

## 1.0 Executive Summary.

The Irish Association of Speech and Language Therapists (IASLT) welcomes the long overdue review of the Disability Act 2005. Communication is the most fundamental of human capacities, and the opportunity to communicate is a basic human right centrally embedded within Article 19 of the Universal Declaration of Human Rights. Every individual has the right to understand their communication and eating drinking and swallowing (EDS) needs and to access the supports, accommodations, and interventions necessary to realise their full potential and participate meaningfully in all aspects of life. Recognition of communication as a fundamental right must be accelerated by appropriate investment to achieve well-resourced speech and language therapy services for individuals with speech, language, and communication needs, ensuring they enjoy the rights afforded to live, grow, and thrive.

IASLT emphasises that the scope of this Disability Act review must carry a wide compass. The Act must serve as a holistic, lifelong legal vehicle that embeds a rights-based model of disability across all structures - including health, education, social care, housing, employment, the justice system, and across the lifespan

To live, grow, participate and thrive, individuals with speech, language, and communication needs (SLCN) must be supported by modern, rights-based legislation that guarantees dynamic support, statutory parity, and environmental accessibility throughout the lifespan. Realising communication rights across these domains requires strategic investment to resource speech and language therapy services adequately.

## 2.0 Defining Disability: Moving from Restriction to Rights & Participation

Under Section 2 of the Disability Act 2005, disability is defined as:

*"A substantial restriction in the capacity of the person to carry on a business, profession or occupation in the State or to participate in social or cultural life in the State by reason of an enduring physical, sensory, mental health or intellectual impairment."*

This definition reflects an outdated medical model of disability. In practice, rigid interpretations of "substantial restriction" and "enduring impairment" create arbitrary administrative thresholds. To enact a true rights-based model, the revised Act must replace outdated concepts of "*substantial restriction*" with the World Health Organization's International Classification of Functioning,

Disability and Health (ICF) framework. Aligning with the ICF ensures that disability is recognized as a dynamic interaction between individual health factors and environmental barriers. The revised Act must incorporate both activity limitations and participation restrictions to prevent assessments from defaulting to narrow clinical measures of individual function and to align fully with UNCRPD obligations. The updated Act must adopt the UNCRPD definition (Article 1):

*"Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others."*

The Act must explicitly embed Article 21 of the UNCRPD (Freedom of Expression and Opinion, and Access to Information), establishing communication access as a prerequisite for all other human rights. Furthermore, it must explicitly recognise communication and language disorders within the definition of disability, giving Speech, Language, and Communication Needs (SLCN) statutory parity. Eligibility for support must not depend on proving a static or permanent condition, but must allow for dynamic, periodic reviews as an individual's developmental trajectory, health status, or environmental demands change.

However, IASLT warns that moving away from diagnostic prerequisites without robust safeguards in place creates a risk: support has the potential to become discretionary, resource-driven or diluted. To prevent this, a needs-based framework must be anchored in enforceable statutory entitlements for everyone.

## 2.1 Statutory Safeguards and Timely Access

A modern, rights-based Act must guarantee legally enforceable rights and robust safeguarding. It must ensure that all individuals have timely, equitable access to essential health, educational and social care supports, including communication and EDS supports delivered by Speech and Language Therapists. Any amendments to the Disability Act should strengthen rather than weaken the rights of disabled people in line with Ireland's obligations under the UNCRPD.

## 3.0 Communication:

The amended Act must explicitly reflect Article 21 (Freedom of expression and access to information), legally defining communication to encompass all means, modes, and formats—specifically aided and unaided AAC, sign language etc. The revised Act should dictate that a person's communication system is recognised as a fundamental human right. A holistic framework that addresses all three essential pillars of functional communication across the lifespan is required to make this a reality:

- **Means:** Ensuring lifetime access to appropriate, up-to-date communication supports including AAC devices and specialist Speech and Language Therapy (SLT) services.

- **Reasons:** Supporting individuals to self-advocate, ensure meaningful social connection and participation, choice-making, and self-determination.
- **Opportunities:** Training communication partners and adapting environmental, educational, employment, justice, workplace setting and all public services, so the individual is actively facilitated to express themselves in every domain of life.

