

**Speech, language and
communication development
among children in Scotland
during the COVID-19 pandemic**

Whole system approach

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Translations



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Introduction

During the COVID-19 pandemic, the public health measures, including the wearing of facemasks, implemented to prevent and control the spread of the SARS-CoV-2 reduced the variety of social interactions that young children experienced. The measures restricted their access to early learning and childcare, limited their exposure to language enriching environments and hampered communication. This has raised concerns that young children's language development may have been affected.

Public Health Scotland (PHS) was asked by the Scottish Government (SG) to

1. review the available data about children's speech, language and communication development and examine the potential impact of the COVID-19 pandemic
2. examine the longer-term consequences of delayed language development
3. look at the ways that children and young people's language development is supported in Scotland.

The purpose is to inform the development of policy, guidance and support for children and young people's speech, language and communication (SLC) development. Ultimately, this will contribute to the Scottish Government's **National Outcomes**:

- We are well educated, skilled and able to contribute to society.
- We grow up loved, safe and respected so that we realise our full potential.

The findings of the PHS enquiry are presented in a series of three related reports. The purpose of this briefing paper is to look at how children's early language development can be supported, describe what has been happening in Scotland and suggest the way forward. The **companion papers** review: i) the available data about SLC development in Scotland; and ii) the longer-term consequences of early

childhood spoken language difficulties. These reports highlighted that children's SLC development difficulties are relatively common, with inequalities seen between population groups, and that early childhood language development is important for children and young people's mental health and wellbeing, educational outcomes and employment opportunities later on.¹ The earlier a child receives support for their language development, the better their language abilities are liable to be. Intervening later in childhood is likely to be more complex, challenging and expensive.² As such, children's SLC development should be considered a public health issue. 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.^{3,4}

In developing this briefing paper, we engaged with the Royal College of Speech and Language Therapists (RCSLT) National Network for Children and Young People⁵ to better understand how childhood SLC development is supported in Scotland and how services had been affected by the pandemic.

Supporting early childhood language development

Language development can be best supported through a supportive communication environment in places where young children live and learn.^{1,2,6} The home learning and early education environment are important.⁷ The right environmental support for language development in early learning and childcare and schools has the potential to mitigate the effect of a poor home learning environment.² Effective monitoring of children's language development throughout early childhood is considered to be key to identify children at risk of language difficulties as quickly as possible.²

A whole system approach to promote early childhood language development, delivered through collaborative working and funding, includes support at universal, targeted and specialist levels.⁸ Universal support is offered to all children, to help prevent problems in the future, by supporting parents and early years practitioners to provide the best possible home learning and early education communication

environment.⁸ Parents and carers may require information, support and resources to provide a language-enriching home environment and experiences for their child.⁸ Professionals who work with children and their families, such as health visitors, early years practitioners and school staff, need to have the knowledge, skills and confidence to support young children's language development, as well as to identify the early signs of difficulties.³ Targeted support for those at greater risk of difficulties and/or those with an identified problem may be provided by a trained early years practitioner or parents under the guidance of a speech and language therapist.⁸ Children and young peopleⁱ with severe, complex and ongoing needs may require specialist support.⁸

A report by Public Health England suggests that effective local systems are characterised by: collaboration between health, education and social care sectors; placing the needs of children and families at the centre; local leadership to ensure that there is a planned and co-ordinated approach; a confident, well-skilled workforce; and a response based on a continuum of need (see [Appendix 1](#) for more details).⁸ [Appendix 2](#) describes a place-based approach where local services work together to improve young children's outcomes and reduce inequalities.

What's happening in Scotland?

Published at the beginning of 2016, the SG's [Ready to Act](#) outlines a whole system approach to the way allied health professional child and young people services, including speech and language services, are planned and delivered. It is underpinned by SG policy [Getting it Right for Every Child](#) and the [UN Convention on the Rights of the Child](#).⁹ The focus is on prevention and early intervention, rather than the more traditional model of identify-assess-treat.¹⁰

In 2018, the SG commissioned Better Communication CIC to examine the SLC needs of children and young people in Scotland and the language therapy service provision to meet that need.⁹ To help gather this information from children and young

ⁱ And their families.

people speech and language therapy (SLT) leads, health boards were given access to the Balanced System[®]. The Balanced System[®] provides an outcome-based, whole-system framework to capture information at the three levels of support across five topics.⁸

The five strands of the Balanced System^{®8,9}

Family support: appropriate information and support are provided for children and their families about speech, language and communication.

