



Llywodraeth Cymru  
Welsh Government

# Flying Start Speech, Language and Communication (SLC) guidance

Explains what Flying Start practitioners should do to ensure they support SLC development

March 2024



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## **1. About this guidance**

### **1.1 Audience**

This guidance is for those who have responsibility for providing services which promote and facilitate speech, language and communication (SLC) development within Flying Start. Elements of this guidance may also be relevant to those who are working with children aged 0– 4 years 11 months outside Flying Start and who are planning and delivering universal, population and targeted level children’s services to support SLC development.

### **1.2 How to use the guidance**

This document is intended to provide guidance for Flying Start SLC services. The [summary document](#) aims to support the reader to locate the sections most relevant to their own practice.

This guidance should be read in conjunction with other Welsh Government guidance relating to Flying Start, including specific [guidance](#) relating to the programme’s other core elements.

**The bold text in boxes highlights key recommendations within the guidance.**

## **2. Introduction**

### **2.1 Flying Start**

Flying Start is Welsh Government's targeted Early Years programme, for families with children under 4 years of age, in some of the most disadvantaged areas of Wales.

The core elements of the programme reflect the evidence on areas of support that can influence positive outcomes for children and their families. These include:

- an enhanced health visiting service
- access to parenting support
- funded, quality, part time childcare for 2-year-olds
- support for speech, language, and communication (SLC) development

### **2.2 Expansion**

The Programme for Government has a commitment to deliver a phased expansion of early years provision to include all 2 year olds, with a particular emphasis on strengthening Welsh medium provision.

The first phase of the expansion started in September 2022, and included all four elements of Flying Start. Phase 2 will focus on delivering the high-quality childcare element of Flying Start to even more two-year-olds during 2023-24 and 2024-25 ([Welsh Government, 2022b](#)).

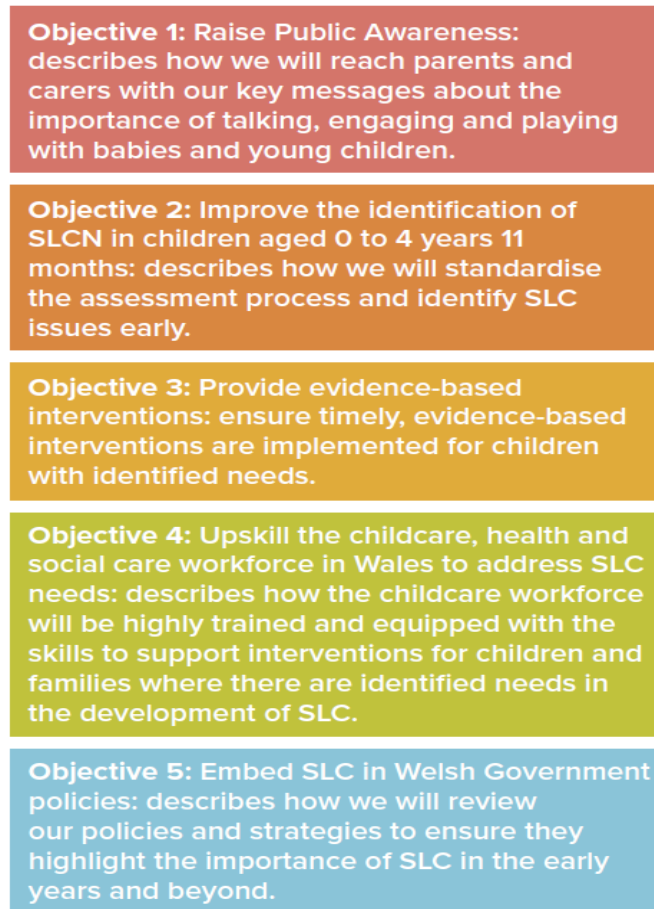
Throughout the roll-out of the expansion of early years provision, Welsh Government will work closely with local authorities to identify issues such as more referrals to other services. Welsh Government will work flexibly with local services to support them to meet any additional demands that arise.

### **2.3 The Talk with Me Delivery Plan**

In November 2020, Welsh Government launched the [Talk With Me](#): Speech, Language and Communication (SLC) Delivery Plan (hereafter referred to as 'the Delivery Plan') (Welsh Government, 2020b). The Delivery Plan seeks to drive improvement in the way in which children in Wales aged 0 to 4 years 11 months are

supported to develop their SLC skills. The Delivery Plan consists of five objectives (Figure 1).

This Flying Start SLC guidance should be read in conjunction with the [Delivery Plan](#) and Talk with Me resources for [practitioners](#).



*Figure 1. Five Objectives from SLC Delivery Plan.*

### **3. Core purpose**

This guidance provides the underpinning principles that should be used to develop and deliver Flying Start SLC services to support families and practitioners.

The term 'practitioner' is used throughout this guidance to mean any member of staff working in any capacity with children accessing Flying Start services, including (but not limited to) those working in Early Childhood Play Learning and Care (ECPLC), Health Visitors, Midwives, Family Support Workers and members of the Early Language Development team.

The document is intended to provide guidance on:

- the requirement for and role of Flying Start Speech and Language Therapists
- enhancing practitioners' SLC knowledge, skills, and practice
- identification of children with, or at risk of, SLC needs (SLCN)
- evidence based SLC support at universal, population and targeted levels
- measuring outcomes to demonstrate the impact of SLC support.



#### 4. Speech, language and communication (SLC) evidence base

**All Flying Start practitioners across all entitlements should understand children's SLC development and be able to provide, or signpost to, appropriate support.**

##### 4.1 The importance of speech, language and communication (SLC)

Language is the unique attribute that defines us as humans. It is the key skill that we use in shaping our understanding of the world and transmitting our culture from generation to generation. Well-developed speech, language and communication skills are fundamental to the ability to form and maintain social relationships with family, peers and friends. These skills are essential for future learning in school.

'The Bercow Report: A Review of services for Children and Young People with Speech, Language and Communication needs' (Crown, 2008) recognised the importance of SLC for **all** children. The Bercow: 10 years on (Crown, 2018) report concluded that while some positive progress had been made since the publication of the 2008 report, there was still a long way to go. Some crucial findings and recommendations included:

- We need a strategy for system change: integrated, system wide approaches to supporting SLC are crucial
- The evidence is not being used: knowledge of what works [to support SLC] is not effectively made use of
- Early identification and intervention are essential.

While the recommendations are directed at UK Government, many of the findings are equally applicable to us in Wales.

