SuperPenguin



YEAR 1 CASE STUDY

Digital speech and language support for families in south-east Essex

SuperPenguin's first year with Essex Partnership University NHS Foundation Trust

November 2025 to October 2026

Prepared by SuperPenguin

Illustrative photograph. RDNE Stock project / Pexels

01 AT A GLANCE

The first year in six findings

EPUT introduced SuperPenguin in November 2025 to strengthen the practical guidance available to families at home. Its first year shows use between service contacts, positive topic ratings and an early signal of progress towards parents' own goals.

What is SuperPenguin? A mobile app for parents and carers, with practical ways to support a child's speech, language and communication through everyday interactions. **Children do not use the app.**

451

app accounts recorded activity during the first year

1,734

learning topics completed, by 317 accounts

4.3 / 5

average topic rating, from 295 ratings by 92 verified parent/carer accounts

55%

75 of 136 topic-completing accounts used topics outside 09:00 to 17:00, 01/07 to 30/09/2026

16 of 27

parents who rated the same goal again reported progress towards it

1,532

health visitor signposts across six reported months between December 2025 and June 2026

App figures cover 12/11/2025 to 31/10/2026 unless stated. Each result has its own source and group. They should not be added together or read as one funnel. Signposts are not unique families or confirmed app users. Sources: page 11.

How the year unfolded

12/11/2025
Staff training and service launch.

01/12/2025
EPUT sets out its reasons for strengthening guidance.

April 2026
Referral SMS offers recorded in the service workbook.

October 2026
Autism and social communication support available.

11/11/2026
Service lead reports on use in routine care.

02 THE STARTING POINT

Why EPUT introduced SuperPenguin

EPUT's children's speech and language therapy service supports families in Southend, Castle Point and Rochford. Its Balanced System approach places families, education settings and community professionals alongside specialist clinical care. [1]

After funding cuts led to the decommissioning of its universal offer, the service wanted stronger, more accessible advice for families. EPUT described the need in its own words:

> **"Our universal offer needed to be more robust"**
>
> EPUT principal speech and language therapist, written correspondence, 01/12/2025

The service wanted parents to have guidance they could use at home while waiting for further input. It also needed a resource that colleagues in settings and health visiting could recommend. [2]

> **"The advice given in the app aligns to the advice we give but the big difference is that this is delivered in small bite sized pieces at the pace that parents/carers can control at home."**
>
> EPUT principal speech and language therapist, 01/12/2025

SuperPenguin therefore became a way to put familiar professional advice within reach between contacts, in a format parents could revisit at their own pace.



Illustrative photograph. Tima Miroshnichenko / Pexels

Part of the public offer

EPUT's January 2026 offer to families lists SuperPenguin as free universal and waiting-well support, available through its advice line or a clinical video appointment. [3]

Guidance beyond appointments

The aim was practical support families could use while the service considered a referral, between contacts and alongside intervention.

Guidance parents can use at home

SuperPenguin helps adults learn ways to support a child's speech, language and communication. The ideas fit into ordinary moments, including play, mealtimes and sharing a book.

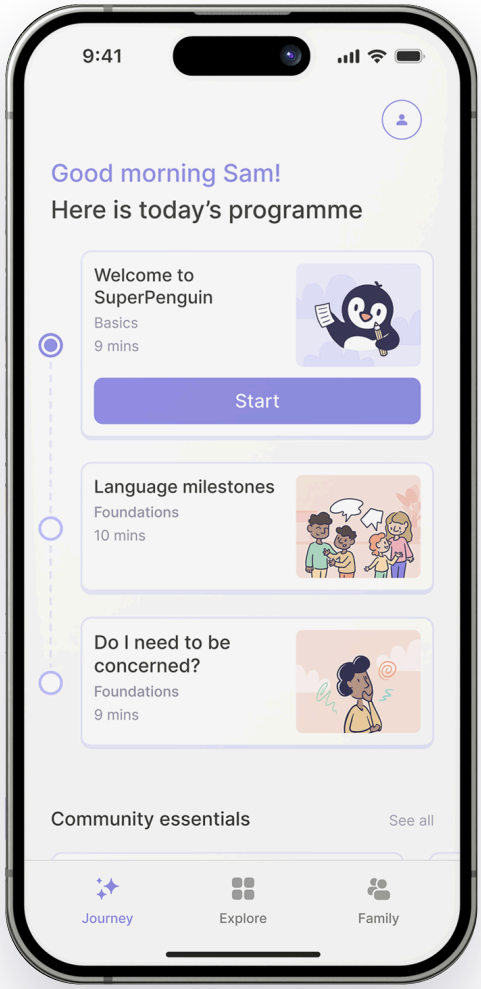
Children do not use the app.