Environment: places that children and young people spend their time are communication friendly.

Workforce: use of specialist knowledge to ensure that the wider workforce has the skills and confidence to support parents and carers to help children to develop SLC skills.

Identification: consistent and effective early identification methods are used. This may include the provision of training for others to identify issues early and provide pre-referral advice.

Intervention: age-appropriate, timely, evidence-informed interventions that may include direct or indirect work with individuals or groups.

Speech and language services were able to match their provision with the outcome and level that they felt most appropriate.⁹ Overall, pre-pandemic, 30% of provisions were said to be at universal level, 32% at a targeted level and 38% at a specialist level. There was, however, considerable variation between health boards. For example, one health board suggested that the majority (74%) of their provision was at specialist level, while another reported that most of their provision (90%) was at a universal or targeted level. This may be, in part, a reflection of different interpretations of the outcome areas.⁹ However, in the Equity for All report,⁹ it is not possible to tell what proportion of activities were one-off (for example attendance at a parents' evening) or were ongoing commitments (for example telephone advice line). Furthermore, it is not clear what proportion of available resources were being used at the different levels of intervention.

During the COVID-19 pandemic, SLT services for children and young people were disrupted, particularly when schools and early learning and childcare centres were closed. Even after they re-opened, services continued to be disrupted when infection prevention and control measures meant that entry to education establishments was restricted. However, there was considerable variability across Scotland as local authorities interpreted Scottish guidance in different ways. In response, SLT teams adapted the way they delivered their services by, for example, establishing helplines where parents could phone for advice, having virtual drop-in sessions, developing a social media presence to support the prevention and self-management of SLC difficulties and, where possible, appointments were offered by telephone or NearMe videoconferencing.

Examples of positive action

At a national level, young children's SLC development is supported by SG policies that have expanded the funded entitlement to early learning and childcare for all 3 and 4-year-olds as well as eligible 2-year-olds. In addition, SG has provided training packages, including continued professional learning modules and the Family Learning Scotland Programme, for early learning and childcare practitioners. The SG also created a new graduate level roleⁱ in early learning and childcare to provide targeted support in the most deprived areas and funded national literacy programmes, including Bookbug and PlayTalkRead.

The next section gives examples of activitiesⁱⁱ that local speech and language children and young people's services use to support early childhood speech and language development. There is, however, little information available about how effective these actions are.⁹ These examples are presented for information and their

ⁱ Equity and excellence lead: childcare posts who work directly with children, without a focus on managerial responsibilities, as well as lead and support pedagogy in a setting.

ⁱⁱ Personal communication with M. Gascoigne.

inclusion is not an endorsement of their quality or effectiveness by PHS. While they are detailed separately for clarity, in many cases one activity may target more than one category. For example, a telephone helpline can provide family support as well as help identify children with SLC concerns.

Family support

- Open access telephone helpline, available on a weekly basis, for parents with concerns about their child's speech, language or communication development to discuss their worries with a qualified speech and language therapist.
- Information sheets for parents distributed through health board websites, social media and/or by health visitors at the universal 27–30-month child health review.
- Attendance at, for example, community events, baby/toddler groups, nursery to Primary 1 transition events and support groups for parents of children with additional support needs (for example Down's syndrome).
- Parent workshops.

Environment

- Communication Friendly Environment accreditation programme, which aims to build capacity within education establishments to support the language and communication needs of all children and young people.
- Communication champion: an early learning childcare practitioner who receives additional training and drives forward initiatives to promote the development of SLC skills within their establishments. Many of the communication champions have also been trained to identify and support individual children who would benefit from some extra input to help their SLC skills develop.

Workforce

- Training packages for education and health visiting staff to increase knowledge and awareness of SLC needs as well as enable them to signpost families to appropriate services and resources.
- Training for early years practitioners to help them create language-enriching learning environments for all children.

