Calling for a Fair Go for Children with Speech Language and Communication Needs

Championing change so children can participate belong and thrive

Winston Churchill Fellowship report

Heather Lear QSM

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Heather and Sarah, Parliament Square, London, 18 June 2025.

Image description: Heather and Sarah smile, with the Winston Churchill statue behind them.

"There is nothing wrong in change if it is in the right direction."

Winston Churchill | House of Commons | 23 June 1925 (Churchill, 1925, cols. 1352–1353)

How do we know if a change is improving children's lives?

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A note of thanks

I sincerely thank the Winston Churchill Memorial Trust for enabling Sarah and me to learn across four countries, exploring questions that grew from our family's experience.

Sarah inspired this journey and my commitment to change. She has said it is not fair when children miss out on support. She travelled with me and shared her perspective. My husband Alan made this work and travel possible and for this I am eternally grateful. Our sons Dr Christopher Lear and Dr Benjamin Lear, and daughters-in-law Lucy and Olivia, supported us throughout. Our granddaughters Abigail (Abby) and Ophelia bring the joy of early communication into everyday life.

Sheila Pether ("Mrs P") believed in Sarah as a learner and remains a close friend and Benjamin's godmother. Professor Suzanne Purdy CNZM (Te Rarawa, Ngāi Takoto), an internationally recognised researcher in audiology and communication at the University of Auckland, has supported me since 2003. Her encouragement, research and commitment to communication helped shape my Fellowship.

Angela Horn's friendship has been a part of our family's story for more than thirty years, making the journey less lonely. Dr Murray Horn CNZM, a leading economist and former Secretary to the New Zealand Treasury has been a trusted adviser and mentor, asking what public systems should achieve for children and families.

Paula Tesoriero MNZM PLY, Chief Executive of Whaikaha – Ministry of Disabled People, and former Disability Rights Commissioner, also supported my application. Her leadership and commitment to inclusive education have profoundly influenced my work. Trish Grant has devoted decades to disabled children and families. As Director of Advocacy she led IHC's landmark human rights legal case against the Crown settled in December 2025. Her knowledge, persistence and friendship have shaped our shared work. I thank everyone who welcomed us and shared knowledge. Fuller acknowledgements appear at the end.

Executive summary

My Fellowship grew from more than thirty years as Sarah's mother. Sarah lives with severe developmental verbal dyspraxia (DVD), a rare neurodevelopmental speech disorder that affects her ability to plan and produce spoken words (American Speech-Language-Hearing Association, n.d.). Her journey to develop spoken communication taught me how fundamental communication is to learning, relationships and belonging, and how difficult it can be for children and families to obtain information and enough of the right specialist support. We had committed people beside us and could pay for additional help, while many families cannot do the same. Sarah's concern that it is not fair when others miss out remains at the heart of my work.

Sarah travelled with me to France, Ireland, the United Kingdom, Canada, the United States and Australia. In France Dr Horn's questions helped me to ask: what works, how we know, and whether investment makes a difference. Dr Murray Horn CNZM, a leading economist, former Secretary to the New Zealand Treasury and establishment Chair of the National Health Board, has been a trusted friend, adviser and mentor for many years. His experience leading complex public systems, health reform and governance helped me think about what public systems should deliver for children and families. In France, he encouraged me to ask the people I would meet what works, how they know it works, and what difference it makes. I identified another question – who is still missing out? I came home convinced that Aotearoa New Zealand needs a coherent system to support children's speech, language and communication development throughout childhood.

Since returning from my Fellowship travels, I have had the unexpected privilege of caring for my granddaughter Abby during the day while her parents work. Watching Abby's communication develop has brought many of the things I learned during my Fellowship into everyday life. Her father describes her communication as growing exponentially. I have

watched this unfold as her vocabulary, confidence and ability to tell us what she thinks, wants, remembers and wonders about have expanded through everyday conversations, play and reading.

Sarah also grew up in a home where books, conversation and encouragement were part of everyday life. Seeing these two children's very different communication journeys has reinforced for me both the importance and the limits of a communication-rich environment. These experiences matter enormously, but they cannot replace timely recognition and access to specialist support when a child's communication does not develop as expected.

We need to recognise children's communication needs early. From birth, babies need people who talk, listen and respond to them, and families need support during those important first 1,000 days. But we must keep looking as children grow. Some children have not attended early childhood education; others have had their needs missed or have not qualified for services. They need further opportunities for their needs to be recognised and to get support. Children with significant communication needs, like Sarah, should not miss out because they do not fit the funding eligibility criteria or because responsibility for their support is split between services and agencies.

What I learned from the people who I met during my Fellowship visits is how everyday support, targeted programmes and specialist expertise can work together. At Harvard and in Chicago, accessible explanations of child development made science understandable and useful to families and educators. Research and practice also reinforced the importance of the nature, intensity and duration of specialist support. A consultative approach coaching adults and creating accessible learning environments matter, but children must still be able to obtain individualised specialist therapy and services when required. What I learned from the people I met reinforced what Sarah's experience had taught me. Specialist support is not about 'fixing'

a child. It is about helping children communicate in ways that work for them, removing barriers and making sure they can learn, participate and belong alongside their peers.

This requires attention to the system's design. Aotearoa New Zealand's divided responsibilities across health, education and disability, alongside its devolved school system, make central leadership and shared accountability essential. We need to review eligibility and funding arrangements, strengthen the specialist workforce and ensure children can receive appropriate support in their local schools. Recent investment is welcome, but additional positions and extended service boundaries do not by themselves show what children receive or whether their lives improve.

My nine recommendations bring these lessons together through earlier identification, stronger specialist services, shared pathways, partnership with children, families and whānau, and reliable outcome information. Māori leadership and Te Tiriti o Waitangi must shape implementation. We need to know who receives support, what kind and how much, what changes in communication, learning, belonging and wellbeing, and who remains excluded. The IHC settlement's Framework for Action offers a timely opportunity to address these longstanding gaps (Ministry of Education, 2025a). I am already sharing and applying my learning through IEAG, the settlement stakeholder group and family and whānau networks.

