Original Research Article

Foster carers in Scotland's knowledge and awareness of speech, language, and communication needs

Grace Pellegrinelli & Ann Hodson

Abstract:

Up to 90% of children experiencing care have speech, language and communication Needs (SLCN) (Clegg et al., 2021). Despite this, there has been no research into foster carers in Scotland's knowledge and awareness of SLCN, their experience of supporting children with SLCN, or training they receive in this area. Thirty-nine foster carers in Scotland responded to an online questionnaire exploring their experiences.

Findings suggested that foster carers are experienced in caring for children with SLCN, with or without a neurodevelopmental condition, and can identify many communication difficulties. They are confident in using strategies to support SLCN. Very few participants had received training specifically for SLCN; those who had found it useful, and the majority of those who hadn't stated they would value training in SLCN. To uphold Article 12 (the right of a child to express their views and have these listened to and taken seriously in all matters affecting them) of the United Nations Convention on the Rights of the Child (1989), recently incorporated into domestic law in Scotland (2024), we recommend the development and delivery of a national SLCN training programme for foster carers, with speech and language therapists being best placed to enact this.

Introduction

Foster care in Scotland

In Scotland, local authorities hold primary responsibility for addressing the needs of children who have come to the attention of that authority for care or protection, as well as those in conflict with the law. The Children's Hearing System is tasked with ensuring that children's rights contained within the United Nations Convention on the Rights of the Child (UNCRC) (United Nations, 1989) are realised. This includes the right to regular review of the standard of care for children cared for away from home (Article 25), as well as the right to protection from violence, abuse and neglect (Article 19).

Scotland has recently further protected children's rights through formalisation of the UNCRC in domestic legislation. The UNCRC (Incorporation) (Scotland) Act 2024 deems that everyone up to the age of 18 is legally considered a child. Therefore, in this article, 'child' or 'children' means anyone up to the age of 18.

The Children's Hearings System works with a number of agencies to provide care and support, including social work, education services, the National Health Service (NHS), Police Scotland, and the Scottish Children's Reporter Administration. The focal point of decision-making is a children's hearing, which has the option of recommending the local authority takes legal responsibility for the wellbeing of that child. Foster care is commonly put in place when a child cannot stay in their own home or in kinship care. Foster care can be short-term, emergency care, interim care, longer-term care, or permanent care (Scottish Government, 2024a), and means the child lives with their foster family. Local authorities in Scotland are legally required to provide fostering and adoption services in their areas. There are 58 fostering services registered in Scotland, made up of 32 local authority services and 26 voluntary/not-for-profit services (Care Inspectorate, 2025). The latest available data shows that in 2023 there were 3918 children in foster care (32% of all children experiencing care), consistent with a downward trend over the last five years (Care Inspectorate, 2024; Scottish Government, 2024b).

Long-term outcomes of children experiencing care

Children experiencing care are at a significantly higher risk of poor long-term outcomes compared to those who have not experienced care (National Centre for Social Research, 2025). These figures are strikingly similar to the poor long-term outcomes of children who have speech, language and communication needs, which are well documented (Clegg at al., 2021, Dubois et al., 2020; Speech and Language UK, 2023).They include poorer mental health outcomes (Engler et al., 2022), poorer literacy levels (Clegg et al., 2021), lower levels of academic attainment (Scottish Government, 2024c), lower levels of employment

(Department of Education, 2024), and increased contact with the law (National Centre for Social Research, 2024) than the child population as a whole.

Speech, language and communication needs of children experiencing care

Speech, language and communication needs (SLCN) affect a person's ability to understand, listen to and communicate with others. Although SLCN commonly develop in childhood, they often persist into adulthood. Children with SLCN are likely to need support to develop the complex and numerous skills involved in communication.

Children with SLCN experiencing care can have difficulty understanding what is being said to or asked of them, as well as making themselves understood. Common difficulties include learning and using complex vocabulary, social communication skills, naming and managing emotions (including self-control), self-awareness, vocabulary, concepts related to time, working memory, and the ability to retain, process, recall and sequence information. Difficulties can present in one or all of these areas, occurring in isolation as a result of trauma or injury, or alongside neurodevelopmental conditions such as autism or developmental language disorder (RCSLT, n.d. -a). It is also important for us to remember that every child has unique strengths (Afasic, n.d.).

