

Transforming support for children and young people with communication needs in Scotland: A partnership approach



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EXECUTIVE SUMMARY

This paper presents a shared vision and set of practical recommendations for improving how services across Scotland support children with speech, language and communication needs (SLCN). It has been developed through a collaborative round table co-chaired by the Association of Directors of Education in Scotland (ADES) and the Royal College of Speech and Language Therapists (RCSLT), and includes input from the Convention of Scottish Local Authorities (COSLA), the Scottish Directors of Allied Health Professions (SDAHP), and the Scottish Children's Speech and Language Therapy Leads Network.

WHY THIS MATTERS

There is a clear and growing need. More children in Scotland are presenting with communication needs, particularly in the early years. These needs are linked to a wide range of outcomes, from learning and wellbeing to employment and justice involvement. Supporting children's communication development is fundamental to achieving inclusion, equity and human rights.

THE CHALLENGE

Local services are under pressure. Some variability in provision should be expected, given the wide range of needs across the country, however there are significant complexities across Scotland regarding service models, funding agreements and levels of integration. Strengthening collaboration offers an opportunity to build on local strengths, share learning and work together to improve outcomes for all children.

OUR SHARED RESPONSE

This paper sets out two connected aims:

1. To identify principles for transforming services for children and young people with communication needs in Scotland.
2. To develop principles for sustainable partnership resource agreements between health and education that can support this transformation.

The group identified six key principles for transformation:

1. **Prevention** – focus on early intervention and reducing harm
2. **Outcome focus** – shared accountability for what matters to children
3. **Integrated practice** – enabling teams to work across organisational boundaries
4. **Sustainable funding** – aligning investment with need and long-term planning
5. **True collaboration** – building trust through transparency and joint decision-making
6. **The best service for the most in need** – ensuring support reaches the most vulnerable

WHAT'S INCLUDED IN THE PAPER

- A summary of the national policy context
- Six principles for transformation of services to meet the needs of children and young people
- Six principles for developing sustainable partnership resource agreements
- Practical case studies from South Ayrshire, Angus and Forth Valley
- Recommendations to support transformation through local planning and commissioning

WHAT HAPPENS NEXT

This paper is offered as a foundation for wider dialogue, shared learning and practical action. It supports the work of those leading local children's services to improve outcomes for children with communication needs by strengthening how we work together and how we invest.





The number of children in Scotland with speech, language and communication needs (SLCN) is increasing, with services across the country reporting both rising demand and greater complexity. These needs are strongly associated with poorer outcomes in wellbeing, learning, behaviour and life chances.

Addressing this challenge requires effective and sustained partnership working, particularly between health, local authorities, and the third sector and more specifically between speech and language therapy and education services. Some variability in provision should be expected, given the wide range of needs across the country, however there are significant complexities across Scotland regarding service models, funding agreements and levels of integration. Strengthening collaboration offers an opportunity to build on local strengths, share learning and work together to improve outcomes for all children.

In response, a group co-chaired by representatives from the Association of Directors of Education in Scotland (ADES), and the Royal College of Speech and Language Therapists (RCSLT) was convened to explore the challenges and opportunities in supporting children with SLCN through strengthened partnership working. The group includes representatives from the ADES, the Convention of Scottish Local Authorities (COSLA), Scottish Directors of Allied Health Professions (SDAHP), Scottish Children's Speech and Language Therapy Leads Network and the RCSLT.

The key objectives of the group were:

- 1** To identify principles for transforming services for children and young people with communication needs in Scotland.
- 2** To develop principles for sustainable partnership resource agreements between health and education that can support this transformation.

This paper presents the group's findings and recommendations and shares key principles for enabling more effective and sustainable partnership working to improve outcomes for children with communication needs.



This work is underpinned by key Scottish policy frameworks that promote collaboration, prevention, and children’s rights.

Getting it Right for Every Child (GIRFEC)¹ sets the national approach to supporting children and young people, emphasising early intervention, shared responsibility and coordinated support across services. The Christie Commission² called for a shift in public services towards prevention and partnership working. Addressing children’s communication needs early is a clear example of this principle in action, with potential to reduce harm and improve long-term outcomes.

This work is built upon Ready to Act (2016)³ which sparked a transformational shift for how Allied Health Professionals (AHPs) work with children and young people. It promoted a greater focus on early intervention, prevention and enabling approaches and outlined five key ambitions: participation, early intervention, partnerships, access and leadership.

This paper supports the Scottish Government’s vision of a Scotland where people live longer, healthier and fulfilling lives. It is particularly relevant to recent health and social care reform work which highlights the need for services to shift their focus to identify risk early, work with partners in the community and those individuals to understand and meet their needs. Future service delivery needs to be relational, preventative and place based.

