

The Royal College of Speech and Language Therapists Northern Ireland

Consultation Response to: The Enhanced Support Model

9. Do you agree with the proposed new enhanced support model for children and young people with a statement of SEN?

Answer: Yes

RCSLT NI agree with the overall intention and direction of the proposed enhanced support model and recognise that change is urgently needed given the significant increase in the number of children and young people with special educational needs (SEN). The current system is under considerable pressure and there is a clear need for a more responsive, collaborative and needs-led model of support.

However, while the principles outlined in the consultation are positive in theory, we have serious concerns about the lack of operational detail, the pace of implementation, workforce readiness, governance arrangements, funding, accountability, and consistency of delivery across settings. At present, many of the proposals appear aspirational rather than fully developed, and there is insufficient clarity regarding how schools and services will realistically deliver the expectations within the proposed timescale.

We are particularly concerned about implementation for children and young people with:

- complex SEN needs;
- speech, language and communication needs (SLCN);
- Developmental Language Disorder (DLD);
- behavioural and emotional needs;
- learning disability;
- sensory and communication differences; and
- children who require Augmentative and Alternative Communication (AAC).

AAC support is a particularly significant issue. AAC is not simply about providing a device. Successful AAC implementation requires:

- highly trained staff;
- communication-rich environments;
- ongoing modelling throughout the school day;
- maintenance and upkeep of devices;
- low-tech and paper-based communication supports;
- specialist assessment and monitoring;
- consistency across home and school;
- understanding of when a child is ready for AAC; and
- ongoing review as needs change.

This support cannot be delivered effectively without specialist oversight and sustained staff training. Schools cannot simply be expected to “take on” AAC support without substantial investment in training, supervision and multidisciplinary collaboration. While staff play an important role in supporting communication needs, highly specialist or complex needs may require the expertise of speech and language therapists

We also have concerns regarding:

- how schools will be held accountable if needs are not appropriately met;
- what procedures or escalation pathways will exist when provision is inadequate;
- how outcomes will be measured for children with very specialist / complex needs;
- what evidence base schools will be expected to follow;
- who will provide specialist advice and follow-up support;
- how equity across schools and regions will be maintained; and
- how the proposed model will potentially become a postcode lottery.

There is currently a significant gap in understanding within education regarding SLCN and the role of speech and language therapists (SLT). Many educational staff may associate SLT only with direct one to one sessions, when

communication support can often best delivered through universal and targeted approaches embedded throughout the school day and across everyday routines.

We support moving away from a clinic only model towards embedded, functional support delivered in real life contexts such as snack time, circle time, transitions, play, social interaction, life skills and classroom participation. These approaches are often more meaningful for children and can support independence, communication and participation in everyday life.

There are already positive examples of embedded models working effectively, including schools where SLTs are part of the school environment and work collaboratively alongside education staff. A small number of schools already employ or commission independent SLTs directly or operate shared arrangements between education and health services. In some cases, schools fund Trust SLT provision while governance remains with the Health Trust. The latter model can improve continuity, communication and collaborative working while reducing community waiting lists.

However, there needs to be much clearer detail regarding:

- governance structures;
- accountability;
- supervision arrangements;
- caseload management;
- continuity of care;
- data sharing;
- professional responsibility; and
- the interface between Health Trusts, Education Authority and schools.

We would strongly encourage consideration of jointly funded or jointly employed roles between the Department of Health and Department of Education.

We also have serious workforce concerns. There are already shortages of SLTs and post primary provision is particularly limited. There are currently no commissioned SLTs in most post primary settings. Without substantial

workforce planning and investment, there is a risk that schools will be expected to deliver specialist support without specialist staff available.

Parents and carers must also be recognised as equal partners in planning and implementation. Families often have the deepest understanding of the child's communication style, sensory profile, emotional regulation and functional needs. Consistency between home and school is essential, particularly for AAC and communication approaches.

