

National Analysis Report – Understanding the Context to Support Speech Language and Communication in Scotland

**National Early Language and
Communication Team**

August 2024

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Executive Summary

Background

Where does the information described in the report come from?

The Early Language and Communication Leads met with key stakeholders from health and education in each local authority between November 2023 and February 2024. These conversations created the opportunity to talk about local context and data, existing effective practice, gaps and barriers to support, and opportunities and plans to improve support for early Speech Language and Communication (SLC) across the system. Conversations were semi-structured, with questions focused around universal and targeted speech, language and communication supports for children, pre-birth to 5 and their families. This report is a summary of the national picture described during these conversations.

How was the data analysed?

Responses were organised under the primary drivers of the National Early Speech, Language and Communication Theory of Change (families, workforce, environments, identification and support) and according to whether they were universal or targeted. Descriptive statistics were applied to the data to show the percentage of Local Authority areas describing at least one offer for each primary driver at universal and/or targeted level.

In considering strengths, gaps, and opportunities within each system, an iterative thematic analysis approach was adopted, involving identification of patterns and themes within the data.

Key Findings

Use of Data

- When asked how a service understood the SLC needs of their population, many interviewees talked about the use of data. Fewer than half the interviewees reported a consistent use of data to understand local needs.
- Evidence indicates that data sharing across services is essential if services are to jointly plan how to meet population needs¹. Responses suggest an appetite for increased sharing of data across health and education.
- Conversations highlighted the need for a variety of data to be used and for data to be interpreted with consideration of the local context.

Universal and targeted offers to support early SLC

Across Scotland a broad range of universal offers were reported across the five drivers of the National Early Speech, Language and Communication Theory of Change. Fewer targeted supports were identified in the conversations.

Universal Support

- Family support and workforce were the most frequently reported universal supports, with 86% and 81% of interviewees reporting activity of these types within their Local Authority (LA).
- National resources were rarely cited, with the exceptions being Bookbug and BBC Tiny Happy People. This may suggest that Parent Club and Play at Home are not considered as key sources of information for SLC amongst those interviewed.
- At universal level, workforce supports consisted mainly of training to Early Years Practitioners (EYP).
- Respondents reported that training offers embedding coaching and modelling approaches had the biggest impact on supporting practice change.

¹ McKean, C., & Reilly, S. (2023) Creating the conditions for robust early language development for all: Part two: Evidence informed public health framework for child language in the early years. *International Journal of Language & Communication Disorders*, 58 (6)

- Universal training for Health Visitors was described by under a quarter of interviewees, reflecting a lack of consistency in universal training for Health Visitors in Scotland.
- Universal identification tools most frequently mentioned were the Ages and Stages Questionnaire (ASQ-3)² used by Health Visitors within the universal health visiting pathway, and various locally developed and published tools used by education.
- SLC key messages were embedded within aspects of the universal health visitor pathway in some areas. However, the relatively few examples reported highlight missed opportunities to embed early key SLC messages when parents attend routine or supplementary health appointments in most areas.

Targeted Support

- There were fewer examples given of targeted than universal support, with family supports accounting for the highest proportion of targeted supports reported.
- When family support was delivered at home, this was reported to be predominantly provided by members of the health visiting team.
- The majority of targeted family supports reported were made available to families in response to an identified concern about SLCN, rather than being offered within a model of early intervention and prevention.
- Few supports specifically targeted those children whose experience social and environmental factors that increase their risk of developing SLCN.
- The ASQ and local tracker tools were reported as the main tools used to identify children with SLCN. Population level risk due to developmental or environmental factors and contingent preventative targeted support was rarely identified.
- Reported examples of support for the workforce at targeted level were mainly directed to the needs of the Early Learning and Childcare (ELC) workforce, with fewer examples of training for health professions.
- **In summary, from the available data, targeted support for early SLC in Scotland is largely delivered reactively, with little evidence of proactive or preventative action to reduce SLCN and its impact.**

² Squires, J., & Bricker, D. (2009). *Ages & Stages Questionnaires®, Third Edition (ASQ®-3): A Parent-Completed Child Monitoring System*. Baltimore: Paul H. Brookes Publishing Co., Inc.

Challenges to Support of Early SLC

Relationships and collaboration were highlighted as the essential ingredients to support children's SLC development. Respondents reported that staffing challenges inhibit multi-agency work. The expansion of the ELC and Health Visiting workforce has led to an increase in the proportion of inexperienced staff within these roles. In ELCs, practitioners are reported to lack the confidence and skills needed to effectively support children with SLCN.

Other challenges reported within the system include societal factors, such as increased use of screens and technology by both parents and young children, and wider social and environmental concerns that impact on SLC development, such as poverty.

Opportunities to Improve Support of Early SLC

From the responses gathered, training for the early years workforce around professional roles and responsibilities in supporting SLC development, alongside awareness raising of SLCN as a health inequality emerge as important steps towards improvement. For SLC approaches to be taken forward, a need was identified for local strategic and collaborative forums where SLC support can be planned and prioritised in reference to both national and local data.

For families with children 'at risk' of developing SLCN, wider parenting support approaches like PEEP were perceived to add value. However due to flexibility of content and delivery, there may be little or no explicit messaging around SLC within these approaches. Furthermore, family support offers that do include SLC messaging are reported to be saying similar things in a different way, leading to potential confusion or dilution of message. Since preventative action has been shown to mitigate the effects on SLC of social and environmental risk factors¹, there is an argument for strengthening SLC content within parenting programmes, both in terms of emphasis and consistency of messaging. Health colleagues working with families from pre-birth into the early years might also be supported to consider their role in preventing SLCN and supporting early SLC development by modelling responsive and attuned adult-child interaction and embedding consistent key messaging with parents.

01 Introduction

a) The Context

Children’s speech, language and communication (SLC) has been particularly affected since the onset of the COVID-19 pandemic, with Public Health Scotland data from the health in the Early Years in Scotland (HEYS) Dashboard³ indicating that the proportion of children with SLC concern at the Health Visitor 27-to-30-month review increased from 9.7% in 2018/19 to 11.72% in 2023/24.

Similarly, when early learning and childcare practitioners completed a survey for Early Years Scotland⁴ in 2022, 89% reported an increase in the number of children with SLC needs since the start of the pandemic and 61% reported low levels of confidence in supporting these needs.

Evidence shows a disproportionate impact on children from disadvantaged backgrounds^{5 6}

Early language development supports the development of social skills, friendships and emotional regulation⁷.

Early difficulties with SLC often last throughout people’s lives resulting in poor educational outcomes⁸, more involvement in the criminal justice system⁹ and less participation in the economy, creating intergenerational cycles of poverty.

³ <https://scotland.shinyapps.io/phs-health-in-the-early-years-in-scotland/>

⁴ Royal College of Speech and Language Therapists and Early Years Scotland (2022) RCSLT Scotland survey: children’s communication difficulties increase since COVID – available from: <https://www.rcslt.org/news/rcslt-scotland-survey-childrens-communication-difficulties-increase-since-covid/>

⁵ Tackling Inequalities in the Early Years: Growing up in Scotland (2015)

⁶ Locke, A., Ginsborg, J., & Peers, I. (2002) Development and disadvantage: implications for the early years and beyond. *International Journal of Language & Communication Disorder*, 37(1)

⁷ Botting, N., Toseeb, U., Pickles, A., Durkin, K., & Conti-Ramsden, G. (2018) Depression and anxiety change from adolescence to adulthood in individuals with and without language impairment. *PLoS one*, 11(7), e0156678. Centre for Mental Health

⁸ Moss, G and Washbrook, E (2016) *The Gender Gap in Language and Literacy Development*. Bristol: Uni of Bristol

⁹ [YOUTH JUSTICE IMPROVEMENT BOARD \(ycyj.org.uk\)](https://www.youthjustice.org.uk/) (2017)

Early language and communication skills are amenable to early support¹⁰ leading to the possibility of improved health and employment outcomes for individuals and reduced costs to society as a result.

