

The impact of Speech and Language Therapy

Increasing numbers of people face challenges with speech, language or other communication issues; addressing these needs is crucial for social and economic wellbeing. Language and communication underpins almost all aspects of life. By helping those who need it, SLTs enhance their lives and help them to meet their full potential.

Communication is at the core of who we are as people. It is no exaggeration to say that the support provided by SLTs helps to lift people of all ages out of poverty. SLTs can - and do - play a transformational role in people's lives by empowering them both to understand others and to express themselves.

SLTs enable people to live their best lives. In addition to communication support, SLTs have a key role in assessment and management of eating, drinking and swallowing difficulties. These challenges can arise at any age and can severely impact on quality of life and in some cases be life threatening. SLTs support people to swallow safely, improving both their physical and mental health outcomes.

60% of our work in Scotland is with children. These include non verbal children with severe neurological or medical conditions, children with language disorders who find it difficult to understand or express spoken language, those undergoing assessment for autism and children whose speech sound disorders make them difficult to understand. The common theme amongst all children with whom SLTs work, irrespective of the seriousness of their condition, is our ability to positively impact their lives by improving their communication and as a result improving their functionality and participation.



An estimated
20% of the population
will experience communication
difficulties during their lives



4 in 5 children
with emotional or behavioural
disorders have significant
language deficits



Almost
two thirds of young people
who come into contact with the justice system have
speech, language and communication needs

“Communication is at the core of who we are as people”

Glenn Carter, Head of RCSLT Scotland



There are **clear outcomes** from improved communication for both children and adults alike.

For children:

- early SLT intervention improves mental health and reduces behavioural challenges
- improved language skills are linked to higher literacy levels and improved attainment
- improved communication opens pathways to sustained, rewarding employment and helps break cycles of intergenerational poverty

For adults:

- by enabling safe swallowing, SLTs prevent hospital admissions, protect nutrition and hydration, and enhance quality of life
- by supporting adults with communication difficulties, SLTs can help to reduce social isolation, increase community participation, access critical services and improve employment chances.

Speech and language therapy plays a role in three important national policy areas: education, health and the economy. The job of RCSLT is to work with the government to understand the role of speech and language therapy in all of these policy areas, working together to maximise the impact that we have and therefore the benefit for the people who need us.

Speech and language therapy should not be seen as a cost; it is **a national investment with a proven return.**

About the Royal College of Speech and Language Therapists in Scotland

The Royal College of Speech and Language Therapists (RCSLT) is the professional body for speech and language therapists (SLTs). It works across the UK, and has a bespoke operation in Scotland helping to improve the lives of thousands of Scottish children and adults by supporting them with their communication and swallowing needs.

Supporting Children and Young People

Murdo's Story

Murdo is a 19-year-old who was diagnosed with Developmental Language Disorder (DLD) at fourteen. DLD is a lifelong condition that makes it harder to understand and use spoken language. It affects around 7.5% of children in every classroom in Scotland, yet it is still little known.



Because Murdo's significant communication difficulty was not identified until secondary school, he struggled to learn, his mental health deteriorated, he started to opt out of school, and he had little hope for the future.

"Around seven years old he became extremely anxious and started to withdraw. Murdo developed a very negative image of himself, referring to himself as stupid, a failure, and worthless." – Murdo's Mum

"DLD is my 'normal'. I always felt different and didn't understand why, and that wasn't a good place to be. Most days I couldn't get myself up to go to school. Teachers need to know how to support people with DLD in a way that works for them." – Murdo

The difference Speech and Language Therapy made

Speech and language therapy was a turning point. Murdo's therapist worked with him, his family and his school to put in place strategies that worked.

This included:

- Whole-school training for teachers
- Advice on how to include him effectively in class
- Coaching for support staff on vocabulary building and learning strategies
- Advice on targeted subject specific strategies
- Working with Murdo to enable him to understand his barriers to learning, language and communication

- Developing individual strategies to overcome language and communication barriers and work with Murdo to use these effectively in the learning environment as well as every day situations

- Nurturing Murdo's self confidence and motivation to access support within the learning environment

"Murdo's therapist worked hard to build a connection with him, with us, and with his school. Together, we learned what strategies worked. Murdo now has a great understanding of how he learns and what he needs throughout his life." – Murdo's mum

Progress and hope for the future

With the right support, Murdo began to believe he could achieve. He gained excellent results at National 5 and Highers, then went on to get an A in his HNC at college.