'*Early Language Delays in the UK*' (Law et al, 2013) identified five language specific principles in the early years, as follows:

- *Communication is key to the fostering of life chances in early childhood. Everyone in the child's environment has a role to play in fostering the child's communication skills. This starts at birth and includes immediate and*

*extended family, and potentially a wide range of professionals, health visitors, speech and language therapists, early educators, teachers, psychologists, etc.*

- *The importance of early communication skills and their implications for the child's social and educational development across the early years and beyond need to be understood by all parents.*
- *All professionals need to be aware of how to identify early language delays and confident about what they can do to enhance language skills.*
- *We need to scale up and roll out interventions that have been shown to work and test their value across whole populations and over an appropriate length of time.*
- *We need to sustain the pressure on policymakers to improve services for the child who is language-delayed, especially in the very early years (i.e., before 3 years)*

The EIF report '*Language as a Child Wellbeing Indicator*' (EIF, 2017) highlights the importance of SLC skills in terms of their impact on all aspects of non-physical development. The report identifies a growing evidence base, demonstrating the links between early language development and later-life outcomes. In particular focus are mental health, employment, and the likelihood of entering the criminal justice system. The report outlines the risk that: without an emphasis on child language, intergenerational cycles of poverty are perpetuated. The report advises that early language skills are a primary child wellbeing indicator, and outlines nine recommendations, the third being "child language should be included as part of a national strategy for promoting social mobility".

## 4.2 The Home Learning Environment (HLE)

**SLC interventions delivered in Flying Start should include strategies to promote positive, responsive adult child interaction.**

The most significant factor in the early years is the child's environment, particularly the quality and amount of 'talk' that children experience with their parents, families, peers and childcare providers. It is noted that genetic factors play an increasing role as children reach middle childhood (Law et al, 2013).

Parents<sup>1</sup> are a baby's (or young child's) first teacher. The years from conception to age three are crucial in developing a young child's growing ability to communicate. Evidence indicates that a child's level of language development is strongly influenced by how they have been responded to and spoken to (Tamis-LeMonda et al, 2001). The more stimulation babies and young children receive in terms of being played with, talked to, responded to, and read to, the greater their capacity for language and later literacy. Research indicates the first 1,001 days (from conception to a child's second birthday) are particularly important because:

*"[...] Construction of the basic architecture of the brain begins before birth. More than a million new neural connections are formed every second in the first year of a baby's life. Sensory pathways for basic functions like vision and hearing develop first, followed by early language skills and higher cognitive functions. This is the peak period of brain development." (UK Government, 2021)*

For most children the development of language, a highly complex cognitive skill, proceeds without any undue difficulty. They are exposed to positive language models and have a range of communication opportunities that allow them to develop their skills.

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<sup>1</sup> the term 'parent' has been used as a shorthand to include mothers, fathers, foster carers, adopted parents, stepparents, and grandparents.

Poor communication skills are closely linked with socio-economic disadvantage (APPG, 2013). Research shows children living in poverty in the UK suffer disproportionately from language needs (Locke et al, 2002). Studies of whole populations reveal a clear social gradient for language development, with children from the most disadvantaged groups more likely to have weaker language skills than those in more advantaged groups (Law et al, 2013).

Although living in poverty correlates with poorer language outcomes, it is not the only factor that influences language development. Research has indicated that the home learning environment contributes to these disparities in language ability between children living in lower income and higher income areas. For example, children living in poverty tend to hear fewer words and are less likely to own a book (Gilkerson et al., 2017; National Literacy Trust, 2023).

A key finding in the literature is that living in poverty does not determine long term outcomes. It is the behaviour of the parent and not their background that makes the biggest difference to child outcomes (Roulstone et al, 2011). Parents who are responsive to their children and who use contingent talk (that is, commenting on the child's focus of interest) have children with better developed SLC and self regulation skills (Masek et al, 2023).

Supporting parents to foster a communication and language rich home environment is fundamental to improving children's early SLC development. The Effective Provision of Preschool Education project stated that "*For all children, the quality of the home learning environment is more important for intellectual and social development than parental occupation, education or income*" ([Sylva et al, 2004](#)).

Roulstone et al (2011) looked at features of the child's "communication environment" such as the number of books available to the child, the frequency of visits to the library, parents teaching a range of activities and the number of toys available. They looked at the relationship between these factors and language development at 2 and 5 years. It is noted that these environmental factors were more significant than a composite measure of disadvantage.

The quality of adult-child interaction (ACI) can influence a child's opportunities to communicate and can facilitate language development (Zimmerman et al, 2009). Being a responsive communication partner encourages a reciprocal relationship and

increases the ability to build a conversation. Speech and Language Therapists (SLTs) encourage a range of ACI strategies. These include promoting joint attention by following a child's lead, modelling rich language, repeating and expanding upon the child's utterances, and monitoring the number of questions and instructions. It is noted that these strategies are known to support typically developing children as well as those with SLCN.

It is widely recognised in the literature that what parents **do** to foster language development is more important than who they are (e.g. Roulstone et al, 2011).

### 4.3 Bilingualism<sup>2</sup>

**All families should be made aware of the benefits of bilingualism from birth. Practitioners should actively offer early SLC support in the preferred language(s) of the family.**

Bilingualism refers to a person understanding or using two or more languages. A person is described as bilingual regardless of their level of ability in either language. Bilingual families are no more likely to have children with speech and language difficulties than any other monolingual family (Westman et al, 2008). All families should be made aware of best practice in the principles of interacting with babies and young children when using more than one language. Practitioners should also consider and be sensitive to the diverse range of languages and cultures across Wales.

Welsh Government is committed to promoting and facilitating the use of the Welsh Language. The Welsh Language (Wales) Measure (2011) gives the Welsh language official status in Wales and established the principle that the Welsh Language should be treated no less favourably than the English language. The Active Offer means that families should be actively given the option of receiving early SLC support through the medium of Welsh. The Welsh language strategy, [Cymraeg 2050](#), aims to increase the number of people who can speak Welsh, including children, to one million by 2050. Welsh Government announced in 2021 that as part of their [Co-](#)

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<sup>2</sup> The term 'bilingualism' is used here to mean bilingualism and multilingualism – i.e. learning 2 or more languages

[operation agreement](#) with Plaid Cymru (Welsh Government, 2021b) there would be a phased expansion of early years provision with an emphasis on strengthening Welsh Medium provision.

The Welsh Government commissioned a review of Welsh and English language early language screening tools suitable for children aged between 0- 4; 11 months across Wales. The recommendations made in the [Review of Early Language Screening Suitable for Children in Wales from Birth to 5 Years](#) (Welsh Government, 2022c) should be considered when working with bilingual children:

*Recommendation 9:* Information about children’s language background and exposure to each of their languages should be collected as this is crucial to the screening process for bilingual children.