Introduction and Fellowship questions

Through my experience as Sarah's mother, I wanted to understand how we can create better outcomes for children with speech, language and communication needs so they can communicate, participate, belong and thrive?

I undertook my Fellowship after more than thirty years as a parent, advocate and learner, carrying questions about evidence, human rights, inclusive education, specialist expertise and the way public services are organised around children and families. I wanted to understand what other countries were doing, whether it was making a meaningful difference and what principles their experience might offer Aotearoa New Zealand.

I wanted to learn what we could do better for children like Sarah and their families. How could we recognise their needs sooner and get the right support to them? How could health and education work together, so families were not left trying to join things up themselves? I wanted to understand what helped parents and teachers, how children could get specialist support when they needed it, and how research could change what happened in their everyday lives. Above all, how would we know we were making a difference and that children's lives were improving.

An unexpected opportunity at home

Since returning from my Fellowship travels, I have had the privilege of caring for Abby full-time during the day after her parents returned to work. More than thirty years after watching Sarah's early communication develop along a very different pathway, I have found myself immersed once again in a young child's everyday communication world. This has also taken time and is one reason the report has taken longer to complete.

By two, Abby was speaking in full sentences, with an ever-expanding vocabulary and a growing ability to tell us what she thinks, wants, remembers and wonders about. Books are an important part of our days; we can spend hours reading and talking about what we read. At nine months,

Ophelia is already wonderfully vocal – making herself heard, experimenting with sounds and discovering that her voice gets a response.



Sarah and Abby Lear reading together, Auckland, 30 September 2026.
Image description: Viewed from behind, Sarah sits with Abby on her lap, sharing a picture book. Abby reaches towards the page; their faces are not visible.

Reading was also a large part of family life when Sarah was growing up. These different pathways have reinforced both the enormous importance and the limits of communication-rich environments. Talking, reading, playing, listening and responding provide an essential foundation. When communication does not develop as expected, children also need timely recognition and specialist support. Caring for Abby has made the learning tangible and increased my motivation and confidence in sharing it with others.

How the journey began

Sarah was diagnosed with probable developmental verbal dyspraxia (DVD) at four and a half. DVD, also known as childhood apraxia of speech (CAS), is a rare speech disorder affecting the planning and coordination of movements needed for speech (American Speech-Language-

Hearing Association, n.d.): Sarah knew what she wanted to say, had challenges making and connecting sounds and others often could not understand her. Much less was known about it when she was young. Her first new entrant teacher, Sheila Pether, recognised her abilities, taught her to read and continued to support her learning until we moved to Auckland in 2001. We had ongoing support from Ministry speech-language therapists and committed teachers. Yet after moving to Auckland, a second application for support through the Ongoing and Reviewable Resourcing Schemes (ORRS) was declined. I was not expecting this nor was her new school. We were then told her speech-language therapy would stop at the end of the year. Sarah's needs were seen as much wider than communication alone, and the Speech Language Initiative focused mainly on younger children in their first three years of school.

Going to the national dyspraxia conference, "Tools for Learning: Tools for Life", in Christchurch in 2001 changed so much for Sarah and me. I heard a presentation by Dr Caroline Bowen, an expert in children's speech disorders. We travelled to Sydney in January 2002, where she confirmed severe DVD and helped us negotiate continuing support. The following year I travelled to the United Kingdom and met Dr Pam Williams at the Nuffield Hearing and Speech Centre in London. She had helped develop the Nuffield Dyspraxia Programme Sarah was using. She explained that the Nuffield programme had been designed for intensive therapy sessions in their language units where children received two or three sessions a day. Sarah received therapy at most weekly, later fortnightly. That contrast, and the work Pam shared about supporting older children, led me to contact Professor Suzanne Purdy then Head of Speech Science at the University of Auckland. I wanted to know what the evidence meant in practice and what else might be available for Sarah. That began years of support for Sarah, and a long friendship and collaboration for which I remain deeply grateful.

Working alongside Trish Grant for more than fifteen years on IHC's landmark human rights case strengthened my understanding of the distance between recognising a right and realising

it in children's lives. In 2019 I spent six months at the Human Rights Commission as senior disability adviser to Paula Tesoriero MNZM PLY, then Disability Rights Commissioner and now Chief Executive of Whaikaha – Ministry of Disabled People. Inclusive education was a priority of our work. Professor Roger Slee's 2018 UNESCO think piece, Defining the Scope of Inclusive Education, was influential. He asks:

> What kind of world do we want our children and young people to live in? What kind of schools and classrooms are required to achieve that world? … When we look at our schools – who is in, who is out – who decides, and what are we going to do about it? (Slee, 2018, p. 9)

I thought about those questions often during my Fellowship.

In 2015, Sarah and I were honoured to meet the late Professor James Law OBE at Newcastle University. James helped bring children's language into public health and education policy. He introduced me to the Growing Up in New Zealand study. He was keen to help explore what this could reveal about communication development. I found it ironic that I had travelled to the United Kingdom to learn about a major New Zealand study. We corresponded about future research for several years after our 2015 meeting.

Looking back, Sarah was fortunate that we could advocate and pay for additional help, but this came at a cost to our family. I never returned to full-time employment, focusing instead on supporting Sarah and then using our experience to make a difference for children with speech, language and communication needs and their families. I was always aware that many families could not make the same arrangements as us.

Beginning in France

My Fellowship travels began in France after family commitments changed our original itinerary. Sarah and I travelled first to Paris and then to Vaison-la-Romaine, where we spent

several days with Dr Horn and his wife Angela. France was not a formal country study, but this gave us time to discuss what responsible public systems should achieve.