Speech, language and communication needs are often hidden. Older children in particular may have developed techniques to mask the communication difficulties they are experiencing (RCSLT, 2019). Some care experienced children communicate through behaviour that may result in contact with the law (RCSLT, n.d. -b). All children, with or without a diagnosis of SLCN, are likely to need support in understanding legal processes (Children and Young People's Centre for Justice, 2024), which has implications for upholding those rights embodied in the UNCRC (Incorporation) (Scotland) Act 2024.

The prevalence of SLCN in children and young adults who have experienced care ranges from 35% to 90% (Clegg et al., 2021; Krier et al., 2018). With estimates of around 10% of all children having SLCN (Norbury et al., 2016), it is clear there is a greatly inflated level of SLCN for those experiencing care. Identifying, assessing, and supporting SLCN falls within the professional remit of speech and language therapists (SLTs), but these figures suggest that it is almost certain every foster carer will care for at least one child who struggles with their communication.

In the only Scotland-specific study of SLCN in children experiencing care to date, McCool and Stevens (2011) investigated communication impairment in 30 children in residential care, using a carer-administered questionnaire (Children's Communication Checklist-2 [Bishop, 2003]). Impairment was indicated in 19 of the 30, with eight profiles suggestive of autism. In nine out of 10 available case

histories, no concerns had been raised regarding communication; in the one remaining case, no referral to SLT had been made, despite recorded concerns. The same checklist was used more recently by Maguire et al. (2021) in the UK, establishing that 68% of the children whose carers or social workers completed the survey had a level of difficulty consistent with developmental language disorder. A multi-agency service in Yorkshire, No Wrong Door, found that 58.4% of the children had SLCN, with the majority being previously unidentified (Department for Education, 2017). Clegg et al. (2021) directly assessed the language skills of 44 children and young adults (aged 16-24 years) leaving care in England and found that 90% had scores below average and 60% would meet the criteria for developmental language disorder (DLD). None had a diagnosis of DLD.

Similar findings have arisen internationally. In the US, Amster, Greis, and Silver (1997) found language delay in over 50% of more than 200 children under 31 months of age in foster care. Also in the US, Schneiderman et al. (2011) retrospectively accessed the medical records of 449 children receiving child welfare services; of those children living with a foster carer (n=261), 27% experienced a language delay. In Australia, a developmental screening for children aged between six months and five years living in out-of-home care (Nathanson & Tzioumi, 2007) found that 45% of children presented with speech delay, and 28% had abnormal hearing, which may go on to affect speech and language development (Nathanson & Tzioumi, 2007).

A further Australian study aimed to investigate the knowledge and experiences foster carers had of speech and language development. A written questionnaire was completed by 20 carers, 12 of whom took part in a follow-up interview. Foster carers were able to identify the speech and language skills that children needed to have before entering a school setting, such as understanding instructions and communicating with other children. Most were also able to identify if a child required intervention (Golding et al., 2011). Foster carers were also asked about seeking advice from other professionals, with 60% saying they would see a doctor if they were concerned, and over 50% stating that they would go to either private or government speech and language therapists for advice (Golding et al., 2011). Foster carers reported that training often did not target speech and language development, with 45% of respondents stating that they would like this type of training. Respondents felt ill-equipped to support speech and language development at home due to limited resources and knowledge, and felt they needed more training to help develop a child's speech and language (Golding et al., 2011).

Foster placements are more successful and stable when foster carers are trained to cope with the needs of the children in their care (Redding et al., 2000). Speech and language therapy services are an underdeveloped resource for children experiencing care (Clark & Fitzsimons, 2016). In Scotland, one way in

which this is being addressed is through the recent development of REACH in Perth and Kinross. REACH is a multi-disciplinary team which includes speech and language therapists and provides intensive support to families with multiple complex needs, where their child (aged 12-18 years) is likely to be cared for outside the family home.

We would argue that it is essential foster carers are equipped with knowledge of speech, language and communication needs in children. This is foundational in supporting them to identify any needs and to support the children they care for, including referral to speech and language therapy services when needed.

