

AUTHOR QUERIES

- AQ1: The following citations do not have the complete reference details: Lewin et al., 2012; ADES Think Piece (2010). Please provide the complete reference or consider deleting the citation or rephrasing the text to remove the citation.
- AQ2: Please provide expansions for SEN, CPD, PE, LA, Q&A, NHS, GP, CAMHS, and FAQ.
- AQ3: Please check whether the edits made to the sentence ‘This right exists ...’ are correct.
- AQ4: Please check if the phrase ‘fall into six categories’ is fine, as only 3 points are discussed below.
- AQ5: Section heading numbers 4.6.2.1., 4.6.3., 4.6.4., 4.7.2.1. 4.7.2.2. and 4.8.2.1. have been renumbered. Please check for correctness.
- AQ6: Please provide page range for Garvis, S., Harju-Luukkainen, H., Williams, P., & Sheridan, S. (2019).

IMPLEMENTATION STRATEGY

4.1. INTRODUCTION

The success of educational policy reforms depends not merely on the quality of the evidence base or the soundness of the recommendations but fundamentally on the quality of implementation. Well-designed policies can fail spectacularly when implementation is poorly planned (Lynch, 2014), while even modest reforms can succeed when implementation is carefully managed with attention to barriers, facilitators, and stakeholder engagement. The international literature on educational reform provides sobering examples of both outcomes, offering crucial lessons for Scotland as it considers reforms to address relative age effects (RAEs) and extended school cohorts.

Perhaps the most instructive cautionary tale comes from Poland's attempt to lower school commencement age in 2014. Herbst and Strawiński (2016) document how a top-down policy approach, implemented without meaningful stakeholder engagement or consideration of recipient perspectives, generated intense hostility among parents, teachers, and educational professionals. The reform, which lowered the compulsory school starting age from seven to six years, was introduced rapidly with minimal consultation and inadequate preparation of the education system. Parents perceived the change as imposed upon them without regard for their children's individual needs or developmental readiness. Teachers felt unprepared to accommodate younger children within existing classroom structures. The backlash was so severe that opposition parties made reversal of the policy a central manifesto pledge, and the reform was indeed reversed following a change of government. The Polish experience demonstrates that even policies with potential merit can be undermined by poor implementation strategy, particularly when stakeholder resistance is not anticipated and addressed.

In stark contrast, Scandinavian countries have successfully implemented major early years reforms through careful stakeholder engagement and gradual, consultative processes. Norway, Sweden, and Denmark have all transitioned towards play-based early childhood education with later formal academic instruction, achieving high levels of public support and professional buy-in (Garvis et al., 2019). These reforms succeeded because they were framed within existing cultural values, implemented gradually with extensive professional development, and accompanied by sustained communication campaigns that built public understanding and support. The Scandinavian experience demonstrates that educational reform can succeed when implementation strategy is given equal weight to policy design.

The remainder of this chapter proceeds as follows: Section 4.2 describes the methodology used to identify and analyse barriers and facilitators, drawing on the Supporting the Use of Research Evidence (SURE) Collaboration framework adapted for the Scottish context. Section 4.3 presents detailed results of the barrier and facilitator analysis across all five levels. Section 4.4 examines system constraints in depth, distinguishing between educational system constraints and social-political constraints. Section 4.5 presents an integrated implementation timeline with specific actions, responsible agencies, and milestones for each phase. Section 4.6 analyses resource requirements and costs, demonstrating that the reform is not only affordable but likely cost-saving in the medium to long term. Section 4.7 details the monitoring and evaluation framework, specifying indicators, data sources, and reporting mechanisms. Section 4.8 outlines the stakeholder engagement and communication plan, identifying target audiences, key messages, and communication channels. Section 4.9 provides a summary and synthesis, emphasising the urgency of action and the favourable conditions for implementation.

4.2. METHODOLOGY: BARRIER AND FACILITATOR ANALYSIS

The identification and analysis of barriers and facilitators to implementation was conducted using a modified version of the SURE Collaboration (2011) framework for identifying barriers to implementing health policy recommendations. The SURE framework, developed by the SURE project, provides a systematic checklist for considering potential barriers and facilitators across multiple levels of analysis. While originally designed for health policy, the framework has been successfully adapted for educational policy contexts (Lewin et al., 2012) and is particularly well-suited to complex, multi-level interventions such as those proposed in this book.

The SURE framework organises potential barriers and facilitators into five broad categories (Fig. 13): (1) recipient perceptions and behaviours, (2) provider perceptions and behaviours, (3) other stakeholder perceptions and behaviours, (4) health system constraints, and (5) social and political constraints. For the purposes of this analysis, these categories were adapted to the Scottish educational context as follows: (1) recipient (pupil) perceptions, (2) recipient (parent) perceptions, (3) educator (teacher and coach) perceptions, (2) recipient (parent) perceptions, (3) educator (teacher and coach) perceptions,

