

**Investing in a Better Future:
The Independent Review of Education
Northern Ireland
(Published 13 December 2023)**

Briefing paper

January 2024

Background

It was agreed in the New Decade, New Approach that *“The Executive will establish an external, independent review of education provision, with a focus on securing greater efficiency in delivery costs, raising standards, access to the curriculum for all pupils, and the prospects of moving towards a single education system.”*

The Review commenced in October 2021 and was published in December 2023 looking at all aspects of education policy and delivery, along with stakeholder meetings and input from a variety of sources, including the RCSLT NI. We provided a detailed briefing paper for the panel in 2022, full details are available below.

[RCSLT-NI-briefing-Independent-Review-of-Education-May-22.pdf](#)

The Review consist of 3 volumes and has identified barriers within the current education system which impact on positive outcomes for children and young people in Northern Ireland. A comprehensive set of recommendations have been provided for consideration on how the Department and Executive which could improve outcomes for pupils, increased support for schools and a more effective education.

We are delighted that that the impact of speech, language, and communication needs (SLCN) have been recognised along with the vital input that Speech and Language Therapists (SLTs) have on favourable outcomes for children and young people across their educational journeys. The Review identifies that early speech and language intervention can potentially help to prevent or resolve problems which could emerge in later life.

This briefing paper summarises the references to children and young people with SLCN and SLTs within an educational context in the Review.

The RCSLT NI are conscious of the wider strategic impact of the points raised below. We are committed to working with relevant departments and our members on the information listed below. We continue to lobby and advocate for the SLT profession, specifically regarding calls to increase our workforce in NI. **It is a huge success that the Review acknowledges that SLCN are amongst the most frequency reported Special Education Need (SEN) within education. More specifically the Review details the gap between capacity and the demand for SLTs.**

If you would like any further expansion the Review and/ or added context, this can be accessed at: [Investing in a Better Future | Independent Review of Education](#)

Please do not hesitate to contact me if you wish to discuss any aspect of this brief and /or the role of SLT in education.

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The Independent Review of Education

The structure of the Review is based on the following 10 key issues for reform.

- Early years.
- Disadvantage.
- Learner support, inclusion and wellbeing.
- Curriculum, assessment and qualifications.
- Transitions and progression.
- Further education, higher education and lifelong learning.
- Supporting the education workforce.
- Structures and single system.
- Institutional governance and accountability.
- Funding – sufficiency, efficiency and impact.

RCSLT NI have highlighted below the excerpts relevant to SLCN and SLT under the above headings along with the chapter and reference number, i.e. 1.23 Chapter 1 Point 23 and Volume Number.

Early Years

Volume 1

1.23 Health visiting is an absolute priority within early years services with its reach and impact extending well beyond health. An integrated service delivery model with health visitors working with other childhood professionals has the capacity to enable early diagnosis of emerging difficulties in learning or other areas of development. This strengthens the argument for closer working arrangements among health visitors, midwives, **speech and language therapists**, educational psychologists, occupational therapists and others. It also has implications for their training and subsequent professional development.

Volume 2

1.5 Many children come to school ill-prepared for learning. They lack the necessary educational or cultural capital. The nature of their previous interaction with adults, a limited exposure to formative experiences, a lack of contact with books or the experience of being read to by parents combine to create and exacerbate disadvantages. The most obvious are in the area of **speech and vocabulary**. However, there tends also to be a more general lack of fundamental concepts, making it difficult to benefit from the activities of the classroom. This can be described as a lack of knowledge – not knowledge as facts but as the residue that

remains from experience of the world. Looked at in this way, the knowledge that arises from early experiences is a prerequisite of future knowledge.

1.9 Sure Start is delivered by 38 Sure Start projects across Northern Ireland, each providing services reflecting the following six priorities:

a. Outreach and home visiting services.

b. Support for speech, language and communication development.

c. Support for families in centres and in the home.

d. Good-quality play, learning and childcare services both on a group basis and, where necessary, in the home.

e. Primary and community health care and advice.

f. Support for children in the community.

1.13 The extraordinary plasticity of the brain in the first years of life means that its development is open to external influence, whether for good or ill. The environment in which babies are living and their relationships with parents and others are immensely important. Adverse experiences greatly increase the likelihood of poor physical and mental health as they grow and develop in later life. The child's capacity to pay attention and absorb vital information is similarly affected. Research has demonstrated the importance of being exposed to frequent **speech and an extensive vocabulary**. A rich and varied experience both of life in the family and of the wider world builds up the educational capital that will later support the development of knowledge and understanding.