Dr Horn had been a trusted adviser and mentor for many years. He and Dr Mike Pratt were lead reviewers of the 2016 A Blueprint for Education System Stewardship, which had informed my advocacy for years before we travelled (State Services Commission et al., 2016). In France, Dr Horn encouraged me to ask the people I met three questions:

- What are you doing that works?
- How do you know it works?
- What is the most cost-effective intervention you have seen—the biggest 'bang for buck'—with evidence of learning outcomes and wellbeing measures?

As we talked I thought about one more question: "Who is still missing out?" I kept thinking about Sarah and the children whose needs are not recognised, or who cannot get the support they need—even when we know what could help. This became the next question I asked. It connects evidence about effective support with children's rights and the way services are designed.



Heather and Sarah Lear with Angela Horn and Dr Murray Horn CNZM, Vaison-la-Romaine, France, 6 June 2025.

Image description: Four people sit together at an outdoor table in front of blue shutters.

A framework for my Fellowship

The more people I met and spoke with during my Fellowship, the more I understood how much depended on the support around a programme—who could access it, how it was delivered and whether children got what they needed. I began identifying the common principles and system conditions that allow effective support to become routine, equitable and sustainable. Figure 1 connects this learning. Overseas approaches must be considered against Aotearoa New Zealand evidence, Te Tiriti o Waitangi, te ao Māori and the aspirations of whānau and our culturally diverse communities.

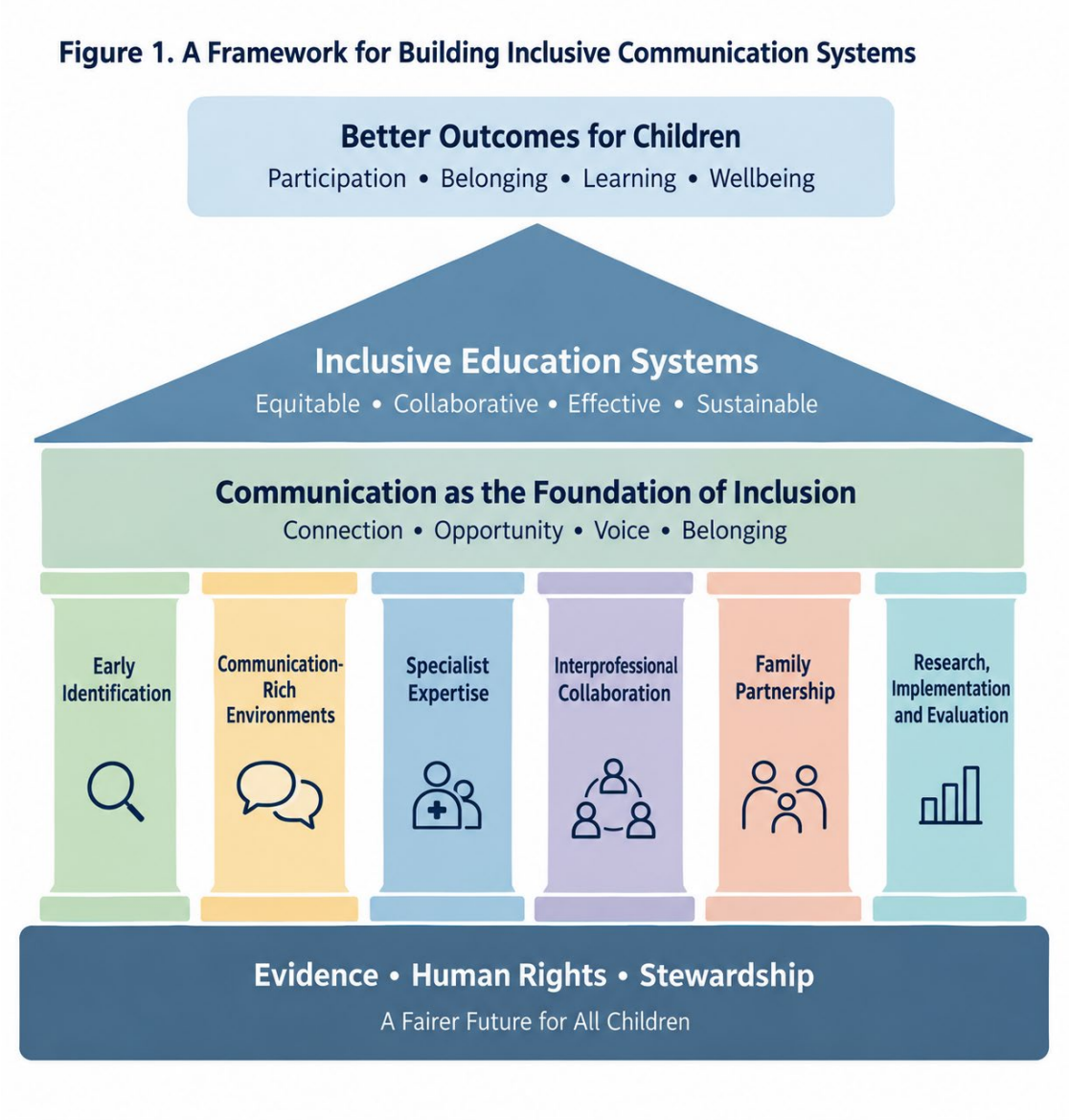


Figure 1 A framework connecting the learning from my Fellowship

Diagram description: A house-shaped framework rests on evidence, human rights and stewardship. Six pillars are early identification; communication-rich environments; specialist expertise; interprofessional collaboration; family partnership; and research, implementation and evaluation. Together they support communication as the foundation of inclusion and an equitable, collaborative, effective and sustainable education system. The intended outcomes are children's participation, belonging, learning and wellbeing.

Key learnings

Communication and inclusion belong together

The people I met throughout my Fellowship understood communication as central to children's relationships, identity, choice and participation. Michelle Daley of the Alliance for Inclusive Education stressed that the rights of disabled and neurodivergent children, including children with speech, language and communication needs, are indivisible: education cannot be separated from family and community life, freedom from discrimination or being heard. She also asked whose experience is overlooked when disability is considered apart from culture, language, gender and poverty. Dr Aoife Gallagher and Professor Carol-Anne Murphy in Ireland and Hayley Levenson in New York brought those principles into everyday educational practice. We need to ask whether children can understand and be understood, participate, learn, exercise agency and belong, with accessible teaching and specialist support when required.

