

Collaborative Healthcare in Scotland:

Delivering the services
children need in the
community



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Following the publication of our *Worried and Waiting: A Review of Paediatric Waiting Times in Scotland 2024*, we have chosen to shine a spotlight on community paediatrics. RCPCH Scotland members and the broader community child health workforce have been vocal about the prolonged waiting times and the immense pressures faced by the workforce.

A year after our initial report, I want to reaffirm my stance:

Prolonged waiting times are unacceptable for all patients. For children and young people, these delays can have severe consequences, as certain treatments must be administered within specific age ranges or developmental stages.

This report delves into the significant challenges faced by community child health services in delivering comprehensive care and support to children and their families. These challenges have been identified through feedback from our dedicated members. Our members have told us of long waiting lists and unsustainable demand for their services.

Unlike our *Worried and Waiting* report, community paediatric data is not published for all health boards on Public Health Scotland. Despite submitting FOIs to all health boards, we quickly uncovered a glaring inconsistency in data recording, preventing us from obtaining a clear picture of the need across Scotland. If we cannot grasp the full scale of the need, how can we possibly address it?

We urge the Scottish Government and the health boards to take immediate action to address these issues and ensure timely, effective care for all children and young people in Scotland

Dr Mairi Stark, RCPCH Officer for Scotland

We would like to thank Children's Health Scotland and their Health Rights Defenders, RCPCH & Us and the children, young people and families, who shared their views on community child health services. We utilised their skills and experience through structured workshops to develop our recommendations and inform this report.



We need grown-ups to help make sure rights happen for CYP.

Young person, Children's Health Scotland 2025

What is Community Paediatrics?

Community paediatrics is a diverse field focused on enhancing children's wellbeing and development within the community. Community paediatricians support vulnerable children, including those with developmental disorders, disabilities, complex behavioural issues, and those at risk of abuse. They work closely with children and their carers, and collaborate with multiple agencies, such as education and social care, to provide comprehensive support. Their roles include conducting clinics in various settings and developing local health strategies, safeguarding policies, and lifestyle programs to improve children's health.

Disciplines within Community Child Health Services:

- Community paediatrics
- Speech and language therapy
- Occupational therapy
- Community child nursing
- Physiotherapy
- Safeguarding children
- Neurodevelopmental services
- Health visiting
- School nursing
- Family nurses



Having rights means to feel safe, happy, well and listened to.

Young person, Children's Health Scotland 2025

The incorporation of the UNCRC into Scottish law solidifies our commitment to upholding the rights of the children and young people of Scotland. We must ensure every child receives the care and support they deserve.

UNCRC Article 12 (Respect for the views of the child):

Every child has the right to express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously.

Far too often, the voices and experiences of children and young people are forgotten and overshadowed by the focus on the pressures within the adult health system. This report shines a light on community paediatrics and the children and young people they care for, who are amongst the most vulnerable in our society.



I know that rights are there to protect me.

Young person, RCPCH &Us Voice Bank 2025

The Impact

Delays in accessing community child health services can have long lasting impacts on children and families. Missing critical developmental stages for interventions can lead to lifelong challenges in speech, mobility, learning, and overall development.

Delays in accessing services can have a profound effect on children and young people. These effects include impacts on the child's educational, social, and later occupational opportunities and impacts on family life. Many of the challenges seen within community child health could be addressed through early intervention, which would lead to improved outcomes for the child.

Dr Gavin Cobb, RCPCH Deputy Scottish Officer

UNCRC Article 24 (health and health services):

Every child has the right to the best possible health.

Our process

In an effort to gain a comprehensive understanding of community child health services across Scotland, RCPCH Scotland conducted a survey among our members working in community paediatrics in 2024. We also submitted Freedom of Information (FOI) requests to all fourteen health boards to obtain data on community child health waiting times.

Challenges encountered

The information we received through the FOIs was incomplete, and some health boards did not respond to our requests in the required timeframe. The data we did receive was not comparable across the different health boards, making it impossible to draw any meaningful conclusions. The lack of consistent data collection, and uniformity in approach, significantly hindered our ability to accurately assess the overall need for community child health services.

