

Website Audit: tctspeechtherapy.co.uk

Prepared: 12 May 2026

Site audited: tctspeechtherapy.co.uk

Business: Two Can Talk Speech Therapy Limited (Company No. 8826718)

Platform: Squarespace

Executive Summary

Two Can Talk Speech Therapy ("TCT") operates one of the most structurally distinctive private speech and language therapy practices in the United Kingdom: a 39-strong multi-disciplinary team housed in a 7,000 sq ft purpose-built clinic in Cambridgeshire, paired with a nationwide teletherapy reach and a free, evidence-based parent resource library (the "Two Can Toolkit"). The fundamentals of the website are sound — HTTPS is enforced, the URL structure is clean, a sitemap exists, and the language attribute is correctly set to en-GB. Yet beneath this surface the site is, in search and AI-discovery terms, almost entirely invisible. Critical on-page SEO controls are missing across every page, every major AI crawler is deliberately blocked at the robots.txt layer, and the brand's most compelling differentiators — scale, breadth, low waits, and a genuine family-partnership ethos — never reach the people searching for exactly what TCT offers.

The three strongest assets are easy to enumerate. First, the multi-disciplinary team of 39 clinicians plus a 7,000 sq ft flagship clinic is structurally rare in UK private speech and language therapy; most competitors are sole traders or small groups, and very few combine Speech & Language Therapy, Occupational Therapy, Feeding Therapy, Autism Diagnosis, Physiotherapy, Auditory Processing and Adult Services under one roof. Second, the Two Can Toolkit — free, evidence-based parent resources — is a textbook embodiment of the "family partner" brand positioning and an obvious top-of-funnel acquisition tool, but the page is currently titled "Free Stuff!" and is almost completely unsignposted. Third, the combination of nationwide teletherapy with an anchor clinic in East Anglia and the willingness to undertake home and school visits across Cambridgeshire and Suffolk creates a genuinely broad addressable market.

The three most critical issues are unambiguous. (1) Every major AI crawler — GPTBot (ChatGPT), ClaudeBot (Claude), Google-Extended (Gemini and Google AI Overviews), anthropic-ai, Amazonbot, DuckAssistBot, Quora-Bot (Poe), YouBot (You.com), FacebookBot, Meta-ExternalAgent, Bytespider, CCBot, cohere-ai and TikTokSpider — is currently blocked in robots.txt, leaving the site invisible to every AI search platform; AdsBot-Google is also blocked, which will measurably harm Google Ads Quality Scores. (2) There are no meta descriptions, no H1 headings, no canonical tags and no JSON-LD schema markup on any of the 64+ pages indexed — a comprehensive on-page SEO failure. (3) On a site selling healthcare services, there is no social proof anywhere: zero testimonials, no reviews, no anonymised case vignettes and no outcome metrics.

The growth opportunities, by contrast, are substantial. The NHS Right to Choose pathway for autism assessment offers funded caseload at scale to CQC-registered providers; school and Local Authority B2B contracts are recurring-revenue plays where peers like Mable Therapy already hold 180+ contracts; a content engine targeting the 65,114 children waiting for community NHS SLT in England ([BBC, January 2026](#)) would be highly competitive; and a "diagnose-then-treat" post-assessment funnel exploits a real gap left open by autism-assessment specialists who do not provide therapy. Fix the technical foundations, surface the brand assets that already exist, and the practice is positioned to dominate multi-disciplinary private therapy in East England.

Product Overview

Site: tctspeechtherapy.co.uk

Business: Two Can Talk Speech Therapy Limited (Companies House registration 8826718)

Tagline: "Your dream. Our help. Your success."

Platform: Squarespace (with all the platform-specific SEO and accessibility constraints noted later in this audit per [Sara Does SEO](#))

Audience

TCT serves babies, children, teenagers and adults. The dominant audience is parents (and increasingly grandparents and other primary carers) of children with speech, language and communication needs, neurodevelopmental differences, feeding difficulties, sensory processing differences and physical/coordination needs. Secondary audiences include adults seeking voice, fluency or post-stroke rehabilitation, schools and Local Authorities, solicitors commissioning medico-legal reports, and other healthcare professionals (paediatricians, GPs, SENCOs).

Services

The clinic offers a notably broad service portfolio for a private UK SLT practice:

- Speech & Language Therapy (across speech sounds, expressive/receptive language, social communication, fluency/stammering, voice, AAC, selective mutism, DLD)
- Occupational Therapy (sensory integration, fine and gross motor, self-care, regulation)
- Feeding Therapy (paediatric feeding including ARFID and SOS Approach-aligned work)
- Autism Diagnosis (multi-disciplinary diagnostic assessment)
- Physiotherapy
- Auditory Processing assessment and intervention
- Adult Services (one of the few private East-of-England practices offering this)
- Medico-Legal / Expert Witness reports
- Teletherapy (nationwide UK)

Pricing

No pricing is published anywhere on the site. This is consistent with much of the UK private SLT market but is now out of step with the trend toward transparent "from £X" indicative pricing adopted by competitors such as Magic Words Therapy, Mable Therapy and Word Wise Speech Therapy (see Competitor Analysis).

Locations

- Flagship 7,000 sq ft headquarters (Cambridgeshire) — a purpose-built multi-disciplinary clinic
- Littleport / Ely satellite clinic
- Home and school visits across Cambridgeshire and Suffolk
- UK-wide teletherapy via secure video platforms

Two Can Toolkit

The "Two Can Toolkit" is a free library of evidence-based parent resources currently surfaced under the page "/two-can-toolkit" but titled "Free Stuff!". Topics include Language Modelling, Speech and Language Milestones, Developmental Language Disorder (DLD), Blank's Levels of Questioning, Stammering, and supporting bilingual homes. The toolkit is the brand's most concrete "family partner" asset.

Team

TCT employs 39 staff, of whom 30+ are clinicians (Speech and Language Therapists, Occupational Therapists, Feeding Therapists, Physiotherapists and assistants). For a private UK SLT practice this is unusual scale.