Parents and carers use the guidance themselves, then try the ideas in everyday interactions with their child.

What parents find inside

- **Short learning topics.** One idea at a time, in plain language.
- **Videos and animations.** Narration, subtitles and transcripts support different ways of learning.
- **Practical activities.** Suggestions to try at home.
- **Relevant guidance first.** Opening questions help organise the topics.
- **Best Hopes.** Parents choose a goal and rate how close they feel to it over time.
- **Family Sharing.** Other adults supporting the child can access the same guidance.

EPUT began with general communication guidance and support for language delay, speech sounds and stammering. Autism and social communication support were available by October 2026 (page 9). [2,4]



SuperPenguin product example, not an EPUT family record.

How families get access

A professional shares an **activation key**, often as a QR code or a link in a message. A parent downloads the app and uses the key to access the guidance offered by the service.

EPUT offered access through clinical contacts, its advice line, referral messages and health visitors. This placed the invitation within contacts families already had with services. [3,5,6]

04 IMPLEMENTATION

Making guidance part of routine care

The service moved from staff training to routine offers at referral and across the care pathway.

1
Prepare staff
Launch training on 12/11/2025 introduced the content and how to offer access.

2
Make access easy
Flyers and staff lanyard cards put activation keys close to the point of contact.

3
Use familiar routes
Health visitors, the advice line and clinical contacts offered the app.

4
Offer at referral
Universal access became standard for new preschool referrals.

5
Review the offer
App activity, service records and the lead's feedback informed the next steps.

> **"We offer the universal app access to all new preschool referrals as standard so that families have this advice to follow whilst a decision is made as to whether the referral is accepted or not."**
>
> EPUT service lead, service feedback, 11/11/2026

How quickly was guidance offered?

Same day

Usually, after community or direct service contact

1–7 days

Usually, after a formal referral

Timing reported by the service lead on 11/11/2026, based on recorded figures they had checked. These are reported timing categories, not a measured average for every family. [6]

Across the care pathway

The lead reported offers before referral, at first contact, after advice where no appointment was planned, while waiting for a first appointment or intervention, and alongside intervention. [6]

Community reach

1,532 health visitor signposts were recorded across six months: December 2025, January, February, April, May and June 2026. These count recommendations, not unique families. [5]

05 ENGAGEMENT

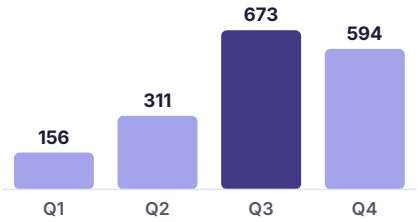
Guidance that fits around family life

451 app accounts recorded activity in EPUT's first year. **317 completed at least one topic**, recording **1,734 topic completions** between them. [7]

Topic completions averaged **78 a month** from December to March. From April, when EPUT began sending a text message with each new referral, they averaged **200 a month**. [5,7]

A topic is one unit of guidance. Completing several topics shows engagement with the content, not a clinical outcome.