'In order to make sure that children have equitable opportunities to develop to their full potential, a systematic approach, at national and local level, is needed to promote and support early childhood language development, as well as to identify children with language difficulties as early as possible'¹¹.

b) The National Early Language and Communication Team

In September and October 2023, 7 Speech and Language Therapists (SALT) (6.0 whole time equivalent) were appointed for a period of 23 months as Early Language and Communication Leads, forming a new National Early Language and Communication Project Team hosted by Education Scotland. The team's aim is to create the conditions for a whole systems approach to early SLC support; bringing together best practice, supporting local collaboration across health and education and sharing evidence, tools and resources to address the early SLC crisis in Scotland.

The Early Language and Communication Leads met with key stakeholders from health and education in each local authority between November 2023 and February 2024.

This report is a summary of the national picture described during these conversations.

¹⁰ McKean, C., & Reilly, S. (2023) Creating the conditions for robust early language development for all: Part two: Evidence informed public health framework for child language in the early years. *International Journal of Language & Communication Disorders*, 58 (6)

¹¹ Speech, language, and communication development among children in Scotland during the COVID-19 pandemic. Public Health Scotland report (2023)

02 Conversations

The Early Language and Communication Leads connected with three initial primary stakeholders – early-years strategic Education Leads, senior Speech and Language Therapists and senior Health Visitors/Nurses - across regions, local authorities (LAs) and health and social care partnerships (HSCPs) during November and December 2023 and January and February 2024. Conversations took place across each of the 32 Scottish local authorities, with 84 conversations taking place in total.

These conversations created the opportunity to talk about local context and data, existing effective practice, gaps, and barriers to support and opportunities and plans to improve support for early SLC across the system. Conversations were semi-structured, with questions focused around universal and targeted supports to children, pre-birth to 5 and their families.

The conversations were face to face where possible, with some taking place on Microsoft Teams for reasons of practicality. Conversations were not recorded, but detailed notes were taken at the time of the conversation. Interviewees had the opportunity to comment on the accuracy of a written draft of the conversation.

These conversations might be described as a snapshot, representing what was reported on a given day, guided by a few key questions, and based on the knowledge and experience of those present. The conversations cannot therefore be considered a comprehensive review of all practice in each area.

03 Analysis

Responses were organised under the primary drivers of the National Early Speech, Language and Communication Theory of Change (figure 1) and according to whether they were universal or targeted (figure 2).

Figure 1

Based on the principles of the Balanced System™¹² Speech, Language and Communication Pathway the National Stakeholder Reference Group has developed a National Early Speech, Language and Communication Theory of Change which identifies the areas to be addressed.

Primary drivers:

- **families** having positive experiences and interactions, supporting language development from pre-birth
- **workforce** having nurturing interactions with children and their families to support early language development
- children and families experiencing **environments** that are communication friendly and language rich
- timely and appropriate **identification** of children's additional speech, language and communication needs (SLCN)
- timely and appropriate **support** of children's additional SLCN

Figure 2

Universal:

- These are interventions and supports available to the whole population.

Targeted:

- These are interventions and supports targeted at specific members of the population, either because they are showing early signs of difficulty, or because they may be at risk of developing difficulties due to environmental or social factors, such as those associated with poverty.

¹² © THE BALANCED SYSTEM 2013 – <https://www.bettercommunication.org.uk>

Descriptive statistics were applied to the data to show the percentage of local authority areas describing at least one offer for each primary driver at universal and/or targeted level.

The report also gives an overview of the types of data used, consistency of use and sharing of data between health and education.

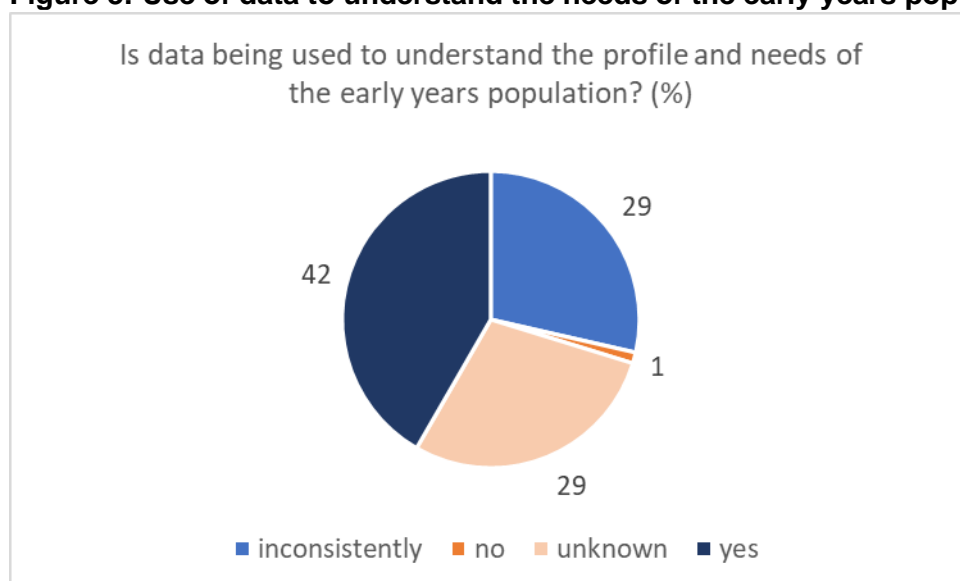
In considering strengths, gaps, and opportunities within each system, we adopted an iterative thematic analysis approach, noticing patterns within the data and adding or combining themes driven by the data.

Some decisions had to be made when coding the data provided. For example, telephone advice/enquiry/help lines were categorised as universal family supports rather than interventions. There is a natural overlap between these categories which had to be managed for the purpose of analysis, to avoid double-counting or inconsistency in reporting.

a) Use of Data

When asked how a service understood the SLC needs of their population, many interviewees talked about the use of data. Fewer than half of the interviewees (42%) reported a consistent use of data (Figure 3).

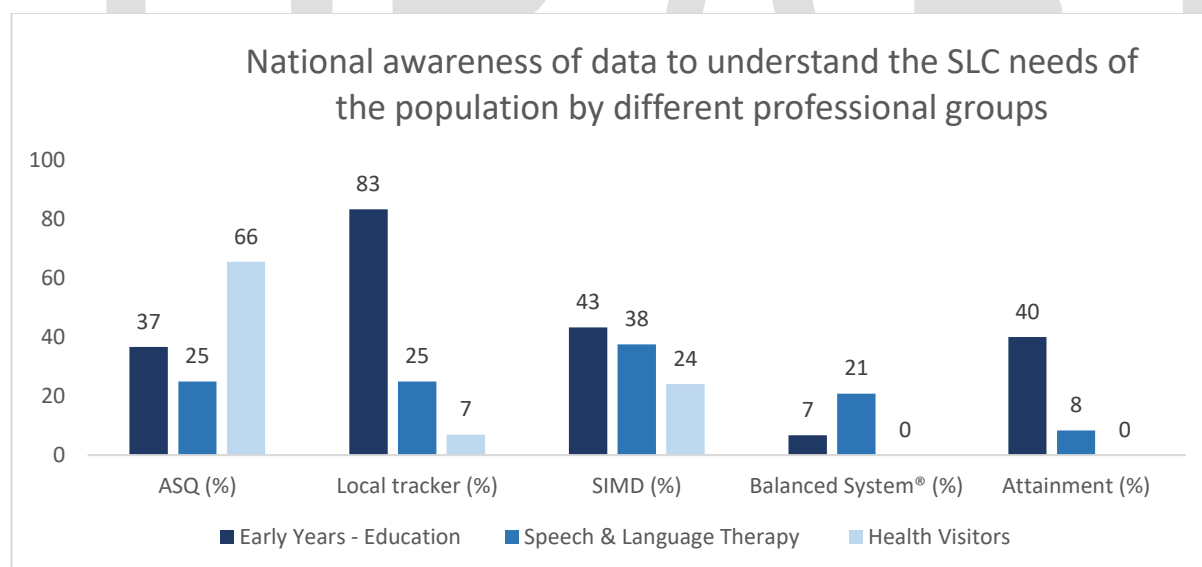
Figure 3: Use of data to understand the needs of the early years population



