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Post-pandemic speech, language and communication needs for pandemic-era babies and toddlers now aged 5 to 8 in full-time schooling in Wales

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Post-pandemic speech, language and communication needs for children aged 5 to 8 in full-time schooling in Wales

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Glossary

Additional Learning Needs (ALN)

Additional Learning Needs refers to children and young people who require extra support to learn due to various learning difficulties or disabilities, or a disability that hinders their access to typical learning facilities.

Additional Learning Needs Coordinator (ALNCo)

A professional in a school or educational setting who is responsible for coordinating support for children and young people with additional learning needs.

Born in Covid Year- Core Lockdown Effects (BICYCLE)

A research project exploring the effects of lockdowns on the development of language and thinking skills in children.

Collaborative Institute for Education Research Evidence and Impact (CIEREI)

CIEREI is a collaborative, bilingual, multi-disciplinary institute for the creation of research evidence with the primary aim of positively impacting learning and wellbeing for children through schools.

Developmental Language Disorder (DLD)

A significant and persistent difficulty with talking and/or understanding language that is not associated with any other known condition, such as hearing loss or autism.

Echolalia

Children with echolalia repeat words, sounds or phrases they've heard. Usually by the age of 3, children will be creating their own sentences to communicate, if a child is not doing this, they could be echolalic.

Executive functioning difficulties

Executive functioning is the ability to think, act, and solve problems, including the functions of the brain which help people learn new information, remember and retrieve the information we've learned in the past, and use this information to solve problems of everyday life. The absence of such functioning for example, is where a person gives what appears to be coherent answers to questions, but it is clear from their actions that they are unable to put into effect the intentions expressed in those answers.

Late Language Emergence (LLE)

A delay in language onset with no other diagnosed disabilities or developmental delays in other cognitive or motor domains.

North Wales Regional School Improvement Service (GwE)

GwE was the North Wales regional school improvement service working alongside and on behalf of the North Wales local authorities. GwE came to an end on 31/05/2025.

Speech and Language Therapist (SLT)

A healthcare professional who assesses, diagnoses, treats, and provides support for individuals with communication, eating, drinking, and swallowing difficulties.

Speech, Language and Communication (SLC)

Refers to the skills and processes involved in producing and understanding spoken language as well as the broader aspects of communication.

Speech, Language and Communication Needs (SLCN)

Encompass difficulties across various aspects of communication. These needs can include challenges with speech sound production, understanding language using language (both verbally and nonverbally), and social communication.

Selective mutism

An anxiety disorder where a person, usually a child, is unable to speak in certain social situations, despite being able to speak in others. It's not a choice or a refusal to speak; they are genuinely unable to speak in specific settings. This condition is often triggered by anxiety and fear associated with speaking in front of certain people or environments.

Typical language development

Typical language development in children progresses through several predictable stages, from early vocalisations like cooing and babbling to the use of complex sentences and narratives. These stages are marked by milestones in both understanding (receptive language) and speaking (expressive language).

Wellbeing

Wellbeing is generally thought to be made up of things like the experience of positive emotions, people’s perceptions that the things they do in their lives are meaningful and worthwhile, and life satisfaction. Wellbeing includes how people feel and how they function, both on a personal and a social level, and how they evaluate their lives as a whole.

1. Introduction

Since spring 2023, the Schools Research Branch within Welsh Government's Knowledge and Analytical Services have investigated the long-term impacts of the coronavirus (COVID-19) pandemic and its associated restrictions on learners in Wales. Emerging evidence from practitioners in both education and health has highlighted both increasing and changing demands regarding the speech, language and communication needs (SLCN) of learners and particularly those in early primary education.

The Welsh Government commissioned Bangor University and the University of South Wales to undertake research on the impact of the COVID-19 pandemic on the SLCN of children aged 5 to 8 years old and living in Wales. This age group of learners were aged four and under at the onset of the pandemic and had yet to begin formal education. Anecdotal evidence from practitioners has suggested that the national lockdowns may have impacted this cohort's opportunities for fundamental experiences to develop speech, language and communication (SLC) skills, which subsequently may impact their wellbeing.

The aims of this project were to:

- understand the SLCN and behaviours associated with poorer wellbeing (wellbeing behaviours) that children who were babies and toddlers at the time of the pandemic are presenting to practitioners
- understand the views and experiences of parents in relation to the SLC and wellbeing needs of their children
- investigate the extent to which the COVID-19 pandemic and associated restrictions impacted the social, language, and communication development of babies and toddlers, and how these effects are now manifesting in early primary education
- identify the main challenges and barriers to the delivery of effective SLC and wellbeing services

2. Methodology

This study used a mixed methods research design, consisting of:

- a review of existing literature
- two online surveys, one survey targeted practitioners and a second focused on parents/carers (copies of the questionnaires are available on request; please email Schools Research Branch schoolsresearch@gov.wales)
- in-depth interviews with practitioners and parents/carers (copies of the topic guides are available on request; please email Schools Research Branch schoolsresearch@gov.wales)

A stakeholder advisory group (SAG) was established to guide the development of the research questions and methodology. Membership of the group included representation from Welsh Government, Powys and Flintshire LAs, Parentkind and Cardiff and Vale UHB.

The research questions developed to guide the project were:

Research question (RQ) 1: What SLCN and wellbeing behaviours are presenting in children aged 5 to 8 years old?

RQ2: To what extent has the pandemic impacted the SLCN and wellbeing of children in this cohort?

RQ3: What are the challenges and barriers to the provision of services to effectively meet the needs of children with SLCN?

Literature review

The review of existing literature was undertaken using a structured approach to identify relevant policy, programmes, and research evidence related to SLCN and child wellbeing. It included a review of existing policy documents and initiatives from within Wales, as well as broader national literature across the four nations of the UK (England, Scotland, Wales, and Northern Ireland). In addition, international research and best practice examples were examined to provide wider context and comparative insights.

Both peer-reviewed academic literature and grey literature were included. Grey literature encompassed non-peer-reviewed reports, government publications, policy briefings, evaluations, charity and third-sector reports, as well as practitioner guidance. This was

essential for capturing current practice and emerging evidence not yet published in academic journals.

Databases (e.g. Google Scholar) and organisational websites (e.g. Public Health Wales, Welsh Government, the Royal College of Speech and Language Therapists, and the Education Endowment Foundation) were searched using a combination of keywords related to SLCN, early years, wellbeing, and post-pandemic recovery. Inclusion criteria focused on relevance to children aged 5 to 8, although wider evidence was reviewed where applicable to policy or practice.

Surveys

One survey was designed to be completed by practitioners responsible for supporting the speech, language and communication needs of pandemic-era babies and toddlers now in full-time schooling. A second survey was designed to collect the views and experiences of parents/carers of those children. The surveys were co-developed by the researchers at CIEREI (Collaborative Institute for Education Research Evidence and Impact) in Bangor University, Welsh Government officials and members of the SAG.

The instruments were created using the online survey software programme, Online Surveys, and were made available in both Welsh and English. Cognitive testing of the survey tool designed for parents was conducted by Welsh Government officials with three parents who met the sample criteria.

The surveys were conducted between September and October 2024. Email invitations with survey links were distributed through contacts and networks identified by the SAG members. The links were also promoted nationally via the Welsh Government Dysg newsletter, the North Wales regional school improvement service (GwE) bulletin, and weekly posts on Bangor University's School of Education and Welsh Government's social media platforms (Facebook and X). A follow-up reminder email was sent to the same contacts and networks to share with practitioners and parents/carers in Wales. Detailed dissemination activities are presented in Annex A.

A total of 99 valid responses were received to the practitioner survey received and 196 to the parent survey. The respondent profile for each of the surveys is detailed in section 3 of this

report. Throughout this report respondents to the parent/carer survey will be referred to as parents.

Quantitative data from the surveys was processed and analysed using IBM SPSS (version 27). Thematic analysis was applied to the qualitative data from open-ended survey items following Braun and Clarke's (2006) six-stage process. Analysis of responses to two survey questions concerning specific measurement tools for SLCN and wellbeing has been excluded from this report. Instead, the findings have been provided directly to relevant Welsh Government officials for their internal use and consideration.

Interviews

In-depth interviews were undertaken with a small sample of practitioners and parents of children aged 5 to 8 with speech, language and communication needs in Wales. These interviews aimed to build on the survey findings by exploring participants' views and experiences of the support provided for SLCN and wellbeing.

Topic guides specific to practitioners and parents were developed to enable deeper exploration of the themes, enriching the understanding of the needs of pandemic-era children.

Recruitment for the in-depth interviews was conducted via online surveys distributed to practitioners and parents. Interested participants were directed to a separate link where they could provide their contact details to take part in an interview.

Seven in-depth interviews were conducted, including four with practitioners and three with parents. Whilst one of the three parents who participated in an interview was also a practitioner, their interview responses have only been included in the parent qualitative data analysis.

The in-depth interviews were conducted online using a secure online communication platform (Microsoft Teams). One interview was conducted over the phone as requested by the participant. The participants provided informed consent to participate in the interviews and for the interview to be recorded for the purpose of analysis the data for the study. The in-depth interviews were offered in Welsh or English. All interviewees chose to participate in English.

These interviews were manually analysed by the research team following Braun and Clarke's (2006) six-stage process of thematic analysis. In addition, an inter-correlation reliability (ICR)

analysis was performed to check for the consistency of the theme development and any research bias.

A member of the research team conducted the coding process, and a second member reviewed a subset of the codes, achieving an inter-coder reliability of 92.25% (O'Connor and Joffe, 2020) for all qualitative data in this research project.

Limitations

- The parent survey was distributed broadly, including to those who may not have accessed services or had direct experience with SLCN, which could have influenced the relevance and depth of some responses.
- Both surveys had a robust response rate as the dissemination strategy across networks and platforms ensured broad outreach. However, some limitations remained. While the response rate was strong overall, there were very few responses from Mid and North Wales to both the practitioner and the parent survey. The findings must be regarded as indicative only. As the sample was self-selecting, Individuals who chose to participate may differ in meaningful ways from those who did not, potentially influencing the overall findings. Due to the low number of responses from Welsh speakers and parents with children in Welsh-medium settings, the findings of the parent survey cannot be reliably applied to this population.
- The reliance on self-reported data introduces the potential for bias, as responses may reflect perceptions rather than objective measures.
- Whilst the interviews provided an opportunity to gain a deeper understanding of themes initially identified in survey responses, the sample consisted of only seven participants, which further limits the generalisability of findings.

3. Literature review

Early language development

SLC skills develop rapidly in early childhood, shaped by environmental influences including social interaction with family, enabling adults, and educators. Children progress through a series of overlapping developmental stages. These milestones, while subject to individual variability, reflect a general trajectory of linguistic and cognitive growth, profoundly influenced by the quality and quantity of environmental input.

The earliest stage of language development begins at birth, within the pre-linguistic or cooing stage (0 to 6 months), during which infants communicate through vocalisations, facial expressions, and gestures. Even before producing words, they exhibit perceptual sensitivity to speech sounds, particularly those of their native language. Studies such as those by Kuhl and others (2003) have demonstrated that infants are capable of distinguishing phonetic contrasts in any language although this ability becomes tuned to their native linguistic environment by around six months.

By approximately 6 to 12 months, infants enter the babbling stage, which provides a crucial period of vocal experimentation prior to the development of more complex, language patterns. Research by Laing and Bergelson (2020) indicates that infants' early babbling allows them to engage in proto-conversations with caregivers, well before they are able to produce clearly articulated, meaningful words. Importantly, caregiver responsiveness to the babble enhances both the frequency and sophistication of vocal output (Goldstein & Schwade, 2008).

At the holophrastic stage from around 12 to 18 months children begin to use single words (e.g., "milk") to represent fuller intentions (i.e. "I want milk"). While vocabulary remains limited, this is far outpaced by a comprehension phenomenon known as the comprehension–production asymmetry (Fenson and others, 1994). From 18 to 24 months children typically begin the use of simple two-word combinations to communicate more meaningfully. Shortly thereafter many children undergo accelerated language development acquiring several new words per day and increasingly complex grammatical constructions. By the nursery education years (3 to 5 years), most children construct full sentences, ask questions, and engage in storytelling. They begin to refine their use of grammar and continue to develop a growing understanding of linguistic structure.

