



Communication as a Human Right: COVID-19

May 2020

The Irish Association of Speech and Language Therapists (IASLT) is one of the founding members of the International Communication Project (ICP). The ICP seeks and supports cooperation between Speech and Language Therapists and others around the world who share the common goal of raising the profile of communication disabilities.

At the heart of this network is a commitment to the Universal Declaration of Communication Rights. The Declaration recognises very simply, but very powerfully, that communication is the most fundamental of human capacities, and the opportunity to communicate is a basic human right. Communication takes many different forms. Everybody has the potential to communicate. People must be able to communicate to fulfil their social, educational, emotional and vocational potential.

IASLT is committed to playing its part in ensuring that the voice of people who have communication disorders are heard in our society. IASLT highlights this, not only through promoting universal access to speech and language services, but through our advocacy and representation efforts at national and global level.

Communication in the context of a Pandemic:

The working lives of IASLT members have changed considerably. Some members have been redeployed to new roles within the health service and are also facing challenges in the delivery of direct face-to-face speech and language therapy (SLT) supports to service users. Other members had to provide their service through other means, e.g. teletherapy. Members are proactively managing challenges through changes to work practices and alternative modes of service delivery to ensure service user and clinician safety.

IASLT members are driven in contributing to these changes because we recognise that the lives of people with communication needs have also changed.

Children/Young Persons (CYP) Services:

Children's developing communication skills enable them to learn, build relationships and access their community. We know that during the pandemic, children and young people with identified SLT needs will receive different or less supports due to a reduction in face to face interventions, redeployment of speech and language therapists and closure of educational settings. Many children and young people will remain on waiting lists and others will face additional delays in having their SLT needs identified. Redeployment must not erode the already fragile services across provisions in primary care, disability and mental health services. IASLT is concerned that growing waiting lists and breaks in service can limit a child's communication potential and calls for a clear roadmap in how face to face services can resume as part of the government's plan to recovery.

Adult Services:

Communication skills are integral to adult relationships, at the core of social interaction and are an indicator in predicating a person's quality of life. Adults can experience acquired communication impairments (e.g. as a result of stroke, head injury, dementia) or communication difficulties associated with a primary disability (e.g. intellectual disability, autism or cerebral palsy). Failure to support an adult's communication needs can result in them being denied the right to communicate their most basic needs and wishes during this difficult time. It can also result in social isolation as communication is essential to building and maintaining relationships. During the pandemic, SLT resources have been redeployed to support the acute frontline and also to support roles in testing and contact tracing. Many adults and older people will not receive any speech and language therapy support or will receive limited input.

The IASLT welcomes the developments in telehealth technologies in many healthcare settings and acknowledges these can offer alternative SLT supports to children, young people and their families in these challenging times. However, telehealth is not without challenges. There are numerous barriers to accessing technology that prevent families accessing such services. It is also not viable to meet the needs of all with communication disabilities through telehealth.

Risk of unmet needs:

After the pandemic many existing service users will have unmet needs. Many will have received either no service or a limited service; new service users will have been referred and will be awaiting assessment and intervention; and individuals recovering from COVID—19 will require intensive SLT intervention. IASLT urges government to specify at a national level how children, young people and adults with speech, language and communication needs are going to be supported and ensure that services are fully resourced.

Everybody has the potential to communicate, and people need to be able to communicate to fulfil their social, educational, emotional and vocational potential.

IASLT are seeking the following:

- *The appointment of a HSCP Officer within the DoHC vital to ensure the health model is fit for purpose for supporting development of HSCP programs in line with slainte care and 21centry best practices.*
- *Staffing grades to reflect the clinical expertise required to build the system capable of responding to service delivery need. i.e. Clinical specialists: practice educators (to ensure training of future clinicians on placement)*
- *A clear national roadmap that details how children, young people and adults with speech, language and communication needs are going to be supported and resources provided. IASLT welcomes the opportunity to contribute to this expert group.*