*Recommendation 10:* Bilingual and multilingual children should be assessed in all of their languages in order to obtain an accurate picture of their language development.

*Recommendation 11:* The use of standardised assessments with bilingual and multilingual children should be considered with care, and interpretation of results must take into account the potential for cultural and linguistic bias.

*Recommendation 12:* Normative data for monolingual children should not be used as a comparison for bilingual children’s language development.

*Recommendation 13:* Measurements of vocabulary in bilingual and multilingual children should not be used as they may fail to accurately represent their competence in either language, and are likely to be inappropriate when compared to monolingual normative data.

*Recommendation 14:* Parents should be consulted about their child’s speech and language development (in all languages where applicable) and any concerns they may have should be discussed.

Public services have a duty to follow the Equality Act 2010 (Legislation.gov.uk, 2010). In order to protect individuals from discrimination, services must ensure that they provide adaptations according to the needs of their service users. RCSLT states that services should provide access to home language for all parts of the care pathway, including access to interpreters, bilingual coworkers, or a bilingual SLT with language skills carefully matched to the language of the client and family. It is also recommended that services should allocate at least double the time for bilingual clients and their families, to achieve the same positive outcomes as monolingual clients ([RCSLT, 2018](#) – only accessible to RCSLT members)

A factsheet about [bilingualism](#) is available for parents and practitioners on the Talk With Me website.

#### **4.4** Prevalence of speech, language and communication needs (SLCN)

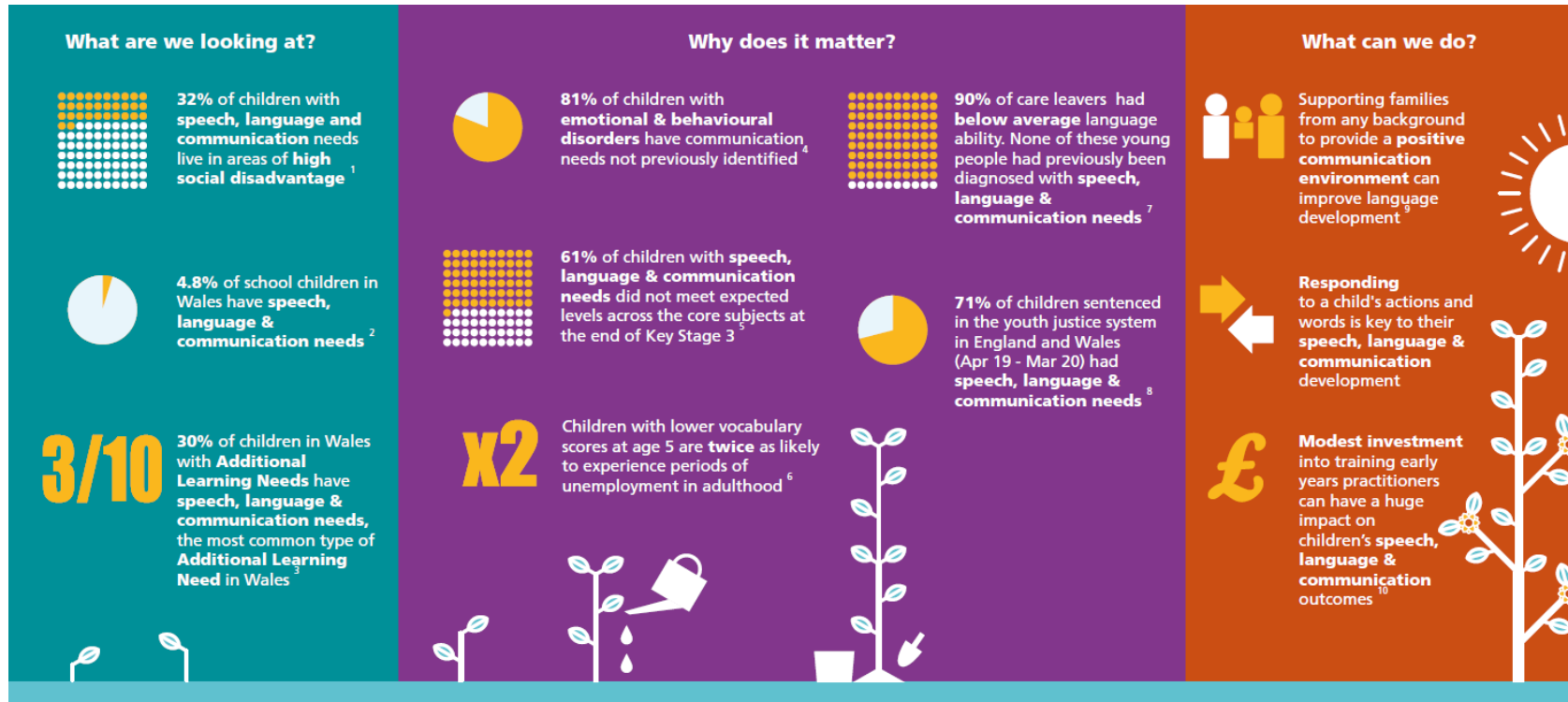
It is estimated that around 1.7 million children in the UK live with SLCN (Speech & Language UK, 2022). Ten percent of all children in the UK, or up to three in every classroom, are experiencing long-term, persistent SLCN.

In some areas of the UK, particularly in areas of social disadvantage, up to 40% of children start school with transient SLCN (Law et al 2011).

The Wales [school census results](#) (Welsh Government, 2023b) show that 20,906 children (4.4% of all children in maintained schools in Wales) were reported to have SLCN. This represents 33.1% of the 63,089 children with Additional Learning Needs (ALN), making SLCN the most prevalent type of need.