Our recommendations have, therefore, been guided by the views of RCPCH Scotland members.

Recommendations

Our recommendations are based around the following core themes:

- 1** The urgent need for data
- 2** Creating a sustainable child health workforce
- 3** Collaborative care
- 4** Positive transitions to adult services
- 5** Neurodevelopmental services

The case for change

1 The urgent need for data

Good quality data is a vital component to service delivery and improvement. Consistent, reliable data that maps service pressures across child health is essential for long-term and evidence-based workforce planning and resource allocation.

At present, obtaining such data for community child health services is challenging, resulting in an incomplete picture at a national level. It is essential to understand both the current need and the future growing demand for community child health services in order to allocate resources effectively.



It's a challenge having to explain it all again each time I see a new consultant.

Young person, Children's Health Scotland 2025

What our members have told us:

Our members have emphasised that the absence of publicly available waiting times data significantly impedes the ability to comprehend the extent of unmet needs across each health board. The lack of comprehensive data obscures the challenges faced within community paediatrics, which our members working in the discipline have reported to be substantial.

In the RCPCH Scotland survey, 81% of respondents indicated that community paediatrics data collection could be improved, with 76% suggesting that improved data collection would help community paediatricians in their work.

Members also indicated that benchmarking and better data collection are crucial to demonstrate the need for more resources. Additionally, our members have expressed frustrations regarding the absence of integrated IT systems which complicate service delivery and necessitates children and young people to repeatedly share their experiences.

Reliable data is crucial for effective child health services. Without it, long-term planning and resource allocation suffer. We must understand current needs and future demands to allocate resources effectively.

Dr Mairi Stark, RCPCH Officer for Scotland

Recommendations

- **Implement mandatory data reporting for all health boards.**
- **Enhance data sharing within and across health boards.**
- **Collect national data to understand the demand for CCH services.**

Implement mandatory data collection for community paediatrics across the health boards.

- Establish robust and uniform data collection systems across all health boards, with mandatory reporting, to ensure a precise and comprehensive understanding of community paediatric waits.
- Ensure this data is accessible through publication by Public Health Scotland and understandable to practitioners.
- Utilise the data to better understand the specific requirements and pressures in each board and invest in the service to meet levels of demand and address staffing gaps.

Enhance data sharing within and across health boards.

- Implement a Scotland-wide patient data sharing system with accessible key information to ensure that appropriate data is readily available across Scotland. This approach would eliminate delays in service provision and would support the coordination of care for the most complex children, who often receive care from multiple centres.

Collect national data to understand the demand for CCH services.

- To better understand the growing demand for community child health services, we advocate for the collection of national data on the number of children with disabilities and those born preterm. This data will be instrumental in identifying their specific needs and follow-up care requirements.
- Data collection must include:
 - CYP registered as having sensory impairment,
 - The delivery and provision of care packages,
 - Availability of care packages, residential, respite and palliative care services and staff.

The lack of a robust patient data sharing system is shortsighted and means that each board commissions similar but not identical solutions to hold and access patient data. Rapid and easy sharing of information between clinical teams becomes difficult. The most vulnerable patients, particularly children with complex needs, are disproportionately affected, as their care often involves multiple specialist teams alongside local services. Delays in information sharing can contribute to errors or key information being lost.

Dr Rebecca Goldman, RCPCH Deputy Scottish Officer

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Creating a sustainable child health workforce

Community paediatrics encompasses a broad range of services and systems, each tailored to the unique needs of children and young people living within their respective health boards. To enhance support for both staff and patients and create a sustainable child health workforce, it is crucial to conduct a comprehensive review of these services and staffing levels.

In preparation for this report, our members shared the current challenges faced in community paediatrics. They reported a growing demand on community child health services and chronic understaffing, which significantly impact the quality of services provided. Effective service delivery is dependent on the adequate resourcing and staffing of the community child health workforce.

