Analysis of the consultation on the ‘Talk with Me Phase 2: Speech, Language and Communication (SLC) delivery plan 2026-30’

Final report

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Acronyms used in this report

Acronym	Meaning
AAC	Augmentative and Alternative Communication
ALN	Additional Learning Needs
ALNCo	Additional Learning Needs Co-ordinator
BPS	British Psychological Society
DLD	Developmental Language Disorder
EAL	English as an Additional Language
RCSLT	Royal College of Speech and Language Therapists
SLC	Speech, Language and Communication
SLCN	Speech, Language and Communication Needs
SLT	Speech and Language Therapy
UNCRC	United Nations Convention on the Rights of the Child

1. Introduction

1.1. The ‘Talk with Me Phase 2: Speech, Language and Communication (SLC) Delivery Plan 2026–30’ builds on the original ‘Talk with Me’ delivery plan (published Nov 2020) to promote SLC development in Wales. The plan seeks to strengthen existing work, introduce new actions and extend the focus beyond the early years to include children aged 5 to 11.

1.2. The consultation gathered feedback on the proposed approach to raising awareness of SLC, improving identification of speech, language and communication needs, strengthening support for children and families, developing the workforce, and embedding preventative support across Wales. It also invited views on the name and branding, the Welsh language, children’s rights, and any additional actions or objectives that should be considered. An Easy Read version of the consultation and a children and young people’s version were also made available to support children and young people to understand the proposals and share their views[1]. The closing date for the responses was 30 April 2026. In total, 91 organisations, institutions, professionals and parents took part.

1.3. In addition to this, Children in Wales was commissioned by Welsh Government to engage children aged 5 to 11 on the Talk with Me Phase 2 Delivery Plan, exploring their views on communication, barriers, support and branding. In total, 98 children and young people aged 6 to 11 took part in sessions.

1.4. Furthermore, following a request from the Welsh Government there was a combined submission from nine Community Mentors, who are employed by Welsh Government as part of the Anti-racist Wales Action Plan.

[1] https://www.gov.wales/talk-me-phase-2-speech-language-and-communication-slc-delivery-plan-2026-2030

2. Methodology

Analysis of consultation questions

2.1. Responses to the consultation questions in section three were analysed using a thematic approach. Responses to closed questions were summarised quantitatively. Between 82 and 91 respondents answered each of the closed questions.

2.2. Written comments provided in response to the open questions were coded and analysed to identify key themes, areas of consensus and points of divergence. Illustrative quotes have been included where appropriate, although the number has been limited to support the readability and overall length of the report. Selecting illustrative quotes was also challenging because responses often reflected subtle and nuanced differences. Between 45 and 72 respondents provided written comments for each open question.

2.3. A response profile of respondents in terms of organisations, settings and professions is shown in table 3.1. and Appendix A provides a list of organisations that gave consent for their details to be published.

2.4. Generally, percentages are not reported where there are fewer than 100 respondents to a question as it may lead to misinterpretation. However, as the number of respondents is close to 100 in this case (between 82-91), we have included percentages in section three to give readers a clearer sense of the relative weight of responses. Percentages have been rounded to the nearest whole number.

Additional responses

2.5. Four organisations provided additional information which has been added into the analysis of consultation questions of the written comments (see para 2.2).

Children and young people

2.6. Children in Wales was commissioned by Welsh Government to engage children aged 5 to 11 on the Talk with Me Phase 2 Speech, Language and Communication Delivery Plan 2026–2030, including their views on communication, what matters to them, barriers they face, support that could help, and the programme's branding. In total, 98 children and young people aged 6 to 11 took part in primary school sessions across Powys, Rhondda Cynon Taf, Wrexham and Bridgend in March 2026, representing a range of socio-economic, cultural, linguistic and additional learning needs backgrounds.

2.7. Children in Wales provided a report outlining their methods and findings. In section four we summarise the findings of this report so that all responses to the consultation are included in this report. However, we recommend that the Children in Wales report should be read in full when considering the feedback to the consultation.

Community Mentors

2.8. A combined submission from nine Community Mentors, who were employed by Welsh Government as part of the Anti-racist Wales Action Plan, was analysed and summarised in section five. The submission responded to the SLC consultation questions in written form only.

Recommendations

2.9. The 23 recommendations identified by respondents, outlined in section six, are selected based on the findings from sections three, four and five.

3. Analysis of consultation questions

Respondents profile

3.1. The consultation received responses from a broad range of stakeholders, as shown in Table 3.1 below. A list of organisations who gave consent for their details to be published is provided in Appendix A.

3.2. The number of responses to individual closed questions (tick box options) ranged from 82 to 91.

3.3. The number of written responses to each question ranged from 45 to 72.

Table 3.1. General respondent profile

Stakeholder Type	Examples Identified
Education professionals	Teachers, ALNCos, school leaders, Estyn, Education Workforce Council
Health professionals	Speech and language therapists (SLTs), health visitors, NHS professionals, public health professionals
Early years and childcare providers	Flying Start, childcare practitioners, Coram PACEY Cymru
Universities	Researchers
Advocacy and representative organisations	Llais, British Psychological Society (BPS)
Welsh language and bilingualism organisations	Welsh language organisations and practitioners
Local authority and service leads	Education and service managers
Parents and carers	Individual parental responses
Multi-agency partnerships	Cross-sector practitioner groups

Summary of responses

Question 1. Do you agree with the statement - the name Talk with Me Phase 2 is helpful and relevant to cover the extension of this work to children aged 5 to 11. If not, can you suggest an alternative?

3.4. 62% either strongly agree or agree. See the breakdown of responses in the table below.

Q1. Answer	*Count*	*%*
Strongly agree	19	*21*
Agree	37	*41*
Neither agree nor disagree	12	*13*
Disagree	16	*18*
Strongly disagree	5	*5*
Don't know / no opinion	2	*2*
Total	**91**	

Written responses to question 1

3.5. 57 respondents provided a written response, summarised below.

3.6. Several respondents suggested renaming the programme to better reflect the target age group, for example "Talk with Me (Ages 5–11)". This was seen as a way to retain continuity with the established brand while making clear that the programme supports speech, language and communication development across childhood. For example:

'To strengthen continuity and avoid potential confusion, there may be value in more explicitly signalling that this work builds on the established Talk with Me programme and therefore suggest "Talk with Me (Ages 5–11)". This could help reinforce the message that SLC development is a continuous journey across childhood.'

3.7. Some respondents felt that “Talk with Me Phase 2” suggests a continuation of the existing programme but noted that practitioners and families working with children aged 5–11 may not be familiar with the original early years programme. The term “Phase 2” was therefore seen as potentially confusing, particularly if it implies that engagement with Phase 1 is required.

3.8. A minority of respondents also felt the title lacked clarity for parents, schools and practitioners unfamiliar with the programme. Some raised concerns that the word “talk” could imply a narrow focus on verbal communication, rather than wider speech, language and communication needs, including Augmentative and Alternative Communication, non-verbal communication and other forms of expression.

3.9. A small number felt the branding was either too “childish” for older children or, conversely, too formal for families.

3.10. However, overall there was strong support for retaining the “Talk with Me” branding, which many respondents viewed as recognised, consistent and helpful in reinforcing the message that supporting children’s communication is a shared responsibility from birth through to the end of primary school.

Question 2. Do you agree that the suggested approach to raising awareness of the importance of speech, language and communication (SLC) (objective 1) will help facilitate better SLC outcomes for babies and children?

3.11. 87% either strongly agree or agree. See the breakdown of responses in the table below.

Q2. Answer	*Count*	*%*
Strongly agree	33	*37*
Agree	45	*50*
Neither agree nor disagree	5	*6*
Disagree	4	*4*
Strongly disagree	2	*2*
Don't know / no opinion	1	*1*
Total	**90**	

Written responses to question 2

3.12. 53 respondents provided a written response, summarised below.