Those children unable to meet the typical developmental milestones may have specific needs. SLCN is an umbrella term encompassing communication challenges, including but not limited to DLD, speech sound disorders, and LLE. These needs impact multiple aspects of a child's development, from language comprehension and expression to social interaction and learning.

SLCN may be influenced by a wide range of factors. Social interaction is known to be paramount. Infants whose caregivers engage in frequent, responsive conversations—often referred to as “serve and return” interactions—show accelerated language growth (Zimmerman and others, 2009).

Some biological factors may also influence language acquisition. Children with atypical neural development e.g. DLD or autism may follow divergent trajectories, highlighting the importance of early identification and intervention.

Finally, exposure to technology and screen time have emerged as modern risk factors. While some interactive media may support language passive consumption—especially when displacing face-to-face interaction—has been linked to delays in expressive vocabulary (American Academy of Paediatrics (AAP), 2016). In the UK the Royal College of Paediatrics and Child Health (RCPCH) has provided guidance on managing children's screen time. The RCPCH suggests that parents adjust screen time based on their child's developmental age and individual needs, emphasising that screen time should not interfere with activities important for health and social development, such as socialising, exercise, and sleep.

Recent research conducted by Manchester Metropolitan University with children aged 0 to 36 months has explored how very young children develop early talk and literacy with digital technologies at home, and how families can support their learning and wellbeing with technology. This study found that most 0 to 3s observe their families’ everyday language and literacy practices using tech, and they join in, using sounds, words and symbols in authentic contexts (e.g., interaction when watching TV, viewing and taking photographs, playing games, taking part in video calls in one or more languages etc). In so doing, 0 to 3s also develop digital literacy skills and knowledge. Many 0 to 3s learn how to sign, using Sing and Sign apps (a baby signing programme) and programmes to develop these skills along with their parents. Post-pandemic home working practices means 0 to 3s see parents on laptops, tablets and

phones at home, amplifying children's awareness of the importance of tech in working, social and cultural life, and they imitate these practices.

Link between SLC and wellbeing

SLC skills are not only essential tools for expressing thoughts, needs and emotions, but also powerful determinants of a child's ability to engage, learn and thrive. Increasingly, research has identified SLCN as a significant public health concern with wide-ranging implications for emotional, social, cognitive and physical wellbeing (Fox and others, 2021). At a global level the United Nations Educational, Scientific, and Cultural Organisation (UNESCO) considers the development of early language and literacy a critical global human rights issue.

Research shows that children who meet developmental milestones in speech and language are better prepared to engage with the learning environment, focus attention, follow instructions, and participate meaningfully in classroom and peer activities (Adams, Bondy & Kuhel, 2005). These early capabilities provide the foundation for literacy, numeracy, and problem-solving—all of which are strongly predictive of future health, economic stability, and wellbeing (Beard, 2018; Anthony and others, 2011; Nathan and others, 2004). Conversely, SLCN often co-occurs with executive functioning difficulties and behavioural concerns, which can hinder academic success and social inclusion (van der Wilt and others, 2020, Wolf & McCoy, 2019). These challenges, when left unaddressed, can create a negative trajectory that persists into adolescence and adulthood with an increased risk of experiencing a range of negative life outcomes, including emotional and behavioural challenges, poor mental health, school exclusion, unemployment, and interaction with the youth justice system (Armstrong and others, 2017; Hollo, Wehby & Oliver, 2014; Elliott, 2011; Schoon and others, 2010; Bryan, Freer & Furlong, 2007; Clegg and others, 2005).

Effective communication is closely linked to wellbeing across four main domains:

1. emotional wellbeing: Strong language skills support emotional expression and self-regulation. Children who can articulate their feelings are better equipped to manage stress and anxiety, and to develop a secure sense of identity and belonging (Mendelsohn and others, 2018; McKean and others, 2017)
2. social wellbeing: Language underpins social interaction. Children with effective communication skills are more likely to form and maintain friendships, participate

confidently in group settings, and experience fewer instances of peer rejection (Pace and others, 2019; Menting, Van Lier & Koot, 2011)

3. mental wellbeing: Communication is integral to executive functioning, decision-making, and coping strategies. Petersen and others (2013) found that children with stronger language abilities are more capable of managing their emotions and behaviours, contributing to positive mental health outcomes
4. physical wellbeing: Good language skills help people understand health information, seek help, follow treatment plans, and adopt healthy habits. This shows the lifelong importance of early language development (DeWalt and others, 2004)

Impact of the COVID-19 pandemic on SLC skills development

Practitioners have observed increased SLCN in the classroom that predate the COVID-19 pandemic (Fox and others, 2021). However, there is concern that these needs have been further exacerbated by the pandemic leading to a continued deterioration in children's listening, speaking and social skills, particularly for vulnerable learners and those who were babies and toddlers at the time of the pandemic lockdowns (Education Policy Institute, 2021).

The COVID-19 pandemic posed significant challenges to children, families, and the support services on which they rely. As a result of restrictions on social gatherings, social distancing, closure of parenting groups and childcare settings, many children lost access to language-rich, non-parental care environments, which are critical for early language development.

School and childcare setting closures, alongside other imposed social restrictions resulted in significantly reduced developmental opportunities for many children (Araújo and others, 2021), with only a small proportion of children attending formal early childcare and education settings via 'Hubs' during the first lockdown in the UK (Welsh Government, 2020).

Schools were closed between March 2020 and June 2020 when a phased reopening occurred until September 2020. In October 2020 there was a firebreak lockdown. Ongoing disruption to learning followed this and continued until March 2022. Between March and October 2020, only children of critical workers and vulnerable children were able to access school and childcare provision.

Research indicates that responsive parenting, daily book reading, and quality childcare are crucial for preventing SLCN development (Roulstone and others, 2011). However, the

COVID-19 pandemic created significant barriers to these protective behaviours. High parental anxiety, depression, and limited childcare access, along with the pressures of remote work, homeschooling, and digital access issues, compounded the challenges parents faced in supporting their children's language skills. Additionally, the decline in parental mental health, driven by financial insecurity, loneliness, and increased stress, likely contributed to higher rates of SLCN during this period (Brown and others, 2020; Flying Start 2021).

Both nationally and internationally, educators are subsequently reporting higher levels of SLCN in the classroom (Fox and others, 2021) with the greatest concern being that children are failing to meet typical developmental milestones that may affect their emotional wellbeing, communication and learning development (Education Policy Institute, 2025).

Socioeconomic disadvantage

The amount of spoken language a child hears significantly impacts their language development, with noticeable language skill gaps between children from different socioeconomic backgrounds (Education Policy Institute, 2019).

Families in the most socioeconomically disadvantaged communities likely faced even greater challenges during the pandemic. Although Welsh Government provided emergency guidance to services like Families First and Flying Start to transition to digital delivery, many families lacked the necessary technology, reliable internet, digital skills, or motivation to engage effectively.

The Babies in Lockdown report underscored three main concerns: (1) COVID-19 impacted parents, children, and support services in varied ways, (2) families already at risk of poorer outcomes were disproportionately affected, and (3) the pandemic's effects will be long-lasting and complex.

Research conducted by Hulme and others (2020) has emphasised the cascading effects of underdeveloped spoken language skills, highlighting a trajectory from poor oral language to deficits in literacy and numeracy, which can ultimately restrict employability prospects and reinforce intergenerational disadvantage. It underscores that children from less affluent backgrounds are disproportionately likely to enter education with limited language abilities, placing them at heightened risk of low academic attainment.

By age five, children from disadvantaged backgrounds may lag an average of 19 months behind their higher-income peers in language skills (Education Policy Institute, 2019). Children with weaker early language skills are twice as likely to be unemployed in adulthood compared to their peers. Without targeted intervention, these early deficits can have long-term socioeconomic consequences, increasing societal costs and limiting future opportunities for affected individuals Gross (2017).

Current research and interventions

The national Welsh Government data on ALN (Additional Learning Needs) in maintained school settings highlight that speech, language and communication difficulties, along with behavioural, emotional and social difficulties were the most commonly identified needs in the latest Schools' census results: January 2025 and had increased between 2024 and 2025.

An independent review of services for children and young people with speech, language and communication needs (SLCN) before the pandemic found that early intervention is crucial for improving long-term academic, behavioural, and employment outcomes. Collaboration among health, education, and social services can prevent fragmented care; however, access remained inconsistent, with families often facing a "postcode lottery" for speech and language therapy (Children's Commissioner, 2019).

The Welsh Government has recognised these challenges; recommendations from a review of early language screening suitable for children in Wales from birth to 5 years undertaken in 2022, led to the development of Prosiect Pengwin. The Prosiect Pengwin research group is working on behalf of Welsh Government to develop tools and resources that will support health, education and childcare practitioners to identify and support speech, language and communication skills in the early years. This is further supported by a range of existing professional learning resources on play based learning available via Hwb Enabling learning - Hwb and View - Hwb.

Additional initiatives such as Talk With Me promote SLC at home, in childcare settings and across the wider community. The initiative aims to reinforce the message that SLC is 'everyone's business', recognising the important role families, childcare providers and communities play in supporting children's development.

The Talk With Me initiative aimed to improve SLC support for children aged under five. The objectives of the Talk With Me delivery plan included: (1) raising public awareness of SLC, (2) improving the identification of SLCN, (3) identifying appropriate interventions, (4) upskilling the workforce, and (5) embedding SLC in policy. Work has taken place on all five of the objectives and the impact of the delivery plan is currently being reviewed.

Within the programmes put in place by the Welsh Government to address the short, medium and long term impacts of the pandemic, (initially the Renew and Reform Programme, and later the Learning Continuity Programme) children in the early years (up to the age of 7) were identified as a cohort of learners requiring extra support. Additional funding of £10m was provided through the Education Improvement Grant in 2021-22 to strengthen the delivery of early education, particularly to ensure children's emotional, physical and learning needs are met. A further £3m was provided to wider childcare settings, including childminders. Welsh Government also announced an additional £250,000 for more Speech and Language Therapy (SLT) support to meet increased SLCN needs post COVID-19 pandemic, this funding was focused on children aged 0 to 4 years 11 months (Welsh Government, 2021).

Although the direct impact of lockdowns on SLC skills remains under-researched, the EEF (Education Endowment Foundation) in 2023 noted that parents of children entering their first school year expressed concerns about delayed speech and language development; 56% reported their children needed additional support for communication. The pandemic has also negatively impacted reading skills across Wales, notably for Welsh Language Reading Skills (Estyn, 2024). This report found that the negative impact of the pandemic remains clear on the standard of pupils' Welsh reading skills in general, with a minority of pupils having lost the confidence to communicate and read in Welsh.

In July 2024, City University of London launched the BICYCLE (Born in Covid Year- Core Lockdown Effects) study examining the impact of the pandemic on the talking and thinking skills of 4-year-olds. The study measures children's understanding and use of words and stories, their higher-level thinking skills, how many words they use and how they manage everyday tasks. Families involved with the study are interviewed about their lived experience of the pandemic and on their child's early development.

Similarly, the ICICLES project (Impact of Covid-19 on Children's Language Education and Socio-emotional Skills) is a three year project focused on children from Reception to Year 2.

While the findings are not yet available, it is encouraging to know that this study will produce much needed information on the impact of the pandemic for children on the precipice of their journey through the education system.

4. Respondent profiles

Practitioners

Table 1 shows that a third of responses were from teachers, another third from ALNCos (Additional Learning Needs Co-ordinators) and almost 1 in 5 respondents were SLTs. Examples of other respondent roles included a Headteacher, two specialist teachers, a childminder, outreach speech and language communication worker, Higher Level Teaching Assistant (HLTA), Learning Advisor for English as an additional language (EAL) and Local Authority ALN support.

Table 1: Practitioner survey respondents by role

Role	Number of responses	Percentage of responses (%)
Teacher	33	33.3
ALNCo	32	32.3
SLT	17	17.2
Classroom assistant	5	5.1
Other	12	12.1
Total	99	100.0

Table 2 shows the location of respondents by postcode with over half of respondents (48) based in southeast Wales.

Table 2: Practitioner survey respondents by location in Wales (postcode)

Location	Number of responses
Southeast Wales - CF	25
Southeast Wales - NP	23
North Wales - LL	18
Southwest Wales - SA	13
Northeast Wales - CH	10
Mid Wales - SY	1
Total	90

Parents survey

Over half of respondents (55.0%) to the parent survey came from localities in the southeast of Wales (Table 3).