A number of Royal Colleges and professional bodies have raised concerns about workforce shortages, recruitment challenges, and the sustainability of health services in Scotland. For instance, the Royal College of Speech and Language Therapists have reported an increase in the number of children with communication needs¹ and highlighted that they are experiencing workforce gaps.² Similarly, the Royal College of Occupational Therapists evidenced the huge pressures their workforce is under due to increased demand and workforce shortages.³ Immediate action is required to improve recruitment, and develop comprehensive workforce plans to meet the growing demands on health services.

UNCRC Article 3 (Best interests of the child):

The best interests of the child must be a top priority in all decisions and actions that affect children.

What our members have told us:

Our members have highlighted the urgent need for increased staffing to address the high demand for services and the limited capacity to meet need. They emphasise there is a notable shortage of staff supporting children and young people within educational settings and the community, including respite workers, social workers, health visitors, and Allied Health Professionals (AHPs). Furthermore, staffing pressures and funding constraints have resulted in limited support from the third sector and social care for vulnerable families.

In the RCPCH Scotland survey of paediatricians working in the community, 77% of members indicated that they regularly work collaboratively with AHPs during neurodevelopmental assessment. Of those, 65% indicated that waiting times to access these services can have negative effects on a patient's journey through community paediatrics.

Staff shortages in education and community settings are leaving vulnerable families without the essential support they desperately need. Respite workers, social workers, health visitors, and AHPs are stretched thin, and funding constraints further limit the help available. Our families deserve better.

Dr Mairi Stark, RCPCH Officer for Scotland

Recommendations

- **Conduct a review of current community child health services across all health boards to evaluate staffing levels.**
- **Implement a sustainable community child health workforce plan.**
- **Invest in community child health.**

1. RCSLT Scotland survey: children's communication difficulties increase since COVID. Royal College of Speech and Language Therapists. <https://www.rcslt.org/news/rcslt-scotland-survey-childrens-communication-difficulties-increase-since-covid/>

2. RCSLT Workforce and Vacancy Survey. Royal College of Speech and Language Therapists. <https://www.rcslt.org/news/rcslt-workforce-and-vacancy-survey/>

3. RCOT Workforce Survey Report 2023. Royal College of Occupational Therapists. <https://www.rcot.co.uk/latest-news/workforce-survey-report-2023>

Conduct a review of current community child health services across all health boards to evaluate staffing levels.

- Ensure services are taking account of rising demand, growing complexity and survivorship of children seen in community paediatrics.

Implement a sustainable community child health workforce plan.

- Utilise the findings of the review to implement a sustainable workforce plan that responds to immediate needs and financial pressures and supports the needs of both children and young people and staff in the community.
- Investment in the workforce should be evidence-based, fair, and should consider the increased demand and complexity of child health.

Invest in community child health.

- Ensure equitable investment in the child health workforce in line with the adult health workforce, to reflect the increased demand and complexity faced by the child health system, and to ensure child health services are safely staffed.
- Invest in early years to help support families with children's development by providing the right service at the right time, in keeping with GIRFEC principles.

Only by prioritising investment in the child health workforce, can we ensure that children are able to access essential assessments and supports early in their life to optimise their wellbeing and ensure they achieve their full potential as healthy and productive citizens.

Dr Rebecca Goldman, RCPCH Deputy Scottish Officer

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Collaborative Care

As previously stated, community paediatrics necessitates extensive collaboration across various staff groups and sectors. Allied Health Professionals (AHPs), Child and Adolescent Mental Health Services (CAMHS), education institutions, and social services all play a crucial role in this collaborative effort.

Given the pressures on the child health workforce and associated services, it is imperative that children and young people have access to the staffing group with the most appropriate skillset. This ensures that the care provided meets the specific needs of each patient, whether that is delivered by community paediatricians or other healthcare professionals.

Although we cannot obtain a consistent overview of community child health waiting times across Scotland, our members have indicated that children and young people are experiencing significant delays. These delays in accessing services can have long-lasting impacts on children and their families. Therefore, early intervention and timely access to the appropriate professionals are crucial. Services must be needs-led and designed to provide support before, during, and after a child's journey through community child health services.



