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REVIEW OPEN ACCESS

Supporting Communication Access of People With Communication Disabilities and Communication Differences in UNCRPD-Ratified Countries: An Integrative Review

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ABSTRACT

Background: The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) recognizes communication accessibility as a fundamental human right. Communication plays a key role in facilitating belonging, sharing and engaging with communities, allowing individuals to connect and forge relationships. Communication is fundamental to well-being and building a sense of self and identity, as well as establishing and maintaining social roles and vocation. Those with communication disabilities or differences can face many barriers to social participation, inclusion and potential financial implications.

Aims: This integrative review explores policy, practices and guidelines that support communication access of adults with communication disabilities and differences in selected English-speaking countries with UNCRPD-ratified status and well-established speech and language therapy services.

Methods: An integrative review of the literature was undertaken. A systematic search of the published, peer-reviewed literature was conducted for empirical research, and a manual search was undertaken to obtain policy, practice, or guidelines, to support communication access at a sectoral/service or community level. A multi-scalar approach situates the findings within several contexts: international law, national legislation and policy, professional guidelines and evidence from local/national projects.

Main Contributions: A multi-scalar map was developed that positions the findings on communication access within the included countries (Republic of Ireland, Northern Ireland, United Kingdom, Canada, Australia and New Zealand), across local/national programmes and projects ($n = 11$), professional body and civil society guidance, regional/national legislation and policy specific to communication access and finally the international normative instrument of the UNCRPD. The findings indicate

Áine Kearns and Caroline Jagoe share joint authorship.

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that communication accessibility is recognised as a fundamental human right, but signatory states are required to take appropriate measures to ensure access to information and communication for persons with disabilities. National legislation, policy and practice need further scrutiny in this regard.

Conclusions: This review examines the complex phenomenon of communication access for people with communication disabilities and differences. The findings of this review can inform and shape practice with regard to communication accessibility as well as support advocacy efforts and future research in this area.

WHAT THIS PAPER ADDS

What is already known on the subject

- Communication accessibility is a fundamental human right. It can be characterized by the respectful and responsive treatment of individuals with communication disabilities and differences, along with the implementation of strategies and resources and the adaptation of environments, process and systems to facilitate effective communication.

What this paper adds to existing knowledge

- A multi-scalar map was developed that situates the findings on communication access within the included countries (Republic of Ireland, Northern Ireland, United Kingdom, Canada, Australia and New Zealand), across local/national programmes and projects (n = 11), professional body and civil society guidance, regional/national legislation and policies specific to communication access, and finally the international normative instrument of the UNCRPD. There is a lack of a shared understanding of communication access within empirical research, policy and local and national guidelines across the included countries. In addition, the focus on the right to communication is addressed more explicitly in some groups (and country contexts) than others.

What are the practical and clinical implications of this work?

- This review highlights how multimodal communication is important for accessible communication. Co-design can also be harnessed to enhance communication access. The review provides an integrated set of data (empirical research, policy and guidelines) that can be used in future research, practice development and advocacy.

1 | Introduction

The biggest challenge for people living with a communication disability is to be 'heard' (Wylie et al. 2013, 8). Communication plays a pivotal role in the dynamics of belonging, sharing and engaging with communities; it serves as the conduit through which individuals connect and forge relationships (Collier et al. 2010). Those with communication disabilities (for example, due to developmental or acquired neurological damage) or communication differences (such as sign-language communicators, non-native language speakers, those with poor literacy abilities and ethnic minority groups such as Roma and Irish Travellers) can face many barriers to social participation and inclusion. Individuals with communication disabilities and differences can face bullying and stigma (Boyle 2018). Higher rates of depression and anxiety can occur among individuals with communication disabilities (Morris et al. 2017; Pompon et al. 2022), which can further exacerbate issues. In addition, systemic level issues can significantly impact those with communication disabilities and differences. These barriers often compound existing inequities across education, healthcare, society and research. For example, the presence of aphasia, an acquired language disorder that can impact spoken and written language, can hinder healthcare interactions, limit patient autonomy and increase the risk of adverse events (Carragher et al. 2021; O'Halloran et al. 2012) and has been identified as an exclusion criterion in many stroke research studies, which may result in interventions that may not address individuals' needs (Shiggins et al. 2024; Vaughan and Manning 2023). Individuals with communication disabilities after stroke are less likely to return to work and may experience financial stress (Burfein et al. 2025). In addition, recent reviews have reported elevated rates of communication disabilities among prison populations (de França et al. 2023; Morken et al. 2021), a pattern that has also been noted in youth justice and has seen a recommendation for early identification in this population (Bryan et al. 2007; Bryan et al. 2015). These systemic issues align with the social model of disability, which posits that disability arises not solely from individual impairments but from societal structures and attitudes that fail to accommodate diverse needs (Oliver 1996). Applying this model to communication disability exposes how institutional practices such as exclusion from research or lack of communication support in healthcare and legal settings can create disabling environments, practices and policies.

Within the scope of accessibility rights and legal frameworks, communication access could be considered to involve the use of relevant and appropriate accommodations to enable the communicative participation of persons with disabilities, including those with communication disabilities, on an equal footing with others. Embracing the principles of the disability rights movement can lead to enhanced accessibility by recognising people's entitlement to inclusion in all aspects of life (Pound et al. 2007). Pound and colleagues describe how the disability rights movement argues that disability is socially constructed and therefore people are disabled by the different barriers they encounter, rather than by their intrinsic impairment. Indeed, Oliver (1990) reports that public policy plays an important role in defining the social

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construction of disability. In this manner, disability denotes a condition that presents challenges or disadvantages that may prompt the need for supportive measures or accommodations. Aspiration for greater inclusive practices has initiated a shift towards a less paternalistic healthcare delivery system, wherein patients actively engage with practitioners in discussions regarding choices and decisions. Pound et al. (2007) provide examples of government initiatives in the United Kingdom but note that while these initiatives may have clear goals such as 'improved quality of life, greater self-efficacy, more relevant, creative and user-focused services,' the mechanisms of applying policy into everyday practice are less explicitly defined (Pound et al. 2007, 24). Communication access can be considered to be equipollent with physical access, characterized by the respectful and responsive treatment of individuals with communication disabilities, along with the implementation of strategies and resources to facilitate effective communication (Bigby et al. 2019; Parr et al. 2006). Speech and language therapy plays a pivotal role in addressing communication access for people with communication disabilities and differences, guided by policies and legislation that shape the provision of services across national contexts (McAllister et al. 2013; McLeod and Marshall 2023). However, a disconnect between policy and practice may continue to exist. Ryan et al. (2021) examined how adults with communication disabilities, such as those associated with dementia, autism and intellectual disability, are represented in research guidance supplementary to the Mental Capacity Act (2005) in England and Wales. Their findings revealed that research guidance focuses more significantly on risk management and protecting participants rather than empowering them. They argue that this imbalance contributes to the continued under-representation of individuals with communication disabilities in research. There is still a strong need for guidance that helps researchers support ethical inclusion while upholding the rights of those with communication disabilities and enabling them to have a voice in research.

The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), heralded as the foremost United Nations human rights treaty of the 21st century, stands out for its remarkable speed in negotiation and garnered unparalleled early support from the international community (Kayess and French 2008). At its inaugural ceremony on 30 March 2007, an historic 81 states along with the European Union appended their signatures to the UNCRPD, marking the largest number of opening signatures ever recorded for any human rights treaty. The UNCRPD recognises communication accessibility as a fundamental human right, by extension, emphasising the importance of ensuring that individuals with disabilities are not excluded from participating fully in society due to communication barriers. Article 9 of the UNCRPD specifically addresses accessibility, including communication accessibility and requires state parties to take appropriate measures to ensure access to information and communication for persons with disabilities.

This integrative review explores the approach across multiple scales, beginning with evidence from local/national projects operating across different sectors such as healthcare, education and community promoting inclusive practices and professional standards, followed by consideration of national legislation and policy, and finally the international normative instrument of the UNCRPD.