Identification

- Training for early years practitioners, school and health visiting staff about normal SLC development and when to refer.
- Health visitors assess every child at the 13–15-month assessment using a checklist provided by the SLT team.
- Key word assessment carried out by early years practitioners after training by the SLT team.

Intervention

- Information and resources distributed via website.
- Communication buddies: older children (P6/P7) become buddies to pre-schoolers and P1s to build relationships, model language and communication through play.
- Whole class/school activities to boost children's vocabulary and listening skills.

Recommendations for the next steps

These recommendations for a whole system approach to supporting children and young people's SLC development were co-produced with Scotland's RCSLT National Network for Children and Young People.

- A national action plan is developed, taking a public health approachⁱ to support children and young people's SLC development across the life course, so that:
 - children and young people's SLC development is seen as a public health issue
 - a SG cross-directorate working group, with an SLT lead and representatives from health, education, the third sector, justice and employment sectors, is established
 - national and local funding mechanisms for SLT services are simplified, so that local resources are sustainable and equitable
 - a nationally agreed set of resources and tools to support the early identification of speech, language and communication needs (SLCN) are developed
 - shared outcomes are developed that the whole system is accountable for
- An ongoing workforce strategy is developed, so that:
 - SLT services are adequately staffed, and the workforce is resourced to meet the SLCN of their local children and young people population
 - leadership competencies are enhanced to ensure local leaders have the skills, knowledge and support to facilitate a cross-boundary, whole system change
 - all those working with children and families, such as health visitors, family nurses, early years practitioners and teachers, have the knowledge, skills and confidence to promote SLC development, the capacity to identify

ⁱ A public health approach in this context is one that is population based, preventative and proportionate.

SLCN, using standardised objective, age-appropriate measurement tools and, where appropriate, seek support from SLT services

- all those working with children and families have the knowledge, skills and confidence to help parents and carers support their child's communication and language development and to recognise when their child may have an SLCN
- A framework is created to enable integrated pathways, with a life course approach, to be developed in collaboration between SLT services and other agencies, at a local level, so that:
 - there is shared inter-sectoral responsibility and accountability for promoting and supporting children and young people's SLC development
 - everyone in contact with children and families understands what is required of them
 - children with delayed speech, language or communication, and possible persistent SCLN, are identified as early as possible
 - provision from different agencies is mapped to identify duplication and gaps
- Systems, including the use of standardised, objective measurement tools, to support monitoring of children and young people's SLCN and outcomes are developed over time so that:
 - resources can be distributed equitably according to local population need
 - the reach and outcomes of programmes supporting children and young people's SLC development can be evaluated
 - 'what works' at a local level can be evaluated
- A comprehensive communication and engagement strategy is developed so that:

- everyone coming into contact with and supporting children actively promote SLC development
- there is an agreed and shared set of key messages for families about how to promote communication and language among all those coming into contact with children and their families
- effective ways of reaching children and families who may face barriers accessing services are developed
- Interventions implemented locally are evidence-based so that available resources are used as effectively and efficiently as possible.ⁱ

ⁱ Examples of where effectiveness evidence can be found are included in the sources of further information section below.

Sources of further information

A number of resources were identified that aim to help professionals support young children's SLC development. The links provided in this section are not under the control of PHS. They are offered as sources of information and their inclusion is not an endorsement of their quality or effectiveness.

Reports

- Early Intervention Foundation (2018): **What works to enhance the effectiveness of the Healthy Child Programme: An evidence update**
- Early Intervention Foundation (2016): **Foundations for Life: What works to support parent child interaction in the early years**
- Early Intervention Foundation (2018): **Key competencies in early cognitive development: Things, people, numbers and words**
- Education Endowment Foundation (2017): **Early Language Development: Needs, provision, and intervention for preschool children from socio-economically disadvantaged backgrounds**

Effectiveness evidence

- **Education Endowment Foundation Early Years Toolkit**
- **Education Endowment Foundation Teaching Learning Toolkit**
- **Speech Pathology Database for Best Interventions and Treatment Efficacy (speechBITE)**
- **The Early Intervention Foundation (EIF) Guidebook** provides information about early intervention programmes that have been evaluated and shown to improve outcomes for children and young people.

- **What Works** on Speech and Language UK supports practitioners to deliver evidence-informed interventions and approaches to support children and young people with SLCNs. 'What Works' has been endorsed by the RCSLT.

