



Submission from the Irish Association of Speech and Language Therapists (IASLT)

Joint Committee on Disability Matters public meeting 01 October 20225 - Inclusive Education

Good Morning,

The Irish Association of Speech and Language Therapists (IASLT) welcomes the opportunity to contribute to the national dialogue on inclusive education for people with disabilities. We strongly advocate for a system that upholds the rights enshrined in Article 24 of the UNCRPD and advances the targets of SDG 4: ensuring inclusive and equitable quality education and promoting lifelong learning opportunities for all.

Inclusive education means that every student attends and is welcomed by their neighbourhood schools in appropriate classes and are supported to learn, contribute, and participate in all aspects of the life of the school. Inclusive education demands a whole system transformation that removes barriers to access, participation, and achievement for learners with disabilities. Speech and language therapists (SLTs) play a critical role in this transformation, supporting communication, learning, and wellbeing across the lifespan.

Genuine inclusion is more than just placing children with disabilities in mainstream classrooms. It demands meaningful engagement, tailored supports, and a deep understanding of each child's unique strengths and support needs. Inclusion that is merely surface-level or symbolic falls short—what truly matters is whether the child can actively participate, learn, and flourish within their educational environment.

20 years after it was initially passed, the Education for Persons with Special Education Needs Act (EPSEN Act) has yet to be fully commenced. Article 24 of the UNCRPD places obligations on the Irish government to ensure that people with disabilities are not excluded from education on the basis of disability and can access education on an equal basis with other children and provides a robust framework for transforming education systems to be inclusive, equitable, and accessible. It is concerning, however, that similarly recommendations from the Disability Act (2005) have also yet to be enacted. While it is important to move away from a system that requires diagnostic labels before children can access support, it is equally critical that supports



are tailored to individual needs. We urge the Committee to advocate for legislative and policy alignment with Article 24, ensuring that inclusive education is not only aspirational but actionable.

Accurate and timely identification of disability is critical to ensuring that children receive the supports necessary to thrive—both educationally and developmentally. Across Ireland, Children's Disability Services have been under considerable pressure, with long waiting lists, limited resources, and fragmented access to interdisciplinary supports. Families often face prolonged delays in receiving essential therapeutic interventions. IASLT has been vocal over a number of years on this issue. As a result, many children begin school without their needs being recognised, leading to systemic obstacles in accessing appropriate placements, therapeutic supports, and sustained interventions. Early therapeutic interventions are essential in order for children to access the educational curriculum and thrive within an appropriate educational setting. To uphold the rights of children with disabilities and meet statutory obligations, a coordinated, well-resourced, and integrated approach to appropriate therapeutic support is imperative.

Therapy in Schools:

IASLT welcomes the introduction of this new model, which represents a significant shift from previous service delivery frameworks under the NCSE. Embedding therapy provision within the school environment has the potential to make supports more accessible, responsive, and inclusive for children who need them most. By situating services directly within the education system, we can reduce barriers to access and promote early, preventative support in a familiar and naturalistic environment. Crucially, this approach enables closer collaboration between therapists, teachers, and families—fostering a holistic response to each child's communication and learning needs.

The importance of appropriate multi annual funding to ensure that this model moves beyond special schools and into autism classes and mainstream schools, appropriate governance structures and accountability in the implementation of this service cannot be underestimated.

While IASLT recognises that the implementation of a new model will bring operational and strategic challenges, we are committed to working collaboratively with all partners including the Dept of Education. We have been encouraged by early engagement regarding the plan. Our priority is to ensure that children and families receive the evidence-based, high quality, appropriate and timely interventions that they deserve and that education is not only a place of learning, but also a gateway to wellbeing and participation for every child.

We hope this marks only the beginning of embedding SLT within education. In order to ensure sustainability and impact, SLTs must be empowered to operate within an interconnected framework—one that transcends sectoral boundaries and fosters meaningful and sustained collaboration between the Department of Education and the Department of Health. Let's build a

system where joined-up thinking is the norm, and every child's communication needs are met through seamless cooperation across sectors.

Transition Planning:

A child's identified needs and supports must remain consistent and responsive throughout their educational journey. Every child deserves support during transitions to new schools and into post education or employment. Transition plans must be flexible, respond to each child's unique needs, strengths, and interests, and respect their identity. Successful transition planning requires collaboration between the child, parents/carers, teachers, peers, and relevant professionals. Transition planning should be a continuous process with adequate resources, from early childhood to post-school life.

