



Policy / Procedure Details	Title:	Communication Policy for Adults with Learning Disabilities		
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Purpose

The purpose of this policy is to address the Total Communication needs of people supported by Western Care Association.

A Total Communication approach will be adopted and promoted by Western Care Association for all service users.

Total Communication is an approach used to create a successful and equal communication between human beings with different language perception and / or production. To use Total Communication amounts to a willingness to use all means of communication available to an individual in order to understand and be understood, for example:

- verbal communication / speech,
- non-verbal communication such as
 - signing,
 - photographs,
 - symbols,
 - objects,
 - written words,
 - assistive technologies

All forms of communication are equally valued and promoted.

Total Communication involves working in partnership with the individual, their families and significant others to reduce the impact of their communication difficulties and facilitating their self-expression so that they can:

- Make choices
- Give consent
- Self-advocate and act independently
- Create and sustain relationships
- Understand and be understood
- Access and give information
- Engage in supported employment
- Experience positive communication

(RCSLT 2003)

Every service user's human right to communicate is promoted and facilitated

All people with an intellectual disability have specific communication rights which impact their quality of life.

Each person has the right to:

- Request desired objects, actions, events and people
- Refuse undesired objects, actions, or events
- Express personal preferences and feelings
- Be offered choices and alternatives
- Reject offered choices
- Request and receive another person's attention and interaction
- Ask for and receive information about changes in their routine and environment

- Receive intervention to improve communication skills
- Receive a response to any communication, whether or not the communication partner can fulfil the request
- Have access to recommended AAC (augmentative and alternative communication) and other AT (assistive technology) services and devices at all times
- Have AAC and other AT devices that function properly at all times
- Be in environments that promote communication as a full partner with other people, including peers
- Be spoken to with respect and courtesy
- Be spoken to directly and not be spoken for or talked about in the third person while present
- Have clear, meaningful and culturally and linguistically appropriate communications

(ASHA, 1992)

Western Care Association is committed to supporting people to exercise these rights in their daily lives. Supporting Total Communication requires that we understand each person's unique way of getting their message across. This can vary from person to person, and can depend on the person's level of spoken language, their eye contact, and their body language. It is important in that each individual is recognised as having their own particular way of communicating. It is the responsibility of the communication partner (staff supporting the service user) to identify opportunities in the service users everyday life that can maximise and reinforce their attempts at communication.

Western Care Association will support the Total Communication needs of people supported and their communication partners in the following ways:

- a) It is recognised that in order to communicate effectively with people who have an intellectual disability, staff need specific skills. Western Care Association provides advice and guidance for staff supporting people with communication needs through staff training. The Speech and Language Therapy Department are qualified to provide such training.
- b) Every service user has a Communication Profile in their Individual Plan (IP). This documents information about their ability to understand; their preferred methods of expression; how they react when they do not understand; information about their hearing and vision; preferred topics of conversation; and their communication partners. **The Communication Profile (Appendix A and B) is the foundation for identifying and developing future communication systems and supports for individuals.**
- f) Our approach is to ensure that environments can be set up in such a way that all forms of communication are supported and respected.
- g) People need to be supported to communicate as best they can. The organisation facilitates the appropriate use of augmentative and alternative communication methods (e.g. Lámh signs, symbols, photos, gestures, object cues) for people who use little or no speech or need other methods to support their speech.
- h) Lámh is the recognised sign system for people who have communication difficulties in Western Care Association. The Speech and Language Therapy Department can facilitate this as appropriate
- i) Picture, symbol and object communication systems are promoted and encouraged to support communication where appropriate. Where possible, commonly used photographs / pictures will be used consistently throughout the organisation and available to staff on the intranet in a standardised image bank (dictionary).
- j) People are given opportunity and assistance to make choices using their own preferred communication methods.
- k) Staff should provide clear information to people supported about what is happening throughout their day by using objects, pictures, symbols or words to illustrate activity and time, depending on the person's individual needs / preferences.
- l) Staff should display accessible staff rotas to inform service users who is working in their service each day.
- m) Total Communication Strategies should be used to support service users in keeping with best practice including HIQA standards e.g.

Each person exercises choice and control in their daily life in accordance with their preferences (Standard 1:3)

Each person has access to information, provided in a format appropriate to their communication needs (Standard 1:5)

People... are given clear information in a format and language they can understand when any proposed action is being considered, in order to help them make informed choices and decisions (Standard 1:6.4)

(HIQA, 2013)

Western Care Association will endeavour to make the spoken and written information we use with people supported, easier to understand and read.

- a) Written communication needs to be in an 'easy to read' format. All staff can refer to 'Make it Easy: A guide to preparing Easy to Read Information' (available on WCA website) when preparing information for service users to read.
- b) Where possible, and in accordance with their wishes, people using services should be involved in the production of 'easy read' information / documents.
- c) **Initial advice and support in choosing the correct format for the service users should be sought from the Speech and Language Therapy Department.**

Staff are clear about their role in using Total Communication

All Direct Support Staff

- To be aware of their role as Total Communication partners with the people they support.
- To implement all recommended individual communication guidelines, plans and strategies.
- To integrate communication information, guidelines, plans and strategies into the individual's IP.
- To liaise with Speech and Language Therapy department regarding the needs of people supported including initial referral and review of existing individual communication guidelines, plans and strategies.

