TOTAL COMMUNICATION POLICY

****

KARE POLICY DOCUMENT				
Policy Owner: Speech and Language Therapy Department				
Rev. No.	*Approved by OMT*	*Approved by KARE Board*	*Launched Heads of Units*	*Operational Period*
Rev. 1	June 2014	October 2014	November 2014	Nov 2014 – Feb 2018
Rev 2	January 2018	March 2018	March 2018	March 2018 -
Rev 3	February 2021	March 2021	April 2021	April 2021-

How to quickly access sections of the Policy:

Hold the over the section of the policy you want to open.

Hold the CTRL key on the keyboard and click the left hand side of the mouse.

Use these steps to open links throughout this Policy to access more information.

Table of Contents

_____

Introduction to Policy – by Tamara [Click here to access Tamara's video](#)

Section 1:   Policy

1.1   Background to this Policy

1.1.1   Communication is at the heart of who we are as human beings. We connect and interact and exchange information and ideas. All of this is made possible through communication. KARE provides services and supports to people with a range of communication needs and abilities.

1.1.2   People need an opportunity to communicate, a way to communicate and a reason to communicate.

1.1.3   KARE have written this policy because communication is a basic human right for everyone. Communication is important for everybody's well-being and quality of life. It affects how people feel about themselves, the choices they make and their relationships. KARE have a responsibility to make sure that all information is provided in a way that everybody can understand.

1.1.4   Having communication support needs can isolate a person and make it hard for them to access services, education, get a job, make friends, stay safe, live independently and have good mental health. The barriers faced by people with communication support needs are often created by other people and by poor communication environments. Staff are communication partners and have a major role in giving and receiving information

1.1.5   We know that many people can find it hard to communicate using speech, so KARE want to make sure that we respect and value all forms of communication.

1.1.6   This policy is underpinned by the following regulations and guidelines:

- Communication Bill of Rights written by the National Joint Committee for the Communication Needs of Persons with Severe Disabilities 2016.
- UN Convention on the rights of people with disabilities
- Health Act 2007

- HIQA National Standards for Residential Services for Children and Adults with Disabilities, 2013
- Communications with residents Guiding principles – HSE
- Disability Act 2005 - Section 28
- National Disability Strategy 2017 – universal design in communication (dept of Justice)
- Assisted Decision Making (Capacity) Act 2015
- HSE National Consent Policy 2017
- Making Communication Accessible for All A Guide for Health & Social Care (HSC) Staff
- RCSLT Communication Standards

1.1.7 This policy is supported by the following KARE Policies and Guidelines:

- Individualised Planning
- Food safety guidelines
- Management of Nutrition
- Personal/Intimate care policy
- Safe Administration of Medication
- Managing Transport
- Managing Service Users Money/Property
- Managing Complaints
- Supporting people who present with behaviours that challenge
- Supporting people to work /have a career
- Dementia Policy

1.1.8 Glossary of Terms

- Definition of Communication - Communication is the exchange of facts, ideas, opinions or emotions by two or more people. It is the process of passing information and understanding from one person to another.

- Total Communication approach - Total Communication is a communication philosophy. It is not a communication method and not a teaching method. Total Communication is an approach used to create good and equal communication between human beings with different language abilities. A Total Communication approach acknowledges that

communication is not simply about talking and emphasises the importance of body language, gesture, photos, symbols, signs, objects and more creative mediums such as music.

- AAC - Augmentative and alternative communication (AAC) is a general term used to refer to approaches, strategies, and tools, that enable children and adults with communication difficulties to communicate their wants, needs, thoughts, and emotions.

- Inclusive communication - Inclusive communication is sharing information in a way that everybody can understand, enabling people to express themselves in any way they find easiest.

- Accessible information – Making information accessible means giving people information in a way they can understand. Accessible infromation can look very different for different people.

- Communication Partner - Communication partners are the people around the service user, who will interact with them. Anyone can be a communication partner. And this is an important job. What we do counts; what we think is important; how we respond matters. Communication partners wait, listen and respond.

1.2 Aim of this Policy

1.2.1   KARE believes in Total Communication. The aim of this policy is to make sure that KARE supports people to use their own way of communicating. We will learn, teach and support the use of these methods so that everyone can feel included, respected, valued and able to participate fully in their communities. KARE promotes a culture of Total Communication. Our aim is to fully adopt the philosophy of Total Communication.

1.1.2   This policy will facilitate staff to be supportive communication partners for the people who use the service.

1.3 Scope of this Policy

1.3.1   This policy is for the people who use the service It is also for everyone working on behalf of KARE including staff (frontline, managers, administrative), people taking part in CE and on LTI courses, students on placement and volunteers.