### 3.1 Cross-Departmental Mandates

To fulfill Ireland's commitments under the UNCRPD, the updated Act must establish explicit, legally binding joint-departmental mandates to ensure a person's communication system is structurally and seamlessly supported across every aspect of their life. Cross-departmental accountability and shared funding obligations between relevant state bodies, including the Health Service Executive (HSE), Department of Health, Department of Education, Department of Social Protection, Department of Justice, and local authorities—are essential to give full effect to key rights under the Convention:

 **Inclusive Education (Article 24):** Mandating integrated service delivery and shared funding between health and education systems to ensure continuous support within classrooms and educational placements.

 **Access to Justice (Article 13):** Requiring formal linkages between health, justice, and court services to guarantee accessible legal processes, procedural accommodations, and access to speech and language therapists across all legal and judicial settings.

 **Health (Article 25):** Establishing unified pathways between primary, acute, and disability services to ensure seamless health service access, health promotion, and clinical intervention throughout an individual's lifespan.

 **Work and Employment (Article 27):** Mandating collaborative efforts between health, social protection, and employment services to provide necessary workplace communication accommodations, Assistive Technology (AT), and job-retention support.

 **Participation in Political and Public Life (Article 29):** Obligating public bodies and local authorities to ensure full communication accessibility across all services and service offerings.

### 3.2 Statutory Recognition of Communication Access (UNCRPD Article 21) and Universal Design for Communication

The 2005 Disability Act defines accessibility almost exclusively through a physical lens (e.g., public buildings, heritage sites), largely ignoring communication accessibility and supporting systemic exclusion for individuals with communication support needs. To align with the National Disability Inclusion Strategy, 2017 and the National Human Rights Strategy for Disabled people

2025, the revised Act must fundamentally redefine "accessibility" to mirror communication access rights:

To guarantee equitable access to public services, the updated Act must establish a statutory obligation for the Government to issue National Inclusive Communication Standards, creating a mandatory duty of compliance across all public bodies. Grounding these standards within Section 42 of the Irish Human Rights and Equality Commission Act 2014, public bodies should be required to integrate inclusive communication directly into their statutory Public Sector Equality and Human Rights Duty. This alignment ensures that accessible information, alternative formats, and inclusive communication channels are not treated as optional conveniences, but as core legal obligations monitored and enforced under the framework of the Irish Human Rights and Equality Commission (IHREC).

To ensure complete legal and operational coherence across all levels of government, the updated Disability Act must align directly with both the European Accessibility Act (transposed via S.I. No. 636/2023) and the National Disability Authority (NDA) Customer Communications Toolkit for Services to the Public—A Universal Design Approach.

While the European Accessibility Act mandates statutory compliance across digital channels, public service portals, electronic communications, and emergency response infrastructure (112), and the NDA Toolkit sets national Universal Design benchmarks for public sector communications, current implementations remain largely confined to physical access, digital formatting, or static plain language. The revised Disability Act must close this gap by establishing a clear statutory duty requiring all public sector bodies to expand their Universal Design and accessibility frameworks beyond documents.

### 3.3 Key Provisions of the Standards

 Standards must distinguish between access to information (e.g., Easy Read, Plain Language) and dynamic, two-way communication support that actively enables individuals to express choices, understand options, and participate.

 Public services must accommodate a full range of communication modalities across all interactions, including high- and low-tech Augmentative and Alternative Communication (AAC), symbol systems, visual schedules, sign, and accessible digital tools.

 All Public bodies must embed accredited Communication Partner Training across their workforce. Training must be role-appropriate to ensure staff can adapt to language, utilize support, and facilitate autonomous decision-making.

 The Standards must be co-designed by Speech and Language Therapists (SLTs)—as clinical experts in communication—alongside people with lived experience across diverse communication profiles (e.g., AAC users, DLD, aphasia, intellectual disability).



Public bodies must embed communication-friendly physical, digital, and sensory environments into Universal Design standards to ensure seamless access.

## 4.0 Right to intervention/support

Disability assessment and management go far beyond an Assessment Of Need (AON); they require a lifelong, person-centered approach that encompasses all types of disabilities. IASLT has maintained a rigorous and long-standing engagement with the evolution of the Assessment of Need (AON) process under the Disability Act 2005. IASLT has consistently advocated for the rights of service users through previous appearances before Oireachtas Committees—notably in 2018, 2019, and 2020—specifically regarding the HSE’s implementation of the Preliminary Team Assessment (PTA) model. Alongside our colleagues in other Health and Social Care Professional (HSCP) bodies, the IASLT raised grave concerns that a brief, ‘one-size-fits-all’ screening approach would fundamentally dilute the quality of clinical assessment. We argued then, as we do now, that such a model undermines the rights-based intent of the Act by failing to capture the complex ‘nature and extent’ of a child’s support needs. Following the High Court’s decision to strike down the PTA pathway, which necessitated the re-assessment of thousands of children, the IASLT remains steadfast: any legislative attempt to reintroduce a screening-based ‘Preliminary Determination’ must not circumvent the clinical expertise required to identify and support a person’s functional needs.