Table 3: Parents survey respondents by location in Wales (postcode)

Location	Number of responses	Percentage of responses (%)
Southeast Wales - NP	75	38.9
North Wales - LL	39	20.2
Southeast Wales - CF	31	16.1
Northeast Wales - CH	23	11.9
Southwest Wales - SA	22	11.4
Mid Wales - SY	3	1.6
Total	193	100.1

Note: percentages in table do not necessarily equal 100% due to rounding

Nearly three quarters (73.0%) of children identified via the survey attended an English medium education setting, 16.8% of children attended a Welsh medium school and 9.2% of children attended a bilingual school (Table 4).

Table 4: School language category

School type	Number of responses	Percentage of responses (%)
English medium education	143	73.0
Welsh medium education	33	16.8
Dual language	18	9.2
Prefer not to say	2	1.0
Total	196	100.0

Around three quarters of parents (77%) reported English to be the only language spoken at home whilst a further 10% spoke both English and Welsh. Three parents reported that Welsh was the only language spoken at home. A few households also spoke English and another language including, but not limited to, French, Romanian, German, and Polish. In total, twenty different languages were reported as spoken at home via the survey.

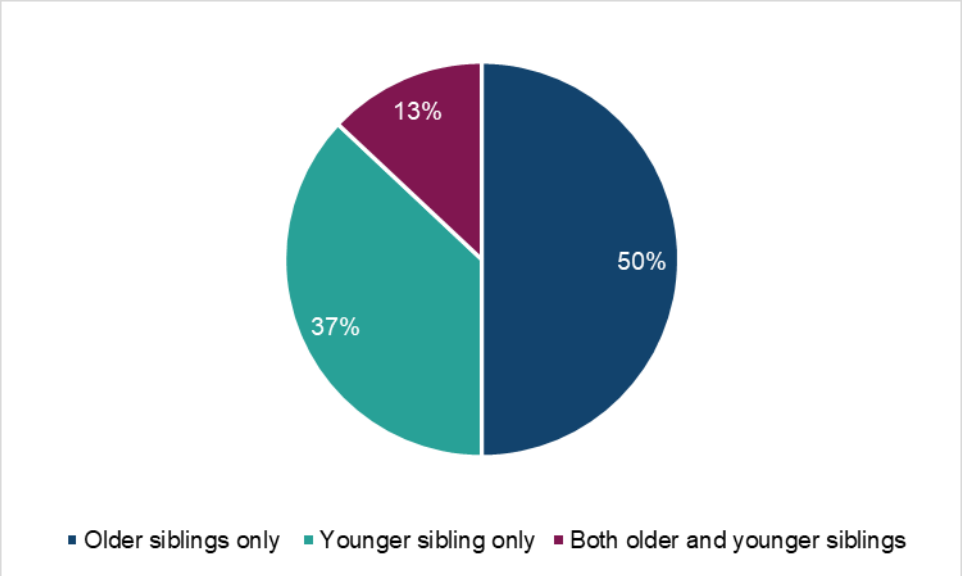
Over half (55%) of the identified children were female and 45% male. Table 5 provides a breakdown of the ages of children identified through the survey with 5-year-olds and 7-year-olds accounting for the largest proportions.

Table 5: Age of child

Age	Number of responses	Percentage of responses (%)
5 years	69	35.4
6 years	37	19.0
7 years	52	26.7
8 years	37	19.0
Total	195	100.0

Nearly three quarters (74.5%) of the sample lived with siblings and almost a quarter (24.5%) belonged to single child households (the remaining 1% of respondents selected 'prefer not to say'). Of those with siblings, half (50.0%) had only older siblings, a third (37.0%) had only younger siblings and 13.0% were middle children i.e. had both younger and older siblings (Figure 1).

Figure 1: Siblings in the home (n=196)



Around one-fifth of parents (21.9%) said they were eligible for benefits that entitle their child to means-tested free school meals and the schools essentials grant (Table 6).

Table 6: Eligibility for benefits supporting free school meals and school essentials grant

Response	Number of responses	Percentage of responses (%)
Yes	43	21.9
No	137	69.9
Don’t know	14	7.1
Prefer not to say	2	1.0
Total	196	100.0

Three in ten parents (30.6%) confirmed that they live in a Flying Start Area (Table 7).

Table 7: Living in a Flying Start Area

Response	Number of responses	Percentage of responses (%)
Yes	60	30.6
No	96	49.0
Don’t know	40	20.4
Total	196	100.0

Around three in five (37 out of a possible 60) parents living in a Flying Start area had accessed Flying Start childcare provision for their child.

Over a quarter of parents (26.5%) identified their child as having ALN, although more than half (15.8%) of these did so without a current referral or diagnosis (Table 8).

Table 8: Children identified with ALN

Response	Number of responses	Percentage of responses (%)
Yes, but no current referral/diagnosis	31	15.8
Yes, with diagnosis	21	10.7
No	139	70.9
Don’t know	5	2.6
Total	196	100

Four semi-structured interviews were conducted with practitioners. The job roles of those interviewed included two SLTs from within health boards as well as a primary headteacher and a reception class teacher. The three interviews with parents included two participants with autistic children and SLCN. Two of the children were aged eight and the third was aged six.

5. Findings

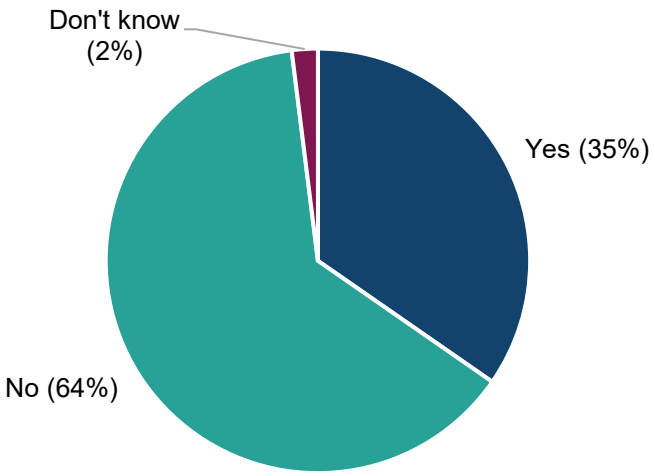
RQ1: What SLCN and wellbeing behaviours are presenting in children aged 5 to 8yrs?

Current speech, language and communication skills

The survey first sought to understand the SLC challenges that children aged 5 to 8 years old are currently presenting with.

Around a third of all parents (68) reported that they had held concerns about their child's SLC skills since the pandemic.

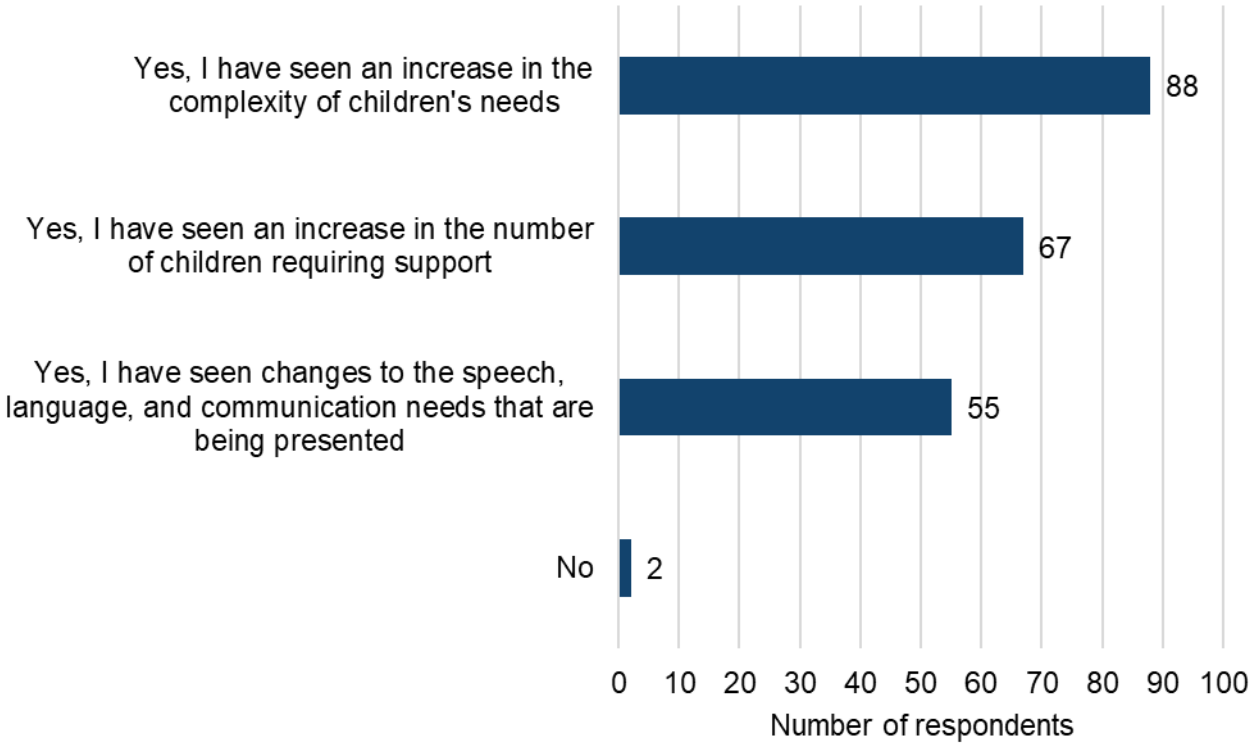
Figure 2: Parent responses to the survey question, "Have you had any concerns regarding your child's speech, language and communication development since the COVID-19 pandemic?" (n=196)



Note: Due to rounding total responses to this question do not equal 100%

Practitioners were asked about whether their concerns about the SLC development of the children that they work with had increased.

Figure 3: Practitioner responses to the question, “Have you had increased concerns regarding the speech, language and communication development of the children you work with (aged 5 to 8) since the COVID-19 pandemic?” (n=98)



Note: Respondents were able to select more than one response option

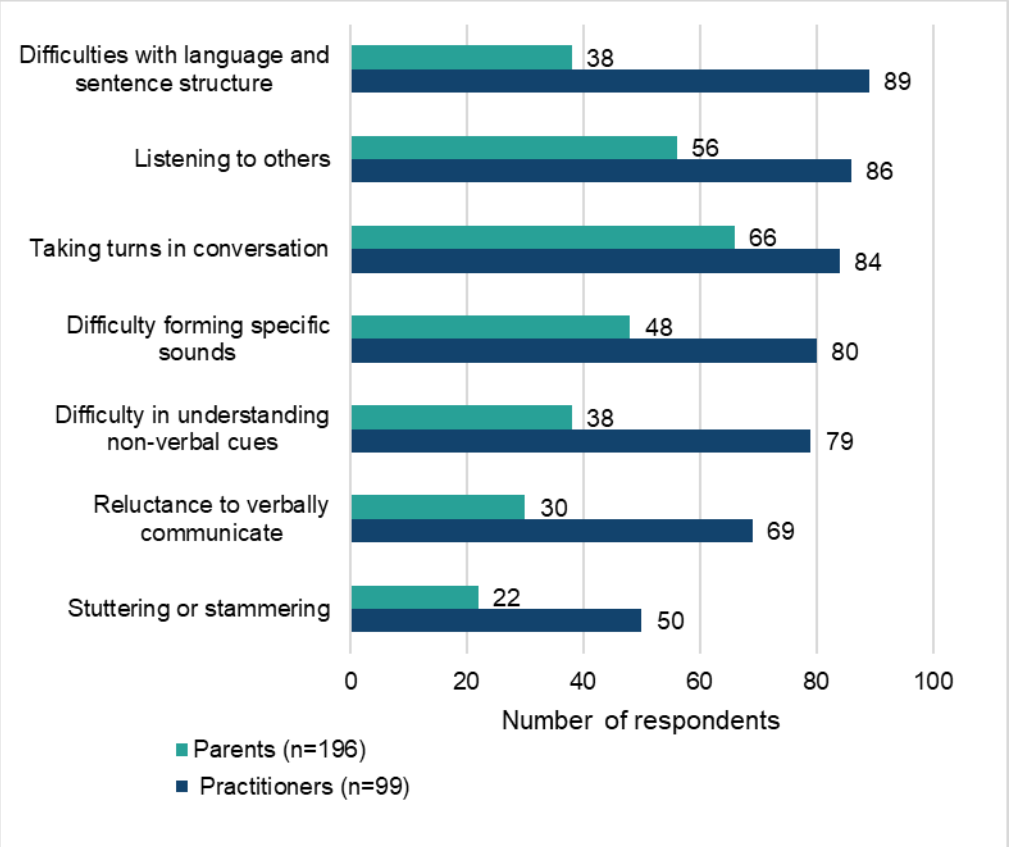
Almost 9 in 10 (88) practitioners reported that in recent years they have seen an increase in the complexity of children’s needs (Figure 3). Around two thirds (67) of practitioners reported that they have seen an increase in the number of children requiring support, and over half (55) reported seeing changes to the SLCN being presented. More than half (50) of practitioners responded ‘yes’ to each of the response options.