It's hard having to catch up on schoolwork that I've missed due to appointments during school hours.

Young person, RCPCH &Us Voice Bank 2025

What our members have told us:

RCPCH members highlighted variations in service provision, training, and capacity across different NHS health boards which can impact the delivery of care for children and young people. It is essential to take the differences between rural and urban areas into account to ensure that the unique needs of each community are met effectively.

Our members have also strongly emphasised the urgent need for closer collaboration between community paediatrics and CAMHS due to increasing complexity of presentations, childhood trauma, Adverse Childhood Experiences (ACEs) and behavioural challenges that are being seen in community child health. However, we acknowledge the significant pressures these services are experiencing. The Royal College of Psychiatrists in Scotland underscored the significant challenges faced by the psychiatric workforce, reporting that psychiatric services in Scotland are under severe strain due to increasing demand.⁴

There is a clear need to address the disparity between rural and urban areas. Our members have reported that in rural areas, there can be a lack of AHPs available. As a result, the care of children and young people in these areas may fall to community paediatricians due to the absence of other available professionals.

Dr Gavin Cobb, RCPCH Scotland Deputy Officer

Recommendations

- **Urgently prioritise and invest in early intervention services.**
- **Ensure timely access to the right professionals.**
- **Address regional disparities.**
- **Provide comprehensive support services for families.**

Urgently prioritise and invest in early intervention services.

- We strongly advocate for the redesign of services to prioritise needs and support for children across all settings, including education, local authorities and short break providers. This is crucial for children who are referred with concerns regarding behaviour within the context of possible neurodevelopmental conditions for whom early intervention and support is critical.
- To provide comprehensive support and improve outcomes for children and young people there must be substantial funding and staffing for early intervention services, including family support workers, CAMHS professionals, and the wider community child health workforce.

⁴ RCPsych State of the Nation Report. Royal College of Psychiatrists. <https://www.rcpsych.ac.uk/members/involved-nations/rcpsych-in-scotland/state-of-the-nation-report>

Ensure timely access to the right professionals.

- Ensure that children receive care from the appropriate professional at the right time and in the right place. This approach guarantees that the care provided meets the specific needs of each patient, whether delivered by community paediatricians or other healthcare professionals. Doing so will allow for more efficient workforce planning and improve outcomes for children and young people.

Address regional disparities.

- Guarantee equitable healthcare access across all regions, addressing disparities between urban, rural and remote areas while acknowledging each individual health board's needs. Tailored strategies and targeted interventions are essential to address these disparities and promote equitable healthcare access across Scotland.
- To address and prevent staffing gaps and guarantee the adequate provision of community child health services, healthcare staff should be incentivised to pursue opportunities in rural locations.

Provide comprehensive support services for families.

- Deliver community based, inclusive family support programmes. Provide parents/carers with essential tools and guidance on behavioural management, sleep, toileting, diet and healthy habits. By offering comprehensive community support, we can empower families to effectively manage behavioural challenges and enhance children's overall wellbeing.

There is an urgent need for universally available early support and intervention for all families to provide support, guidance and advice about all aspects of childhood development and care. We need to give children the best possible start in life to help them achieve their potential as adults.

Dr Gavin Cobb, RCPCH Deputy Scottish Officer

4 Positive transitions to adult services

In Scotland, there is no statutory requirement to ensure that disabled children and young people are fully supported in their transition to adulthood. Young people transitioning to adult services are often at risk of experiencing poor health outcomes when their transfer is not appropriately supported and coordinated. The Scottish Government are taking steps to improve transitions and are developing the first National Transitions to Adulthood Strategy. While we welcome efforts to create a joined-up approach, significant improvements and investment are needed to enable all young people across Scotland to have an effective transition from child to adult health services.

UNCRC Article 23 (children with a disability):

A child with a disability has the right to live a full and decent life with dignity and, as far as possible, independence and to play an active part in the community. Governments must do all they can to support disabled children and their families.