The AON process must be adequately resourced. Resources should protect clinical time for direct intervention, and it necessitates a concurrent investment in a multi-annual funded workforce plan, clear staffing benchmarks across Primary Care, CAMHS, and Children’s Disability Services.

The proposed Disability (Amendment) Bill 2025 represents an important opportunity to correct long-standing inequities in the Assessment of Need (AON) process. IASLT welcomes the intention to improve clarity and efficiency. However, streamlining cannot become a justification for reducing the quality, or clinical integrity of assessments.

*An AON provides a statutory account of need at a particular point in time. Any clinical assessment is a snapshot in time of need and does not replace ongoing clinical formulation.*

For many individuals, particularly those with complex communication needs, a meaningful assessment is the gateway to participation, inclusion, and access to essential support. Appropriate assessment, including the clinical feedback process, can have far reaching benefits for the person undergoing assessment, as well as their family and professionals supporting them, in understanding their own needs/disability and can have an impact in understanding their own identity.

## **4.1 Role of Assessment Officers.**

While Assessment Officers fulfill a vital administrative role in coordinating the process, IASLT is concerned that the proposed reforms strengthen administrative mechanisms at the expense of clinical expertise. Accurately assessing disability, functional impact, and service requirements requires qualified professional judgment. Administrative structures must support—rather than displace—clinical assessment. Furthermore, IASLT holds serious concerns regarding Head 6 of the General Scheme, which allows the Minister to require the HSE to issue statutory guidelines interpreting legal definitions within the Act. Defining and interpreting statutory language in primary legislation should be strictly a matter for the courts. Allowing operational HSE guidance to dictate legal definitions of risks creating operational inconsistencies, undermining legal certainty, and repeating past issues.

## **4.2 Access thresholds (High threshold)**

IASLT is concerned that the introduction of a “high threshold” for access to assessment—particularly one based on “permanence” or severity—risks excluding children and adults whose needs are real but may not be immediately apparent. Such thresholds move Ireland away from a rights-based model that recognises disability as arising from the interaction between the individual and societal barriers and back towards a medical model focused on ‘deficit’. IASLT urges that access to assessment must remain needs-led, timely, and grounded in a rights-based understanding of disability, ensuring that no person is excluded because their needs do not meet an arbitrary threshold.

## **4.3 Integration of Assessment and Intervention**

In clinical practice, assessment and intervention are not separate processes. The artificial separation of assessment and intervention within the legislation does not reflect the reality of clinical practice and has contributed to many of the operational difficulties experienced within the Assessment of Need process. To achieve meaningful reform, legislative updates must be more courageous, addressing these broader structural disconnects across the wider care continuum rather than making incremental, administrative adjustments.

Timely and accurate assessment—delivered by appropriately qualified professionals—is critical to ensuring that children and adults with disabilities receive the support required to participate fully in family, education, community, and society. Reforms must prioritise equity, clarity, and integration across services, ensuring that families are supported; resources are used effectively, and that clinical expertise is retained where it contributes to high-quality, meaningful outcomes.

Assessment should occur at the right time, in the right setting, and be delivered by suitably qualified professionals with access to adequate resources. Multidisciplinary collaboration is essential to obtain a comprehensive understanding of an individual’s strengths, needs, and goals. These outcomes, however, depend on a sustainable workforce and coherent service design. Legislative clarity must also be accompanied by adequate investment, robust

governance, and alignment with clinical and operational realities. Only under these conditions can the AON process achieve its intended purpose: identifying need, safeguarding rights, and enabling meaningful participation.

#### 4.4 Amendments to Section 9 of the Principal Act

In relation to the proposed Amendment to section 9 of the Principal Act. IASLT is concerned that vulnerable members of Irish society may have difficulty engaging with the assessment of need process due to family or individual factors. IASLT calls for built-in flexibility in the assessment process in relation to supporting individual/family engagement with the AON process. IASLT recommends that all aspects of the assessment of need process are accessible for individuals and families. This includes the accessibility of the documentation that is received by individuals and information that is made available to the public. This information should be available in a variety of formats with due consideration given to the wide needs of the population for which it is designed (i.e. plain English, video, audio descriptors, range of languages). Paper documentation alone does not satisfy statutory compliance. All AON-related communications, official reports, and procedural updates must be offered in adaptable formats tailored to the communication profile of the child, adult, or family member, including:

 **Visual & Video Supports:** Animated or video-based step-by-step supports explaining the AON journey, captioned social stories detailing what to expect at clinical appointments.

