

## 9. Impact of COVID-19 on additional support for learning

The Royal College of Speech and Language Therapists (RCSLT Scotland) welcomes the opportunity to respond to the Committee's consultation on Additional Support for Learning. We have seen a marked increase in children presenting with speech, language or communication needs since the start of the pandemic, and demand remains high for speech and language therapy even now, over three years on. The impact of COVID-19 continues to be felt by our profession and based on the research and data we have gathered, we believe there are clear systemic interventions required to ensure Scotland's children and young people have the additional support they need for a successful education and future life chances.

### Context

Speech, language and communication is foundational to attachment, relationships, mental health, learning, equality and human rights. Without the right support from speech and language therapy services, children's educational success hangs in the balance.

The importance of addressing children's communication needs is demonstrated in five key areas:

#### **Wellbeing**

Good communication is a protective factor against mental health problems. 81% of children with emotional and behavioural disorders have significant language difficulties, often unidentified (1).

#### **Attainment**

Good spoken language skills are a foundation for learning (2). Early language emerges as the most important factor in influencing literacy levels at age eleven – more important than behaviour, peer relationships, emotional wellbeing, positive social interaction and attention (3).

#### **Behaviour**

A recent EIS survey on pupil behaviour highlighted that 'violence and aggression' in schools has grown significantly in the last four years compared with pre pandemic levels (4). This is having a direct impact on staff anxiety and depression as well as disrupting teaching and learning. This important data should be considered in relation to the increased prevalence of communication needs.

Challenging behaviour is a form of communication and when children's ability to connect is disrupted, they become distressed, and this can lead to low mood and/or disruptive behaviour. Communication difficulties are strongly associated with behavioural problems, with studies observing consistently higher levels of disruptive behaviour amongst people identified with communication needs (5,6). Teachers have highlighted the benefit of preventative approaches and support from agencies such as speech and language therapists but expressed a concern about the delays in accessing this support. Speech and language therapists are experts in supporting children with additional support needs to find ways to communicate their need, desires and wants constructively. We know that by improving children's communication we can support them to understand the world around them, express their needs and wants, regulate their emotions (7) and have positive social interactions.

## **Employability**

88% of employers rank spoken communication as the top entry level skill they need in the workforce (8). In one study 88% of long term unemployed young men were found to have a speech, language or communication need (9).

## **Poverty**

Language skills are critical in the intergenerational cycle that perpetuates poverty. Approximately **50%** of children and young people living in socioeconomically deprived communities start primary school with under-developed speech, language and communication skills (10). A study of a group of children who experienced deprivation showed that the level of vocabulary they present with at the age of 5, was shown to be the best predictor as to whether they might escape poverty in later life (11).

### Level of need in Scotland

There are several recent pieces of work that clearly outline the challenge Scotland faces in addressing the speech, language and communication needs of children and young people.

#### *Equity for All*

Equity for All (12) mapped the communication needs of children and young people in Scotland and found that;

- Approximately 275,000 children and young people in Scotland have a predicted speech, language or communication need (SLCN). This is one in four children in Scotland.
- Areas with the highest level of need have the lowest workforce ratio to need.
- There are a significant number of services where the resource simply is inadequate to meet the considerable needs of the population served.

#### *Public Health Scotland*

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 (13).

#### *Early Years Scotland*

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 numbers and complexity of children with communication needs (14). 61% reported low levels of confidence in supporting these needs.

### Meeting children's speech, language and communication needs

## **Speech and Language Therapy services**

Many services are reporting that they are in crisis due to the significant increase in demand since the start of the pandemic, high vacancy rates, reduction in funding and recruitment issues.

### *Lack of access during the pandemic*

- From the first lockdown in March 2020, many children's speech and language therapists were redeployed within the NHS and services for children and young people were paused. In-person, face-to-face therapy was significantly reduced. Services were able to provide some therapy virtually and most continued to offer a telephone helpline for parents to give tips and advice remotely while waiting for the opportunity to offer therapy when safe to do so.
- Over the course of the pandemic, when there were various levels of reopening schools, many speech and language therapists (SLTs) faced restricted access to educational placements. This was variable across Scotland and often dependent on existing relationships between the speech and language therapy service and school/local authority; Where SLTs were seen as a core member of the team, they were allowed access.

The pause in services due to lockdowns combined with the patchy access to educational settings to work with children during the pandemic created the conditions for SLT services to be overwhelmed with existing and new demand arising from the impact of the pandemic.

### *Waiting times*

The clearest indicator of the impact of the pandemic on meeting the communication needs of children and young people has been the increased waiting times for speech and language therapy.

Recent FOI data highlights the key challenges in waiting times for speech and language therapy in Scotland. A snapshot from May 2023 showed:

- 6503 children waiting for speech and language therapy in Scotland
- The average longest wait for initial contact is 1 year 1 month
- The average longest wait for individualised therapy – 1 year 5 months
- The longest wait for initial contact in Scotland is almost four years (3 years 8 months)

This wait has worsened over the last five years:

- The average longest wait for initial contact has increased in the last five years by 7.6 months
- The average longest wait for individualised therapy has increased in the last five years by 10.2 months

It's important to note the impact of these waiting times on children. What may seem an inconveniently long wait for an adult can have lifelong implications for a child in a crucial speech and language development window. SLT services in Scotland are constantly innovating their service delivery in an effort to offer support to families as early as possible, but this isn't always possible if there is not enough capacity or resource to do so.