When sharing their experiences on transition with RCPCH &Us, young people highlighted six key elements for creating a good transition process:

1. Recognise and discuss individual needs in young people friendly terms.
2. Look at transition holistically, to include advice on: social, emotional, educational, geographical, employment, relationships, and physical health.
3. Adult services to make social connections and have a long-term relationship with young people, to provide continuity of care.
4. Multidisciplinary teams are important and should meet regularly to prepare the young person for transition.
5. Signpost to local services, resources and knowledge.
6. Support young people with their mental health.



Know what my rights are; remember I have different rights up to 18. Transition is about me, not ticking boxes.

Young person, Children's Health Scotland 2025

What our members have told us:

Our members have highlighted the critical need for better coordination and a unified approach to transitions. Currently, there is a significant gap in adult services, with no equivalent support systems for young adults transitioning from child services. Our members want to see better collaboration and comprehensive reforms in adult services.

RCPCH members advocate for robust staffing and support, including social care and respite services, to facilitate a smooth transition for CYP and their families. Members have noted that the views of families and young people are frequently overlooked during the transition process, underscoring the importance of regular and effective communication.

Recommendations

- **Bridge the gap between child and adult services.**
- **Engage with young people, parents and their carers.**
- **Conduct a review of respite care and care packages.**

Bridge the gap between child and adult services.

- The upcoming Scottish Government National Transitions to Adulthood Strategy must:
 - ensure services are jointly planned and consider all aspects of a young person's life and healthcare needs.
 - ensure there is consistency of practice, support and access to services for all young people across Scotland.

- engage with young people, parents and carers to ensure their views are taken into account.
- initiate discussions with adult Royal Colleges to identify training and staffing gaps to ensure that the workforce involved in transitions is adequately skilled and resourced.
- Immediate and substantial investment, along with comprehensive reform, is critical to ensure consistent practice, support, and access to services for all young people across Scotland. Services must be fully staffed and adequately resourced without delay.

Engage with young people, parents and their carers.

- A young person's transition must take their views into account and needs to minimise any potential negative impacts. It is essential to keep families informed throughout the transition process and to provide them with clear guidance on where to go for support.

Conduct a review of respite care and care packages.

- This should encompass the provision of respite care and care packages of children and young people with complex needs. It should also include a workforce review and place a focus on staff retainment.

There is a significant lack of care packages and respite for families. This places significant burden on caregivers and their families, impacting on mental health and occupational opportunities for family members. This burden can contribute to pressure on family income and resources, and significant educational and social challenges.

Dr Gavin Cobb, Deputy Scottish Officer

5 Neurodevelopmental services

Neurodevelopmental (ND) services are currently under extreme pressure due to multiple complex factors that have significantly increased the demand for assessment services. Unfortunately, support for families remains under-resourced. Neurodevelopmental conditions profoundly impact the lives of children and their families, making it imperative to ensure timely access to appropriate support services.

The Scottish Government's plan for a Learning Disabilities, Autism, and Neurodivergence Bill has been put on hold. However, this pause presents an opportunity for the government to take immediate action by making neurodiversity training for the public sector mandatory and launching a public health campaign to significantly raise awareness and understanding.

What our members have told us:

Our members have stated that there are variations in neurodevelopmental pathways and staff makeup within those. ADHD assessments are conducted differently across various boards, with the majority handled by CAMHS and a minority by community paediatricians.

Our members tell us that there is insufficient data on referrals, assessment processes and outcomes. Data capture, collation and analysis is imperative to understand the scale of the issue nationally and to develop strategies to address the crisis in services. RCPCH Scotland did submit FOIs in hope of understanding ND waiting times across Scotland, however, this data was either limited or not shared by the Health Boards. They have also emphasised that families experience significant stress while waiting for an ND assessment.

Some families can find it hard accessing support in school settings until a diagnosis is confirmed, resulting in some children failing to have their social and educational needs met. The waiting period can lead to frustration, anger, and school refusal among affected children, limiting social, educational and occupational opportunities.