Reporting around data across the conversations indicates variation in awareness and use of data by different professional groups. Attainment data and education tracking tools were most frequently identified by education, whereas the Ages and Stages Questionnaire (ASQ) was the data type most often cited by Health Visiting (see figure 4, below). Evidence indicates that data sharing across services is essential if services are to jointly plan how to meet population needs¹⁰. Responses suggested an appetite for increased sharing of data across health and education.

The Scottish Index of Multiple Deprivation (SIMD) was mentioned quite frequently, in 46 separate conversations. Reservations were expressed in several conversations about the ability of SIMD data to accurately reflect the socio-economic needs of communities, especially in rural areas. Conversations highlighted the need for a variety of data to be used and for data to be interpreted with consideration of the local context.

Figure 4: Data sources used by interviewees to understand the SLC needs of the population.



b) Universal and targeted offers to support early speech, language and communication (SLC)

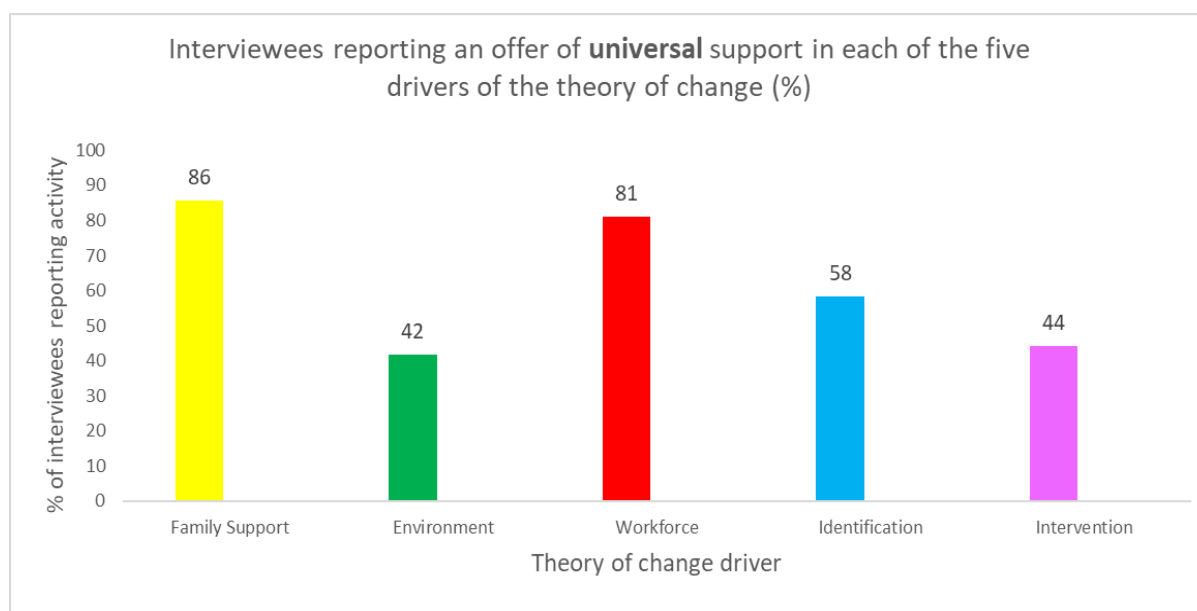
During the conversations participants were asked what was working well locally to support early SLC development. These 'offers' were categorised as universal or targeted and further subdivided into the five drivers of the National Early Speech, Language and Communication Theory of Change.

This section of the report includes a brief overview of universal and targeted supports, across all drivers, followed by more detailed description and analysis of offer for each driver.

Overview of Universal Supports

Across Scotland, there is a broad range of offers across the five drivers of the National Early Speech, Language and Communication Theory of Change (Figure 5). Family support and workforce were the most frequently reported universal supports, with 86% and 81% of interviewees reporting activity of these types within their LA.

Figure 5: Universal support across the five drivers of the theory of change

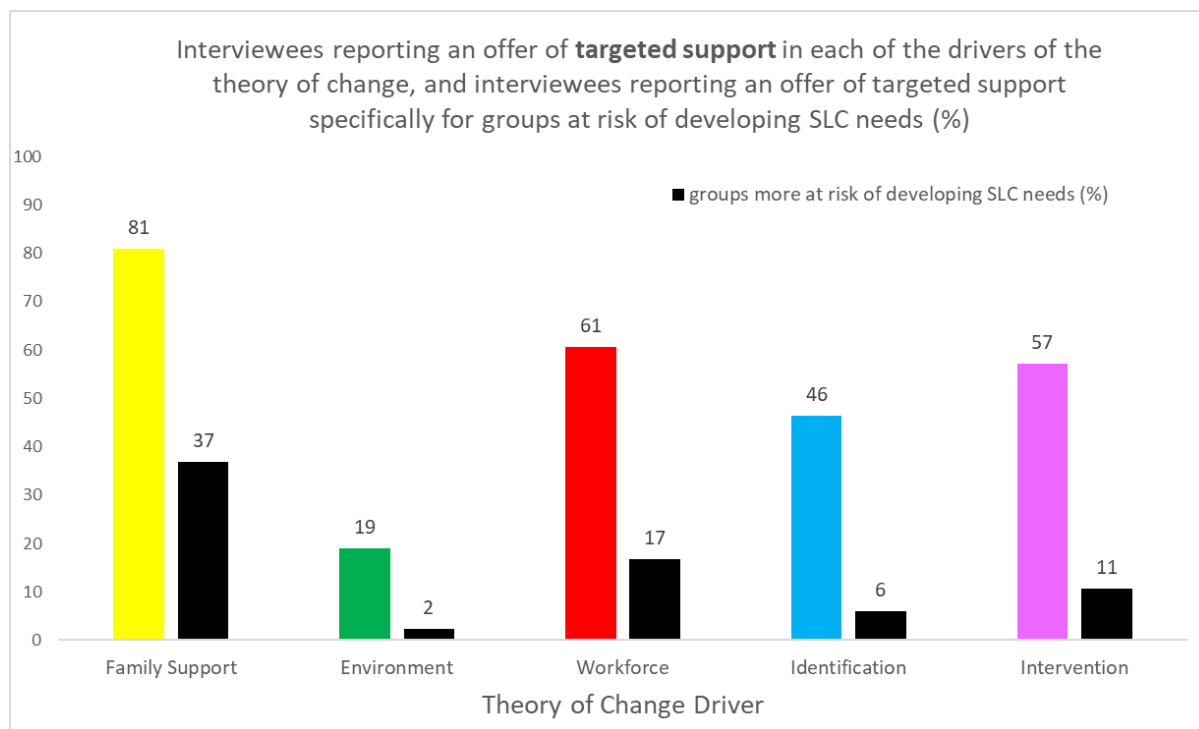


Overview of Targeted Support

Overall, fewer offers of targeted supports were reported when compared to universal support across the five drivers of the National Early Speech, Language and Communication Theory of Change (coloured bars in Figure 6). The highest frequency offer of targeted support was in the family support driver, with workforce and intervention drivers showing the next highest level of activity.