Scotland’s commitment to the UN Convention on the Rights of the Child (UNCRC)⁴, now incorporated into Scots law, reinforces the right of all children to express themselves, be heard and access the support they need to communicate. The Giving Voice to All of Scotland’s Children report⁵ asserts communication as a fundamental right and emphasises the critical role Speech and language therapists (SLTs) have in protecting and fulfilling the rights of children. This work also contributes to delivering The Promise⁶, particularly in supporting care-experienced children to build strong relationships and have their voices heard.

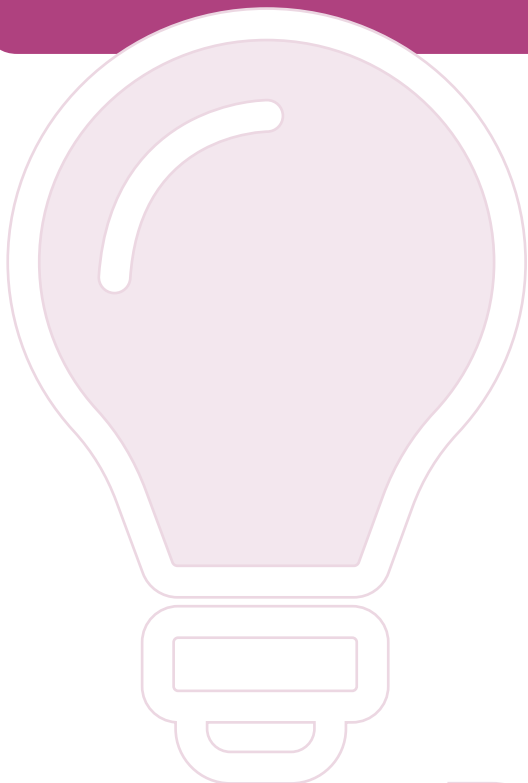
In education, this paper aligns with the National Improvement Framework (NIF)⁷ and the Additional Support for Learning (ASL) Action Plan⁸, both of which highlight the need for earlier identification and better support for children with additional needs, including those related to speech, language and communication.

VISION

WHAT IS OUR VISION FOR CHILDREN AND YOUNG PEOPLE WITH COMMUNICATION NEEDS?

Partners in this round table share a collective ambition to ensure that children with communication needs are fully supported to reach their potential, in alignment with Scotland's national priorities for children and young people.

- We support the Scottish Government's commitment to ensuring that all children grow up loved, safe, and respected, with the opportunity to reach their full potential. For children with communication needs, this means having their rights recognised, respected, and upheld, with equitable access to the support and opportunities they need to thrive.
- We want every child with communication needs to grow up in supportive, nurturing environments, where early intervention, prevention, and enablement are central, and where they can access the right support at the right time through universal, targeted, and specialist provision³.
- Our shared goal is to ensure that children with communication needs experience the same opportunities, inclusion, and positive outcomes as their peers, across early years, education, and into adulthood. We are committed to getting it right for every child, ensuring they are Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, and Included (SHANARRI).
- We believe that every child should have hope for both their present and future, knowing they are valued and supported in developing the skills they need to communicate, connect, and participate fully in their world.



**SAFE
HEALTHY
ACHIEVING
NURTURED
ACTIVE
RESPECTED
RESPONSIBLE
INCLUDED**

WHAT ARE THE BARRIERS TO ACHIEVING THIS VISION?

There are several challenges that need to be overcome to achieve this vision.

INCREASED NEED

Since the pandemic we have seen a significant increase in the communication needs of the population.

- The Equity for All report⁹ published in 2022 on children's speech and language therapy services in Scotland demonstrated that there are approximately 275,000 children and young people in Scotland with a predicted speech, language and communication need. In areas of the highest need there was the lowest level of speech and language therapy resource.
- Public Health Scotland recently published a series of reports¹⁰ highlighting the significant increase in communication needs following the pandemic, particularly with the 27-to-30-month age group. Some practitioners are concerned that this data does not fully represent the problem because it is based on parental reporting. Communication needs are the number one concern of health visitors.
- A recent survey¹¹ of staff working in nurseries 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.
- 10% of children and young people present with specific and often persistent speech, language and communication needs. That is two to three children in every class.

Speech and language therapy services have reported significant increase in demand.

CHALLENGES IN FUNDING AND SPEECH AND LANGUAGE THERAPY SERVICE SUSTAINABILITY

Funding models for children's speech and language therapy services are complex (see appendix 1) and many services are experiencing reductions in resource.