Mission and values

The site articulates a values-led, family-empowering ethos — "we will regularly review ... and discuss with you" — which underpins the implicit positioning as a "family partner" rather than a paternalistic clinical provider.

Competitor Analysis

Market context

Demand for private speech and language therapy in the UK is being driven by structural failure in NHS community services. As of November 2024, 65,114 children were waiting for NHS speech and language therapy in England, of whom 45.6% had waited over 12 weeks per the underlying NHS Community Services data summarised by [Mable Therapy](#). The [BBC reported in January 2026](#) that of 300,000 children waiting for any NHS community service, 25% had waited more than a year. Roughly 1.9 million UK children have Speech, Language and Communication

Needs per Speech and Language UK, and the RCSLT reported in 2023 a national SLT workforce vacancy rate of 21%.

Globally, the speech therapy services market was valued at \$41.1 billion in 2025 and is projected to grow at a 9.3% CAGR to \$83.4 billion by 2033, per Grand View Research. The UK private market is a small but rapidly growing fraction of this total, with most growth driven by parents stepping out of NHS waiting lists, EHCP-related provision, and post-pandemic demand for paediatric developmental support.

Competitor profiles

1. Magic Words Therapy — PRIMARY COMPETITOR

magicwordstherapy.co.uk

A national multi-clinic group with a Cambridge clinic, giving direct geographic overlap with TCT's catchment. Magic Words operates 50+ therapists across multiple sites, publishes transparent adult pricing (assessment from £205.59, sessions from £101.80/hr), bills private medical insurance, and holds 100+ school contracts. Notably, Magic Words does not offer Occupational Therapy, Feeding Therapy or Autism Diagnosis — meaning TCT's MDT breadth is a genuine point of differentiation against the strongest local competitor.

2. Mable Therapy — NATIONAL TELETHERAPY PRICE LEADER

mabletherapy.com

Digital-first teletherapy platform with 40+ therapists. Pricing is published at £65/session and £180 for a full assessment, with promised access within 48 hours. Mable holds 180+ school and Local Authority contracts and operates a proprietary child-friendly therapy platform. No in-person services. Mable's per-session price sits below TCT's likely rate card and is a clear ceiling for what TCT can charge for teletherapy without an explicit value justification.

3. Communicate Independent SLT — REGIONAL ESTABLISHED PEER

communicate-therapy.co.uk

Suffolk-based, well-established regional practice. School training contracts and adult services are areas of strength. No MDT offering, no OT, no feeding therapy — a strong but narrower regional peer.

4. NPSLT — NEURODIVERSITY-AFFIRMING NEW ENTRANT

npslt.com

New practice launched in July 2024, explicitly neurodiversity-affirming with an AAC specialism. Runs free community drop-in events across Norfolk and Suffolk. Likely to differentiate strongly with parents in autistic and AAC-using families if TCT does not articulate its own neurodiversity-affirming stance.

5. Chatterbox East — SUFFOLK BOUTIQUE

chatterbox-east.co.uk

Bury St Edmunds boutique practice with 2 therapists. Offers a free initial phone consultation — a friction-reducing tactic TCT does not currently match.

6. Word Wise Speech Therapy — PRICING-TRANSPARENT SOLO COMPETITOR

wordwisespeechtherapy.co.uk

Solo therapist working Suffolk and Norfolk, with fully transparent pricing: £225 assessment, £85/session. Literacy and Sounds-Write specialism create an adjacent service moat.

7. Integrated Therapy Solutions — STRUCTURAL PEER (DISTANT)

integratedtherapysolutions.co.uk

Midlands MDT combining SLT + OT + Psychology + Dietetics. A close structural peer to TCT, but geographically distant. Their award-winning interdisciplinary model is worth studying as a benchmark for how TCT could narrate its own MDT story.

8. The Owl Centre — UK-WIDE ASSESSMENT SPECIALIST

theowl.org

UK-wide autism and ADHD assessment specialist, NHS Right to Choose provider, CQC-registered, completing 5,000+ assessments per year. **Strategic note: The Owl Centre assesses but does not provide post-diagnostic therapy.** This is the single largest market gap TCT is positioned to fill: families who obtain a diagnosis via Right to Choose then need long-term, multi-disciplinary therapy that The Owl Centre cannot supply.

9. The Speech Clinic — NATIONWIDE ONLINE COMPETITOR

thespeechclinic.co.uk

Wales and South-West with nationwide online reach. Partial published pricing (assessments from £60/hr) and weekend session availability. A direct competitor for nationwide teletherapy work.

10. SLT for Kids — NATIONAL MEDICO-LEGAL COMPETITOR

sltforkids.co.uk

Manchester-based with a dedicated medico-legal SLT landing page — something TCT currently lacks despite offering the service.

11. JL Speech Therapy — SOUTH NORFOLK / SUFFOLK BORDER

jlspeechtherapy.com

Border-of-region competitor with a clear SEO town-listing strategy (location landing pages by town).

12. Other regional and adjacent operators

Numerous smaller solo and 2–3 person practices exist across East Anglia. None match TCT's MDT breadth or scale.

Pricing benchmarks

Provider	Assessment	Per session	Notes
Mable Therapy	£180	£65	Online only
Word Wise	£225	£85	Solo Suffolk/Norfolk
The Speech Clinic	from £60/hr	—	Partial published rates
Magic Words (adult)	from £205.59	from £101.80	Insurance billed
CD Speech (EHCP)	up to £746	—	EHCP-grade assessments
Market norm	£180–£400+	£70–£150	Per WeCovr UK SLT cost guide

Key market gaps and opportunities for TCT

1. **Post-diagnostic therapy after autism assessment** — The Owl Centre and similar UK-wide assessment specialists do not provide therapy. TCT can position as the natural next step.
2. **MDT monopoly in East England** — no competitor in Cambridgeshire or Suffolk offers SLT + OT + Feeding + Autism Diagnosis under one roof at TCT's scale.
3. **NHS Right to Choose for autism assessment** — requires CQC registration; long-term funded caseload at scale.
4. **School and Local Authority contracting** — Mable holds 180+; TCT is structurally well-placed for in-person and hybrid local contracts.
5. **Medico-legal dedicated web presence** — SLT for Kids leads here; TCT offers the service but has no landing page.
6. **Literacy and dyslexia adjacency** — Word Wise is exploiting this; TCT could add Sounds-Write or similar accreditation.
7. **AAC specialism** — NPSLT is positioning here; TCT's MDT structure suits AAC users with co-occurring needs.
8. **Adult SLT** — a weakly contested regional niche; one homepage sentence is currently the entire shop window.
9. **Bilingual families** — East Anglia has significant multilingual communities; the Toolkit already includes a Bilingual Homes resource.