More information about the observed changes was gathered through an open-text question, where it was highlighted that restrictions on social gatherings meant that parents did not mix with others at community groups, which may have resulted in missed opportunities to gain a full understanding of typical developmental milestones.

Practitioners also noted that the number and complexity of the needs now presenting is making differential diagnosis more challenging. One practitioner noted, "Children are

presenting with complex speech sound disorders and language disorders that are not easily diagnosed or treated". Another noted, "Most children since COVID are unable to play with others or communicate their wants and needs with adults or their peers". Overall, the responses indicate a growing concern among practitioners about the increasing number and complexity of children's speech, language and communication needs.

Figure 4: Respondents (parent and practitioner) who reported ongoing SLC -related behaviours in children aged 5 to 8 years



Note: the response options to this question were, 'yes, but now resolved', 'yes, ongoing', 'no', 'don't know'. This figure shows those who responded 'yes, ongoing'.

Both parents and practitioners were asked to specify the SLC difficulties that they were observing in their children and those they work with. Figure 4 shows difficulties with language and sentence structure, listening to others and turn taking in conversations to be the concerns most frequently encountered by practitioners. A much lower number of practitioners reported ongoing challenges with stuttering or stammering amongst the children they work with. Turn

taking and listening to others were similarly identified by the largest numbers of parents (66 and 56 respectively) although this group were less likely to report difficulties with language and sentence structure.

The observed SLC difficulties were compared between all parents responding to the survey (column 2) against those 68 parents (column 3) that had specifically said that they had held concerns about their child's SLC development since the COVID-19 pandemic. Column 4 provides the percentage of observed behaviours that can be attributed to those parents with wider concerns about their child's SLC.

Table 9: Observed SLC challenges by parents

	All parents (n=196)	Parents with wider SLC concern (n=68)	Percentage of observed behaviours that can be attributed to those parents with wider concerns (%)
Taking turns in conversation	66	39	59.1
Listening to others	56	38	67.9
Difficulty forming specific sounds	48	38	79.2
Difficulty in understanding non-verbal cues	38	32	84.2
Difficulties with language and sentence structure	38	36	94.7
Reluctance to verbally communicate	30	26	86.7
Stuttering or stammering	22	19	86.4

Table 9 shows that whilst difficulties in turn taking and listening to others were observed most frequently, these were less likely to be behaviours that were of concern to parents. In comparison where other indicators were observed e.g. difficulties with sentence structure or a reluctance to communicate verbally, parents were far more likely to express wider concerns about their child's SLC skills and development.

Parents were asked if they had observed any other difficulties in their children's SLC skills. A recurring concern was delayed speech development, with several children reported as not speaking until age three or beyond. Others reportedly had limited vocabulary or relied on echolalia and repetitive phrases. In several cases, children were non-verbal, sometimes linked to additional learning needs such as autism.

Hearing difficulties, particularly due to glue ear and blocked ears, were identified as significant barriers to speech development.

Pronunciation concerns were also highlighted, including lisps and trouble with sounds like "th", "sh", and "r". These concerns sometimes persisted into school age with children struggling to express themselves fluently.

Confidence and social anxiety reportedly played a role in some children's SLCN. Parents noted selective mutism (SM) as well as shyness and reluctance to speak in unfamiliar settings. One parent noted their child was "selective mute after COVID [where this was] not a problem before".

Current wellbeing behaviours

Practitioners were asked about the wellbeing-related behaviours displayed by children that they work with. Figure 5 outlines practitioner responses regarding a range of settings and scenarios in which these wellbeing behaviours may be displayed.

Figure 5: Practitioners who reported wellbeing behaviours in children aged 5 to 8 years (n=99)

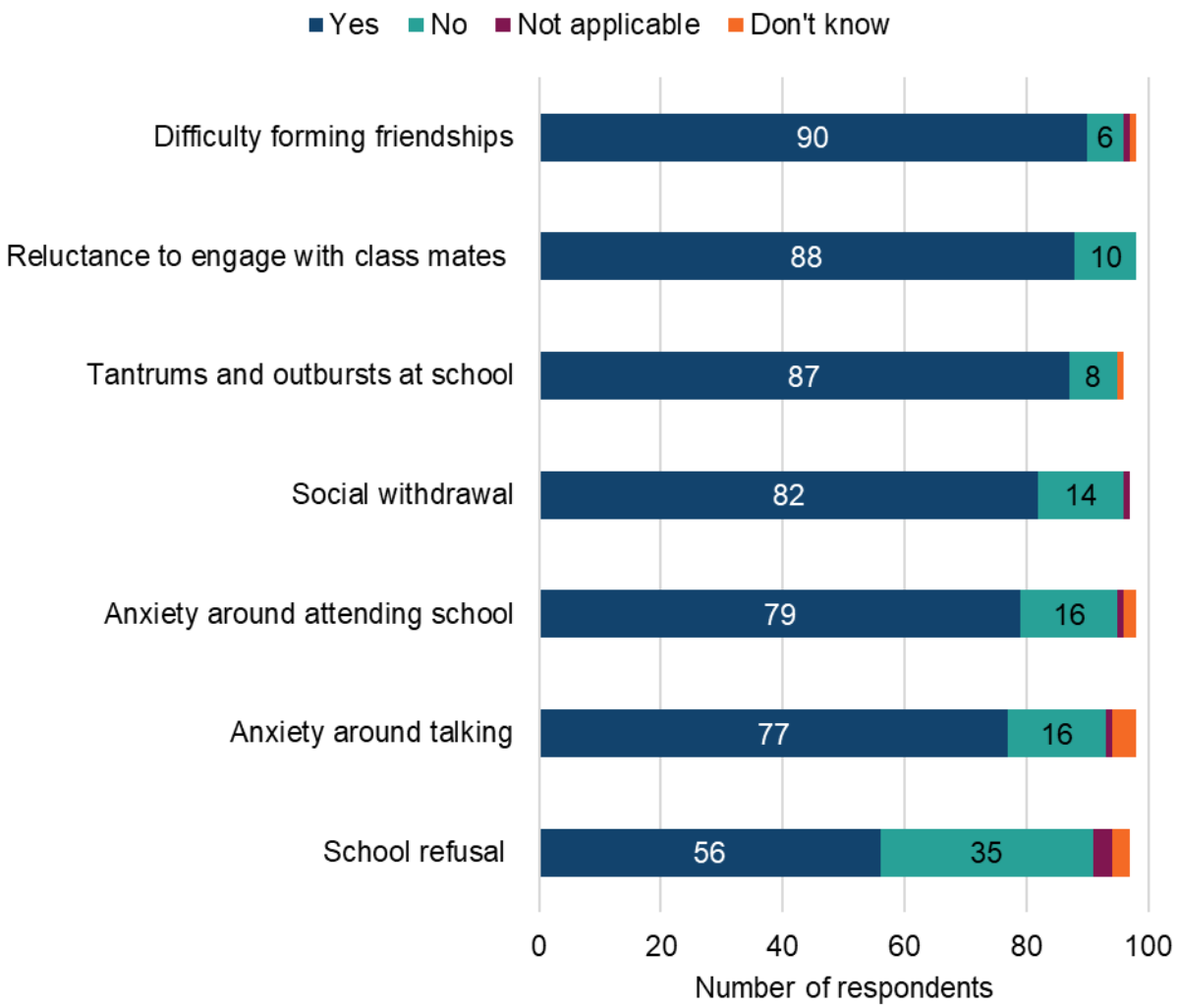


Figure 5 shows that practitioners reported high levels of occurrence for all these wellbeing behaviours among the children they work with. Most frequently occurring were difficulties in forming friendships, a reluctance to engage with classmates and tantrums at school which were observed by around nine in ten practitioners. Around three quarters of practitioners reported that the children they work with have anxiety related to talking and more than half worked with children who were school refusers.

Parents were similarly asked about a range of wellbeing behaviours displayed by their children in a variety of scenarios.

Figure 6: Parents who reported wellbeing behaviours in children aged 5 to 8 years (n=196)

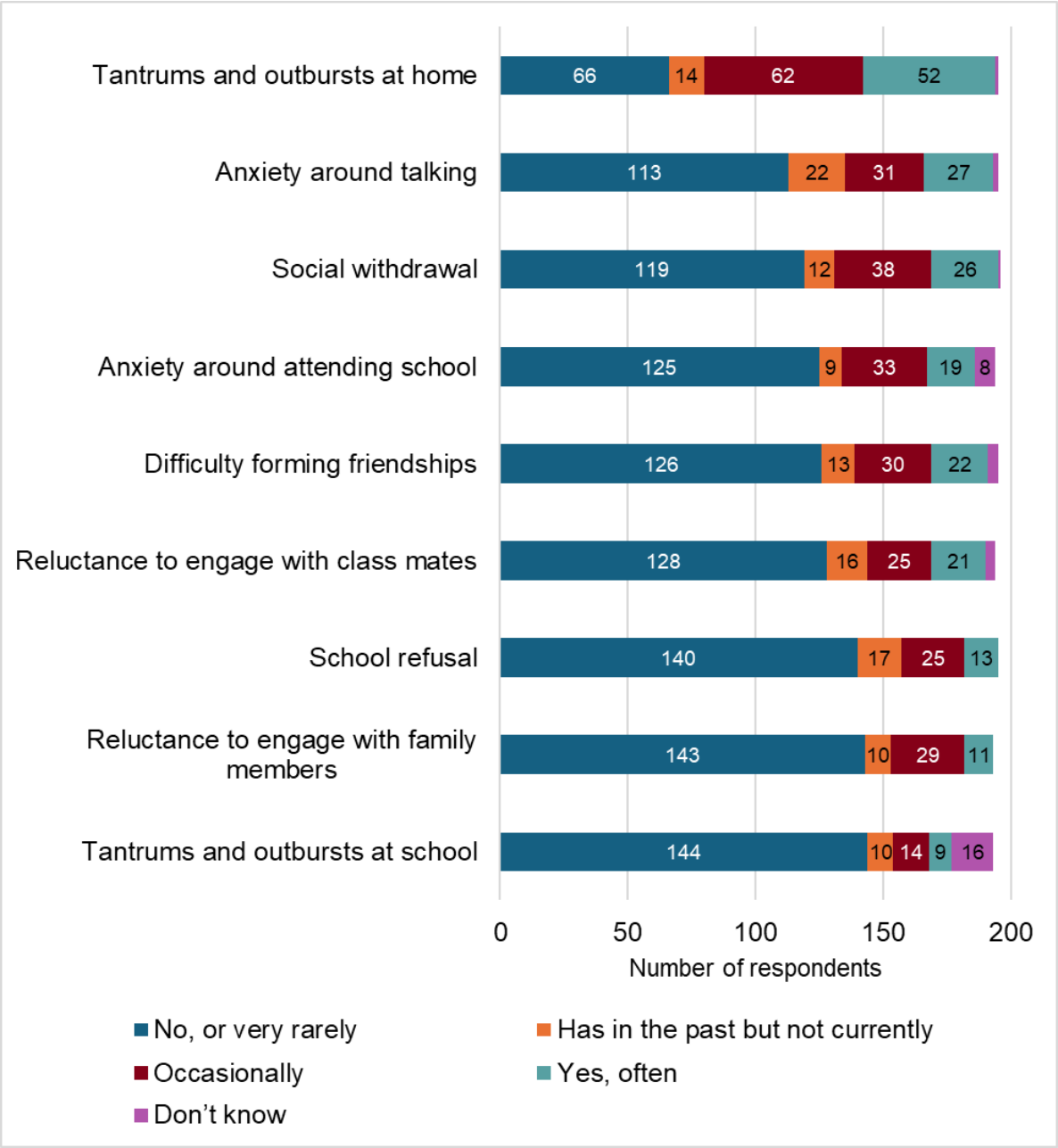


Figure 6 shows that parents were most likely to report witnessing tantrums at home (52). More than 1 in 10 parents also reported the following behaviours in their children: anxiety around attending school (27), social withdrawal (26), and difficulty forming friendships (22).