#### 4.5 Long term impact of speech, language and communication needs (SLCN)

Children's SLC skills have an impact on a wide range of outcomes including wellbeing, educational attainment, behaviour and mental health, and employability. Figure 2 summarises some of the findings demonstrating these impacts:



### Speech, Language & Communication Needs

#### Why do they matter and what can we do?

1,2,3 Pupil Level Annual School Census (PLASC), 2023  
<https://stats.wales.gov.wales/Catalogue/Education-and-Skills/Schools-and-Teachers/Schools-Census/Pupil-Level-Annual-School-Census/Special-Educational-Needs>  
 4 Hello A., Wiehby J. & Oliver R. M. (2014). Unidentified Language Deficits in Children with Emotional and Behavioral Disorders: A Meta-Analysis. *Exceptional Children*  
 5 National level results, by subject, year and type of ALN/SEN (Additional learning or special educational needs) (gov.wales)  
<https://stats.wales.gov.wales/Catalogue/Education-and-Skills/Schools-and-Teachers/Examinations-and-Assessments/Key-Stage-3-Core-Subjects/nationallevelresults-by-subject-year-sentype>  
 6 Law, J., Rush, R., Schoon, I., & Parsons, S. (2009). Modeling developmental language difficulties from school entry into adulthood: Literacy, mental health, and employment outcomes. *Journal of Speech, Language, and Hearing Research*, 52(6), 1401-1416.  
 7 Clegg, J., Crawford, E., Spencer, S. and Matthews, D. (2021). Developmental Language Disorder (DLD) in Young People Leaving Care in England: A Study Profiling the Language, Literacy and Communication Abilities of Young People Transitioning from Care to Independence. *Int. J. Environ. Res. Public Health*, 18, 4107. <https://doi.org/10.3390/ijerph18084107>  
 8 Assessing the needs of sentenced children in the Youth Justice System - GOV.UK (www.gov.uk)  
<https://www.gov.uk/government/statistics/assessing-the-needs-of-sentenced-children-in-the-youth-justice-system>  
 9 "The child's communication environment was a more important predictor of language development at two, and school entry 'baseline' scores at 4 than socio-economic background" Roulstone, S., Law, J., Rush, R., Clegg, J. and Peters, T. Department for Education (DfE). (2011) Investigating the role of language in children's early educational outcomes  
 10 <https://educationendowmentfoundation.org.uk/education-evidence/early-years-toolkit/communication-and-language-approaches>

Figure 2. Speech, Language and Communication Needs: Why do they matter and what can we do?



## 5. Requirement for Speech and Language Therapists (SLT) in Flying Start

**All Flying Start teams should include a Health and Care Professions Council (HCPC) registered SLT.**

### 5.1 Requirement

The *'review of practice in the implementation of the early language development support element within Flying Start'* (Welsh Government, 2014) stated that "All local authorities should employ Speech and Language Therapists as part of their core teams". Most SLTs working in Flying Start are employed by the NHS. Funding arrangements should be underpinned by a written Service Level Agreement.

SLTs working in Flying Start have a crucial role in ensuring all that all children have the opportunities to develop their SLC skills to their full potential; as well as ensuring there is appropriate, evidence-based support available for children with SLCN. SLTs have a key role to play in developing and supporting services at universal, population and targeted levels, in line with the most recent evidence base and in collaboration with parents, carers, and colleagues across the wider Flying Start team. SLC support should begin antenatally and continue throughout the child's journey through Flying Start.

Local Authorities should work in partnership with their Health Board to determine their SLT workforce requirements. There should be collaboration between the Flying Start Local Authority Lead, Health Lead and the professional lead accountable for the Speech and Language Therapy service within the Health Board. The process of determining an appropriate speech and language therapy workforce skill mix should be informed by a community needs analysis. For further information please refer to ['Speech, Language and Communication Needs, Needs Assessment'](#) (Speech and Language UK, 2011). This should ensure that the SLCN of children in their local area are met.

## 5.2 Responsibilities

SLTs working in universal, population and targeted services play a key part in tackling health inequalities. See the [King's Fund framework](#) for Allied Health Professionals (AHPs) working in public health and prevention for structured guidance on areas to consider for personal, service and career development in this area. An [Early Years Prevention Toolkit](#) is also available for AHPs in Wales working with children aged 0-7 years. It aims to help AHPs identify and maximise ways to improve health and tackle health inequalities as individuals and teams.

The primary role of the SLT working In Flying Start will be planning, delivering, monitoring, and evaluating the SLC entitlement in Flying Start. The specific roles and responsibilities will vary according to the service model in their Local Authority.

As part of the Flying Start team, the SLT should:

- attend all mandatory training and identify any gaps in their knowledge and skills with their line manager, via their annual personal development review (PADR).
- Report outcomes in line with the Welsh Government's reporting requirements and with Local Authority and Local Health Board requirements.
- be a member of the Early Years Public Health Clinical Excellence Network for SLTs.

Refer to Section 6 and 7 of this document for further guidance regarding the SLT's role in identification and intervention for SLC support.

Flying Start SLTs will be expected to comply with safeguarding and child protection processes, including referral in line with the Wales Safeguarding Procedures (Social Care Wales, 2019).

## 5.3 Professional supervision

SLTs are regulated by the Health and Care Professions Council (HCPC), and they are bound by the regulatory standards (HCPC Standards: [Updated standards of proficiency](#)). [Information on Supervision](#) is available from the RCSLT. Regular professional supervision is an essential element for ensuring safe, effective practice

and is one of the ways in which SLTs will be able to demonstrate that they are meeting the HCPC Standards on Conduct, Performance and Ethics. Professional supervision with an SLT who has relevant knowledge and also experience of universal, population and targeted work must be factored into the work planning for SLTs working in Flying Start.

Managerial supervision may be carried out by a line manager with or without an SLT background, however they will need to pay attention to their scope of practice and delegate accordingly.

SLTs in Flying Start work in a consultative role with a remit for prevention and early identification. There should be close liaison between SLTs working within Flying Start and NHS specialised services to ensure continuity between the services in order to minimise duplication and maximise outcomes. SLTs should have access to professional support both from within and outside the profession.

## 6. Identification of children with, or at risk of, speech, language and communication needs (SLCN)

### 6.1 Review of early language screening

The Welsh Government commissioned a report titled '*Review of early language screening suitable for children in Wales aged from birth to 5*' (Welsh Government, 2022c). See the [executive summary](#), [full report](#), [summary webinar](#).

The report concluded that:

“There is no one single tool which reaches the threshold for scientific measures whilst also screening for the recommended communication skills spanning from age 15 months to 4 years 11 months for use in Wales. This is true for both children from English speaking backgrounds and those from bilingual or multilingual homes.”  
([Welsh Government, 2022c](#)).

In response to these findings, Welsh Government announced the commissioning of the development of a new bilingual SLC surveillance and intervention package for children aged 0 to 5 years in Wales. This piece of work is underway and due to be completed in 2026.

Meanwhile, whilst practitioners are advised to continue with their current identification methods, they should take into consideration the recommendations within the report.

Please note that while the SLC package is being developed, Welsh Government will not support substantial new investment in SLC identification tools, including WellComm, which were found not to be fit for purpose.