The first author was studying for her MSc in Speech and Language Therapy at Queen Margaret University, Edinburgh, and the second author is a Speech and Language Therapist and Senior Lecturer at Queen Margaret University, and the first author's supervisor. The authors were interested in exploring the experiences of foster carers in Scotland with respect to the speech, language and communication needs of the children in their care.

Specifically, the study's aims were

1. To explore foster carers in Scotland's knowledge and experience of speech, language and communication needs

2. To find out which strategies foster carers in Scotland have used to address speech, language and communication needs

3. To find out what foster carers in Scotland do to seek further support for children with speech, language and communication needs

4. To find out what training foster carers in Scotland have received in relation to speech, language and communication needs.

Specific questions within the questionnaire targeted the respondents' views in relation to these aims.

Methods

Ethical approval

Ethical approval was granted by the research ethics committee of the Division of Speech and Hearing Sciences, Queen Margaret University, Edinburgh.

To collaborate with the City of Edinburgh local authority, there was a requirement to complete a research access form. This was completed and approved.

Data collection and analysis

An online questionnaire was housed on JISC Online Surveys (version 2). There were 26 questions. Each of Scotland's 32 local authorities were contacted regarding the research project and sent a link to the questionnaire, which was then passed on to foster carers within that local authority. Several fostering charities within Scotland were also contacted with a link to the questionnaire. The link was further posted on social media platform X through an account affiliated with the Speech and Hearing Sciences Division, Queen Margaret University. The survey was open from December 2023 to February 2024.

Braun and Clarke's (2006) thematic analysis framework was used to analyse written responses.

Respondents

Inclusion criteria were the same as the criteria to become a foster carer, as laid out by the Scottish Government (2024d): being a full-time resident in the UK, being aged 18 or over, and having a spare bedroom, regardless of other factors, including having any protected characteristics. One additional criterion was to have fostered at least one child for at least six months. This was to help ensure foster carers would have had sufficient time with at least one child to become aware of any communication difficulties experienced. All respondents met these criteria.

Thirty-nine foster carers living in seven local authorities across Scotland responded (Table 1).

Local Authority	No of respondents	% of full sample
City of Edinburgh	21	53.8%
Dundee City	5	12.8%
Perth and Kinross	4	10.3%
West Dumbartonshire	4	10.3%
East Lothian	2	5.1%
Falkirk	2	5.1%
Fife	1	2.6%

Table 1: Number and percentages of respondents by local authority area

Slightly over half of the respondents were 56 years of age or older (n=20), 13 were aged between 46 and 55, and six were between the ages of 36 and 45. There were no responses from foster carers aged between 18 and 35.

Years of experience as a foster carer varied, with 12 having 16 years or more experience, eight having between 11 and 15 years, 11 between six and 10

years, seven between two and five years, and only one participant having between six months and a year of experience. Twenty-five respondents said that they exclusively worked as a foster carer, 12 said that they also had another profession, and two were retired.

Findings

Aim 1: To explore foster carers in Scotland's knowledge and experience of speech, language and communication needs

Respondents were asked 'what do you understand speech, language and communication needs to be?' Thirty-two provided written answers. The most common response was an explanation of speech, language and communication difficulties. Examples included:

'Not being able to make correct sounds.'

'Difficulties with fluency, forming sounds, formulating sentences, understanding what others say.'

'Difficulty processing verbal information, imprecise or limited vocabulary, unable to form some sounds.'

'Trouble with speaking or communicating with others, and with understanding.'

'Difficulties with expressing themselves.'

'Children with speech difficulties.'

'Difficulty in understanding by the child, difficulty in being understood. Mispronunciations, difficulty in listening and focus.'

Foster carers also referred to typical communication development, as shown here:

'Developing in line with age and stage.'

'Clear formation of words, understanding language.'

'Development of communication and speech.'

'Understanding of language and instructions.'

Several foster carers responded with what children use language for, focusing on communicating their needs, as the following examples show:

'Making yourself known and understood, communicating needs, likes and dislikes.'

'Communicating their feelings and thoughts effectively.'

'Communicating needs.'

'The ability to express your feelings and advocate for yourself.'