3.13. Overall, comments on question 2 reflect this general agreement among respondents. As one respondent notes:

> 'Strengthening public understanding of SLC and increasing visibility of the issue is essential given the high prevalence of communication difficulties… A coordinated awareness campaign, as proposed, builds on the existing Talk with Me brand and will help ensure families, schools and communities recognise early signs of need and understand how to support development.'

3.14. Despite generally supporting raising awareness of SLC, many emphasised that messages should reach beyond statutory services into community settings such as leisure facilities, sports clubs, youth provision and other informal spaces where children spend time. Many also highlighted the importance of engaging families and carers, including during pregnancy, to build understanding of typical language development and how to support it at home.

3.15. Several respondents stressed that awareness-raising should be clear, accessible and evidence informed, particularly as many families may be unsure what typical SLC development looks like or where to seek help.

However, a recurring concern was that awareness alone would not be enough to improve outcomes. Respondents argued that it must be supported by direct work with families and children, clearer referral pathways, and a more joined-up multi-agency approach.

3.16. The responses raised concerns about the impact of screen time and digital technology on children's speech, language and communication, both at home and in early years or school settings. Several comments called for clearer, evidence-based public messaging for families and practitioners on how screens can affect children's wellbeing, listening skills, play, social interaction and communication development, with some arguing that current messages are too diluted and should more strongly emphasise the potential negative impact of both children's and parents' screen use.

3.17. A few responses highlighted the potential benefits of a successful programme. For example, a respondent noted that improving children's SLC skills could also benefit practitioners by supporting better emotional regulation and behaviour in the classroom, reducing classroom management pressures and allowing more time for teaching and learning.

3.18. A small number of respondents also noted that awareness raising must be inclusive, culturally sensitive and accessible to families across Wales, including those who speak languages other than English or Welsh. Others felt the proposals needed clearer action plans and a stronger evidence base to show how they would achieve population level impact.

3.19. A key concern related to workforce capacity. Respondents warned that raising awareness without additional investment in specialist SLC support, training and wider workforce capacity could increase pressure on an already stretched system, particularly where children are facing long waits for support.

Question 3. Do you agree that the suggested approach to improving the identification of speech, language and communication needs (SLCN) (objective 2) will help facilitate better SLC outcomes for babies and children?

3.20. 84% either strongly agree or agree. See the breakdown of responses in the table below.

Q3. Answer	***Count***	***%***
Strongly agree	28	*31*
Agree	47	*53*
Neither agree nor disagree	7	*8*
Disagree	1	*1*
Strongly disagree	5	*6*
Don't know / no opinion	1	*1*
Total	**89**	

Written responses to question 3

3.21. 58 respondents provided a written response, summarised below.

3.22. Respondents showed strong support for improving early and consistent identification of speech, language and communication needs (SLCN). Many welcomed the use of evidence-based tools, greater standardisation and earlier recognition, noting that timely identification is essential to ensuring children receive the right support as early as possible.

3.23. A number of respondents highlighted current variation in how SLCN is identified across settings, which can lead to delayed or inconsistent support. They felt a more standardised approach could help address this, but stressed that tools alone would not be sufficient. Clearer, more joined-up pathways across Wales would also be needed to ensure identification leads to appropriate support.

3.24. Several respondents supported reviewing existing assessment arrangements and evidence-based identification tools, particularly for children aged five and over. However, concerns were raised about the availability and development of suitable bilingual Welsh and English tools, and the need to ensure Welsh-speaking and bilingual children are not disadvantaged.

3.25. Respondents also cautioned that improved identification must be realistic within current workforce capacity. Some were concerned about additional pressure on schools and early years staff, particularly where services are already stretched. They argued that identification must be matched with sustainable funding, specialist support and clear referral pathways.

3.26. Finally, some respondents emphasised that identification processes must be inclusive, culturally responsive and anti-racist to avoid reinforcing existing inequalities.

Question 4. Do you agree that the suggested approach to improving support for those with SLCN (objective 3) will help facilitate better SLC outcomes for babies and children?

3.27. 90% either strongly agree or agree. See the breakdown of responses in the table below.

Q4. Answer	***Count***	***%***
Strongly agree	30	*34*
Agree	49	*56*
Neither agree nor disagree	2	*2*
Disagree	3	*3*
Strongly disagree	3	*3*
Don't know / no opinion	1	*1*

Total	**88**

Written responses to question 4

3.28. 54 respondents provided a written response, summarised below.

3.29. Respondents identified several priorities for improving support. Many stressed that reviewing the evidence-base and mapping provision would only improve outcomes if followed by clear action, timely intervention, sufficient resourcing and support for practitioners. For example:

‘These actions represent an important initial step. However, while early identification is crucial, reviewing the evidence base and mapping provision alone will not improve outcomes unless they are followed by clear decisions, resourcing and whole-system commitment to implement evidence-based interventions consistently.’

3.30. A key theme was the need for joined-up pathways across health, education, social care, childcare, early years and family support. Respondents emphasised that roles and responsibilities should be clear, with support available across both universal and targeted provision.

3.31. Several respondents highlighted the importance of using evidence-based approaches, including building on existing programmes such as Prosiect Pengwin. They felt clearer guidance was needed on how evidence-based interventions should be selected, adapted and embedded in everyday practice, particularly for children aged 5–11.

3.32. Respondents also stressed that implementation would require additional funding, training, guidance and professional support. Without investment in workforce capacity, coaching and clear pathways, there was concern that evidence-based interventions would remain theoretical rather than being delivered consistently in practice.

3.33. Finally, current workforce pressures were again raised as a concern, particularly in education, where staff may lack the time, capacity or specialist

expertise to take on additional SLC intervention responsibilities without further support.

Question 5. Do you agree that the proposed actions to upskill the workforce to address SLCN (objective 4) will result in better identification of, and support for SLCN?

3.34. 83% either strongly agree or agree. See the breakdown of responses in the table below.

Q5. Answer	*Count*	*%*
Strongly agree	34	*39*
Agree	39	*44*
Neither agree nor disagree	6	*7*
Disagree	7	*8*
Strongly disagree	2	*2*
Don't know / no opinion	0	*0*
Total	**88**	

Written responses to question 5

3.35. 61 respondents provided a written response, summarised below.

3.36. As with previous questions, the main concerns related to workforce pressures, funding, limited time for training and over-reliance on schools. Respondents felt these issues were closely linked, noting that schools and education settings may not be able to meet additional expectations without appropriate training, capacity and support.

3.37. Many comments stressed that increased responsibility must be matched by sufficient funding, protected time for training, staffing capacity and access to mentoring or specialist support. Some respondents also raised wider concerns about recruitment and retention, particularly in a workforce already described as underpaid and overstretched.

3.38. Despite these concerns, there was broad agreement that professionals working with children need stronger knowledge of speech, language and communication needs. Respondents felt training should be practical, evidence-based, sustained and embedded in everyday practice, rather than delivered as one-off sessions.

3.39. Several respondents also argued that SLC training should begin at pre-registration level and continue throughout professional careers across education, health and social care. Others suggested that training should be available to all staff who work with children, including those beyond statutory services, and should be regularly refreshed to maintain confidence and skills.

Question 6. Do you agree that the suggested approach to embedding preventative SLC support across Wales (objective 5) will help facilitate better SLC outcomes for babies and children?

3.40. 83% either strongly agree or agree. See the breakdown of responses in the table below.

Q6. Answer	***Count***	***%***
Strongly agree	36	*42*
Agree	35	*41*
Neither agree nor disagree	6	*7*
Disagree	3	*3*
Strongly disagree	5	*6*
Don't know / no opinion	1	*1*

Total	**86**

Written responses to question 6

3.41. 52 respondents provided a written response, summarised below.

