

Draft Disability Strategy Public Consultation Response

Introduction

Responding on behalf of:

On behalf of an organisation

Organisation:

Royal College of Speech and Language Therapists Northern Ireland (RCSLT NI)

RCSLT NI has worked in partnership with its members and consulted with BATOD on this response to ensure that it reflects both the communication, speech, language and swallowing elements of the strategy, and the specific issues affecting deaf children and young people. This collaborative approach strengthens the response and reflects the breadth of expertise required by the draft Disability Strategy.

Vision

Response: Agree

RCSLT NI agrees with the overall vision of the draft Disability Strategy and welcomes its ambition to create an inclusive society that respects, protects, promotes and fulfils the rights of Deaf and disabled people to participate fully, free from discrimination.

However, we believe the vision would be strengthened by explicit recognition of speech, language and communication needs (SLCN). Communication is fundamental to accessing services, exercising rights, safeguarding individuals and participating fully in society. Without the ability to understand and be understood, many deaf and disabled people cannot fully exercise their rights or participate on an equal basis.

Communication is recognised internationally as a human right through the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), particularly in relation to accessibility, freedom of expression, access to information and healthcare.

We therefore recommend that the final strategy explicitly recognises communication accessibility as a key enabler of inclusion and equality.

Our colleague at BATOD, which is the only professional association for Qualified Teachers of Deaf Children and Young People (QToDs) in the UK and represents the interests of QToDs and the children and young people they teach with a range of governments and other agencies. The Association supports QToDs and organises continued professional development (CPD) courses and national and regional meetings to provide relevant up-to-date information and to disseminate good practice.

BATOD has concerns that the terminology usage of 'Deaf' throughout the strategy may have unintentional consequences of exclusion. "When deaf is written in lowercase, it refers to those who identify more with the audiological experience of deafness. When

deaf is written in the uppercase, Deaf, it refers to those who identify as Deaf through a cultural experience of deafness. While this terminology was widely accepted at the beginning, and is referred specifically for the Deaf community, we feel it can be perceived as if deaf people should firmly be in one 'camp' or the other. The reality for many deaf people is that they fluctuate between both 'camps', and this should be supported. We urge caution in using this terminology in naming services/provisions. BATOD and NDCS use 'deaf' in all written publications to mean all levels of deafness and experiences. More and more people are moving away from the d/D definition as it is binary and many young deaf people are part of the Deaf community even if they don't primarily use British Sign Language[/Irish Sign Language]." Source: *Positive use of language* (BATOD/Deaf teachers group)

<https://www.batod.org.uk/information/batod-and-deaf-teachers-publication-positive-use-of-language/>

In an inclusive environment and society, many children, young people and adults who are deaf may not feel 'disabled' by the environment.

Therefore, throughout the response, we use the term deaf.

Strategy Scope

Response: Agree

RCSLT NI supports the broad scope of the strategy, which includes deaf and disabled people, people with health conditions and neurodivergent people. This reflects the reality that barriers to participation often arise across overlapping populations and settings.

However, the scope would benefit from explicit recognition of SLCN as a cross cutting accessibility issue affecting many of the groups included within the strategy.

Communication needs affect people with a wide range of conditions, including learning disabilities, autism, neurological conditions, dementia, mental health conditions, sensory impairments and complex disabilities.

Evidence shows that 70–90% of people with learning disabilities experience communication difficulties, many of whom have little or no functional speech RCSLT (learning Disabilities Position Paper, 2023). Communication barriers can significantly affect access to healthcare, education, justice, employment and community participation.

The strategy would therefore benefit from explicitly recognising SLCN as a core accessibility and equality issue across the entire scope of the strategy.

Guiding Principles

Response:

RCSLT NI: Agree

RCSLT NI welcomes the strategy's person centred and respectful approach to language and identity. It is positive that the strategy recognises the legitimacy of different ways individuals describe themselves, including the social model of disability, person first language, hidden disabilities and deaf culture.

However, the guiding principles should also explicitly recognise that communication accessibility is fundamental to dignity, autonomy and participation.

Many deaf and disabled people require reasonable communication adjustments to participate on an equal basis. These may include accessible information, visual supports, plain language, augmentative and alternative communication (AAC), supported communication tools and communication friendly environments.

Recognising communication accessibility within the guiding principles would strengthen alignment with the UNCRPD and support the strategy's implementation across all sectors.

