**Submission to the Committee on the Rights of Persons with Disabilities for the general discussion on the right of persons with disabilities to work and employment**

1. The International Communication Project is pleased to make a submission to the General discussion on the right of persons with disabilities to work and employment, with regard to the implementation of Article 27 of the Convention for the Rights of Persons with Disabilities.
2. Our submission addresses the impact of communication disability on work and employment. It draws from a review of evidence developed to support the implementation of UN sustainable development goals 1, 3 and 4 with regard to communication disability.
3. The full reference of the evidence review:

*Hussain, N., Jagoe, C., Mullen, R., O’Shea, A., Sutherland, D., Williams, C., & Wright, M. (2018). The Importance of Speech, Language and Communication to the United Nations Sustainable Development Goals: A Summary of Evidence. Melbourne, Vic: International Communication Project*

<https://internationalcommunicationproject.com/wp-content/uploads/2018/12/ICP-Sustainable-Development-Goals.pdf>

1. The submission outlines key evidence about communication disability from across a number of jurisdictions structured under a number of themes:
   1. Prevalence of communication disability;
   2. Communication disability and access to employment;
   3. Intergenerational impact of communication disability;
   4. Support for people with communication disability; and
   5. Interventions for communication disability.
2. **Prevalence of communication disability**
   1. Communication disability affects a diverse group of people of working age. Examples include some people with autism, learning disability, cerebral palsy, developmental language disorder, stammer, hearing impairment as well as acquired chronic conditions such as stroke, Parkinson’s disease, multiple sclerosis, head and neck cancer; and acute conditions such as Voice loss for which they may rely on alternative and augmentative communication (AAC) devices.
   2. While musculoskeletal disorders are wide ranging with instances that may require speech and language therapy for rehabilitation, there is a very high incidence and prevalence of speech, language problems associated mental illness.
3. **Communication disability and access to employment**
   1. Individuals with communication disability and their families are often placed at an economic disadvantage since employment opportunities are impacted by communication disability, for the both individual with the communication disability and their caregivers.
   2. Communication disability in children is associated with long term disadvantage. A study conducted over a 20-year period found children with pervasive developmental language problems had lower occupational status than their peers at age 25 (Johnson et al., 2010).
   3. Families of children with intellectual disability fare worse than other families when compared on economic measures such as living in poverty, living in socially deprived locales, and rates of homeownership (Emerson, 2003).
   4. For people with acquired communication disability, return-to-work is significantly impacted by the nature of the communication impairment. Employers and service providers perceive psychosocial and environmental factors as barriers for people with communication disability returning to employment (Garcia, LaRoche & Barrette, 2002).
   5. The presence of aphasia (the complete and/or partial loss of language post-stroke) puts individuals at a particular disadvantage, with people who have aphasia post-stroke being less likely to return to work than those who don't have aphasia (Black Schaffer & Osberg, 1990; Graham, Pereira, & Teassell, 2011). Similarly, a study in Japan showed that having no aphasia post-stroke was a significant predictor of return-to-work for both white and blue collar workers (Tanaka, Toyonoga, & Hashimoto, 2014).
   6. In adults with traumatic brain injury, social communication difficulties have been found to be an “important source of employment vulnerability” (Douglas, Bracy, & Snow, 2016, p8). Communication difficulties in elderly patients have been associated with caregivers reducing their hours in paid employment (Covinsky, et al., 2001).
4. **Intergenerational impact of communication disability**
   1. Communication disability places individuals and their families at greater risk of living in poverty, with children and adults with communication disability generally having poorer academic, vocational, social and health outcomes than those without communication disability.
   2. The evidence is clear; communication disability creates significant barriers to the alleviation of poverty, including access to education, healthcare and employment. However, the reverse is also true; poverty can contribute to the development of communication disability. The link between communication disability and poverty is therefore significant and intergenerational.
   3. In the UK, the Bercow: 10 Years On Review (ICAN & RCSLT, 2018) identified much higher levels of speech, language and communication needs among communities of lower socio-economic status, with up to 50% of children from these areas starting school with a form of communication impairment (Locke et al., 2002), 10% of whom experienced long-term persistent difficulties. These findings were echoed in an Australian study, which reported communication impairments were twice as prevalent in areas of social disadvantage (Reilly, Harper & Goldfield, 2016).
   4. Hearing loss also contributes to communication disability in areas of low-socioeconomic status and in developing countries. Studies have shown that families living in poverty are at higher risk of having children with hearing loss (Currie, 2008).
   5. The World Health Organizations recently issued World Report on Hearing states that “hearing loss if unaddressed can impact negatively many aspects of life: communication; the development of language and speech in children; cognition; education; employment; mental health; and interpersonal relationships” and calls for the inclusion of ear and hearing care in national health systems (World Health Organization World Report on Hearing 2021).
   6. Hearing loss currently affects more than 1.5 billion people worldwide and by 2050, nearly 2.5 billion people—or 1 in every 4 persons—will be living with some degree of hearing loss, at least 700 million of whom will require rehabilitation services (World Health Organization World Report on Hearing 2021).
   7. Failure to act will be costly in terms of the health and well-being of those affected and the financial losses arising from their exclusion from communication, education, and employment.
   8. Although the majority of evidence is largely from developed economies, the presence and the effects of communication disability are significant, and therefore must be considered in developing countries. It is therefore desirable that provision is made to address communication disability as part of any and all efforts to implement these sustainable development goals.