- Local authorities and health boards are under significant financial pressure. These pressures are leading to a review of spend across all areas of service delivery. Savings applied to Allied Health Professions (AHP) arrangements lead to a high level of uncertainty for speech and language therapy services given the non-recurring nature of the funding agreements. The current funding landscape presents challenges for long-term planning and service transformation, and in some areas, pressures on resources have impacted collaborative working.
- Speech and language therapy operates across the boundaries of health and education, which can present challenges for commissioning, planning and accountability. Speech and language therapy has received funding from education since the early 1980s, recognising the central importance of improving children's communication to facilitate inclusion, learning and wellbeing.
- A significant proportion of funding for speech and language therapy is short-term, with many service level agreements lacking built-in notice periods. This creates uncertainty for long-term service planning and workforce stability. As SLTs are employed within the health service but often funded in part by education, health boards bear financial risk when funding reductions occur. Increasing financial pressures across sectors make it more challenging to sustain consistent service agreements, raising concerns about the long-term stability of speech and language therapy provision. Without more predictable funding models, there is a risk of services becoming fragmented as organisations focus on their own immediate financial pressures.

- Speech and language therapy can often rely on short-term funding e.g., from attainment challenge, pupil equity fund and service level agreements.
- Equity for all⁹, a report commissioned by the Scottish Government, noted the variability across Scotland:
 - 'There is a clear inequity in how services are resourced relative to predicted need.'
 - 'There are clearly a significant number of services where the resource simply is inadequate to meet the considerable needs of the population served.'

CAPACITY PRESSURES

Scotland's speech and language therapy workforce growth has been slower than its UK neighbours in both the training of SLTs and the overall number of professionals.

- Over the past 6 years, the number of SLTs in Scotland has increased by 4%, compared with an average of 22% in the rest of the UK.¹²
- As of 1 June 2025, there are 1,362 SLTs in Scotland registered with HCPC. This represents an increase of 4% over 6 years, with 1,306 registered in June 2019.¹²
- Using the most recent ONS population estimates (from mid-2023), there is currently 1 SLT per 4,031 people in Scotland compared to 1 SLT per 3,485 people in the rest of the UK.
- The number of SLTs trained in Scotland has not increased in line with demand. Demand for services across the UK has almost doubled¹³ in recent years, however the number of SLTs trained in Scotland has gone up by less than 1% in the last five years. This figure is reduced further because one third of this workforce will work in the adult sector.
- There are only two HEIs who train SLTs in Scotland, neither of which is situated in the north of Scotland.
- The fixed term nature of contracts means that services find it difficult to provide a stable, secure and attractive career opportunities.
- Given the low supply and vulnerable funding for speech and language therapy, there is a high risk that Scotland's SLT capacity will not keep pace with increasing demand or match workforce expansion seen in other UK nations.

OVER THE PAST

6 YEARS THE NUMBER OF SLTs

IN SCOTLAND
HAS INCREASED
BY

4%

COMPARED
WITH AN
AVERAGE OF

22%

IN THE **REST OF THE UK**

WAITING TIMES

Due to the increased demand, reduced resource, vacancies and the low supply of SLTs the waiting time for speech and language therapy has significantly increased over the last five years. FOI data has revealed the following trends across the whole of Scotland.

In May 2023 there were 6503 children waiting. 3473 (53%) are waiting more than 18 weeks.¹⁴

In May 2024 there were 6727 children waiting. 3565 (53%) are waiting more than 18 weeks.¹⁵

Waiting time for initial contact with speech and language therapy

- The longest wait for initial contact varied across health boards: from as little as 5 weeks in one board to over 3 years in another
- The longest wait was over 6 months for 50% of health boards¹⁵

THE LONGEST WAIT WAS OVER
6 MONTHS **+** **50%** FOR HEALTH BOARDS

In May 2023¹⁴, a detailed analysis of waiting times was conducted, revealing a significant increase in waiting times over the last five years.

Waiting time for individualised therapy with speech and language therapy

- The average longest wait for initial contact is 1 year 1 month
- The average longest wait has increased by 33 weeks (7.59 months) in the last five years

AVERAGE LONGEST WAIT IS
1 YEAR **+** **1** MONTH

Waiting time for individualised therapy with speech and language therapy

- The average longest wait for individualised therapy was 1 year and 5 months
- The average longest wait for individualised therapy has increased by 44 weeks (10.12 months) in the last five years

AVERAGE LONGEST WAIT INCREASED BY
44 WEEKS
IN THE LAST
5 YEARS

COMPETING DEMANDS

SLTs work in a complex system with a range of competing demands. Universal services are held in tension with significant waiting times and complex or chronic needs. There is a 'perverse incentive' to focus on waiting times that risks drawing us towards a more medical model which fails to engage in critical early intervention and prevention and therefore doesn't provide sustainable long-term support.