Outcomes**Responses:**

Outcome 1 – Strongly agree

Outcome 2 – Agree

Outcome 3 – Strongly agree

Outcome 4 – Agree

Outcome 5 – Strongly agree

Outcome 6 – Strongly agree

Outcome 7 – Agree

Outcome 8 – Strongly agree

RCSLT NI supports all eight outcomes and recognises that together they provide a strong framework for improving equality and participation.

However, the outcomes would be strengthened by explicit recognition that SLCN are a cross cutting issue affecting delivery of all outcomes.

Communication barriers affect access to rights, healthcare, justice, education, employment, independent living and community participation.

For example:

- Outcome 1: exercising rights requires understanding information and communicating decisions.
- Outcome 3: access to public services depends on accessible communication and information.

- Outcome 5: independent living requires the ability to communicate needs and preferences.
- Outcome 6: communication barriers contribute to significant health inequalities, for example a person with SLCN may be less likely to phone their GP to raise concerns due to difficulties communicating via telephone.
- Outcome 8: speech, language and communication skills are fundamental to children’s educational and developmental outcomes.

We recommend that the final strategy explicitly recognises communication accessibility as a cross cutting enabler across all outcomes.

It is also important to note that for any deaf or disabled children, young people and adults, that staff undertaking any assessment have an awareness and understanding of their needs. An example of this would be the implementation of deaf CAHMS.

Waiting lists for speech and language therapy have increased in children and young people from 2444 in 2021 to 4527 in 2023. That is an increase of 87% (We are the Village, RCSLT NI, 2024).

Sustainable investment in our workforce must be prioritised, as delays in any assessments, therapy, and family support affect children, young people, and adults' ability to receive a diagnosis, ensure they have appropriate support, and make positive progress.

Additional Outcomes

RCSLT NI recommends adding either:

- a dedicated cross cutting outcome on communication and accessible information, or
- an explicit statement that SLCN needs to underpin all outcomes within the strategy.

Communication is fundamental to participation, safeguarding, autonomy, education, employment and healthcare. Without addressing communication barriers, many disabled people will remain unable to access services or exercise their rights fully.

We support our BATOD colleagues, who recommend an additional outcome or commitment to ensure that deaf children and young people have access to assistive technology choices that meet their individual needs, together with training to enable independent use of that technology.

Outcome 1 – Commitments

Responses:

Commitment 1 – Strongly agree

Commitment 2 – Strongly agree

Commitment 3 – Strongly agree

Commitment 4 – Agree

Commitment 5 – Strongly agree
Commitment 6 – Strongly agree
Commitment 7 – Strongly agree
Commitment 8 – Strongly agree
Commitment 9 – Agree
Commitment 10 – Agree
Commitment 11 – Strongly agree

RCSLT NI strongly supports the commitments under Outcome 1.

However, they should explicitly recognise the needs of people with SLCN. The Regional Disability Forum should include representation from communication specialists and people with lived experience of communication disabilities.

- We recommend that:
disability data collection includes information on communication needs
- participation in policy development is communication-accessible so that people with communication difficulties can meaningfully contribute
- communication accessibility is embedded in legal protections, advocacy and public participation
- assistive technology, as it evolves in design capability and connectivity, with a commitment to enable informed choice, especially for younger people regardless of communication ability
- development of evidence based research to inform policy and practice, ensuring that the voices of children and adults with complex needs profiles are directly involved, heard, respected and valued

We also urge liaison with the Department of Finance to place long term communication need on the census. This was present in 2011 and then removed in 2021. This is valuable data for the Executive to reintroduce as part of the aims of this plan.

Communication barriers can prevent people from understanding rights, reporting abuse, participating in decision-making or accessing legal protections. Addressing communication accessibility is therefore essential to achieving Outcome 1.

Outcome 2 – Commitments

Responses:

Commitment 12 – Strongly agree

Commitment 13 – Agree
Commitment 14 – Agree
Commitment 15 – Agree
Commitment 16 – Agree
Commitment 17 – Strongly agree
Commitment 18 – Strongly agree

RCSLT NI supports the commitments under Outcome 2 but recommends that accessibility is understood more broadly than physical access alone.

For many disabled people, accessibility also depends on communication accessibility, including:

- clear and understandable signage
- visual information
- staff who can adapt communication
- accessible transport information and announcements

Inclusive design standards should explicitly include communication friendly environments so that public spaces and services are understandable and navigable for people with communication or cognitive needs.

Outcome 3 – Commitments

Responses:

Commitment 19 – Strongly agree
Commitment 20 – Strongly agree
Commitment 21 – Strongly agree
Commitment 22 – Strongly agree
Commitment 23 – Strongly agree

Outcome 3 is particularly important because it addresses access to information and communication.