10. "Diagnose and support" end-to-end pathway marketing — combining autism assessment with the post-diagnostic therapy that families realistically need next.

Brand Voice & Positioning

Brand voice attributes

Four voice attributes emerge consistently across the existing copy:

1. **Warm and Encouraging** — "Your dream. Our help. Your success." and copy throughout that addresses parents directly and supportively.
2. **Accessible and Flexible** — "Sometimes we don't have a waiting list at all," home/school/clinic/online options, and a strikingly low-jargon register.
3. **Professionally Credible (understated)** — qualifications and HCPC registration are present, but credentials are not foregrounded; the brand chooses warmth over authority signalling.
4. **Child and Family-Centred** — collaborative language ("we will regularly review and discuss with you"), Toolkit resources framed for parents, and a clear philosophy that families are participants, not patients.

Tagline analysis

"Your dream. Our help. Your success." is aspirational, memorable and rhythmically pleasant — but it is not differentiating. The same line could appear on the homepage of any tutoring service, life-coaching practice, fitness studio or generalist therapy clinic. It contains no signal of:

- Speech, language or communication
- Children or families
- Multi-disciplinary or specialist clinical work
- East England or UK national reach

A future tagline should retain the warmth while embedding at least one concrete signal — service category, audience or geography.

Implied unique value proposition (never stated)

The latent UVP is hiding in plain sight: TCT is the only multi-disciplinary private therapy clinic of significant scale in Cambridgeshire and Suffolk — combining short or no waiting times, personalised therapist matching, family-empowering tools, and geography-agnostic delivery. The differentiation is real; it is simply dormant. The website never quantifies the team size (39), never names the floorspace (7,000 sq ft), never frames the MDT as a single coherent offer, and never claims the regional category.

Three positioning angles

1. **Family Partner** — therapy that equips families, not just treats children. Supported by the Two Can Toolkit, the collaborative language already in use, and explicit statements like "we will regularly review ... and discuss with you". Best fit for: engaged parents, NHS-wait refugees, and families who want active involvement in their child's progress.

2. **Centre of Excellence** — a 39-person multi-disciplinary team in a purpose-built 7,000 sq ft clinic offering 11 specialist methodologies. Supported by scale, service breadth and structural rarity. Best fit for: parents of children with complex or co-occurring needs, and professional referrers (paediatricians, GPs, SENCOs, solicitors). **Critically, this angle is entirely absent from the current website.**

3. **Accessible Expert** — expert therapy with no waits, any location, no jargon. Supported by the line "Sometimes we don't have a waiting list at all" — arguably the most commercially powerful sentence on the entire site, currently buried mid-paragraph. Best fit for: teletherapy seekers and rural families with poor local access.

These three angles are complementary; the site can lead with Family Partner, prove with Centre of Excellence, and convert with Accessible Expert.

Eight messaging gaps

1. **Zero social proof** — no testimonials, no reviews, no case vignettes, no quoted parent feedback anywhere on the site. For a healthcare service this is the single largest messaging deficiency.
2. **Generic tagline and mission** — see analysis above; no differentiation.
3. **No referrer / B2B pathway** — despite offering medico-legal reports, autism diagnosis and (occasional) NHS co-working, there is no "For Professionals" page or referrer-facing content.
4. **Service pages lack copy** — "What We Do" is a bare list with very little supporting prose per service.
5. **Pricing transparency absent** — out of step with the direction of travel for the UK private SLT market.
6. **Adult services underrepresented** — currently one sentence on the homepage.
7. **Toolkit severely undersold** — titled "Free Stuff!" rather than "Two Can Toolkit"; the most valuable top-of-funnel asset on the site is functionally hidden.
8. **No outcome metrics or scale claims** — 39 staff, 7,000 sq ft, number of children seen per year, average waiting time, post-discharge progress measures — none are quantified.

Sources for the diagnostic framework above: [Wallace Health — private practice marketing guide](#) and [Chatter Labs — SLT private practice marketing tips](#).

SEO & Technical Audit

Overall assessment: Poor — Critical remediation required

The technical foundations of the site are competently set up at the platform level, but every meaningful on-page SEO control is either missing or misconfigured. The result is a site that is largely invisible to search and entirely invisible to AI-driven discovery.

Technical positives

- HTTPS active across all pages ✓
- HTTP → HTTPS 301 redirect in place ✓
- non-www → www redirect in place ✓
- HSTS header present ✓
- HTTP/2 enabled ✓
- Sitemap available at `/sitemap.xml` ✓
- `lang="en-GB"` attribute correctly set on `<html>` ✓

Critical issues across ALL pages

- ☒ No meta descriptions on any of the 64+ pages
- ☒ No H1 headings on any page — headings begin at H3 or below
- ☒ No canonical tags — exposing the site to duplicate indexation between www, non-www and home variants
- ☒ No JSON-LD structured data of any type — no MedicalBusiness, LocalBusiness, FAQPage, Service, Person or Organization schema
- ☒ All major AI crawlers blocked in robots.txt (see SEO + GEO Recommendations)
- ☒ No Open Graph or Twitter Card tags — social shares from Facebook, LinkedIn, Twitter/X and WhatsApp will render as blank or near-blank cards

Page-by-page findings

Page	Current title	H1	Meta description	Schema	Notable issues
Homepage /	"Your dream. Our help. Your success." / "Two Can Talk Support Your Childs Communication Today"	✘	✘	✘	Dual conflicting titles; typo ("Childs" missing apostrophe); no location keyword