In Geneva in 2015, I was fortunate to attend the UN discussion on Article 24 of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) with Sarah and Trish Grant. One message stayed with me – no country can afford to sustain a dual education system. General Comment No. 4, adopted in 2016, guides governments in implementing the right to inclusive education. It describes system reform that removes barriers to participation, rather than simply placing children in mainstream classrooms (Committee on the Rights of Persons with Disabilities, 2016, paras. 9–12).

Article 26 recognises the importance of habilitation and rehabilitation services that build on individual needs and strengths and support participation and inclusion (United Nations, 2006, art. 26). For me, this explains why specialist speech-language therapy belongs within a rights-based approach. Its purpose is not to "fix" a child so they fit an unchanged system. It is to support their ability to communicate, express choices, connect with others and participate in

everyday life. Developing communication skills and removing barriers in classrooms and communities must work together. Children should not have to become different before they can belong.



Heather and Sarah Lear with Michelle Daley, Director of the Alliance for Inclusive Education (ALLFIE), Brixton, London, 6 August 2025.

Image description: Three people smile together in an office with inclusive education posters. One is seated in a powered wheelchair, another sits beside her and the third stands behind them.

Start early and retain routes to specialist support

Happy Talk in Ireland showed how a community programme can support communication in everyday settings and be evaluated for outcomes and cost (Frizelle, Mullane, et al., 2021; Frizelle et al., 2022). Speech and Language UK showed how workforce development, targeted programmes and specialist services can sit within a continuum of support. Its Early Talk Boost

programme supports children who are behind in talking and understanding language (Speech and Language UK, n.d.). I was familiar with Hanen before travelling—a Canadian organisation whose programmes help parents and educators support children's communication through everyday interactions (The Hanen Centre, n.d.). Its approaches arose in conversations with Felicity O'Brien and Dr Marie Gascoigne. Felicity described an NHS parent-child interaction programme influenced by Hanen. These examples helped me see how strengthening parents' and educators' everyday communication skills can work alongside a route to specialist expertise. Unfortunately, I was unable to visit the Hanen Centre when our travel dates changed.

In Chicago, the TMW Center for Early Learning + Public Health's 3Ts—Tune In, Talk More and Take Turns—made responsive, two-way interaction understandable and sought to bring this knowledge into settings families already use (TMW Center for Early Learning + Public Health, n.d.-b). Its SPEAK-CAT tool measures parents' and practitioners' knowledge about child development (TMW Center for Early Learning + Public Health, n.d.-a). It prompted me to ask where knowledge gaps remain and whether sharing knowledge changes everyday practice. Any adaptation in Aotearoa New Zealand would need to be designed and tested with Māori, Pacific peoples and other communities.



Heather and Sarah Lear with Professor Dana Suskind and Sara Bryk, TMW Center for Early Learning + Public Health, University of Chicago, 20 August 2025.

Image description: Four people smile closely together for a photograph in an office.

At Harvard, James Cairns explained how the Center on the Developing Child translates complex developmental science through ideas such as brain architecture, toxic stress and serve and return. Brain architecture describes how early experiences help build the brain's foundations for later learning and wellbeing. Serve and return describes how a child's sound, gesture, expression or word invites an attentive response, which supports another contribution from the child (Center on the Developing Child at Harvard University, n.d.). I already knew this expression, but had not realised it was a metaphor the Center had developed. That familiarity showed me how successfully they had made science accessible. These ideas connected research with the everyday exchanges I see with Abby, while keeping specialist support in view for children whose communication develops differently.



Heather and Sarah Lear with James Cairns, Center on the Developing Child at Harvard University, 22 August 2025.

Image description: Three people smile in front of a display of young children playing and interacting with adults.

The nature and amount of specialist support matter

Professor Pauline Frizelle's work at University College Cork on dosage and the active ingredients of language support reinforced a question from Sarah's experience (Frizelle, Tolonen, et al., 2021). Does the support a child receives have a reasonable prospect of working? She considered it unethical to take a child out of class for therapy without evidence that the child would benefit. That made me think about whether the support offered has a reasonable prospect of making a difference. Referral or contact counts cannot answer that question. We need to know what was delivered, how often and for how long, whether the essential elements were retained and what changed for the child. Consultation and coaching may help, but cannot automatically replace individualised specialist intervention when it is required.

Before travelling, and before meeting her in New York, I spoke with Felicity O'Brien, an Australian-trained speech-language therapist who had worked in Australia, the United Kingdom and the United States. Her experience across public health services, schools,

preschools, special schools and university clinics showed how system design affects what therapists can provide and families can access. Her central lesson was that evidence becomes ordinary practice only with workforce development, leadership and sustained implementation (F. O'Brien, personal communication, July 24, 2025).



Felicity O'Brien, Sarah Lear, Heather Lear and Darlene Monda, Harlem, New York City, 18 August 2025.

Image description: Four people stand together outdoors in front of a brown stone wall.

Hayley Levenson's school practice in New York brought communication, accessible teaching and participation together. Alisha Brown-Gandhi helped me consider early learning and the difference between services being available and families being able to use them. These conversations mattered alongside the research – they showed how principles are enacted in children's everyday lives.

Shared leadership and evidence of outcomes

Ireland's work with Finland on a roadmap towards inclusive education showed the scale of system change needed when responsibility and workforces are divided (European Agency for Special Needs and Inclusive Education, n.d.). In the United Kingdom, Dr Marie Gascoigne's Balanced System brought population need, universal, targeted and specialist provision, and outcomes into one framework (The Balanced System, n.d.). It asks professionals and commissioners to pause and consider whether what they do makes a difference. At Harvard, James Cairns argued that reform across agencies needs leadership from the centre of government because separate mandates and budgets can otherwise pull agencies apart. Aotearoa New Zealand's divided responsibilities across health, education and disability, alongside its devolved school system, make clear leadership and accountability essential.