RELATIONSHIPS

Strong relationships between health, education, and other partners are essential for improving outcomes for children with communication needs. Effective collaboration is built on trust, shared responsibility, and joint accountability.

In some areas, pressures on services have made it more challenging to maintain a collaborative approach, with a growing focus on measuring inputs rather than outcomes. However, where strong partnerships exist, they are characterised by high levels of trust, joint responsibility, accountability, shared decision-making and a commitment to improving outcomes together.



**WELLBEING
ATTAINMENT
BEHAVIOUR
EMPLOYABILITY
POVERTY
OFFENDING
HUMAN RIGHTS**

Speech, language and communication are fundamental to children's development, influencing their wellbeing, learning, behaviour, and future opportunities. Difficulties in these areas are linked to a range of wider outcomes, including employability, poverty, involvement in the justice system, equalities, and the realisation of children's rights.

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.¹⁶ Children with vocabulary difficulties at the age of five are three times as likely to have mental health problems in adulthood.¹⁷

ATTAINMENT

Good spoken language skills are a foundation for learning.¹⁸ 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.¹⁹ Indeed, the most important factor in reaching the expected levels in English and Maths at aged seven was children's spoken language skills at age five. This was greater than the link to poverty or low levels of parental education.²⁰

BEHAVIOUR

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.^{21,22}



EMPLOYABILITY

88% of employers rank spoken communication as the top entry level skill they need in the workforce.²³ In one study 88% of long term unemployed young men were found to have a speech, language or communication need.²⁴

POVERTY

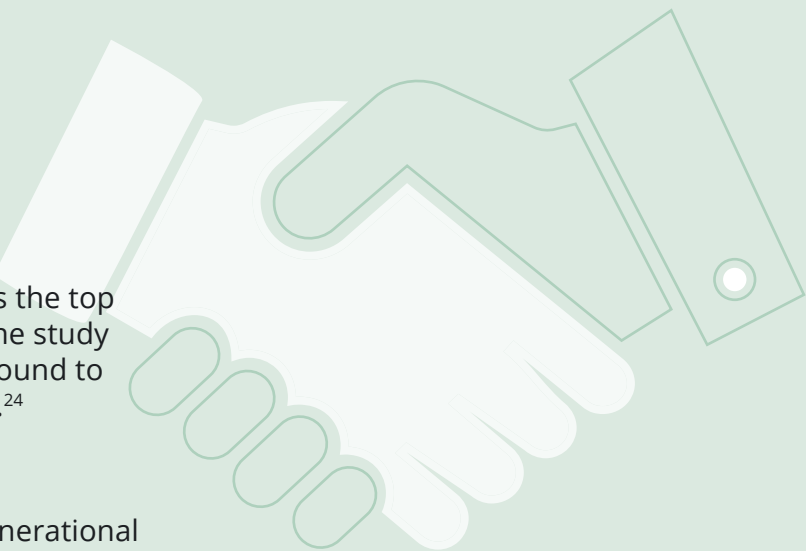
Language skills are critical addressing the intergenerational cycle that perpetuates poverty. Approximately 50% of children and young people living in socioeconomically deprived communities start primary school with under-developed speech, language and communication skills.²⁵ The negative impacts of poverty over time risks creating or entrenching intergenerational cycles that preserve poverty and reinforce national inequalities.²⁶ Children with poor vocabulary skills at age 5 were four times more likely to experience reading difficulties in adulthood, three times as likely to face mental health problems, and twice as likely to be unemployed when they reached adulthood. Factors that both contribute to and sustain poverty. By strengthening spoken language skills early in life, we can help break the intergenerational cycle of poverty and improve lifelong outcomes.²⁷

OFFENDING

At least 60% of young people who come into contact with the justice system have speech, language and communication needs.²⁸

HUMAN RIGHTS

Children's communication rights are specifically enshrined within Article 12 and 13 of the UNCRC, relating to freedom of opinion and expression and has recently been enshrined in Scot's Law. Considering the indivisible and interdependent nature of rights, children's communication, and the support for their communication development, is a human rights issue.⁵



WHAT CAN BE DONE?

INTRODUCTION

The round table maintained a solution focused approach to these challenges with the aim of:

- co-producing a vision for what good looks like and how we can transform services for children with communication needs.
- developing a consensus on the solutions to the challenges highlighted in the paper.
- co-producing principles for effective partnership resource agreements between health and education.

The group reviewed strategic recommendations from Equity for All⁹ and Public Health Scotland¹⁰. In principle, the group agreed with the content and recommendations highlighted in these documents.

WORK ALREADY UNDERWAY IN THE EARLY YEARS

The Scottish Government has a number of programmes that aim to support early language development in young children within the early years. This includes Play Talk Read²⁹ and Pathways Through Play (delivered by Smart Play Network), Bookbug³⁰ (delivered by the Scottish Book Trust), Parent Club³¹ (parental advice and guidance) and well recognised supports such as the Universal Health Visiting Pathway and Family Nurse Partnership.