When interviewed, parents also expressed a range of other concerns about their children's wellbeing. Many highlighted concerns related to emotional health, such as anxiety, stress,

and mood swings, often linked to academic pressures and social expectations. One parent mentioned, "my child often feels anxious about schoolwork”.

Parents also reported heightened separation anxiety, making school transitions and participation in activities more challenging. Social interactions more generally emerged as a significant concern, with some children struggling to make friends, experiencing bullying, or feeling isolated in social settings. "Social interactions are a big challenge for my child. They find it hard to make friends and sometimes feel isolated", shared one parent.

RQ2: To what extent has the COVID-19 pandemic impacted the SLCN and wellbeing of children in this cohort?

Speech, language and communication

Parents were asked if they were able to attribute any of the SLCN in their children to the pandemic.

Figure 7: Responses from all parents and those parents with SLC concerns to the question, "In your opinion, can any of the speech, language and communication skill difficulties you identified be attributed to the COVID-19 pandemic"

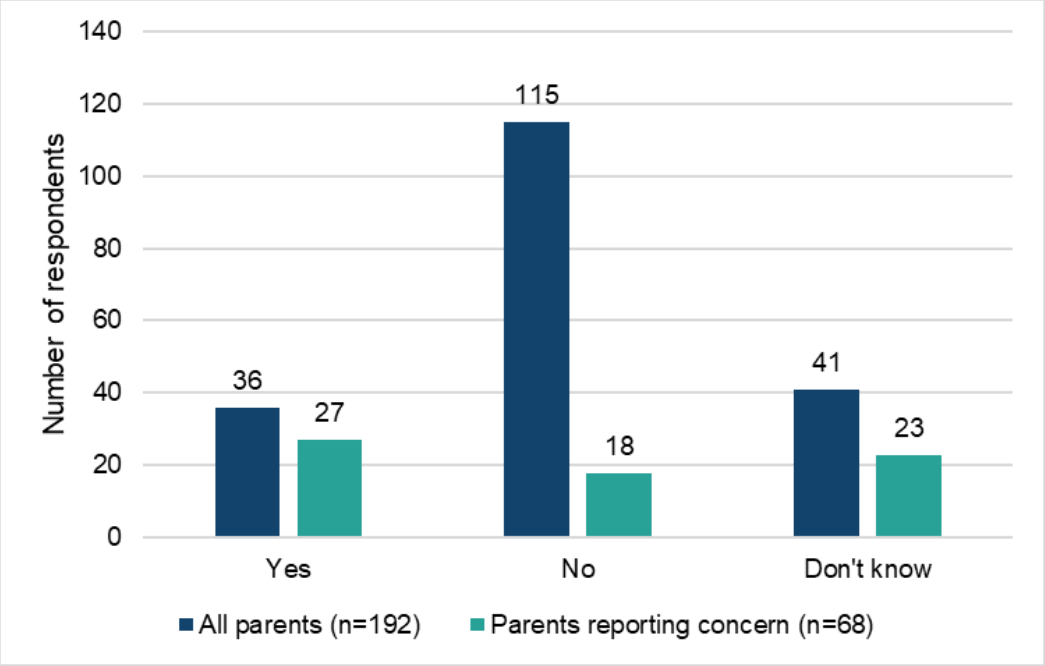


Figure 7 shows that amongst the wider sample most participants did not feel that SLC difficulties could link attributed to the pandemic. Just thirty-six, less than a fifth of all parents, believed there to be a connection between the two. However, this proportion was much higher among those parents that reported having concerns about their child's SLCN. Around two in five of these parents (27 out of 68) believed that the SLC difficulties displayed by their child could be attributed to the pandemic.

Practitioners were similarly asked if they had observed an increase in SLC difficulties among the children they work with since the COVID-19 pandemic.

Figure 8: Practitioner responses to the question, "In your opinion, can any of the following be attributed to the COVID-19 pandemic and its associated restrictions?" (n=97)

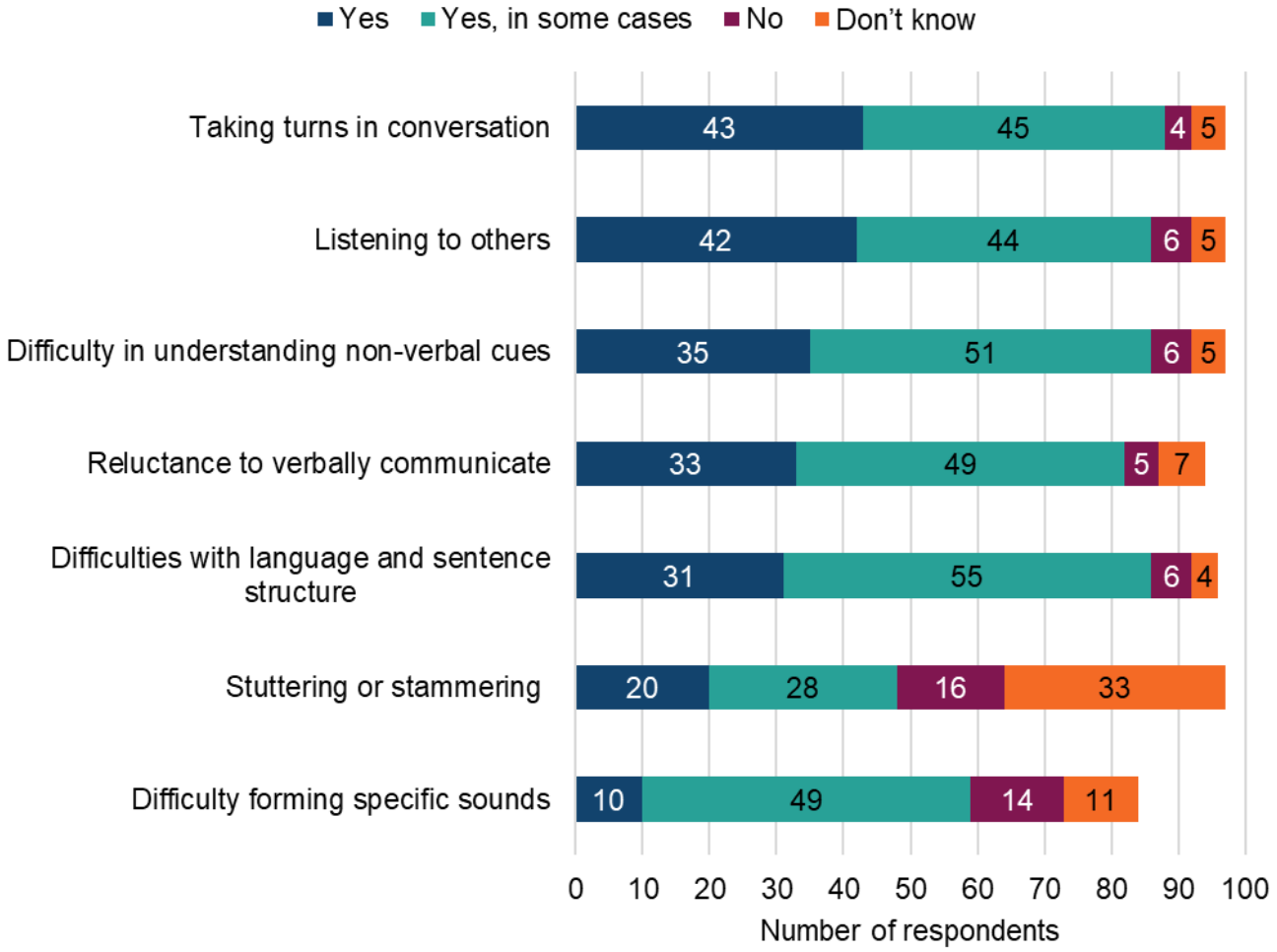


Figure 8 shows that most practitioners agreed that a variety of SLCN could be attributed to some extent to the COVID-19 pandemic.

Turn taking in conversations (88) and listening to others (86) were identified as the SLC skills most likely to have been negatively impacted by the pandemic. Considered less likely to be directly linked to the pandemic were the formation of specific sounds and stuttering or stammering.

Practitioners were asked to comment on why they believed the pandemic may have contributed to an observed increase in children's speech, language and communication needs. A central theme of the comments made related to the crucial social interactions missed

by many children during lockdowns, leading to potential delays in their communication skills. One practitioner noted, "Most of the children of this age were isolated during the formative years in regard to their speech and did not have the socialisation that is so important at this age to learn all of this".

Additionally, the pandemic was believed by some practitioners to have affected parental involvement and awareness of developmental milestones. Many parents were known to be juggling working from home while caring for their children which was felt to result in lower levels of engagement and fewer opportunities for children to develop their speech and language skills.

Wellbeing behaviour concerns

Parents were asked if they could attribute any of the wellbeing behaviours observed in their children to the COVID-19 pandemic and associated restrictions. Figure 9 shows the responses from those parents who had responded 'yes, often' to whether their child displayed at least one of the following behaviours: tantrums and outbursts at school, tantrums and outbursts at home, school refusal, anxiety around attending school, anxiety around talking, reluctance to engage with family members, reluctance to engage with classmates, difficulty forming friendships, social withdrawal.

Figure 9: Parent responses to the question, "In your opinion can any of the identified wellbeing behaviours be attributed to the COVID-19 pandemic and its associated restrictions?" (n=75)

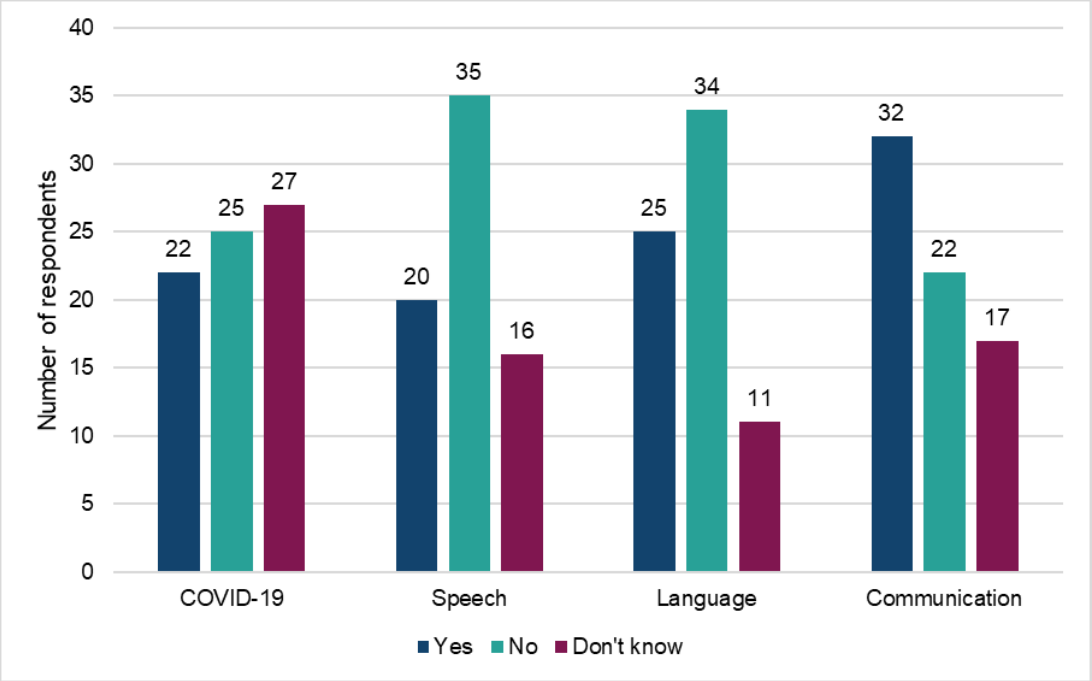


Figure 9 shows that parents were of split opinion as to whether the behaviours displayed by their children could be attributed to the COVID-10 pandemic with many remaining uncertain on this issue. However, a much larger proportion of parents felt confident that the behaviours related to poor wellbeing could be attributed to their child's communication needs.