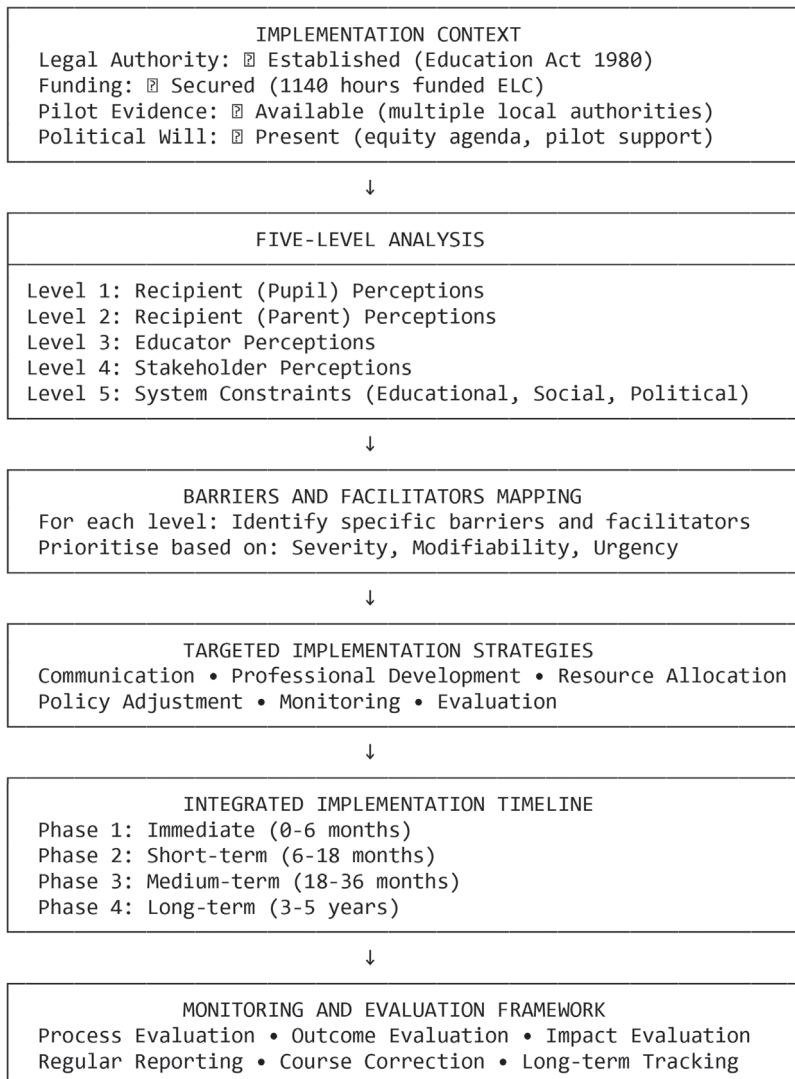


Fig. 13. Implementation Strategy Model.

(4) stakeholder perceptions (policymakers, advocacy groups, media), and (5) system constraints (educational system, social and political).

Within each category, the SURE framework prompts consideration of specific types of barriers and facilitators. For recipients, these include knowledge and skills, attitudes towards the intervention, motivation to change, and financial or practical constraints. For providers, these include knowledge and skills, attitudes, motivation, workload, and professional norms. For stakeholders, these include ideology, influential groups, and political considerations. For system constraints, these include accessibility, financial resources, human resources, facilities, management and leadership, and relationship with social norms.

Despite these limitations, the modified SURE framework provides a systematic and comprehensive approach to identifying implementation challenges and opportunities. The framework's strength lies in its multi-level perspective, which recognises that successful implementation requires alignment across recipients, providers, stakeholders, and system constraints. A reform that addresses only one level (e.g. securing funding) while ignoring others (e.g. stakeholder resistance, provider attitudes) is unlikely to succeed. The framework also emphasises the importance of understanding not just what the barriers are but also why they exist and how they might be addressed.

The results of this barrier and facilitator analysis are presented in detail in Section 4.3, organised by the level of analysis. For each level, barriers are presented first, followed by facilitators, and then targeted implementation strategies. Table 15 provides a comprehensive summary of all identified barriers and facilitators across all levels.

4.3. RESULTS: KEY BARRIERS AND FACILITATORS

This section presents the barrier and facilitator analysis across five levels: pupil perceptions, parent perceptions, educator perceptions, stakeholder perceptions, and system constraints. Table 15 provides a comprehensive overview.

4.3.1. Recipient (Pupil) Perceptions

At the first level, children are the ultimate recipients of educational policy yet the least empowered stakeholders in reform. Pupils in extended cohorts are largely passive; they cannot choose their school starting age, advocate for age-adjusted assessment, or drive systemic change. Implementation must therefore work through adults: parents, teachers, and policymakers.

Table 15. Analysis of Potential Barriers and Facilitators to Successful Implementation.

Level	Barriers	Facilitators	Implementation Strategy
Recipient (pupil)	- Limited awareness of RAE - Passive recipients of system - Younger pupils lack capacity to advocate	- Children's rights framework (United Nations Convention on the Rights of the Child (UNCRC)) - Age-appropriate education possible - Direct beneficiaries of reform	- Age-appropriate RAE education in curriculum - Children's rights framing - Pupil voice in evaluation
	- Pluralistic blindness to harms - Lack of knowledge of options - Belief that deferral is beneficial - Vested interest (those who deferred) - Financial barriers (some families) - Differential uptake reinforces inequality	- Many unaware of harms (information can shift attitudes) - Pilot schemes show acceptance of legal age - Getting It Right for Every Child (GIRFEC): parents want the best for the child - Funding barriers removed at the system level	- Evidence-based communication campaign - Outreach to disadvantaged communities - Reframe deferral as an 'informed request' - Emphasise equity and legal alignment
Educator (teacher/coach)	- Lack of awareness of RAE implications - Belief that younger children are less able - Additional workload (training, assessment) - SEN teachers concerned about loss of deferral option	- Teachers motivated to support equity - GIRFEC and Curriculum for Excellence (CfE) emphasise child-centred approaches - Narrower cohorts are easier to teach - CPD can be integrated into existing frameworks	- Mandatory CPD on RAE for all primary and PE teachers - Guidance on age-adjusted assessment - Support materials for identifying relatively younger children - Address SEN concerns with evidence