3.42. Respondents broadly supported equitable access to speech, language and communication support across Wales, regardless of where a child lives. Many welcomed the focus on reducing variation between local authorities, health boards and education settings, and emphasised the importance of ensuring support reaches vulnerable children and families who may face disadvantage. As one respondent notes:

‘People often tell us that where you live should not affect how quickly or easily you can get support. This objective supports the idea that services should be fair, accessible and work well for everyone. We welcome the focus on making support more equal across Wales and on working closely with services such as mental health, Additional Learning Needs (ALN), literacy and justice. Preventative support works best when services work together and families can access help early, rather than only when problems become more serious. (*Organisation*) strongly supports embedding preventative speech, language and communication support across Wales.’

3.43. Several respondents noted that preventative support must be inclusive and responsive to cultural and linguistic diversity, including multilingual families. Others stressed that universal and targeted provision will not be enough for all children, with specialist support still needed for groups such as neurodivergent children, children with developmental language disorder, children known to social services, those in youth justice settings, and children with complex or non-verbal communication needs.

3.44. Respondents generally supported early intervention and preventative approaches, but some distinguished between preventing SLCN itself and reducing its impact or preventing needs from worsening. For children aged 5–11, some felt the focus should be on minimising the longer-term impact of SLCN rather than preventing it entirely.

3.45. There was also strong support for joined-up working across education, health, social care, ALN, mental health, literacy, youth justice, community and family support services. Respondents felt SLC should be seen as central to wider outcomes, including wellbeing, learning and long-term opportunities.

3.46. As with previous questions, concerns were raised about workforce capacity, training, funding and the need for clearer, action-focused commitments. Respondents felt that strengthening links between services would not be enough without practical investment in staff, resources and delivery capacity.

Question 7. Other than the 5 objectives currently suggested in the consultation document, are there any others we should include? Please provide suggestions in the comments box below.

3.47. 40% responded with a yes. See the breakdown of responses in the table below.

Q7. Answer	***Count***	***%***
Yes	33	*40*
No	23	*28*
Don't know / no opinion	26	*32*
Total	**82**	

Written responses to question 7

3.48. 49 respondents provided a written response, summarised below.

3.49. Respondents' suggestions generally focused on either adding new objectives or reframing existing ones to make them more measurable, inclusive and implementation focused. A common recommendation was to include a specific objective on evaluation, impact and accountability, with

clear national and local measures, consistent data collection and mechanisms for monitoring whether the plan improves outcomes.

3.50. Many respondents also called for stronger co-production and family engagement, including ways for children aged 5–11 to share their views. Some suggested a specific objective on communication with families, particularly to support engagement from diverse cultural and multilingual communities.

3.51. Several respondents felt the objectives should give greater attention to children with established or persistent SLCN, rather than focusing mainly on prevention. Suggested reframing included reducing the short- and long-term impacts of SLCN, ensuring timely access to support, and strengthening provision for children with additional or complex needs.

3.52. Other suggested areas for greater focus included emotional literacy, cross-sector collaboration, information sharing and transition pathways between early years, primary and secondary settings. Respondents also highlighted the need to reduce regional and socioeconomic inequalities in SLC outcomes across Wales.

3.53. Finally, some respondents emphasised that the objectives should better reflect different forms of communication, including non-verbal communication, sign language, Augmentative and Alternative Communication, multilingualism and Welsh-language provision.

Question 8. Other than the proposed actions contained in the consultation document, are there any others we should include? Please provide suggestions in the comments box below.

3.54. 46% responded with a yes. See the breakdown of responses in the table below.

Q8. Answer	*Count*	*%*
Yes	39	*46*
No	18	*21*
Don't know / no opinion	*27*	*32*
Total	**84**	

Written responses to question 8

3.55. 49 respondents provided a written response, summarised below.

3.56. Respondents who suggested additional actions most commonly called for specific national guidance and monitoring frameworks. They felt that clearer, Wales wide guidance would strengthen earlier identification, intervention planning and evaluation, while helping ensure schools use coherent and equitable approaches to monitor speech, language and communication development. Respondents also highlighted the need for clear and consistent outcome monitoring to show what is working, for whom, and where inequalities remain. For example:

'an important additional action would be to develop a national, evidence based guidance framework for consistent SLC monitoring across the primary years. While the consultation proposes reviewing existing support programmes and improving identification and training, it does not explicitly include an action to ensure that all schools use coherent, equitable approaches to monitor SLC development'

3.57. Many comments stressed that any framework should be national and embedded across the whole system. Respondents pointed to current variation between local authorities and called for a Wales wide approach to identifying, supporting and developing SLCN skills, alongside national data collection and analysis to evaluate impact, drive improvement and reduce regional differences.

3.58. Alongside this, respondents emphasised the need for consistent tools, resources and training. Suggestions included minimum training requirements across-sectors, national guidance and toolkits, standardised tools to measure children's progress, cross-sector training, and reflective practice

resources. However, respondents also raised concerns about system capacity, warning that new expectations could increase pressure on already stretched local authority budgets, schools and practitioners unless properly funded. Some recommended that implementation should be workload-sensitive, including through a formal workload impact assessment.

3.59. Another key theme was the need for greater investment in specialist provision, particularly speech and language therapy. Respondents argued that universal and targeted support would not be sufficient for some children and families, and that specialist support should be more accessible in communities and schools.

3.60. Finally, respondents highlighted the importance of data sharing, joined-up working and family involvement. They called for better information sharing between health, education and early years systems, clearer guidance and universal resources for parents and practitioners, and more co-production with children, families and communities. This was seen as important for making support accessible, culturally sensitive, grounded in lived experience and responsive to local need.

Question 9: What, in your opinion, would be the likely effects of the proposed objectives in the consultation document, to further promote and support SLC development throughout Wales, on the Welsh language? We are particularly interested in any likely effects on opportunities to use the Welsh language and on not treating the Welsh language less favourably than English.
Do you think that there are opportunities to promote any positive effects?
Do you think that there are opportunities to mitigate any adverse effects?

3.61. 72 respondents provided a written response, summarised below.

3.62. Open responses to question nine raised a wide range of views, but the strongest overall theme was that the proposed objectives could have a positive effect on the Welsh language if they are implemented effectively through bilingual and Welsh-medium provision. Respondents felt that

improving speech, language and communication support could increase children's opportunities to use Welsh, strengthen parity between Welsh and English, and improve outcomes for children developing Welsh as a first or additional language.

3.63. Several respondents stressed that this positive impact would depend on Welsh being embedded from the outset, rather than added later. They argued that tools, training, resources, public awareness campaigns and interventions should be fully bilingual and culturally appropriate as standard. This was seen as important not only for meeting Welsh-language requirements, but also for normalising Welsh as a language of early communication, learning and everyday interaction.

3.64. However, many respondents were concerned that the objectives did not give enough attention to Welsh-language development, bilingualism or Welsh-medium services. Some noted that the Welsh language was not clearly referenced in the objectives or Easy Read materials, and called for bilingual training, materials and resources to be made equally available to Welsh and English-medium settings. Respondents also highlighted the need for more research on bilingual language development in Wales and closer working with universities and Welsh-medium specialists.

3.65. A major concern related to the availability and quality of Welsh-medium assessment tools, screening systems and interventions. Respondents warned that if English-medium materials, training or specialist support were developed or rolled out more quickly than Welsh equivalents, Welsh could be treated less favourably, and Welsh-speaking children's needs could be overlooked. To reduce this risk, they called for monitoring systems, resources and training modules to be developed simultaneously in Welsh and English, with Welsh-medium identification tools and interventions given equal status.

3.66. Finally, respondents raised concerns about workforce capacity, particularly the availability of Welsh-speaking speech and language therapists and other

professionals. They noted that current services are already stretched and that limited Welsh-speaking workforce capacity could restrict access to timely support through Welsh. Respondents argued that investment in Welsh-language capacity is essential but should be recognised as a long-term commitment requiring sustained, cross system action.

Question 10: In your opinion, could the proposed objectives in the consultation document, to further promote and support SLC development throughout Wales, be formulated or changed so as to:
have positive effects or more positive effects on using the Welsh language and on not treating the Welsh language less favourably than English; or
mitigate any negative effects on using the Welsh language and on not treating the Welsh language less favourably than English?