Ireland's growing separate specialist school provision made its work on an inclusive education roadmap especially important. Dr Aoife Gallagher, Professor Carol-Anne Murphy and Dr Joanne Fitzgerald helped me understand the tensions between policy, workforce capacity and practice. In the United Kingdom, Dr Tammy Campbell at the independent Education Policy Institute discussed what data can and cannot tell us about inequalities and wellbeing. Collecting information is only useful if it helps us understand children's experiences and improve decisions.



Dr Aoife Gallagher, Dr Joanne Fitzgerald and Professor Carol-Anne Murphy with Heather and Sarah Lear, Limerick, Ireland, 9 June 2025.

Image description: Five people gather around a table beside large windows; three are seated and two stand behind them.

The people I met during my Fellowship helped me see how children's rights, what we know works, and the decisions made about services and funding all need to come together. We need to know who receives what support, at what intensity, what changes for them and who remains outside services. Outcomes must include communication, learning, participation, belonging, wellbeing and agency. We must also examine the equity and social effects of a dual education system, including whether children can obtain the support they need wherever they learn. The IHC settlement's Framework for Action: Quality Education for All offers a way to examine who was missed by the system's original design and who still misses out. It calls for better information about disabled learners' participation and achievement, access to specialist support, and the effectiveness of funding. These actions could help test how disabled and neurodivergent children are identified and supported, what public investment provides and whether children

benefit (Ministry of Education, 2025a). The New Zealand Disability Strategy 2026-2030 gives direction to government agencies on disability issues and calls for better information about disabled learners' experiences and outcomes (Whaikaha – Ministry of Disabled People, n.d.). Disabled people and whānau must help decide what outcomes matter.

Applying the learning in Aotearoa New Zealand

The gap and who is still missing out

Research published in 2024 using Growing Up in New Zealand data found that mothers reported concerns about the communication skills of 16 per cent of children at 24 months. The proportion was only slightly lower at 54 months, at 13 per cent (Mulderry et al., 2024; see also Jackson et al., 2024). Although the measures at the two ages differed, these findings suggest that many children can be identified well before school. The 54-month figure also remains above the commonly cited UK estimate that around one in ten children have speech, language and communication needs (Royal College of Speech and Language Therapists, n.d.).

To understand why children are still missing out, I think we need to look back at how our special education system—now called learning support—was designed. Special Education 2000 was introduced in 1996 and its funding arrangements rolled out from 1997. The wider policy included a tiered system with a special education grant paid to every school for children with moderate support needs, and the Ongoing and Reviewable Resourcing Schemes (ORRS) for children with the highest ongoing needs, the Speech Language Initiative (SLI) and the Severe Behaviour Initiative (SBI) for children with high short-term needs (Creech, 1997). Each of the three high-needs initiatives was designed to reach about 1 per cent of the school population. Those were planning and affordability settings, not estimates of how many children had these needs, and boundaries were built in from the start. Sarah's severe developmental verbal dyspraxia and associated language difficulties were recognised as high and ongoing, yet three

ORRS applications were declined. The Ministry said children whose primary need was speech-language therapy were expected to receive it through the separate Speech Language Initiative.

In August 2015, Sarah and her younger brother Christopher gave evidence to Parliament's inquiry into the identification and support of students with dyslexia, dyspraxia and autism. Sarah said that she had received help because her parents knew how to seek it, but many children did not: that was not fair. Christopher described the combination of family advocacy, private provision and short periods of more intensive support that lay behind the account of Sarah having "received support". He said:

> While it may appear on the surface that Sarah benefited from a lot of extra high intensity support, these were only short periods of time and the support she received is still well below the level she would get in other countries (Lear, 2015, p. 2).

Their evidence is a reminder to ask about the adequacy, continuity, intensity and source of support, and about families without our resources.

A longstanding structural question

When I visited the UK in 2003, I was given the eligibility criteria for Statements of Special Educational Needs. Reading them, I could see that complex communication needs like Sarah's were included. I remembered because we had struggled to get her needs recognised when seeking specialist support at home. In England a Statement set out the support a child required, and the local authority then had a legal duty to provide it (Education Act 1996, s. 324). England replaced Statements with Education, Health and Care plans (EHCPs) in 2014. EHCPs now combine education, health, and social care needs into a single, coordinated legal document centred around personal goals and preparation for adulthood (Children and Families Act 2014, ss. 37, 42). In Aotearoa New Zealand, the Ongoing Resourcing Scheme (ORS) allocates funding that follows an eligible child between schools. It does not work in the same way as an

EHCP which specifies the services a local authority must provide. This difference matters when families are seeking enough of the right specialist support for their child.

The Ministry of Education's He Pikorua is a culturally grounded practice framework for Learning Support specialists, including speech-language therapists, and Resource Teachers: Learning and Behaviour (RTLB) (Ministry of Education, n.d.). Its universal, targeted and tailored approaches align with what I learned. Yet a framework alone does not tell us whether enough therapists are available, what children receive or who remains outside the pathway.

Funding arrangements allow specialist day schools to employ their own teams of speech-language therapists, occupational therapists and physiotherapists, while most local schools rely on shared Ministry services. The Education Review Office's 2024 report, Built in, not bolted on: Evaluation of education at specialist day schools, reviewed all 27 specialist day schools in Aotearoa New Zealand, with nearly 4,000 students enrolled in July 2023. It described specialist expertise as integral to their provision (Education Review Office, 2024). By comparison, its 2022 report, Thriving at school? Education for disabled learners in schools, identified difficulties accessing specialist support in local schools. Thirty-six per cent of parents and whānau surveyed were dissatisfied with how their school supported access, and some described choosing schools according to the specialist services available (Education Review Office, 2022).