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Table 15. (Continued)

Level	Barriers	Facilitators	Implementation Strategy
Stakeholder (policy/advocacy)	• Lobby groups advocating for deferral • Selective use of evidence • Deferral framed as parental rights issue • Political sensitivity • Media focus on individual cases • Vested interests (childcare providers)	• Government already piloting legal commencement age • Professional consensus exists (Association of Directors of Education in Scotland (ADES) Think Piece) • Growing awareness of equity issues • International evidence provides validation	• Proactive stakeholder engagement (Members of the Scottish Parliament (MSPs), LAs, professional associations) • Media strategy: clear, accessible communication • Coalition building across health, education, and sport • Transparent policy process
System: educational	• Transition management (extended cohorts persist 13 years) • Resource constraints for interventions • Assessment system changes required • Multi-agency coordination needed	• Pilots demonstrate feasibility • Additional childcare year already funded • GIRFEC provides multi-agency structure • CfE emphasises play-based early years	• Phased implementation with clear transition plan • Dedicated transition support (Years 1–3) • Multi-agency implementation group • Regular monitoring and published reports
System: social and political	• Political sensitivity (deferral as ‘right’) • Social norms (early commencement normalised) • Equity paradox (most harmed least aware) • Scottish identity concerns	• Equity agenda (political commitment) • Strong international evidence base • Legal authority already exists • Timing: the current transition creates opportunity	• Frame as alignment with existing law and equity commitments • Engage with Scottish identity (CfE, GIRFEC, Scots Law) • Equity framing: protects most disadvantaged • Cross-party engagement and consensus building

The primary barrier is limited awareness of RAEs. Young children cannot understand that their cohort position shapes teacher perceptions, assessments, and sport opportunities. Older children may notice age differences but are unlikely to connect them to systematic disadvantage. This reflects a developmental stage, not failure; RAEs operate through adult perceptions of relative maturation and institutional structures that create the disparate conditions of comparison rather than children's own understanding.

Key facilitators at the pupil level are threefold. First, children are the direct beneficiaries – reform improves outcomes for relatively younger children without requiring them to change behaviour. Second, the UNCRC (incorporated into Scottish law through the Children and Young People (Scotland) Act, 2014) provides a rights-based framework: Article 3 establishes the best interests of the child as a primary consideration (UNCRC, 1989), and Article 12 establishes children's right to have their views heard. Third, age-appropriate education on RAEs – emphasising that people develop at different rates and that being younger does not mean less capable – can be integrated into health and wellbeing and help reduce stigma (Lynch, 2024).

4.3.1.1. Implementation Strategy

The pupil-level implementation strategy has three elements: (1) integrate age-appropriate RAE education into health and wellbeing, using concrete examples, delivered universally to avoid stigmatisation; (2) frame reform within a children's rights framework – all children have a right to education serving their best interests; communicable to parents, teachers, policymakers, and older pupils; (3) include pupils in evaluation through age-appropriate surveys or focus groups, giving pupil voice due weight in assessing outcomes while ensuring that the opinions of the young for cohort (marginalised children) are also heard.

4.3.2. Recipient (Parent) Perceptions

For the second level, parents will largely determine the success or failure of efforts to reduce extended cohorts. The most significant barrier is 'pluralistic blindness' to extended-cohort harms: many parents privately question whether deferral is beneficial but believe others support the current system, leading to public acceptance of a practice that many privately doubt. This is reinforced by public framing of deferral as a positive, responsible parental choice.

A related barrier is lack of knowledge: many parents, particularly migrants or those from disadvantaged backgrounds, are unaware that deferral is an

option or unclear about how to request it (Dicks & Lancee, 2018; Hanly et al., 2019). Even informed parents may conflate RAEs with school readiness or rely on anecdotal evidence rather than population-level data. The prevailing public discourse frames deferral as beneficial, particularly for boys, and deferral rates are highest among the most educated and affluent families (Scottish Government Statistics, 2023), creating a perception that deferral is what ‘good parents’ do. Parents who have already deferred may resist evidence suggesting that this contributes to extended cohorts that harm other children.

Financial barriers persist for some families despite the expansion of funded early learning and childcare (ELC). Parents working non-standard hours or in areas with limited provision may still find early entry more practical. However, it should be noted that a difference of up to one year in need for childcare is an essential part of all 12-month cohorted systems. Demographic patterns in deferral uptake both reflect and reinforce social inequalities: deferral is highest in least-deprived areas and lowest in most-deprived areas; boys are deferred at higher rates than girls; and children from minority ethnic backgrounds and migrant families are less likely to defer (Dicks & Lancee, 2018; Scottish Government Statistics, 2023). Reform must address these inequalities directly, not simply make deferral more available.