This review is part of a larger shared-island study, **Enhancing Social Participation across Ireland for people with communication disabilities and differences (ENSPIRED)**. This project will explore and identify barriers, facilitators, and best practices in the provision of meaningful and accessible social inclusion for adults living with communication disabilities and differences on the island of Ireland. The overall vision of this research is to create a communicatively inclusive society. This article presents one phase of this research in which an integrative review, using multi-scalar mapping approaches, is described. This review aimed to answer the question, 'What policy, practices and guidelines exist to support communication access of people with communication disabilities and differences in selected English-speaking countries with UNCRPD-ratified status and well-established speech and language therapy services?'

2 | Methods

An integrative review provides a holistic perspective about a topic (Hopia et al. 2016). It allows for the inclusion of a wide range of literature types, including empirical and theoretical studies as well as policy documents and best practice reports (Hopia et al. 2016; Whittemore and Knafl 2005). An effective integrative review is intended to capture the depth and breadth of a topic and contribute to a new understanding of the phenomenon (such as the complex phenomenon of communication access) as well as outline implications for practice, research and policy initiatives, where relevant (Whittemore and Knafl 2005). This review used a multi-scalar mapping analysis to allow for the synthesis and comparison of diverse findings across multiple scales, thereby enriching the analysis and interpretation of the findings (Ayrapetyan and Hermans 2020). By integrating and synthesising the findings, the multi-scalar mapping analysis thereby enhances the depth and breadth of insights derived from the reviewed literature and facilitates more informed interpretations, contributing to more holistic conclusions.

Multi-scalar mapping is a research approach used to analyse and understand complex systems by examining them at multiple scales simultaneously. Scales act as measures for different spatial, temporal, quantitative or analytical aspects and levels denote specific positions on those scales (Ayrapetyan and Hermans 2020). Commonly used scales include geographical and institutional scales. The geographical scale represents territorial boundaries, usually including local, regional, national and international levels, while the institutional scale denotes the hierarchy of rules, laws and regulations (Ayrapetyan and Hermans 2020). This approach is particularly useful in disciplines such as geography, urban planning, and sociology, where systems are inherently multi-dimensional and operate across various scales, from local to regional to global. Multi-scalar analysis has also been used in research on human resources (Harun and Walton-Roberts 2022) and resource distribution in health (Yu et al. 2019). The analysis in this review applies a multi-scalar approach, situating the findings on communication access within the context of the international law that has been ratified by the included countries and therefore should shape practice with regard to communication accessibility. The analysis subsequently focuses on examining regional legislation and policies concerning communication access within the six selected countries (Republic of Ireland, Northern Ireland,

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United Kingdom, Canada, Australia, and New Zealand), along with professional guidelines relevant to each context. In addition, it delves into examples of local or national programs or initiatives that have tackled communication access as a sectoral concern. Given that this review was intended to inform practice within Ireland, we limited the review to these six English-speaking countries that form part of the Mutual Recognition Agreement[1] of speech and language therapy education and services, and they have ratified the UNCRPD. The included literature was restricted to issues among adult populations, as this is the focus of the ENSPIRED research project.

The integrative review methods employed followed the five-stage framework from Whittemore and Knafl (2005). The first stage began with the identification of the problem under review. The variables of interest and sampling methods were defined by the review team (C.J., A.K., and R.S.). These can be considered under concept (communication access), target population (adults with communication disabilities and differences), and problem (policy, practice or guideline to support communication access). The sampling methods included empirical and theoretical studies as well as policy, legislation and practice guidelines from UNCRPD-ratified countries. In the second stage, a systematic search of the literature was carried out. This included database searching for available empirical and theoretical studies as well as manual searches for relevant legislation, policy, practice and guidance documents.

Four databases that index literature across medicine and health, technology, social sciences and education were searched (PubMed, Scopus, CINAHL and ASSIA) using the search string presented in Appendix 1. Following searches, records were added to EndNote, where duplicates were removed and then entered into Rayyan for screening. Two authors (AK and RS) screened the titles and abstracts independently with 70.8% agreement. The following eligibility criteria for inclusion were applied:

- Studies from countries that form part of the Mutual Recognition Agreement[2] of speech and language therapy education and services and that have also ratified the UNCRPD
- Published since 2007 in line with the adoption of the UNCRPD until 2023
- Published in the English language
- Empirical research, policy, practice or guidelines to support communication access at a sectoral/service or community level (excluding interventions directed at the individual with a communication disability)
- Include adult populations with communication disabilities or communication differences

Where opinions differed, a discussion took place between the two reviewers to establish consensus. A third reviewer was available (C.J.) to arbitrate if consensus could not be reached. All three reviewers (A.K., R.S., and C.J.) read the full text records, and empirical studies were included if they met the eligibility criteria listed above.

In addition, manual searches were carried out with grey literature searches of repositories and organisations using Google Scholar, EUR-Lex and OneSearch from a higher education institution library collection. Government departments, professional speech and language therapy organisations of UNCRPD-ratified countries, and national organisations that support individuals with communication disabilities and differences were included in the grey literature search. In addition, relevant policy and legislation documents were also included. Keywords were used for searching, including variations on communication access, communication disability and country specific terminology, for example, Irish Traveller, Aboriginal.

The third stage involved evaluating the quality of the individual studies and other types of literature in the review, but Oermann and Knafl (2021) also note that reviewers have the option to retain all studies meeting the inclusion criteria regardless of quality. Due to the exploratory nature of this review, and the heterogeneity of the included literature, it was not possible to identify a single quality appraisal tool that would fit all literature. The decision was made that all papers that met the eligibility criteria would be included in the review. This is followed by the fourth stage, data analysis. Data analysis is one of the least developed features of this review methodology, and Whittemore and Knafl (2005) propose a method that consists of data reduction, data display, data comparison, conclusion drawing and verification. In keeping with strategies proposed by Oermann and Knafl (2021), a template was used to extract information about the research, including the study purpose, sample/setting including, design and study results. In addition, data on community of focus, drivers and facilitators, barriers, recommendations and actions, as well as geographical level and explicit references to legislation and/or policy were extracted. Microsoft Excel was used to aid this process. This was followed by an iterative process of data comparison, which allowed the researchers to determine patterns, themes and relationships within the data. To facilitate this process, two researchers (A.K., C.J.) independently extracted data from all included studies, then came together to discuss data, and any variances were reviewed and discussed before a final consensus was reached. The final extracted data was reviewed again, and notes on comparisons and differences within and across data were recorded. Each study was mapped according to level (local/national projects, professional body and civil society guidance, national legislation and policy, regional legislation and policy, and international legislation and policy) and across countries. This synthesis, in the form of a multi-scalar map, was developed to present the final process of integration and analysis.

3 | Results

The findings are presented as multi-scalar (see Figure 1). At the broadest and most foundational level, all included studies were from countries in which the UNCRPD had been ratified. Thus, representing contexts in which this normative foundation, or the underlying values that ground the normative principles that govern international law, should shape practice with regard to communication accessibility. While the UNCRPD provides a normative foundation for the rights-based approach, the results of this review are presented starting with an overview of local/national programmes or projects (n = 11). These studies have addressed communication access as an issue at a sectoral level. This is followed by an examination of regional/national