This year, Murdo started University studying a sports science degree, something he once thought was impossible.

"Mum, I never thought I would ever be able to go to university, or even get a chance to get a career, that it was way beyond me. A few years ago, I would never have believed I would have even gotten a Nat 5." – Murdo

Why this matters

Murdo's story shows how, with the right support and speech and language therapists embedded within education, children and young people with communication difficulties can succeed in learning and look forward to a bright future.



Supporting Adults

The Lothian Home First and Frailty Speech and Language Therapy Team provide a rapid response service to people who present with urgent swallow and/or communication issues. The team provides a particular focus on frailty. They aim to see all people referred within 3 days.

The team works closely alongside other teams that contribute to prevention of admission and supported discharge e.g H@H, Discharge To Assess, A&E and Acute Frailty Teams.



Aims of the Lothian Home First and Frailty SLT Team are to:

- Prevent admission to hospital
- Support discharge from hospital where need for follow up SLT is urgent
- Contribute to high quality end of life care at home/hospice/care home
- Provide rapid response and management of referrals for those presenting with frailty to deliver early intervention and prevent rapid decline



Pamela's story

Pamela was 61, lived alone and worked full time in an administrative post. She attended hospital with stroke symptoms, including lack of sensation in her arm and difficulty with speech. She was assessed by the stroke team who decided she could go home with SLT Home First follow up rather than being admitted to the stroke unit. She was seen at home 2 days later. Pamela had 4 more SLT sessions over the next 17 days. The focus of therapy was on increasing confidence, reading comprehension, speech fluency and handwriting all with a goal to return to work. After the 4th therapy session Pamela felt her speech and language skills were improved enough to return to work.

Pamela reported that prior to SLT intervention she was

"feeling pretty alone and isolated and unsure what my next step was. SLT concentrated on what I could do rather than the things I could not do. I felt valued as a patient, I felt reassured, I felt less isolated and, as a result, I felt confident. To me, this rapid response was an absolute Godsend."

Angus' story

Angus was 78 and lived with his wife. He had Parkinson's Disease. After a vomiting incident, his swallow got suddenly worse and an urgent referral was made to SLT who saw Angus the next morning with the GP.

"The fact that [the SLT] responded so quickly made a world of difference to what turned out to be my dad's end of life care. She confirmed the problem which then allowed his GP to discuss ongoing treatment versus palliative care with my dad. This then allowed everything to be organised for end of life care at home and the whole system kicked into place fantastically."

Angus's daughter

Please note – names changed to protect identity

How services are currently delivered – and the change we would like to see

Current context – how are things run just now?

The current model for funding speech and language therapy working with children and young people is complex. Core funding for these services draw from health board and local authority education budgets.

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. 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.

Transforming the service – an example of success from Forth Valley

In 2019 the Forth Valley Speech and Language Therapy service 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.

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 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?'

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, 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.





Maximising the impact of our work in Scotland

Our four asks of the next Scottish Government

1

Embed speech and language therapists in every school and nursery

RCSLT Scotland asks the next Scottish Government to ensure a speech and language therapist is embedded in every school and nursery in Scotland.

2

Expand access to the SLT profession in Scotland

RCSLT Scotland asks the next Scottish Government to work with universities to expand access to the speech and language therapy profession and support the establishment of a third SLT course in Scotland.

3

Meet the changing needs of Scotland's adult population

RCSLT Scotland asks the next Scottish Government to ensure people's needs at all stages of life are met locally by increasing the resource available to adult SLT services.

4

Strengthen communication rights

RCSLT Scotland asks the next Scottish Government to legislate for a right to communication for all, with accountability mechanisms and resources for delivery.

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The vision

Embedding SLTs in education and early years settings will improve outcomes for children, reduce inequalities and help to break the cycle of intergenerational poverty.



Why do we need it?

When children with speech, language and communication needs (SLCN) do not have the right support, they are significantly more likely to experience underachievement, mental health challenges and behavioural issues. Embedding speech and language therapists in education-based teams allows us to support children earlier, prevent harm and build relationships that help us address complex challenges as a team.