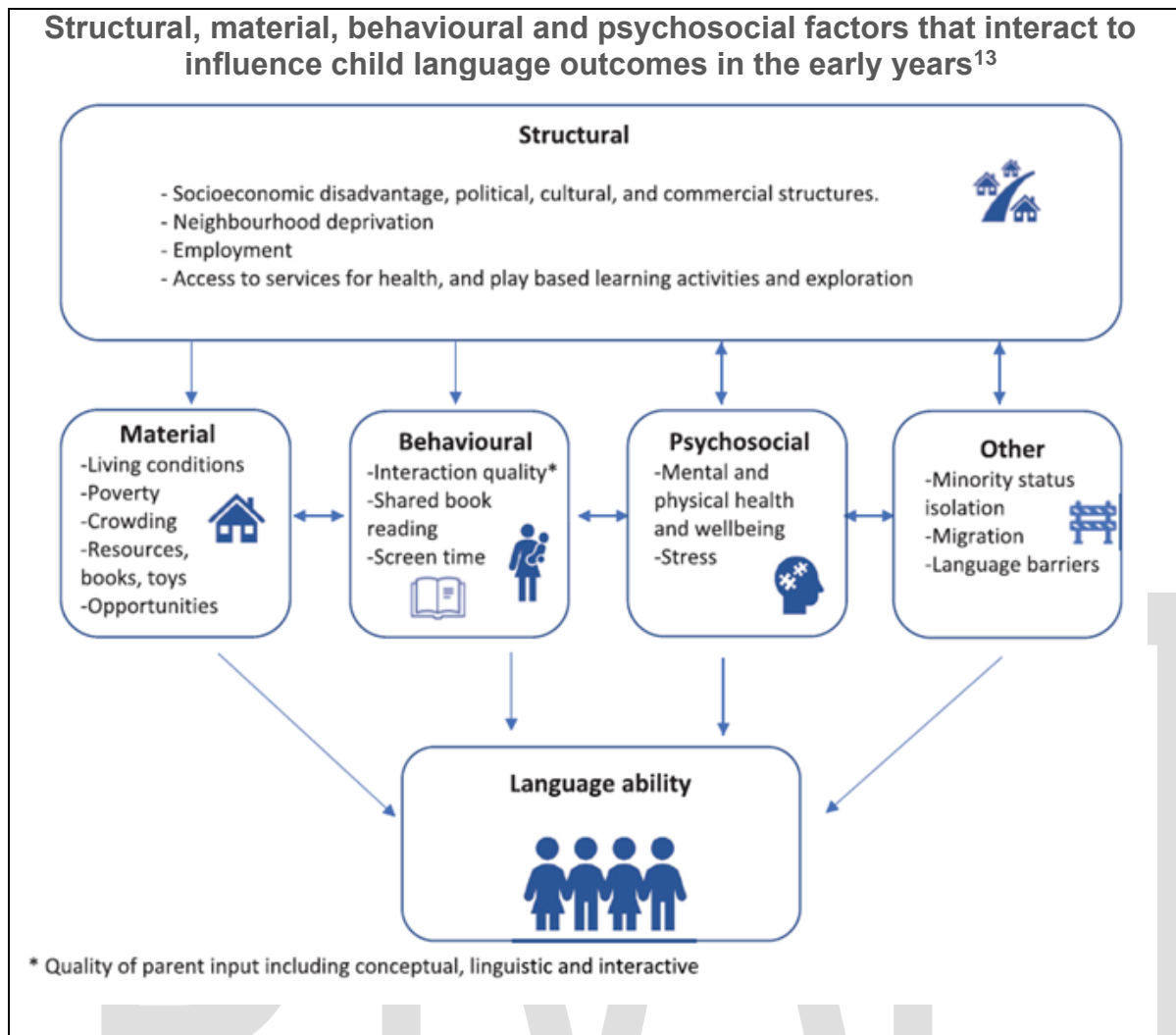
As part of our analysis, we further considered whether these identified targeted supports were predominantly for children with early signs of SLCN, or for children *at risk* of developing SLCN. Reilly and McKean (2023) provide a helpful summary of factors influencing the development of child language in the early years (Figure 7).

Figure 6: Targeted support across the five drivers of the National Early Speech, Language and Communication theory of change



The targeted supports reported in the conversations were most often for children showing early signs of SLCN, but in some cases were also open to other children in the same setting or local community. Few supports (black bars in Figure 6) specifically targeted those children whose experience social and environmental factors that increase their risk of developing SLCN.

Figure 7: Factors that influence child language outcomes in the early years



Children’s SLC development is influenced by an interplay of biological, social and environmental factors which can have both harmful and protective consequences. The relationship between these factors is complex, but evidence suggests that potentially harmful patterns can be recognised, and protective supports put in place to buffer these adverse effects and promote robust language development. McKean and Reilly (2023)¹ provide an illustrative summary of preventative intervention studies for those wishing to find out more about the evidence-base.

¹³ Reilly, S., & McKean, C. (2023) Creating the conditions for robust early language development for all – part 1: evidence-informed child language surveillance in the early years. *International Journal of Language & Communication Disorder*, 58(6) adapted from Pearce, A., Dundas, R., Whitehead, M. & Taylor-Robinson, D. (2019) Pathways to inequalities in child health. *Archives of Disease in Childhood*, 104 and Diderichsen, F., Evans, T. & Whitehead, M. (2001) The social basis of disparities in health. In: T. Evans, M. Whitehead, F. Diderichsen (Eds.) *Challenging inequities in health: from ethics to action*. Oxford University Press 2001

In summary, from the available data, targeted support for early SLC in Scotland is largely delivered reactively, with little evidence of proactive or preventative action to reduce SLCN and its impact.

A detailed analysis of reported universal and targeted supports at the levels of family support, environmental support, workforce support, identification and intervention was undertaken with key points summarised below.

i) Family Support

86% of interviewees reported an offer that could be categorised as universal family support, while 81% of interviewees reported an offer that could be categorised as targeted family support.

Universal family support

A wide range of universal level family supports were described in the conversations. These included:

- (a) Groups and events focusing on language and communication
- (b) Supports embedded within the universal health pathway
- (c) Supports linked to the Early Learning and Childcare (ELC) setting
- (d) Access to advice from SALT
- (e) Resource sharing and signposting to resources
- (f) Parent groups and supports with a wider developmental focus

National resources were rarely cited, with the exceptions being Bookbug and BBC Tiny Happy People. There is one mention each of Play Talk Read, Baby Box and the Play at Home resources. Parent Club was not cited by respondents, which may suggest this is not considered a key source of information for SLC amongst those interviewed. Given the investment of the Scottish Government in Parent Club, and its focus on accurate and relevant content, there may be an opportunity here both to explore barriers to its use and opportunities to promote its value.

Most examples of parent groups at a universal level, focusing on SLC, seem to have been developed in-house, although some regionally developed resources, such as Words Up (Highland), are used across several areas. Locally developed websites and locally maintained social media sites were frequently mentioned.

SLC key messages were embedded within aspects of the universal health pathway in some areas. This included routine appointments with Health Visitors and delivery of key messages within audiology assessments, ultra-sound scanning and immunisation clinics. There were also examples of key messages being incorporated into parent support groups for weaning, breast feeding or baby massage. The relatively few examples given highlight missed opportunities to embed early key SLC messages when parents attend routine or supplementary health appointments in most areas.

In addition to online sources of advice and contribution to parent leaflets, many SALT services provided a helpline. For families who might struggle to engage with this, a few services identified that they additionally sought to engage with families at a universal level by attending Health Visitor weigh in clinics or Bookbug sessions.