We are also concerned about safeguarding implications. Children with communication difficulties may struggle to report distress, abuse, bullying, pain or unmet needs. Unskilled staff may unintentionally misunderstand communication attempts or behaviour. Inconsistent communication support therefore has potential safeguarding implications.

We also believe that outcomes should not be measured solely through academic attainment. Success measures should include:

- communication;
- participation;
- emotional wellbeing;
- independence;
- functional life skills;
- social relationships;
- confidence;
- inclusion; and
- quality of life.

Overall, while we support the principles behind the model, we believe implementation is being proposed too quickly and without sufficient detail, workforce planning, training or governance arrangements in place. A phased and properly resourced implementation plan is essential.

10. Do you agree that schools should have greater freedom to tailor support for children and young people with a statement of SEN to their particular needs?

Answer: Yes

RCSLT NI agree that schools should have greater flexibility to tailor support because there is no “one size fits all” approach to SEN provision. Every child’s needs are individual, even where diagnoses may appear similar. Two children with speech and language difficulties, for example, may require completely different approaches depending on their communication profile, cognition, sensory needs, behaviour, emotional regulation, learning style and functional abilities.

We support approaches that allow schools to respond flexibly and creatively to pupils’ needs, particularly where this promotes independence, functional communication, inclusion and life skills.

However, greater autonomy must not result in inconsistent provision or reduced access to specialist support. There is a significant risk of variation between schools depending on staff experience, funding, local resources and understanding of SEN. This could create a postcode lottery in provision.

We therefore believe flexibility must sit alongside:

- clear regional standards;
- evidence-based practice;
- robust accountability measures;
- specialist oversight;
- consistent quality assurance;
- ongoing multidisciplinary collaboration; and
- clear escalation pathways where needs are not being met.

We are concerned that the consultation document does not yet provide enough detail regarding:

- what standards schools will be measured against;
- how schools will evidence effectiveness;
- who will monitor implementation;
- what support schools will receive if difficulties arise; and

- how consistency across settings will be maintained.

The model also depends heavily on schools having staff with appropriate expertise and confidence. At present, many staff require substantial upskilling to enable safe and effective decisions around highly complex SEN provision.

This is particularly relevant in relation to:

- SLCN;
- DLD;
- AAC;
- behavioural needs;
- sensory regulation;
- learning disability; and
- communication differences that are less visible.

There is also concern that some children, particularly those with DLD who do not present with behavioural difficulties, may continue to be overlooked or under-identified due to lack of staff awareness.

Schools need a greater understanding of:

- universal, targeted and specialist models of support;
- how communication impacts learning and behaviour;
- the role of SLTs and other specialists;
- functional communication approaches; and
- how to embed communication support across daily school routines.

Greater flexibility can only work safely if schools receive significant investment in training, specialist collaboration and implementation support.

11. Do you agree that those working with children and young people with a statement of SEN should have specialist skills to help and support the children and young people to reach their full potential?

Answer: Yes

RCSLT NI strongly agree that staff supporting children and young people with SEN should have specialist skills and knowledge. Children with SEN often require highly individualised approaches and staff need sufficient expertise to understand and respond appropriately to their needs.

However, it is important to recognise that SEN is not a single category and specialist knowledge cannot be generic. Different children require different forms of expertise.

For example:

- a child with DLD will require different strategies from a child with a stammer;
- a child who is non-speaking and uses AAC will require different support from a child with speech sound difficulties;
- a child with a learning disability will require different approaches from a child with sensory processing difficulties.

We are concerned that some current training approaches may oversimplify needs. For example, having Makaton training does not necessarily equip a staff member to support a child with complex language disorder or advanced AAC needs.

Children need staff who understand:

- communication development;
- functional communication;
- emotional regulation;
- behaviour as communication;
- sensory needs;
- independence and life skills;
- communication-friendly environments; and
- evidence-based interventions.

This specialist knowledge should not sit only within special schools. Mainstream settings also require significant upskilling, particularly in post primary education where understanding of SLCN and DLD remains limited.

Children and young people should also be meaningfully involved, where possible, in shaping support approaches and communication strategies. Their voices and lived experiences are essential to effective provision.