While Easy Read is valuable, accessible communication must also include:

- plain English information
- visual supports and symbols
- audio and video formats
- AAC compatibility
- personalised communication adjustments

We also welcome commitments to improve access to justice. Research shows that over 60% of young people involved in youth justice services have below-average speech, language and communication skills, highlighting the need for communication-accessible justice processes (Bryan et al, 2007).

RCSLT NI recommends that the final strategy explicitly adopts the [RCSLT 5 Good Communication Standards](#) as a framework for implementation across public services. These standards are:

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

RCSLT NI also recommends adoption of [Communication Access UK](#) across public-facing services to improve the communication accessibility of information, interactions and environments.

RCSLT 5 Good Communication Standards:

<https://www.rcslt.org/wp-content/uploads/media/Project/RCSLT/good-comm-standards.pdf>

Easy Read version:

<https://www.rcslt.org/wp-content/uploads/media/Project/RCSLT/5-good-comms-standards-easy-read.pdf>

Communication Access UK:

<https://communication-access.co.uk/>

We support BATOD's view that the commitment must include the connectivity considerations for individuals using assistive listening devices.

Consideration that acoustics and lighting are top priorities in accessibility for Youth Justice Agency buildings and services.

Outcome 4 – Commitments

Responses:

Commitment 24 – Agree

Commitment 25 – Strongly agree

Commitment 26 – Agree

Commitment 27 – Agree

Access to arts, culture and sport must include communication accessibility as well as physical accessibility.

This includes:

- accessible event information
- staff trained in communication support
- inclusive interpretation and guidance
- communication-friendly environments

Communication inclusive cultural participation can significantly improve wellbeing, social inclusion and community engagement.

There are excellent pockets of good practice and support in the voluntary and community sector, for example, SENSE NI hub and Action Deaf Youth. However, these are predominately Belfast based and families from further afield are unable to access this valuable support.

Outcome 5 – Commitments

Responses:

Commitment 28 – Agree

Commitment 29 – Agree

Commitment 30 – Agree

Commitment 31 – Strongly agree

Commitment 32 – Strongly agree

Commitment 33 – Strongly agree

Commitment 34 – Strongly agree

Communication is fundamental to independent living, safeguarding and choice.

People with communication difficulties are at increased risk of abuse and may struggle to report concerns. Accessible communication approaches and communication support are therefore critical safeguarding measures.

Independent living with choice and control is only possible when individuals can understand options and communicate their preferences.

RCSLT NI recommends the use of communication passports or profiles, supported decision making tools, and the embedding of communication accessibility standards across community, housing and safeguarding services. The RCSLT 5 Good Communication Standards provide a practical rights-based framework for this.

Outcome 6 – Commitments

Responses:

Commitment 35 – Agree

Commitment 36 – Strongly agree

Commitment 37 – Agree

Commitment 38 – Strongly agree

Commitment 39 – Strongly agree

Commitment 40 – Agree

Commitment 41 – Agree

Communication barriers contribute significantly to health inequalities.

Speech and Language Therapists (SLTs) play a vital role in supporting communication and swallowing safety.

Evidence shows:

- 70–90% of people with learning disabilities have communication difficulties (RCSLT, learning disabilities position paper 2023).
- 8.1–11.5% of adults with learning disabilities experience dysphagia, rising to 43.8% over age 50 (Robertson et al., 2018; Sanders et al., 2024).
- 40% of adults with intellectual disabilities and dysphagia experience recurrent chest infections (Department of Health and Social Care, 2023).
- 17.3% of adults with intellectual disabilities over 40 have a history of choking (Manduchi et al., 2021).

National reviews (LeDeR 2020, NPSA 2004) have identified aspiration pneumonia and choking as leading causes of preventable death in this population.

The strategy should therefore recognise communication and swallowing safety as key components of equitable healthcare.

RCSLT NI recommends:

- recording communication needs and reasonable adjustments in digital care records
- recording swallowing risks where relevant in digital care records
- workforce training in communication support and dysphagia awareness
- explicit pathways to Speech and Language Therapy for communication and swallowing needs
- adoption of the RCSLT 5 Good Communication Standards across health and social care services
- use of accessible information and total communication approaches in line with Communication Access UK

RCSLT guidance:

RCSLT Eating, Drinking and Swallowing Guidance:

<https://www.rcslt.org/members/clinical-guidance/eating-drinking-and-swallowing/eating-drinking-and-swallowing-guidance/>

Public Health England dysphagia guidance:

<https://www.gov.uk/government/publications/dysphagia-and-people-with-learning->

[disabilities/dysphagia-in-people-with-learning-difficulties-reasonable-adjustments-guidance](#)

We also wish to reiterate the importance of fair and equal assessments for those who are deaf and have disabilities. On the ground, it is often difficult for this population to be referred and have assessments for autism and ADHD. Many will have co-occurring needs that should be addressed to support their quality of life and their families.

