



1 August 2018

The Royal College of Speech and Language Therapists response to the Department of Health and Department of Education consultation on the strategy for looked after children: improving children's lives.

The Royal College of Speech and Language Therapists (RCSLT) are grateful for the opportunity to respond to the above consultation document. RCSLT is the professional body for speech and language therapists (SLTs), students and support workers working in the UK. The RCSLT has over 17,000 members (around 500 in Northern Ireland), including nearly 95% of the speech and language therapists working in the UK. We promote excellence in practice and influence health, education, employment, social care and justice policies.

Speech and language therapists have a major role in working directly with children, young people, and adults as well as supporting and training other professionals in working with speech, language and communication needs (SLCN).

The RCSLT welcomes the publication of this strategy, in particular the recognition of the need for effective partnership working and the importance attached to the voice of looked after children throughout the document. However we are concerned by the absence of any reference to looked after children's speech, language and communication needs in the strategy and implementation plan, particularly as children with care experience are at high risk of having severe and pervasive speech, language and communication difficulties. If left unsupported these difficulties may adversely affect looked after children's life chances, mental health and educational outcomes. We have detailed our concerns below.

The RCSLT has opted to respond to this consultation by letter as opposed to completion of the online questionnaire. For ease of reference however we have identified and commented on the relevant outcomes and activities listed in the implementation plan.

If you would like any further information then please do not hesitate to contact RCSLT.

Yours sincerely,

Alison McCullough MBE
Head of the Northern Ireland Office
RCSLT

Vivienne Fitzroy
Northern Ireland Policy Officer
RCSLT

Sections 3 and 4: The case for change and ‘our pledge to children and young people in and on the edge of care and those leaving’.

The RCSLT welcome the commitment given to partnership working and the Children’s Services Cooperation Act (2015), and support the intentions outlined in the pledges. However we are concerned that looked after children’s speech, language and communication needs (SLCN) are not mentioned as one of the specific challenges for looked after children in section 3 – the case for change – or as part of as part of the in-care pledge.

Although supporting SLCN for looked after children may be regarded as part of supporting educational attainment, unmet speech, language and communication difficulties can adversely affect a child’s whole life chances including their social and emotional well-being and mental health. As such identifying and supporting the SLCN of looked after children should be considered as one of the key issues to be addressed to help improve all the outcomes identified by this strategy.

Looked after children’s speech, language and communication needs

Many looked after children have unidentified speech, language and communication needs. These include difficulties both understanding language (making sense of what people say) and using language (words and sentences).

Prevalence of SLCN amongst looked-after children

- A study published in the International Journal of Language and Communication Disorders in 2011 found high levels of communication impairment amongst children and young people in residential care. Much of it was severe and pervasive, and largely previously unidentified.¹
- An Office of National Statistics review of the health needs of looked after children found that speech, language and communication needs were the second most frequently reported difficulty for looked after children.²
- No Wrong Door, the service for looked after children in North Yorkshire, found 62% of its looked after children had communication needs. Only two of the children had previously seen a speech and language therapist (SLT).³

Common difficulties that looked after children experience include poor social communication skills, difficulties naming and managing emotions (including self-control), lack of self-awareness, limited vocabulary, difficulties with concepts related to time, working memory and difficulties with the ability to retain, process, recall and sequence information. Communication needs are often hidden and older children in particular may have developed masking techniques for these needs. Some looked after children communicate through behaviour and ultimately this behaviour may become so inappropriate that it may lead to custodial offences.

Risk factors for SLCN amongst looked-after children

Care experienced children and young people are often at a particularly high risk of having SLCN as the reasons associated with coming into care are also risk factors for speech, language and communication difficulties:

Economic and social deprivation

- Some looked after children’s communication needs may be associated with their environment. The majority of children in care experience conditions of poverty and social disadvantage⁴.
- As noted in this strategy, 44% of looked after children in Northern Ireland come from the most deprived areas⁵; in such areas of high social deprivation between 40% and 56% of children start school with limited language^{6 7}.

- In 2010 a study in the Colin area of Belfast found that 41% of children had a language difficulty. A similar study in Downpatrick found that 46% of children were entering primary one with a language delay⁸.