Topics completed by quarter

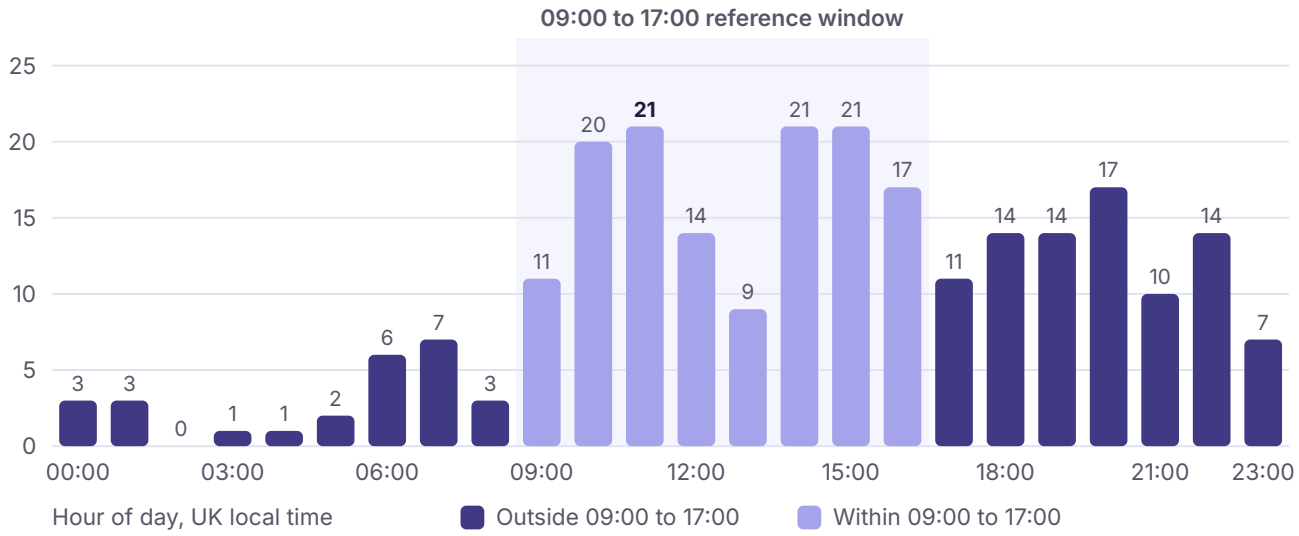


Q1: 12/11/2025 to 31/01/2026. Q2: February to April. Q3: May to July. Q4: August to October. Total 1,734. [7]

More than half used topics outside 09:00 to 17:00

75 of 136 accounts (55%) completed a topic outside this daytime window between 01/07/2026 and 30/09/2026. Guidance was being used at times beyond a usual working day.

Accounts completing a topic in each hour



UK local time, all days of the week, 01/07/2026 to 30/09/2026. One account can appear in several hourly bars, so the bars cannot be added together. The 55% figure counts each account once across all hours outside the reference window. [7]

Available when a parent has time

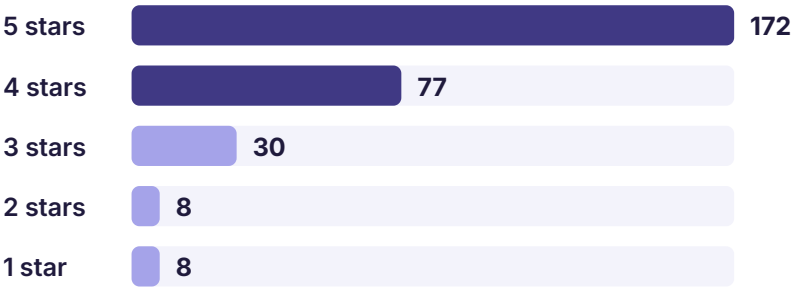
A professional recommendation can remain useful after the appointment ends. Parents can return to a topic when they have space to read, watch or try an idea at home.