Overall, the quotes above suggest that the foster carers more often identified aspects of language production as opposed to language understanding. Lastly, a small number of foster carers reported on strategies they used to support children they cared for. For example,

'Communicating with face, hands, gestures, constantly repeating the same words, using toys and books.'

Children with a confirmed diagnosis of a neurodevelopmental condition

The foster carers were asked if they had ever fostered a child with a confirmed diagnosis of the most common neurodevelopmental conditions. Responses suggest fostering children with a diagnosis was common, with 24 respondents saying yes, 14 saying no, and one participant being unsure.

Participant	Autism	ADHD	ODD	DLD	LD	FASD	Other	Total
1							X	1
2	X	X			X			3
4	X	X	X	X	X	X		6
7		X	X		X			3
9				X			X	2
10		X			X	X		3
11	X	X				X		3
13	X				X	X		3
14	X			X	X		X	4
15		X						1
18				X				1
20	X				X			2
21	X				X		X	3
22		X			X	X		3
23							X	1
24	X	X		X	X	X	X	6
25		X						1
26	X			X				2
27	X				X			2
28	X	X		X	X	X		5
31					X	X		2
33		X			X	X		3
37	X	X		X	X	X		5
39	X	X			X	X		4
TOTAL	13	13	2	8	16	11	6	

Table 2: Diagnoses of children as reported by their foster carers (ADHD = attention deficit hyperactivity disorder, ODD = oppositional defiant disorder, DLD = developmental language disorder, LD = learning disability, FASD = fetal alcohol spectrum disorder)

The most common diagnosis reported was learning disability (16). Autism and attention deficit hyperactivity disorder were the second most common, with 13 reports each. Fetal alcohol spectrum disorder was reported by 11, and developmental language disorder by eight foster carers. Fourteen of the 24 who answered reported having experience with more than three diagnoses, with two saying five, and two mentioning six (see Table 2).

When asked to expand upon which other diagnoses their foster children had, six participants responded, reporting global developmental delay, cerebral palsy, hearing loss, bipolar disorder, and specific genetic chromosomal disorders.

Speech, language and communication needs of children with no confirmed diagnosis of a neurodevelopmental condition

Foster carers were also asked whether they had ever fostered a child who they thought or knew had SLCN with no confirmed diagnosis of a neurodevelopmental

condition. The majority (34) said yes, four said no, and one said they weren't sure. One respondent commented that:

> I would say that all of the children we have fostered have had some level of language and communication needs.

Foster carers were provided with a list of 10 common speech, language and communication difficulties and asked to mark all those they had seen in a child. Responses were received from all 39.

Participant	Difficulty understanding words or sentences	Difficulty expressing themselves using words or sentences	Difficulty listening and/or paying attention	Difficulty understanding facial expressions and/or	Difficulty answering questions	Difficulty telling a coherent story	Difficulty with the clarity of their speech	Difficulty using words to describe emotions	Difficulty understanding non-literal language	Difficulty speaking fluently without pauses, repetitions or stuttering	Total out of 10
1		X	X				X		X	X	5
2	X	X	X	X	X	X		X	X	X	9
3	X	X	X	X	X	X	X	X			8
4	X	X	X	X	X	X		X	X	X	9
5	X	X	X	X	X	X	X	X	X	X	10
6	X			X			X	X			4
7	X		X	X		X	X	X	X	X	8
8	X	X	X		X	X	X	X	X	X	9
9	X				X		X		X		4
10	X	X	X		X	X	X	X	X		8
11		X	X	X	X		X		X		6
12				X	X				X		3
13	X	X	X	X	X	X	X	X	X	X	10
14	X	X	X	X	X	X	X	X	X	X	10
15			X						X	X	3
16		X			X	X	X				4
17	X	X	X	X	X	X	X	X	X	X	10
18	X	X	X	X	X	X	X	X	X	X	10
19	X	X	X	X		X		X	X		7
20	X	X	X	X	X	X	X	X	X	X	10
21		X					X		X		3
22		X	X		X			X	X	X	6
23	X	X	X		X	X	X	X		X	8
24	X	X	X	X	X	X	X	X	X	X	10
25	X	X	X	X	X	X		X		X	8
26	X	X	X	X	X	X	X	X	X		9
27		X	X	X	X	X	X	X	X	X	9
28	X	X	X	X	X	X	X	X	X	X	10
29			X							X	2
30		X	X	X	X		X				5
31	X	X	X		X	X	X		X		7
32		X	X			X		X	X		5
33	X	X	X	X	X	X	X	X	X		9
34	X	X	X						X	X	5
35		X	X					X	X		4
36	X	X	X	X	X	X		X	X	X	9
37	X	X	X	X	X	X	X	X	X	X	10
38	X	X	X	X		X	X	X	X	X	9
39	X	X	X	X	X	X	X	X	X	X	10
Total	27	33	34	25	28	27	28	27	32	24	