Managers (Area, Day, Residential and Respite)

- To understand what is meant by Total Communication and how this should be implemented with regard to their own service; and to receive necessary training in this regard.
- To support the development and maintenance of a Total Communication environment.
- To ascertain the support and training needs of staff / individual communication partners and make appropriate referral for training to the Evaluation and Training Department (ETD).
- To make appropriate referrals for Speech and Language Therapy input with regard to individual service user communication needs, by using appropriate referral procedures.
- To ensure implementation of recommended communication guidelines; plans; strategies.

Speech and Language Therapists working in Adult Services

- General advice/consultation and training on supporting communication.
- Assessment, diagnosis and intervention / advice / consultation with regard to individual's communication needs.
- Design and provision and review of individual communication plans / programmes.
- Appropriate onward referral, with individual's consent, to other team members or agencies.
- Apply current best practice which is evidence based and supports positive communication outcomes for the individual.

Bibliography and References

HIQA (2013) National Standards for Residential Services for Children and Adults with Disabilities, Dublin: Health Information and Quality Authority.

Lámh (1991)

Make it Easy: A guide to preparing easy to read information. Accessible Information Working Group, Ireland.

National Joint Committee for the Communicative Needs of Persons with Severe Disabilities. (1992). Guidelines for meeting the Communication Needs of Persons with Severe Disabilities. ASHA, 34 (Suppl. 7); 2–3.

RCSLT (2003) Speech & Language Therapy Provision for Adults with Learning Disabilities, London: Royal College of Speech and Language Therapists.

Royal College of Speech and Language Therapists (2006) Communicating Quality 3, RCSLT's Guidance on Best Practice in Service Organisation and Provision, London; pp 2.

COMMUNICATION PROFILE - ADULT

I use these methods of communication to express myself -



- [] My speech (words)
- [] My vocalisations (non-speech sounds)
- [] My eye contact with people
- [] My eye pointing to people/places/things
- [] My facial expressions
- [] My body language
- [] My movements towards people / places
- [] My natural gestures
- [] My miming of actions
- [] My behaviours
- [] My Lámh signs / own personal signs
- [] My objects / object cues
- [] My symbol pictures
- [] My photographs
- [] My drawings / sketches / cartoons
- [] My writing
- [] My communication book
- [] My electronic communication device / aid
- [] Other

I understand the following types of communication -



- [] Sounds in my environment (telephone, doorbell)
- [] Different tones of voice
- [] Your facial expressions
- [] Your body language
- [] Single words



- [] Short sentences
- [] Simple language
- [] Long sentences
- [] Complex language



- [] Language associated with my familiar routines
- [] Your gestures
- [] Object cues (soap and flannel = bath)
- [] Photographs



- [] Symbol pictures
- [] Written words / text
- [] Lámh signs
- [] Other _____

This is what happens if I have difficulty understanding you -

- | | |
|---|--|
| <input type="checkbox"/> I do not react | <input type="checkbox"/> I move away |
| <input type="checkbox"/> I carry out part of a request | <input type="checkbox"/> I avoid eye contact |
| <input type="checkbox"/> I look confused | <input type="checkbox"/> I pretend that I understand |
| <input type="checkbox"/> I tell you I do not understand | <input type="checkbox"/> I self-injure |
| <input type="checkbox"/> I become agitated / show signs of distress | |
| <input type="checkbox"/> Other | |

About my hearing



- | | |
|--------------------------|---|
| <input type="checkbox"/> | I have had my hearing tested |
| <input type="checkbox"/> | I can hear well |
| <input type="checkbox"/> | I have difficulty hearing |
| <input type="checkbox"/> | I have difficulty hearing in noisy environments |
| <input type="checkbox"/> | I have a hearing impairment |
| <input type="checkbox"/> | I wear a hearing aid |

About my vision



- | | |
|--------------------------|------------------------------------|
| <input type="checkbox"/> | I have had my vision tested |
| <input type="checkbox"/> | I can see well |
| <input type="checkbox"/> | I have difficulty seeing |
| <input type="checkbox"/> | I wear glasses / corrective lenses |
| <input type="checkbox"/> | I have a visual impairment |

Communication: Supplementary Guidance/Delete if not relevant

When I do this it means this:

Consider - Happy, anxious, sad, frustrated, excited, hungry, thirsty, tired, pain, bored, want a particular activity, need personal care, when I need help, feel unsafe.

When I do this	It means this
<i>E.G. Rub my hand</i>	<i>It means I am cold</i>

How Can you can support me to Communicate?
Put in specific steps under the headings below.
Use the examples as guidance.

Please DO e.g

give me plenty time.

Use "Talking Tiles"
which staff
record message
of welcome to
the house for all
staff who work
with me.

A photo system is

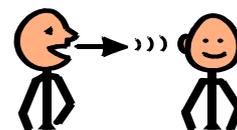
Please DON'T e.g

- ask me more than one question at a time

Communication: Supplementary Guidance/Delete if not relevant

Write Out How Best to Support Me Under the Following Headings as Applicable:
✓ Approaching (slowly).
✓ Looking.
✓ Tone of voice.
✓ Allowing for my physical/visual challenges.
✓ Eye parting.
✓ Reaching out.
✓ Same language.
✓ Simple language.
✓ Minimal speech approach.
✓ Low arousal approach.
✓ Quiet environment.
✓ Re-inforce my choice to check its really what I want.
✓ Vary my choice.
✓ Record choices.

Things I like to communicate about.....



How I communicate choices.....



Any Other Important Information About My Communication



Any communication issues must be addressed. If there are any issues, what are these and what action is needed to be taken?