

Submitted to 2025-2026 Draft Budget Consultation
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1 Do you agree with the prioritisation of funding within the 2025-26 draft Budget document?

Yes

2 What services should be prioritised in the 2025-26 Budget?

Service 1:

We welcome the recognition within the draft budget that long-term investment in the HSC workforce is needed and would urge the Department to commit to increasing the Speech and Language Therapy workforce via commissioning additional undergraduate places at Ulster University. Indeed we recommend that the Allied Health Professional (AHP) workforce as a whole sees additional funding to grow. There is a wealth of skill and clinical expertise amongst AHPs, and its impact can at times be undervalued and overlooked. AHPs demonstrate smarter, multi-disciplinary ways of doing things and offer significant cost savings to the health and social care service.

The Speech & Language Therapy Workforce Review 2019
(<https://www.health-ni.gov.uk/publications/speech-and-language-therapy-workforce-review-2019-2029>) -

“Speech and language therapy is a cost effective and vital service which transforms lives, empowers lives and saves lives. If left unidentified and unsupported, speech, language and communication needs (SLCN) can have long-term implications for educational attainment, employment, social inclusion and mobility, mental health and involvement with the justice system. Speech and language difficulties are a key risk factor in safeguarding for vulnerable children, young people and adults. Speech and language therapists also play a key role in the management of dysphagia. Unidentified and untreated eating, drinking and swallowing difficulties are significant risk factors in children with complex needs and in adults with conditions such as cancer, progressive neurological conditions, dementia and stroke and can lead to aspiration pneumonia and death.”

Ultimately, the speech and language therapy workforce review is already outdated. It called for 40 undergraduate places by 2024, yet the number of commissioned places remains at 28. However we know the 40 undergraduate places it aims for will no longer be adequate to achieve a sustainable and effective speech and language therapy workforce. There has been no increase in the number of commissioned undergraduate training places for SLT since 2022, despite increasing pressures and demands on the workforce. For the past two academic years, the Department of Health (DOH) in the Republic of Ireland (ROI) has commissioned an additional 10 and 12 SLT undergraduate places for ROI domiciled students respectively. This has placed additional strain on SLT services in providing placement educators for these additional placements with no tie-in for these students to enter the workforce in Northern Ireland once qualified.

“Speech and language therapy is a highly sought-after profession in Northern Ireland. For the 2023/24 intake, there were over 700 applications for the 28 commissioned undergraduate places at Ulster University. The now outdated 2019 SLT Workforce Review recommends 40 commissioned training places by 2024, a target which will not meet the growing demand for services.” (RCSLT NI We are the Village, 2024)

Recently published strategies demonstrated recognition of the increasing need for more funded speech and language therapy posts across Northern Ireland. Additionally, the COVID-19 pandemic further exacerbated the demand for services, including a new area of need arising from Long COVID and the ever-increasing numbers of children presenting with speech, language and communication needs.

NI Mental Health Strategy 2021 and subsequent Workforce Review 2022 points to the need for 96 funded SLT posts within children and adult MH services. The current funded SLT count regionally is 3.

The Stroke Strategy 2022 called for a review of the workforce and acknowledges that more investment is needed. The last time a comprehensive review of SLTs in stroke services across the UK was completed was in 2019 – Northern Ireland SLT staffing for stroke is well below the national average. Northern Ireland also falls behind the other nations concerning meeting acute stroke targets of assessment.

The Cancer Strategy 2022 – This strategy emphasises the increase in cancers and complex cancers needing more specialist interventions. Ad-hoc AHP workforce planning to date is not sustainable nor equitable and needs investment.

Children with speech, language and communication needs (SLCN) - Numbers of children with SLCN is increasing significantly, as well as a definite rise in the complexity of need. There was an 85% increase in the number of children waiting for speech and language therapy between 2021 and 2023. This is further discussed in the RCSLT's 2024 report – We are the Village
(https://www.rcslt.org/wp-content/uploads/2024/04/Early-years_We-are-the-Village-report_NI_April-2024.pdf.)

Department of Education (2024) data further demonstrates this significant increase in need -

In Mainstream schools -From 2018/19 - 2022/23 there has been a 196% increase in children who hold a statement of Special Educational Needs (SEN) in nursery and P1. The increase of children on the SEN register, identified with speech, language and communication needs: 44% in nursery pupils and 17% in P1 pupils.

In Special schools - From 2018/19- 2022/23 there has been a 140% increase in children who hold a statement of SEN in nursery and a 69% increase in P1 pupils. The increase of children on the SEN register, identified with speech, language and communication needs: 81% in nursery pupils 149% in P1 pupils. “This rise is consistent with trends across the UK, Ireland and globally. Speech, language and communication needs consistently feature in the top three SEN categories for pre-school and primary school children.” (Department of Education, 2024)

“...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." (Independent Review of Education, 2023)

Findings from a recent Freedom of Information request (January 2025) to the 5 HSC trusts, report vacancy levels within speech and language therapy children's services sitting at an average of 12% with vacancies as high as 18.6% in the Western Trust children's service. This is why funding must be directed towards training SLTs to ensure there are enough to meet the needs of the population of Northern Ireland.