Page	Current title	H1	Meta description	Schema	Notable issues
/whoweare	"About — Two Can Talk"	✘	✘	✘	All 42 image alt texts are literally "Who We Are"
/whatwedo	"What We Do — Two Can Talk"	✘	✘	✘	Page has no headings at all; marquee element abuses H1 (see Accessibility)
/whatwedo/speechandlanguagetherapy	"Speech and Language Therapy — Two Can Talk"	✘	✘	✘	Broken "CLICK HERE TO DOWNLOAD" link; thin copy
/two-can-toolkit	"Free Stuff! Enhance Communication Today ..." (79+ chars)	✘	✘	✘	Title truncates in SERPs; brand asset called "Free Stuff!"
/contact-us	"Contact Us Reach Out Today — Connect ..." (67 chars)	✘	✘	✘	No LocalBusiness schema; no NAP markup

Recommended titles, H1s and meta descriptions

Page	Recommended title (≤60 chars)	Recommended H1	Recommended meta description (≤155 chars)
Homepage	Private Speech & Language Therapy Cambridgeshire & Suffolk Two Can Talk	Private Speech and Language Therapy for Children, Teens and Adults	Multi-disciplinary speech, OT, feeding and autism therapy across Cambridgeshire, Suffolk and UK-wide online. Often no waiting list.
/whoweare	Our Team — 39 Therapists Two Can Talk	Meet Our 39-Strong Multi-Disciplinary Team	SLTs, OTs, feeding therapists and physiotherapists working together from our 7,000 sq ft Cambridgeshire clinic and UK-wide online.

Page	Recommended title (≤60 chars)	Recommended H1	Recommended meta description (≤155 chars)
/whatwedo	Our Services SLT, OT, Feeding, Autism Diagnosis Two Can Talk	What We Do: Speech, Language, OT, Feeding, Autism and More	Speech & language therapy, OT, feeding therapy, autism diagnosis, physiotherapy and adult services — in person and UK-wide online.
/whatwedo/speechandlanguagetherapy	Speech & Language Therapy Children & Adults Two Can Talk	Speech and Language Therapy	Private speech and language therapy for children, teens and adults in Cambridgeshire, Suffolk and UK-wide online. Often no waiting list.
/two-can-toolkit	Two Can Toolkit — Free SLT Resources for Parents Two Can Talk	The Two Can Toolkit: Free Resources for Parents	Free, evidence-based parent resources on speech sounds, language milestones, DLD, stammering, Blank's Levels and bilingual homes.
/contact-us	Contact Two Can Talk Cambridgeshire & UK Online	Contact Two Can Talk	Get in touch with our Cambridgeshire clinic or book UK-wide online speech therapy. Often no waiting list — talk to us today.

Additional issues

- **Sitemap priorities inverted** — service pages are set to priority 0.5 while therapist profile pages are set to 0.75, signalling to crawlers that individual bios are more important than the services TCT sells.
- **29+ therapist profile pages** — these pose a thin-content risk if biographies are minimal; they should each carry qualifications, HCPC number, specialisms and at least 150 words of unique copy.
- **Sitemap lastmod dates inconsistent** — some entries are future-dated to April 2026, indicating a CMS clock or template issue.
- **Image filenames include special characters and typos** — e.g. "Rylee+Sherherd.png" — these should be normalised to lowercase hyphenated filenames for SEO and accessibility.
- **Broken download link** on /whatwedo/speechandlanguagetherapy.

- No breadcrumb navigation — limiting both UX and the chance of breadcrumb-style SERP enhancements.

Missing keyword opportunities

The site is not targeting any of the following obvious search terms:

- "private speech therapist Cambridgeshire / Ely / Cambridge / Suffolk" — no location landing pages
- "private speech therapy near me" — no LocalBusiness schema and no geo signals beyond a postal address
- "speech therapy for autism children private UK"
- "online speech therapy UK / teletherapy UK"
- "free speech therapy resources for parents"
- "occupational therapy children Cambridgeshire"
- "private feeding therapy UK"
- "EHCP speech therapy report"
- Long-tail informational content (zero articles published)

Squarespace platform-specific SEO weaknesses contextualising these findings are documented at [Sara Does SEO — Squarespace problems](#) and [Seobility — Squarespace SEO](#).

SEO + GEO Recommendations

The recommendations below are sequenced by criticality and effort. Items marked **CRITICAL** should be completed within the first working week.

CRITICAL fixes

1. Unblock all AI crawlers — 10 minutes

A single checkbox in the Squarespace admin is currently disabling AI discovery for the entire site. Per [Squarespace's own documentation](#), the toggle "Block known artificial intelligence crawlers" lives under **Settings** → **Crawlers**. It is opt-in — someone at TCT (or a previous web manager) actively enabled it.

Currently blocked crawlers include: GPTBot (ChatGPT), ClaudeBot (Claude), Google-Extended (Gemini and Google AI Overviews), anthropic-ai, Amazonbot, DuckAssistBot (DuckDuckGo), Quora-Bot (Poe), YouBot ([You.com](#)), FacebookBot, Meta-ExternalAgent, Bytespider (ByteDance), CCBot (Common Crawl), cohere-ai, TikTokSpider, AdsBot-Google and several more.

The blocking of AdsBot-Google is particularly damaging because it will reduce Google Ads Quality Scores if TCT runs paid search — Google cannot fetch the landing pages to score them.

Action: untick the checkbox. AI platform eligibility will be restored within 2–8 weeks as crawlers re-index.

2. Fix the homepage title

Replace the current dual / generic title with: Private Speech & Language Therapy | Cambridgeshire & Suffolk | Two Can Talk

This single change introduces (a) a primary service keyword, (b) location keywords, and (c) brand — in the right order for both Google and AI extraction.

3. Add H1 headings to every page

On Squarespace, H1 elements are frequently avoided by classic-builder users because the default font size is much larger than the visual hero copy. Per [Sara Does SEO](#), the correct fix is to first resize the H1 style in Site Styles so it visually matches the existing hero treatment, then apply H1 to one heading on every page.