3.67. 57 respondents provided a written response, summarised below.

3.68. Responses to question 10 reflected a similar position to those given for question 9. A dominant theme was that Welsh language considerations should be integrated throughout every objective, rather than addressed indirectly or treated as an additional issue. Respondents argued that bilingualism should be a core organising principle of the strategy, with expectations around Welsh-medium and bilingual provision made more explicit from the outset.

3.69. Several respondents called for stronger references to Welsh across the objectives. They felt this would help ensure that children are supported in the language or languages most meaningful to them, and that Welsh is not treated less favourably than English. Some suggested that each objective should include explicit bilingual requirements, including clearer expectations around bilingual language development, assessment, and support for practitioners working in Welsh-medium settings.

3.70. A significant theme was the need for equal access to Welsh-medium tools, training, resources and interventions. Respondents noted that assessment

and intervention tools have historically been developed in English or translated later and argued that Talk with Me Phase 2 should ensure Welsh and English materials are developed and made available simultaneously. They also called for workforce training to include Welsh-language practice, and for monitoring to track equitable use of Welsh and English.

3.71. Suggestions to address these concerns included explicitly referencing parity between Welsh and English in all tools, interventions and resources, and strengthening the workforce objective to include Welsh-medium and bilingual contexts. Respondents felt practitioners in Welsh-medium schools need training to recognise speech, language and communication needs in Welsh, avoiding inappropriate switching to English or misidentification of need.

3.72. Respondents also highlighted the importance of monitoring access to Welsh-medium SLC support, developing Welsh-medium versions of all materials and interventions, and creating professional learning pathways to build Welsh-medium SLC expertise. Some warned that Welsh-medium settings could be disadvantaged if gaps in specialist materials, workforce capacity or training access are not addressed directly.

3.73. To support equity, respondents recommended parity of training, resources and specialist support in Welsh, alongside ongoing co-production with Welsh-medium practitioners, families and language specialists. This was seen as important for maintaining equality between Welsh and English and maximising positive impact.

3.74. A very small minority of respondents felt the Welsh language should not be a primary concern, while one respondent noted that broader communication challenges also need attention, including children entering nursery with very limited language skills.

Question 11. In your opinion, could the proposed objectives in the consultation document be formulated or changed so as to promote positive

effects, or reduce any negative effects, on children's rights? Please provide suggestions in the comments box below.

3.75. 55 respondents provided a written response, summarised below.

3.76. Responses to question 11 showed a strong consensus that communication is central to children's rights, participation and wellbeing. Respondents frequently linked speech, language and communication development to children's right to education, inclusion, participation in decision-making, and access to timely and equitable support.

3.77. Several respondents emphasised that delayed identification or intervention could compromise children's rights, particularly where speech, language and communication needs affect learning, wellbeing and future opportunities. Some also linked this to Welsh-medium provision, noting that children should be able to access education and support in Welsh where needed.

3.78. A major theme was equity of access. Respondents argued that support should be available to all children, regardless of background, language, additional learning needs or location. They suggested that the objectives should include clearer guidance on equity, cultural competence and anti-racist practice to ensure that vulnerable learners are not disadvantaged.

3.79. The largest theme related to children's right to participate and be heard, with many respondents referencing the United Nations Convention on the Rights of the Child, particularly the right to express views and have those views taken seriously. Some suggested that children's rights frameworks should be explicitly referenced within the objectives to support fairness, non-discrimination and child-centred practice.

3.80. Respondents also called for children's voices to shape implementation and evaluation. They felt that children, including those aged 5–11, should have structured opportunities to explain what helps them communicate, learn and

participate. This was linked to a broader call for co-production, where children and families are listened to and their feedback acted upon.

3.81. Many respondents described effective communication as a right in itself. They argued that every child has the right to a voice, and that adults should use the right skills, tools and strategies, including total communication approaches, to support this. Some also stressed the importance of supporting children to communicate in their home language.

3.82. A smaller number of respondents focused on how information is communicated to children. They suggested child-friendly resources, website materials, and self-directed learning or upskilling sections to help children understand and develop their own communication skills.

3.83. Finally, some respondents called for a more holistic, person-centred approach. They felt the objectives should avoid doing things “to” children and instead work “with” them, taking account of their background, home life, wellbeing and individual circumstances alongside their speech, language and communication needs.

Question 12. We have asked a number of specific questions. If you have any related issues which we have not specifically addressed

3.84. 45 respondents provided a written response, summarised below.

3.85. One of the strongest recurring themes was concern that the ambitions of the strategy may not be achievable without significant workforce investment. Respondents repeatedly highlighted staff shortages, insufficient funding, and pressure on speech and language therapy services. Several warned that shortages of SLTs, delayed access to support, gaps between assessment and intervention, and limited access to Augmentative and Alternative Communication could prevent Talk with Me Phase 2 from delivering meaningful improvements.

3.86. Funding was also raised as a key concern, particularly for early years practitioners and settings already under financial pressure. Some respondents noted that delivering Talk with Me sessions can create additional costs for materials, activities and incentives, which may affect participation and delivery.

3.87. Respondents were also concerned that increased early identification could place further pressure on an already stretched system. They argued that sufficient capacity, resources and bilingual support must be in place before demand increases further. Without this, there is a risk that need will grow faster than services can respond, widening inequalities in education, mental health and later life outcomes.

3.88. Another important theme was the need for stronger multi-agency working, including clearer pathways for data sharing, referrals and communication. Respondents felt this could reduce duplication, improve consistency, and help share good practice between SLC bases, mainstream schools and other services.

3.89. Many respondents called for clearer implementation plans and stronger accountability. They felt the consultation used vague language, such as “exploring” and “working with”, without clearly explaining what actions would be delivered. Respondents wanted more tangible examples of activities, interventions and practical steps to improve outcomes for children and families.

3.90. There were also calls for clearer alignment with existing policies, including Curriculum for Wales, Additional Learning Needs reform and wider wellbeing strategies. Respondents argued that this would help avoid duplication and support coherent implementation across settings. They also wanted clearer communication about expectations for schools and settings, including what effective SLC practice should look like across different age groups.

3.91. Some respondents highlighted the lack of clear timelines and milestones for delivery between 2026 and 2030. They argued that the strategy should move quickly from consultation to delivery, with interim measures to maintain progress and show how reviews of effective practice will translate into support for children, families and practitioners.

3.92. Respondents also emphasised the need for national outcome measures and consistent monitoring across local areas and agencies. A small set of national measures, combined with local qualitative feedback, was suggested as a way to support evaluation and continuous improvement.

3.93. Several respondents called for a stronger focus on inclusion. They wanted resources, training, assessments and interventions to be accessible, culturally responsive and linguistically appropriate for bilingual, multilingual and culturally diverse children. This included guidance to help practitioners distinguish communication differences from communication difficulties.

3.94. Some respondents noted that the evidence suggests that well-designed practitioner and parent support can make a tangible positive difference to speech language and communication.

3.95. Some respondents highlighted issues which should be considered regarding identification and monitoring:

- that as children move through primary school, they must manage more complex vocabulary, multi-step instructions, discussion, subject-specific language, reading comprehension and written expression. These expectations can expose previously unidentified or masked needs, including those linked to trauma, neurodivergence, emotional distress, bilingual development, disrupted education or disadvantage.
- Speech, language and communication needs are often hidden. Children are described as appearing quiet, anxious, distracted, oppositional or disengaged when they are struggling to understand language, express themselves, process information or manage social communication.

3.96. Finally, respondents stressed the importance of early and consistent identification across settings, warning that some children may otherwise fall through the cracks. One respondent also cautioned that expanding Talk with Me to children aged 5–11 should not dilute the existing early years work for children aged 0–5.