1.56 Early years settings have insufficient access to specialists such as educational psychologists and **speech therapists**. Special needs are often not formally diagnosed until long after they are manifest, assessments take too long and, as a result, intervention is seriously delayed, almost certainly resulting in less effective treatment and greater long-term costs. Processes for diagnosing special needs and possibly proceeding to statementing are unclear in the non-statutory early years sector. An enhanced, integrated Early Intervention and Learner Support Service would provide an opportunity to tackle these problems as well as providing consistent support for the child as they move into and through formal education.

1.63 An integrated service-delivery model with health visitors working with other childhood professionals has the capacity to enable early diagnosis of emerging difficulties in learning or other areas of development. It is important that those conducting the assessments in the very early years are equipped to diagnose and deal with problems associated with cognitive development as well as delays in physical development. This strengthens the argument for closer working arrangements among health visitors, midwives, **speech and language therapists**, educational psychologists, occupational therapists and others. It also has implications for their training and subsequent professional development.

1.65 At present assessments of development are carried out at several stages. These begin with a series of health assessments in the first eight weeks of life. There is a further health

check at 14–16 weeks followed by a third at 7–9 months. A comprehensive health assessment is carried out at around a year. At 2–2.5 years the assessment includes **speech and language**. The health visitor is the key figure throughout much of this programme and is almost always a welcome figure in the home and a source of useful advice to parents.

1.66 The Expert Panel responsible for the Fair Start report was concerned about a shortage of health visitors. They found that some 14% of the seven developmental checks expected to be carried out between birth and age 3 were not taking place. These assessments are the responsibility of the five health trusts. During 2020/21, 22% of planned reviews did not take place, although the impact of the Covid-19 pandemic should be borne in mind when considering this statistic. DoH has reported that the first three reviews carried out in a baby's life (up to 14–16 weeks) have now returned to pre-pandemic levels. This is not true of the 1-year assessment and the 2–2.5-year assessments where testing remains at a much lower level. It would appear that implementation is variable. While these reviews may be of lesser significance than earlier reviews from a health perspective, they are crucial in relation to cognitive development, for example, in relation to **speech and language**. We therefore endorse the relevant Fair Start recommendations and welcome DoH plans to implement Delivering Care Phase 4 Health Visiting. This will reduce health visitor workload from 250 cases to 180 cases per person. It is of fundamental importance that all developmental checks be carried out within agreed timeframes and immediate support provided where problems are encountered.

Learner Support, Inclusion, and wellbeing

Volume 1

3.35 Schools should have greater discretion in the use of the funding allocated for learners with SEN. Over time, we would expect to see the number of CAs reduce with increased specialist support in the form of specialist SEN teachers, **speech and language therapists**, educational psychologists, occupational therapists, dyslexia support, etc. This would also be accompanied by upskilled CAs. This model would be preferable and more effective than the almost automatic allocation of CA hours. This requires significant transformation of and investment in the learner support workforce but would ensure that schools have the resources in place to support learners sooner (well in advance of Stage 3), by providing greater access to specialist support and targeted interventions much earlier.

Volume 2

3.12 A report led by the National Children's Bureau¹⁸⁶ (NCB) in partnership with Mencap, the Special Educational Needs Advice Centre (SENAC) and Specialisterne found that SEN learners and their families were impacted in ways that were similar to everyone else but some of these were more acutely felt. For example, fear and insecurity were heightened due to the vulnerability of some SEN learners. Parents and carers were seriously impacted by lack of respite since there was no support allowed in the family home. School closure affected SEN learners more profoundly than others. The report states:

*Parents whose children attend special schools or special units within mainstream schools highlighted the negative impact of school closures on their children who 185 normally receive therapies such as **speech and language therapy**, occupational therapy, physiotherapy or other specialist assistance, which remained disrupted, even when schools re-opened in autumn 2020. These negative impacts included deterioration or lack of development in terms of ability to speak and communicate, lack of development in terms of motor skills and lack of concentration.*

3.22 One of the immediate ways in which some vulnerable learners can be better supported in the classroom is through the use of technology. Many educational ICT programmes are interactive, can make learning more enjoyable and enable more creativity and investigation than is possible with traditional approaches. This is especially helpful in the case of learners who require compensatory support, such as those with physical disabilities. Access to and effective use of technology can open up opportunities through use of word processing and text to **speech/speech** to text programmes and allow work to be modified to suit individual needs, such as use of enlarged fonts and colour.