Each page should have exactly one H1, matching the page topic (see recommended H1 table in the SEO audit above).

4. Add meta descriptions to all 64+ pages

Squarespace exposes a per-page SEO description field under page settings. Draft meta descriptions of 140–155 characters for every indexable page, prioritising the top 12 pages first (homepage, key services, location, contact, toolkit).

5. Implement JSON-LD schema

Squarespace allows site-wide JSON-LD via Settings → Advanced → Code Injection (Header) and per-page JSON-LD via page-level code injection. Implement at minimum:

- **MedicalBusiness / MedicalClinic** — site-wide
- **FAQPage** — homepage and any service page with an FAQ
- **Service** — one per service page
- **Person** — one per therapist profile
- **BreadcrumbList** — once breadcrumbs are added

Example site-wide MedicalBusiness JSON-LD (place in header code injection):

```
{
  "@context": "https://schema.org",
  "@type": "MedicalBusiness",
  "name": "Two Can Talk Speech Therapy",
  "image": "https://www.tctspeechtherapy.co.uk/images/logo.png",
  "@id": "https://www.tctspeechtherapy.co.uk/#organization",
  "url": "https://www.tctspeechtherapy.co.uk",
  "telephone": "+44-XXXX-XXXXXX",
  "priceRange": "££",
```

```

"medicalSpecialty": [
  "SpeechPathology",
  "OccupationalTherapy",
  "Physiotherapy",
  "Pediatrics"
],
"address": {
  "@type": "PostalAddress",
  "streetAddress": "[street]",
  "addressLocality": "Littleport",
  "addressRegion": "Cambridgeshire",
  "postalCode": "[postcode]",
  "addressCountry": "GB"
},
"areaServed": [
  {"@type": "AdministrativeArea", "name": "Cambridgeshire"},
  {"@type": "AdministrativeArea", "name": "Suffolk"},
  {"@type": "Country", "name": "United Kingdom"}
],
"openingHoursSpecification": [{
  "@type": "OpeningHoursSpecification",
  "dayOfWeek": ["Monday", "Tuesday", "Wednesday", "Thursday", "Friday"],
  "opens": "09:00",
  "closes": "17:00"
}],
"sameAs": [
  "https://www.facebook.com/...",
  "https://www.instagram.com/...",
  "https://www.linkedin.com/company/..."
]
}

```

GEO assessment

The site is currently in a **complete AI blackout**. With every major AI crawler blocked at robots.txt and no structured data exposed, Two Can Talk does not exist in answers from ChatGPT, Gemini, Perplexity, Claude, Copilot or DuckAssist when a parent asks "private speech therapy Cambridgeshire" or "online speech therapy UK".

Best-practice GEO (Generative Engine Optimisation) requires three things: discoverability (crawlers unblocked), structure (JSON-LD plus clear semantic HTML), and citability (clean, claim-rich, source-quotable content). See [First Page Sage — AI search optimisation](#) and [Artefact — health AI assistants and GEO](#) for the healthcare-specific implications.

Once unblocked and schema-enabled, TCT should add an FAQ block to the homepage answering the questions parents actually ask LLMs ("how long is the NHS waiting list for speech therapy?", "what does private speech therapy cost in the UK?", "do I need a referral for a private speech therapist?"). These answers, marked up as FAQPage, are the single most effective GEO tactic available to a healthcare site.

Local SEO

- **Google Business Profile** — claim and optimise; primary category "Speech Pathologist", secondary categories including "Occupational Therapist" and "Physiotherapist". Add full opening hours, attributes, services, photos and weekly posts.
- **ASLTIP directory** — register at asltip.com, the primary UK referral directory for private SLTs.
- **NAP consistency** — Name, Address and Phone identical across Bing Places, Apple Maps, Yell, Doctify and any healthcare directories.
- **Location landing pages** — create unique pages targeting Cambridge, Ely, Bury St Edmunds, Newmarket, Norwich and "UK teletherapy", each with distinct copy and local references.
- **Review acquisition** — design a simple post-discharge review request flow targeting Google Business Profile, Doctify and Facebook. Reviews carry an estimated 16% weight in AI recommendation signals.

Implementation roadmap

Phase	Effort	Items
Week 1	~4 hours total	Unblock AI crawlers; fix homepage title; add H1s; add meta descriptions to top 12 pages
Weeks 2-4	~1-2 days	JSON-LD schema rollout; Open Graph and Twitter Card tags; alt text on contact page images; Google Search Console + Bing Webmaster Tools setup
Month 2+	Ongoing	Blog content engine (one article/month); location landing pages; link building via ASLTIP, RCSLT and local press; review acquisition flow

Accessibility Audit

Legal context

Private healthcare providers in the United Kingdom are covered by the Equality Act 2010, which requires "reasonable adjustments" to digital services for disabled users. While the Public Sector Bodies Accessibility Regulations 2018 do not apply directly to TCT, the Equality Act creates a parallel risk for private providers; the practical benchmark is WCAG 2.1 Level AA, as documented by [Level Access — UK accessibility requirements](#) and [WCAG 2.1 \(W3C\)](#).

Four CRITICAL issues

1. **No H1 on 4 of 5 audited pages (WCAG 1.3.1, 2.4.6)** — The homepage begins at H3, and several pages have no H1 anywhere in the DOM. Screen-reader users lose the primary structural signpost that announces the topic of each page.
2. **Multiple H1 elements inside the What We Do decorative marquee (WCAG 1.3.1)** — The scrolling marquee on </whatwedo> applies the H1 tag to 12+ rotating therapy names. This both

inflates the page's H1 count to absurdity and starves assistive technologies of meaningful structure.

3. Primary CTA buttons fail contrast — 2.02:1 (WCAG 1.4.3) — "GET HELP TODAY" and "TALK TO US" use white text on orange #fda305. The measured contrast ratio is 2.02:1, well below the AA minimum of 4.5:1. This is the site's primary conversion action and the most-clicked element; the failure is both a legal risk and a measurable conversion problem for users with low vision, in bright sunlight, or on poorly calibrated mobile screens.