Table 3: Participant by participant responses to which speech, language and communication difficulties they have observed in their foster children

No one responded with 'none of the above'. Thirty-five respondents had observed four or more difficulties, with just over a quarter (10) having observed all listed difficulties. The most common difficulty which was observed by nearly all (34) was listening and paying attention. Difficulties expressing themselves using words and sentences was the next most common (33), and difficulties with non-literal language the third most common (32). All of these were more commonly observed than difficulties understanding words or sentences (27). A further 13 respondents offered information about further difficulties observed, including undiagnosed hearing difficulties, SLCN associated with trauma, and attachment difficulties which manifested as 'nonsense chatter', lack of eye contact, and situational mutism.

Aim 2: To find out which strategies foster carers in Scotland have used to address speech, language and communication needs

The foster carers were asked 'Have you ever used any strategies to support a child in your care who may have speech, language and communication needs?' Six carers responded to this question simply by stating 'yes', without any further elaboration, and one answered that they have not used any support strategies. Thirty-two written responses were given.

Many named specific approaches they had used, such as signing, visual support, and repetition, as shown below:

'I learnt Makaton with one child.'

'Yes we use some signing.'

'Signalong.'

'Encourage them to use other methods of communication, visual.'

'Yes through pictures.'

'We use visual routines and timetables.'

'Picture exchange communication system.'

'Yes […] repetitions. I constantly repeat what she says "correctly".'

'I subtly repeat the words she mispronounces.'

Foster carers also commented that they themselves had been given professional advice:

'Yes – but normally following an assessment and advice from an appropriate professional.'

'Yes. Using guidance from NHS Tayside worker.'

'Yes as advised by paediatrician.'

Encouragingly, the foster carers also reported taking a positive attitude towards the child's communication:

'Yes, lots of patience and understanding! Giving breathing space.'

'Just listen and be understanding.'

'We never criticised his speech and gave him time to communicate in his way.'

'Tried to make it fun so as not to impact his self-esteem.'

'A lot of care management, patience and nurture.'

'Sitting patiently with them reading, writing.'

Foster carers were asked to rate their confidence in supporting a child with SLCN, with one being not at all confident and 10 being extremely confident. All participants rated their confidence as four or above, with the majority (28) rating themselves as eight and above (Figure 1).

Figure 1: Foster carers' self-rating of their confidence in supporting and recognising a child who might have SLCN
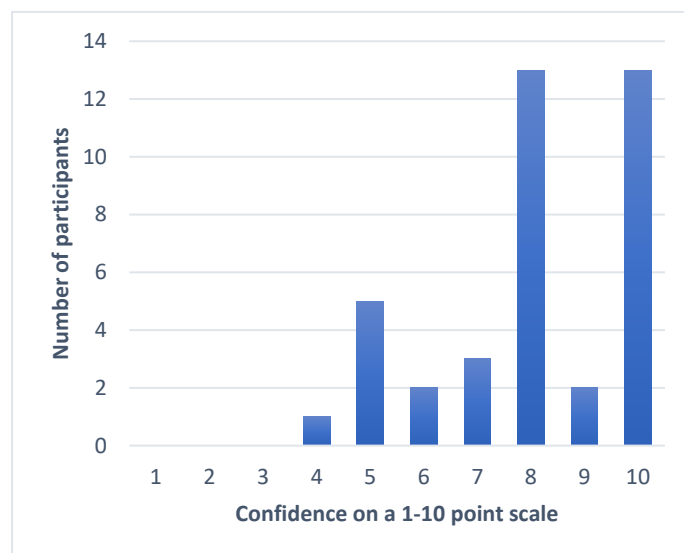
Aim 3: To find out what foster carers in Scotland do to seek further support for children with speech, language and communication needs

Accessing professional support

When asked how they would access support if they were concerned about the SLCN of a child, foster carers commonly said they would seek advice from a professional.