Targeted family supports

As seen above for universal supports, a wide range of different targeted family supports were also described, including groups and events focusing on SLC, home-based supports, supports in the ELC setting, advice from SALT, signposting and resource sharing and also parent groups with a focus on wider aspects of parenting and child development.

Family support emerged as one area offering supports both to families of children with identified early signs of SLCN and preventative support to families with known vulnerabilities or risk factors for SLCN.

Many of the targeted SLC supports for families were programmes that have been developed locally, with little use of published approaches.

Home based family support was provided predominantly by members of the health visiting team, but also by preschool home visiting teachers. This included the Book Bug at Home programme, target setting and coaching with families and locally devised programmes of

support. Respondents also reported that parents in some areas were invited to attend SLC focused 'stay and play' sessions in their child's ELC setting.

There were fewer examples of targeted than universal signposting. Families were quite often signposted to webinars and videos created by local SALT teams. In addition to helpline access (universal), a few SALT services also offered drop-in sessions, some of which were co-located with community-based activities for families.

Nearly half of the interviewees talked about supports for families where SLC was embedded within a wider developmental or literacy remit. This included support sessions focusing on nurture, parenting, healthy eating, sharing stories and books and mental health. The nature of these examples suggests that families of children with SLCN may present with wider vulnerabilities. By far the most frequently cited example of parenting support was PEEP, including some adapted sessions to enhance the focus on early SLC.

ii) Environmental Support

42% of interviewees reported an offer that could be categorised as universal environmental support for SLC. There were fewer examples given of targeted environmental supports, with these being mentioned by only 19% of interviewees.

Environmental supports address the physical environment, but often also consider the extent to which the environment is communication friendly or language rich. For this analysis, communication strategies embedded within the ELC setting were coded as interventions - a decision which likely contributed to the relatively low number of environmental supports recorded.

Universal environmental supports

At a universal level, all references made to environmental supports related to ELC settings and to the practice of Early Years Practitioners (EYPs). Staff received training, were provided with tools, frameworks or guidance and in some cases received further support to embed universal environmental supports in their setting.

Targeted environmental supports

At targeted level, additional themes emerged, including supports to the home environment by visiting specialists. Training to EY staff continued to be offered at this level, both in the form of specialist training and through the support and development of local 'Communication Champions'. Specific environment tools continued to be used, but there were also some examples of environmental adaptations to meet the needs of identified children.

iii) Workforce Support

Workforce support and development at a universal level was described in 81% of conversations. Workforce support with a targeted focus was also frequently described, being raised in 61% of conversations. Workforce support consisted of formal and informal training opportunities and provision of professional learning resources for practitioners.

Universal workforce support

At universal level, workforce supports consisted mainly of training to EYPs. This included specific SLC training from SALT and wider training in approaches that include SLC.

Universal training for Health Visitors was reported in less than a quarter of conversations, indicating a lack of consistency in universal SLC training for Scottish Health Visitors. When described, Health Visitor training was usually provided by SALT services and included both formal training and informal consultation and coaching. Examples were also given of online training modules and resources.

Targeted workforce support

At targeted level most workforce supports described were for the ELC workforce, with fewer examples of training for health professions such as Health Visitors and SALTs. SALT services provided a lot of the training to ELC, with training also provided by early years teachers and excellence and equity leads. Some multi-agency training was provided by SALT and Health Visitors, with few examples of training jointly provided by health and education.

As well as training focused specifically on SLC, examples were given of workforce training to deliver parenting courses such as PEEP.

The importance of collaboration, coaching, capacity building and partnership was highlighted in more than half of the conversations. This theme will be explored more fully in sections c) and e), which focus on factors that facilitate and improve early SLC support.

The term 'capacity' can be used to describe an amount, or with a second meaning related to someone's ability or capability to do something. Its use in this report relates only to the latter meaning of competence, knowledge or skill.

iv) Identification

Universal identification tools were described by 58% of interviewees. Targeted tools, to track and monitor progress for children with early identified needs or early signs of risk, were mentioned by nearly half of the interviewees (46%).

Universal identification

Universal identification tools most frequently mentioned were the ASQ used by Health Visitors within the universal health visiting pathway, and various locally developed and published tools used by education. As well as tracking tools, interviewees also spoke about informal identification processes involving conversations between ELC and specialist practitioners or in-house support from more experienced ELC staff such as Equity and Excellence Leads and staff trained as Communication Champions.

Targeted identification

As was the case for universal tools, targeted identification tools included both published and locally developed tools. Some examples were given of further assessment, or targeted intervention being initiated by Health Visitors following the identification of concerns at one or more developmental review.

Targeted identification activity was often associated with planning for support and included informal observation and ad-hoc supportive conversations between ELC staff and with specialist colleagues when available.

Very few examples were given of targeted early identification of children at risk of developing SLCN due to developmental or environmental factors. 'Baby Chat', a parent group for at risk families, delivered by health visiting with multi-agency involvement provided one example of this approach. A few Health Visitors also spoke about their professional capacity to informally identify at risk families at a very early stage, including pre-birth.

v) Intervention

At a universal level, interventions were reported in 44% of conversations. At a targeted level 57% of conversations reported at least one intervention.

An intervention can be defined as a structured approach to the support of a child or group of children, delivered by a trained practitioner either offering support directly to the child or to their caregiver. Interventions usually have an agreed content, expected outputs and outcomes and have a start and finish date.

For the purpose of this analysis, to avoid double counting, un-structured and semi-structured SLC supports for families and family supports that were not specific to SLC development have been categorised as family supports rather than interventions.

Universal interventions

Universal supports being delivered included:

- embedding of specific SLC supporting strategies and opportunities for responsive adult-child interaction in ELC settings
- universal packages delivered within ELC settings to specifically support aspects of SLC for all children – for example, supports for vocabulary, early literacy and listening and talking
- other universal resources and activities delivered within ELC settings to support wider learning and development not specific to SLC – for example, supports for phonological awareness, singing and emotional literacy

Targeted interventions

Respondents gave examples of targeted interventions being provided to identified children in ELC settings to specifically support aspects of their language and literacy development, and of structured, targeted programmes for families with a specific focus on SLC. SALT services were cited as providing advice and recommending strategies to be used by ELC practitioners in support of identified children with SLCN. The embedding of agreed SLC supporting strategies in settings, was often also supported by experienced or specialist staff, including SALTs, Equity and Excellence Leads, Communication Champions or early intervention teachers.