4. 40+ identical "READ BIO" links (WCAG 2.4.4, 2.4.9) — On /whoweare, every therapist card uses the identical link text "READ BIO". A screen-reader user navigating by link list hears "READ BIO" forty-plus times with no way to distinguish whose bio is whose. One "Click Here" link is also present elsewhere.

Contrast values

Combination	Use	Ratio	WCAG AA pass?
White on Orange #fda305	Primary CTA buttons ("GET HELP TODAY", "TALK TO US")	2.02:1	✗ FAIL
White on Teal #00b6cc	"Manage Cookies" button	2.45:1	✗ FAIL
White on Purple #5b068b	Hero sections	11.39:1	✓ PASS
Black on White	Body text	21.00:1	✓ PASS

Eight HIGH-severity issues

- "Manage Cookies" button contrast** — white on teal #00b6cc measures 2.45:1; fails AA.
- Four staff photos on /whoweare have empty alt="" attributes** — these are informative images of named individuals and require descriptive alt text (e.g. alt="Photo of [Therapist Name], Specialist Speech and Language Therapist").
- All three nav elements lack aria-label** — multiple <nav> regions need distinguishing labels ("Primary", "Footer", "Utility").
- Mobile hamburger menu has no aria-expanded state** — a known Squarespace platform bug documented by [Amy Carney — Observations on Squarespace accessibility \(April 2024\)](#). Custom JavaScript is required to patch it.
- Scrolling marquee on What We Do has no pause/stop control** — violates WCAG 2.2.2 (Pause, Stop, Hide) at Level A. Any moving content lasting more than 5 seconds must have a user control.
- Inverted heading hierarchy on /whoweare** — an H3 appears above an H2 in DOM order. Screen-reader navigation by heading becomes unreliable.
- No accessibility statement** — there is no published page describing TCT's WCAG conformance level, known issues or contact route for accessibility feedback.

8. **Announcement bar has no ARIA role or label** — the top-of-page announcement is not announced by screen readers.

Positive findings

- `lang="en-GB"` correctly set ✓
- Skip-to-content link present ✓

- `<main>`, `<header>` and `<footer>` landmarks present ✓

- Approximately 36 of 40 staff photos have appropriate descriptive alt text ✓
- Hero sections use white on purple #5b068b (11.39:1) ✓
- Body text contrast 21.00:1 ✓

Squarespace platform note

Some of these issues — notably `aria-expanded` on the mobile menu and the marquee H1 levels — are documented platform bugs per [Amy Carney's research](#). Platform limitations do not remove TCT's obligations under the Equality Act 2010, but they do contextualise which fixes can be applied via the admin UI and which require custom code injection or a Squarespace developer.

Content & Article Strategy

Market context

The market for accessible, parent-facing, evidence-based UK speech and language content is currently underserved relative to demand:

- NHS SLT waiting lists for children in England peaked at 76,331 in May 2024 and stood at 65,114 in November 2024, with 45.6% of those waiting over 12 weeks — per the NHS Community Services dataset as summarised by [Mable Therapy](#).
- 25% of 300,000 children waiting for any NHS community service have waited over a year, per [BBC News, January 2026](#).
- Approximately 1.9 million UK children are estimated to have Speech, Language and Communication Needs per [Speech and Language UK](#).
- The national SLT workforce vacancy rate was 21% in 2023 per [RCSLT](#).

Every one of those numbers represents a parent typing a query like "what can I do while waiting for NHS speech therapy" into Google, ChatGPT or TikTok. TCT currently publishes nothing that meets them at that moment.

Current content gap

- No blog.
- Two Can Toolkit exists but is titled "Free Stuff!" and is not SEO-optimised — no per-resource landing pages, no keyword-aligned titles, no internal linking.
- Zero published articles.

Ten article ideas — full list

Priority	Title	Target keyword	Volume	Target audience
1	My Child Is on an NHS Waiting List — What Can I Do Right Now?	NHS speech therapy waiting list child	HIGH	Parents on waiting lists
2	Your Child's Speech Sound Development: What's Normal and When to Seek Help	child speech sounds development UK	HIGH	Parents of 1-7 year olds
3	Autism Diagnosis: Private vs NHS — What Families Need to Know	private autism assessment UK child	HIGH	Parents seeking autism diagnosis
4	Picky Eater vs. Feeding Difficulty: When to Seek Feeding Therapy	child feeding difficulties therapy UK	MEDIUM-HIGH	Parents of children with ARFID / SOS feeding
5	What Is Selective Mutism? Signs, Support, and When to Get Help	selective mutism children UK	MEDIUM	Parents of anxious / quiet children
6	Occupational Therapy and Sensory Processing: A Guide for Parents	occupational therapy child sensory UK	MEDIUM-HIGH	Parents of sensory-seeking / avoiding children
7	Understanding EHCPs: How to Get Speech Therapy Written Into Your Child's Plan	EHCP speech therapy UK	MEDIUM-HIGH	Parents navigating SEND
8	Speech Therapy for Teenagers: Why Older Children Still Need Support	speech therapy teenager UK	LOW-MEDIUM	Parents of teens
9	Adult Speech and Language Therapy: Conditions and How to Access Help	adult speech therapy UK private	MEDIUM	Adults and adult referrers
10	Medico-Legal Reports for Speech & Language: What Families and Solicitors Need to Know	SLT medico legal report UK	LOW	Legal professionals; families in claims

Draft article (full text — to publish first)

My Child Is on an NHS Waiting List for Speech Therapy — What Can I Do Right Now?

You did the right thing. You noticed something — maybe your two-year-old wasn't putting words together, maybe your five-year-old couldn't say their "k" and "g" sounds, maybe your seven-year-old was getting stuck on words and starting to avoid talking — and you asked for help. Your GP or health visitor referred you to NHS speech and language therapy. And now you're waiting. And waiting. And no one has told you how long the wait will be, or what you should be doing in the meantime.