Contacting the education profession was the most common way foster carers accessed support:

'Speak to school first.'

'Look for professional help as recommended by the school.'

'Assistance from special needs school staff.'

'Speak to school/nursery re concerns.'

'Discuss with school to find out how child presents there.'

'Approaching social services was the second most common avenue:

'Report to social worker.'

'For children over 5 via social worker.'

'Telling social worker and asking them to refer.'

Contacting medical professions was identified as a third way to access services:

'Report to their paediatrician.'

'Contacting health visitor or school nurse.'

'Through the GP.'

'Contacting health visitor/doctor for referral to speech therapy.'

Referral to speech and language therapy services

Foster carers were asked whether they had ever referred a child in their care to NHS speech and language therapy services. Responses were spilt evenly, with 20 respondents saying 'yes' and 19 'no'.

Furthermore, 21 foster carers did not know about the open referral process for NHS speech and language therapy in Scotland, that is, anyone can refer directly

to NHS speech and language therapy services (with the permission of their carer). Eighteen respondents reported that they knew about this.

Aim 4: What training have foster carers in Scotland received in relation to speech, language and communication needs?

Five respondents said they had received SLCN training as part of becoming a foster carer. All five, who came from three different local authorities, said the training was 'useful'. These same local authorities were also represented by people who had not received training.

Of the 34 participants who did not receive training, 23 stated they would have liked to receive this as part of the process to become a foster carer, three said they would not have, and the remainder stated they were unsure if they would have wanted to or not. The most common theme was suggestions as to what it would be helpful for the training to contain:

'We should be sent on training for signalong.'

'Useful to have an understanding of how such issues can be manifested.'

'Having and understanding of "tell-tale" indicators.'

'Recognising the difference between normal or slightly delayed development, to more complex delays.'

A second theme was timing of training, with not all respondents agreeing with the timing of training being at the start of the process of becoming a foster carer:

'We received training once we were already a foster carer.'

'We receive ongoing support meetings on subjects in general.'

'Training would be most useful at the time you have a child requiring support.'

'If you have too much training then you can perceive that each child has a problem […] unless of course there is prior knowledge of difficulties.'

Discussion

Foster carers in Scotland are an invaluable part of the 'team around the child', having a much needed and highly valued place in supporting our most vulnerable children and their families. Most of those who took part in our study had six or more years of experience of being a foster care (31/39, 79%). Encouragingly, many recognised several of the communication challenges experienced by children with SLCN, and that children used communication to express their needs. They more often identified difficulties with listening and

using language, rather than understanding language. This is similar to findings in a previous paper co-authored by the second author, where police officers working with children in contact with the law were asked a similar question (MacRae & Clark, 2021). Others described SLCN in terms of how communication develops, rather than the difficulties faced. Knowledge of typical communication development is reassuring. However, it also suggests there may be room to provide foster carers with a stronger foundational training on speech, language and communication needs.

Twenty-four (62%) foster carers said they had fostered a child with a confirmed diagnosis of a neurodevelopmental condition, the most common being learning disability, autism, ADHD, and fetal alcohol spectrum disorder. Each of these conditions, as well as requiring support for the underlying condition, is known to have co-occurring speech, language and communication needs (Erickson & Geist, 2016; Hendricks et al., 2021; Naigles & Chin, 2015; Westby & Watson, 2021), underlining the need for foster carers to have SLCN specific training. In the future, it might also be helpful to ask whether foster carers are concerned about a suspected neurodevelopmental condition, or whether the child is waiting for a formal diagnosis.