4.3.3. Educator Perceptions

The third level acknowledges the expertise and professionalism of the teacher/educator as a vital stakeholder of deep implementation. Facilitation includes:

- Checklists or screening tools to identify children who may be experiencing RAEs.
- Strategies for providing additional support or scaffolding for relatively younger children.
- Guidance on when to refer children for additional support or assessment and how to distinguish between RAEs and genuine additional support needs.
- Case studies and examples of successful age-aware (developmentally appropriate) teaching practices.

Concerns from SEN teachers and educational psychologists must also be addressed directly and with evidence. This should include:

- Presenting evidence that deferral does not benefit most children with additional support needs and may actually harm them by delaying access to specialist support available in schools (Fortner & Jenkins, 2017).
- Explaining that narrower cohorts will reduce the number of children inappropriately identified as having additional support needs due to RAEs.
- Clarifying that the option to request advancement (early entry) remains available for children with specific needs that would be better met in a school environment.
- Proposing a mechanism for exceptional deferral (beyond the legal commencement age) – in rare cases where this is clearly in the child’s best interests – due consideration is given to the interests of others and with appropriate safeguards to prevent this becoming a routine option.

4.3.4. Stakeholder Perceptions

The fourth level involves stakeholders beyond parents and educators – policymakers, advocacy groups, and media – shape public discourse and political feasibility of reform. A significant barrier is organised lobby groups that have framed deferral as a parental rights issue (despite this right not being available universally). Such groups have successfully lobbied for automatic funding and used selective evidence that conflates benefits of relative age with benefits of deferral while downplaying extended-cohort harms (Hanly et al., 2019). These groups, often led by higher-socio-economic-status parents who have deferred their own children, have established relationships with policymakers and media and the capacity to mobilise opposition.

Political sensitivity is a further barrier: deferral has been framed as a parental right. This right exists in law to advance if your child has been born between August and February but has been portrayed initially as a right to defer for those born between January and February. Despite the lack of universality and the misconception, politicians may be reluctant to be seen as removing it, particularly given that deferring families tend to be educated, articulate, and politically engaged. Media coverage has amplified individual anecdotes over population-level evidence, potentially framing reform as contentious despite broad professional consensus. Some childcare providers also have a financial interest in the additional funded year accompanying deferral, though the expansion of universal funded ELC reduces this concern. AQ3

Key facilitators at the stakeholder level are (1) existing pilot schemes in several Scottish local authorities demonstrating political will and feasibility; (2) long-standing professional consensus in favour of later school entry, as evidenced by the ADES Think Piece (2010), providing legitimacy to counter lobby-group opposition; (3) the Scottish Government's commitment to closing the poverty-related attainment gap and to the UNCRC, allowing reform to be framed as consistent with existing priorities; and (4) international evidence that most developed countries have later school starting ages and that later-entry countries (e.g. Finland, Sweden) have strong educational outcomes – reassurance that reform is not radical but represents alignment with international best practice.

4.3.4.1. Implementation Strategy

The implementation strategy at the stakeholder level should focus on four key elements. First, proactive stakeholder engagement should be undertaken well in advance of formal policy announcements. This engagement should include:

- Briefings for MSPs from all parties, presenting the evidence base and the rationale for reform and seeking cross-party support.
- Consultation with local authority education departments and ADES, building on existing professional consensus and seeking input on implementation planning.
- Engagement with professional associations (e.g. Educational Institute of Scotland, General Teaching Council for Scotland) to secure support and to address concerns about workload and professional development.
- Dialogue with health stakeholders (e.g. Royal College of Paediatrics and Child Health, British Psychological Society) to build a multi-sectoral coalition and to emphasise the health as well as educational benefits of reform.
- Consultation with sport governing bodies and coaching organisations to coordinate implementation of age-banded sport – where these are inappropriately extended (such as school 'year'-based 19-month cohorts and sports with two-year bands) – and to leverage sport sector support for broader reform.

Second, a media strategy should be developed to ensure clear, accessible communication of the evidence base and to proactively address likely concerns and misconceptions. This strategy should include:

- Preparation of clear, jargon-free briefing materials for journalists, including infographics, fact sheets, and Q&A documents.
- Proactive media engagement, including press releases, media briefings, and offers of expert interviews, timed to coincide with key policy announcements.
- Use of case studies and human interest stories that illustrate the harms of extended cohorts and the benefits of reform, to balance anecdotal evidence from opponents.
- Rapid response capacity to address misinformation or misrepresentation in media coverage.
- Engagement with social media to reach parents and educators directly and to build grassroots support.

Third, coalition building should bring together stakeholders from health, education, and sport sectors to present a united front in support of reform. This coalition should emphasise that RAEs are not just an educational issue but a health and wellbeing issue, and that reform serves children's best interests and therefore the nation's best interest across multiple domains. The coalition should include respected voices such as paediatricians, educational psychologists, teachers, coaches, and children's rights advocates.

Fourth, the policy process should be transparent, with the evidence base and rationale for decisions made fully public. This transparency serves multiple purposes: it builds trust by demonstrating that decisions are based on evidence rather than ideology; it enables informed public debate; it provides political cover for policymakers by showing that reform is evidence based; and it makes it more difficult for opponents to misrepresent the reform or to claim that concerns have not been considered.

Specific engagement with lobby groups that have advocated for deferral rights should acknowledge their role in raising awareness of school starting age issues and in securing funding for ELC, while gently challenging the framing of deferral as universally beneficial. The message should be that reform represents the logical next step in their campaign: ensuring that all children, not just those from advantaged backgrounds, benefit from later school entry, while maintaining choice through the option to request advancement.