Outcome 7 – Commitments

Responses:

Commitment 42 – Strongly agree

Commitment 43 – Agree

Commitment 44 – Strongly agree

Commitment 45 – Agree

Commitment 46 – Agree

Communication barriers can affect recruitment, workplace participation and career progression. Evidence indicates that children and young people with SLCN are less likely to succeed in English and Maths GCSEs, 9.8% of pupils with SLCN achieve pass grades vs 42.4% of their peers (Department of Education England, 2020). They are also at higher risk of expulsion from school, particularly secondary education, and less likely to advance to further education (Clegg et al., 2009). This impacts employability with adults who have SLCN being twice as likely to go over a year without employment (Law et al., 2009).

Workplaces should consider reasonable communication adjustments, including accessible recruitment processes, communication-inclusive training and awareness of hidden communication disabilities.

RCSLT NI recommends that communication accessibility is explicitly reflected in employment pathways, workplace training, recruitment materials and progression support, including the use of Communication Access UK principles in public-facing recruitment and workplace communication.

Outcome 8 – Commitments

Responses:

Commitment 47 – Strongly agree

Commitment 48 – Strongly agree

Commitment 49 – Agree

Commitment 50 – Agree

Commitment 51 – Strongly agree

Commitment 52 – Strongly agree

Commitment 53 – Strongly agree

Commitment 54 – Agree

Commitment 55 – Agree

Commitment 56 – Agree

Commitment 57 – Strongly agree

Commitment 58 – Strongly agree

Speech, language and communication are fundamental to children and young people's development.

Early identification and support for communication needs improve educational outcomes and reduce later inequalities.

Teacher training and school development should include recognition of speech, language and communication needs and communication-supportive classrooms.

RCSLT NI recommends that Outcome 8 also references:

- communication-supportive learning environments
- early identification of SLCN
- access to AAC where required
- stronger support for transitions where communication needs are present

RCSLT NI also notes the growing level of need in Northern Ireland and the importance of coordinated early years and school-age responses with a suitable curriculum and targets. Many alternative courses provided by schools, such as occupational studies, are limited in their offers. This means that young people are restricted in their academic progress on subjects / careers that they may wish to pursue.

We stress the importance of mental health needs in children and young people with SLCN, as this is significant. For example, children with SLCN in the preschool, early and primary years are approximately twice as likely to develop social, emotional, and mental health difficulties as children with typical language development when followed up over time (Yew & O'Kearney, 2013). People with SLCN are six times more likely to experience clinical levels of anxiety and three times more likely to have clinical depression (Conti-Ramsden and Botting, 2008).

Equality Impact Assessment

The EQIA should give greater attention to SLCN across Section 75 groups.

Communication needs intersect with disability, age, gender and social disadvantage. They may also affect people who do not identify communication as their primary disability.

Better data on communication needs is needed to ensure inequalities are visible and addressed.

Failure to address communication accessibility may result in:

- exclusion from consultations and decision-making
- barriers to healthcare and informed consent
- safeguarding risks where abuse cannot be reported
- poorer justice outcomes
- educational and employment disadvantage

To reduce adverse impacts, the strategy should:

- explicitly recognise SLCN
- embed communication accessibility across all outcomes
- require reasonable communication adjustments in public services
- adopt recognised communication standards
- provide workforce training in communication support
- include communication accessibility within monitoring and evaluation

Final comments

RCSLT NI welcomes the development of the Disability Strategy and its commitment to improving the lives of deaf and disabled people.

However, the strategy currently under recognises the importance of communication as a foundation for equality, safeguarding, participation and autonomy.

We recommend that the final strategy:

- explicitly recognise SLCN
- embed communication accessibility as a cross cutting principle
- recognise communication and swallowing as key health and safety issues
- ensure communication-accessible engagement and service delivery
- adopt the RCSLT 5 Good Communication Standards
- use Communication Access UK to improve communication accessibility across public-facing services

Embedding communication accessibility will help ensure that deaf and disabled people across Northern Ireland are heard, understood and able to participate fully in society.

For further information, please contact:

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