Due to the strong links between SLTs, commissioned by Health yet working across education, we call for consistent cross departmental working between health and education. Specifically, given the increase in children and young people with SEN, we would call on the Department of Education to consider prioritising financial support towards the commissioning of SLT training places at undergraduate level.

3 Are there services that no longer need to be delivered or can be reduced in 2025-26?

Please specify::

The Royal College of Speech and Language Therapists NI (RCSLT NI) note that rather than reducing essential services, the focus should be on transforming and modernising healthcare delivery to ensure efficiency, cost-effectiveness, and improved patient outcomes. Instead of cutting services, the Northern Ireland Executive should reallocate resources towards preventative and community-based care, reducing reliance on more expensive hospital-based and crisis interventions.

The recently published Programme for Government has set out actions that plan to 'Cut Health Waiting Times'. The RCSLT NI would add that this needs to include both hospital and community waiting lists. Proper investment is required and a move away from short-term in-year funding for waiting list initiatives. Priority must given to prevention, early identification and intervention. It is important to understand that speech, language and communication needs can, at times, be due to reduced developmental opportunities in the child's family and educational environment which can limit the child's learning of language. These reduced developmental opportunities are commonly linked to social disadvantage. In areas of social disadvantage around 50% of children start school with delayed language and other identified communication needs. Indeed, some local studies have found this to be significantly higher in Northern Ireland (Johnson et al., 2010 & the Institute of Health Equity, 2020).

The importance of investing and funding early years programmes will indirectly also reduce waiting lists throughout childhood, promote a safer home environment and has been shown increase the immune system of children in the early years (Cattan et al., 2023).

The numbers of children with speech, language and communication needs (SLCN) in the early years and beyond have increased significantly, as well as a definite rise in the complexity of need. There was an 85% increase in the number of children waiting for speech and language therapy between 2021 and 2023. This is further discussed in the RCSLT's 2024 report – We are the Village. Department of Education (2024) data further demonstrates this significant increase in need.

Additionally, there are children and adults who require assessment and intervention regarding eating, drinking and swallowing difficulties (also known as dysphagia) which is time critical. For example, Waters et al (2022) reported that, "new onset dysphagia in adults requires urgent direct access upper gastrointestinal endoscopy (to be done within two weeks); dysphagia associated with head and neck cancer red flags requires a suspected head and neck cancer pathway referral."

SLTs are the main professionals in assessing and treating dysphagia. "Post-stroke dysphagia (PSD) is a common and costly complication of stroke and is associated with increased mortality, morbidity, and hospitalization" (Fang et al, 2022). If patients are waiting too long in community for a swallow assessment, they can end up back in hospital.

There are innovative models which have been piloted and evidenced to have a direct impact on waiting lists. These can be scaled and spread across the region, an example is the SLT-led model in ENT which reduced waiting times and released consultant capacity in SEHCST and BHSCT. Specifically, the SLT led ENT Parallel Clinic in SE trust over a 2-year period was able to release back 60 consultant clinics to ENT.

However, due consideration of the SLT workforce, increased capacity at undergraduate level and the development of alternative routes into the profession such as apprenticeships is required to effectively and sustainably reduce waiting times across adult and children services regionally.

4 Do service charges need to be considered for some services?

Please specify::

The RCSLT NI advocate for a publicly funded healthcare system that is free at the point of use. Charging for essential healthcare services poses a risk of exacerbating health inequalities, particularly impacting lower-income individuals and those with long-term conditions who require access to speech and language therapy.

5 Please respond to the following statement: Public sector pay should be prioritised.

Strongly agree

6 Have you any other views?

Have you any other views for discussion? :

"Whilst the overall budget is increasing, it may still require the implementation of a range of measures to reduce spending in certain areas. The Budget outcome for Health will therefore potentially impact more upon older and younger people, persons with a disability, persons with dependants as these groups are generally disproportionately high users of health services compared to other groups."

As the Equality Impact Assessment (EQIA) report states above, the likelihood is that reduced spending in certain areas is an unavoidable consequence. Vulnerable children and adults in our society, including those with a disability are more likely to feel the impact of this. Additionally, upon examining the EQIA, it appears that Health and our population are arguably more negatively impacted by the budget than other departments.

Those who need speech and language therapy intervention include the most vulnerable in our society, from our sick babies, children with SEN to adults with dementia or under palliative care. These are the people who will be most impacted by the budgetary constraints and the ongoing lack of progress regarding the speech and language therapy workforce.

Finally, the RCLT support the need for a longer-term budget cycle of at least three years to enable effective planning, investment, and transformation of health and social care services in Northern Ireland. The current one-year budget cycle is insufficient to address the long-term challenges facing the health service, including growing demand, workforce shortages, and the need for service transformation. The New Decade, New Approach agreement highlighted the need for a multi-year Programme for Government underpinned by a multi-year budget, yet this has not been realised. A three-year budget cycle would allow for sustained investment in workforce development, rehabilitation services, and preventative care, ensuring financial stability and long-term health service transformation.