It made me consider how much choice families really have when the support their child needs is available in some schools but not others and raises a question about both equity and meaningful choice. Expanding specialist schools while children in local schools struggle to obtain specialist support risks deepening the gap. ORS eligibility is required for specialist school enrolment (Education Review Office, 2024), so that pathway is unavailable to many children with substantial communication needs. When access to specialist expertise is concentrated in settings they cannot enter, those children can continue to miss out. Families'

choices are also constrained if obtaining support means changing where their child is educated. Specialist expertise needs to be available according to children's needs, including in their local schools.

Budget 2025 funded 78.5 additional speech-language therapist full-time equivalent positions for the Behaviour and Communication Service and extended the Early Intervention Service (EIS) through Year 1 (Ministry of Education, 2025b). This investment is welcome. We still need to know whether the additional capacity reaches children previously missed, improves access in local schools and provides specialist support at the intensity and duration children need. Its impact must be assessed through what children receive and the difference it makes to their lives.

Children's rights are interdependent

For disabled children, rights are inseparable in everyday life. The right to communicate and be heard, to learn alongside peers, to take part in family and community life, to receive specialist support and to seek a remedy when rights are denied must be upheld together (United Nations, 2006, arts. 7, 12, 13, 19, 21, 24, 26).

For a child with speech, language and communication needs, one right can be hard to exercise when another is missing. Figure 2 shows why an inclusive education system must attend to them together.

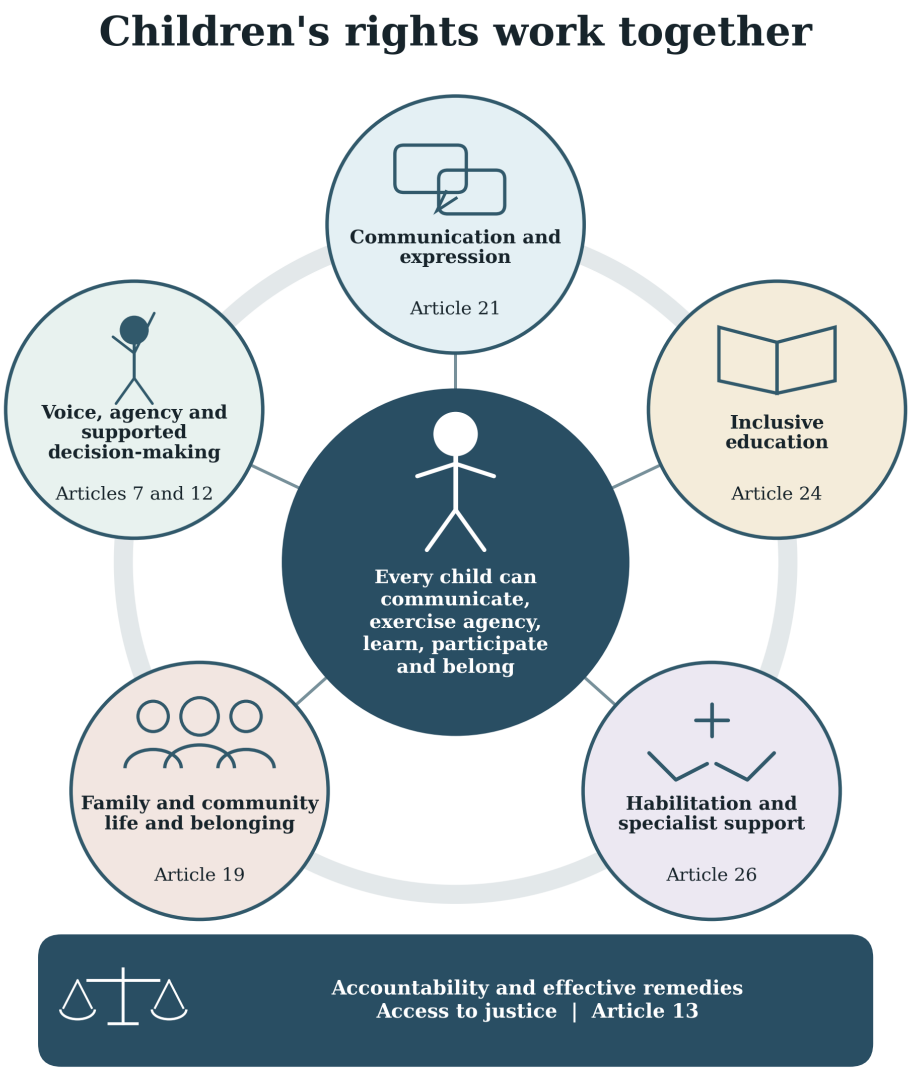


Figure 2 Children's rights are indivisible and interdependent

Diagram description: A child sits at the centre of five connected rights—communication and expression (Article 21); inclusive education (Article 24); habilitation and specialist support (Article 26); family and community life and belonging (Article 19); and voice, agency and supported decision-making (Articles 7 and 12). A ring links these rights, showing that they work together. Access to justice, accountability and effective remedies (Article 13) form the supporting base. Based on the Convention on the Rights of Persons with Disabilities (United Nations, 2006).

Conclusions and recommendations

My Fellowship confirmed that Aotearoa New Zealand needs a coherent system to support children's speech, language and communication development. Communication-rich relationships and specialist speech and language support must work together, according to each child's needs. The test is whether children can communicate, participate, learn and belong, and whether children previously missed can obtain the support they require.

These nine connected recommendations call on central government and education, health and disability agencies that share responsibility for children's rights to participation and inclusion to work together. Professional bodies, researchers, educators, communities, children, families and whānau also have essential roles. Māori leadership and Te Tiriti o Waitangi must shape the work so disabled children can communicate, participate, learn and belong wherever they are educated.

1 Develop a national strategy for children's speech language and communication. Bring education, health, disability and early childhood responsibilities together around shared outcomes, funding and accountability, while enabling Māori and community-led design.