3.31 The centre has developed a multi-disciplinary “whole-school” model of support for autistic learners, supporting them in the classroom, in school and in their home. The services provided include a Learning Support and Assessment Service (LSA), a Training and Advisory Service and a Research and Information Service. The LSA team includes specialist teachers, specialist occupational therapists, **specialist speech and language therapists**, autism intervention officers and learning support officers. The accredited training, much of which is available online, is very highly regarded. Evaluations indicate that over 90% of both parents and professionals rate the training received as “excellent”.

3.96 The largest SEN category in 2021/22 was cognition and learning – language, literacy, mathematics, numeracy – which accounted for 30% of all SEN diagnoses. This was followed by social, behavioural, emotional and wellbeing (18%) and **speech, language, and communication needs (11%)**. In 2019/20, the two most common diagnoses had been the same; however, the third most common was dyslexia or specific learning difficulty – language/literacy, which accounted for 11% of all SEN diagnoses. The three largest medical categories in 2021/22 were asthma (33%), autism spectrum disorder (20%) and other medical conditions/syndromes (19%). These three categories also occupied the top three positions, in that order, in 2019/20

3.134 Classroom assistants can play a vital role in supporting learners and teachers. They are valued by schools, learners and parents. However, it is apparent that CAs are becoming viewed as the only available support mechanism for learners with complex needs. This should not be the case. Learners’ needs vary greatly, and a blanket use of CAs is inappropriate. Interventions and support should be needs-based and focused on the individual learner. Tailored interventions and support provided through, for example, **speech and language therapy**, occupational therapy or dyslexia support, will in many cases be more effective. There is also growing evidence that the method of deploying CAs can have a negative impact on the educational outcomes of learners with SEN and serve to cause social isolation.

3.138 Multi-disciplinary working within schools to support learners' needs would be greatly preferable. This could be via the deployment of specialist SEN teachers, **speech and language therapists**, educational psychologists, occupational therapists, dyslexia support, etc., working in schools and providing direct support for learners. This would also be accompanied by upskilled CAs. We suggest that this model would be preferable and more effective than the almost automatic allocation of CA hours.

3.141 The statement of need should explain the core services the learner needs and the school, in conjunction with the service provider, should determine the best way to meet those requirements. Options would include use of a CA (either full-time or part-time), use of resource to buy in **specialist therapy (from speech and language therapists (SLT)**, OT, Ed Psych, etc.) or the use of specialist teachers. The model would vary from school to school and case to case and would be determined by the Principal, SENCO and relevant professional, based on the statement of need.

3.153 Furthermore, we have seen from the data that speech, language and communication needs are among the most frequently reported types of SEN (11%). However, it has been suggested to us that the commissioning of speech and language therapy SEN services has not kept pace with need and that not all children with speech, language and communication needs (SLCN) are receiving the service they require. There is an urgent need to invest in and commission more speech and language therapy services. In Northern Ireland, there are no specific educational speech and language therapists (SLT). We would suggest that there is a widening gap between capacity and demand, with the same number of SLTs supporting growing numbers of learners that require support. SLT interventions for children with SEN are most in demand in the nursery and Key Stage 1 years.

3.154 The increase in nursery and P1 intake in special schools across Northern Ireland has driven up demand for SLT services exponentially as the youngest children require the most intensive support. This is a vitally important service, with early intervention through SLT potentially helping to prevent or resolve problems that could emerge later in life. This requires a funded commissioning plan for SLT service provision.

3.155 The need to increase numbers of EPs and **SLTs** reinforces our belief that a Learner Support Workforce Programme is needed.

PANEL CONCLUSION

Northern Ireland benefits from a significant human resource directed towards supporting learners with special educational needs. This is seen primarily with the increased numbers of Classroom Assistants but also in highly qualified professionals working within the Education Authority. There are, however, areas of serious shortage and fundamental questions regarding how the resource is utilised.

Immediate action is needed to:

- Break the link between statementing and CAs.
- Delegate funding to schools to buy in services/employ staff to support learners with SEN.