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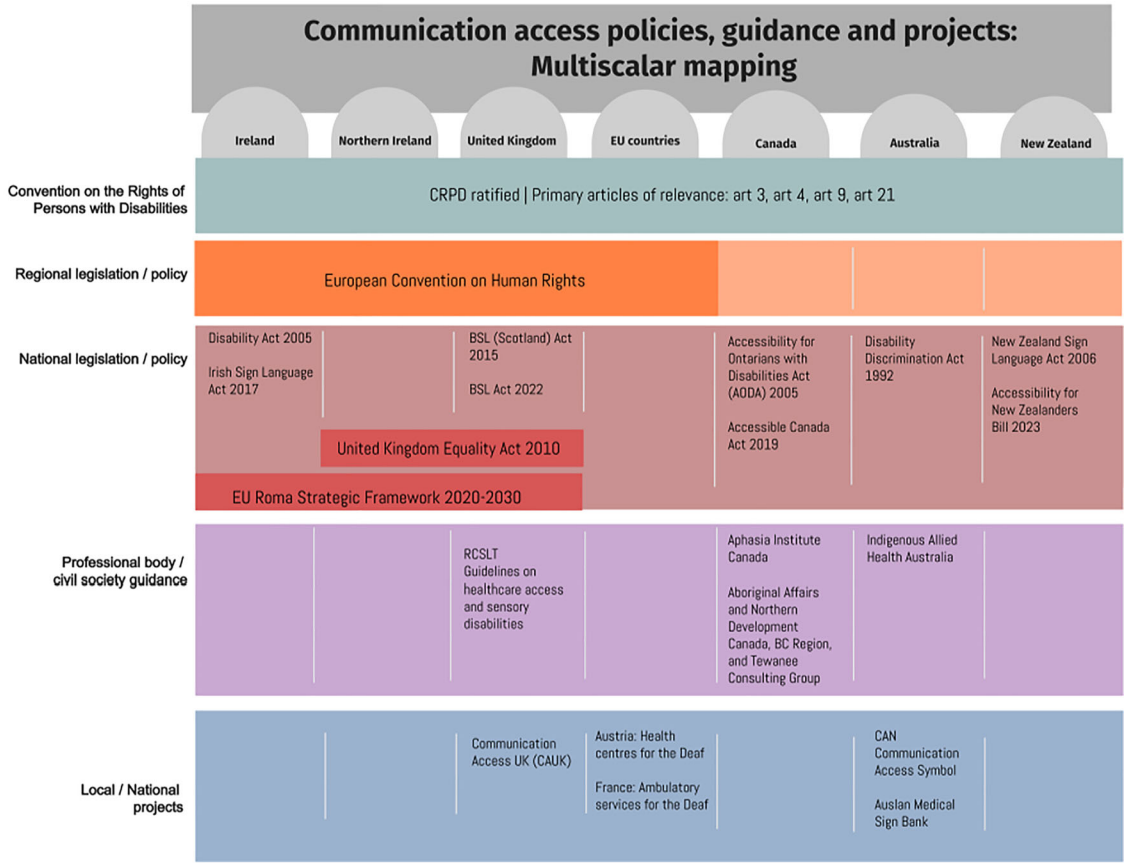


FIGURE 1 | Communication across policies, guidance, and projects: Multi-scalar Mapping. Multi-scalar map.

legislation and policy specific to communication access across the included countries, as well as the professional guidelines in each of these contexts. We conclude with a description of communication access within the UNCRPD.

3.1 | Communication Access in Practice: Local and National Programmes and Projects

Results of the database search for empirical, theoretical, practice guidelines, legislation and policy papers are presented in the flow diagram in Figure 2. Following the systematic database search, 120 papers were identified, full texts were reviewed in 21 papers, and 11 papers were included in the review. See Table 1 for details. These papers explore communication access in practice. Four of these papers reported findings on primary data from qualitative study designs. These included survey data exploring communication access to businesses and organisations (Collier et al. 2012), interview data exploring communication access in retail environments for people with complex communication needs (Taylor et al. 2021), and data from two studies based on interviews with Deaf adults who had contact with the legal system (Elder and Schwartz 2018; Schwartz and Elder 2018). Three review articles were also included: a systematic review of older adult's perspectives on clinical communication interactions (Gaffney and Hamiduzzaman 2022), a scoping review of psychoeducational interventions for adults with complex communication needs (Watson et al. 2022), and a non-systematic review of healthcare access among Deaf people (Kuenburg et al. 2016). Two commentary papers were included: one explored communication inclusion (Kean 2016), and one discussed issues of communication, access and comfort for people with intellectual disability and cancer (Gilbert et al. 2008). Finally, a case study on the development of communication access standards (Solarsh and Johnson 2017) and grey literature on regional guidelines (NHS Wales 2013) were also included.

The articles described local or national level projects across the United Kingdom (Gilbert et al. 2008), including, Scotland (Kean 2016), Northern Ireland (Elder and Schwartz 2018; Schwartz and Elder 2018), and Wales (NHS Wales 2013), as well as Australia (Gaffney and Hamiduzzaman 2022; Solarsh and Johnson 2017; Taylor et al. 2021) and Canada (Collier et al. 2012). The review by Kuenburg et al. (2016) reported on a national level project but also took a global perspective in addition to referencing UK and EU examples. In addition, Watson et al. (2022) reviewed literature on mental health support for people with complex communication needs and engaged in stakeholder consultations with three groups in South Australia.

3.1.1 | Population and Communities of Focus

The articles focused on a number of different groups, including adults with learning (Kean, 2016) and intellectual disabilities (Gilbert et al. 2008), Deaf people (Elder and Schwartz 2018; Kuenburg et al. 2016; NHS Wales 2013; Schwartz and Elder 2018), and older adults (Gaffney and Hamiduzzaman 2022). Additionally, people with complex communication needs who

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TABLE 1 | Overview of included studies.

Author	Title	Document type	Level (multi-scalar framework)	Country	Community focus	Intervention	Sector of focus	Community engagement	Explicit references to legislation/policy
Collier et al. (2012)	Communication access to businesses and organizations for people with complex communication needs	Peer-reviewed article: primary data/survey-based study	Local/National level projects	Canada	People with complex communication needs	No direct intervention—the survey included communication accessibility requirements that would be beneficial	Community businesses and organisations	Not reported	UNCRPD Disability Discrimination Act 1992 (DDA), Australia Accessibility for Ontarians with Disabilities Act (AODA) 2005, Canada Equality Act 2010, United Kingdom
Elder and Schwartz (2018)	Effective deaf access to justice	Peer-reviewed article: primary data/interview-based study	Local/National level projects	Northern Ireland	Deaf adults in NI who had contact with the legal system in civil cases	None—exploratory study	Justice	None reported, although the positionality of the authors is clearly defined as ally and member of the Deaf (ASL-using) community	UNCRPD Equality Act 2010, United Kingdom
Gaffney and Hamiduzzaman (2022)	Factors that influence older patients' participation in clinical communication within developed country hospitals and GP clinics: A systematic review of current literature	Peer-reviewed article: systematic review	Local/national projects	Australia	Older adult patients	None—review	Healthcare—general practice and hospitals	None reported	Welfare AIoHa. Rural and remote health, access to healthcare: Australian Institute of Health and Welfare (2019) Welfare AIoHa. Older Australia at a glance, Burden of disease: Australian Institute of Health and Welfare (2018)

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Author	Title	Document type	Level (multi-scalar framework)	Country	Community focus	Intervention	Sector of focus	Community engagement	Explicit references to legislation/policy
Gilbert et al. (2008)	People with intellectual disability and cancer: Issues of communication, access, and comfort	Peer-reviewed article: commentary paper and overview of project	Local (unclear if national)	UK	Adults with intellectual disabilities	Not within the paper	Healthcare	The paper references work the authors carried out in which 'a number of people with ID participated through involvement in groups that commented on the meaning and appropriateness of the symbols' during the design stage	Department of Health. Valuing people: a new strategy for learning disability for the 21st century House of Lords and House of Commons Joint Committee on Human Rights. A life like any other? human rights of adults with learning disabilities.
Kean (2016)	Realising the vision of communication inclusion. Tizard Learning Disability Review	Peer reviewed article: commentary	Local/National level projects	Scotland	Adults with learning disabilities	None—review article	Healthcare	Not applicable—commentary paper	-UNCRPD - Convention for the Protection of Human Rights and Fundamental Freedoms 1953 - Equality Act 2010, United Kingdom -consultation on the Scottish Government's plan to implement the UN Convention on the Rights of Persons with Disabilities (Scottish Government, 2015)

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TABLE 1 | (Continued)

Author	Title	Document type	Level (multi-scalar framework)	Country	Community focus	Intervention	Sector of focus	Community engagement	Explicit references to legislation/policy
Kuenburg et al. (2016)	Health care access among Deaf People	Peer reviewed article: 'nonsystematic review'	Local/National level (global perspective but UK and EU examples included)	Global perspective (but UK and EU examples included)	Deaf Adults	None—review article	Healthcare	Not applicable—review paper	UNCRPD Austria 2003 (ESMHD, 2011) Bad Ischl Declaration Sign Health, United Kingdom (http://www.signhealth.org.uk/for-health-professionals/prescriptions-for-change/)
NHS Wales (2013)	Extra health help planned: HEALTH. All Wales Standards for Accessible Communication and Information for People with Sensory Loss	Grey literature: Guidelines	Regional guidelines/standards	Wales	Deaf, blind, and deafblind people	Non—guideline	Healthcare	Standards developed in a consultative manner: 'A Reference Group of people who are deaf, hard of hearing, blind and visually impaired was brought together to inform this report.'	Equality Act 2010, United Kingdom