The current model for funding speech and language therapy working with children and young people is complex. Core funding for these services draws on health board and local authority education budgets. 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. 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, including delivering support in schools, with fewer SLTs on staff.

SLTs working within schools can deliver universal, targeted and individualised approaches, including coaching and training educators, and cultivating communication-supportive environments.

Embedding SLTs within education systems is not only effective for improving individual outcomes, but also a preventative, inclusive strategy that supports whole-school teaching, learning and wellbeing which lays the groundwork for academic success and life outcomes.

The impact of speech and language therapists in schools also ensures that local authorities comply with their duties under Section 6 of the UNCRC (Incorporation)(Scotland) Act 2024, including Article 12 (Right to be heard) and Article 13 (Freedom of expression).



What would it involve?

National modelling suggests that to embed speech and language therapists in education it would require both increasing the children's SLT workforce and rebalancing how existing resource is deployed between health and education. The estimated level of SLT resource required to deliver this plan is 0.5 days per week for an average sized early years setting and 1 day per week for an average sized primary, special or secondary school. These are illustrative national estimates; in practice allocations would be shaped by population size and deprivation.

A report we published in June 2025 found that to deliver this level of resource in Scotland, we would need an additional 370 FTE SLTs (495 therapists), amounting to a 70% increase in the overall children and young people speech and language therapy workforce. Our report also demonstrated how a phased rollout of this integrated model could be achieved, beginning with an initial 35% increase in the workforce (185 FTE SLTs/246 therapists).

This increase can be achieved by expanding speech and language therapy training opportunities and new entry routes in Scotland to meet projected demand.

We know that true collaborative working comes from joint ownership; the financial responsibility for this cannot be carried solely by the health board or the local authority. Therefore, long-term, cross-sector funding will need to be secured to deliver effective and sustainable speech and language therapy services located closer to education and co-located within educational establishments where resources allow.



The current funding model for children's speech and language therapy in Forth Valley offers a useful example of how effective cross-sector funding can be achieved and implemented. We are not suggesting this model is replicated precisely across Scotland but it should be used as a starting point for each area of Scotland to develop their own funding arrangement that meets their unique geographical and population needs.

Who will benefit?

Embedding SLTs in schools promotes equity of access to speech and language therapy, particularly benefiting children from disadvantaged backgrounds who might otherwise face difficulties accessing clinic-based services. These integrated models also support teacher wellbeing and capability, reducing their stress by providing guidance on managing communication needs in early years settings or in class.



Expand access to the SLT profession in Scotland

RCSLT Scotland asks the next Scottish Government to work with universities to expand access to the speech and language therapy profession and support the establishment of a third SLT course in Scotland.

The vision

Diversifying routes into the profession will ensure SLT services across Scotland can build their workforce to meet population need.

Why do we need it?

Scotland is currently producing around 75 SLT graduates per year from two four-year, full-time undergraduate courses at Queen Margaret University and University of Strathclyde and one two-year, full-time postgraduate course at Queen Margaret University. Demand for speech and language therapy courses is high, right across the UK. There are no part-time courses available or more accessible routes into learning such as earn as you learn or apprenticeship schemes, as exist in other parts of the UK.

There are 1362 SLTs working in Scotland. 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. The SLT workforce in the rest of the UK has grown over five times faster than in Scotland. Using the most recent





ONS population estimates (from mid-2022), 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 gone up by less than 1% in the last five years.

While the rest of the UK is investing in SLTs to meet growing demand, Scotland remains stagnant despite the same high level of need.

What would it involve?

We see a clear need to expand access to the speech and language therapy profession in Scotland.

One aspect is increasing training places. As the two universities that currently train SLTs are in the central belt, we propose establishing a third course in the north of Scotland. This would expand both capacity and geographical access to SLT training that could address local and rural workforce needs. Expanding Scotland's SLT training capacity will ensure we have enough speech and language therapists to meet existing high demand across all age groups, but also meet the new demand created by embedding SLTs in every school and nursery and improving adult services.

The other aspect is widening access to the profession by looking at options like earn as you learn or part-time offerings. This is an area on which we stand together with our Allied Health Professions Federation Scotland (AHPFS) colleagues. We are acutely aware that the lack of availability of other routes into the profession beyond the full-time courses is affecting the diversity of the profession and the ability to meet population need.

