221 children were identified as needing specialist SLCN support ('red'); 140 required additional/targeted SLCN support ('amber'); and 200 children were identified as age appropriate/not needing additional support. By the end of the academic year (summer term 2025), the number of children needing specialist SLCN support ('red') had reduced from 221 to 128 children; the number requiring targeted interventions ('amber') had reduced from 140 to 75; and the number of children who were now age-appropriate ('green') increased to 358 children.

²³ A total of 614 children were screened in autumn term 2024. However, of those children, 53 left their setting during the school year, and were subsequently not rescreened. Of the 53 children who left their settings, 31 had been in the red category and 22 in the amber category.

²⁴ The 200 children initially screened as having age-appropriate skills ('green') were not rescreened.

Table A2.3. Screening outcomes for Hartlepool

Category	First screen (before Early Talk Boost support) (% rounded up)	Rescreen (after Early Talk Boost support)
Working below age-related expectations (Red)	37 children (31%)	16 children (13%)
Working towards age related expectations (Amber)	63 children (53%)	41 children (35%)
Working at age related expectations (Green)	6 children (5%)	35 children (30%)
Child's age was chronologically too high for the targeted intervention (blue)	12 children (10%)	26 children (22%)
Overall number of children screened	118 children	118 children rescreened

Source: Hartlepool local evaluation report

In Hartlepool, Early Talk Boost was one of the targeted interventions used to support children with mild to moderate language challenges. Following the intervention, the percentage of children identified as working below age-related expectations ('red') decreased from 31% to 13%; the percentage of children who were identified as working towards age related expectations ('amber') reduced from 53% to 35%; and the percentage of children who were identified as working at age related expectations ('green') increased from 5% to 30% of children.

Luton

Table A2.4. Screening outcomes for Luton: Sentence 1

Category	First screen	First rescreen (after cycle 2 of ChatterCats intervention)	Second rescreen (after cycle 3 of ChatterCats intervention)
Red	290 children	38 children	13 children
Amber	151 children	28 children	18 children
Green (age-appropriate)	367 children	228 children	154 children
Overall number of children screened	808 ²⁵ children	294 children	185 children

Source: Luton local evaluation report

Table A2.5. Screening outcomes for Luton: Sentence 3

Category	First screen	First rescreen (after cycle 2 of ChatterCats intervention)	Second rescreen (after cycle 3 of ChatterCats intervention)
Red	262 children	27 children	5 children
Amber	223 children	67 children	47 children
Green (age-appropriate)	321 children	198 children	130 children
Overall number of children screened	806 ²⁶ children	292 children	182 children

Source: Luton local evaluation report

In Luton, every child was screened initially unless the school reported that the child had wider SEN and/or it was not appropriate; screening was discontinued if deemed inappropriate. QBex or parent questions were also used when additional languages were

²⁵ 808 children were screened initially, and 859 children were screened over the course of the full year. New children joining through the year were screened later. Children who might have been considered inappropriate to screen at the start, but then thought appropriate, could be screened later in the year for example.

²⁶ During the initial screening period 2 children left. 14 children's screening was discontinued as it was deemed inappropriate.

reported. All children's screening was discussed with school staff; screening data alongside staff concerns, parental information, and information about additional languages informed whether a child joined the targeted intervention. Rescreening was only given to children who were taking part in interventions using Sentences 1 and Sentences 3 subtests of the Speech and Language UK Progression Tools and the Word Aware Concept Screener. Children could be added to later intervention cycles if their school had concerns; new children were screened and considered for intervention.

Oldham

Table A2.6. Outcomes for Oldham

School	Children screened (below aged expectations initially)	% / No. making progress	% / No. age-appropriate at end of year screen
School 1	12 children	100% (12/12 children)	42% (5/12 children)
School 2	8 children	87.5% (7/8 children)	75% (6/8 children)
School 3	10 children	80% (8/10 children)	50% (5/10 children)

Source: Oldham local evaluation report

In Oldham, WellComm has supported schools to identify and support children with speech, language and communication concerns at a universal and targeted level. Table A2.6 demonstrates a sample of WellComm scores for children who did not meet age related expectations on their initial screen, received support through ELSEC, and were re-screened at the end of the academic year.