06 FAMILY EXPERIENCE

Positive ratings, practical hopes

Parents rated individual learning topics positively. Their own goals show why practical, understandable guidance matters.

How parents rated the topics



4.3 / 5

Average topic rating

249 of 295 ratings were four or five stars, about 84%.

295 topic ratings from 92 verified parent/carer accounts, 12/11/2025 to 31/10/2026. A parent can rate several topics. [8]

What parents hoped to gain

In their Best Hopes entries, parents described wanting to understand how to help and to feel better equipped for everyday support.

> **"I want to be able to help him more so he hopefully becomes less frustrated and feels like he's heard rather than a guessing game when it comes to things he would like"**
>
> Parent's goal recorded in July 2026

> **"I want to make sure I have all the correct tools to help [my child] and that I'm doing the right things"**
>
> Parent's goal recorded in October 2026

> **"I want to learn more about how I can best support [my child]. I want to feel less anxious about [my child]'s struggles."**
>
> Parent's goal recorded in June 2026

Goals written by parents in the app. Names were replaced with "[my child]". These are parents' hopes, not reports of benefits already achieved. [8,9]

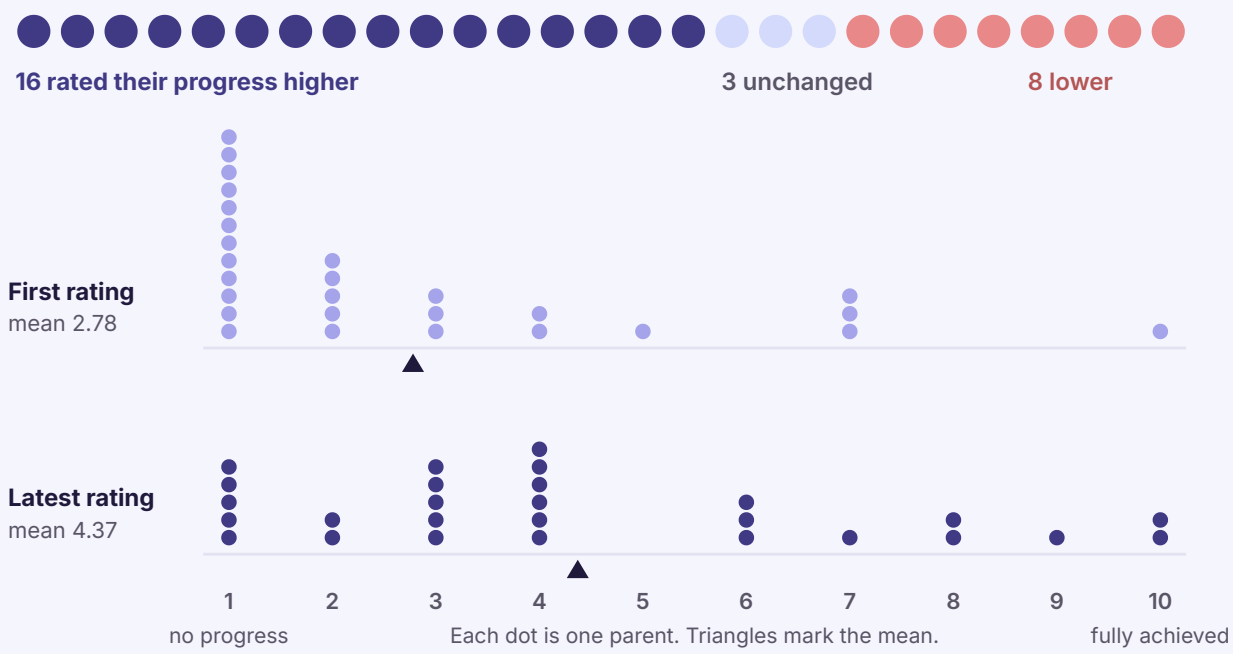
Topic ratings tell us about the guidance parents chose to rate. Best Hopes adds a different question: are parents feeling closer to what matters to them?