A societal shift in how we perceive neurodiversity is essential to celebrate the huge contributions that neurodivergent individuals bring to our communities. Meanwhile, it is crucial to provide robust support for children and young people and their families. This ensures that their valuable contributions are not overlooked as our health and education systems evolve to meet the needs of everyone.

Dr Rebecca Goldman, RCPCH Deputy Scottish Officer

Recommendations:

- **Ensure the implementation of the ND Specification.**
- **Collect and publish ND data.**
- **Enhance awareness of neurodiversity.**
- **Ensure families receive support pre and post assessment.**

Ensure the implementation of the ND Specification.

- Ensure that health boards across Scotland receive the necessary support to effectively implement the National Neurodevelopmental Specification for Children and Young People.
- Provide resources, training, and guidance to help meet the principles and standards of care outlined in the specification, while allocating necessary funding to enhance services and staffing levels, ensuring effective implementation and addressing current variations in service delivery.

Collect and publish ND data.

- Develop a robust system to collect detailed data on ND referrals, assessment processes, and outcomes. This should include data on the number of children referred to services, demographic information, and outcomes. By doing so, we can better understand the national scope of the issue and develop informed strategies to improve service delivery.

Enhance awareness of neurodiversity.

- Develop and implement a comprehensive public health campaign aimed at raising awareness and understanding of learning disabilities, autism, and neurodivergence. Collaborate with advocacy groups, key stakeholders within the neurodiverse community, education, CAMHS and individuals with lived experiences to ensure the campaign is impactful and authentic.
- Introduce mandatory training programs for the public sector to ensure they are equipped with the knowledge and skills to offer the best support.
- Allocate funding and resource to support the implementation of these initiatives. Monitor and evaluate their effectiveness to ensure continuous improvement and sustainability.

Ensure families receive support pre and post assessment.

- Ensure support for children in all settings (education, local authorities and short break providers) is needs-led and does not require a diagnosis to access.
- Frequent communication is required so that children, young people, and their families do not feel abandoned while waiting for assessment. Consistent communication and support are essential throughout the process.

Conclusion

This report has placed a spotlight on community paediatrics and the pressures community child health services are currently under in Scotland. Members of RCPCH Scotland working in community paediatrics have highlighted the pressures the workforce is under and the extended waiting times for children and young people to gain access to these services.

As previously stated, despite submitting Freedom of Information requests to all fourteen health boards across Scotland, the data we received was not conducive to creating a true representation of community paediatric waiting times. Only by capturing and publishing this data routinely across Scotland can we truly gauge the extent of the delays and thereby begin to mitigate the effects of these on our children and young people and on the health professionals who care for them.

In order to ensure that the workforce undertaking this essential work remains strong and that the children in their care are supported, it is imperative to implement the series of strategic initiatives outlined in this report. By implementing these recommendations, we can work towards reducing harmful waiting times and ensure that children and young people are supported when accessing healthcare services.

Children and young people growing up in Scotland are the most important resource we have, but they need nurturing. The most vulnerable children in our society can thrive and be active, happy and healthy members of our society if they grow up out of poverty, with the appropriate early support for their families and in their educational provision. With the right resources and support we can make Scotland the best place for all children to thrive and meet their full potential.

Dr Mairi Stark, RCPCH Officer for Scotland

Acknowledgements

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Finally, we would like to thank Children's Health Scotland Health Rights Defenders, RCPCH &Us and the children and young people who shared their thoughts on community child health services and child rights.

About RCPCH Scotland

The RCPCH works to transform child health through knowledge, innovation and expertise. We have over 1400 members in Scotland. The RCPCH is responsible for training and examining paediatricians. We also advocate on behalf of members, represent their views and draw upon their expertise to inform policy development and the maintenance of professional standards.

For further information please contact Gemma Richardson, Policy and Public Affairs Manager (Scotland), gemma.richardson@rcpch.ac.uk

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Registered Office 5-11 Theobalds Road, London WC1X 8SH.
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**Royal College of
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Leading the way in Children's Health