Training

- **Speech, Language and Communication: Giving Children the Best Possible Start in Life**

Developed by NHS Education for Scotland to support the learning experiences of Health Visitors and Family Nurses in relation to SLC development, this resource complements wider learning experiences and signposts to relevant resources and further learning opportunities.

Competency framework

- **The Speech, Language and Communication Framework (SLCF)**

Developed by The Communication Trust,ⁱ the SLCF is a free online professional development tool that sets out the key skills and knowledge needed by the children and young people's workforce to support the SLC development of all children and young people.

ⁱ The Communication Trust resources are now hosted by **Speech and Language UK**.

Websites

- **Speech and Language UK**

Speech and Language UK is the children's communication charity.

- **Highland Literacy**

The Highland Next Generation Literacy resources have been developed to support learning and teaching across three progressive stages as part of a learner's broader general education.

- **Talk with Me**

Resources from the Welsh Government to promote SLC development guidance for parents to use.

Appendix 1: Characteristics of effective local systems⁸ⁱ

Collaboration:

- Everyone coming into contact with and supporting 0–5-year-olds actively promotes communication and language development.
- There is an agreed and shared set of key messages for families about how to promote communication and language development.
- Information about children identified as in need of support is shared between agencies.
- Clear information and consistent messages are given to parents.

Placing the needs of children and their families at the centre, where:

- The needs of parents and those closest to the child are central to service design, with the aim of achieving ‘buy-in’ and supporting their key role in affecting the context in which children live and communicate.
- Services work together to devise effective ways of reaching disadvantaged children and families for whom there may be barriers to accessing services.
- Parents and carers understand what services are available, what to expect from them and how to raise concerns.

Leadership:

- Local leadership is essential in ensuring a planned and co-ordinated approach.

ⁱ pp.21–22 of PHE, **Best start in speech, language and communication: Guidance to support local commissioners and service leads.**

- Teams, early years settings and schools are encouraged to develop their own language leads and communication champions.

A confident, well-skilled workforce, where:

- There is an ongoing workforce strategy that can effectively promote all children's SLC development and identify and provide effective language learning opportunities for children with SLCN, including those who need extra support.
- Practitioners from all agencies are able and have the confidence to engage parents and carers in difficult conversations and support them in developing the skills they need to enhance communication and language development and are able to recognise when a child may have SLCN.