You are not alone, and you are not being unreasonable for finding this frustrating. As of November 2024, 65,114 children were waiting for NHS speech and language therapy in England, and 45.6% of them had been waiting longer than 12 weeks. The BBC reported in January 2026 that of the 300,000 children waiting for any community NHS service, a quarter had waited over a year. Behind every one of those numbers is a parent like you, watching their child grow and worrying that time is passing.

Here is the good news: there is a great deal you can do **right now**, while you wait. The first few years of a child's speech, language and communication development are remarkably responsive to small, consistent, everyday changes — and many of the strategies a speech and language therapist would teach you in a session are things you can begin tomorrow morning at the kitchen table.

1. Reframe the wait — every conversation is therapy. Children learn language through interaction with the adults around them. The single most evidence-based thing any parent can do is talk *with* their child rather than *at* them. Get down to their eye level. Pause and give them time to respond — count silently to ten before you fill the silence. Comment on what they are doing ("you're stacking the red block") rather than asking constant questions ("what colour is that?"). This approach is called **language modelling**, and it is the engine of early language development.

2. Learn to expand, not correct. When your child says "doggy run", resist the urge to say "no, it's *the doggy is running*". Instead, repeat what they said and add one or two words: "yes, the doggy is running!" This is called **expansion**, and it teaches new grammar and vocabulary inside the meaning your child is already trying to express. Children who are corrected often stop trying. Children who are expanded keep going.

3. Read together — but slow down. Reading the same book repeatedly is more powerful than reading new books. Children learn vocabulary from hearing the same words in the same context many times. Pause on each page. Point at pictures. Let your child finish familiar sentences. If your child is older and reading themselves, take it in turns to read paragraphs aloud — this supports fluency and prosody.

4. Reduce screens — but be specific. The evidence is not that all screen time is harmful; it is that *passive, solo* screen time displaces back-and-forth interaction. Watching a programme together and talking about it is fine. A toddler watching YouTube alone for two hours is not. The replacement matters more than the removal.

5. Use the wait to gather evidence. Keep a short weekly note: what your child can say, what they struggle with, what you've tried. When your NHS appointment eventually arrives, that record will give the therapist a fuller picture in minutes and may help you access the right type of support faster. The same evidence can support an EHCP application or a request for support at school.

6. Talk to your child's nursery, school or childminder. Communication needs do not stop when you drop your child off. Ask the setting what they are noticing, share what you are working on at home, and ask them to do the same. SENCOs (Special Educational Needs Coordinators) can sometimes access in-school support that runs in parallel with an NHS wait.

7. Use free, evidence-based resources. The Two Can Toolkit on this website is a free library of parent resources covering language modelling, speech and language milestones, Developmental Language Disorder (DLD), Blank's Levels of questioning, stammering and supporting bilingual homes. Royal College of Speech and Language Therapists (RCSLT), Speech and Language UK, and ICAN also publish free parent-facing guidance.

8. Know the warning signs that warrant escalation. Some patterns suggest your child should not be left waiting. If your child has lost language they previously had, is not responding to their name by 12 months, is not babbling by 12 months, is not using single words by 18 months, is not combining words by 2½, has unintelligible speech by 4, is stammering and showing distress about it, or has feeding or swallowing difficulties — please contact your GP again and explicitly ask for the wait to be reviewed. You can also self-refer to a private therapist for an initial assessment to clarify what's going on; you do not have to commit to a full therapy block to get a clear answer.

9. Consider a private assessment. A private initial assessment will not jump you up the NHS list, but it can do three useful things: confirm whether there is a clinical issue and what kind, give you a written report you can use at school and with any future NHS provider, and tell you whether your child needs therapy now or whether watchful waiting (with the strategies above) is appropriate. At Two Can Talk we will give you a clear, jargon-free answer — and if your child does not need our therapy, we'll tell you. Often we don't have a waiting list at all.

10. Be kind to yourself. Watching your child struggle while you wait for help is one of the harder experiences of modern parenting. You are not failing them by being on a waiting list. You are not failing them by reading articles like this one at 11pm. The fact that you are looking for what to do *right now* is, in itself, the most important predictor of your child's outcome. Their best therapist is, and will always be, you.

If you would like to talk to one of our therapists about an assessment, our team works across Cambridgeshire, Suffolk and UK-wide online, and we'll be honest with you about whether and when therapy is the right next step.

Ten-month content calendar

Month	Article	Cross-link to Toolkit resource	Notes
1	NHS Waiting List (the draft above)	Language Modelling, Milestones, DLD, Blank's Levels	Publish first; promote heavily on local Facebook groups
2	Speech Sound Development: What's Normal	Milestones	Pair with downloadable milestone chart
3	Autism Diagnosis: Private vs NHS	(link to internal Autism Diagnosis service page)	Position TCT for Right to Choose work
4	Picky Eater vs Feeding Difficulty	(Feeding-themed Toolkit page if added)	Cross-link to Feeding Therapy service
5	Selective Mutism	(Selective Mutism Toolkit page if added)	High social-share potential
6	OT and Sensory Processing for Parents	(Sensory Toolkit page if added)	Strong cross-link to OT service
7	EHCs and Speech Therapy	Blank's Levels	Pair with medico-legal CTA
8	Speech Therapy for Teenagers	(Teen-themed resource if added)	Underserved keyword
9	Adult Speech and Language Therapy	(Adult-themed resource if added)	Cross-link to Adult Services
10	Medico-Legal Reports	(Professional referrer page)	Pair with new "For Professionals" page

Cross-linking with the Two Can Toolkit

Each article should link to two or three relevant Toolkit resources, and each Toolkit resource should link to the most relevant article. This builds topical authority (an SEO benefit) and creates a self-reinforcing funnel from awareness (article) → resource (toolkit) → consultation request.