Who will benefit?

Increasing the supply of speech and language therapists and expanding the SLT workforce in Scotland will address the challenges currently faced in both children's and adult services of high demand and not enough resource to meet that demand. As outlined by AHPFS, expanding routes into the profession will enhance team performance and improve the ability of services to respond to the complex and changing needs of the population. A third course in the north of Scotland would not only expand access to the profession outside of the central belt but also benefit SLT services in these areas, supporting rural areas to grow their own workforce.

Meet the changing needs of Scotland's adult population

RCSLT Scotland asks the next Scottish Government to ensure people's needs at all stages of life are met locally by increasing the resource available to adult SLT services.

The vision

Investing in adult speech and language therapy services across community, hospital and rehabilitation settings will improve outcomes, reduce health inequalities, and support people to live healthier, more independent lives.

Why do we need it?

Speech and language therapists do a huge amount of work with adults. They support anyone with communication and/or swallowing needs, including those with learning disabilities, dementia, mental health and neurological conditions such as Multiple Sclerosis. They play a critical role in rehabilitation for people who have had a stroke or have undergone treatment for head and neck cancers. They work in care homes to support the high level of swallowing and communication needs of their residents.

Between 2020 and 2023, referrals received by adult SLT services increased by 31%, with the number of people on waiting lists for these services increasing by 85%. In that same time, there has only been a 14% increase in the WTE adult SLT workforce.

Community SLT services in particular are in high demand yet continue to be under-resourced. Recent FOI data has shown that waiting lists for community SLT services have grown rapidly in the last five years. When services are under-resourced, patients with swallowing needs face significant risks: malnutrition, dehydration, choking, avoidable hospital admission, longer hospital stays, and higher mortality. Where communication support is not provided, there is a greater risk of community care packages breaking down leading to crisis intervention, often including hospital admission. SLT services that are understaffed face significant challenges in providing safe and timely care and we are concerned about the impact this has on staff morale, stress at work and the risk to professional practice.

What would it involve?

In order to promote early identification, prevention and reduce pressure on hospitals, we must see increased investment in adult SLT



services. SLT services are key to preventing harm and improving health outcomes in our communities.

RCSLT Scotland is a member of the Right to Rehab Coalition, a collective of health charities and professional bodies who are committed to delivering a right to rehabilitation in Scotland. A Right to Rehab would ensure that everyone has access to rehab when needed, with their needs met locally by having the right workforce and professional leadership.

Who will benefit?

The scale of those who will directly benefit is vast. An estimated 1.1 million Scots (20% of the population) will experience communication difficulties during their lives, and around 330,000 Scots (approximately 1 in 17) currently face swallowing difficulties (dysphagia). With Scotland's ageing population, these figures are expected to rise in the years to come.

More widely, improving communication reduces social isolation, increases community participation, makes life easier in and out of the home and improves employment chances. By enabling safe swallowing, which forms a large part of our work with adults, SLTs ensure patients are fed and hydrated, avoid serious medical complications and ultimately prevent them ending up in hospital. Strengthening community SLT services will prevent avoidable hospital admissions, reducing pressures on hospitals and frontline services.

Strengthen communication rights

RCSLT Scotland asks the next Scottish Government to legislate for a right to communication for all, with accountability mechanisms and resources for delivery.

The vision

Communication is a fundamental human right and reinforcing this right through legislation will ensure the rights of people with communication needs are respected, protected and fulfilled.

Why do we need it?

While communication disadvantage can affect anyone, it is strongly associated with socio-economic disadvantage, with communication and literacy difficulties being experienced most in our poorest communities. Speech, language and communication difficulties are the most common developmental challenge, affecting one in four children in Scotland, 60% of young people in contact with the justice system, and 80% of young people not in education, employment or training.

It is also experienced by many of those living with disabilities and long-term conditions, including autistic people, people with dementia, people with a learning disability and people who have had a stroke.

Speech and language therapists see first-hand the many life circumstances in which individuals face



barriers to engaging with wider society due to communication needs. This is why we are strong advocates and experts in facilitating inclusive communication environments.