 **Auditory Supports:** Audio descriptors, clear verbal walkthroughs of clinical findings, and options for recorded oral summaries.

 **Accessible Text Formats:** Easy Read editions, Plain Language summaries, braille and high-contrast large print for all official documents, reports, and statutory notifications and a post report support meeting to discuss findings..

 **Interactive & Dynamic Supports:** Access to Augmentative and Alternative Communication (AAC) tools, communication supports and trained communication partners during face-to-face and remote consultations.

## 5.0 Recognition of Need Across the Lifespan & Transition Planning

The legislation must explicitly recognize that communication profiles are dynamic, requiring flexible, lifelong service pathways rather than static, one-time assessments: Public bodies and healthcare providers must establish regular review mechanisms to update communication aids, environmental adaptations, and service statements as a person's needs, environments, or health conditions evolve over time.

## 5.1 Transition Planning

The 2005 Act fails to protect individuals during major life transitions. To align with UNCRPD Articles 24 (Education) and 27 (Work and Employment), the updated Act must mandate cross-departmental accountability for life transitions.

 Communication and swallowing (EDS) supports must be legally preserved and transferrable across settings—from early childhood, through education, into higher education, adult day services, or into employment.

 IASLT recommends that the updated Disability Act explicitly recognise the transition mechanisms between primary, secondary, and higher education.

 The framework surrounding the Reasonable Accommodations at State Examinations (RACE) and the Disability Access Route to Education (DARE) scheme must align with statutory disability assessment processes to prevent administrative barriers to equal participation.

RACE and DARE guidelines must recognise and include:

- Developmental Language Disorder (DLD) and other expressive/receptive language impairments.
- Speech Sound Disorders (SSD), including Childhood Apraxia of Speech (CAS) / Developmental Verbal Dyspraxia, guaranteeing appropriate alternative assessment modes or specialist assessor training during oral components.
- Fluency Disorders (Stuttering/Stammering), establishing clear accommodations for oral exams (such as extra time allowances without penalty for disfluency, choice of examination environment, or alternative presentation formats).
- Augmentative and Alternative Communication (AAC) Users, explicitly granting the right to utilise personal, familiar AAC devices and specialised communication partners across all written, oral, and practical examinations.

 The revised Disability Act should mandate formal inter-departmental linkages between the Department of Children, Equality, Disability, Integration and Youth (DCEDIY), the Department of Education, and the Department of Further and Higher Education, Research, Innovation and Science (DFHERIS).

 In alignment with the *National Human Rights Strategy for Disabled People* priority on deinstitutionalisation, the right to communicative autonomy and safe eating/drinking infrastructure must legally follow adults into all living arrangements.

The scope of statutory compliance must extend beyond core health, education and social services to encompass all public interactions affecting an adult's life:

 Justice and Rights: Courts, Gardaí/police engagement, legal representation, prison services, youth detention, probation services and inquests (including accessible legal documentation, trained intermediaries and access to speech and language therapists).

 Housing and Local Government: Applications for social housing, tenancy agreements, local council meetings, and public consultations.

 Employment and Adult Education: Further education, vocational training, workplace accommodations, and social welfare/intake services.

 Digital and Community Infrastructure: Ensuring public portals, telehealth tools, emergency response channels, and civic voting processes are fully compliant with inclusive communication standards.

## **5.2 Assisted Decision-Making, Advocacy, and Access to Justice**

Under the *Assisted Decision-Making (Capacity) Act*, legal capacity is a right for all, yet there is currently no statutory link between the Disability Act and the right to access communication tools and communication facilitators during legal, medical, or financial decision-making.

 To align with UNCRPD Articles 12 & 13, the revised Act must recognize speech, language, and communication supports as a statutory requirement for anyone exercising legal capacity or interacting with the justice system (e.g., Garda interviews, court appearances consulting with legal professionals, victim impact statements, probation service and prison service, ).