2 Strengthen identification and timely support. Provide accessible developmental information to whānau, culturally appropriate screening at suitable ages, clear referral routes and repeated opportunities for identification throughout childhood.

3 Build communication-rich relationships and learning environments. Support responsive interaction with babies and whānau from the first 1,000 days, and resource early childhood services and schools to sustain accessible environments. Universal capability must complement targeted and specialist support.

4 Protect and strengthen specialist speech-language therapy. Plan the workforce and provide timely assessment and individualised specialist intervention when required, including

in local schools. Examine dose, duration, fidelity and outcomes rather than nominal access alone. Review eligibility criteria and benchmarks so children with substantial communication needs do not fall between services.

5 Create shared pathways and accountability. Agree responsibilities and transitions across Well Child Tamariki Ora, early childhood education, schools, health, disability and specialist services so families do not have to bridge the gaps themselves.

6 Treat families and whānau as partners. Provide useful knowledge, listen to families and involve them in decisions. Parent coaching must not become an unpaid substitute for professional support or make access depend on advocacy skills or resources.

7 Connect research implementation and evaluation. Build evaluation into new and existing services. Ask what works, for whom, under what conditions and with what unintended effects, then use the answers to improve practice and investment.

8 Make communication rights part of inclusion. Enable disabled children to understand, express preferences and influence decisions. Judge inclusive education by participation, learning, relationships and belonging, not placement alone.

9 Strengthen stewardship of outcomes. Publish reliable information about need, access, support delivered and meaningful outcomes, including inequities. Use children's time, families' time, specialist expertise and public resources where they make a demonstrable difference.

Implementation and sharing

Since returning from my Fellowship, I have been sharing and applying what I learned through my work as Director of the Inclusive Education Action Group (IEAG), secretariat of the Education for All forum, and networks such as the Parent, Family and Whānau network. I am also a member of the stakeholder group overseeing implementation of the December 2025 IHC–Ministry of Education settlement agreement (Ministry of Education, 2025a). These roles,

alongside connections with professional bodies, researchers, therapists and disabled people's organisations, allow me to discuss the learning, test the recommendations against people's experiences and keep asking who is still missing out.

This report cannot do justice to every conversation and all the learning from my Fellowship. A fuller chapter-based report has been developed and, once finalised, will be printed and shared through the IEAG website, professional and community networks, and conference presentations. The fuller report will support a call for action to ensure children with speech, language and communication needs receive timely and equitable access to the specialist support they require. At a minimum, this will call for a review of ORS criteria and benchmarks so children with substantial, ongoing communication needs are not excluded or left between service pathways. Better evidence about unmet need, support delivered and children's outcomes should inform this work and contribute to the wider changes pursued through the IHC Framework for Action (Ministry of Education, 2025a).

I will continue sharing this learning through my work, including planned events in Kāpiti and Wellington in November 2026 and Auckland in early 2027. These will provide opportunities to hear from children, families and whānau and discuss practical next steps with practitioners, researchers and agencies. The IHC Framework for Action offers a timely opportunity to connect this learning with changes to identification, specialist support, funding and outcome information. My contribution will be to keep children's and families' experiences visible, ask what changes in practice and share evidence that helps people act.

Appendix 1 Travel diary

My main Fellowship travel took place in two trips in 2025, with a further short visit to Melbourne in January 2026. Family commitments changed the original six-week itinerary planned for May and June. We self-funded a second earlier trip to Ireland and the United

Kingdom, then returned home before returning to the United Kingdom in August before travelling through Canada to the United States.

Travel details

Auckland to Paris via Hong Kong on 27 May 2025

Arrive in Paris, France – 29 May 2025

Paris to Vaison-la-Romaine France – 31 May 2025.

Arrive Dublin, Ireland – 6 June 2025;

Dublin to Limerick – 7 June 2025; Meet with Dr Aoife Gallagher, Professor Carol-Anne Murphy, Dr Joanne Fitzgerald on 9 June 2025

Travel Dublin to Cork – 11 June 2025. Meet with Professor Pauline Frizelle

Travel Dublin to London United Kingdom –11 June 2025

London meet with Dr Tammy Campbell and her team on 12 June 2025

London; meet with Dr Marie Gascoigne by telephone after travel disruptions on 13 June 2025

London to Auckland via Hong Kong .

Second trip

Auckland to London via Singapore 31 July 2025

Northallerton – North Yorkshire – meet with Professor Roger Slee on 3 August 2025

London meet with Michelle Daley 6 August 2025

Bristol meet with Jai and Noah Breitnauer 7 August 2025

London meet with team at Speech and Language UK - Carol Payne, Neil Everitt and Liz Wood – 8 August 2025

Travel London to Toronto Canada – 9 August 2025

Canada to New York City, United States of America – 12 August 2025

New York City – meeting with Alisha Brown-Gandhi 14 August 2025

New York City – meeting with Hayley Levenson – 15 August 2025

New York City – meeting with Darlene Monda and Felicity O'Brien; 18 August 2025

Travel New York City to Chicago – 19 August 2025

Chicago – meet with Professor Dana Suskind and Sara Bryk 20 August 2025

Chicago to Boston 20 August 2025

Boston Harvard University Centre of the Developing Child meet with James Cairns – 22 August 2025

New York to Auckland – 23 August 2025

Australia visit

Auckland to Melbourne, Australia – 23 January 2026.

Melbourne – meet with Stephanie Gotlib 27 January 2026

Melbourne – meet with Dr Bianca Jackson, Victoria University Melbourne 27 January 2026.

Core connections made

France – Dr Murray Horn and Angela Horn.

Ireland – Dr Aoife Gallagher, Professor Carol-Anne Murphy, Dr Joanne Fitzgerald - University of Limerick, Ireland and Professor Pauline Frizelle, University College Cork.

United Kingdom – Dr Marie Gascoigne, Founder and Director of Better Communication CIC; Carol Payne, Neil Everitt and Liz Wood at Speech and Language UK; Michelle Daley, Director of ALLFIE; Professor Roger Slee; Dr Tammy Campbell; Jai and Noah Breitnauer.