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TABLE 1 | (Continued)

Author	Title	Document type	Level (multi-scalar framework)	Country	Community focus	Intervention	Sector of focus	Community engagement	Explicit references to legislation/policy
Solarsh and Johnson (2017)	Developing communication access standards to maximize community inclusion for people with communication support needs	Peer-reviewed article: case study	Local/National level	Regional Australia	People with 'communication support needs' (communication disabilities, Deaf community, minority language users, people with low literacy)	A framework for the development and promotion of communication access delivered over 4 phases	Retail and public services	Engagement with a wide range of stakeholder groups as respondents in selecting a symbol. A consultative process undertaken to identify key features of a communication-accessible environment to allow for standards-based auditing.	UNCRPD Disability Discrimination Act 1992 (DDA), Australia Accessibility for Ontarians with Disabilities Act (AODA) 2005, Canada Equality Act 2010, United Kingdom
Schwartz and Elder (2018)	Deaf access to justice in Northern Ireland: Rethinking 'reasonable adjustment' in the Disability Discrimination Act	Peer-reviewed article: primary data/interview-based qualitative study	Local/ National level projects	Northern Ireland	Deaf people	None—qualitative study	Justice	None reported, although the positionality of the authors clearly defined as ally and member of the Deaf (ASL-using) community	Disability Discrimination Act (DDA) of 1995 (amended in 2005) Article 13 of the UN Convention on the Rights of Persons with Disabilities (UNCRPD) of 2006

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TABLE 1 | (Continued)

Author	Title	Document type	Level (multi-scalar framework)	Country	Community focus	Intervention	Sector of focus	Community engagement	Explicit references to legislation/policy
Taylor et al. (2021)	Communication access in the retail environment for people with complex communication needs	Peer-reviewed article: primary data/interview-based qualitative study	Local/National level projects	Scotland	Adults with complex communication needs/AAC users	None—qualitative study	Retail	Not reported	UNCRPD Australian Disability Discrimination Act (1992)
Watson et al. (2022)	Improving communication access in psychoeducational interventions for people with complex communication needs: a scoping review and stakeholder consultation	Peer-reviewed article: scoping review	National-level projects	Australia	People with complex communication needs	None—review	Healthcare	Authors carried out stakeholder consultations—'Consultations with people with complex communication needs, everyday communication partners, and MHWs offered social validation of our findings and exposed research gaps'	UNCRPD

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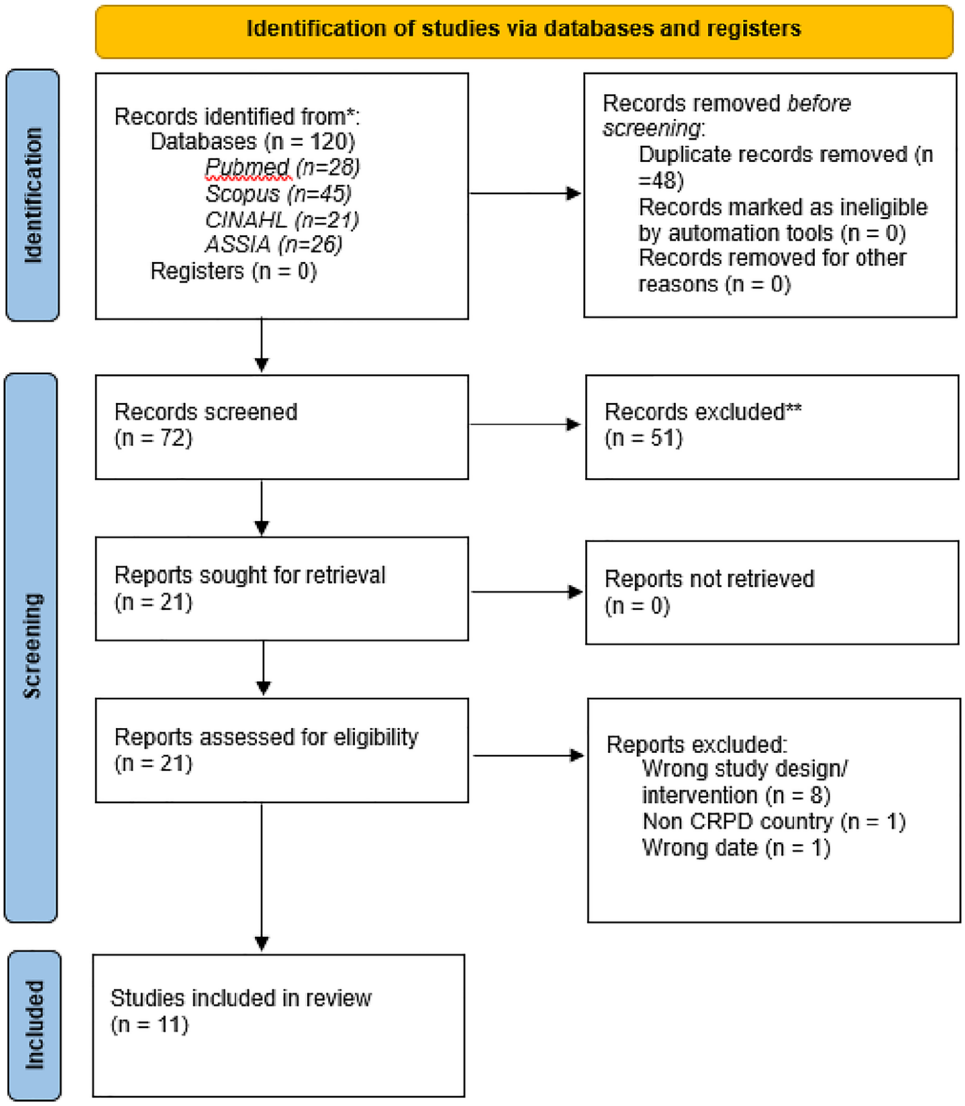


FIGURE 2 | PRISMA diagram.

may or may not use augmentative and alternative communication or AAC (Collier et al. 2012; Taylor et al. 2021; Watson et al. 2022) and a range of 'communication support needs' including communication disabilities, Deaf community, minority language users, and people with low literacy (Solarsh and Johnson 2017).

3.1.2 | Sector of Focus

Many studies explored an aspect of healthcare (n = 6). Two examined justice (Elder and Schwartz 2018; Schwartz and Elder 2018) and the remaining studies focused on retail environments (Taylor et al. 2021), community businesses and organisations (Collier et al. 2012), and broad retail and public services (Solarsh and Johnson 2017).

3.1.3 | Consensus on a Definition of Communication Access

The lack of consensus on a definition is identified by Kean (2016) as a barrier to wide implementation of communication access. Across the programmes and projects identified in the systematic search undertaken, only four attempt to define communication access, and these all varied in their focus and emphasis. See Table 2.

Access that recognises comprehension and expression needs is highlighted in two definitions (Collier et al. 2012; Kean 2016), and two emphasise multiple formats of communication, including but not restricted to face-to-face interaction (Collier et al. 2012; Watson et al. 2022). Only one of the definitions makes reference to a purpose for communication access, phrased as '**to get *equal uncompromised access to goods and services***' (Collier et al. 2012, 207). One study described an intervention in the form of development and promotion of a communication access symbol and audit tool (Solarsh and Johnson 2017).

3.1.4 | Explicit Reference to Legislation/Policy Within the Projects

Nine articles made explicit reference to the UNCRPD. One article referenced two national policy/report documents from Australia

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TABLE 2 | Definitions in the included studies.