4. Summary of Children in Wales children and young people consultation and engagement report

Introduction

4.1. Children in Wales was commissioned by Welsh Government to consult with children and young people on the Talk with Me Phase 2 Speech, Language and Communication Delivery Plan 2026–2030. The plan builds on the existing Talk with Me programme for babies and children aged 0 to 5, extending its focus to older children. For this engagement, the target group was children aged 5 to 11.

4.2. The purpose of the engagement was to understand children's views on speech, language and communication, what matters most to them, what barriers they experience when communication is difficult, who can help, and what support they feel would make a difference. The work also explored children's views on the Talk with Me branding and whether the programme's aims and outcomes reflected children's experiences.

4.3. A total of 98 children and young people aged 6 to 11 took part in engagement sessions across four local authority areas in Wales: Powys, Rhondda Cynon Taf, Wrexham and Bridgend. Sessions took place in primary schools over seven sessions in March 2026. Participants included children from a range of socio-economic, cultural and linguistic backgrounds. Some children were neurodivergent, one child had Down's syndrome, and a number had direct or family experience of speech, language and communication needs. Some children spoke English as an additional language or spoke another language at home, including Welsh, Polish, Portuguese and Urdu.

Engagement approach

4.4. The engagement used interactive, age-appropriate workshops designed to support inclusive participation. Activities included group discussion, rating

exercises, voting, drawing and writing activities, “Heads Down, Thumbs Up” responses, facilitator notes, and flip-chart doodles.

4.5. Sessions were adapted for younger children and used visual prompts, movement, creative tasks and simplified questions. Children were also given a “Don’t want to talk” emoji card, which they could use if they felt uncomfortable or did not want to answer a question. A significant number of children used these cards during the sessions, highlighting the importance of giving children safe and non-verbal ways to participate.

4.6. The workshops explored:

- what speech, language and communication mean in everyday life
- why communication is important
- what matters most to children
- when communication feels difficult
- how communication difficulties affect children’s lives and feelings
- who children trust to help them
- what support would be useful
- views on the Talk with Me name and branding.

Headline findings

4.7. Children consistently described communication as central to their lives. They linked it strongly to friendships, family relationships, learning, safety, inclusion, emotional wellbeing and feeling understood.

4.8. A key finding was that communication difficulties are common and emotionally sensitive. Nearly half of the children who were asked said there were times when speech, language and communication could be difficult. Almost the same number said these difficulties could get in the way of what mattered to them.

4.9. Children were clear that support should come from trusted people who listen, understand, reassure them and give them time. They valued warmth, patience, kindness and practical help.

What matters most to children

4.10. Across all age groups, children gave very consistent answers about what mattered most in their lives. The most common themes were:

- immediate family, including parents and siblings
- friends
- extended family, including grandparents and cousins;
- pets
- sports and extra-curricular activities
- play and leisure
- teachers and school
- food, sleep and feeling safe
- kindness, peace, love, faith and nature.

4.11. Family and friends were the strongest themes. This shows that children's relationships and sense of belonging are central to their wellbeing. The findings suggest that speech, language and communication support should be understood not only as a learning issue, but also as a relationship, wellbeing and inclusion issue.

Importance of communication

4.12. Children were asked how important communication was in different situations. For children in Years 3, 4, 5/6 and 6, the majority said it was important to:

- tell a friend about something fun they had done
- ask for help when stuck
- talk to teammates when playing a game
- share something personal or private with someone they trust
- tell family when they are happy, sad, worried or frustrated.

4.13. Among the 77 older children who answered the detailed questions:

- 66 said it was important to tell a friend about something fun

- 70 said it was important to ask for help when stuck
- 67 said it was important to talk to teammates when playing a game
- 49 said it was important to share something personal or private with someone they trust
- 58 said it was important to tell family how they feel.

4.14. Younger children in Year 2 were less certain when first asked directly about communication, with many standing in the middle or unsure[2]. However, discussion showed that communication was still important to them, particularly for friendships, family relationships and getting help in school.

4.15. Children explained that communication helps them:

- feel supported by friends and family
- share feelings and worries
- ask for help
- understand schoolwork
- feel safe
- take part in games and activities
- learn from others
- avoid feeling stressed or left out.

4.16. Some children also raised concerns about not being listened to by adults or about private information being shared. This shows that trust is a key part of communication support.

When communication is difficult

4.17. Children were asked whether speech, language and communication could be tricky and whether this could get in the way of what mattered to them. To make this safer, many answered using a “Heads Down, Thumbs Up” activity rather than speaking aloud.

[2] This reflected the data from the Year 2 groups, where only 8 out of 21 children said communication was important, compared with 2 who said it was not important and 11 who stood in the middle because they were unsure. However, follow-up discussion and observations suggested that communication was in fact important to most of these younger children, particularly in relation to friendships, family relationships and getting support in school.

4.18. Of those who took part in this exercise:

- 48 children indicated that speech, language and communication could be tricky at times;
- 44 children indicated that this could get in the way of what mattered to them.

4.19. One cohort did not take part in this part of the exercise due to a reluctance to answer questions in a group setting, so the report suggests the actual number may be higher.

4.20. The findings show that communication difficulties are not only practical barriers. They affect children's confidence, friendships, learning, inclusion and emotional wellbeing. Children may not always openly say they are struggling, especially in front of peers.

4.21. When asked how it might feel not to be able to communicate, children used words and ideas including:

- sad
- worried
- nervous
- frustrated
- scared
- angry
- embarrassed
- misunderstood
- left out
- "down in the dumps".

4.22. Mood Monster cards were used with some younger children to help them express feelings without having to explain everything verbally. The most common feelings selected were sadness, frustration, worry, nervousness and fear. This reinforces the finding that communication difficulties can be emotionally significant.

Children's views on support

4.23. Children were asked whether helping children with speech, language and communication needs was important. 78 children, around 80% of those engaged, said that it was important.

4.24. Children said support matters because it helps children:

- be included
- make friends
- understand others
- be understood by others
- reduce anxiety
- avoid feeling sad or isolated
- communicate rather than staying quiet.

4.25. This suggests that children recognise the importance of speech, language and communication support, both for themselves and for others.

Who children said could help

4.26. Children identified a range of people who could help when communication is difficult. The strongest themes were:

- **Family:** Parents, siblings, grandparents and wider family members were mentioned most often. Children saw family as people who could listen, comfort them, teach them and help others understand them.
- **Friends and peers:** Friends were seen as people who could cheer them up, help them sort things out and support them socially.
- **Teachers and school staff:** Many children identified teachers as important sources of support, particularly when help was needed in school or when something needed to be explained differently.
- **Trusted adults:** Some children mentioned coaches, therapists and other trusted adults. Older children particularly linked therapy with building confidence.

- **No one:** A small number of children said they could not think of anyone who could help them. The report identifies this as a concern, as it may suggest that some children do not feel they have a trusted person to turn to when communication is difficult.

What support should look like

4.27. Children described both emotional and practical forms of support.

4.28. Emotional support included:

- listening
- being kind
- saying “it’s OK”
- giving hugs
- giving time
- helping children feel calm
- making children feel comfortable
- encouraging them
- not being too hard on them.

4.29. Practical support included:

- explaining things in a different way
- using step-by-step explanations
- using pictures
- giving children paper to draw or write
- using sign language or Makaton
- using breathing techniques
- allowing text instead of talking
- using translators where language is a barrier
- using apps or technology to support pronunciation or communication.

4.30. Children wanted adults to understand that learning and communication can be hard. They wanted adults to know how they feel, help them more, support them to concentrate, and encourage them rather than criticise them. Some

children suggested technology, such as Google Translate, Duolingo or communication apps. While these may be useful tools, the report also notes that a small number of children appeared to prefer technology or AI instead of communicating directly with people. This may need careful consideration, particularly if reliance on technology affects interpersonal relationships or speech, language and communication development.

Branding and the Talk with Me name

4.31. Children were shown a range of Talk with Me resources and asked for their views on the logo, colours, graphics and wording. Most children liked the bright colours, engaging visuals and overall logo.