Figure 10: Practitioner responses to the question, "Have you observed any increase in the following behaviours related to wellbeing in any of the children you work with (aged 5 to 8) since the COVID-19 pandemic?" (n=98)

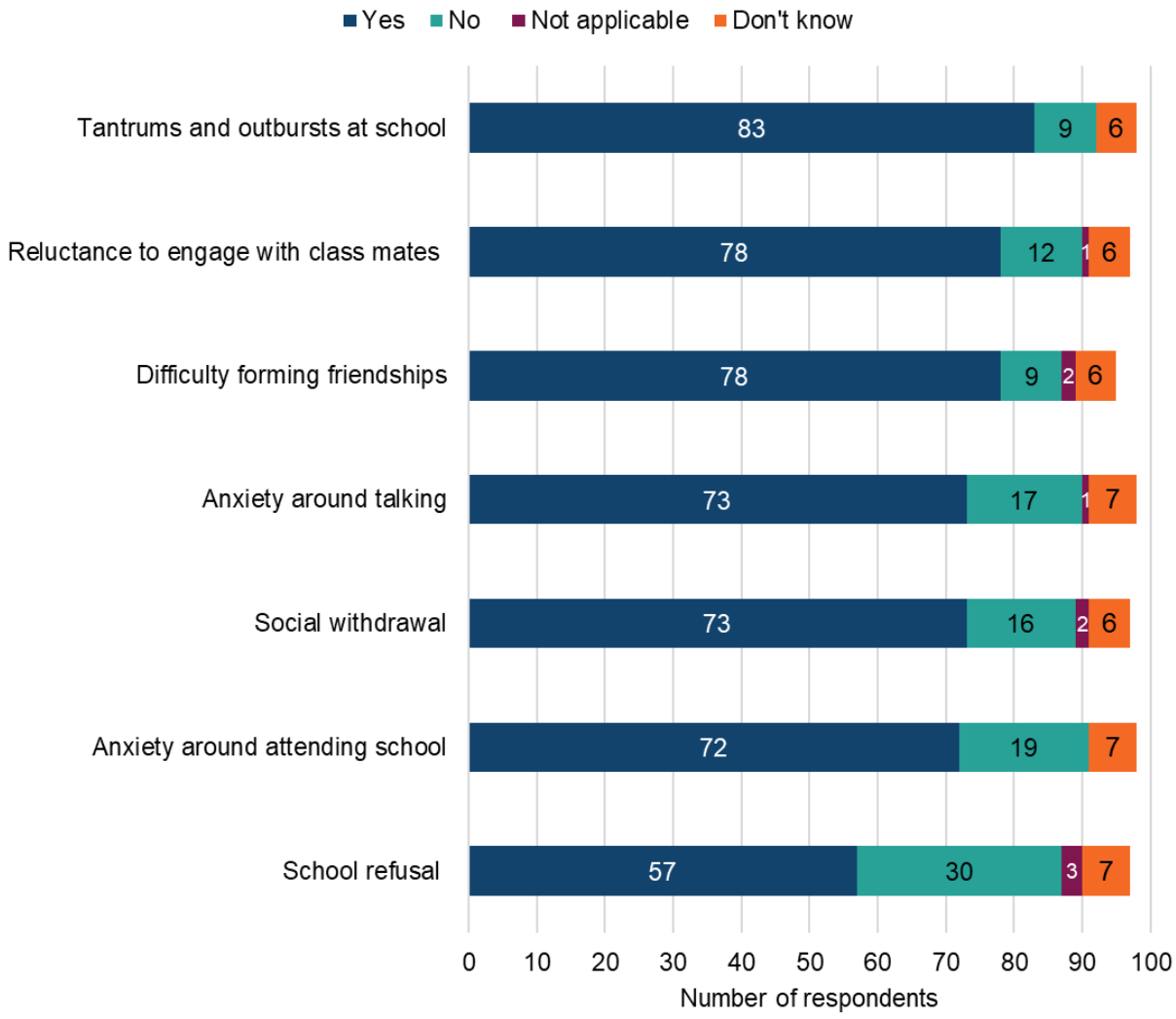


Figure 10 shows that more than four in five practitioners reported an increase in tantrums and outbursts at school, with similar proportions noting rises in school refusal and anxiety about attending school since the pandemic. Whilst the data may reveal trends that predate the pandemic rather than indicating a causal relationship, practitioners have noticed an upward trend in childhood behaviours associated with poorer wellbeing in recent years.

Practitioners were invited to elaborate further on the reasons behind the observed increases. Those responding considered that the sudden changes brought about by lockdowns and social restrictions have resulted in children being generally more anxious about attending

school and interacting with others in the outside world, with one stating, "Children have become scared of the world as being told to stay at home/not interact with people happened suddenly”.

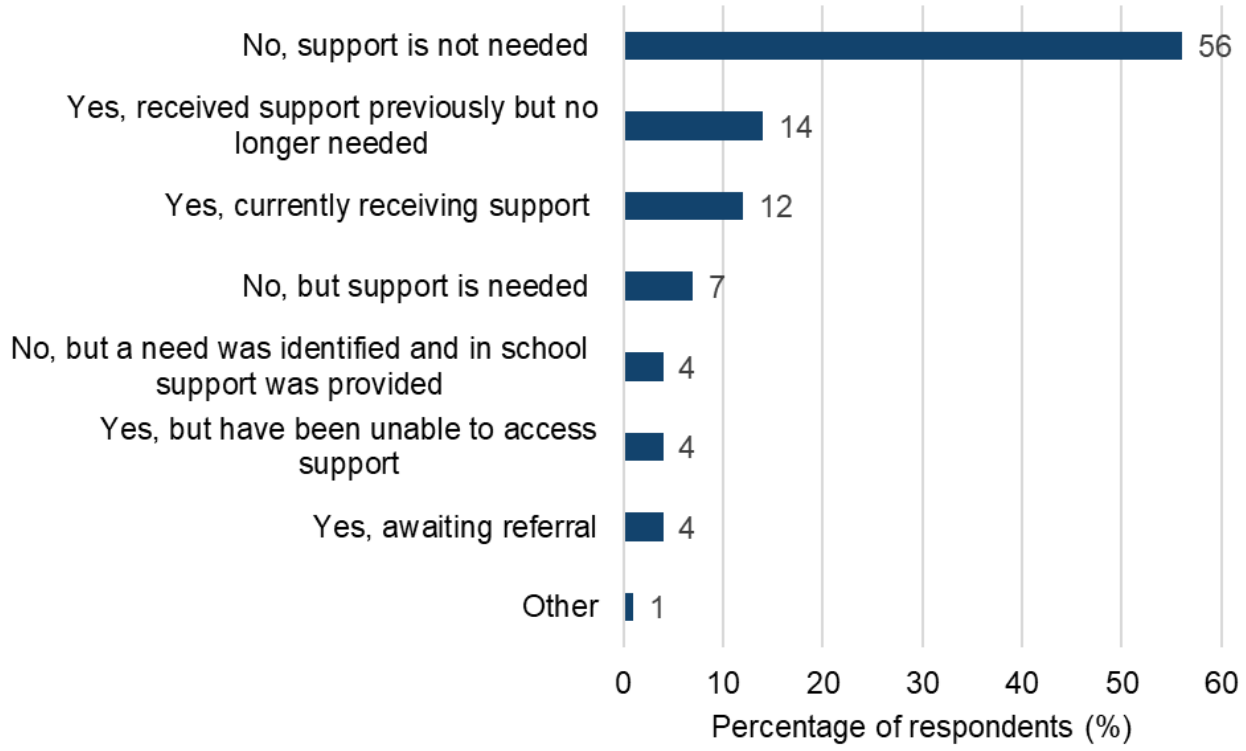
The pandemic was also believed to have affected parental wellbeing, which in turn impacts children's emotional health. Practitioners noted parents presenting with higher anxiety and frequently seeming “more tired [and] stressed”. With parents juggling work and childcare, children had fewer opportunities for active conversations and language enrichment.

One of the most common themes highlighted by practitioners was children’s over-reliance on digital devices replaced opportunities for face-to-face communication and interactive play, impacting children's ability to engage in meaningful conversations. Some practitioners felt this has affected children’s social communication skills and led to a lack of resilience and patience, one practitioner commented, “Children have excessive access to devices - most of them not being able to sleep unless they have been on a device for hours on end. This must be having a catastrophic impact on their communication and social development”.

RQ3: What are the challenges and barriers to the provision of services to effectively meet the needs of children with SLCN?

Parents were asked if they had sought support for their child's SLCN.

Figure 11: "Have you sought any support for you child for their speech, language and/or communication skills since the start of the pandemic until the present the day?" (n=196)



Note: Respondents were able to select more than one response option

Figure 11 shows that 12% of all parents reported that they had sought and were currently accessing support for their child's SLCN. A further 15% identified their child as needing support although they had not yet been able to access this (aggregation of responses: 'no, but support is needed', 'yes, but have been unable to access support', and 'yes, awaiting referral').

Parents were also asked if they considered there to be sufficient resources available to support their child's needs.

Figure 12: Do you feel there are sufficient resources available to support your child's speech, language and communication skills development? (n=191)