Abuse, neglect and subsequent trauma

- Children who experience abuse and neglect are more likely to have communication and interaction difficulties⁹ and this relates to the quality of interaction¹⁰ with and attachment to their care givers. The effects can be long term.¹¹
- Children in abusive or neglectful situations are likely to develop insecure attachment to their care givers which can lead to difficulties in social communication,¹² reduced language skills,¹³ an impaired ability to feel and express emotions,¹⁴ and a limited vocabulary for thoughts and feelings.¹⁵ Limited communication skills may also be an indicator of safeguarding issues.
- The rate of language impairment in children from a maltreated background is higher (25%) compared to children from a non-maltreated background who are from a comparable socio economic background (17%), compared to the general population (10%).¹⁶
- Speech and language difficulties may also be an indicator of neglect or harm. Some of the most vulnerable children are those whose impairments prevent them from communicating what has happened to them (and who may therefore be deliberately targeted by some perpetrators of abuse).¹⁷

Special educational needs and disability

- Children and young people with SEN are over-represented among the looked-after children population; as highlighted in the document 25% of looked after children have a SEN compared with 5% of general school population.
- Communication needs may be the result of another condition or disability such as autism spectrum disorder and learning disability, or co-occur with them, such as attention deficit hyperactivity disorder and conduct disorder^{18, 19, 20} complex needs, and profound and multiple learning disabilities.
- Speech, language and communication needs can also exist without being associated with other medical conditions which is known as developmental language disorder²¹.

The importance of identifying and supporting looked after children's communication needs

Identifying and meeting their communication needs helps looked after children and young people to communicate with those around them and supports their social and emotional well-being, mental health, relationship building, educational attainment and future life chances. It also reduces the potentially negative consequences of unidentified and/or unmet communication needs, including in relation to behaviour, literacy and the ability to access education, potential exclusion from school, and involvement in the criminal justice system:

Mental health

- Up to a third of children with untreated communication needs will develop subsequent mental health problems.²²
- Men who have speech difficulties in adolescence have a significantly higher risk of mental health problems.²³

Education and employment

- Vocabulary difficulties at age five are significantly associated with poor literacy, mental health, and employment outcomes at age 34.²⁴
- 88% of long-term unemployed young men have communication needs.²⁵

Involvement in the criminal justice system

- More than 60% of young offenders have communication needs.²⁶

- HM Inspectorate of Prisons and the Youth Justice Board found that nearly a third of young men in young offender institutions had been looked after by a local authority at some point.²⁷

How speech and language therapy services can help

Speech and language therapists (SLTs) are unique in their expertise in assessing language and communication skills and determining the support that children and young people with SLCN require to express their views and recount their experiences. This can include introducing communication strategies or alternative and augmentative communication systems to help children communicate with social workers and care givers, and providing advice and guidance on modifying the comprehension level of questions being put to them. SLTs can also provide expert guidance in producing accessible communication formats.

SLTs can also support other professionals working with children with SLCN through training health visiting and social work teams to identify and support children with SLCN.

Supporting looked-after children's SLCN

The RCSLT believe identifying and supporting looked after children's SLCN should be considered and addressed as part of this strategy and the actions that flow from it, in order to help improve the life chances, educational and mental health outcomes of looked after children. The RCSLT has developed specific recommendations²⁸ around supporting looked after children which are applicable throughout the UK and are detailed below.

The RCSLT recommends that the team supporting looked after children has access to specially commissioned speech and language therapy services. This would enable:

- 1. SCREEN** – children and young people should be screened for communication needs when they enter care, including referral to speech and language therapy services for a full assessment where the screen has identified this is necessary to support differential diagnosis.
- 2. TRAIN** - those working with, caring for, and supporting looked after children should be trained in awareness of communication and interaction needs and how to respond to them so that the places where they spend most of their time, school and home, are able to meet their needs.
- 3. SUPPORT** – direct speech and language therapy should be provided to those looked after children who require more specialised support.

Additional comments on relevant outcomes and actions contained in the draft Northern Ireland strategy for looked after children are detailed below.

Actions relevant to all outcomes

A3. Develop and implement a family and parenting support strategy on a cross-departmental basis.

Language and communication skills are fundamental to a child's development, and are positively linked to educational achievement and life chances. Identifying and meeting communication needs is an essential component of supporting the overarching outcome of 'giving our children the best start in life' as outlined in the Northern Ireland draft programme for government.

We note that there is little detail in the strategy about specific specialised provision for looked after children, or children on the edge of care, that are under the age of three. The early years are a crucial period for early language development. We would welcome more detail on what interventions and supports are being considered to support children's early language development, particularly for families who are on the edge of care. SLTs are already providing targeted support through Sure Start language programs and working with many hard to reach families by providing direct interventions to children who need it and onward referral to core services when appropriate. However Sure Start is not a universal service and will not be accessible to foster or adopted families who do not live in a Sure Start area.

The RCSLT strongly welcome the action to develop and implement a family and parenting support strategy. Currently there is no regional approach or commissioned funding for universal early language development projects to engage with parents, early years practitioners or in local communities. RCSLT NI supports the development of a regional strategic approach to public health messaging on the importance of early language development. The RCSLT believe that a public health message campaign, drawing on the experience and expertise of SLTs, parents and early years practitioners, should be used to inform and help empower parents and care-givers at a universal level about the importance of early language development and the strategies they can use to help their child get the best start.

