

Sue Webber MSP  
Convener  
Education, Children and Young People Committee

By email: [ecyp.committee@parliament.scot](mailto:ecyp.committee@parliament.scot)

10 February 2023

Dear Convener,

**Supporting the communication needs of children and young people**

I write to you in my role as Head of the Royal College for Speech and Language Therapists (RCSLT) in Scotland to share with you some of our recent work which may be of interest to the Education, Children and Young People Committee. Members can find further information in our briefing on meeting the communication needs of children and young people.

**Scotland's spoken language crisis**

Members of the Education, Children and Young People Committee may have noted research published at the beginning of this year pointing to a significant increase in communication needs in children since the start of the pandemic. A [survey](#) of early years practitioners conducted by RCSLT Scotland in partnership with Early Years Scotland found 89% of respondents signalled that they had seen an increase or a significant increase in the number and complexity of children with communication needs. Further, [research](#) conducted by Public Health Scotland found that there has been a sharp increase in speech developmental concerns recorded by health visitors compared to pre-pandemic, with the greatest increase recorded at two years old – a crucial milestone in speech and language development. This data reflects feedback of increased demand for speech and language therapy we've received from our members on the ground.

Now more than ever is the time to invest in children's speech and language development. Public Health Scotland's recommendation paper puts forward a range of ways this can be achieved through a whole system approach, including developing a national delivery plan for meeting the communication needs of children and young people, providing parents and educators with the right tools to identify speech and language difficulties and putting in place an ongoing workforce strategy to ensure there are enough speech and language therapists in Scotland to meet the higher demand for expert support.

## **The role of speech and language therapy in education**

Despite commonly held preconceptions, education actually plays a role equal to health in children's speech and language development. Having good spoken language is central to children's literacy and numeracy skills and their academic attainment. Children at the age of 5 with poor spoken language are six times less likely to reach the expected standards in reading and writing at the age of 11.

Unlike some other specialities, speech and language therapy benefits a broad range of children. Around 7% of all children starting school have a specific speech and language impairment and a further 1.8% have speech, language and communication needs linked to other conditions, such as learning disability, cerebral palsy and autism spectrum disorders. Approximately 50% of children and young people living in socioeconomically deprived communities start primary school with under-developed speech, language and communication skills. In Scotland, it's estimated that 275,000 children and young people have a predicted speech, language or communication need. We think this figure is even bigger now with the evidence we have of increased needs reported since the start of the pandemic.

Speech and language therapists (SLTs) know from years of experience and research that the best way to support spoken language development is in the child's learning environment (early years settings, mainstream and special schools). SLTs work in partnership with education settings to identify and provide support to children who require individual therapy as well as develop universal and targeted approaches that education professionals can use to promote good communication in these settings. It's the visibility of SLTs in schools and the regular interaction they have with teaching staff that is key to creating a successful support system for children's speech, language and communication and their future academic achievement.

## **Funding for children's speech and language therapy**

Children's speech and language therapy services have long been challenged by a complex funding model – unique to our profession - that has significant vulnerabilities. SLTs are generally employed by the local health board, and most health boards have service level agreements (SLAs) with counterpart local authorities to provide speech and language therapy for children and young people in their areas. With increased pressure on local authority budgets, it is growing more difficult to run a sustainable service that meets demand, as SLAs for speech and language therapy can be reduced or cut on an annual basis. If core funding has decreased, some services try to fill gaps with support from national education funding streams, however, this funding is often time or geographically limited (e.g. Pupil Equity Funding and Scottish Attainment Challenge/Strategic Equity Funding). Services that rely on short-term funding have found it almost impossible to retain and recruit SLTs on fixed term contracts.

Unfortunately, we are this year seeing dramatic cuts proposed to funding for children's services in local budgets, including in [Edinburgh](#). We fear this trend will lead to the degradation of speech and language support for children and young people, as slimmed down services will be overwhelmed with requests for assistance and the most vulnerable children will fall through the cracks and miss out on crucial early intervention. The current funding model for children's speech and language therapy needs review to ensure all children in Scotland have the best chance at educational attainment.

### **Supply of speech and language therapists**

There are not enough speech and language therapists being trained in Scotland to meet demand. A survey of our members last year found that there is a 10% gap in the SLT workforce, and current feedback on the struggle to recruit across all areas suggests this gap has remained or widened. This lack of supply leaves certain services crippled. If funding has been reduced allowing for only skeleton staffing to cover areas with a high level of need, recruitment to fill vacancies is incredibly difficult. This leads to detrimental impact on services, including long waiting lists, through no fault of the SLTs in post. There are currently two universities training SLTs in Scotland, and undergraduate places are limited. We have contributed constructively to the Scottish Government's Allied Health Professions Education and Workforce Policy Review which is due to report soon, but we do think the profession's unique position sitting across health and education requires looking at how the workforce can meet need in both areas.

I hope you and the committee will find this information useful. I would be happy to provide further details on any aspects of this to the committee, or as it may relate to your ongoing work.

Yours sincerely,

Glenn Carter  
Head of RCSLT Scotland