4.4. CONSTRAINTS

This section examines structural constraints that may impede implementation regardless of stakeholder support. Unlike barriers, constraints are typically

more fixed; however, many apparent constraints can be addressed through careful planning, resource allocation, and policy design.

4.4.1. Education System Constraints

Education system constraints are practical, logistical, and resource related; most are addressable through the implementation strategy proposed in this chapter.

The most complex constraint is transition management: extended cohorts have been embedded in Scottish education for many years, so even if deferral rates drop immediately, schools will manage cohorts of varying spans for over a decade, creating challenges for resource planning, assessment, and outcome comparison. Resource constraints also apply to specific interventions: age-adjusted assessment requires new scoring systems and teacher training; age-banding of school sport requires additional organisation; and support for children who advanced inadvertently may require additional educational psychology resources.

Assessment system changes are required to implement age-adjusted scoring in primary school. Current assessment systems do not routinely account for age within a cohort; implementing age-adjusted scoring requires coordination across Education Scotland, local authorities, and schools, along with time and resources.

Multi-agency coordination is necessary because RAEs span education, health, and sport domains. Effective implementation requires coordination between Education Scotland, NHS Scotland, sportscotland, and local authority departments. The GIRFEC framework provides a structure for multi-agency working, but translating this into effective coordination on RAEs will require dedicated effort.

Individual-level accessibility barriers may persist even after system-level barriers are addressed. Some families face practical difficulties accessing funded ELC due to location, working hours, or specific needs. The system must be flexible enough to accommodate individual circumstances while maintaining the default of legal commencement age for the majority.

Despite these constraints, pilot schemes in several Scottish local authorities demonstrate that the transition to legal commencement age as default is feasible within existing resources (Scottish Government Statistics, 2023); schools can manage pupil number fluctuations, childcare provision can accommodate increased demand, and parents accept the change when properly communicated. The Scottish Government's 1,140-hour funded ELC commitment means later school entry imposes no additional costs on families. The GIRFEC

framework provides an existing multi-agency structure for coordination across health, education, and sport services; and CfE already emphasises play-based learning in early years (Education Scotland, 2019), meaning later entry represents better developmental alignment rather than fundamental pedagogical change.

4.4.2. Social and Political Constraints

At the social and political level, the equity agenda in Scottish education creates a political opportunity for reform. The Scottish Government (2018) has made closing the poverty-related attainment gap a central policy priority through the Scottish Attainment Challenge and Pupil Equity Funding. Reform addressing RAEs can be framed as consistent with this existing commitment, as it would disproportionately benefit disadvantaged children currently least likely to be deferred.

The strength of the international evidence base provides political cover for reform. RAEs are well documented across multiple countries and domains, making it difficult to dismiss the evidence as weak or contested. Most developed countries have later school starting ages than Scotland's current practice, providing reassurance that reform is not radical nor risky.

Critically, legal authority for the recommended reform already exists under the Education (Scotland) Act (1980). The primary policy recommendation – adopting legal commencement age as default – does not require new legislation but rather corrects a practice that has drifted away from the law. This reframes reform not as a new imposition but as alignment with existing law.

The timing of reform is also favourable. The expansion of funded ELC has created a natural transition period during which deferral rates have been increasing. Reform can be framed as the logical next step in an evolution already underway, supported by pilot scheme evidence that the transition is manageable.

4.4.2.1. Implementation Strategy

The implementation strategy to address social and political constraints should focus on four key elements. First, reform should be framed as alignment with existing law and existing equity commitments, not as a new imposition. The message should be:

- The legal commencement age has always been the August following a child's fifth birthday.

- Current practice, where many children advance to start school earlier, represents a drift away from the law.
- This drift has created extended cohorts that systematically disadvantage relatively younger children.
- Reform corrects this drift and aligns practice with law.
- Reform is consistent with Scotland's commitment to equity and to closing the poverty-related attainment gap.
- Reform protects the most disadvantaged children, who are currently least likely to benefit from deferral.

Second, reform should be explicitly engaged with Scottish educational identity and values. The message should be:

- Scotland has a proud tradition of educational excellence and of valuing every child.
- CfE emphasises child-centred learning and meeting individual needs.
- GIRFEC emphasises getting it right for every child, not just for some children and not at the expense of others.
- Reform is consistent with these Scottish values and strengthens Scottish education.
- Reform aligns Scotland with other Northern European countries (particularly Scandinavian countries) with which Scotland shares cultural bonds and educational values.

Third, cross-party engagement should be pursued to build political consensus and to reduce the risk that reform becomes a partisan issue. The evidence on RAEs is not ideologically contested, and there is no reason why reform should divide along party lines. Briefings should be offered to MSPs from all parties, and opportunities should be sought for cross-party statements of support. If reform can be presented as a matter of evidence-based policy rather than political ideology, it is more likely to be durable and less likely to be reversed following a change of government.

Fourth, the equity framing should be central to all communication.

4.5. INTEGRATED IMPLEMENTATION TIMELINE

The implementation timeline is structured across four phases, each with distinct priorities, responsible agencies, and measurable milestones. The phases

are cumulative: actions initiated in earlier phases continue into later ones, and progress in each phase creates the conditions for the next. The timeline is designed to be ambitious but realistic, building on existing pilots and legal frameworks while allowing sufficient time for stakeholder engagement, capacity building, and course correction.