 The revised Disability Act must mandate an independent, state-funded Representative Advocacy Service specifically for children. This service must be legally empowered to protect individual children's rights to health, education, and housing. It must follow strict guidelines to interpret and honor the views, wishes, and non-verbal modalities (such as play, body language, facial expressions, and AAC) as legally binding expressions of a non-speaking child's will and preference (UNCRC Article 12). The role of the SLT is vital and must be legally embedded in the future developments of these children's advocacy services.

 Service planning and functional capacity frameworks under the Disability Act must explicitly distinguish between general court-appointed intermediaries and qualified Speech and Language Therapists (SLTs). Where communication profiles are complex, policy directives must mandate the involvement of a Speech and Language Therapist to conduct comprehensive functional communication evaluations. This evaluation is necessary to safeguard the individual's

legal capacity, establish necessary communication accommodations, and ensure the statutory standard of care is met.

## 6.0 Workforce Sustainability

Any expansion of statutory rights within a revised Disability Act will remain entirely performative without a sustainable workforce to deliver them. Adequately resourced speech and language therapy and Multidisciplinary teams must be considered as a public health rights issue.

The revised Act should link the statutory right to service delivery with binding workforce accountability mechanisms.

### 6.1 Demographic-Linked Workforce Planning

Demographic-Linked Workforce Planning: The legislation should require the State to publish independent, annual workforce capacity reviews, mandating minimum safe-staffing ratios based on local demographic and complexity data.

### 6.2 Strategic Workforce Development & Service Integration Across Care Pathways

 **Advanced Clinical Grades & Retention:** To address severe recruitment and retention challenges, policy implementation under the Disability Act must explicitly recognise and mandate core funding for **Advanced Practitioner (AP)** and **Clinical Specialist** SLT grades across public disability and primary care services. This specialist leadership is vital for managing high-risk, complex clinical caseloads—including dysphagia (feeding, eating, drinking, and swallowing / FEDS) and complex Augmentative and Alternative Communication (AAC) systems and for the retention of skills and experience within the workforce.

 **Primary Care Integration & Flexible Funding:** Service planning must acknowledge that a significant proportion of disabled individuals receive their ongoing care within Primary Care (PCCC) rather than specialised disability services. Workforce funding, staffing allocations, and clinical posts must reflect actual service utilisation.

 **Recognising Multi-Layered Complexity:** Policy frameworks must account for intersecting, lifelong communication and clinical complexities. This includes individuals with co-occurring needs—such as aging individuals with Intellectual Disability (ID), autistic adults, mental health needs in intellectual disability (MHID), and neurodegenerative conditions. Supporting these populations requires interprofessional service integration, seamless pathways between primary care, mental health, and disability services, and dedicated specialist clinical capacity.

### 6.3 Statutory Clinical Advisory Roles

The government must appoint permanent speech and language therapy and HSCP clinical advisory roles to the national working groups and implementation boards tasked with operationalising disability and human rights strategies.

### 7.0 Accountability and Monitoring

IASLT recommends that the revised Act should guarantee robust transparency by including:

- Independent monitoring frameworks directly aligned with the *National Human Rights Strategy for Disabled People*.
- Clear, statutory reporting duties for public bodies regarding service access, waiting times, and clinical outcomes.
- A 20-year gap between comprehensive statutory reviews is inappropriate and unacceptable. Long review intervals allow systemic service failures, outdated clinical definitions, and non-compliance with international human rights standards to persist uncorrected for generations. Regular review intervals ensure the Act rapidly adapts to evolving clinical evidence, technological developments, shifting demographic needs, and emerging international human rights jurisprudence.

### 8.0 Conclusion

The scope of this Disability Act review must carry a wide compass. The revised Act must serve as a holistic, lifelong legal vehicle that embeds a rights-based model of disability across all structures—including health, education, social care, housing, employment, and the justice system. We urge the Government to view speech, language, and communication needs not merely as clinical deficits, but as a primary public health and human rights issue. The State must legally guarantee communication equity for every individual in Ireland.

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## About the Irish Association of Speech and Language Therapists

The **Irish Association of Speech and Language Therapists (IASLT)** is the recognised national professional body representing Speech and Language Therapists (SLTs) in Ireland. IASLT is dedicated to advancing the profession and advocating for the rights of individuals with communication, eating, drinking, and swallowing (FEDS) difficulties across the lifespan.

### Vision and Core Mission

- **Vision:** Everyone will have the right to live well, irrespective of communication or eating, drinking, and swallowing difficulties.
- **Mission:** To lead, support, and protect the profession of Speech and Language Therapy in Ireland, ensuring the highest standards of professional care and equitable access to services for service users and their families.

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