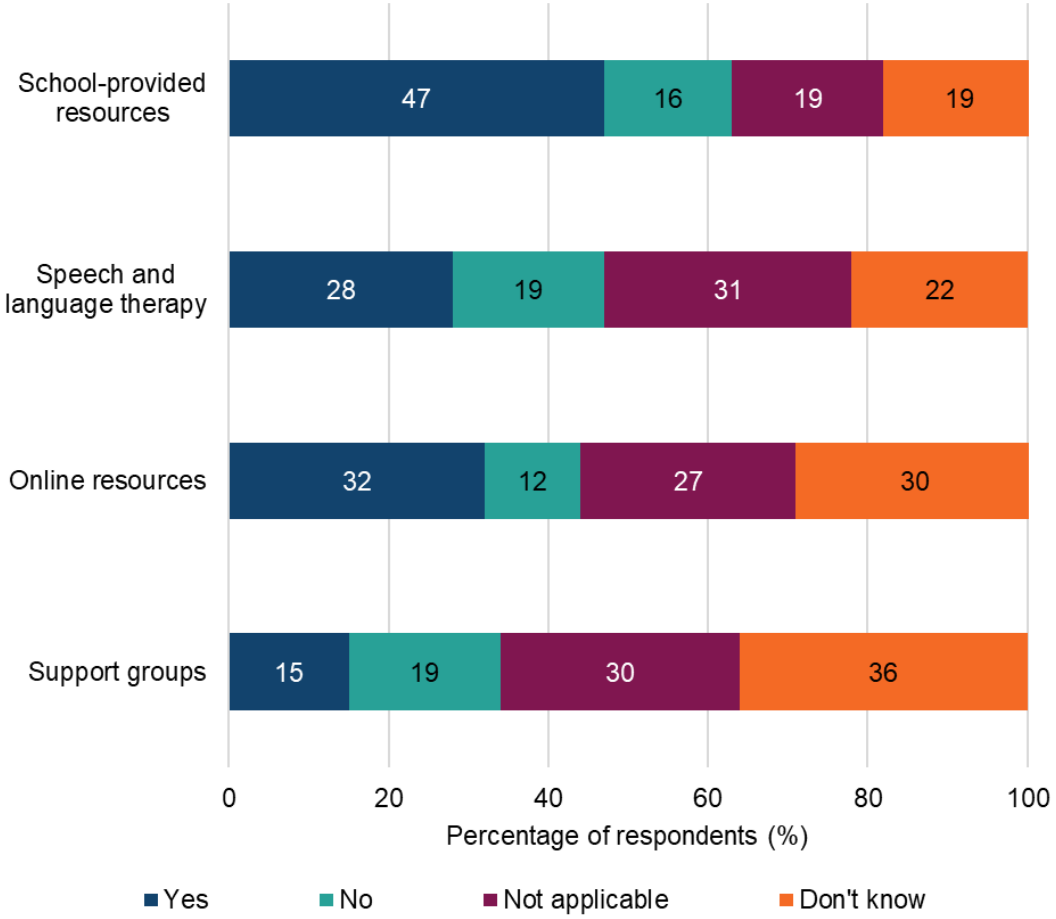
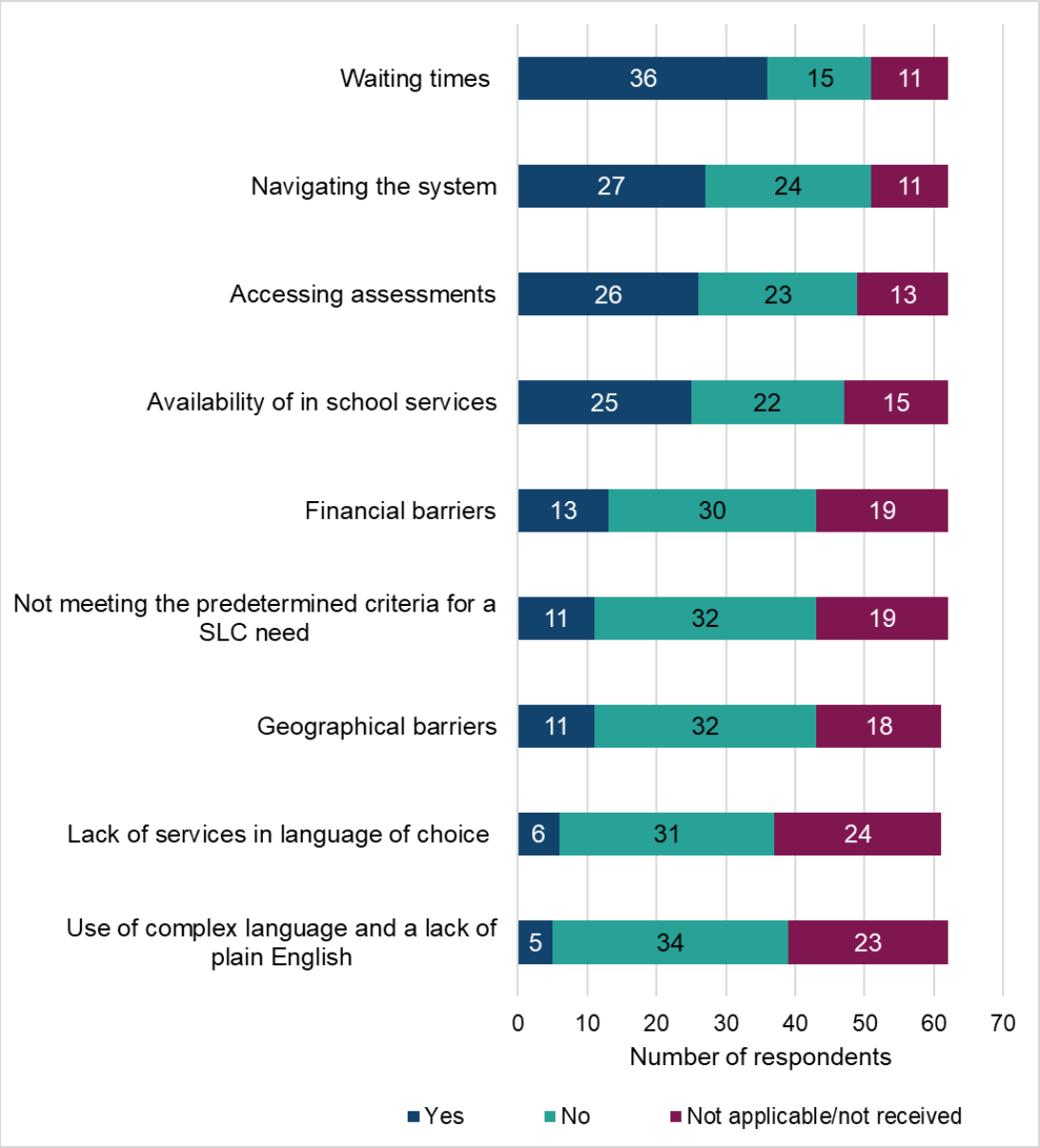


Figure 12 shows that between a third and half of parents felt that there were sufficient school-provided resources (47%), online resources (32%) and SLT (28%) to support their children's SLC development. Only 15% of parents felt there were sufficient groups to support this development. For all listed resources, a substantial proportion parents reported that they did not know whether these resources were sufficient or that this was not applicable to them

Those parents who had sought support for their child's SLC skills were asked if they had experienced any barriers in accessing that support.

Figure 13: Have you experienced any of the following barriers in accessing support for your child's speech, language, and communication skills? (n=62)



Note: this analysis was conducted using those parents who had reported concerns as the base number (62)

Figure 13 shows that over half of parents reported having experienced waiting times Navigating the system, accessing assessments and the availability of in school services were reported by less than half to be the barriers most frequently encountered by parents seeking support for their child's SLCN.

Parents were given the opportunity to provide additional responses to this question; no additional barriers were specified but parents voiced their frustration surrounding the time spent on waiting lists, geographical barriers and limited support provided in Welsh. One parent commented that they were “juggling a family [and that] SLT were based 15 miles away and not on a good transport route”.

When interviewed, parents highlighted systemic barriers, inconsistent service delivery, and a lack of coordinated communication between professionals and families as barriers to accessing support. These are discussed below.

A recurring theme across all interviews was the challenge of accessing services without a formal diagnosis. One parent described the struggle to obtain support before their child’s autism diagnosis: “Unless there’s a diagnosis, accessing other services is quite difficult. That’s putting it mildly”. They felt this approach delayed intervention, despite developmental concerns. The parent reported having to involve local councillors to secure educational support, highlighting the extent of advocacy required: “We’ve even had to get local councillors involved, which shouldn’t happen”.

Parents frequently reported fragmented service delivery and poor continuity of care. One participant described what they felt was a “revolving door” of speech and language therapists during the pandemic: “We had the first speech and language therapist, then there was a big gap, another major gap, before we had the last person”.

Similarly, one parent noted that once their child transitioned to a special school, they lost contact with speech and language services entirely: “We’ve had no involvement with speech and language since he’s gone to that school”.

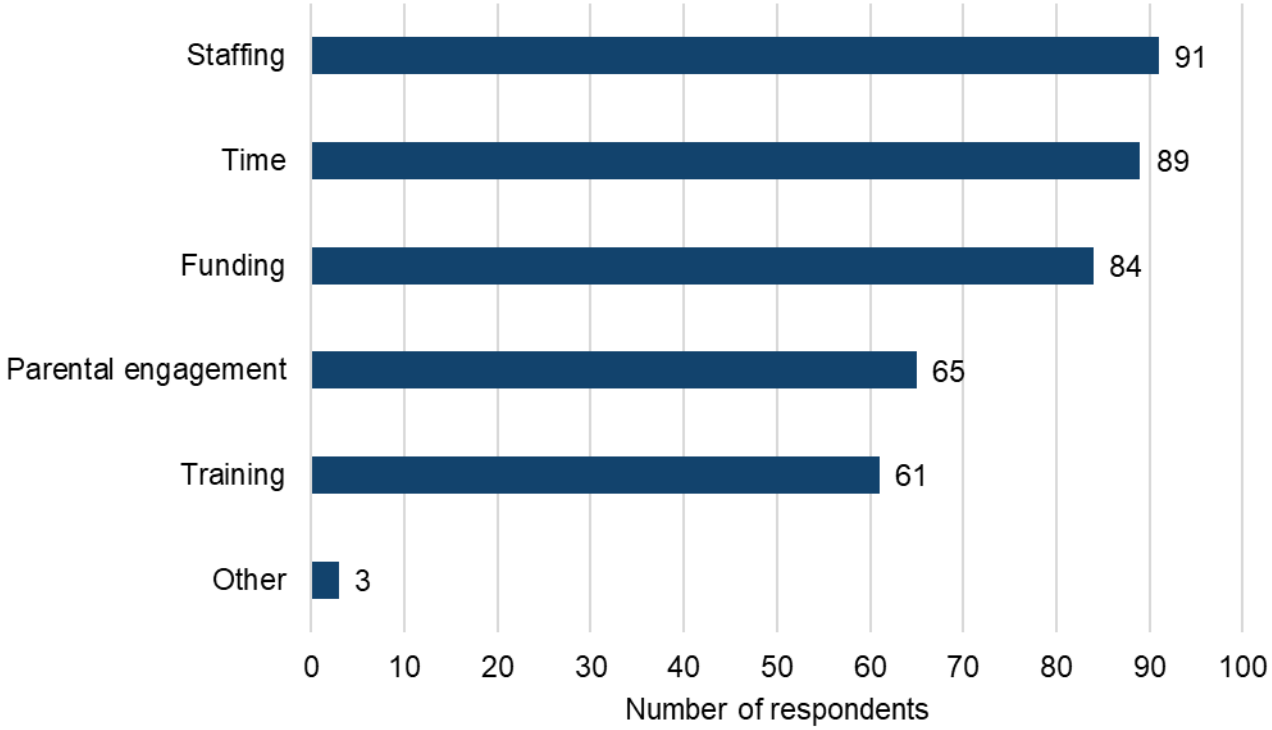
A lack of communication between schools and health professionals was considered a major barrier. One parent recounted a conflict over the use of PECS (Picture Exchange Communication System): “Speech and language said he needed to use PECS, but the school wouldn’t do it, they claimed they’d never been trained”. This disconnect left the child without consistent support. This parent emphasised the need for joint reviews: “Once a year we should be meeting up, so we know what they are doing”.

Location and transport were also significant challenges. One parent explained: “If we were unable to drive, that would have been a problem, the location is not a straightforward place to get to”.

Parents expressed frustration around what they felt were generic interventions that failed to consider their child’s specific needs. One parent described how their child’s ADHD and sensory needs were not accounted for: “There didn’t seem to be anything that the language support service could offer us that actually worked”. The same parent also highlighted the lack of bilingual provision: “We live in Wales, we should have services that are bilingual”.

Practitioners were also asked about the challenges they may have experienced in implementing speech, language, and communication interventions in their educational setting/health care setting/organisation.

Figure 14: “Have you experienced any of the following challenges in implementing speech, language and communication interventions in your educational or healthcare setting/organisation?” (n=95)



Note: this question asked respondents to ‘select all that apply’
Note: data for this question was also analysed by participant role but patterns were very similar, so this analysis has not been included

Figure 14 shows staffing (91) and time constraints (89) were substantial challenges that most practitioners reported to have experienced in implementing SLC interventions. Around four in five practitioners (84) reported funding as a challenge, compared to around two in three who struggled with parental engagement.

Around three in five practitioners indicated that training had proved a challenge in the implementation of SLC interventions in their setting or organisation. A further question asked practitioners whether they feel that they have access to adequate training and resources to support the speech, language and communication needs of children aged 5 to 8.

Figure 15: Do you feel that you have access to adequate training and resources to support the speech, language and communication needs of children aged 5 to 8? (n=97)

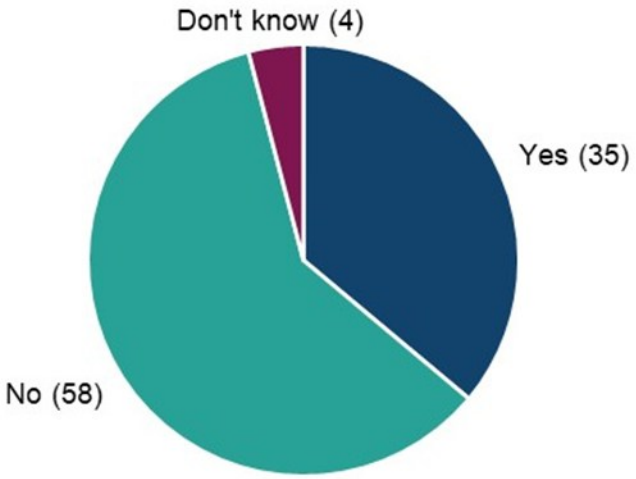


Figure 15 shows that around three in five practitioners reported that they do not feel that they have access to adequate training and resources to support the SLC needs of the children they work with. When examined by role this was found to be the case for around one in three SLTs compared to around 70% of those working in education settings i.e. teachers, ALNCos and classroom assistants.