12. Do you think we should invest in enhanced training and career development opportunities for classroom assistants?

Answer: Yes

RCSLT NI strongly support investment in enhanced training, supervision and career development opportunities for classroom assistants.

Classroom assistants are often the staff spending the greatest amount of direct time with children with SEN and they play a critical role in communication support, emotional regulation, independence, participation and inclusion.

However, expectations on classroom assistants are increasing significantly and this must be matched by:

- high-quality training;
- protected development time;
- specialist supervision;
- career progression opportunities;
- ongoing support;
- fair pay structures; and
- recognition of the complexity of the role.

There are currently major inconsistencies in training, confidence and experience across settings. Many classroom assistants are being asked to support children with highly complex needs without adequate preparation or ongoing specialist guidance.

Workforce recruitment and retention are also significant concerns. Pay scales and role recognition need to reflect the increasing level of responsibility expected within the enhanced support model.

Training must not rely on staff upskilling in their own unpaid time. Schools need protected staffing capacity and release time to allow meaningful implementation of training into practice.

13. Do you believe classroom assistants should have greater opportunities to develop specialist skills and knowledge to support children's educational needs?

Answer: Yes

RCSLT NI strongly agree that classroom assistants should have opportunities to develop specialist skills and knowledge.

However, training must be meaningful, ongoing and needs specific. Generic training alone will not be sufficient given the complexity and diversity of SEN profiles.

For example:

- AAC requires specialist understanding and consistent modelling;
- DLD requires language-based strategies and understanding of hidden communication difficulties;
- non-speaking children require different supports from children with articulation difficulties;
- behavioural presentations may be rooted in communication difficulties;
- communication support must often be embedded throughout the school day rather than delivered separately.

It is important to recognise that no two children require the same support, even when diagnoses appear similar. A blanket approach is not appropriate.

Training should include:

- communication-friendly classroom strategies;
- understanding SLCN;
- AAC awareness and implementation;
- emotional regulation;

- sensory needs;
- functional communication;
- independence skills;
- behaviour as communication;
- universal, targeted and specialist intervention models.

Training also needs to be reinforced in practice through modelling, coaching and multidisciplinary collaboration.

14. Do you agree that all staff working with children with special educational needs should receive ongoing, high-quality training to ensure they are equipped to meet pupils' diverse needs effectively?

Answer: Yes

RCSLT NI strongly agree that all staff working with children with SEN should receive ongoing, high-quality training.

Training should not be viewed as a one off event. Effective implementation requires:

- ongoing professional learning;
- embedded coaching and modelling;
- follow-up support;
- collaborative working with specialists;
- protected time for training; and
- opportunities to apply learning in practice.

There is currently a substantial gap in understanding regarding SLCN across education. Many staff have limited awareness of:

- DLD;
- hidden communication difficulties;
- the role of SLT;
- communication as part of behaviour;

- communication-rich environments;
- universal language support strategies;
- AAC implementation.

There also needs to be better understanding within education regarding the role of SLTs. Speech and language therapy is not simply direct one-to-one intervention. Much communication support is embedded across environments, routines and interactions throughout the day.

Schools require support to move towards a more functional, embedded and collaborative model.

It is also important that training includes safeguarding considerations. Children with communication difficulties are particularly vulnerable to being misunderstood, excluded or unable to express concerns clearly.

15. Do you agree that other professions should be part of the support model?

Answer: Yes

RCSLT NI strongly agree that the model must be multidisciplinary.

Children and young people with SEN often require support from multiple professionals including:

- speech and language therapists;
- occupational therapists;
- physiotherapists;
- mental health professionals;
- specialist teachers;
- youth workers;
- social care staff; and
- educational psychologists.

Schools cannot and should not be expected to replace specialist services.

Strong collaboration between Health and Education is essential. We would support:

- jointly funded roles;
- embedded multidisciplinary teams;
- shared governance arrangements;
- collaborative planning;
- integrated training;
- regular communication between services.