4.5.1. Phase 1: Immediate Actions (0–6 months)

The first phase focuses on the foundational actions required to initiate reform: issuing national guidance to local authorities and schools designating the legal commencement age as the default, establishing the multi-agency implementation group, and launching the public communication campaign. These actions do not require new legislation or significant new resources; they require political commitment and clear direction from the Scottish Government. Early momentum is critical: this phase sets the tone for the entire reform and signals to all stakeholders that change is underway.

4.5.2. Phase 2: Short-term Implementation (6–18 months)

The second phase moves from preparation to active implementation. Local authorities begin applying the revised guidance, professional development on RAEs is rolled out to primary teachers and early years practitioners, and the first cohorts of children begin to enter school under the new default arrangements. Communication with parents intensifies, with targeted outreach to disadvantaged communities where awareness of deferral rights has historically been lowest. Early data collection begins, establishing the baseline against which subsequent progress will be measured.

4.5.3. Phase 3: Medium-term Consolidation (18–36 months)

The third phase focuses on embedding the reform, addressing emerging challenges, and beginning to evaluate early outcomes. By this stage, the new default arrangements should be operating consistently across local authorities, professional development should be reaching the majority of relevant practitioners, and initial monitoring data should be available. The phase includes the first formal evaluation of implementation progress and the publication of the first monitoring report.

Ongoing transition support: Transition support should continue for schools managing extended cohorts, with particular attention to secondary schools as extended cohorts begin to enter secondary education. Responsible: Local authorities, schools.

Evaluation Actions:

- Evaluate and publish the first monitoring report: The first comprehensive monitoring report should be published, presenting data on deferral rates, demographic patterns, cohort spans, and early indicators of impact on academic, health, and sport outcomes. The report should assess progress against targets, identify successes and challenges, and make recommendations for adjustments to implementation. Responsible: Multi-agency implementation group.
- Adjust implementation based on evaluation: Implementation strategy should be adjusted based on findings from the first monitoring report and on ongoing feedback from stakeholders. This may include modifications to CPD content, assessment guidance, communication strategies, or resource allocation. Responsible: Multi-agency implementation group.

4.5.4. Phase 4: Long-term Monitoring (3–5 Years)

The long-term phase focuses on sustained monitoring and refinement, with comprehensive evaluation at five years post-implementation.

Monitoring Actions:

- *Monitor deferral rates and demographic patterns:* Ongoing monitoring of deferral rates by demographic group (socio-economic status, sex, ethnicity) should continue to ensure that the reform is achieving its equity objectives and that deferral is not re-emerging as a widespread practice. Responsible: Scottish Government, local authorities.
- *Monitor cohort spans:* Cohort spans (age difference between youngest and oldest child in each cohort) should be monitored by school and local authority to ensure that extended cohorts are narrowing as intended. Responsible: Local authorities, Education Scotland.

- *Monitor health outcomes:* Attention-deficit hyperactivity disorder (ADHD) diagnosis rates, mental health presentations, and physical injury rates should be monitored by birth month and age within the cohort to assess whether the reform is reducing health inequities. Responsible: NHS Scotland.
- *Monitor academic outcomes:* Academic attainment should be monitored by birth month and age within the cohort to assess whether the reform is reducing academic inequities. Particular attention should be paid to the poverty-related attainment gap and to whether the reform is contributing to closing this gap. Responsible: Education Scotland, Scottish Government.
- *Monitor sport participation and outcomes:* Sport participation rates, injury rates, and attainment in sport should be monitored by birth month and age within a cohort to assess whether the reform is reducing inequities in sport. Responsible: sportscotland.

Evaluation Actions:

- *Longitudinal tracking:* The first cohorts of children starting school under the new system should be tracked longitudinally to assess long-term outcomes. This tracking should continue through primary school, secondary school, and ideally into further education and employment. Responsible: Scottish Government, Education Scotland, research partners.
- *Comparative studies:* Comparative studies should be conducted with the rest of the United Kingdom and with international jurisdictions to assess whether Scotland's approach is achieving better outcomes than alternative approaches. Responsible: Scottish Government, research partners.
- *Regular review and adjustment:* The policy package should be reviewed regularly (at least annually) and adjusted based on emerging evidence. This review should consider whether all components of the policy package are working as intended, whether any components should be modified or discontinued, and whether any new components should be added. Responsible: Multi-agency implementation group.
- *Comprehensive evaluation at five years:* A comprehensive evaluation should be published at five years post-implementation, assessing the impact of the reform on all intended outcomes (academic attainment, health, sport, equity) and making recommendations for the future. This evaluation should be conducted by independent researchers to ensure objectivity. Responsible: Scottish Government, independent research partners.

4.6. RESOURCE REQUIREMENTS AND COST ANALYSIS

A common objection to educational reform is that it is unaffordable or that it diverts resources from other priorities. This section demonstrates that the proposed reform is not only affordable but likely to be cost-saving in the medium to long term. The analysis considers both the costs of implementation and the savings that can be expected from reduced health and educational costs.