Suggested mapping:

Toolkit resource	Linked articles
Language Modelling	Articles 1, 2
Milestone Checklist	Articles 1, 2
DLD	Articles 1, 2, 7
Blank's Levels	Articles 1, 7
Stammering	Articles 1, 8
Bilingual Homes	Articles 1, 2

Social repurposing model

For each long-form article, produce:

- 2–3 Instagram / TikTok Reels (30–60 seconds) — single tip extracted from the article
- 1 Facebook carousel (8–10 slides) — the article's headline points in plain English
- 1 Pinterest infographic — vertical format; high search retention
- 1 LinkedIn post — for the B2B referrer audience (paediatricians, SENCOs, solicitors)
- 1 email send — to the parent list

This gives each article roughly 6–8 derivative assets and turns a one-per-month publishing rate into a continuous channel presence.

Priority Action Items

The matrix below sorts every recommendation in this audit by severity, effort and priority band. P1 items should be completed in week one; P2 items by the end of month one; P3 items by the end of month three; P4 items thereafter.

#	Action item	Category	Severity	Effort	Priority
1	Unblock AI crawlers in robots.txt (Squarespace toggle)	GEO/SEO	Critical	Low (10 min)	P1
2	Fix CTA button contrast (orange → accessible colour)	Accessibility	Critical	Low	P1
3	Add H1 headings to all key pages	SEO/Accessibility	Critical	Medium	P1
4	Add meta descriptions to all 64+ pages	SEO	Critical	Medium	P1
5	Fix page titles (keyword-optimised, location-included)	SEO	Critical	Low	P1
6	Make "READ BIO" links distinguishable with <code>aria-label</code>	Accessibility	Critical	Low	P1
7	Implement MedicalBusiness + LocalBusiness JSON-LD schema	SEO/GEO	High	Medium	P2
8	Add Open Graph and Twitter Card tags	SEO	High	Low	P2
9	Fix "Manage Cookies" contrast (teal → accessible colour)	Accessibility	High	Low	P2
10	Add testimonials / social proof to homepage	Brand	High	Medium	P2
11	Create "For Professionals" / referral page	Brand	High	Medium	P2
12	Fix scrolling marquee H1s (What We Do page)	Accessibility/SEO	High	Low	P2
13	Add <code>aria-label</code> to 3 nav elements	Accessibility	High	Low	P2
14	Add mobile menu <code>aria-expanded</code> toggle (custom JS)	Accessibility	High	Medium	P2

#	Action item	Category	Severity	Effort	Priority
15	Claim and optimise Google Business Profile	Local SEO	High	Low	P2
16	Register with ASLTIP directory	Local SEO	High	Low	P2
17	Add pause control to What We Do marquee	Accessibility	High	Medium	P2
18	Write and publish 8-12 service landing pages with full copy	SEO/Brand	High	High	P3
19	Launch blog with first article (NHS waiting list)	Content	High	High	P3
20	Add prefers-reduced-motion CSS	Accessibility	Medium	Low	P3
21	Reframe Two Can Toolkit (rename from "Free Stuff!")	Brand	Medium	Low	P3
22	Create location landing pages (Cambridge, Ely, Suffolk, teletherapy)	Local SEO	Medium	High	P3
23	Expand therapist profiles with qualifications and specialisms	SEO	Medium	High	P3
24	Investigate NHS Right to Choose / CQC registration	Strategic	High	High	P3
25	Create dedicated medico-legal landing page	Brand/SEO	High	Medium	P3
26	Publish accessibility statement	Accessibility	High	Low	P3
27	Add indicative pricing ("from £X")	Brand	Medium	Low	P3
28	Build B2B school/LA contracting service page	Business Dev	High	High	P4
29	Set up Google Search Console + Bing Webmaster Tools	SEO	Low	Low	P2

Conclusion

Two Can Talk Speech Therapy is, on the underlying business fundamentals, one of the most differentiated private speech and language therapy practices in the UK. A 39-person multi-disciplinary team, a 7,000 sq ft purpose-built flagship clinic, a free evidence-based parent toolkit, UK-wide teletherapy, and the rare ability to say "sometimes we don't have a waiting list at all" — these are genuine, sustainable competitive advantages. The problem this audit has documented is that those advantages are currently invisible. They are invisible to Google because the on-page SEO controls (titles, H1s, meta descriptions, schema, canonical tags) are missing across all 64+ pages. They are invisible to every AI search engine because every major AI crawler is deliberately blocked at the robots.txt layer. And they are invisible to prospective families because the brand surface — the tagline, the toolkit name, the service pages, the lack of any social proof — never gives those families a reason to choose TCT over the nearest plausible alternative.

The critical path is short and almost entirely tractable. The robots.txt toggle takes 10 minutes. Page titles can be rewritten in an afternoon. H1 headings and meta descriptions across the top 12 pages can be added in a day. JSON-LD schema for MedicalBusiness, LocalBusiness, Service, FAQPage and Person can be deployed inside a week via Squarespace's code injection. The accessibility fixes — CTA contrast, aria-label on "READ BIO" links, marquee H1 cleanup — are similarly small, single-developer tasks. By the end of the first month, with disciplined execution, every red and orange item in the priority matrix can be closed. The brand and messaging work — testimonials, a "For Professionals" page, expanded service copy, repositioned Toolkit, and a published accessibility statement — is a further few weeks of focused effort.

The single highest-upside strategic recommendation in this audit is the NHS Right to Choose pathway for autism assessment. Specialist assessment providers like The Owl Centre have demonstrated that CQC registration plus inclusion in the NHS Right to Choose framework can unlock thousands of funded assessments per year with effectively zero per-customer acquisition cost. TCT has a structural advantage these providers do not: it can offer the **post-diagnostic therapy** that families need next. A combined "diagnose and support" pathway, built on Right to Choose access and a published end-to-end family journey, would be a defensible market category of one in East England.

With the technical foundations fixed, a modest content engine running at one article per month, an active local SEO presence (Google Business Profile, ASLTIP, location landing pages), and the Right to Choose pathway under serious consideration, Two Can Talk is well-positioned to become the dominant multi-disciplinary speech and language therapy practice in East England, with a credible national teletherapy offer alongside. The work needed is unglamorous, mostly small, and mostly achievable within ninety days. The competitive advantage already exists. The remaining task is to let the rest of the world find it.

Audit prepared 12 May 2026. Sources cited inline throughout.