To note, WellComm was just one measure of progress, specifically around language skills, used by Oldham. Other children were supported for social communication and speech, where pre- and post-WellComm scores were not used as a progress or impact measure.

Portsmouth

Table A2.7. Screening outcomes for Portsmouth

Category	Children screened (below aged expectations initially)	% / No. making progress
Targeted and/or specialist support (Red)	487 children	156 children
Targeted support (Amber)	344 children	219 children
Universal support (Green; age appropriate)	413 children	691 children (this includes the children who initially screened as age-appropriate)
Overall number of children screened	1,244 children	653 children rescreened

Source: Portsmouth local evaluation report

A total of 1,244 children were originally screened using WellComm. These children were then directed into different pathways depending on their initial screening results:

- 413 children screened green and entered the Universal pathway, as their skills were age-appropriate.
- 344 children screened amber and entered the Targeted pathway, receiving support through Big Book of Ideas.
- 487 children screened red. Of these:
 - 381 children followed the Targeted pathway, receiving Early Talk Boost or Big Book of Ideas under SLT oversight.
 - Approximately 106 children required more complex support and were referred to the Specialist pathway for individualised packages and/or referral to the Core Service.

Not all children were rescreened following intervention. Of the 1,244 children initially screened, 413 who presented with age-appropriate skills (green) were not rescreened. A further 106 children who had screened red and were placed on the specialist pathway also did not undergo rescreening, since they were receiving individualised support packages (this figure is approximate due to data quality issues). In addition, 72 children who had initially screened red or amber moved out of scope before a rescreen could take place. After accounting for these children, a total of 653 children who followed the targeted pathway were rescreened.

Rescreening results showed a clear shift in outcomes. A total of 156 children continued to screen red; the number of children screening as amber reduced to 219 children; and the number of children with age-appropriate speech, language and communication increased (green) to 691 children.

Shropshire, Telford and Wrekin

Table A2.8. Screening outcomes for children in nursery in STW

Category	Before 10-week Talk Boost intervention	After 10-week Talk Boost Intervention
Specialist support (Red)	35 children (22%)	25 children (15%)
Targeted support (Amber)	123 children (76%)	67 children (42%)
Universal support (Green)	4 children (2%)	69 children (43%)
Overall number of children screened	162 children	161 children

Source: STW local evaluation report

Table A2.9. Outcomes for children in reception in STW

Category	Before 10-week Talk Boost intervention	After 10-week Talk Boost Intervention
Specialist support (Red)	9 children (6%)	3 children (2%)
Targeted support (Amber)	139 children (92%)	30 children (20%)
Universal support (Green)	0 children (0%)	115 children (78%)
Overall number of children screened	148 children	148 children

Source: STW local evaluation report

Table A2.10. Outcomes for children in year 1 in STW

Category	Before 10-week Talk Boost intervention	After 10-week Talk Boost Intervention
Specialist support (Red)	13 children (10%)	1 child (<1%)
Targeted support (Amber)	123 children (90%)	28 children (21%)
Universal support (Green)	0 children (0%)	107 children (79%)
Overall number of children screened	136 children	136 children

Source: STW local evaluation report

The data from Shropshire, Telford and Wrekin (STW) looks at the outcomes for children who experienced the 10-week Talk Boost targeted intervention. Overall, 1,742 children were screened and 1,636 were rescreened following the ELSEC intervention (including those children who experienced universal, as well as other targeted interventions).

There was insufficient capacity to deliver targeted interventions to all the children initially planned, as more children than expected were identified with SLCN. The interventions therefore focused on those children who were suitable for ELSEC, but who also met local criteria for the highest levels of need as measured by the Early Talk Boost progress tracker.

Children whose initial screening result was 'green' were not rescreened. Not all children who initially screened 'amber' received Talk Boost – those children with higher amber scores received the universal offer. Those children with greater needs received the targeted intervention, whose outcomes are given in Tables A2.8-10. Please note, children whose results were 'red' received 'targeted plus' interventions and a further assessment from a SaLT.



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