Study reference	Definition	Components
Kean (2016)	An expansive definition of an inclusive communication approach would, therefore, mean the ***mainstreaming of communication methods*** that address ***both the comprehension and expressive communication support needs*** of the broadest population of actual and potential service users in all ***interactions*** between service providers and users. An inclusive communication approach could mean exploiting all the possible ways of understanding and expressing as much as practically possible in any given communication event.	Considers the requirement of mainstreaming (i.e., cross-sectoral, societal, environmental). Both comprehension and expression in interaction considered.
Solarsh and Johnson (2017)	This paper makes reference to 'two definitions of communication access have been adopted [in Victoria, Australia] that are used selectively for different target audiences. One aims to articulate the attitudes, skills, and resources needed, "Communication access occurs when people are ***respectful and responsive*** to individuals with communication difficulties, and when ***strategies and resources*** are used to ***support successful communication***"' (Johnson et al. 2013, 7). … a second definition was developed that stated communication access occurs ***"when everyone can get their message across"*** (Scope n.d.).'	First definition combines consideration of attitudinal aspects, communication strategies, and resources. Second definition focuses on the equal opportunity ('everyone') and on message 'transmission'.
Collier et al. (2012)	'Communication access is defined as having the ***means, supports, and opportunities*** to ***communicate effectively***, ***meaningfully***, ***accurately***, and ***authentically*** in order to get ***equal uncompromised access to goods and services***. Communication access may include face-to-face interactions between two people or in a group situation (***both expression and comprehension***); telephone communication; reading and handling text and print materials; use of the Internet, e-communications and social media; and written communication.'	Addresses means, supports and opportunities. Considers communication as having dimensions of effectiveness, meaning, accuracy and authenticity. Addresses purpose of communication access as 'equal uncompromised access to goods and services.' Considers both expression and comprehension and multiple formats of interaction.
Watson et al. (2022)	'Communication access is a broad approach which aims to **address systemic barriers** to the use of speech or writing, and comprehension of information' 'Communication access strategies are relevant to **all communication formats**; face-to-face, written documents, online, as well as communication that is mediated by a human assistant'	Recognises communication access as a response to systematic barriers. Highlights multiple formats of communication.

(Gaffney and Hamiduzzaman 2022) and one referenced policy and strategy documents from the UK Department of Health (Gilbert et al. 2008). In addition to referencing the UNCRPD, the 1953 European Convention on Human Rights was also referenced (Kean 2016), along with a range of national legislation. These included the 2010 United Kingdom Equality Act (Collier et al. 2012; Elder and Schwartz 2018; Kean 2016; NHS Wales 2013; Solarsh and Johnson 2017), the Australian Disability Discrimination Act of 1992 (Collier et al. 2012; Solarsh and Johnson 2017; Taylor et al. 2021), the Canadian Accessibility for Ontarians with Disability Act of 2005 (Collier et al. 2012; Solarsh and Johnson 2017), and the Disability Discrimination Act (DDA) of 1995 (amended in 2005) (Schwartz and Elder 2018). As well as government plans (Scottish Government, 2015) to implement the UNCPRD (Kean 2016), and reference to the Austria 2003 (ESMHD, 2011) Bad Ischl Declaration and Sign Health, United Kingdom, as useful documents for right to health for deaf people (Kuenburg et al. 2016).

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3.1.5 | Community Engagement and Collaboration

Seven of the 11 articles on national and local projects reported no community or stakeholder engagement, although two of these referenced the positionality of the authors and clearly defined themselves as allies and members of the Deaf (ASL using) community (Elder and Schwartz 2018; Schwartz and Elder 2018). The remaining four articles referred to community engagement, and this took the form of stakeholder consultation and collaborative design and development. One example of stakeholder consultation included engagement with people with complex communication needs, everyday communication partners and mental health workers in order to offer social validation of the authors' findings in a systematic review of psychoeducational interventions for adults with complex communication needs (Watson et al. 2022). Another article describes the use of a consultative development process, with a reference group of people who were deaf, hard of hearing, blind and visually impaired, for the development of standards (NHS Wales 2013). Solarsh and Johnson (2017) also describe engagement with a range of stakeholder groups in the design and development of a communication access symbol and the identification of key elements of a communication accessible environment. Further community engagement is noted through the inclusion of people who proficiently use AAC as assessors for communication access assessments in a retail environment (Solarsh and Johnson 2017). A commentary paper that referenced a project completed by the authors that involved people with intellectual disabilities, to gather their views through group discussion, on the meaning and appropriateness of the proposed symbol to be used during the design stage of the research (Gilbert et al. 2008). However, the study referred to here was completed prior to 2006, and therefore the article was not included in the analysis as it did not meet the inclusion criteria. Although Taylor et al. (2021) did not report patient and public involvement or any form of co-design, in their research study: they acknowledge the importance of co-production theory and identified that training is more effective if designed in collaboration with people with communication disabilities.

3.1.6 | Drivers and Facilitators of Communication Access

Within many of the local and national projects, there were several drivers and facilitators supporting communication access, including training and education, attitudes and resources. There is a recognition of the importance of including people with communication needs in the process of developing and ensuring inclusive communication in services and organisations. In the study by Solarsh and Johnson (2017), people with communication support needs were actively involved in all stages of the development and audit of communication access standards. While Taylor et al. (2021) reported that people with complex communication needs made efforts to create conditions that would contribute to inclusive customer service communication. This may reflect some of the commentary from Gilbert et al. (2008) who considered the concept of the 'comfort and contact hypothesis' in the context of communication needs for adults with intellectual disabilities navigating their cancer journey (Gilbert et al. 2008, 374). The authors noted that increased contact leads to increased confidence, and healthcare professionals' exposure to a group, such as adults with intellectual disabilities, is a more powerful way of changing attitudes and building confidence than training and education alone. Three other studies highlighted training and education as important facilitators for inclusive communication (Kuenburg et al. 2016; NHS Wales 2013; Solarsh and Johnson 2017). NHS Wales (2013) advocates for mandatory training for all NHS staff with updates every 2 years and recognise the importance of having a 'champion' at board level. Indeed, an individual's positive attitude, as well as recognition and understanding of communication support needs of those they may provide services to, are important drivers for communication inclusion (Kean 2016). Service providers' skills in using communication access strategies are important drivers (Kean 2016; Watson et al. 2022) as well as recognising individuals' preferences and personalised communication access strategies (NHS Wales 2013; Watson et al. 2022). It is also important to build awareness of cultural and linguistic differences (Kuenburg et al. 2016). Communication and support needs should be clearly reported in individuals' patient records, thus ensuring these are considered when arranging appointments and allowing opportunities for people to indicate their communication preference, such as text messaging for appointments, and so forth (NHS Wales 2013). Access to, and availability of, supports and resources are important facilitators (Kean 2016; NHS Wales 2013; Solarsh and Johnson 2017). In this regard, Solarsh and Johnson (2017) identified the importance of government funding for the development of communication access standards. While the provision of clear guidelines to direct businesses and organisations to ensure communication access can be achieved, it was also highlighted by a facilitator (Collier et al. 2012). At a legislative level, Elder and Schwartz (2018) advocate that stronger legislative initiatives are needed to support the Deaf community. This is echoed by Kuenburg and colleagues, who suggested that bottom-up initiatives by healthcare professionals can often only be implemented if legal requirements and subordinate systems are clearly structured to support change. Gaffney and Hamiduzzaman (2022) advocate the need to plan appropriately. Here, the authors identified the increasing health care needs of the ageing population and the strong correlation of low health literacy with this population. An important driver for communication access is the need to address this knowledge gap in order to promote effective participation and communication in clinical settings. This need for effective participation as a driver for communication access is also highlighted by Schwartz and Elder (2018) in the context of effective access to justice for Deaf people. Kuenburg et al. (2016) also considered the role of dedicated health care services as a facilitator for communication access for Deaf people. However, Gaffney and Hamiduzzaman (2022) note that specialist services for adults with intellectual disabilities may not be adequate and highlight how organisational culture and staff beliefs are important drivers for enabling access to communication resources.