Inclusive communication is an approach to communication which enables as many people as possible to be included in that interaction. The key to making communication inclusive is the overarching nature of this approach – it's not about identifying specific events or groups of people to target with these measures but instead allowing anyone the ability to understand and express themselves in the way they find easiest at all levels of communication in an organisation, and in society more widely.

Communication inclusion is a human right, yet many face exclusion due to the restricted ways public services communicate, for example, by using complex writing, digital-only systems or lack of specialist communication support.

What would it involve?

As a member of the Health and Social Care Alliance Scotland (the ALLIANCE), we are asking all political parties to support the More Than Words: Communication for All campaign. The campaign calls for:

- Public recognition of the importance of communication for all.
- Scottish Government to develop a Public Sector Equality Duty on inclusive communication, reinforcing the right to equal access to healthcare, education, and public services under the Equality Act 2010.
- The Scottish Parliament to develop legislation and regulation to protect people's rights to inclusive communication (including minimum standards).
- Scottish Government and public bodies to work with expert groups to co-produce inclusive communication training, data collection, and monitoring and evaluation.



Who will benefit?

The short answer is: everyone. Most people experience communication challenges at some point because of illness, or stress and anxiety associated with challenging situations, for example, when they are in unfamiliar surroundings or doing an unfamiliar task.

For people with speech, language and communication difficulties, communication challenges are a regular experience. This includes, for example, people with learning disabilities or people experiencing stroke-related aphasia at any age. These individuals might miss vital healthcare because appointment letters are too complex to understand or struggle to understand or express their needs when phoning a public service. They might misunderstand questions from the police or in a justice setting, leading to serious consequences, because they didn't have the right communication support. For them, inclusive communication is paramount.

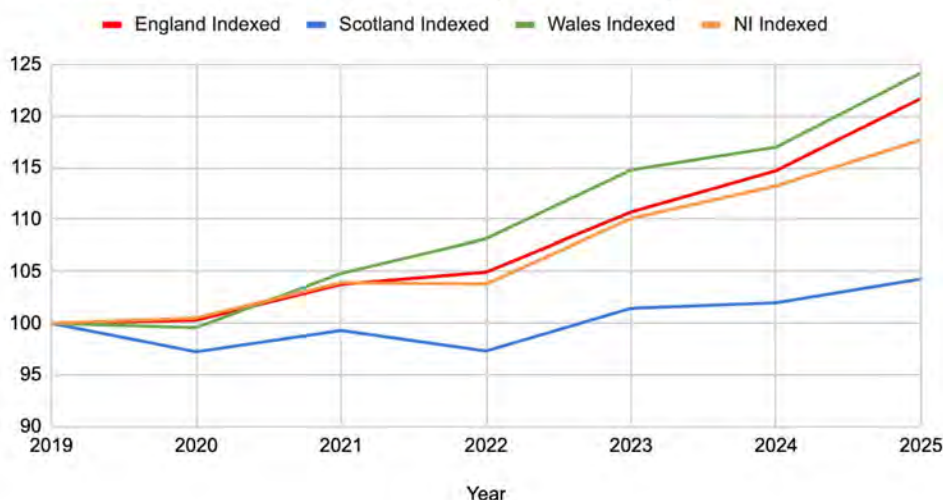
A right to communication for all would allow everyone to access public services, participate in employment and civic life without barriers.

Our workforce in Scotland

There are 1362 SLTs in Scotland. 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. That is an 18% difference. This gap has widened from last year when it was a 13% difference. The SLT workforce in the rest of the UK has grown over five times faster than in Scotland.

Using the most recent ONS population estimates (from mid-2022), 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 gone up by less than 1% in the last five years.

Indexed growth of SLT workforce (2019 = 100)



SLTs working with children

There are
530 FULL TIME EQUIVALENT SLTs
working with children in Scotland

In May 2024, there were
6727 CHILDREN WAITING FOR SLT
3565 (53%) ARE WAITING
more than 18 weeks

SLTs working with adults

There are
369 FULL TIME EQUIVALENT THERAPISTS
working with
adults in Scotland

As of 1st September
2024, there were
OVER 2800 PEOPLE WAITING
for adult services

The average
LONGEST WAIT HAS INCREASED BY 50%
between 2020 and 2024