- Use resources differently to ensure greater access to specialist support much earlier.
- Increase the number of specialist teachers and other professional support available in or to schools (**SLTs**, OTs, Ed Psychs, etc.).
- Improve training and professional development for CAs within schools.
- **Provide schools with flexibility to employ such professional staff on a shared basis, i.e., two or three schools employing a single SLT to work across each setting.**

VOLUME 1 KEY RECOMMENDATIONS FROM CHAPTER 3

Transform SEN support to cater equitably for the needs of all learners. The current policies, practices, and legislation are failing to deliver support for learners with SEN. At the same time, expenditure is out of control in a way that threatens the quality of service for all learners. Thorough reform is urgently required. The use of resources should be based on equitable treatment of all pupils. There must be greater access to specialist support within schools, with a particular focus on support at Stages 1 and 2. At Stage 3, the educational institution should have flexibility in the use of allocated resources. The practice of automatically allocating classroom assistant hours should cease. A comprehensive Learner Support Workforce Programme should be developed and implemented to increase the number of specialist provision professionals (such as trained SEN teachers, **Speech and Language Therapists**, Educational Psychologists etc.) whilst reducing the number of classroom assistants.

VOLUME 2 PANEL CONCLUSION FROM CHAPTER 3

It is essential that learners with additional needs receive support at the earliest possible opportunity and receive services tailored for their needs that improve outcomes. Schools should have greater discretion in the use of the funding allocated for learners with SEN. Over time, we would expect to see the number of CAs reduce with increased specialist support in the form of specialist SEN teachers, **speech and language therapists**, educational psychologists, occupational therapists, dyslexia support etc. This would also be accompanied by upskilled CAs. This model would be preferable and more effective than the almost automatic allocation of CA hours. This requires significant transformation of and investment in the learner support workforce but would ensure that schools have the resources in place to support learners sooner (well in advance of Stage 3), by providing greater access to specialist support and targeted interventions much earlier.

Supporting the Education Workforce

Volume 1

7.7 Teachers and lecturers are not the only members of staff who make a vital contribution. Many professionals and para-professionals, including educational psychologists, **speech and language therapists**, youth workers and classroom assistants, have vital roles. Governors give their effort and expertise on a voluntary basis.

7.9 Our vision would be for it to be commonplace for schools, colleges and other educational institutions to have a truly multi-disciplinary team with classroom teachers directly supported by a range of other specialists. Early years settings and primary schools should have more direct access to play therapists, **speech and language therapists** and educational psychologists. This would improve the experience of learners and provide specialist skills to aid early intervention for learners who need additional help. These skills are also required in post-primary and post-16 provision. However, at these stages there is also a greater need for access to counselling services, welfare officers and youth workers, as well as others.

Volume 2

7.11 The composition of the workforce has changed over time. We comment in Chapter 3 on the increased number of classroom assistants and the vital contribution they make in supporting learners, particularly those with special needs, and assisting teachers. The early years workforce relies heavily on para-professionals. Furthermore, education relies on specialist support from educational psychologists, **speech and language therapists**, social workers, welfare officers, play therapists, youth workers, lunchtime supervisors and many more. Each of these has a vital role to play and development needs which should be met.

7.14 Our vision would be for it to be commonplace for schools, colleges and other educational institutions to have a truly multi-disciplinary team with classroom teachers directly supported by a range of other specialists. Early years settings and primary schools should have more direct access to play therapists, **speech and language therapists** and educational psychologists. This would improve the experience of learners and provide specialist skills to aid early intervention for learners who need additional help. These skills are also required in post-primary and post-16 provision. However, at these stages there is also a greater need for access to counselling services, welfare officers and youth workers, as well as others. All schools, colleges and settings would benefit from increased involvement from local community and voluntary services. At all stages, the aim must be to offer learners a service that best uses all the expertise available to it in order to meet the full range of their educational needs.

Institutional Governance and Accountability

Volume 2

9.32 There is scope for further delegation to schools, primarily with regard to financial management. This would bring significant advantage, particularly in relation to the following areas: a. Delegated budgets for SEN interventions. Elsewhere we have set out detailed proposals in relation to SEN. If fully implemented, these would result in schools having a delegated budget for SEN. We recommend that schools have greater freedom to vary the way in which any staffing resource attached to a child with a statement is used and deployed. In other words, schools should be able to use the resource flexibly, putting in place hours of support by a classroom assistant, teacher, educational psychologist, **speech and language therapist** or other professional as deemed appropriate for the learner's needs. Schools should

also be able to use resources in a way that benefits a group of pupils so long as there is benefit to the relevant individual.