Practitioners were asked for their opinions regarding barriers to children aged 5 to 8 received SLC support.

Figure 16: Practitioner responses to the question "Which of the following do you believe are barriers to receiving speech, language and communication support for children aged 5 to 8?" (n=196)

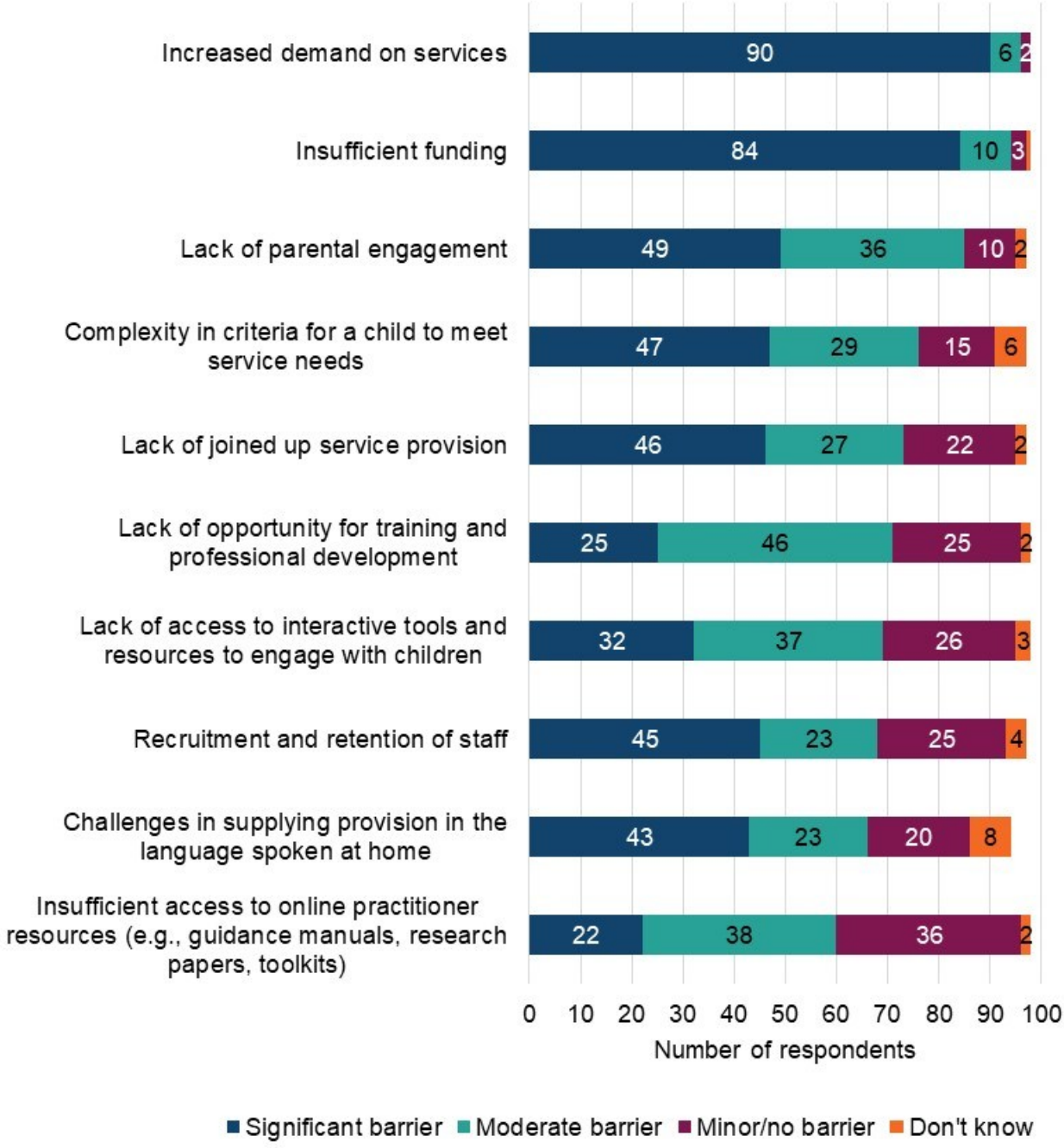


Figure 16 shows almost all practitioners, regardless of role, consider increased demand on services and insufficient funds to be significant barriers in accessing services. A lack of

parental engagement was considered a significant barrier by around half of all practitioners and a moderate challenge by a further third of practitioners.

A lack of opportunities for training and professional development was considered a significant barrier by more than one in four of those with roles in education settings (19 of the 70 respondents) compared to around just one in six SLTs (3 of the 17 respondents). The recruitment and retention of staff was also more likely to be considered a significant barrier by half of those with roles in education settings (34 of the 70 respondents compared to a just 6 of the 17 respondents of SLTs).

Three in five (43 of the 70 respondents) of those with roles in education settings believed that the complexity in criteria for a child to meet service needs serves as a significant barrier to the receipt of the SLC support. This view was shared by only two of the seventeen responding SLTs which may suggest a difference of knowledge or experience between the roles on this issue.

When interviewed, practitioners highlighted a range of barriers impeding effective SLC support for children aged 5 to 8. A primary concern is the increasing complexity of needs post-pandemic, with children presenting profound difficulties in attention, listening, and emotional regulation. One practitioner observed, “Their attention and listening is absolutely on the floor. It’s dreadful, absolutely dreadful”.

Parental engagement emerged as a critical factor. While practitioners noted that many parents are responsive, they reported feeling that others remain disengaged, limiting progress. Practitioners felt that the effects of this disengagement on their children’s SLCN is often compounded by socioeconomic challenges and digital exclusion. Particularly during the pandemic some families were without access to remote interventions (for example, online SLT). One teacher also felt that parents fail to recognise or act on communication delays, commenting, “They just seem to respond with, ‘Oh, they’ll do it when they’re ready’”. This may indicate an additional factor in referral delays and delays in access to interventions.

One SLT felt teachers often lack the embedded understanding of SLC needs, “they still see us as the specialist, and they still see us with the magic wand—and we don’t have either. They don’t understand [the reason why] we are not seeing them [children] is because there isn’t evidence to suggest we should”. One teacher also echoed this point, commenting on the

limited collaboration between speech therapists, educational psychologists, and neurodevelopmental teams, “It’s very, all working in isolation, rather than just one big team”.

Both school practitioners who participated in interviews highlighted concerns around child development and wellbeing and the barriers this presents, commenting “children [are] entering reception unable to regulate emotions or follow basic instructions”.

The school practitioners noted that aggression, defiance, and emotional dysregulation are common amongst children, especially among children unable to express themselves verbally. One teacher stated, “To get another child’s attention, they’ve just gone like that—just hit—and that’s instead of saying their name”.

6. Conclusions

The research identified a variety of SLCN and wellbeing behaviours presenting in children who were babies and toddlers at the start of the pandemic and are now in early primary education (aged 5 to 8 years old). Common SLC concerns included those surrounding listening and turn-taking, language and sentence structure. Additional challenges such as hearing difficulties associated with conditions like glue ear, pronunciation concerns, and social anxiety, including selective mutism, were also reported. Observed wellbeing behaviours included tantrums, school anxiety, social withdrawal, and difficulties forming friendships.

Practitioners widely considered the COVID-19 pandemic to have significantly impacted the SLCN and wellbeing of children in this cohort. The pandemic's social restrictions and increased screen time were felt to have contributed to various SLC challenges, particularly in turn-taking and listening skills. Changes in parental engagement were also noted by practitioners as a contributing factor.

Both parents and practitioners observed regular incidences of behaviours such as tantrums, school refusal, and anxiety, which may reflect poor wellbeing. Practitioners commonly attributed these behaviours in children to sudden lifestyle changes during the pandemic and parents feeling overwhelmed or challenged by their own mental health and wellbeing. Parents were less sure of the relationship between the pandemic and the described behaviours but were more certain that the behaviours were a reflection of their child’s communication needs.

Barriers faced by parents in accessing services included long waiting times, difficulties navigating the system, and limited in-school services. Practitioners highlighted staffing shortages, time constraints, funding issues, and parental engagement as major challenges. Those respondents in the education workforce were more likely than SLTs to report inadequate training provision as well as the recruitment and retention of staff as challenges to the delivery of services.

These conclusions reinforce concerns that early developmental disruptions during lockdowns have had lasting effects on children's communication abilities. Additionally, they underscore the need for targeted interventions and policy measures to address the increased SLCN and wellbeing challenges in young children, particularly in the post-pandemic context.

7. Future considerations

There is strong evidence that COVID-19 has had a significant impact on the SLCN and wellbeing of children who were babies and toddlers at the start of the pandemic and are now aged 5 to 8. The increase in SLCN and resulting wellbeing behaviours highlight a need for improved support. Addressing these concerns requires a coordinated and integrated effort between the Welsh Government, educators and health professionals to ensure early identification, intervention and sustained support for affected children. A well-resourced and structured approach is essential to ensure that children receive the support they need to develop SLC skills and to promote their wellbeing, both within educational settings and through healthcare services. The following notions are provided for future consideration.

Welsh Government should identify and promote the use of specific interventions that are effective in addressing the SLCN and wellbeing challenges that have increased since the COVID-19 pandemic began. This could include strategies to promote peer interaction, turn-taking and support children in developing friendships.

Schools, Local Authorities and Local Health Boards should encourage and facilitate greater parental engagement in their children's SLC development. This could involve providing parents with resources and strategies to support their children's communication skills at home and strengthening existing relationships between parents and educational or health settings.

The Welsh Government should consider how teachers and education staff can be further equipped to identify SLCN early in learners.

While a range of professional learning resources were identified in the literature review, many teachers felt resources were insufficient to support children's SLCN. It may therefore be beneficial for the Welsh Government and Local Authorities to more actively promote existing resources—for example, those focused on play-based learning—available to the school workforce via Hwb Enabling learning - Hwb and View - Hwb.

Prosiect Pengwin focuses on early developmental stages at 15, 27, and 42 months, Welsh Government is recommended to determine whether effective mechanisms and tools exist for identifying SLCN in children of primary school age.

Welsh Government, Local Health Boards, Local Authorities and schools could work together to further explore the role of digital engagement in language development. They should

consider both the risks of excessive screen time as a displacement to conversation and the potential benefits of technology-based learning tools.

Partnership working between Welsh Government and Local Authorities to identify and disseminate examples of good practice in addressing SLCN and wellbeing in children could be encouraged. This could involve sharing successful strategies and interventions that have been implemented in other schools or regions.

Annex A: Survey engagement/dissemination plan for practitioner and parent/carer survey

Network	Organisation	Dissemination activity
CIEREI, School of Education	Caban network of schools Social media platforms (i.e., Facebook, X)	Emailed study invitation containing practitioners and parent/carers surveys
University of South Wales (USW)	Early Years services in Newport; Early Years at USW; Education consultants; Higher Level Teaching Assistants (HLTAs); Practitioners at USW onsite clinic; Welsh Education Psychology colleagues	Emailed study invitation containing practitioners and parent/carers surveys
Welsh Government	Dysg platform[1] Hwb platform[2] ALN Bulletin[3] Social media platforms (i.e., Facebook, X)	Study invitation containing practitioners and parent/carers surveys
North Wales regional school improvement service (GwE)	GwE Bulletin	Study invitation containing practitioners and parent/carers surveys
SAG	Parentkind	Emailed study invitation containing practitioners and parent/carers surveys

[1] Dysg is the official education e-newsletter from Welsh Government. Dysg aims to provide updates and developments on education and training sectors in Wales.
[2] Welsh Government provides bilingual, digital services to all maintained schools through Hwb to support teaching and learning through the Curriculum for Wales.
[3] Newsletter to ALN practitioners

SAG	NHS, Cardiff and Vale University Health Board – Speech and Language Therapy	Emailed practitioner survey
SAG	Early Years ALN Lead Officer, Powys council	Emailed study invitation containing practitioners and parent/carers surveys
SAG	Learning Advisor, Speech, Language and Communication Flintshire council	Emailed study invitation containing practitioners and parent/carers surveys