### 6.2 Risk and protective factors for early speech, language and communication needs

**All practitioners should be aware of the risk and protective factors for early SLCN and should consider them as part of their holistic assessment of a child.**

The risk factors and protective factors identified in the *Review of Early Language Screening Suitable for Children in Wales from Birth to 5 Years* ([Welsh Government](#),

[2022c](#)) are set out below. The level of evidence for each risk factor varies, and none should be used in isolation. The list is not exhaustive. The risk and protective factors below should be considered when identifying children likely to benefit from targeted approaches.

**Table 1: Physiological factors associated with risk and protective factors for speech, language and communication**

<b>Physiological Factors</b>	<b>Risk Factors</b>	<b>Protective factors</b>
Antenatal Factors	Premature Birth	Being born full term
Biological Sex	Male	Female
Hearing	Sensorineural hearing loss	No hearing loss
Temperament	Shy Children or low sociability. Reactive temperament	Sociable, more persistent temperament

**Table 2: Family and environmental factors and associated risk and protective factors**

<b>Family and Environmental Factors</b>	<b>Risk Factors</b>	<b>Protective Factors</b>
Maternal Age	Mother aged less than 30 years old at birth of first child	Mothers aged more than 30 years old at birth of first child
Family history of SLCN	History of an immediate family member with Developmental Language Disorder	Not Applicable
Socio-economic status	Low socio-economic status	Not Applicable
Parents level of education	Low level of parental education	High level of parental education. Knowledge of child development.

Quality of interaction	Limited child-directed speech. Limited exposure to varied vocabulary	High levels of child-directed speech. High exposure to varied vocabulary
Book sharing	Limited exposure to books or book-sharing activities	Frequent book sharing activities and access to books
Childcare	Not Applicable	Exposure to childcare settings and other language role models

**Table 3: Risk and protective factors in relation to SLC skills**

<b>Developmental Feature</b>	<b>Risk Factors</b>	<b>Protective Factors</b>
Babble	Absent or Limited Babble	Using babble at appropriate developmental level
Gesture	Absent pointing or limited use of gestures	Use of pointing and gestures
Severity of difficulty	Receptive and Expressive language difficulties. Large gap between expected level of language and level child is functioning at	Reaching developmental milestones
Vocabulary	Limited expressive vocabulary	Wide vocabulary use
Grammatical markers	Lack of grammatical markers e.g. auxiliary verb is, past tense '-ed' and plurals	Using grammatical structures at an age-appropriate level.

**6.3** Practitioner knowledge, skills and practice in the identification of children with, or at risk of, speech, language and communication needs

**All practitioners should meet at least the ‘core’ training level on the [SLC training pathway](#).**



*Figure 3. All Wales Speech, Language and Communication (SLC) Training Pathway.*

The All Wales SLC [training pathway](#) (Welsh Government, 2021a) is designed to support practitioners to identify and meet the SLC training needs appropriate to their role, with all Flying Start practitioners requiring the core level of training specified in the pathway as a minimum. The training pathway is also relevant to those working with children aged 0-4 years 11 months outside of Flying Start.

Practitioners should have access to an SLT for advice, to support their role in the identification of SLCN. This promotes reflective practice and supports continued professional development.

**6.4** Speech and Language Therapist’s role in the identification of children with, or at risk of, speech, language and communication needs

**Flying Start SLTs should provide evidence-based training (in line with the All Wales SLC training pathway) and advice to support the identification of SLCN for all Flying Start practitioners.**

SLT's within Flying Start should provide training in line with the All Wales SLC [training pathway](#) (Welsh Government, 2021a). This training may be co-delivered with other partners (e.g. Health Visitors, Educational Psychologists, Advisory Teachers).

Implementation and Quality Assurance (QA) arrangements for the training pathway will vary locally and will need to be agreed and communicated across the sector within each Local Authority or consortium.

Speech and language therapists should provide advice for practitioners. This may include, for example individual or group supervision, or quality assuring the use of identification tools.



## 7. Speech, language and communication interventions at universal, population and targeted levels

### 7.1 Levels of intervention

Flying Start SLC support should follow the tiered model described in the Talk With Me Delivery Plan ([Welsh Government, 2020b](#)) to ensure children and families receive the right support by the right person at the right time and place (Figure 4). Having Speech and Language Therapists (SLTs) integrated into teams at universal, population and targeted levels allows a graduated response to level of need and reduces the risk of unmanageable demand on specialised Speech and Language Therapy services.

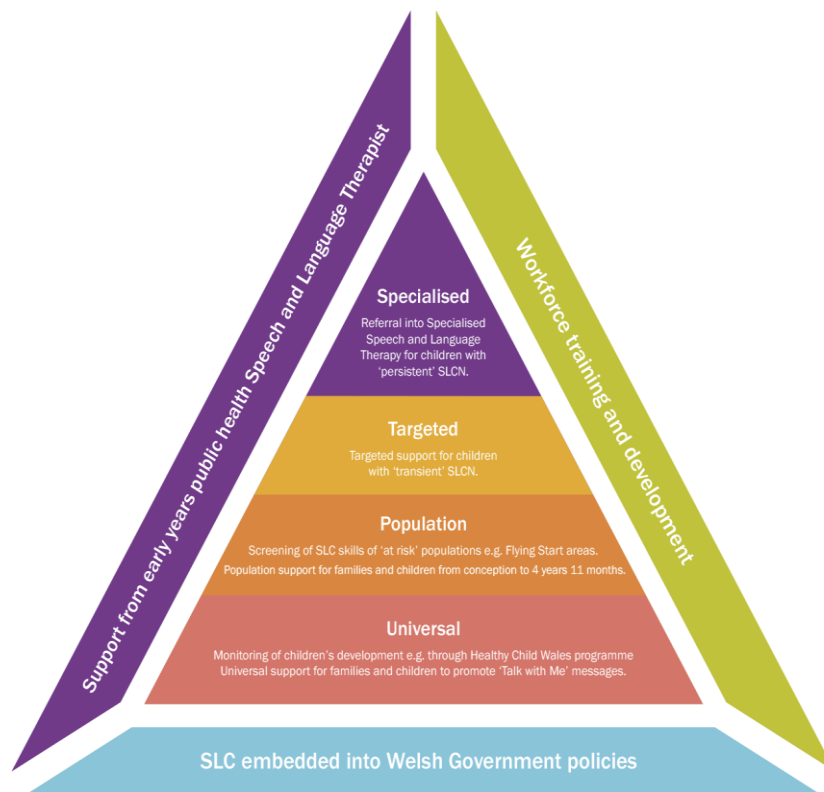
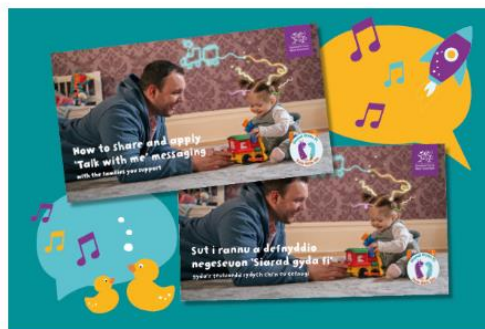


Figure 4. Levels of intervention described throughout the guidance.