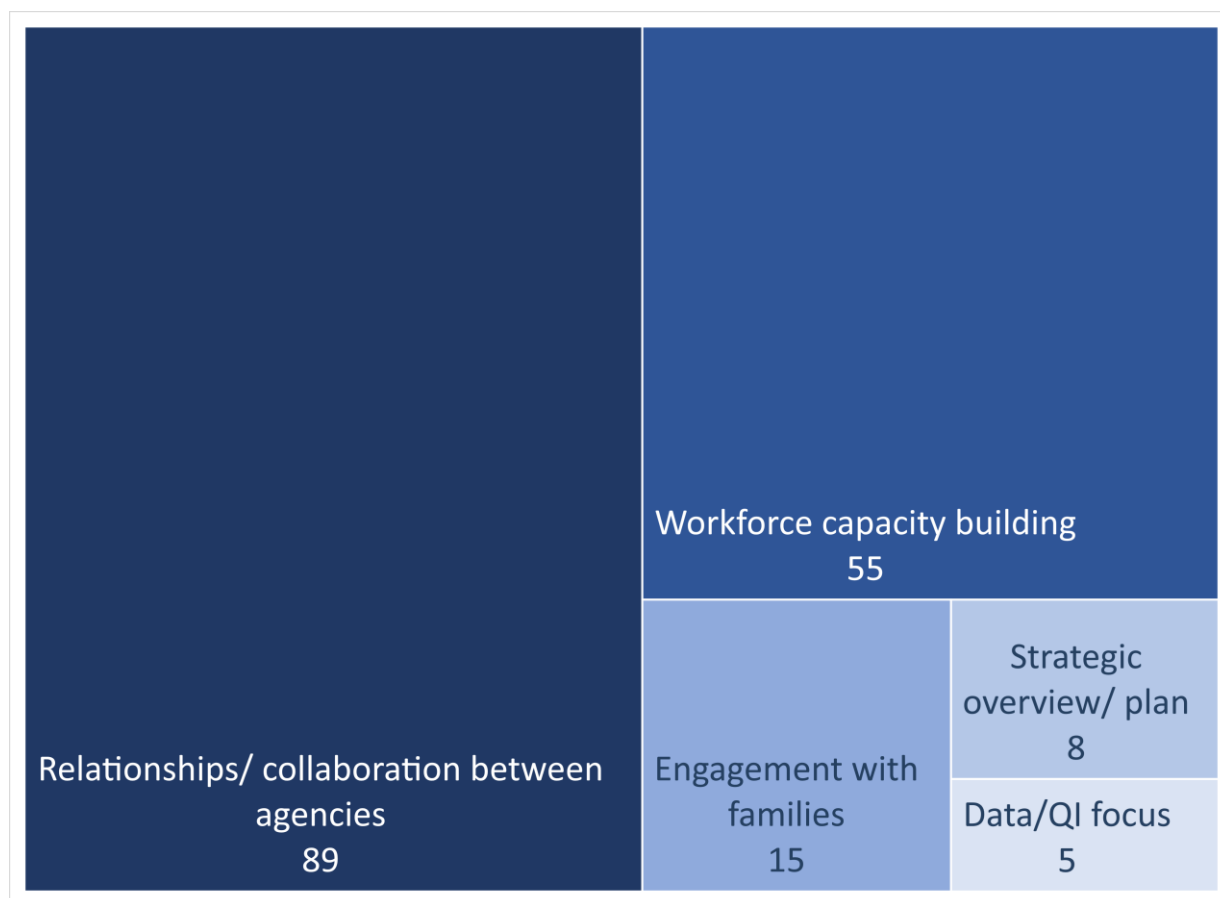
While targeted programmes for families are delivered by both health and education staff, most examples highlighted the role of Health Visitors and Health Care Support Workers (HCSWs).

c) What Contributes to Successful Approaches

During the local conversations participants were asked what contributes to successful supports for early SLC development. The responses from each conversation were collated and common topics and sub-themes were identified.

Repeated themes emerging from conversations included relationships and collaboration between agencies, workforce capacity building, engagement with families, having a strategic overview and plan, use of data and a quality improvement (QI) approach (Figure 8).

Figure 8: Factors that make language and communication approaches effective (% of conversations where this was raised)



i) Relationships and Collaboration

When asked what factors contributed to the success of approaches to support children's SLC development, over 90% of respondents referenced relationships and collaborations between agencies. Comments focused on the importance of the quality of relationships and the scope of the relationships with many references to the benefit of having a local multi-agency planning forum. Considering quality of relationships, respondents talked about shared language and priorities, genuine collaboration and time to work together. Considering scope, they highlighted the need for jointly agreed priorities, robust and shared accountability and cross-agency planning.

ii) Workforce capacity building

Workforce capacity building was also identified as a factor contributing to success in over 60% of conversations. Respondents identified the need for professional learning opportunities to be structured and accessible to staff throughout their career. Specific mention was made of coaching and modelling approaches and of access to specialist or experienced colleagues within or across settings and agencies, to ensure that learning is embedded and put into practice.

iii) Other Themes

The other themes that emerged as factors that contribute to a successful approach to supporting SLC included:

- The centrality of family and community involvement
- The importance of strategic oversight of SLC planning, for example, with SLC included as a priority with the local children's services plan.
- The need for local work and training to be data informed focused on improvement

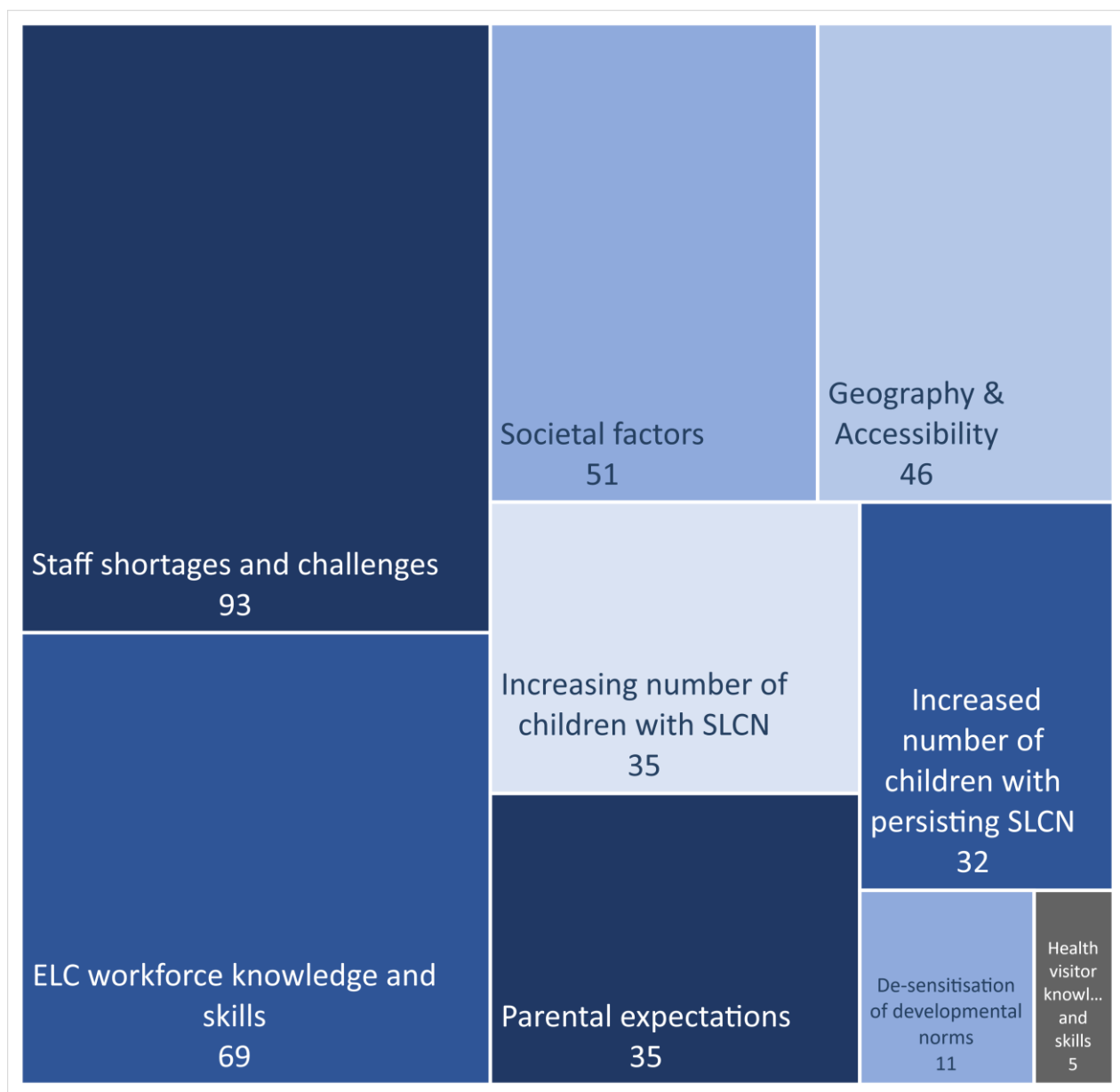
Regarding family and community involvement, it was specifically suggested by some respondents that support should be available to families in their local community, embedded within whole family support and based on informal modelling and coaching, aiming to ensure access and to minimize stigma and intrusion into family life.

d) Challenges to Support of Early SLC

Participants were asked what gaps and barriers they encountered in supporting early SLC development.