5. **Support for people with communication disability**
   1. It is crucial that quality inclusive communication approaches are integrated into all services which aim to provide access to welfare (in and out of work), support people into work, back in to the work place and / or retain people in the workforce . For example, all information about services must be *communication accessible* to the broadest population. Front line staff should be trained and provided with resources to be able to identify and adapt their own communication for people with speech, language and communication support needs.
   2. It is also vital that early intervention for communication disability is available to reduce negative outcomes such as poverty, poor health, and limited access to education.
   3. Speech and language therapy and audiology services must be developed in countries where these services may not yet exist, including funding for professional education in developing countries with a particular emphasis on developing culturally and linguistically appropriate care. Funding of research to determine the global scope of communication disability is also required.
6. **Interventions for communication disability**
   1. Speech-language pathologists and audiologists have a crucial role in providing support to both children and adults with communication disability, including those living in poverty, to enable them to access employment, healthcare and education; through culturally and linguistically appropriate interventions.
   2. Speech-language pathologist interventions include contributing to the design and delivery of early years and school services aimed at facilitating children’s speech, language and communication development as well as providing direct services to adults and children with communication disability to improve speech, language and communication skills essential for everyday life. Speech-language pathologists may carry out interventions themselves or train others (such as assistants, parents or teachers) in a range of settings, such as the home, healthcare centres or schools. Interventions have been shown to be effective across different types of communication disability including, but not limited to, children with developmental speech and language impairment (Law, Garrett, & Nye, 2003), children with cerebral palsy (Pennington, Goldbart, & Marshall, 2004) and adults with aphasia following stroke (Brady, Kelly, Godwin, Enderby, & Campbell, 2016). Emerging evidence also suggests that preventive strategies which include speech and language therapy interventions have the potential to help socially disadvantaged populations (Law, Levickis, McKean, Goldfeld, Snow, & Reilly, 2017).
   3. Audiologists often work in collaboration with speech-language pathologists to provide services to children and adults with hearing loss who are at risk of developing a communication disability. Audiologists identify, diagnose and manage hearing loss and other auditory disorders. Audiological interventions include prevention, counselling, treatment, (re)habilitation and education.
   4. Access to services to address communication disability may be affected by poverty or location. An Australian study identified a lack of services for low socioeconomic and remote/rural-based populations (McCormack & Verdon, 2015). In this study, 20% of children in 27 communities were identified as developmentally vulnerable in language and cognition yet had no recorded access to speech and language therapy services. In Canada, First Nations peoples have voiced their concerns about the lack of availability of speech-language pathology and audiology services, particularly for children with special needs living on-reserve (Vives, Sinha, Burnet, & Lach, in collaboration with Pinaymootang First Nation, 2017). Across Africa, in numerous countries, a lack of availability has also been recorded (Wylie, McAllister, Davidson & Marshall, 2013).
   5. Provision of intervention is also dependent on availability of a professional workforce. In the case of developing countries, this professional workforce must be made up of local people who are competent in the language and culture of the country. Wylie et al. (2013) reported a survey of speech-language pathologists working across four countries in sub-Saharan Africa. The ratio of speech-language pathologists in the African countries was 1 per 2 – 4 million people, compared to 1 per 2500 – 4700 people for the US, UK, Australia, and Canada. In South East Asian countries such as Vietnam (Atherton, Dung & Nhân, 2013), Cambodia (http://www.oiccambodia.org) and Malaysia (Ahmad, Ibrahim, Othman, & Vong, 2013) development of a speech-language pathologist workforce is in early stages, with small numbers of trained, local professionals available to work with large numbers of people with communication disability.
7. **The International Communication Project**
   1. The International Communication Project (ICP) advocates for people with communication disability (associated with speech, language and communication impairments), as well as their families, caregivers and communication professionals.
   2. The ICP highlights the importance of human communication and how communication impairments significantly impact every aspect of life. The ICP is built on the premise that communication is vital to life; yet is too often ignored as a disability. The World Health Organization’s World Report on Disability estimates that roughly one billion people around the world are living with some form of disability. However, the authors of the report acknowledge that people with communication disability may not be included in this estimate, despite the fact that they encounter significant difficulties in their daily lives.
   3. The ICP joins organisations from around the world in advocating for people with communication impairments and raising the profile of communication disabilities.
   4. **Founding Organisations of the ICP**

**Australia:**[Speech Pathology Australia](http://www.speechpathologyaustralia.org.au/) (SPA)

**Canada:**[Speech-Language & Audiology Canada](http://sac-oac.ca/) (SAC); [Orthophonie et Audiologie Canada](http://sac-oac.ca/" \t "_blank) (OAC)

**New Zealand:**[New Zealand Speech-language Therapists Association](http://www.speechtherapy.org.nz/) (NZSTA)

**Republic of Ireland:**[Irish Association of Speech & Language Therapists](http://www.iaslt.ie/newFront/) (IASLT)

**United Kingdom:**[Royal College of Speech Language Therapists](http://www.rcslt.org/) (RCSLT)

**United States:**[American Speech-Language-Hearing Association](http://www.asha.org/) (ASHA)

**Website:** <https://www.internationalcommunicationproject.com/>

Submission made on behalf of the ICP by Najmul Hussain, Policy Advisor at the Royal College of Speech and Language Therapists

15th March 2021