## 7.2 Universal level interventions

**All Flying Start parents should be aware of the Talk with Me key messages, with all Flying Start practitioners responsible for promoting the messages.**

The findings from the Bercow report (2008) highlighted that parents did not know enough about speech and language development. Parents wanted information and guidance about SLC development given to all families. The findings from the Behavioural Insights Team (BIT) study in 2021 reinforced this message, with families wanting specific SLC messaging backed up with scientific evidence (see [How to share and apply Talk With Me messaging | GOV.WALES](#)) (Figure 5).

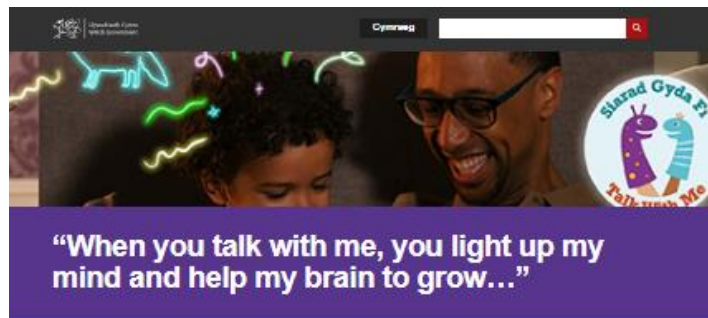


### How to share and apply 'Talk with me' messaging

Use this document to share impactful messaging on speech, language and communication (SLC).

*Figure 5. How to share and apply 'Talk with me' messaging.*

Talk with Me resources are available via the Talk with Me [campaign page](#) (Figure 6) where parents and practitioners can access '[Ten tips to help me learn to talk](#)', information on [ages and stages](#) of SLC development and further resources and advice. These messages and resources should be shared with all parents, carers and families of babies and young children, from the antenatal stage onwards.



**Your child's brain is amazing!**

It's constantly growing and making new connections. When you play, listen and talk with your little one, you help them learn to talk and give them the best start in life. We have lots of tools, tips and advice to help you get your little one talking.

The little things you do with them will make a big difference, now and in their future.



**Follow us on Facebook**

Check out our Facebook page for the most up-to-date content, advice from experts, and the chance to connect with other parents.

**Check out our Facebook page**

**Read me...**

<p><b>Top 10 tips poster</b> Check out our easy to use summary of the Top 10 Tips for helping your child learn to talk...</p>	<p><b>10 tips to help me learn to talk (digital)</b> Use this booklet for top tips to help your child learn to talk.</p>	<p><b>10 tips to help me learn to talk (print)</b> Print this booklet for top tips to help your child learn to talk.</p>
<p><b>Parent and carer pack</b> Use this booklet for top tips and activity ideas to help your child learn to talk.</p>	<p><b>Learning to talk: ages and stages</b> Take a look at our handy chart for more info on the different stages of your child's talking journey.</p>	<p><b>Stammering factsheet</b> Take a look at our factsheet for info and advice on stammering.</p>

Figure 6. Talk with me campaign page.

The Talk with Me [practitioner](#) page (Figure 7) contains further resources including advice that can be shared with families on more specialist topics such as [stammering](#) and [phonological awareness](#).

**Tools for practitioners**



**10 tips to help me learn to talk**

Use this booklet to support parents with their child's talking.



**Talk with me: top 10 tips (editable versions)**

Practitioners can share this editable poster and booklet with the families they support.



**10 top tips resources**

Use these top tip templates to share with families you support.



**All Wales Speech, Language and Communication (SLC) training pathway tool**

Guidance for childcare practitioners working with children aged 0 to 4 years 11 months to help identify SLC training needs.



**Autism and ADHD factsheet**

Take a look at our factsheet for info and advice on autism and ADHD.



**Bilingualism factsheet**

Take a look at our factsheet for information and advice on bilingualism.



**Case Study: Amy Crowther**

Training childcare practitioners in supporting speech, language and communication.



**Deafness factsheet**

Take a look at our factsheet for info and advice on deafness.



**Dummies factsheet**

Take a look at our factsheet for info and advice on dummies.



**Early Intervention Foundation**

Activities that support adult-child interaction.



**Exchange**

Resources and webinars to help you as a practitioner.



**How to share and apply 'Talk with me' messaging**

Use this document to share impactful messaging on speech, language and communication (SLC).



**Learning to talk: stages of speech and language development**

Printable chart showing what to look for during a child's development.



**Parent and carer pack**

Use this booklet for top tips and activity ideas to help your child learn to talk.



**Phonological awareness factsheet**

Take a look at our factsheet for info and advice on phonological awareness.



**QR codes for animations**

Use these QR codes with families you support to show them our top 10 messages.



**Selective mutism factsheet**

Take a look at our factsheet for info and advice on selective mutism.



**Short e-learning course**

An Introduction to Speech, Language and Communication' short e-learning course.

Figure 7. Talk with me practitioner page.

BBC's [Tiny Happy People](#) campaign (Figure 8) is designed to help parents and carers develop their child's language skills. They offer simple activities and play ideas and information about babies and toddlers' early development. A selection of resources are available in [Welsh](#) (Figure 9).

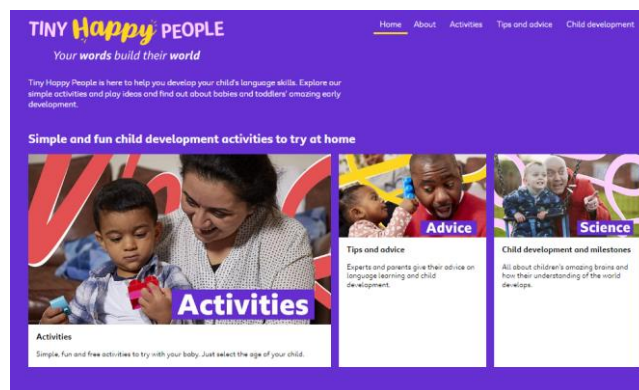


Figure 8. Tiny Happy People webpage.



Figure 9. Tiny Happy People webpage- Welsh language resources.

SLC messaging could be shared with families individually or in group settings. These may include groups specifically targeting SLC e.g. Elklan's 'Lets talk with your baby' or SLC messaging may be incorporated into other groups e.g. baby massage.