Assistive Technology:

Recognition and implementation of communication accessibility must happen for all in line with Article 21 of the UN Convention on the Rights of Persons with Disabilities. Article 21 protects the right of all people to communicate by whatever means, modes, or formats of communication are most appropriate to them, but lack of access to appropriate Augmentative and Alternative Communication (AAC) pathways and SLT expertise mean that this right is not currently being upheld.

Providing an AAC system is only the start of the journey. SLT Intervention is required for the individual and for communication partners across all contexts. The AAC system must grow and develop with the child, in the same way as communication skills develop and expand through the life span. To deny support for the ever evolving communication skills and growth of a child is to impede social, emotional and educational development. Without this support, AAC systems may be abandoned; costly in terms of assessment time, device cost, and ultimately quality of life, with opportunities lost through decreased communication and participation.

AAC in the classroom

Universal design

Inclusive education requires the intentional design of environments, curricula, instruction, and communication systems that are accessible and usable by all learners—anticipating and embracing variability from the outset. Speech and Language Therapists (SLTs) play a key role in supporting inclusive practice by integrating communication supports such as visuals, multimodal strategies, and inclusive communication environments. Collaborating with educators and contributing to teacher training can further embed communication accessibility into everyday classroom practice. AAC systems (ranging from low-tech supports to high-tech voice output devices) are essential tools for accessing curriculum, expressing identity, and building relationships. When embedded within Universal Design for Learning (UDL) frameworks, AAC supports inclusive practice and fosters authentic belonging. Supports provided to pupils with additional needs are not intended to facilitate conformity with existing systems or norms. Instead, they are embedded within a universally inclusive framework that benefits all learners. For example, Lámh is integrated into everyday communication across the school environment

and used naturally with all pupils—not solely directed at the child who uses Lámh. This approach fosters authentic inclusion, promotes communication equity, and affirms the diverse ways in which pupils express and understand language.

Conclusion and Recommendation:

Ireland's current education system remains fundamentally misaligned with the guiding principles of Inclusive Education. Practice continues to rely heavily on medicalised, diagnosis-led models, where access to supports is contingent on clinical categorisation rather than individual needs.

Systemic gaps also create inequities in access to timely assessments, therapeutic interventions, assistive technologies, and coordinated educational transitions.

Children with complex, co-occurring, or high support needs frequently encounter barriers to full participation, compromising their right to an education that is inclusive and tailored to individual strengths and needs.

Every child—regardless of communication profile, sensory processing differences, or support needs—has the right to an education that is inclusive, affirming, and developmentally responsive. This means recognising and valuing diverse ways of communicating, engaging, and learning. Inclusive education requires more than rhetoric—it needs resourcing, training, and accountability

To achieve truly inclusive education, we must have sufficient resources with SLTs embedded within education and information must be shared seamlessly across schools and services—especially during key transitions. Supports must be implemented seamlessly and consistently, monitored for effectiveness, and adapted in collaboration with the child, family, and interdisciplinary team to ensure they remain relevant and empowering.

- There must be multi-annual funding to roll out SLT in ETSS, service models must be robust with appropriate governance structures, must be fully evaluated and move beyond Special Schools. Clear direction and guidance with regards to the roles and responsibilities of the therapists from health and education is a prerequisite for success. SLTs must be empowered to operate within an interconnected framework—one that transcends sectoral boundaries and fosters meaningful and sustained collaboration between the Department of Education and the Department of Health.
- There must be a continued focus on the improvement of Children's Disability Services.
- The promised specialist pathways for AAC must be implemented and AAC policy must be aligned with national commitments to the UN Convention on the Rights of Persons with Disabilities (UNCRPD), particularly Article 24 on inclusive education and Article 21 on freedom of expression and access to information.
- Sustained funding for AAC support within educational settings must be provided.

- A framework for transitions must be formally implemented to ensure continuity of support across all stages of education, including preschools, special classes, mainstream classrooms, and post-school pathways.
- Speech and language therapy input at undergraduate and postgraduate levels for educators must be comprehensive, evidence-informed, and embedded within the core curriculum
- Efforts to address SLT workforce shortages must extend beyond recruitment to include robust retention strategies, with a particular emphasis on achieving pay parity in Section 39 organisations.
- To meaningfully deliver on Inclusive Education guidelines, the allocation of Special Needs Assistants in primary and post primary education must be grounded in inclusive education principles — ensuring support for regulation, communication, and participation, which are essential for some children's access and inclusion