Thirty-four (87%) foster carers said they had fostered a child who they thought, or knew, had SLCN, similar to the prevalence figure of 90% reported by Clegg et al. (2021). It is unknown whether the children cared for in the current study were known to SLT services. The difference in percentages between children with a confirmed diagnosis (62%) and those thought to have SLCN (87%) suggests that children may have had undiagnosed SLCN, such that their needs remained unmet.

Confidence in addressing SLCN was also explored, with 28 foster carers rating themselves as an eight or above out of 10. This was reflected in the 32 (82%) who reported using strategies to address a child's SLCN, but perhaps also reflects confidence in identifying aspects of language production and use rather than language understanding. It would be interesting to explore further which areas foster carers felt most confident in, as identifying difficulties in how children produce and use language can be more straightforward, as these are often more observable than difficulties in understanding. Strategies used included specific approaches such as Makaton, Signalong, and the Picture Exchange Communication System. A recent review looking into the effectiveness of Makaton found using signs can increase basic communication and help to initiate spoken language (Larkin, 2021). Some foster carers commented they had also received professional advice and that taking a positive attitude to communication was helpful, using 'lots of patience and understanding'. Giving a child time to express themselves is a commonly implemented strategy in targeted language development interventions across different environments (Akamoglu & Meadan, 2018; Haring Biel et al., 2020; Leung et al., 2020) and is

good practice, as children experiencing care have reported they feel they are not listened to (Winter, 2010).

If foster carers have been concerned about the speech and language of a child in their care, they have sought advice from medical professionals, education staff, or social workers. This aligns in part with the findings of Golding et al. (2011), who reported that Australian foster carers would contact a doctor or teacher in these circumstances. When asked whether they had ever referred a child to NHS SLT services, there was an even spilt, with 20 respondents saying yes and 19 saying no. Twenty-one respondents did not know that in Scotland there is an open referral system for NHS SLT services (RCSLT, 2024). This may suggest that, in half of cases, following concerns raised by foster carers, medical professionals, teacher, or social workers make referrals to NHS SLT services. The Royal College of Speech and Language Therapists has a professional duty to raise awareness of the open referral system operated by NHS SLT services (Clark & Fitzsimons, 2018).

Only five of 39 respondents said they had received training specifically on speech, language and communication needs. The five respondents who had received training came from three different local authorities, with these same local authorities also being represented by foster carers who had not received training. It is not possible to comment on whether these respondents provided local authority care or independent foster care. This highlights potential disparities in training opportunities within the local authorities and across Scotland as a whole. Everyone who received training responded that they found it useful. In their scoping review, Lorio et al. (2023) found that none of the papers they reviewed reported specifically on training targeting speech and language development. This current study provides some evidence of SLCN training being provided; however, more detailed investigations are required to fully comprehend the scope of this training. It would be beneficial to ask about how the foster carers are supported to apply the training they receive, as training should include coaching and support to ensure opportunities for applied learning (Ebbels et al., 2019).

Of the 34 respondents who had not received SLCN training, 23 said they would have liked training, although there was uncertainty about when training would be most helpful. Given the high percentage of children experiencing care who struggle with their communication (Clegg et al., 2021; McCool & Stevens, 2011) and reported this to our study, foster carers will almost certainly care for a child with SLCN. The recent incorporation of the UNCRC into domestic law means it is a legal requirement that all duty bearers actively seek the views of the child in all matters which relate to them. Recognising, listening, and responding to the voice of the child is considered fundamental by the Independent Care Review (2020), and is a key aspect of the vision of The Promise. Therefore, children who are in foster care will be highly likely to need a specialist level of communication

support to be able to meaningfully share their views, and for their views be given due weight (Article 12, UNCRC). Last year, the Scottish Government stated 'we need enough foster carers, with the right skills and the right support, to care for the children and young people they are looking after' (Scottish Government, 2024e, p. 3). Foster carers should, therefore, be offered outcome measured training and coaching to strengthen their identification of and support for children with SLCN, and also to support their confidence in referring a child to speech and language therapy services when needed. This would allow referrals to SLT services to be made more efficiently, with support being put in place where needed, for as long as it is needed, in line with Getting it Right for Every Child (GIRFEC) (Scottish Government, n.d.). Speech and language therapists are uniquely placed to provide such training.