4.6.1. Implementation Costs

AQ4 The primary costs of implementation fall into six categories:

1. *Professional development*: The most significant implementation cost is the development and delivery of CPD on RAEs for all primary schoolteachers and PE teachers. Assuming approximately 20,000 primary teachers and 5,000 PE teachers in Scotland, and assuming six hours of CPD per teacher at a cost of £50 per hour (including teacher time, trainer costs, and materials), the total cost would be approximately £7.5 million. This cost would be spread over 2–3 years and could be partially offset by integrating RAE content into existing CPD programmes rather than creating entirely new programmes.
2. *Assessment system adjustment*: Implementing age-adjusted scoring requires development of scoring algorithms, modification of assessment software, creation of guidance materials, and training for teachers. Assuming development costs of £500,000 and implementation costs of £1 million (including software modification and training), the total cost would be approximately £1.5 million. These are one-time costs, with minimal ongoing costs once the system is established.
3. *Public awareness campaign*: A comprehensive public awareness campaign using multiple channels (print, broadcast, online, social media) would cost approximately £2 million over two years. This includes development of materials, media buying, and targeted outreach to disadvantaged communities.

AQ5 4.6.2. Key Savings

4.6.2.1. Long-term Savings

Reduced social costs: As documented in Chapter 2, RAEs have long-term consequences for educational attainment, career outcomes, and lifetime earn-

ings. If the reform increases average educational attainment and reduces the proportion of young people leaving school with no qualifications, this would generate substantial economic benefits through increased productivity and reduced welfare costs. While these benefits are difficult to quantify precisely, even a 1% increase in average lifetime earnings for the affected cohorts would generate economic benefits far exceeding the implementation costs.

4.6.3. Cost–Benefit Analysis

Even using conservative assumptions, the cost–benefit analysis strongly favours implementation. The implementation costs of approximately £20 million over five years are modest compared to the potential savings of £70 million per year (£50 million from reduced ADHD diagnoses plus £20 million from reduced SEN costs) from health and educational cost reductions alone. The payback period is less than six months, and the net present value of the reform over 20 years (the time it takes for a cohort to progress through education and into employment) is likely to be in the hundreds of millions of pounds.

Moreover, these calculations do not account for the intrinsic value of improved child wellbeing, reduced suffering from mental health problems and injuries, and greater equity. The reform is justified on ethical and equity grounds even if it were cost-neutral; the fact that it is likely to be cost-saving makes the case overwhelming.

4.6.4. Economic Equity Argument

Finally, there is a strong economic equity argument for the reform. The children most harmed by the current system – those from disadvantaged backgrounds who are least likely to be deferred – are also those whose improved outcomes would generate the greatest economic and social benefits. Investing in the educational and health outcomes of disadvantaged children is not only ethically right but economically rational, as it increases productivity, reduces welfare dependency, and breaks cycles of intergenerational disadvantage. The reform should therefore be seen not as a cost but as an investment in Scotland’s human capital and in a more equitable and productive society.

4.7. MONITORING AND EVALUATION FRAMEWORK

Robust monitoring and evaluation are essential to ensure that the reform achieves its intended outcomes, to identify problems early so that they can be

addressed, and to build the evidence base for future policy decisions. This section details the monitoring and evaluation framework, specifying indicators, data sources, collection methods, and reporting mechanisms.

4.7.1. Key Indicators

The monitoring and evaluation framework should track indicators across five domains: implementation process, deferral and cohort patterns, academic outcomes, health outcomes, and sport outcomes.

Implementation Process Indicators:

- Proportion of local authorities implementing legal commencement age as default.
- Number of teachers completing CPD on RAEs.
- Number of schools implementing age-adjusted scoring.
- Number of schools implementing age-banded or bio-banded sport.
- Number of advancement requests received and approved.
- Stakeholder satisfaction with the implementation process (measured through surveys).

Deferral and Cohort Pattern Indicators:

- Overall deferral rate (proportion of eligible children deferred).
- Deferral rate by socio-economic status (Scottish Index of Multiple Deprivation quintile).
- Deferral rate by sex.
- Deferral rate by ethnicity.
- Average cohort span (age difference between youngest and oldest child) by school and local authority.
- Proportion of cohorts that are extended (span > 12 months).

Academic Outcome Indicators:

- Academic attainment by birth month and age within a cohort at Primary 1, Primary 4, Primary 7, S4, and S6.
- Proportion achieving expected CfE levels by birth month and age within a cohort.

- Proportion leaving school with no qualifications by birth month and age within a cohort.
- Poverty-related attainment gap (difference in attainment between most and least deprived quintiles) overall and by birth month.
- SEN identification rates by birth month and age within a cohort.

4.7.2. Data Collection

4.7.2.1. Evaluation Design

1. *Natural experiment using pilot authority data:* Local authorities that piloted legal commencement age as default can be compared to local authorities that did not pilot the reform. This design provides stronger evidence of causal impact, as it controls for time trends that affect all authorities. However, pilot authorities may differ from non-pilot authorities in ways that affect outcomes, so this design must be interpreted cautiously.
2. *Longitudinal tracking:* The first cohorts starting school under the new system should be tracked longitudinally through primary school, secondary school, and into further education and employment. This design provides evidence of long-term impacts and enables assessment of whether early benefits are sustained or whether they fade over time.
3. *Comparative analysis:* Scottish outcomes should be compared to outcomes in the rest of the United Kingdom and in international jurisdictions with different school starting age policies. This design provides context for interpreting Scottish results and enables assessment of whether Scotland's approach is achieving better outcomes than alternative approaches.

4.7.2.2. Reporting

Regular reporting is essential for transparency and accountability.