07 BEST HOPES

Progress towards parents' own goals

Best Hopes asks parents to name what they most hope for and rate how close they feel to it, from **1, no progress, to 10, fully achieved**.

16 of 27 parents who rated the same goal again felt closer to it.



First and latest valid ratings of the same, unchanged goal on different days. 27 parents, 12/11/2025 to 31/10/2026. Median interval 30 days, range 3 to 293 days. [8]

16 parents gave a higher rating, 3 gave the same rating and 8 gave a lower one. The average rose from **2.78 to 4.37 out of 10**.

A goal chosen by the parent

The measure starts with what the parent wants to achieve.

A check-in over time

Returning to the same goal gives a view of perceived progress.

An early positive signal

Most of this small group felt closer to their own goal when they returned.

> This describes parents who chose to rate their goal again. It cannot show that the app caused the change, and it is not a clinical measure of a child's communication.

08 LEARNING

Lessons for other services

1. Make the offer part of routine contact

EPUT's service lead described universal access as standard for new preschool referrals. Offers also extended across the care pathway. The practical lesson is to decide where the invitation belongs in existing work, so staff do not have to create a separate process for every family. [6]

> **"It supports our waiting well agenda and gives us a useful mechanism for us to share with colleagues in settings and referrers such as Health visiting."**
>
> EPUT principal speech and language therapist, 01/12/2025

2. Put guidance within reach early

The lead reported that the first offer usually followed community or direct service contact on the same day, and formal referrals within 1 to 7 days. This gives families something useful to begin while decisions about further care are being made. [6]

3. Review engagement as well as invitations

Recommendations show how an offer is being made. Topic use shows whether people engage. EPUT recorded both. Following each route from offer to first topic would help services focus support where families need it most.

4. Send the invitation directly

A text message at referral puts the app in a parent's hand at the moment they are asking for help. At EPUT, monthly topic completions rose after referral text messages began in April (page 6). [5,7]

Building on the first year

By October 2026, EPUT had access to two further support areas and a way for families to reach additional guidance from the general communication starting point. [4]

Autism

Support for parents and carers, including families waiting for or going through assessment. Developed in collaboration with the National Autistic Society, which also reviews the content for accuracy and language.

Social communication

Practical guidance for families of children with social communication differences. No diagnosis is needed.

PathwayPlus

Opening questions are always asked. The answers can open additional areas for language delay, speech sounds, stammering and social communication.

The next step is to pair wider access with a simple service evaluation: record the offer, first topic and subsequent clinical contacts, alongside what parents say they need.

09 THE OPPORTUNITY AHEAD

An early signal on clinician time

EPUT's service lead reported **less clinician time per family**, based on an estimate from cases they knew. Some advice previously delivered by staff was being delivered through SuperPenguin. [6]

Usual care continued with additional app support. The lead also reported that, following clinical review, some families had fewer planned contacts. This is an early service observation to test with recorded activity.

A simple illustration

If **one contact were avoided for each account completing a topic**, what could that capacity be worth?

317	×	1	×	£162
accounts completing a topic		contact avoided per account, assumed		NHS average cost per contact

Allow 20% for capacity that cannot be reused

Potential value of capacity available for other families

≈ £41,100

or about 710 clinician hours

Where does £162 come from?

NHS England, National Cost Collection 2024/25. The national average for a one-to-one children's speech and language therapy contact is £162.16, rounded here to £162. Category A13C1. Official NHS source. [10]

An illustration of capacity, not a cash saving. One avoided contact per account and the 20% allowance are our planning assumptions. They are not measured EPUT results. The calculation is 317 × 1 × £162 × 80% = £41,083.20, rounded to £41,100. In hours: 317 × 2.81 hours × 80% = 713, shown as about 710. Hours and pounds are the same capacity shown two ways.

The next evaluation should record clinician time and contacts alongside app use, to establish whether this potential becomes capacity the service can use.