3.1.7 | Barriers to Communication Access

While many studies identified facilitators for communication access, multiple barriers were also reported within the local and national projects. In the first instance, the lack of consensus on the definition of communication access (Collier et al. 2012; Kean 2016; Solarsh and Johnson 2017; Watson et al. 2022) as

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well as the limited availability of standards or benchmarks to align with (Collier et al. 2012; Taylor et al. 2021) are clear barriers to inclusive communication. There are multiple sectors where communication access has not been trialled, and existing tools will likely need to be adapted for use in different services (Solarsh and Johnson 2017). A lack of a shared understanding or a contested meaning of reasonable adjustments can lead to challenges with covering costs of interpreters for Deaf clients attending solicitors (Elder and Schwartz 2018). The financial burden has been highlighted as a barrier to communication access for individuals with communication support needs (Elder and Schwartz 2018; Schwartz and Elder 2018) and also for organisations in terms of funding staff training, provision of resources and adherence to standards where available (Solarsh and Johnson 2017). Limited access to, as well as lack of, appropriate, accessible resources (NHS Wales 2013; Schwartz and Elder 2018; Solarsh and Johnson 2017), in addition to the demands and time commitment required to develop and implement standards (Solarsh and Johnson 2017), are barriers for many services. A lack of awareness of sources of help (NHS Wales 2013) and a generic view of disability among service providers (Taylor et al. 2021) are key challenges that must be overcome to address communication access. Elder and Schwartz (2018) describe a lack of Deaf cultural awareness within the justice system, and this is further hampered by little or no education for solicitors regarding the needs of Deaf people for effective communication access (Schwartz and Elder 2018). This is further reflected in the absence of captioned visual media to provide information to Deaf people about their rights (Schwartz and Elder 2018). Indeed a lack of accessible information, and unclear processes, impact on Deaf peoples' rights (Schwartz and Elder 2018) and their ability and willingness to raise issues or make complaints (NHS Wales 2013). Organisational culture plays a role in communication access (Gilbert et al. 2008), and those with limited or unclear understanding about differences between communicating with people with communication support needs and other customers, did not have policies and procedures to support communication accessibility (Taylor et al. 2021). Gaffney and Hamiduzzaman (2022) drew attention to healthcare professional—patient communication in the context of older adult patients with low literacy levels. The authors identified that paternalistic models of healthcare professional-patient communication may have a negative impact on effective communication with older adult patients. Taylor et al. (2021) reported that there was no evidence that communication access was a priority for the majority of retailers in their study. Communication access initiatives can often only be successfully implemented where there are legal structures to support that change (Kuenburg et al. 2016). Therefore, organisations require guidelines and resources that comply with accessibility laws and regulations to ensure and support communication access for individuals with communication support needs (Collier et al. 2012).

3.1.8 | Recommendations and Actions

A key recommendation is the establishment of a 'broad multidisciplinary, multi-agency consensus on the definition and scope of inclusive communication' (Kean 2016, 28). In terms of communication strategies and techniques, some of the studies made specific recommendations for supporting communication needs. These included establishing communication preferences and the use of person-centred, face-to-face interactions (Gaffney and Hamiduzzaman 2022), and any written information should be presented in size 14 Arial font (NHS Wales 2013). It is important to note that Schwartz and Elder (2018) argued that pen and paper should not be considered sufficient as a 'reasonable adjustment' for Deaf people. In a separate study, Elder and Schwartz (2018) reasoned that an adjustment that is not effective cannot be considered to be reasonable to all. The authors advocate for cultural competency training and increased awareness and respect for Deaf culture and their sign language. Many of the studies made recommendations for training and further education. In addition, increasing exposure to groups with communication support needs, such as the Deaf community (NHS Wales 2013; Schwartz and Elder 2018) and adults with intellectual disabilities (Gaffney and Hamiduzzaman 2022), was recommended. It is important to recognise risks to patient safety (Gaffney and Hamiduzzaman 2022; NHS Wales 2013) and challenges to equal access to justice (Schwartz and Elder 2018) that are faced by people with communication support needs. Further research is needed to identify the communication access needs of low literacy and culturally and linguistically diverse groups as well as the reliability of tools to assess communication access and an exploration of the benefits and sustainability of communication access initiatives (Solarsh and Johnson 2017). Legislation and policy are important in order to support implementation of communication access initiatives (Kuenburg et al. 2016). Indeed, Taylor et al. (2021) highlight where communication access is 'decoupled from imperatives such as anti-discrimination legislation'; this can lead to the perception of inclusion as being something optional rather than mandated. These authors recommend collaborative development of training with people with supported communication needs. Finally, any evaluation of communication access initiatives should include examination of inputs, knowledge and skills regarding use of resources along with the ultimate outcomes of the initiative (Kean 2016).

3.2 | Communication Access in National Legislation, Policy and Professional Guidelines

This section provides an overview of legislation, policy, professional guidance and civil society organisations that support communication access for people with communication disabilities (e.g., due to developmental or acquired neurological damage) or communication differences (such as sign-language communicators, non-native language speakers, and those with poor literacy abilities).

3.2.1 | National Legislation and Policy

The Disability Discrimination Act 1995 was replaced in England, Scotland and Wales by the Equality Act 2010, which protects people from discrimination in the workplace and in wider society. While in Northern Ireland, there is the Equality Commission for Northern Ireland, which is a non-departmental public body established by the Northern Ireland Act 1998. In the Republic of Ireland, the Disability Act was passed in July 2005. It states that government departments and public bodies must work to improve the quality of life for people with disabilities. Section

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28, Access to information, is particularly relevant as it states: '*…as far as practicable, the contents of the communication are communicated in a form that is accessible to the person concerned*.' In Canada, accessibility is embedded in legislation such as the Accessible Canada Act 2019, and the Canadian Charter of Rights and Freedoms and Accessibility for Ontarians with Disabilities Act (AODA). While in Australia, the Federal Disability Discrimination Act 1992 (DDA) provides protection for everyone in Australia against discrimination based on disability. It also aims to promote equal opportunity and access for people with disabilities. Disability rights are not specifically addressed by legislation in New Zealand. Instead, disability rights are addressed through human rights legislation, for example, in the Accessibility for New Zealanders Bill 2023. This bill establishes a new legislative framework that addresses systemic accessibility barriers that prevent disabled people, tāngata whaikaha and their whānau, and others with accessibility needs from living independently and participating in all areas of life.

Within some countries, there is specific legislation that addresses the recognition and use of sign language. In the United Kingdom, there exists the BSL Act (2022) and the BSL (Scotland) Act 2015. Northern Ireland has two signed languages, British Sign Language (BSL) and Irish Sign Language (ISL). Both were officially recognised as minority languages in Northern Ireland in 2004; however, this was not accompanied by any statutory protection, legal status or formal Executive strategy. In 2017, the Irish Sign Language Act was passed in the Republic of Ireland, recognising ISL as a nationally recognised language. The Australian Government recognised Auslan (Australian Sign Language) as a community language in 1991. However, the Deaf community in Australia asserts that this does not mean that Deaf people have the right to use Auslan in the first instance, and the 2020 submission from Deaf Australia to the Department of Social Services indicates that they frequently have to fight for this right.[3] The Disability Discrimination Act offers a mechanism for Deaf people to lodge complaints just to obtain access to Auslan. NZSL (New Zealand Sign Language) is one of three official languages in New Zealand, along with English and Te Reo Maori. The recognition of New Zealand Sign Language through the New Zealand Sign Language Act 2006 was a major step forward in improving the lives of Deaf people.

3.2.2 | European Union Policy

The European Convention on Human Rights is a human rights treaty established by the Council of Europe in 1950, and Articles 5 and 6 identified the requirement for information to be presented in a language that the individual can understand. There are a range of directives that promote accessible language and communication, including the Web Accessibility Directive, which focuses specifically on accessibility of websites and mobile applications, and the Audiovisual Media Services Directive, which covers accessible media, including sign language, subtitling and audio descriptions. However, there is no consensus definition of communication access or accessible communication.