### *Vacancy rates for speech and language therapy*

In surveying our members, we have noted a significant increase in demand for speech and language therapy services at the same time as increasing difficulty to fill vacancies in these services.

- Where services have integrated themselves into Education, they report a significant increase in demand due to improved identification of unmet communication needs.

- An RCSLT Scotland survey in April 2022 showed there were 967 Whole Time Equivalent (WTE) speech and language therapists working in the public sector in Scotland, yet there were 123 WTE vacancies. This equates to a gap of 10% of the SLT workforce.
- Scotland figures from a UK-wide survey in September 2023 showed the vacancy rate increasing to 11.6%. Nearly half (49.5%) of respondents reported that recruitment was 'more' or 'much more' challenging in the last 6 months.

These consistently high vacancy rates point to the current gaps in the workforce which urgently need addressed to ensure children with communication needs get the support they need. However, it should be noted that vacancy rates only reflect the existing services with their current resource. They are becoming a less reliable indicator of the challenges faced by the profession as funding cuts to speech and language therapy services become more prevalent, meaning overall SLT posts (and vacancies) decrease despite the increased level of need.

#### *Funding for speech and language therapy services*

The current model for funding speech and language therapy working with children and young people is complex, vulnerable to cuts and unlike any other comparable service in Scotland.

- Core funding for these services draw from health board and local authority education budgets.
- Often, funding is only agreed on a short-term basis, making it difficult to retain and recruit temporary SLT posts, or alternatively, services struggling to meet local need with fewer SLTs on staff.

It is our belief that children's speech and language therapy should be jointly funded given how relevant the profession's work is to delivering on health and education outcomes.

- This requires joint responsibility and accountability.
- We are working with key partners including ADES, Scottish Directors of AHPs, COSLA and the speech and language therapy profession to develop a partnership funding agreement based on principles for transformational change.

According to recent FOI data, there is an overall downward trend in average funding from local authorities over the last 5 years.

- Some of this could be explained by withdrawal of national funding streams that were previously contributed toward SLT services.  
With increasing pressure on local authority budgets, it is growing more difficult to run a sustainable service that meets demand, as service level agreements for speech and language therapy can be reduced or cut on an annual basis.

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

Despite high vacancy rates and a growing level of need across Scotland, there are still only two universities in Scotland training speech and language therapists.

- Strathclyde University offers a 4 year undergraduate course and Queen Margaret University offers a 4 year undergraduate and 2 year postgraduate course in speech and language therapy.

Recent FOI data shows a decrease in students enrolled in speech and language therapy compared with peak years.

- The number enrolled in the first year of a SLT course has reduced from 94 in 2017/18 to 76 in 2022/23. This is a reduction of 19%
- This is despite a high number of applicants for first year places each year.

We believe we need to train more speech and language therapists in Scotland, to fill already high vacancies in SLT services and address the higher level of need we are seeing compared to 5 years ago.

It's important to consider the demographics of the SLT workforce in ensuring that it is adequately resourced.

- A growing number of SLT students are mature students, coming to the profession later in life. Offering more flexible study options than are currently available in Scotland, such as apprenticeships, would make the profession more accessible to these students.
- Scottish SLT graduates tend to stay and practice in Scotland. Ensuring a geographical spread in where students can train would help local services across the country maintain safe staffing levels.
- We are hearing that applicants for SLT posts in many areas of Scotland tend to request part-time or job share roles. Therefore, services need to employ a higher number of speech and language therapists to fill the WTE vacancies. This should be considered when determining the number of SLTs needed in Scotland's workforce.

#### Role of local authorities and schools in meeting children's communication needs

Our members are telling us that local authorities and NHS services are struggling to meet the significant increase in communication needs since the start of the pandemic.

Teachers are reporting increasing numbers of children coming to P1 with inadequate spoken language skills for learning and higher levels of disruptive behaviour. Schools are keen to receive support from a speech and language therapist, but high vacancy rates in underfunded SLT services mean small teams aren't able to provide as much in person support as they would like.

The services that appear to be managing the need most effectively are:

a) taking a whole system approach to service delivery

and

b) have a threshold of resource to meet the need.

#### **Whole system approach**

RCSLT Scotland believes a whole system transformation change is required to address the additional support and communication needs of children and young people. Following a child-centred approach, schools and SLT services should work together and meet the needs of children in their educational settings and communities. A number of SLT services across Scotland already work in this way, by first understanding the population they serve and planning services accordingly.

We need to get to a point where all schools embed good communication practices through their activities and curriculum. This requires good working relationships with speech and language therapy, where a speech and language therapist is present in the school, gets to know the children, teachers and staff, and can impact change at the universal, targeted and individual level. This would be beneficial to children with additional support needs, as the SLT wouldn't be seen as a specialist sent in to fix them but as another member of the educational environment that can give them the level of support they need.

## Resource

The challenge for children's SLT services is the precarious position they are in, straddling health and education funding streams. In many areas, children's SLT services rely on funding through service level agreements with local authorities to provide support to children with communication needs in schools, however we've seen in recent years that this vital funding can be reduced or withdrawn by local authorities. Withdrawing this funding results in children needing to attend NHS clinics for therapy which disadvantages children living in poverty and also severs the vital partnership working that is required to improve the wellbeing, attainment, behaviour and future life chances of children and young people. Having speech and language therapists embedded in schools, with a strong working relationship with education professionals, is fundamental to improving the lives of children and young people with additional support needs. It's critical that we find a long-term solution to this funding problem, and transformation to the system as a whole.

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