Evidence notes and sources

How to read the findings

Period. App observation: 12/11/2025 to 31/10/2026, the first deployment year to the latest complete month. Service feedback was completed on 11/11/2026. Figures were checked on 12/11/2026.

App activity. Amplitude counts distinct accounts assigned to EPUT, in the UK, excluding missing support areas and known demo categories. Accounts are not independently verified households or children. A topic completion is a usage event.

Different groups. Ratings and Best Hopes use a narrower group linked to parent/carer activation keys and child records, excluding staff and test access. Their bases differ from Amplitude activity and should not be treated as stages of one funnel.

Ratings. 295 ratings from 92 accounts. Mean 4.3458, rounded to 4.3 at one decimal place. Parents can rate several topics. The score describes submitted topic ratings, not all users' views.

Best Hopes. 27 parents had valid first and latest ratings of the same unchanged goal on different days. Zero ratings were excluded. This small, self-selected group cannot establish causation or changes in children's communication.

Time of day. 01/07/2026 to 30/09/2026 is wholly British Summer Time. The 75 outside-hours accounts are independently deduplicated against 136 completers. Hourly bars overlap. The reference window includes all days.

Monthly activity. Calendar-month topic completions: 311 in December to March, 1,401 in April to October. Health visitor signposting also grew over these months, so the rise is not attributed to text messages alone.

Service records. Health visitor signposts total 1,532 across December, January, February, April, May and June. Missing months are not zero. Signposts are not unique people or verified activations.

Lead feedback. One anonymous EPUT service lead response. Less time per family was estimated from known cases. Planned phone/video contacts were reported as more, unplanned contacts about the same, and face-to-face contacts too early to judge. The survey does not quantify time saved or an overall fall in appointments.

Images. Stock photographs are illustrative, not EPUT families. The app screen is a product example.

Sources

1. **EPUT children's speech and language therapy.** Service area and Balanced System. EPUT service website.
2. **EPUT deployment correspondence.** Training invitation for 12/11/2025 and principal therapist's written rationale, 01/12/2025. Held by SuperPenguin.
3. **EPUT, Therapies Offer to Families, January 2026.** SuperPenguin listed on page 5. Public offer to families.
4. **EPUT support-area correspondence.** Written confirmation of autism, social communication and PathwayPlus availability, 05/10/2026. Held by SuperPenguin.
5. **EPUT outcomes workbook.** Current service-maintained version, modified 04/11/2026. Health visitor signposts and referral SMS records. Internal service source.
6. **SuperPenguin service feedback.** EPUT Children's Speech & Language Therapy Service, service lead, 11/11/2026. Response 5 in the supplied workbook. Anonymous written response.
7. **Amplitude, EPUT.** Activity, topics and hour-of-day analysis, checked 12/11/2026. EPUT analytics notebook (access restricted). Full hourly series also checked in the October report audit.
8. **SuperPenguin application records.** Read-only extraction of topic ratings and Best Hopes, 12/11/2026, and of parents' goal wording, 13/11/2026. Parent/carer group verified through activation-key purpose and family linkage. Aggregate results only.
9. **EPUT October 2026 impact report.** Parent goal example, anonymised before reproduction. Report (access restricted).
10. **NHS England, National Cost Collection 2024/25.** Community Health Services workbook, row 835, A13C1: "Speech and Language Therapist, Child, One to One". National average unit cost £162.1568. Official data download.

Value illustration. 317 topic-completing accounts form the calculation base. One avoided contact per account and 80% reusable capacity are assumptions. £162 is a rounded national service cost, including overheads, not salary or a marginal saving. Hours use 2.81 hours per contact, the NHS contact cost divided by a Band 6 therapist's full hourly cost of £56.64 (PSSRU, Unit Costs of Health and Social Care 2024), less the same 20%. No measured saving, net benefit or reduction in waiting times is established.