

## **RCSLT NI Response to the Special Education Needs (SEN) Regulations (Northern Ireland) 2026**

### **Summary Statement**

From the perspective of speech and language therapists (SLT) and children or young people with speech, language and communication needs (SLCN), the draft regulations contain helpful general mechanisms, including provision for health advice, monitoring arrangements, review processes and transition planning.

However, the draft does not clearly ensure that appropriate specialist expertise is consistently involved where required, particularly in relation to communication needs. This is especially significant in the context of increasing demand and waiting lists for SLT services, meaning that children may not have access to timely specialist advice.

We emphasise the importance of capacity building approaches, including universal training for education staff and the need to scaffold communication support around the child. We also highlight the importance of flexibility in how SLT provision is determined and delivered, based on individual need and professional judgement, alongside an outcome focused approach to monitoring provision.

We suggest that the Committee seek clarification from the Department on how the regulations will ensure consistent access to appropriate expertise, effective use of existing service and training mechanisms, and strong multidisciplinary working in assessment, review and transition planning.

### **1. Is the information provided by the Department in relation to the proposed statutory rule accurate? If no, why?**

Broadly, the draft appears internally coherent and legally structured around assessment, statements, reviews, transition, mediation, and capacity.

From a speech and language therapy perspective, the draft gives an incomplete impression of how multidisciplinary SEN practice will operate. It relies on generic references to “health care professionals” and does not clearly ensure that the most appropriate specialist expertise is consistently sought, particularly where needs relate to speech, language and communication. It is therefore accurate at a high level, but not sufficiently precise in ensuring that relevant expertise is consistently involved where a child’s primary or significant need is SLCN.

## 2. Is the information provided by the Department in relation to the proposed statutory rule complete? If no, why?

No, it is not fully complete from an SLT perspective.

The main gaps are:

- The regulations do not clearly ensure that the most appropriate specialist expertise is sought where a child's primary or significant need relates to speech, language and communication.
- While the regulations require medical advice, other forms of health advice are discretionary, which may lead to inconsistency in access to the most relevant specialist expertise.
- Unlike the express additional provision for hearing and visual impairment, there is no comparable trigger to ensure specialist advice in relation to significant communication difficulties.
- Review and transition processes do not ensure that the most relevant professional is involved based on the child's primary need.

In addition, the regulations do not reflect the current context of significant waiting lists and workforce pressures within SLT services:

- Children under 18 waiting for SLT:
  - 2021: 2,444
  - 2022: 4,574 (**increase of 87%**)
  - 2023: 4,527
- 3,313 children aged 2–5 waiting for SLT input in NI.

Reference: We are the Village, RCSLT NI, 2024

As a result, children and young people may not have the opportunity to access timely SLT assessment and therefore may not have access to specialist advice to inform statutory processes.

Given this context, capacity building is key. Teachers and classroom assistants require universal training in SLCN and there should be a stronger emphasis on scaffolding communication around the child within everyday educational environments, rather than relying solely on direct specialist input.

We note that the regulations already include mechanisms relating to planning of services and training, including requirements around access to advisory/support services and training for school based SEN roles. These provide a valuable opportunity to strengthen universal communication support and workforce capacity within education, and this should be more explicitly leveraged.

The regulations also do not provide sufficient clarity on how the provision of allied health professionals should be regarded within the statementing framework. SLT is a Health and Social Care responsibility and should sit within non educational provision. However, where SLT input is required, this should be determined according to the child or young person's individual needs and SLT professional judgement in line with best practice, rather than through rigid or overly prescriptive specification.

This is particularly important as communication profiles change over time and with appropriate intervention and capacity building, some children may not require long term direct SLT input.

We note positively that the regulations include provision for objectives and monitoring arrangements for both educational and non-educational provision. This supports an outcome focused approach, which aligns with best practice in SLT where intervention is tailored, reviewed, and adjusted over time.

### **3. Do you foresee any unintended or unanticipated consequences of implementing this statutory rule? If yes, why?**

Yes.

A likely unintended consequence is continued inconsistency in whether the most appropriate specialist expertise is sought and involved at key stages of the process. As the regulations rely on general references to health care professionals, without a clear mechanism to secure the relevant expertise based on the child's needs, practice may vary across cases and areas. Because the regulations rely on generic health wording and do not provide a clear trigger for the most relevant specialist input, practice may vary widely between cases and areas. Children with significant SLCN could be under identified or receive less appropriate input.

There is also a risk that, due to existing waiting lists, children may progress through statutory processes without access to appropriate specialist advice, leading to incomplete assessment and planning.

Another possible consequence is variation in how SLT provision is categorised and understood, particularly given the distinction between educational and non-educational provision. Without greater clarity, this may lead to inconsistency in how support is accessed and delivered.

There is also a risk that reviews and transition planning do not consistently involve the most appropriate professional, as the regulations do not require input from the specialist most closely aligned to the child's primary area of need. For children with SLCN, this may impact the quality of planning and outcomes.

#### **4. Are there any other matters the Committee should consider?**

The Committee may wish to ask the Department to strengthen the draft by:

- ensuring there is a clear mechanism or trigger to secure appropriate specialist input where specific needs are identified, including SLCN where relevant.
- considering whether additional guidance is needed to support consistent identification and support for SLCN.
- ensuring that the most relevant professionals are involved in reviews and transition planning, based on the child's needs.
- clarifying how health provision, including SLT, is to be recorded and understood, while avoiding overly rigid approaches to specification.
- making better use of existing provisions relating to service planning, advisory support and training, to strengthen universal and targeted communication support in schools.
- recognising the importance of capacity building within education, including training for teachers and classroom assistants.
- strengthening links between health and education to support more consistent and joined up service delivery.

We also note positively the move towards review at key points, which may support more effective use of limited resources if implemented appropriately.

For further information, please contact:

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