### 7.3 Population and targeted level interventions

**SLC interventions in Flying Start should include evidence based strategies to promote responsive interactions.**

The [Wales Intervention Review](#) (WiRE) (Welsh Government, 2023a) was carried out to support the decision making of those who work with children under the age of 5 years. This includes anyone working in health and education settings. It provides a summary of the research carried out to identify interventions which are likely to benefit children’s speech, language and communication (SLC) development. Details of each of the interventions are outlined and a practitioner [summary guide](#) is available (Figure 10). The interventions reviewed in the report included those that had a primary focus on SLC as well as those focusing on Parenting or Perinatal and Infant Mental Health. This is due to the close alignment between interventions targeting each of these areas, i.e. focusing on parental responsiveness.



Figure 10. Wales Intervention Review & Summary Guide.

#### 7.4 Specialised level interventions

**Pathways should be in place to ensure children at risk of persistent SLCN are referred to the appropriate specialised services.**

Specialised speech and language therapy should not be provided under commissioned Flying Start Services as Flying Start is a targeted programme. Children requiring individualised, specialised speech and language therapy should be referred to NHS 'core' speech and language therapy services. This may include (but not be limited to) children with speech sound disorder, children with cleft lip and palate, children who stammer and children with SLCN associated with other conditions. The aim of specialised speech and language therapy is to reduce the negative impact of speech, language and communication needs.

Children and families may benefit from signposting or referral to other support services. These may be provided by alternative Flying Start strands or by other services within the Local Authority, NHS, charities or volunteers.

#### 7.5 Practitioner knowledge, skills and practice for the implementation of speech, language and communication interventions

**All practitioners should have the skills and knowledge to implement SLC interventions at the level relevant to their role.**

The All Wales SLC [training pathway](#) (Welsh Government, 2021a) is designed to support practitioners to identify and meet the SLC training needs appropriate to their role, with all Flying Start practitioners requiring the core level of training specified in the pathway as a minimum. The training pathway is also relevant to those working with children aged 0-4 years 11 months outside of Flying Start.

The [Wales Intervention Review](#) (WiRE) (Welsh Government, 2023a) summarises the evidence based universal, population and targeted interventions supporting SLC in the early years. The practitioner [summary guide](#) details each of the evidence based

interventions identified with a focus on SLC, Parenting and Perinatal and Infant Mental Health.

[‘Supporting the development of SLC in the early years’](#) guidance is for practitioners who provide Early Childhood Play, Learning and Care (ECPLC) for children aged between 0 years - 3 years 11 months. It aims to develop practitioner knowledge of Speech, Language and Communication (SLC) development and practitioner confidence and skills to identify and meet children’s needs within the setting.



## Speech, language and communication: guidance

Guidance for practitioners who provide Early Childhood Play, Learning and Care (ECPLC) for children aged 0 to 4 years.

*Figure 11. Speech, language and communication guidance.*

Practitioners should refer to section 9 of this Flying Start SLC Guidance document (Evaluation and Monitoring) and discuss local arrangements for monitoring SLC outcomes and their role in the collection of these.

Practitioners should have access to an SLT for advice, to support their role in the implementation of SLC interventions. This promotes reflective practice and supports continued professional development.



**7.6** Speech and Language Therapist's role in the implementation of speech, language and communication interventions

**Flying Start SLTs should provide evidence-based training and supervision to support the implementation of SLC support for all Flying Start practitioners.**

SLT's within Flying Start should provide or signpost to training in line with the All Wales SLC [training pathway](#) (Welsh Government, 2021a). This training may be co-delivered with other partners. Implementation and Quality Assurance (QA) arrangements for the training pathway will vary locally and will need to be agreed and communicated across the sector within each Local Authority or consortium.

Speech and language therapists should provide advice for practitioners. This may include, for example individual or group supervision, or quality assuring the implementation of SLC interventions.

## **8. Statutory considerations**

### **8.1 Additional Learning Needs**

Flying Start Therapists are commissioned to provide a preventative and early identification service to children under 3 years 11 months. The Additional Learning Needs and Education Tribunal (Wales) Act (Welsh Government, 2018) establishes the statutory system in Wales for meeting the additional learning needs of children and young people.

Where appropriate, the Flying Start SLT may share information on a child's current SLC functioning for an Individual Development Plan. Intervention provided by Flying Start is not at Specialised level and is therefore not NHS Additional Learning Provision (ALP).

Flying Start children and families may access support from universal, population, targeted, and (NHS) specialised services simultaneously, dependent on the needs of the child and the family.

### **8.2 Anti-racism and cultural considerations**

The Anti-racist Wales [Action Plan](#) (Welsh Government, 2022a) commits to supporting a more inclusive and diverse Wales. Section 12, 'Childcare and Play', incorporates several goals including relevant anti-racist training for the childcare and play sector. All Flying Start practitioners should embed anti-racist principles in their work, e.g., when supporting families to overcoming barriers to accessing childcare.

Within Wales there is increasing diversity of linguistic and cultural needs. Cultures differ in the communicative opportunities and language models that they provide for young children. In some cultures there are differences in the values, beliefs and practices underlying parent child interaction (Kuchirko, 2019). Many of the interventions we use to support SLC are based on English language norms and western cultural expectations, this should be taken into consideration when working with families from diverse backgrounds.

It is essential that Flying Start practitioners are sensitive to the different linguistic and cultural needs of families and modify approaches dependent on the needs of the family. Children are supported to communicate effectively and intelligibly in the languages spoken within their families and communities, in the context of developing their cultural identities (International Expert Panel on Multilingual Children's Speech, 2012).

### **8.3** Speech, language and communication needs (SLCN) and children who are looked after

Many 'children looked after' (CLA) and care experienced children have unidentified SLCN. 90% of care leavers in a 2021 study had previously undetected speech, language & communication needs (Clegg et al, 2021). Developing the SLC skills of CLA and care experienced children supports relationship building, educational attainment and future life chances.

There are several resources of specific relevance to those working with children who are looked after and who have SLCN, including:

- Royal College of Speech and Language Therapists (RCSLT) [factsheet](#) on safeguarding children with SLCN
- Talk with Me [factsheet](#) on SLCN in children who are looked after

These resources should be shared widely within the Flying Start Team and the vulnerabilities of these children should be recognised and monitored accordingly.