The Scottish Government have also established an Early Child Development Programme to drive change to help ensure children get the best possible start in life, reducing levels of early developmental concerns and narrowing the poverty-related gap. The focus of this work is from pre-birth to three and, given the most frequently reported concern in relation to early child development is speech, language and communication, there is a recognised focus on the opportunities for improving early language and communication.

Additionally, the Scottish Government have supported the secondment of a team of SLTs for 23 months from October 2023 to August 2025. The National Early Language and Communication (NELC) team have a specific remit from pre-birth

to primary 1 transition and are dedicated to creating national and supporting local conditions to improve outcomes for early language and communication. They seek to integrate efforts and align strategies across strategic leaders in health, education, and the broader early years workforce.

This work is supported by a national theory of change which has been agreed by the National SLC Stakeholder Reference Group and the development of a National SLC Action Plan is currently underway.

LEADERSHIP COMPETENCIES

Facilitating transformational change in children's services requires leaders with the competencies to work across boundaries, create the conditions for change, and take collective action to improve outcomes.³² Strong leadership is essential for building a shared vision, fostering inclusive collaboration,³³ and challenging the systems and structures that perpetuate inequality.³⁴ Competencies such as relational leadership, strategic thinking, and the ability to influence beyond organisational silos are critical for addressing the complex and interconnected challenges facing children and families.³⁵ Embedding these leadership approaches across sectors is fundamental to delivering meaningful, sustainable change, particularly for families living in poverty.³⁶ Recommendations from Equity for All⁹ and Public Health Scotland¹⁰, emphasise the importance of developing leadership capabilities that support whole-system change, integrated working, and action within complex environments.³⁷



PRINCIPLES FOR FACILITATING TRANSFORMATION

The group identified six key principles for transformation.

Prevention

- Our approach to improving outcomes should shift away from 'crisis interventions' to early intervention and prevention.
- The system should seek to 'spend to save' and ensure we are preventing harm as early as possible.
- Prevention should be a key focus in how we address communication needs in Scotland.

Outcome focus

- Local services must stay focused on what will improve outcomes for the people we serve. Together we should answer the question 'What do children with communication needs require in order to be SHANARRI?' Once we know the answer to that question, we can pool funding and resources from health and education to deliver on the answer.
- We should have a way to jointly measure outcomes and impact for children with communication needs.
- There should be joint accountability for improving outcomes for children with communication needs.

Integrated practice

- Integrated practice is key to improving outcomes for children with communication needs. There is a difference between 'integrated systems' and 'integrated practice.' The change does not necessarily require an integrated system which can bring with it very complex governance, structural and financial challenges.
- To deliver integrated practice, local services require strong leadership, an ability to work across boundaries and the capacity to build trust.
- For many children it is not possible to improve their outcomes as a single agency. Complex challenges need to be addressed across agency and profession.

Sustainable funding

- Funding should be inextricably linked to improving outcomes for children. We should work together to identify what children need first and then pool resources across health and education.
- There is an opportunity to review and improve current funding models to ensure long-term sustainability of services supporting children's communication needs.
- The group does not believe pulling all funding into health or education is the answer.
- Speech and language therapy should be jointly funded across health, education and where appropriate the third sector. This reflects the relevance and fundamental impact that communication skills play in the health, wellbeing, learning and future life outcomes of children and young people.
- Transformation occurs when parties jointly own the problem, develop solutions together and uses their resources to improve children's outcomes.
- There are significant opportunities for improvement through harnessing the power of the community planning partnerships and local children service plans. This type of work links closely with the purpose of children service's planning through valuing preventative approaches and promoting child wellbeing.
- Ensuring sufficient capacity within speech and language therapy services will support transformation in the system.

True collaboration

- We acknowledge that improving outcomes for children with communication needs cannot be delivered in silos.
- Local trust can be built through transparent and open discussions about models of delivery, how money is spent and evidence of impact.
- There is a need to support leaders and practitioners in working in an integrated manner and facilitating change across boundaries.

The best service for the most in need

- All children with communication needs require a quality service but we must ensure that we remove the barriers to accessing these services, particularly for the most vulnerable children living in poverty.



Most local authorities have some form of service level agreement with their local speech and language therapy service. However, the scope, structure, and focus of these agreements vary considerably. In many cases, agreements do not specify notice periods and are often framed around the services delivered by speech and language therapy, rather than taking a collaborative, outcomes-focused approach. Strengthening the alignment of agreements with jointly agreed goals and shared accountability could support more sustainable and effective partnerships.