Themes identified included staffing shortages and challenges, gaps in early years workforce knowledge and skills, societal factors, accessibility of support and increasing demand due to the increase in the number of children with SLCN.

Figure 9: Challenges to the support of children’s SLC reported by interviewees (% of conversations where this was raised)



i) Staffing challenges

Concerns around staffing were raised as a barrier in 93% of conversations, with frequent mentions of staffing pressures across the EY workforce. 74% of respondents raised Speech and Language Therapy staffing as a challenge in support for children's early SLC. Respondents cited challenges with staff recruitment, absence and retention leading to staff vacancies and described the impact of reduced funding and short-term funding on service delivery including on improvement work and on collaborative working including delivery of training, consultation and coaching.

ii) ELC workforce knowledge and understanding

The knowledge and skills of the ELC workforce was raised as a barrier in 69% of our conversations. Concerns focused on the high proportion of relatively new or inexperienced practitioners and of a lack of understanding across the ELC workforce of how language, communication and interaction develop, and how staff can take responsibility for supporting SLC development within their professional role. Barriers were often exacerbated by perceived difficulties in access to and provision of quality training to support workforce competency, including at a national level.

Specific concerns were expressed about inaccurate staff interpretation of guidance and policy around play based learning and the importance of a child-led approach, leading in some cases to a reluctance to initiate with children, scaffold interactions or offer group activities.

iii) Wider societal factors

In 50% of conversations, respondents described societal factors such as parenting approaches, parental expectations of services and impacts of wider vulnerabilities as barriers to supporting children's SLC.

Parents were described as lacking knowledge of child SLC development, not knowing how to speak to or support their children and in our post-pandemic world, adopting an increased use of screens both in their own everyday life, and as a resource to entertain, educate, distract or calm their babies and young children.

Respondents described the cumulative effect of reduction in potentially protective factors and increase in risk factors, often relating this to the Covid-19 pandemic lockdowns and post-pandemic 'new normal' and to the ongoing cost of living crisis. Families were described as more anxious, more vulnerable and with higher risk of parental mental health issues. Concerns were expressed about the ability and willingness of parents to access supports such as in-person or online groups.

iv) Accessibility

Geographical, social and cultural accessibility challenges were also picked up as barriers to supporting children's SLC. For rural families example focused on lack of public transport links and on the impact of fuel poverty. Social barriers transcend geography and relate to some of the above themes of vulnerability within what is often described as 'hard to reach' groups.

v) Increase in SLCN

Just over one third of respondents reported an increase in the level of SLCN putting additional pressure on services in their area. The increase was often attributed to the Covid 19 pandemic and was described as entailing an increase in number of children with SLCN and in the complexity of profiles of need across the population. Post-pandemic increases in demand on services have been maintained to the present time, putting pressure on all services and potentially reducing the availability of staff and planning time to consider different or improved ways of working.

vi) Health Visitor knowledge and understanding

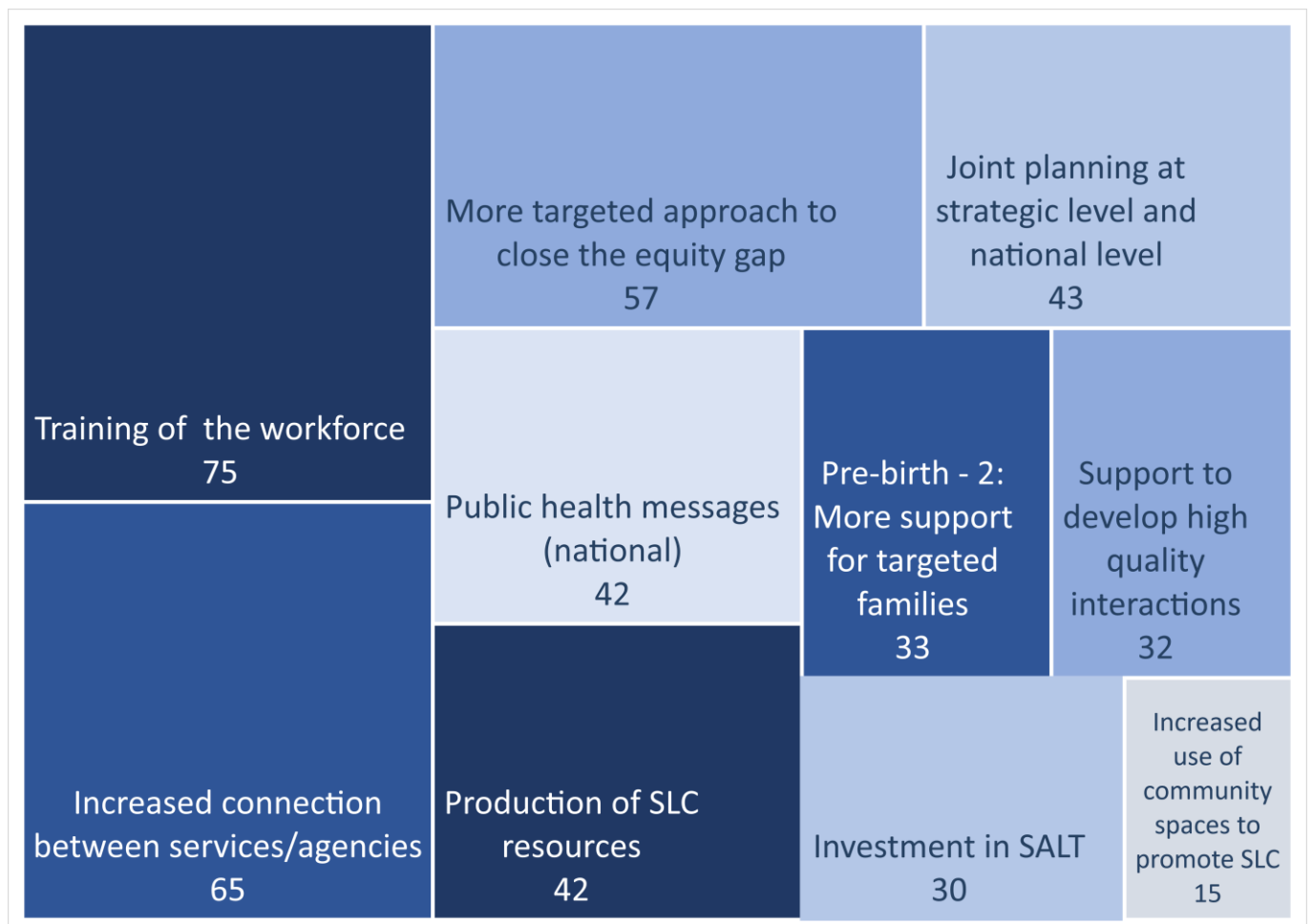
While fewer in number, comments from health visitor service leads reflected a similar pattern to that seen in the ELC context. Concerns were expressed about the capacity of newly qualified health visitors to identify and support SLC and about the need for training and coaching to build confidence and knowledge.

e) Opportunities to improve support of early SLC

During the local conversations, participants were asked about changes they would like to see to improve local support for early SLC.

Themes included workforce training, increased connection between services, an increased targeted offer, joint planning at a strategic level, public health messaging, production of SLC resources, support to develop high quality interactions and an increase in sustainable SLC staffing.