In Europe, the development of Roma[4] inclusion policies can be situated within the context of the work of the European Union (EU), the Council of Europe (CoE), and the Organization for Security and Cooperation in Europe (OSCE). United Nations human rights bodies, in particular the UN Committee for the Elimination of Racial Discrimination, have also made important recommendations for the realisation of Roma rights. The European Commission published an EU Framework for National Roma Integration Strategies in 2011 with the aim of making a 'tangible difference in Roma lives' through coordinated action at the national level, across Europe. The first EU Framework for National Roma Integration Strategies ended in 2020, and the new EU Roma Strategic Framework for Equality, Inclusion and Participation (the EU Roma Strategic Framework 2020–2030) was introduced. While no reference is made to communication access, the framework sets clear European targets for 2030 under seven common objectives, which include inclusive mainstream education, and equal access to quality and sustainable employment as well as quality healthcare and social services.

3.2.3 | Professional Guidance

The responsible national body for speech and language therapy (SLT) regulation varies across countries, but it is often the Ministry of Health or the Ministry of Education, depending on the country. ESLA[5] (The European Speech and Language Therapy Association) is comprised of 35 associations from 32 countries. ESLA aims to actively increase visibility of the SLT professional profile to the European Commission, other relevant authorities, and related organisations; it also advocates for evidence-based practice and implementation of the best quality research to underpin routine clinical practice (https://eslaeurope.eu/).

3.2.4 | Civil Society Guidance

There are a number of other professional or civil bodies that are noteworthy across the selected countries included in this review. Led by the Royal College of Speech and Language Therapists, the Communication Access Symbol is an initiative of Communication Access UK (https://communication-access.co.uk/): an alliance of charities and organizations that share a vision to improve the lives of people with communication difficulties. In Ireland, the accessibility of the built environment, products and services, and communications (to include digital/written/Irish Sign Language, etc.) is a key area of focus for the National Disability Authority (NDA https://nda.ie/accessibility). The NDA is the independent state body providing expert advice on disability policy and practice to the government and the public sector and promoting Universal Design in Ireland.

Language and communication are fundamentally grounded in culture (Sharifian, 2015). There are approximately 36 000 Irish Travellers and 5000 Roma living in Ireland. Pavee Point Traveller & Roma Centre (https://www.paveepoint.ie/) is a national non-governmental organisation comprised of Travellers, Roma and members of the majority population working in partnership at national, regional, local and international levels. Both Irish Traveller and Roma communities are recognised as significantly marginalised and disadvantaged groups in Ireland, experiencing structural and systematic discrimination, prejudice and racism. A recent report on Travellers and Roma in Education and Training from Pavee Point Traveller & Roma Centre highlights the need for

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language and literacy supports in education in order to support minority participation and outcomes in education.

The Canadian Association of the Deaf—Association des Sourds du Canada (CAD-ASC) is the oldest national consumer organisation of, by, and for Deaf individuals in Canada for having their interests represented at the national level. In Canada, there are two commonly used sign languages: American Sign Language (ASL), which is used in Anglophone communities, and Langue des Signes Québécoise (LSQ), which is used in Francophone communities. The case of Eldridge v. British Columbia (1997) 3 S.C.R. 624 was a leading decision by the Supreme Court of Canada that expanded the application of the Canadian Charter of Rights and Freedoms under Section 32 of the Charter, ruling that sign language interpreters must be provided in the delivery of medical services where doing so is necessary to ensure effective communication.

There are 634 recognised First Nations governments or bands across Canada. Under Charter jurisprudence, First Nations are a 'designated group,' along with women, visible minorities, and people with physical or mental disabilities. The First Nations Communications Toolkit (First Nations Communications Toolkit https://www.sac-isc.gc.ca/eng/1100100021860/1614352707074) is a unique resource jointly developed by Aboriginal Affairs and Northern Development Canada, BC Region, and Tewanee Consulting Group. The toolkit was originally developed in 2007 and continues to provide a good basic overview of communications planning, activities and tools.

The Aphasia Institute Canada created the guide '*Living with Aphasia: Framework for Outcome Measurement (A-FROM),*' which guides the work of the Aphasia Institute in supporting people with aphasia. The A-FROM framework was developed as a simple and practical guide to help clinicians as well as researchers discuss what outcomes may be important to *a person with aphasia*, in four domains: impairment, participation, environment, and personal. It affirms the person with aphasia as the one best able to judge what is or is not a 'meaningful' life change.

In Australia the Indigenous Allied Health Australia (IAHA https://iaha.com.au/), is a national not-for-profit, member-based Aboriginal and Torres Strait Islander allied health organisation. It supports the empowerment of the Aboriginal and Torres Strait Islander allied health workforce to lead transformative change and recognises culture as central to health and well-being. They note that applying cultural safety to transform practice requires understanding of the centrality of culture and respect for the diverse cultures, languages, practices and beliefs across Australia.

3.3 | Communication Access in the UNCRPD

The countries included in the analysis have all ratified the Convention on the Rights of Persons with Disabilities (CRPD; UN 2007) and have thus expressed a commitment to promote, protect and ensure the rights of persons living with disabilities. Communication access is specifically addressed in both article 9 (accessibility) and article 21 (freedom of expression and opinion, and access to information). Critically, the UNCRPD recognises the importance of communication access to the enjoyment of other human rights and fundamental freedoms in paragraph (v) of the preamble, and these articles should therefore be read with reference to the broader human rights guaranteed by the conventions.

The UNCRPD also sets a framework for Deaf people's rights, filling an important gap in international human rights legislation. The Convention mentions sign language seven times in five different articles (Articles 2, 9, 21, 24, and 30).

Communication access is not specifically defined in the convention, nor is accessibility. When read alongside the definitions[6] of communication and language, communication access can be interpreted in the UNCRPD to mean the freedom to use 'all forms of communication of their choice' for expression and comprehension (Article 21) in order to enjoy the full range of human rights on an equal basis to others.

The scope of access to information and communication to enable participation (as an element of accessibility more broadly) is expansively envisaged by article 9, which requires State Parties to ensure 'the implementation of minimum standards and guidelines for the accessibility of facilities and services open or provided to the public.' The obligations however extend to State Parties ensuring that 'private entities that offer facilities and services which are open or provided to the public take into account all aspects of accessibility for persons with disabilities.' These obligations are far reaching and have been tackled to different extents in the national legislation, policy and professional guidelines of the countries considered in this analysis, which we discuss below.

Based on the integration of the findings outlined above, four main threads were identified:

- Multimodality is important.
- The lack of a shared understanding of communication access is a barrier to making society more communicatively accessible.
- Public and Patient Involvement (PPI) and co-design can be harnessed to enhance communication access.
- A focus on the right to communication is addressed more explicitly in some groups (and country-contexts) than others.

4 | Discussion

In this study, we carried out a broad, integrative literature search, and a multi-scalar mapping analysis was applied to the retrieved papers. This allowed us to situate the findings within the context of the UNCRPD, which has been ratified by the included countries, and provide an insight to shape practice with regard to communication accessibility. The analysis focused in on regional legislation and policy specific to communication access across the six selected countries. We also explored professional bodies and guidelines in each of these contexts and reviewed local and national projects that addressed communication access as an issue at a sectoral level. Examining each of these levels provides a context in which to consider how communication access might

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be approached across the island of Ireland, cognisant of the legislative framework and drawing on how similar contexts have implemented local or national programmes to promote such access.

The findings of this review highlight the importance of recognising the need for a multi-modal approach to communication to facilitate accessible communication for all. Communication strategies and techniques reported in the included studies incorporate not only spoken language but also other mediums of communication, including but not limited to written language, sign, visuals, and so forth (Collier et al. 2012; Watson et al. 2022). While communication access could be compared to the concept of physical access (Pound et al. 2007), there is no universal solution or 'one size fits all' ramp that will ensure effective and inclusive communication for all. A personalised and tailored approach is required for individuals with communication disabilities and differences (Downs and Collins 2015; McGilton et al. 2011).