Outcome 1: Living in a society which respects their rights

The RCSLT strongly supports the importance given to ensuring that the voices of looked after children are heard in care planning and transitions out of care planning. However more detail is needed on how children with SLCN will be identified and how those with SLCN will access the support they require to participate in their care planning.

R2. Development of an integrated care pathway for looked after children and young people with disabilities which enhances transition to adult services.

The RCSLT strongly agrees that there are particular difficulties for looked after children with disabilities when transitioning out of care into adult services. Individuals with communication difficulties continue to need support throughout their life and in particular during critical transition to adult services/training and further education opportunities.

- Up to 90% of people with learning disabilities have communication difficulties and only 5 - 10% of people with learning disabilities have recognised literacy skills and most are not be able to access standard written information.²⁹

Children and young people with SLCN will require appropriate communication support from both the looked after children's teams supporting transitions and the adult services that they are transitioning to. However SLTs are not core members of transition teams despite the overrepresentation of communication difficulties among young people with a learning disability.

It is our members' experience that when education and or work placements are being considered for any person with a learning disability either before transition from children's services, or when already in adult services, speech language and communication support needs are often overlooked. This can result in a young person failing to transition effectively. Often staff and environments supporting the person with the learning disability are not skilled or equipped in implementing alternative and augmented communication strategies to support the comprehension and expression of the individuals involved.

The RCSLT has produced [five good communication standards](#) in response to the ‘Winterbourne’ report which provides a framework for implementing good communication and are detailed below:

- Standard 1: There is a detailed description of how best to communicate with individuals.
- Standard 2: Services demonstrate how they support individuals with communication needs to be involved with decisions about their care and their services.
- Standard 3: Staff value and use competently the best approaches to communication with each individual they support.
- Standard 4: Services create opportunities, relationships and environments that make individuals want to communicate.
- Standard 5: Individuals are supported to understand and express their needs in relation to their health and wellbeing.

A failure to make reasonable adjustments to meet communication needs will mean that those looked after children with communication disabilities will continue to be at a greater risk of being excluded from employment and further education opportunities than their non-disabled peers.

RCSLT recommends that the proposed transition care pathway for disabled children adopt and embed the five good communication standards across the supported transition model, ensuring that the services and support offered are reflective of inclusive communication.

R4. Adoption and Children’s Bill: Place advocacy services on a statutory basis for all looked after children.

The RCSLT welcomes the placing of advocacy services on a statutory footing under the proposed legislation, providing that provision is made within that statutory advocacy duty to identify and provide communication assistance to any care-experienced child who has speech, language and communication needs. This is particularly important given the high prevalence of SLCN among this population. The RCSLT suggest that the model currently being used by the NI Department of Justice Registered Intermediary scheme, which provides communication specialists to assist vulnerable victims, witnesses, suspects and defendants to participate in proceedings more effectively, may be of interest as it demonstrates the benefits of providing communication support. This scheme has been recognised as being of great value to both individuals and the agencies involved³⁰.

RCSLT recommends that the statutory advocacy service for looked after children should be equipped to provide expert communication support to looked after children where necessary.

Outcome 3: Physical and mental health

H3. Introduce an annual holistic health assessment in place of current medical examination arrangements which enables competent looked after children to decline the assessment and, instead, enable him or her to access advice, information, support and the services of a clinician/doctor when required or on request

Currently there is no universally agreed monitoring or record of children’s speech, language and communication development in Northern Ireland. The current child health system (CHS) records the status of looked after children, but cannot also record their speech, language and communication needs which may be hidden or masked. The RCSLT therefore welcomes the plans for a holistic assessment and seeks further information on what would be included in this:

- What screening if any for SLCN would be included? ***As outlined above, the RCSLT recommends screening all looked after children for SLCN at the point of entry into care.***
- Will this assessment include routine development checks of speech, language and communication for children under the age of 4?
- Would those professionals carrying out the holistic assessments be trained to recognise the signs of SLCN and refer onwards appropriately where these children have not previously been identified or in contact with SLT services.
- Will speech, language and communication needs form part of a child's health and well-being plan?

The research accompanying the strategy has highlighted the difficulties accessing specialist services for looked-after children including allied health professionals. The RCSLT would therefore welcome more detail on how specialist support services will be resourced to provide additional capacity and confirmation that this will include speech and language therapy.

The RCSLT would also welcome further clarification on whether children with disabilities will be provided with the necessary communication support to fully participate in their health and well-being assessment to ensure that they will not be deemed to lack competency to make decisions around having the assessment because of their communication difficulties.

H4. As part of the Integrated Care Pathway for CAMHS, develop an effective pathway (incorporating transition planning to adult services) to specifically address the mental health needs of looked after children

As outlined above, there are significant links between unidentified SLCN and poor mental health outcomes, however at present SLTs do not form part of core CAMHS teams in Northern Ireland. Given the high prevalence of SLCN amongst looked after children, it is imperative that CAMHS teams are trained to identify potential communication difficulties amongst children with care experience and know when to refer to SLT. We note the implementation of a regional CAMHS model as mentioned in the strategy.