PRINCIPLES FOR DEVELOPING RESOURCE AGREEMENTS

Outcome focus

Effective agreements are built around clearly defined, jointly measured outcomes. By working together to set shared goals, partners can strengthen accountability and ensure that services improve the wellbeing and future prospects of children and young people.

Trust and transparency

Strong partnerships rely on open communication, clear reporting, and transparency in decision-making. Ensuring that all partners have a shared understanding of responsibilities, funding, and expected outcomes builds confidence in collaboration.

Integrated resources

Wherever possible, partners should consider pooling funding and resources across sectors—including health, education, and where appropriate the third sector. An integrated approach maximises impact, reduces inefficiencies, and strengthens early intervention efforts.

Long-term stability

Resource agreements are most effective when they provide stability and flexibility. Longer term commitments allow for strategic planning, adaptability to changing needs, and a reduction in the administrative burden of frequent renegotiation.

Shared ownership

Every partner should have an equal role in designing and delivering services. By jointly owning both the challenges and the solutions, partners can foster innovation, improve responsiveness, and better meet the needs of those most vulnerable.

Prevention first

Agreements should prioritise preventative measures over crisis management. By committing resources to early intervention, the partnership can address issues proactively, reducing harm, improving long-term outcomes for children with communication needs, and saving money.

There are several examples of good practice in Scotland where financial agreements are based on improving outcomes for children and young people together. It was noted that where local authorities had a good relationship based on trust, their agreements tended to focus on outcomes. However, when trust was not established, agreements tended to focus on inputs.

Case study 1 highlights how South Ayrshire built trust through using the Balanced System³⁸ to improve transparency and transform the service. This in turn led to a significant improvement in the relationship between the LA and the health board and is reflected in the financial agreement that is in place.

Case study 2 highlights how Angus and NHS Tayside utilised a public-to-public cooperation agreement to solidify the relationship and set the tone of their collaborative work. The local authority followed public contract regulations that provided special rules for contracting between public authorities. This approach significantly reduced the time and resource spent on annual renegotiations.

Case study 3 focuses on how NHS Forth Valley, in partnership with Stirling, Falkirk and Clackmannanshire council transformed their service to meet the needs of the most vulnerable and shifted much of the resource towards education. Their service delivery is based on the Balanced System³⁸. They co-produced a measurement plan which forms the basis of annual reporting and their financial agreements.

CASE STUDY 1

A case study from South Ayrshire illustrates valuable insights into the journey of a local community transitioning from an atmosphere of low trust and isolationism to one characterised by genuine collaboration and comprehensive system-wide transformation, built upon principles of trust and transparency.

PRE TRANSFORMATION

- High waiting lists for speech and language therapy.
- Limited health funding.
- Education services were taking on an increasing share of responsibility for supporting children's communication needs, as pressures on health services impacted capacity.
- Education didn't feel like they were getting 'value for money' nor did they see the medical model as an effective way to meet the needs of children in their settings.
- A need for more transparency in service delivery was identified, with education partners seeking clearer information on service design and impact.
- Increased scrutiny of service provision emerged as education sought greater detail on resource allocation and impact.

HOW DID THE SERVICE CHANGE?

- Education and health took a collaborative approach to understanding the system.
- There was a desire to move to a place of joint planning and integration.
- They collaboratively used the Balanced System³⁸ to better understand what was working well and where the gaps were.
- Both health and education invested in this initiative.
- Funding was 'pooled'.
- This brought with it a high level of transparency, joint accountability and evidence of impact which in turn built trust.
- They adopted a tiered model of delivery (Universal, Targeted and Individualised) across the five strands of the Balanced System³⁸.

WHAT WAS THE IMPACT?

- Healthy relationship with equal partnership.
- Clear evidence that outcomes have been improved.
- A three-year agreement is in place.
- They 'spend to save' and have fewer out of authority placements.
- A quality, collaborative review process is in place that includes health and education colleagues.
- Regarding funding there is acceptance that everyone needs to 'give a bit' to deliver this approach.



CASE STUDY 2

Angus Council and NHS Tayside have implemented a 'public to public cooperation agreement' which has significant benefits.

WHAT IS A PUBLIC-TO-PUBLIC COOPERATION AGREEMENT?

The agreement between NHS Tayside and Angus is for three years with an option to extend by two years. Reg 13(8) of the Public Contracts (Scotland) Regulations 2015³⁹ provides special rules for contracting between public authorities and identifies this form of contract as being excluded from following the public procurement regime. These Regulations do not apply to procurement for the award of a public contract exclusively between two or more contracting authorities where:

- the contract is for the purpose of establishing or implementing co-operation between the contracting authorities with the aim of ensuring that public services they have to perform are provided with a view to achieving objectives they have in common;
- the implementation of that co-operation is governed solely by considerations relating to the public interest; and
- the contracting authorities perform on the open market less than 20% of the activities concerned by the co-operation.