Communication access is often referenced in literature regarding accessibility and disability rights but is not often defined, and there appears to be little consensus. Some take a transactional view to describe the application of strategies or augmentations to enhance effective and accessible communication, while others take a more expansive, interactional view, focusing on not only the strategies, but also the responsibilities, respect and relational aspect of communication (Alsawy et al. 2017). Communication access is no doubt enhanced through the use of many varied strategies and communication methods (Hyland-Wood et al. 2021; Kean 2016; Watson et al. 2022). Taking into consideration the definitions of communication and language, communication access can be understood to include the freedom to use all forms of communication of individuals' choice for expression and comprehension (King and Simmons-Mackie 2017). However, these strategies and methods alone do not ensure accessibility; attitudinal factors as well as skills and resources also play a role (Collier et al. 2012; Kim et al. 2023; Solarsh and Johnson 2017). Building on a transactional view to also consider the requirement of mainstreaming communication access, that is, cross-sectoral, societal, environmental (Kean 2016), advances this concept to achieve an interactional view across all levels. According to the social model of disability, challenges come not from the individual's ability or difference but from society's failure to meet diverse needs (Oliver 1996). Therefore, aligning with this perspective, communication barriers are often created by society and can be removed through supportive environments, inclusive attitudes, and accessible strategies, processes and systems that promote equal participation (Bigby et al. 2019; Parr et al. 2006). Notably, communication access and accessibility are not specifically defined in the UNCRPD. Therefore, a shared understanding of communication access is necessary. Kean (2016) proposed the need for the establishment of multi-agency and multi-disciplinary consensus on the definition and scope. It is essential to also involve people with communication disabilites and differences in this development process.

Co-design may provide an opportunity to enhance communication access (Herbert et al. 2019). While the local and national projects included in this review report a varied extent of community and stakeholder engagement in research on communication accessibility, some demonstrated active involvement of stakeholders through consultation and collaboration. Examples include soliciting input from individuals with complex communication needs, their communication partners, and mental health workers for validation of findings (Watson et al. 2022), as well as engaging a reference group of individuals who are Deaf, hard of hearing, blind, and visually impaired for standards development (NHS Wales 2013). Additionally, efforts were made to involve individuals proficient in augmentative and alternative communication (AAC) as assessors for communication access assessments (Solarsh and Johnson 2017). This variety of engagement approaches underscores the importance of including diverse perspectives in research endeavours to ensure relevance, validity, and effectiveness of interventions aimed at improving communication accessibility. Public and patient involvement (PPI) provides an opportunity for people with a lived experience of communication disability/differences to take an active role in research (Mc Menamin et al. 2022). This approach allows for the construction of knowledge between researchers and PPI contributors and can lead to the development of a conceptual framework of communication access. This is planned in the next phase of the ENSPIRED research project.

Finally, a focus on the right to communication is addressed more explicitly in some groups (and country-contexts) than others. It is notable that the community focus in almost half of the included local and national projects involved Deaf people. It is likely that the presence of legislation that explicitly supports the recognition of sign language within a country may assist the recognition of this mode of communication as a legal right. Likewise, when communication access is not integrated with essential measures like anti-discrimination laws, inclusion might be perceived as a choice rather than a requirement (Taylor et al. 2021). However, interpretations of legislation may vary and pose challenges. Indeed, the interpretation of 'reasonable adjustment' for Deaf individuals engaging in the justice system was described as lacking effectiveness by those who require such adjustments, and such adjustments should not be deemed reasonable (Elder and Schwartz 2018; Schwartz and Elder 2018). Thus, while the UNCRPD recognizes communication accessibility as a fundamental human right, it calls on signatory states to take appropriate measures to ensure access to information and communication for persons with disabilities. As highlighted in the findings of this review, national legislation, policy and practice need further scrutiny in this regard.

4.1 | Limitations

Although our study provides insights into the policies, practices and guidelines supporting the communication access of people with communication disabilities and differences, it is an initial overview of the current research, and further analysis is needed. In some cases, limitations associated with search terminologies may yield fewer eligible studies, in particular regarding the names of particular community groups which, may vary depending on the national and regional contexts, for example, Indigenous communities. This review was completed as the first phrase of the ENSPIRED project that seeks to explore and identify barriers, facilitators, and best practices in the provision of meaningful, accessible, social inclusion for people living with communication disabilities and differences on the island of Ireland. The search

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strategy included English-speaking countries with UNCRPD-ratified status and well-established speech and language therapy services. The review's focus solely on English-speaking countries introduces limitations, as data from non-English-speaking countries could contribute significant findings that could enrich the analysis. Their exclusion in this case was a consequence of the review's scope and the resources available for translation; therefore, we acknowledge that broader linguistic inclusivity could have further enriched the findings. Additionally, the review's limitation lies in its focus on countries with UNCRPD-ratified status, thus excluding other countries such as the United States of America, which could provide a wealth of valuable data pertinent to some groups in this study, particularly regarding the Deaf community.

4.2 | Future Research

This review has been carried out as part of the ENSPIRED project. The findings of this integrative review directly inform the next steps in the ENSPIRED project. The next phase of research will draw on public and patient involvement (PPI) from stakeholders with lived experience of communication disabilities and differences to consider what the local/national and international findings mean for communication access on the Island of Ireland.

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Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

Data sharing not applicable to this article, as no new data were created or analysed in this study.

Endnotes

[1] There is an international agreement of mutual recognition of professional speech and language therapy associations signed by the American Speech-Language-Hearing Association, Speech-Language and Audiology Canada, the Irish Association of Speech and Language Therapists, the New Zealand Speech-Language Therapists' Association Incorporated, the Royal College of Speech and Language Therapists, and the Speech Pathology Association of Australia Limited.https://www.iaslt.ie/media/0r5fatol/mutual-recognition-agreement-schedule-2-may-22.pdf.

[2] There is an international agreement of mutual recognition of professional speech and language therapy associations signed by the American Speech-Language-Hearing Association, Speech-Language and Audiology Canada, the Irish Association of Speech and Language Therapists, the New Zealand Speech-Language Therapists' Association Incorporated, the Royal College of Speech and Language Therapists, and the Speech Pathology Association of Australia Limited.https://www.iaslt.ie/media/0r5fatol/mutual-recognition-agreement-schedule-2-may-22.pdf.

[3] National Disability Strategy Submission by Deaf Australia to the Department of Social Services, 30 October 2020. https://engage.dss.gov.au/wp-content/uploads/2020/11/National-Disability-Strategy-Deaf-Australia-Submission.pdf

[4] 'The umbrella-term "Roma" is commonly used in EU policy terminology. It encompasses several groups, including Roma, Sinti, Kale, Romanichels, Boyash/Rudari, Ashkali, Balkan Egyptians, Yenish, Dom, Lom, Rom and Abdal, as well as Traveller populations (gens du voyage, Gypsies, Camminanti, etc.).' [2, Understanding EU action on Roma Inclusion https://www.europarl.europa.eu/RegData/etudes/BRIE/2021/690629/EPRS_BRI(2021)690629_EN.pdf]

[5] https://eslaeurope.eu/about-us/

[6] 'Communication' includes languages, display of text, Braille, tactile communication, large print, and accessible multimedia, as well as written, audio, plain-language, human-reader and augmentative and alternative modes, means and formats of communication, including accessible information and communication technology; 'Language' includes spoken and signed languages and other forms of non-spoken languages.

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Appendix 1: Database Search Strings

1	("communication disability" OR "communication disorder" OR "communication impairment" OR "communication difficulty" OR "complex communication needs" OR "communication support needs" OR "complex communication support needs" OR "communication difference*" OR "linguistic minority" OR "minority language" OR "minority group" OR "Irish Traveller*" OR Māori OR Maori OR Aboriginal OR "First Nation" OR "Indigenous people*" OR deaf OR "sign language user*" OR dementia OR aphasia OR "intellectual disability")
AND 2	(access* OR friendly, OR "inclusive communication" OR "communication participation" OR inclus*)
AND 3	(law OR legislation OR act OR policy OR policies OR standard* OR guideline*)
FULL 1 + 2 + 3	("communication disability" OR "communication disorder" OR "communication impairment" OR "communication difficulty" OR "complex communication needs" OR "communication support needs" OR "complex communication support needs" OR "communication difference*" OR "linguistic minority" OR "minority language" OR "minority group" OR deaf OR "Irish Traveller*" OR dementia) AND (access* OR friendly, OR "inclusive communication" OR "communication participation" OR inclus*) AND (law OR legislation OR act OR policy OR policies OR standard* OR guideline*)

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