The RCSLT recommends that CAMHS teams receive training on the prevalence and incidence of SLCN in looked-after children and are given guidance on when to refer to SLT so that developing services are capable of meeting the specific needs of looked after children.

Outcome 5: Learning and Achievement

L1. Enhance access to support, resources and training for schools to become attachment aware. This will help them understand their role linked to that of the other education and health professionals and the difficulties that a looked after child faces.

L2. Develop a framework to outline quality provision for looked after children in schools

Given the well documented links between speech, language and communication skills and educational attainment for all children mentioned above, it is vital that schools are made aware of the high rates and potentially hidden/masked nature of SLCN amongst looked after children and how this will adversely impact their ability to access the curriculum.

Where a looked after child is known to SLT services, it is vital that the school and the speech and language therapist work together to ensure that their communication needs can be met. In some

services in England, SLTs are members of the local authority virtual schools team and work to assess and identify the SLCN of looked after children in that authority. They put in place effective communication strategies to support children in school and remain attached to that child throughout placement or school changes³¹.

The RCSLT would welcome further details on:

- What specific supports will be provided to schools around looked after children's speech, language and communication needs?
- How will SLCN be addressed in a quality provision framework for looked after children?
- Will specialist SLTs be involved in developing this framework?

L4. Implement a series of reviews to:

- **Identify the primary causes of the educational attainment gap for looked after children and develop an effective multi-agency approach to close the gap.**

The importance of early language skills to child development and educational attainment

The RCSLT has already provided evidence that speech language and communication skills are the fundamental building block in early years to later educational attainment and should be identified as a primary cause of the attainment gap. Good early language skills are central to a child's early development and school readiness. They are the building blocks for literacy and ultimately influence a child's ability to achieve their educational potential:

- A two-year-old's language development can strongly predict their reading skills on entry into school, as well as their later attainment.³²
- One in four children who struggled with language at age five did not reach the expected standard in English at the end of primary school compared with one in 25 children who had good language skills at age five.³³
- One in five children who struggled with language at age five did not reach the expected standard in maths at the end of primary school compared with one in 50 children who had good language skills at age five.³⁴

A government review of Speech and Language Therapy Services for children and young people in England (Bercow, 2008)³⁵ has highlighted the need to identify those with speech and language difficulty and to intervene as early as possible in order to prevent social and economic problems from occurring later on in life:

'Early identification and intervention are essential to avoid poor social and economic outcomes in later life. The evidence that early intervention brings benefits, and its absence incurs costs, is there for all to see. The task is to act on that evidence systematically, in delivering policy and allocating resources.' (Bercow Report, 2008).

In Northern Ireland the 'Read On Get On' coalition report published by Save the Children entitled '[Ready to Read](#)' (2016) sets out in detail the case for prioritising early language development in terms of interventions and investment in order to achieve the best educational outcomes for children³⁶. As the draft strategy identifies, 44% of looked after children in NI come from the most deprived backgrounds. Save the Children's research has shown that 'a child with below average language skills who experienced poverty persistently scored 38% less on reading tests at age seven and 23% less on comprehension tests at age eleven than a child who never experienced poverty and had above average language skills'.

There is clear and robust evidence that intervening early is the key to ensuring that SLCN does not become a lifelong barrier to achievement and is critical for children with care experience given the range of adverse experiences they also have to contend with.

The RCSLT recommends that speech, language and communication skills of looked-after children be included as a key focus area of this proposed review and that a multi agency strategy to support SLC in looked after children is developed.

The RCSLT further recommend that the SCREEN, TRAIN and SUPPORT for SLCN approach outlined above be incorporated into the multi-agency approach to improving the educational attainment gap for looked after children.

L4 cont'd. Implement a series of reviews to:

- **Assess the adequacy of the Personal Education Plans (PEP) process to ensure the PEP contributes to the child's Care and/or Pathway Plan and PEPs will be placed on a statutory basis through regulations arising from the Adoption and Children Bill**

At present there is no regional model of how SLT services interact with the PEP despite the fact that a child's communication needs may impact upon their educational attainment and ability to fulfil their rights to be involved in their care planning. We are aware that at present speech and language therapy services are not necessarily involved in PEPs in the same manner as individual educational plans or statutory assessments for SEND. As such we would welcome further information on:

- Will health professionals be expected to input to PEP once they are placed on a statutory basis?
- Will PEPs make reference to speech, language and communication needs? Will any supporting guidance for the completion of PEPs include information on the particular SLCN of looked after children?
- Are there any plans to develop a regional model of best practice for PEPs and will this include consultation with allied health professionals who have looked after children, or children with care experience on their caseload?

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