There are already examples where embedded SLT models are working effectively within schools and improving outcomes through everyday functional support. These models should be explored further and evaluated formally before large scale rollout.

Transitions should also form part of the multidisciplinary approach. Children with SEN can experience significant difficulty during transitions between preschool, primary, post primary and adult services. Continuity of communication and specialist support during these periods is essential.

However, workforce capacity is a major concern. There are insufficient SLTs currently available and some areas, particularly post-primary settings, have little or no commissioned SLT provision. Any expansion of school-based multidisciplinary support must therefore include substantial workforce planning and investment.

16. Do you agree that we need to enhance the support model as a matter of urgency?

Answer: Agree

RCSLT NI agree that change is urgently needed and that the current system is under significant pressure.

However, urgency should not result in rushed implementation without appropriate planning, workforce development, funding, governance and training structures in place.

There is a risk that implementing the model too quickly could:

- increase inconsistency;
- reduce quality of support;
- place unsafe expectations on schools and staff;
- widen inequalities between schools;
- create confusion regarding roles and responsibilities; and
- negatively impact children with the most complex needs.

A detailed implementation strategy is required before rollout, including:

- phased implementation;
- pilot programmes;
- workforce planning;
- specialist training;
- governance structures;
- accountability measures;
- funding commitments;
- evaluation processes.

Implementation should also be co-produced with:

- children and young people;
- families;
- SLTs;
- teachers;
- classroom assistants;
- school leaders; and
- multidisciplinary professionals.

17. Is the proposed timeline appropriate?

Answer: Too fast

RCSLT NI believe the proposed implementation timeline is too fast.

The proposed changes represent a major cultural and operational shift for schools, health services and support staff. At present there is insufficient detail regarding:

- workforce planning;
- funding;
- governance;
- accountability;
- training delivery;
- specialist support structures;
- quality assurance;
- multidisciplinary collaboration.

There is also insufficient time for schools and staff to:

- develop specialist knowledge;
- establish embedded systems;
- build communication-rich environments;
- understand universal/targeted/specialist models;
- develop confidence around AAC and SLCN;
- recruit and retain appropriately skilled staff.

The workforce challenges alone are significant. There are existing shortages of SLTs particularly at more senior and specialist grades. Schools cannot safely absorb additional responsibilities without specialist support structures already in place.

We strongly recommend:

- a slower phased rollout;
- pilot testing;

- detailed implementation guidance;
- evaluation of existing embedded models;
- substantial investment in training before implementation begins.

Rapid implementation also risks increased stress, burnout and reduced retention across staff within education and health.

18. Are there any additional equality impacts that have not been identified or considered within the EQIA document?

Answer: Yes

RCSLT NI believe there are several additional equality impacts that require further consideration.

There is a risk that children with less visible needs, particularly SLCN such as DLD, may continue to be under-identified or unsupported if schools do not have sufficient understanding and training.

Children who do not present with behavioural concerns may be overlooked despite significant communication difficulties impacting:

- learning;
- emotional wellbeing;
- social relationships;
- independence;
- access to curriculum.

Unidentified communication difficulties can also contribute to:

- anxiety;
- emotional distress;
- school avoidance;
- social isolation;
- reduced self-esteem; and
- mental health difficulties.

There may also be inequity between:

- mainstream and special schools;
- primary and post primary settings;
- urban and rural schools;
- schools with embedded specialist provision and those without;
- schools with differing financial capacity and staffing levels.

Children requiring AAC may face further inequalities if schools lack:

- trained staff;
- specialist support;
- equipment maintenance;
- communication-friendly environments;
- consistent implementation;
- access to digital resources and technical support.

There are also concerns regarding:

- access to multidisciplinary services;
- workforce shortages;
- regional differences in service provision;
- continuity of care between health and education;
- differences in parental advocacy and ability to navigate systems.

Without clear standards, accountability, funding and specialist oversight, there is a significant risk that implementation could unintentionally widen inequalities rather than reduce them.

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