United States – Darlene Monda, Hayley Levenson, Alisha Brown-Gandhi and Felicity O'Brien; Professor Dana Suskind, Sara Bryk and the TMW team; James Cairns.

Australia – Stephanie Gotlib and Dr Bianca Jackson.

Full acknowledgements

Although my Fellowship was awarded to me individually, many people have shaped both the journey and the years that led to it. I thank the Winston Churchill Memorial Trust for giving Sarah and me the opportunity to learn from researchers, clinicians, educators, advocates and families who welcomed us and shared their experience.

Professor Suzanne Purdy CNZM (Te Rarawa, Ngāi Takoto) is a leading researcher in audiology and communication science and former Head of the School of Psychology at Waipapa Taumata Rau | University of Auckland. We first met in 2003, when I contacted her as Sarah's mother, seeking help and a better understanding of the evidence about Sarah's communication needs. Our relationship grew into mentorship, collaboration and friendship. At the 2023 IALP World Congress in Auckland, we first discussed my applying for a Churchill Fellowship. Suzanne encouraged my application and believed the learning could help children and families in Aotearoa New Zealand. Her confidence meant a great deal to me.

I am grateful to Paula Tesoriero MNZM PLY, Chief Executive of Whaikaha – Ministry of Disabled People, and former Disability Rights Commissioner. Paula supported my Fellowship application, and her leadership in disability rights and inclusive education has profoundly influenced my work. She described my Fellowship as continuing my "life-long work on the right to communication and inclusive education". Her words helped me hold evidence and children's rights together throughout the journey.

For more than fifteen years, Trish Grant and I have worked together through IHC's landmark human rights case concerning disabled students' right to an equitable and meaningful education in their local schools and the wider advocacy around it. Our conversations about rights, evidence and families' experiences shaped the questions I asked during my Fellowship travels. I value her knowledge, persistence and friendship. I also thank my colleagues in the Inclusive

Education Action Group and the many people who shared research, made introductions and challenged my thinking. Their contributions are reflected throughout the report.

Dr Murray Horn CNZM, former Secretary to the Treasury and establishment Chair of the National Health Board, and his wife Angela have long been part of our family's journey. Angela and I met more than thirty years ago, and despite living in different countries she has always been there to listen and encourage me. She helped us settle in Auckland, has been a good friend to Sarah and welcomed us into her and Dr Horn's home in Sydney while we sought help for Sarah. That friendship has mattered when family advocacy felt lonely. Dr Horn has been a trusted adviser and mentor, asking what public systems should achieve for children and families. Staying with them in France gave us time together and helped shape the questions I carried into my Fellowship.

My deepest thanks are to my husband, Alan. He has been beside me since we first tried to understand Sarah's communication needs. His support gave me space to care for Sarah and later to advocate for other children and families. As a commercial barrister, he has also brought his legal understanding and a willingness to test ideas to countless conversations. He made it possible for Sarah and me to undertake this journey together.

Sarah is the reason the journey began. She lives with developmental verbal dyspraxia. More than thirty years later she travelled with me throughout my Fellowship, joined meetings, helped record our conversations, took photographs and shared her own reflections. Her lived experience made our learning richer. I am profoundly grateful that we could make the journey together.

I am enormously proud of our sons, Dr Christopher Lear and Dr Benjamin Lear. Christopher's experience growing up alongside Sarah helped shape his interest in neurodevelopmental disability. He is a clinician-scientist in the Fetal Physiology and Neuroscience Group at the University of Auckland; Benjamin works in the same group and is studying medicine after

completing his PhD. Both plan to specialise in obstetrics and connect research with clinical care. My maternal grandfather was offered a place to study medicine at Trinity College Dublin but served as a stretcher bearer in the First World War before emigrating to New Zealand. I often think how proud he would have been of his great-grandsons.

My husband Alan, our sons Christopher and Benjamin, and their families have supported Sarah and me throughout this journey. Our granddaughters Abigail (Abby) and Ophelia have also brought the importance and joy of early communication into our everyday lives. I thank Lucy and Olivia for the trust that lets me share so closely in our granddaughters' lives.

I also thank the people who gave time to meet with me during my Fellowship travels: Dr Aoife Gallagher, Professor Carol-Anne Murphy, Dr Joanne Fitzgerald and Professor Pauline Frizelle in Ireland; Dr Marie Gascoigne, the team at Speech and Language UK, Michelle Daley, Professor Roger Slee, Dr Tammy Campbell, Jai and Noah Breitnauer in the United Kingdom; Darlene Monda, Hayley Levenson, Alisha Brown-Gandhi and Felicity O'Brien in New York; Professor Dana Suskind and Sara Bryk at the TMW Center for Early Learning + Public Health at the University of Chicago; James Cairns at Harvard's Center on the Developing Child in Boston; and Dr Bianca Jackson and Stephanie Gotlib in Melbourne. Some relationships preceded my travels, while others began through generous introductions. Each contributed a distinct perspective to the report.

I remember with gratitude Sarah's first teacher, Sheila Pether ("Mrs P"), the Ministry of Education speech-language therapists Carolyn Grace, Sally Schoon in Wellington and Jo Davies and Cheryl Graham in Auckland, the private therapists who came into school to support Sarah, Professor Brigid McNeill and Professor Marleen Westerveld both now prominent academics and researchers in child language and literacy, and Dr Caroline Bowen, Professor Amanda Kirby and Dr Pam Williams, whose expertise helped us understand what Sarah needed. Their support is part of the story behind my Fellowship.

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Winston Churchill's statue, Parliament Square, London, 8 August 2025.

Image description: Churchill's statue is seen from behind, with the Elizabeth Tower and its clock beyond it.

"We shape our buildings and afterwards our buildings shape us."

Winston Churchill | House of Commons | 28 October 1943 (Churchill, 1943, col. 403)

The system we shape now will determine which children can communicate, participate and belong.