Annual monitoring reports: Annual reports (20–30 pages, accessible, with data visualisations) should present all key indicators, assess progress against targets, and make recommendations for adjustments.

5-year comprehensive evaluation: A comprehensive evaluation (100–150 pages) should be published at five years post-implementation, conducted by

independent researchers, assessing impact on all intended outcomes, including equity impacts.

Independent academic evaluation: Independent academic evaluation should be encouraged, with researchers given access to anonymised data for peer-reviewed publication, providing external validation and contributing to the international evidence base.

4.8. STAKEHOLDER ENGAGEMENT AND COMMUNICATION PLAN

Effective stakeholder engagement and communication are critical to implementation success. This section outlines the stakeholder engagement and communication plan, identifying target audiences, key messages, and communication channels.

4.8.1. Target Audiences

The communication plan should address multiple audiences, each with different information needs and concerns:

1. *Parents (especially those considering deferral or advancement):* clear, accessible, evidence-based, and empathetic communication acknowledging parental intent while providing information for informed decisions.
2. *Teachers and school leaders:* professional, evidence-based, practical guidance on what is expected and what support is available.
3. *PE teachers and coaches:* provide an emphasis on child safety and development benefits, with practical implementation guidance for age-banded sport.
4. *Health professionals (GPs, paediatricians, CAMHS):* provide an emphasis on the importance of considering age within the cohort when assessing children and should provide guidance on how to do so.
5. *Scottish government and parliament:* Policymakers need to understand the evidence base, the rationale for reform, and the implementation plan in order to provide political support and to allocate resources. Communication with policymakers should be concise and evidence based and should emphasise the alignment with existing policy priorities (equity, children's rights, closing the attainment gap).

6. *Local authorities:* Local authorities are responsible for implementing the reform at the local level and for coordinating across schools, health services, and other agencies. Communication to local authorities should provide clear guidance, practical support, and opportunities for sharing best practices.

4.8.2. Key Messages

4.8.2.1. Communication Channels

1. *Professional CPD:* As detailed in Section 4.5, CPD on RAEs should be delivered to all primary and PE teachers. This CPD serves both a capacity-building function (equipping teachers to implement the reform) and a communication function (ensuring that teachers understand the rationale and evidence base).
2. *Media briefings:* Proactive media briefings should be conducted at key points in the implementation timeline (policy announcement, first cohort entering school, publication of monitoring reports). These briefings should provide journalists with clear, accessible information and with access to expert sources.
3. *Parliamentary briefings:* Briefings should be offered to MSPs from all parties, presenting the evidence base and the rationale for reform. These briefings should be conducted by senior officials and by independent experts to ensure credibility.
4. *Academic publications:* The evidence base and the evaluation findings should be published in peer-reviewed academic journals to contribute to the international literature and to provide external validation.
5. *Conference presentations and website:* Findings should be presented at national and international conferences, and a dedicated website should provide comprehensive information on the reform, including FAQs, evidence summaries, guidance documents, and monitoring reports. Social media should be used to reach parents and educators directly and to respond to questions and concerns.
6. *Community outreach:* Targeted outreach should be conducted in disadvantaged communities using trusted community channels such as health visitors, community centres, and schools. This outreach should be culturally sensitive and should address the specific barriers faced by disadvantaged families.

4.9. SUMMARY

This chapter has presented an implementation strategy for addressing RAEs and extended school cohorts in Scotland, built on systematic analysis of barriers and facilitators across five levels: pupil perceptions, parent perceptions, educator perceptions, stakeholder perceptions, and system constraints.

The analysis demonstrates that the two most significant barriers that typically impede educational reform have already been addressed: legal authority exists under the Education (Scotland) Act (1980), and funding for the additional year of ELC has been secured through the Scottish Government's 1,140-hour funded ELC commitment. Pilot schemes have demonstrated feasibility within existing resources.

This confluence of favourable conditions creates a window of opportunity that may not remain open indefinitely. If current trends continue, with deferral rates increasing and extended cohorts becoming more entrenched, the window may close. The social norms that currently support deferral may become even more deeply embedded. The inequities that currently disadvantage relatively younger children may become even more pronounced. The opportunity to align practice with law and evidence may be lost.

Most fundamentally, the implementation strategy is driven by a commitment to equity and to children's rights. The current system systematically advantages already-advantaged children while disadvantaging already-disadvantaged children. It creates extended cohorts that harm relatively younger children across academic, health, and sport domains. It violates the principle that every child has a right to education that serves their best interests. The reform addresses these inequities and aligns practice with law, evidence, and values.

The window of opportunity is open. The conditions for successful implementation are in place. The evidence is clear. The strategy is comprehensive. The time to act is now.

Chapter 5 will conclude this book with a synthesis of key findings, a reflection on the broader implications of RAEs for educational policy and practice, and a call to action for policymakers, practitioners, and researchers.

KEY TAKEAWAYS

- The two most significant barriers to implementation, legal authority and funding, have already been addressed, creating a uniquely favourable environment for reform in Scotland. The legal commencement age is

already the August following a child's fifth birthday, and funding for an additional year of ELC has been secured.

- The window of opportunity may not remain open indefinitely. If current trends continue, extended cohorts may become even more entrenched, social norms supporting deferral may become even more deeply embedded, and the opportunity to align practice with law and evidence may be lost. The time to act is now.

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