This is a legally justified route to procurement because:

- a) it ensures that both contracting authorities achieve their common objective for the service to ensure that children, and those supporting them, can access appropriate speech, language and communication support, advice and training in a timely manner; and
- b) the authority sources less than 20% of these co-operation activities by open tender.

BENEFITS OF THIS AGREEMENT

- Facilitates trust and relationship whilst also allowing for high level of accountability.
- A more collaborative approach to service level agreements.
- Allows time for both sides to work together and plan strategically, reducing the significant amount of time and resources used negotiating every 12 months.
- Provides stability and some level of assurance thus allowing the service to hold on to talented staff. This is particularly important because of the shortage of SLTs in Scotland, and they will be attracted to areas with higher levels of certainty.



UNIVERSAL
TARGETED
INDIVIDUALISED

CASE STUDY 3

In 2019 NHS Forth Valley Speech and Language Therapy in partnership with Stirling, Falkirk and Clackmannanshire local authorities embarked on a transformational journey to understand how to support the wellbeing of all children and young people with communication needs. The team moved resource upstream and prioritised early intervention and prevention.

PROCESS OF TRANSFORMATION

- The process was framed using quality improvement methodology and the solutions were co-produced in partnership with Families, Health and Education to ensure that the transformational change ideas were driven by the needs and views of the local population.
- Targeted approaches were developed and tested using Pupil Equity and Scottish Attainment Funds.
- The service worked in partnership with Better Communication CIC and now implements The Balanced System Framework³⁸ to underpin their offer.

HOW DID THE SERVICE CHANGE?

- Speech and language therapy funding streams from health and education were pooled to better meet the needs of all children and young people with communication needs.
- SLTs shifted most of their resource to be present and visible within educational establishments.
- They took a whole systems approach across Universal, Targeted and Individualised levels and across the five strands of Family Support, Environment, Workforce, Identification and Intervention.³⁸
- They engaged differently with referrals, shifting to 'requests for assistance' and introducing outcome focused conversations at the point when people were asking for help by changing the focus from 'what's wrong' to 'what matters to you?'
- For those children whose needs cannot be met at a Universal or Targeted level, Individualised support continues, with a focus on upskilling those closest to the child.
- In 2022/23 improvement work with Allied Health Professional (AHP) and Health Visiting (HV) colleagues improved access to AHPs for HVs to have early intervention conversations and the development and delivery of an AHP training package and a resource pack for HVs.

WHAT WAS THE IMPACT?

- Families living in poverty now have access to quality speech and language therapy provision.
- Communication friendly environments in educational placements support all children and provide adaptations for children with identified communication needs.
- The children's workforce has access to quality training and behaviour change has occurred due to coaching and modelling in context. By building expertise and resilience in those closest to the child, CYPs wellbeing outcomes are met in a sustainable way.
- Concerns raised by parents, carers or the wider workforce are addressed as soon as possible to prevent harm and provide advice and reassurance to enable self-management of on-going support needs without the child having to be stepped into individualised care.
- Across Forth Valley, 97% of children and young people receive support within 12 weeks of the request being received.
- Therapy outcome measure data shows strong improvements in children's outcomes across the domains of impairment, activity, participation, child wellbeing and parental wellbeing.
- The individualised caseload and the number of referrals have reduced despite increased demand which is a strong indicator that Universal and Targeted activity is supporting more children.

AND IMPROVEMENT

POSITIVE APPROACHES THAT MAY HELP TO ADDRESS THIS COMPLEX PROBLEM

Shared outcomes for children and young people with communication needs are developed that the whole system is accountable for

Measures focused on outcomes and impact are prioritised above input measures

Integrated working and improved outcomes for children with communication needs are prioritised within children's services planning

Establish the foundations for whole systems change that will benefit children with communication needs

Promote the development of quality universal, targeted and individualised approaches for children with communication needs in Scotland

Speech and language therapy services are positioned closer to education and co-located within educational establishments, where resource allows

Improve speech and language therapy service financial agreements between health and education

There is adequate funding to deliver effective and sustainable speech and language therapy services in Scotland

Increase the supply of SLTs in Scotland

Transformation of services should start with an analysis of local need and emphasise true prevention.

This paper seeks to articulate a consensus on the challenges and opportunities for how we can improve services across Scotland for children and young people with speech, language and communication needs. It highlights why communication is critical to children's wellbeing, attainment, behaviour and future life outcomes.