Figure 10: Opportunities to improve support for children’s SLC (% of conversations where this was raised)



i) Workforce training

Across the conversations, the need for further or enhanced workforce training was identified over 60 times, with several themes emerging around the training content needed, the organisation of training from pre-registration onwards, and the importance of cross-agency understanding and the factors that support training to result in sustained improved practice.

A training need was identified around core skills and knowledge, with some respondents also identifying the need for opportunities to extend training, for example to provide targeted supports, or to work with specific groups, such as under 3s, and to build cross-agency understanding, collaboration and shared planning. Where examples were given of core skills needed by staff, these often focused on the quality of the communication environment and of adult-child interactions.

Respondents identified the need for training frameworks and national alignment in the EY workforce across education and health, including health care support workers. The national induction resource for EYPs was mentioned and its more consistent use recommended. Respondents also asked for improved SLC content in FE college courses and promotion of responsive interactions at HEI level. Other methods to embed practice, such as interactive training, coaching and modelling, peer to peer learning, modelling, scaffolding and relationship building in context were drawn out by respondents from all sectors.

ii) Connection between services and the community

Comments regarding local services described a desire to increase collaboration and joint planning and to develop a greater understanding of each other's roles. Some interviewees suggested that families should be supported to access services in their local communities and from co-located services (a 'one stop shop') in a single community setting. Co-location of services was also felt to result in more data sharing, joint planning and integrated service delivery and may help to promote a team identity across children's services.

There was also support for increased joint planning at a strategic level across local authority areas and nationally. Interviewees talked about the need for multi-agency ownership of SLC needs and referenced the need for strong leadership and a clear vision to drive joint planning. There was further mention of the importance of having a common language and understanding

each other's services. Joined up planning might also support the opportunity to develop bids or business cases for increased funding and resource allocation.

iii) Increased Targeted Offers

Interviewees gave examples of additional targeted supports that might address gaps in their local targeted offer. These were generally focused on support that would more effectively reach vulnerable groups and on families of children under the age of 2.

To better support vulnerable population groups, interviewees suggested increased anticipatory interventions, more consistent use of data to target support, increasing the reach of universal support especially to families who are 'hard to reach', improving targeting to those children who most need supports and strengthening links between schools and families.

Interviewees across health and education identified the importance of pre-birth and very early childhood stages in the development of foundations for SLC. There was emphasis on consistent, good quality early key messages and on delivery of such messages during all contacts between families and the EY workforce, including antenatally.

iv) Resource requirement

Interviewees also identified a need for specific additional national or local resources including:

- identification and tracking tools
- online resources for families
- practice sharing and quality assurance
- national key messages for SLC

A public health campaign was proposed to highlight the importance of SLC, to share key messages and ways for parents to seek support and to provide guidance on screentime.

v) Investment in SALT

Many interviewees identified a need for increased and stable funding for the Speech and Language Therapy workforce, suggesting this would improve sharing of knowledge between agencies, and allow prioritisation of universal and targeted supports.

04 Summary and Conclusions

a) Summary and Key Findings

Within Scotland, people we spoke to consider relationships and collaboration as the two essential ingredients when supporting children's SLC development. However, staffing pressures and workforce availability continue to inhibit multi-agency work. Staffing of the Speech and Language Therapy workforce, as well as the wider early years workforce, was of particular concern. The expansion of the ELC workforce has led to an increase in the proportion of less experienced staff within settings. This has left practitioners feeling overwhelmed and in need of support to develop the knowledge and skills in SLC to support the ever-growing number and complexity of children with SLCN.

Other challenges within the system include societal factors, such as use of screens and technology and wider social and environmental concerns that impact on SLC development, such as poverty and the legacy of the Covid-19 pandemic.

Evidence indicates that data sharing across services is essential if services are to jointly plan how to meet population needs¹⁰. From the conversations and discussions undertaken across Scotland data sharing and use is often inconsistent, despite an appetite for improvement.

Training for the Early Years workforce around professional roles and responsibilities in supporting SLC development and raising awareness of SLCN as a health inequality were suggested as important steps towards improvement.

There is already a significant amount of training available for Early Years practitioners. Training offers reported to have the biggest impact are offered multi-professionally within a structured

competency framework of core and enhanced practice, with opportunities for scaffolding, peer and specialist support, coaching and modelling to support implementation. In contrast to the ELC offer, there is a lack of consistent universal training for Health Visitors available across Scotland leading to missed opportunities to embed SLC messaging within the universal pathway.

Health colleagues working with families from pre-birth into the early years might also be supported to consider their role in preventing SLCN by modelling attuned adult-child interaction and embedding consistent key messaging with parents.

Across Scotland, there is a broad range of universal offers across the five drivers of the National Early Speech, Language and Communication Theory of Change. Fewer offers of targeted supports are reported. Universal national offers, such as Parent Club appear to be underutilised. The ASQ and local tracker tools are frequently used to identify children with SLCN, but population level risks due to developmental or environmental factors and contingent preventative targeted support is rarely identified.

For families with children 'at risk' of developing SLCN, wider parenting support approaches like PEEP were perceived to add value. However due to flexibility of content and delivery, there may be little or no explicit messaging about SLC within these approaches. Since preventative action has been shown to mitigate the effects on SLC of social and environmental risk factors¹, there is an argument for strengthening SLC content within parenting programmes, both in terms of emphasis and consistency of messaging.

For SLC approaches to be taken forward, a need was identified for local strategic and collaborative forums where SLC support can be planned and prioritised in reference to both national and local data.

b) Conclusions and Next Steps

We shared key aspects of this national report with local leaders across the early years workforce in May and June 2024 at a series of multi-agency events. These events covered all 32 local authority areas and provided leaders with tools to reflect on their local offer and their system, offering an opportunity to begin to create the conditions for change. These events also highlighted the latest public health data regarding early SLC development and examples of highly effective practice were shared. It is hoped that these events will act as a springboard towards strengthened strategic planning of services to support SLC at a local level.

This report is based only on analysis of local conversations, and as such will contribute to, but is not the only factor driving the future direction of the project and its proposed activities.

The National Early Language and Communication project team will continue to work at a national level to address the items identified within this report and to engage with local partners.

The work plan includes a focus on the areas listed below, each linked to agreed project outcomes and measures. Quarterly update reports and newsletters are provided to stakeholders based on stakeholder analysis and in conjunction with an agreed communications strategy.

- The National Early Language and Communication (NELC) team will work to increase national understanding of mitigable risk factors for SLCN and associated preventative actions.
- The importance of SLC for attainment, wellbeing, emotional regulation, social participation and employment will be clearly communicated to all staff within the early years workforce with emphasis on the key role of all staff have to play - in line with UNCRC - in sharing messages with parents and in modelling and promoting early SLC in all interactions with babies and young children and their families.
- There will be a focus on workforce development for the entire early years workforce (from pre-birth to school entry), to include a competency framework, foundation multi-agency training offer and specific engagement with the care inspectorate, perinatal workforce and PVI sector.
- A core set of early language and communication key messages will be developed and embedded within national and local family support offers to strengthen SLC messaging.

- Resource sharing and development, and dissemination of examples of local best practice will aim to reduce duplication and maximise workforce capacity.

Link to Early SLC Practice Sharing Storyboards



Increasing national understanding of the preventable risk factors for SLCN and associated preventative actions will be prioritised across project workstreams, and communicated through the development of a Speech, Language and Communication National Action Plan for Scotland (pre-birth to school entry).

National Early Language and Communication Team
Education Scotland

If you have any questions about this report or are interested in receiving project updates, please contact the NELC team: edsearlylanguageleads@educationscotland.gov.scot