4.32. Some older children, particularly in Year 6, felt that some changes might make the materials more suitable for older children. However, there was general agreement that the current branding worked well for primary-aged children.

4.33. Many children were interested in being involved in designing a logo or materials for an older age group. This suggests that further co-production with children would be valuable as Talk with Me Phase 2 develops.

Children's views on whether the plan would work

4.34. Children were shown the five goals and intended outcomes of the Talk with Me Phase 2 plan. These included raising awareness, improving identification of needs, ensuring children get the right support, building workforce skills and ensuring all babies and children in Wales can access support.

4.35. Some children found it difficult to understand the question about how to know whether the plan was working. However, there was broad agreement that supporting children with speech, language and communication needs was positive and that things would get better if children received the right help.

4.36. The report concludes that children's views align strongly with the goals and intended outcomes of the delivery plan. Children's responses emphasised that:

- communication is central to safety, wellbeing, learning, relationships and inclusion
- speech, language and communication difficulties can affect what matters most to children
- trusted adults who listen and understand can make a difference
- support should be flexible, inclusive and relationship-based
- adults need to be able to identify communication difficulties because children may not always say they are struggling.

Key messages

4.37. The report shows that speech, language and communication are deeply connected to children's everyday lives. Children do not see communication only as talking or learning words. They see it as part of friendship, family life, play, learning, emotional expression, safety and belonging.

4.38. The engagement also shows that communication difficulties can be hidden. Children may show discomfort through behaviour, silence, withdrawal or use of the "Don't want to talk" card, rather than openly explaining that they are struggling. This highlights the need for adults to recognise non-verbal behaviour as communication and to respond sensitively.

4.39. Children value support from people who know them, listen to them and make them feel safe. They want adults to explain things clearly, give them time, use different methods where needed and offer reassurance.

4.40. The findings support the direction of the Talk with Me Phase 2 Delivery Plan. They show the importance of early identification, trusted relationships, inclusive practice, skilled adults and flexible support that responds to the needs of each child.

4.41. Overall, the report demonstrates that children and young people strongly value communication and recognise the importance of helping those who experience speech, language and communication needs. Their views provide

clear support for a child-centred, inclusive and relationship-based approach to the next phase of Talk with Me.

5. Community Mentors response

Introduction

5.1. This section summarises a combined submission from nine Community Mentors employed by Welsh Government as part of the Anti-racist Wales Action Plan. The submission responded to the SLC consultation questions.

Q1: Do you agree with the statement - the name Talk with Me Phase 2 is helpful and relevant to cover the extension of this work to children aged 5 to 11. If not, can you suggest an alternative?

5.2. Respondents gave mixed views on the name *Talk with Me Phase 2*. Some felt that it was clear, simple and helpful because it builds on a programme already known to practitioners, families and partners. However, several respondents felt that the name does not clearly show that the programme now includes children aged 5 to 11. The phrase “Phase 2” was seen as more meaningful to professionals than to families, and some felt that parents may not immediately understand that the programme is about children’s speech, language and communication.

5.3. There was also concern that the word “talk” could suggest a narrow focus on spoken language. Respondents stressed that communication includes gestures, facial expressions, signs, sounds, play-based communication, self-talk, pre-verbal communication and non-verbal expression. This was seen as important for neurodivergent children and children who communicate differently.

5.4. Suggested alternatives included *Talk with Me: Growing Voices (0–11)*, *Talk with Me: Early and Primary Years*, *Talk with Me: Growing Together (0–11)*, *and* Talk *with Me Cymru 0–11*.

Question 2: Do you agree that the suggested approach to raising awareness of the importance of SLC (objective 1) will help facilitate better SLC outcomes for babies and children?

5.5. Respondents supported raising awareness of the importance of speech, language and communication. They agreed that greater awareness among parents, carers, practitioners and communities could support earlier recognition of needs and encourage families to seek help sooner.

5.6. There was support for a national bilingual campaign, clearer information for families and practitioner-focused materials. Respondents felt that families need practical messages about how everyday interactions, including talking, listening, playing, singing, reading and turn-taking, can support communication.

5.7. However, respondents stressed that awareness-raising must be inclusive, culturally sensitive and anti-racist. Materials should reflect different languages, accents, parenting styles, family structures and communication norms. Resources should be accessible to families whose first language is not English or Welsh and should recognise multilingualism as a strength.

5.8. Respondents recommended a multi-channel approach, including short videos, social media clips, visual materials, QR codes, text messages, community sessions and face-to-face conversations. Written information alone was seen as insufficient, particularly for families with limited literacy, limited English or Welsh, digital exclusion or low trust in formal services.

5.9. There was also a strong emphasis on reaching families through trusted community routes, including faith groups, cultural organisations, immigrant networks, health visitors, GP practices, libraries, supermarkets, schools and family support services. The impact of screen time was also raised, with respondents suggesting that families should receive clear, non-judgemental guidance on how excessive screen use can reduce opportunities for interaction, play, listening and communication.

5.10. Respondents cautioned that awareness alone will not improve outcomes unless it is linked to practical support, clear pathways and sufficient service capacity.

Question 3: Do you agree that the suggested approach to improving the identification of SLCN (objective 2) will help facilitate better SLC outcomes for babies and children?

5.11. Respondents broadly agreed that improving identification of SLCN would support better outcomes. They welcomed consistent identification processes, shared guidance, evidence-based tools and monitoring at key developmental stages.

5.12. Early identification was seen as essential to ensuring children receive the right support at the right time. Respondents noted that practitioners in health, childcare and education are well placed to notice possible communication needs, but also recognised that staff are often under pressure and may not always have the time or specialist knowledge to follow up concerns.

5.13. A major theme was the risk of bias in identification. Respondents emphasised that assessment tools and processes must be culturally and linguistically responsive. They warned that multilingual children may be misidentified if they are assessed only through English or Welsh norms. For example, children who are still developing English or Welsh may be wrongly perceived as delayed, while children using home languages, dialects, accents or code-switching may be misunderstood. Respondents argued that bilingualism and multilingualism should be recognised as assets, not deficits. Practitioners need training to distinguish between language difference, language delay, language disorder and typical bilingual development. Identification should involve parents, who can provide important information about how children communicate in the home language and in familiar settings.

5.14. Some respondents suggested that tools should consider Welsh, English and other community languages commonly spoken in Wales, and that speech and

language specialists should work with EAL staff, interpreters, bilingual assessors and community language practitioners.

Question 4: Do you agree that the suggested approach to improving support for those with SLCN (objective 3) will help facilitate better SLC outcomes for babies and children?

5.15. Respondents were broadly supportive of improving support for children with SLCN, including reviewing evidence-based interventions for children aged 5 and over, mapping existing provision and strengthening support across schools and services. However, they emphasised that support must be culturally inclusive, linguistically appropriate and accessible to all families. Interventions should reflect the experiences of children from immigrant, multilingual and culturally diverse backgrounds, and should value children's home languages and family communication patterns.

5.16. Some respondents questioned how evidence would be defined, and whether it would include practitioner-led, community-informed or practice-based approaches that may work well in socially deprived, rural or minoritised communities. Practical examples and tools were seen as particularly important for families. The need for bilingual assessors and trained interpreters with SLC awareness was also highlighted. Respondents felt this would help avoid misdiagnosis and support fairer assessment for bilingual and multilingual children.

5.17. Workload and capacity were recurring concerns. Respondents warned that schools and settings will need time, funding, specialist input and resources to deliver support effectively, particularly given the existing pressures on teachers and education staff.

Question 5: Do you agree that the proposed actions to upskill the workforce to address SLCN (objective 4) will result in better identification of, and support for SLCN?

5.18. There was strong support for upskilling the workforce. Respondents agreed that staff across childcare, playwork, education, health and social care need

the knowledge, tools and confidence to recognise needs early and respond effectively. Training was seen as important not only for teachers and school staff, but also for childcare and playwork practitioners, early years professionals, health visitors, social workers, youth workers and community-based practitioners. Respondents noted that different settings may observe different aspects of a child's communication.