## 9. Evaluation and monitoring

**Systems for monitoring and evaluation should be used to demonstrate the impact of SLC support on change in the child, change in the adult and change in the communication environment.**

The Welsh Government is committed to monitoring the impact of the Flying Start programme, including the SLC entitlement. Evaluation provides a measure of quality assurance and an indication of whether children and parents are benefitting from the early support they receive. To assess whether services are working effectively, systems for monitoring and evaluating interventions should be put in place. Law et al (2013) state that priority should be on further and improved evaluation of promising SLC interventions, particularly services for children under 3 years.

Flying Start SLC outcomes collected by Welsh Government were reviewed in 2022. A working group of experts in SLC from across Wales worked to develop new outcome measures. The SLC [outcomes](#) and [guidance](#) (Welsh Government, 2022d) capture information on:

- Change in the Child
- Change in the Carer
- Change in the Practitioner
- Change in the Childcare Environment

Outcomes can be collected from any intervention that may impact children's SLC skills (not necessarily those targeted towards SLC or provided by SLTs). The outcomes will ensure that Welsh Government is able to monitor the impact of SLC interventions on children, families and their environments, not just the inputs.

## **10. Summary**

Welsh Government's ambition is for children from all backgrounds to have the best start in life and to reach their full potential.

The SLC element of Flying Start should empower all practitioners to interact with children responsively, in a way which continually supports their SLC development; and to support families to do the same. The Flying Start SLC guidance is intended to signpost Flying Start managers and practitioners to information and resources that will support them to provide evidence-based services to support children's speech, language and communication development. This will ensure that children are supported to achieve their full potential and given a flying start in life.

## 11. Glossary

**Additional Learning Needs (ALN):** A learner has ALN if he or she has a learning difficulty or disability which calls for additional learning provision (ALP) ([Welsh Government, 2020a](#))

### **Bilingualism Terminology:**

- **Bilingualism:** The ability to produce two languages with at least a basic level of functional proficiency or use, regardless of the age at which the languages were learned (International Expert Panel on Multilingual Children's Speech, 2012).
- **Multilingualism:** The ability to speak more than two languages with at least a basic level of functional proficiency or use, regardless of the age at which those languages were learned (International Expert Panel on Multilingual Children's Speech, 2012).
- **Home language or Preferred Language:** this term describes the language a child hears in their home environment. Within literature the terms mother tongue, first language, and language 1 (L1) are also used.
- **Additional language:** this term describes the language a child hears in addition to their home language. Within literature the terms second language and language 2 (L2) are also used.

### **Levels of Provision Terminology:**

- **Universal** Definition: Public health initiative available to everyone in a specified region with the aim of improving the general public's knowledge of SLC e.g., Healthy Child Wales Programme.
- **Population** (or "targeted-selective") Definition: Public Health campaign focussed on specific groups within a population, e.g., specific age range, groups at particular risk. Support is offered for a population known to be disadvantaged and at possible risk if the issue is not addressed e.g., Flying Start.
- **Targeted** (or "targeted-indicated") Definition: An approach tailored for an individual to reduce the risk of a preventable condition. This will address the specific needs of a child or adult who requires more focussed and structured direct intervention e.g., targeted groups for children with identified SLCN.

- **Specialised Definition:** Services for those with specialist needs requiring a greater level of knowledge and skill to diagnose, consider treatment options, deliver intervention, and monitor progress. This aims to reduce the impairment and improve the well-being of the child or adult e.g., formal assessment by a SLT in specialist service ([Enderby & Law, 2019](#))

**Speech and Language Therapist:** The title given to a Health Care Profession Council (HCPC) registered professional who assesses, treats and helps to prevent speech, language and swallowing difficulties.

### **Speech, Language and Communication:**

- **Speech** comprises:
  - Articulation: the ability to pronounce sounds. This relates to the movements of the articulators; tongue, soft palate, jaws, teeth, lips.
  - Phonology: the study of speech sounds, their patterns and sequences and the rules that dictate sound combinations to create words.
- **Language** comprises:
  - Receptive language: the comprehension of spoken (or written) language, includes an understanding of vocabulary and grammar
  - Expressive language: the use of vocabulary, grammar, and morphology using words, signs or symbols.
  - Syntax and Grammar: the way that words are put together to form phrases and sentences
  - Morphology: the study of internal word structure. This includes small changes to words e.g., plural 's'.
  - Pragmatics: the study of the social use of language. This includes the capacity to interact effectively, to use the right word in the right place and to take the listener's perspective into consideration when talking.
- **Communication** (sending and receiving messages) comprises:
  - Verbal communication: involves communication with spoken words
  - Non-verbal communication (NVC): involves communication without words. It includes facial expressions, eye contact, gestures and tone of voice, as well

as less obvious messages such as posture and spatial distance between individuals. Babies, young children and many children with speech, language and communication difficulties use NVC to communicate.

**Speech, Language and Communication Needs (SLCN):** an umbrella term to describe the full range of communication difficulties in children, irrespective of origin or presenting features (Bercow, 2008). ICAN (2009), the children's communication charity, classified SLCN into two groups:

- **Transient needs** – children with impoverished language who have immature or poorly developed speech and language skills. They may have difficulty understanding language, have a smaller vocabulary, shorter sentences and their speech may be unclear. With the right support, children with transient difficulties are likely to catch up with their peers;
- **Persistent needs** – children may have difficulties understanding and using language, processing and using speech sounds, or understanding and using language in social contexts. Some of these children may have specific and primary speech and language impairments; others may have difficulties as part of more generalised learning difficulties or other conditions such as hearing impairment or autism. Given the nature of some communication impairments, some children will experience persistent SLCN, even if the social and environmental impact is reduced.



## 12. Resources

- Flying Start guidance: [Flying Start: guidance | GOV.WALES](#)
- Flying Start SLC Guidance summary document
- [ExChange](#) Community of Practice: includes webinars on trauma, attachment and SLC; screening review; impact of lockdown on SLC; and language development trajectories and risk factors for SLCN
- ExChange [resource page](#): contains bilingual video training resources for practitioners on typical SLC development, SLCN and strategies to support preschool and school aged children
- How to Share Talk with Me key messages: [How to share and apply Talk With Me messaging | GOV.WALES](#) - practitioner guide based on Behavioural Insight Team research
- [Review of early Language Screening suitable for children in Wales aged from birth to 5 years](#): Report and Executive Summary
- [Talk with Me](#) campaign page: family facing resources including parent pack and factsheets on specific SLCN
- Talk with Me campaign [practitioner page](#): resources for SLC practitioners including training pathway and ages and stages poster
- [What Works](#): primarily for practitioners - teachers, school leaders, early years practitioners, and SLTs - to help find evidence-based interventions for SLCN
- Tiny happy people
- Flying Start SLC Outcomes guidance
- Talk with Me Delivery Plan Practitioner guide

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