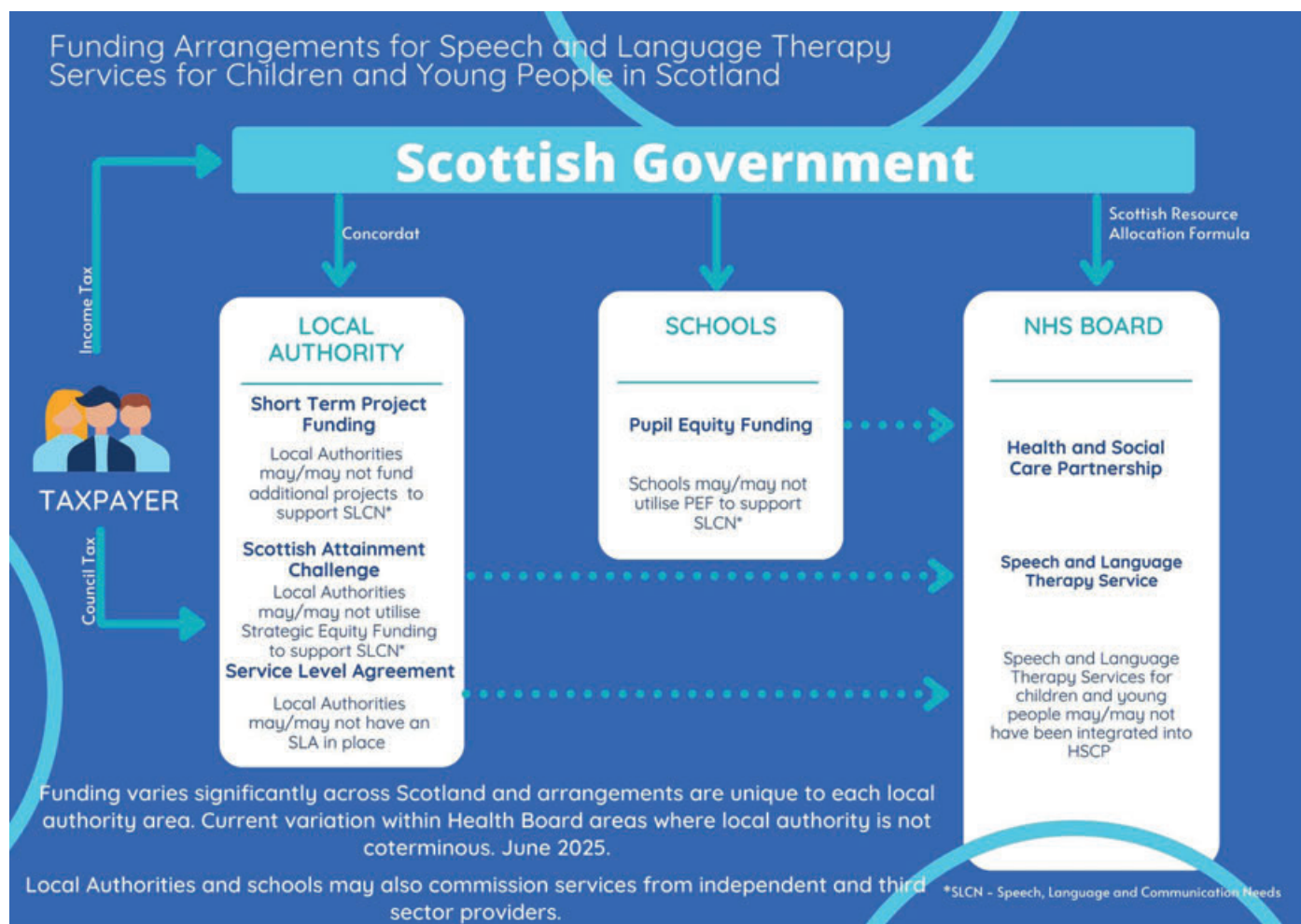
The barriers relating to rising demand, workforce pressures and funding are significant and require urgent national and local attention but many of the solutions outlined above show they are not insurmountable.

This work highlights that partnership is critical if we are going to see improved outcomes for the children of Scotland. True collaboration, based on trust, transparency and shared accountability can help us to pool resources, share expertise and stay focused on who we serve. The case studies included here provide compelling evidence of what can be achieved when local partners come together around a shared vision and take collective responsibility for delivering it.

By building on this consensus, embedding the principles outlined in this report, and strengthening our commitment to prevention and integration, we can deliver lasting, positive change. Working together, we have the power to transform support for children and young people with communication needs in Scotland ensuring every child is heard and given the opportunity to thrive.



Appendix 1: funding arrangements for speech and language therapy



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We are grateful to all those who contributed their time, experience, and perspectives to shape this shared vision and set of recommendations for improving support for children and young people with communication needs in Scotland.

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