5.19. A central theme was that workforce training must include cultural competence, anti-racist practice and understanding of multilingual development. Staff should understand how communication norms differ across families and communities, and how bias can affect referral and assessment decisions.

5.20. Respondents also argued that upskilling existing staff will not be enough if there are not enough people available to provide support. They recommended increasing workforce capacity, including bilingual practitioners and specialist staff. More community-based early communication groups, such as "Tiny Talkers" type sessions, were also recommended as universal, play-based spaces where parents can learn practical strategies and children can interact with peers.

Question 6: Do you agree that the suggested approach to embedding preventative SLC support across Wales (objective 5) will help facilitate better SLC outcomes for babies and children?

5.21. Respondents generally agreed that embedding preventative SLC support across Wales would help improve outcomes. They welcomed the ambition to create more joined-up support across mental health, wellbeing, literacy, Additional Learning Needs, justice and other services. However, they stressed that preventative support must be culturally and linguistically inclusive and must reach families from different backgrounds. Parents and carers were described as central to prevention, and respondents felt that the plan should place more emphasis on supporting families to use practical strategies at home.

5.22. Suggested approaches included guidance around screen time, play, reading, routines and interaction, as well as more regular and informal parental engagement through schools and community settings. Examples included open classroom sessions, parent visits and informal opportunities for practitioners to share advice.

5.23. Funding was identified as a major barrier. Respondents warned that without sufficient workforce capacity and resources, preventative approaches may not be deliverable in practice.

Question 7: Other than the 5 objectives currently suggested in the consultation document, are there any others we should include?

5.24. Respondents suggested adding a clearer objective on family and community empowerment, particularly for diverse cultural and multilingual communities. This would recognise the role of families, faith groups, cultural networks and community organisations in supporting children's communication.

5.25. Suggested elements included culturally relevant resources, work with community leaders, guidance on multilingual development at home, and community-based workshops or online sessions. Respondents felt this would help reach families who may not engage easily with formal services due to language barriers, cultural expectations or unfamiliarity with the Welsh system.

5.26. Other suggested areas included stronger parental engagement, digital and technological support, monitoring and evaluation, transition support between early years, primary and secondary education, and greater consideration of children and parents with ADHD, autism, mental health difficulties or other additional needs. Respondents also called for greater recognition of play and the child's right to play.

5.27. A further proposed objective was increasing the workforce, rather than relying only on upskilling existing staff.

Question 8: Other than the proposed actions contained in the consultation document, are there any others we should include?

5.28. Respondents suggested additional actions to make the plan more inclusive and practical. These included developing culturally inclusive and multilingual resources, partnering with faith groups and cultural associations, and undertaking targeted outreach with underserved communities.

5.29. There was also support for ongoing workforce training in cultural competence and anti-racist practice. Respondents felt this was necessary to ensure equitable access to SLC support and reduce the risk of children being misunderstood or misidentified.

5.30. Accessibility was also raised. Respondents suggested that resources and support should be suitable for children and parents with ADHD, autism, mental health difficulties, limited literacy or difficulty engaging with lengthy written information.

5.31. The importance of play was also highlighted, with respondents suggesting that the plan should promote the role of play in supporting speech, language and communication and link this to children's rights.

Question 9: What, in your opinion, would be the likely effects of the proposed objectives in the consultation document *(*to further promote and support SLC development throughout Wales) on the Welsh language? We are particularly interested in any likely effects on opportunities to use the Welsh language and on not treating the Welsh language less favourably than English.

5.32. Respondents supported the importance of treating the Welsh language no less favourably than English. They felt the objectives could have a positive effect if resources, training, assessment tools and interventions are available in Welsh and English, and if Welsh language provision is accessible across all regions.

5.33. Respondents suggested that Welsh language should be visible, valued and normalised through bilingual signs, visual resources, play, stories and

everyday interactions. Training should include Welsh language SLC strategies so that children in Welsh-medium and bilingual settings receive consistent support.

5.34. At the same time, respondents emphasised that support for Welsh language should sit alongside respect for all home languages. They argued that children's identity, belonging, culture and language should be recognised, including where children's home language is neither Welsh nor English. Multilingualism should not be seen as a problem, and children should be supported to develop strong communication skills in their home language as well as Welsh and English.

Question 10: Could the proposed objectives be changed to have more positive effects on the Welsh language, or mitigate any negative effects?

5.35. Respondents suggested that bilingual provision should be the default. All SLC resources, interventions, assessment tools and workforce training should be equally available and visible in Welsh and English.

5.36. They also suggested that practitioners should be trained to support Welsh-speaking, bilingual and multilingual children, and to distinguish language differences from language needs. This would help ensure children are not discouraged from Welsh-medium education or wrongly identified as having SLCN because they are developing more than one language.

5.37. Practical suggestions included Welsh-at-home prompts, short videos, community sessions and resources that help families, including immigrant families, use Welsh confidently alongside English and home languages. Monitoring uptake and outcomes by ethnicity, language background and region was also recommended.

Question 11: Could the proposed objectives be changed to promote positive effects, or reduce any negative effects, on children's rights?

5.38. Respondents felt that the objectives could better promote children's rights by more explicitly upholding children's rights to communication, participation,

equal treatment, cultural identity and support in their home language. A rights-based approach was linked to inclusion and anti-racist practice. Respondents argued that every child, regardless of ethnicity, language background, immigration status, disability, neurodivergence or family circumstances, should be able to access fair and appropriate SLC support.

5.39. Respondents also emphasised the child's right to express themselves in whatever way works best for them. This includes spoken language, home language, Welsh, English, signs, gestures, drawing, play-based communication, assistive tools and other forms of expression. Children's voices should also be heard when shaping support.

Question 12: We have asked a number of specific questions. If you have any related issues which we have not specifically addressed

5.40. In their final comments, respondents were broadly positive about the proposals, but repeated that implementation will be critical. The plan will only make a difference if staff are trained, families can access support, assessment processes are fair, and there is enough workforce capacity to meet need.

5.41. The strongest final theme was the need to make cultural competence, anti-racist practice and linguistic inclusion more explicit throughout the plan. This should apply to awareness-raising, assessment, intervention, workforce training, Welsh-language provision, children's rights, monitoring and evaluation.

5.42. Several respondents also highlighted personal or professional experiences of difficulty accessing support, including delayed intervention, staff being hesitant to raise concerns with parents, children being monitored for too long, and parents being unsure whether to seek help. Suggestions included a more systematic screening programme and school-based information sessions for parents led by speech and language professionals.

6. Recommendations made by respondents

6.1. The consultation shows strong support for broadening the programme to include 5-11 year olds, appreciation of the Talk with Me brand; and support for all the objectives in the consultation. Based on the findings within the report key recommendations from respondents include the following points.

6.2. **R1: Retain the Talk with Me brand but clarify the age range and scope.** The Talk with Me name should be retained because it is recognised and broadly supported, but the title should be amended to make clear that Phase 2 includes children aged 5 to 11. Consideration should be given to a title such as Talk with Me: Ages 0 to 11 or Talk with Me: Supporting Communication through Early Years and Primary. The language used should also make clear that the programme covers all forms of speech, language and communication, including non-verbal communication, Augmentative and Alternative Communication, sign, bilingual communication and other forms of expression.

6.3. **R2: Develop a clear national implementation plan with milestones.** The delivery plan should be accompanied by a detailed implementation plan setting out what will be delivered, by whom, by when and with what resources. This should include national and local responsibilities, milestones, review points and clear routes for reporting progress. Respondents repeatedly supported the ambition of the plan but stressed that broad commitments need to be translated into practical actions.

6.4. **R3: Ensure awareness-raising is matched by practical support.** Awareness-raising should continue as a key objective, but it should not be treated as sufficient on its own. Public and professional awareness campaigns should be linked to clear advice, referral routes, accessible resources and direct support for families, schools and settings. Messages should reach beyond statutory services into community settings, including childcare, sports clubs, leisure settings, youth provision and family support services.