Recommendations to the Scottish Government have recently been made to recognise communication as a fundamental children's right and to include the SLT workforce in realising these rights (MacRae, 2025). The Scottish Government's Ready to Act policy (Scottish Government, 2016), underpinned by the principles of the UNCRC and GIRFEC, details that speech and language therapy services should adopt a tiered model of service, meaning there should be targeted support available to children at risk of having SLCN, and stipulates that their role includes training professionals and caregivers. This paper has specifically looked at the experiences of foster carers, but our findings and recommendations are relevant to those who support children in other care settings, such as residential care.

Partnership working between the Scottish Government, the Association for Fostering, Kinship and Adoption Scotland, Children's Hearings Scotland, the Scottish Children's Reporter Administration, and the Royal College of Speech and Language Therapists to develop such training, which speech and language therapists are best placed to deliver, is strongly recommended, leading to the delivery of a national training programme as a gold standard.

It is important to bear in mind that there is a high likelihood that parents and siblings of children experiencing care may have SLCN of their own, which may be unidentified and therefore unmet, as part of an intergenerational cycle of need (RCSLT, 2016). They are likely to require support themselves, both in their daily lives and in specific situations, for example, when a parent attends a hearing (Clark & Fitzsimons, 2018). It is essential that parents and/or siblings of a child experiencing care are referred for assessment and support by a speech and language therapist if there are any concerns around their communication.

The study has several limitations. Latest data shows there were 2998 foster care households in 2023 (Care Inspectorate, 2024). This means the number of respondents represents only a small percentage of foster carers across Scotland. Furthermore, responses were only received from foster carers living in seven out of the 32 local authorities in Scotland. Therefore, this study is not necessarily

representative of the Scottish foster care system as a whole. Future research should aim to cover a greater geographical area. It would be valuable to find out whether the foster carers were linked to a local authority provision or a voluntary/not-for-profit provision, to explore any differences therein in knowledge and awareness of SLCN and training experience. The paper presents the views of long-term foster carers, excepting one, and sought the views of those who have experience of caring for children with SLCN, so this may have skewed the findings. Future research should seek the views of foster carers offering short-term, emergency, or respite care, and those with less direct experience of SLCN. Further, it would be useful to explore the ages of the children cared for in future research.

Conclusion

Foster carers have a good knowledge of what speech, language and communication needs are, and, encouragingly, are effectively able to identify professional support structures for advice and guidance. Half of the foster carers had referred a child to speech and language therapy services. They also report using strategies to support speech and language needs. Foster carers' experiences support evidence that there is a high prevalence of speech, language and communication needs amongst children who are experiencing care, with or without a neurodevelopmental diagnosis. If these needs remain unidentified, and therefore unmet, this stands in conflict with children's right to express their views and have these listened to and taken seriously in all matters affecting them (Article 12 of the UNCRC [1989]).

Only a small percentage of foster carers had receiving specific training with respect to speech, language and communication, and there was a strong desire for such training to take place. With the recent adoption of the UNCRC (Incorporation) (Scotland) Act (2024), and in line with The Promise (Independent Care Review, 2020), it is timely to suggest that this desire for training be valued and explored further at a national level to allow foster carers to be confident in supporting children in their care. Speech and language therapists are best placed to provide this training. This would empower Scotland's foster carers by providing essential information on supporting children with speech, language and communication needs, and also on why, when and how to refer children in their care to speech and language therapy services, providing the right support at the right time, for as long as is needed, for our vulnerable children experiencing care.

Acknowledgements

Funding

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About the authors

Grace Pellegrinelli works as a Community Paediatric Speech and Language Therapist with a particular interest in supporting AAC users and children with additional learning needs and disabilities. She has a BA in Modern Languages and undertook this research as part of her MSc in Speech and Language Therapy at Queen Margaret University, Edinburgh.

Ann Hodson is a senior lecturer at Queen Margaret University and a speech and language therapist. She is passionate about advocating for the essential role of speech and language therapists in identifying, assessing, and supporting our children who have speech, language, and communication needs. As well as their role in supporting others who work with and care for our children, Anne is an author (Clark) in related papers Fitzsimons & Clark (2016), Clark & Fitzsimons (2018), and MacRae & Clark (2021).