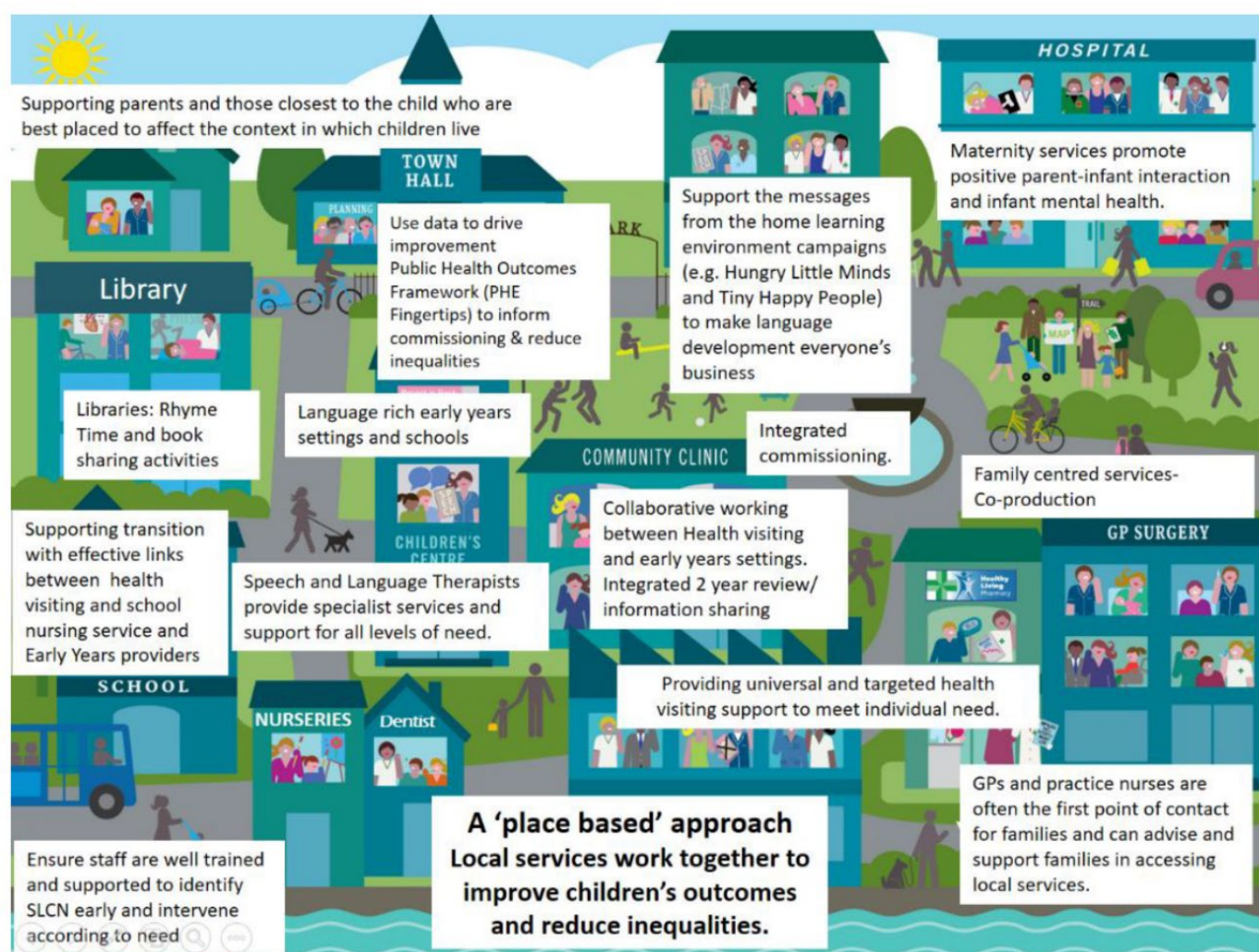
A response based on a continuum of need – no 'one-size-fits-all':

- There is a process for identifying children with delayed speech, language or communication and possible persistent SLCN early on.
- There is mapped provision from different agencies to provide a tiered response to meet the needs of every child, broken down by age group, to identify duplication of resource and gaps in provision.
- The interventions used locally to provide targeted support (parent-based or small group work) are evidence-based.
- All those working with those under 5 years old and their families have the knowledge to promote SLC development, the capacity to identify SLCN and, where appropriate, refer on to SLT services.
- There is a system to identify and reach children who do not access or are not brought to targeted or specialist SLT after referral.
- In order to minimise the number of unattended sessions, SLT services should be provided in ways that reduce barriers to access. These include taking account of cultural, socioeconomic and logistical factors, and providing

services in a range of settings including at home or places that are familiar to children and families.

Appendix 2: Place-based approach to SLC development in the early years⁸

This figure, from Public Health England,ⁱ describes a place-based approach where local services work together to improve children's outcomes and reduce inequalities. It depicts the idea of a town where those in nurseries, schools, libraries, community clinics, hospitals and GP surgeries all have a role to play in promoting SLC.



ⁱ p.37 of PHE, **Best start in speech, language and communication: Guidance to support local commissioners and service leads.**

References and endnotes

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- ⁴ ICAN and the Royal College of Speech and Language Therapists. **Bercow: Ten Years On**. ICAN and RCSLT; 2018.
- ⁵ Membership of the RCSLT National Network for Children and Young People (CYP) is open to: a Speech and Language Therapist (SLT) Service Leader from each NHS Health Board, Association of Speech and Language Therapists in Independent Practice Representative, 3rd Sector SLT CYP Lead representative, RCSLT CYP Policy Group Members, SLT academic leaders with a special interest in services to CYP, RCSLT Head of Scotland Office.
- ⁶ Schoon I, Nasim B, Sehmi R and Cook R. **The Impact of Early Life Skills on Later Outcomes**. Report for the OECD (Early Childhood Education and Care). UCL Institute of Education; 2015.
- ⁷ Public Health England. **Best start in speech, language and communication: Supporting evidence**. PHE; 2020.
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