6.5. **R4: Introduce a consistent Wales-wide approach to identifying SLCN.**
A national framework should be developed for identifying speech, language and communication needs across early years and primary-aged children. This should include evidence-based tools, professional judgement, observation and clear guidance for key transition points, including school entry and movement through primary school. The approach should reduce variation between local areas while allowing flexibility to respond to local needs.

6.6. **R5: Ensure identification leads to timely support.**
Improved identification must be matched by capacity to respond. The plan should avoid creating additional demand without sufficient support, as this could increase pressure on schools, early years settings and speech and language therapy services. Clear pathways should show what support is available at universal, targeted and specialist levels, and how children and families can access it without unnecessary delay.

6.7. **R6: Strengthen the universal, targeted and specialist model.**
The plan should provide clearer guidance on what universal, targeted and specialist support should look like in practice. Universal provision should include communication-supportive environments including within communities and families, explicit vocabulary teaching, visual supports, language-rich interactions and communication-friendly classroom practice. Targeted provision should include structured, evidence-informed support and progress monitoring. Specialist provision, including speech and language therapy, must remain available for children with complex, persistent or specialist needs.

6.8. **R7: Invest in workforce capacity and sustained professional learning.**
Workforce development should be a central part of implementation. Training should be practical, evidence-informed and relevant to different roles across education, health, childcare, family support, youth justice and community services. It should not rely on one-off training sessions, but include coaching, modelling, mentoring, reflective practice and regular refreshers. Protected time and funding will be needed so that staff can participate meaningfully.

6.9. **R8: Avoid over-reliance on schools and settings without additional resource.**

The plan should recognise current pressures on schools, early years providers and specialist services. Any additional expectations should be accompanied by funding, staffing capacity, access to specialist advice and a workload impact assessment. Without this, there is a risk that the plan could increase pressure on already stretched services and lead to inconsistent implementation.

6.10. **R9: Embed Welsh-language and bilingual provision from the outset.**

Welsh-language and bilingual considerations should be built into every objective, rather than added later. Tools, training, resources, awareness materials, assessment approaches and interventions should be developed in Welsh and English at the same time and given equal status. The plan should also include action to strengthen Welsh-medium workforce capacity, including more Welsh-speaking speech and language therapists and practitioners able to identify and support SLCN in Welsh-medium and bilingual contexts.

6.11. **R10: Improve equity of access across Wales.**

The plan should include specific actions to reduce regional, socio-economic, cultural and linguistic inequalities in access to support. This should include targeted investment in areas of disadvantage, culturally responsive practice, anti-racist approaches, support for multilingual families and monitoring of access and outcomes by area, language, background and need. Children should not experience different levels of support because of where they live, what language they use, or which setting they attend.

6.12. **R11: Include stronger actions for children with established, persistent or complex SLCN.**

While prevention is important, the plan should also give sufficient attention to children who already have speech, language and communication needs. This includes children with developmental language disorder, neurodivergent children, children using Augmentative and Alternative Communication, children with non-verbal communication needs, children known to social

services, children in youth justice settings, and children with trauma, care experience or disrupted education. The focus should include reducing the impact of SLCN, not only preventing difficulties from emerging.

6.13. **R12: Strengthen multi-agency pathways and information sharing.**
The plan should set out clearer arrangements for joint working between health, education, social care, childcare, early years, ALN, mental health, literacy, youth justice and family support services. This should include data sharing, referral pathways, joint planning and transition arrangements so that children do not fall through gaps between services.

6.14. **R13: Improve transition support.**
Speech, language and communication should be considered at key transition points, including entry to childcare or school, movement between year groups, movement between schools, transition to secondary education and changes between services. Transition planning should include information sharing, preparation for new communication demands and continuity of support for children with ongoing needs.

6.15. **R14: Place children's rights and children's voices at the centre of implementation.**
The plan should explicitly reflect children's rights, including the right to be heard, to participate, to access education and to receive support without discrimination. Children, including those aged 5 to 11 and those with communication needs, should have structured opportunities to shape implementation, resources, branding and evaluation. Engagement methods should include non-verbal, creative and accessible ways for children to express their views.

6.16. **R15: Strengthen family engagement and accessible information.**
Families and carers should be supported as key partners in children's communication development. The plan should include accessible guidance for families on typical communication development, signs of possible need, how to support communication at home and where to get help. Information should

be available in multiple languages, formats and levels of accessibility, and should be designed with families from diverse communities.

6.17. **R16: Use evidence-based interventions and share what works.**
The plan should provide clearer guidance on evidence informed interventions and how they can be embedded in everyday practice. Existing programmes and local examples of effective practice should be reviewed, but this should lead to practical guidance, resources and implementation support. Evidence-based approaches should be adapted appropriately for age, language, setting and level of need.

6.18. **R17: Develop a national data, monitoring and evaluation framework.**
A clear national framework should be established to measure progress and impact. This should include measures of prevalence, identification, access to support, waiting times, intervention, progress, outcomes, workforce development and variation across areas and groups. Quantitative data should be complemented by qualitative feedback from children, families and practitioners.

6.19. **R18: Align Talk with Me Phase 2 with wider policy and service reforms.**
The plan should be clearly aligned with Curriculum for Wales, Additional Learning Needs reform, early years programmes, Welsh language policy, wellbeing policy, mental health support, literacy strategies and wider prevention priorities. This would reduce duplication, support coherence and help practitioners understand how Talk with Me fits within existing responsibilities.

6.20. **R19: Maintain the early years focus while extending to ages 5 to 11.**
The extension to primary-aged children is strongly supported, but it should not dilute existing support for babies and children aged 0 to 5. The plan should make clear how early years work will be sustained while support is expanded across the primary years.

6.21. **R20: Co-produce future branding and materials with children and families.**

Most children responded positively to the existing branding, but some older children felt materials could be better adapted for their age group. Future resources for primary-aged children should be co-designed with children, including those with SLCN, Welsh-medium learners and children from diverse linguistic and cultural backgrounds.

6.22. **R21: Strengthen community-led outreach and family empowerment.**
The plan should include a clearer recommendation to work through trusted community routes, including Community Mentors, faith groups, cultural associations, immigrant networks, libraries, health services, schools and family support services. This would help reach families who may not routinely engage with statutory services and support culturally relevant messages about SLC development.

6.23. **R22: Strengthen culturally and linguistically responsive identification and support.**
Assessment, identification and intervention should explicitly recognise home languages, multilingual development, accents, dialects, code-switching and different cultural communication norms. The plan should encourage collaboration between speech and language specialists, EAL staff, bilingual assessors, trained interpreters and community language practitioners to reduce the risk of misidentification and ensure that multilingualism is treated as an asset, not a deficit.

6.24. **R23: Provide clearer guidance on screen time, play and everyday interaction.**
Awareness-raising should include practical, non-judgemental guidance for families on how excessive screen use can reduce opportunities for interaction, play, listening, attention and communication. The plan should also promote play-based communication, reading, singing, routines, turn-taking and everyday conversations as central ways to support SLC development at home and in community settings.

Appendix A: List of respondents who gave consent for their details to be published, shown alphabetically by the organisations, settings or professions they represent.*

Additional Learning Needs Operational Lead (Welsh Language)
Anglesey Flying Start
Aneurin Bevan University Health Board
Betsi Cadwalader University Health Board
Cardiff Council - Ethnic Minority and Traveller Achievement Service
Coram Professional Association for Childcare and Early Years Cymru
Cwm Taf Morgannwg University Health Board
Cymdeithas yr Iaith Gymraeg
Early Years Wales
Education Workforce Council
His Majesty's Chief Inspector of Education and Training in Wales
Llais
Mudiad Meithrin
Plantos
Swansea Bay University Health Board
University of Bristol
University of Sheffield
Welsh Language Commissioner

*Where acronyms were used, the whole name has been added.