1.4   Policy Statements

1.4.1   General Statements

1.4.1.1   KARE recognises that everyone has the right to communicate as stated in the Communication Bill of Rights (Table 1 Appendix 1)

1.4.1.2   KARE understands that all people communicate for many reasons (Table 2 Appendix 1).

1.4.1.3   KARE respect and value all of the different ways that people communicate. (Table 3 Appendix 1)

1.4.1.4   KARE will ensure that each individual is supported to communicate in their way. Staff, as communication partners, will use the modes of communication that suit each individual [Click Here for Communication Partners PowerPoint](#).

1.4.1.5   KARE will ensure that individuals have a choice about how their communication supports are provided and by whom.

1.4.1.6   Each individual will be supported to use their communication skills in everything they do.

1.4.1.7   Staff will be supported to know all the ways that each individual that they support communicates.

1.4.1.8   Staff will consult with service users and regularly review and update information about how each individual communicates.

1.4.1.9   Staff will share this up-to-date information about how to communicate with each person. This information will be shared according to the person's wishes.

1.4.1.10   Kare staff have a duty to maximise capacity. Efforts must be made to support the individual in making decisions for themselves where this is possible, giving the time and support they need to maximise their ability to make decisions for themselves.

Each person must be given information in a manner they can understand to assist them to make decisions. [Assisted Decision-making | Inclusion Ireland](#)

Using Total Communication will support decision making. [Click Here for Decision Making PowerPoint Presentation](#)

1.4.4.11   Staff will use Total Communication to meaningfully support people to give or refuse consent.

1.4.4.12   KARE will support staff to make written information easy to understand ("Make it Easy" Appendix 2).

1.4.1.13   KARE will ensure that each individual is given information which is accessible to them and helps them to make choices about their service. [Total Communication: Accessible Information](#)

1.4.1.14   Staff will be supported to attend internally developed training in Total Communication.

1.4.1.15   Staff, as communication partners, will create opportunities for communication by creating environments that support Total Communication for each service user (see section 3.2).

1.4.1.16   Staff will support each person to understand and express their needs about health and wellbeing (Appendix 3).

1.4.1.17   KARE will ensure that any person who is non-verbal has an up to date communication passport (Appendix 4)

1.4.1.18   KARE will ensure that organisational information is communicated in a way that everyone can understand. Inclusive communication strategies will be used to ensure this.

_____

Section 2: Procedures

2.1   Using Communication Supports

2.1.1   KARE will ensure that meaningful consultation with our service users using a Total Communication approach informs any decisions/interventions for the person; "Nothing about us without us"

2.1.2   KARE will make service user plans accessible to each individual (appendix 5)

2.1.3   Staff, with the service user, will make a referral for Clinical Supports and/or Life Long Learnng when there is a change identified in a person's communication support needs (appendix 6).

2.1.4   KARE will make the spoken and written information we use easier to understand and read.

- In accordance with their wishes, people using services should be involved in making 'easy read' information and documents.

- Written communication will be in an 'easy to read' format. All staff can refer to 'Make it Easy: A guide to preparing Easy to Read Information' (see appendix 2) when preparing information to read.

- Initial advice and support in formulating documentation (policy, procedure guidelines etc.) for service users, in an easy read format should be sourced from the Quality, Speech and Language Therapy and Life Long Learning Departments.

- Refer to Inclusion Ireland making info accessible ([Accessible Information Inclusion Ireland](#)) to support making information accessible to everyone.

- Once the information has been made easy to read it will be made available to service users.

2.1.5   Total communication supports will be used to facilitate people to make their own decisions. [Decision Making PowerPoint Presentation](#)

_____

2.2 Creating Supportive Communication Environments

2.2.1 KARE staff will implement standards for creating a Total Communication Environment, click here; Total Communication Environment. A Total Communication Environment is a place or situation where communication of all types is encouraged and valued. Such an environment provides support to individuals to communicate in a way that is appropriate to them.

2.2.2 Staff are communication partners and will use total communication strategies while being a supportive communication partner (Total Communication Resources):

- the individual's communication partners will spend time with the person getting to know their preferred method of communication;
- communication partners will provide opportunities to engage in meaningful conversation and participate in decision making.

2.2.3 KARE will ensure there is a suitable physical environment for inclusive communication; for example, room layout; correct lighting and reduced background noise.

2.2.4 Staff are clear about their role in using Total Communication:

All Frontline Staff

- To be aware of their role as Total Communication partners with the people they support.
- To liaise with Clinical Supports and Life Long Learning departments regarding support needs of the individual in terms of communication guidelines, plans and strategies (section 2.4).
- To implement all recommended individual communication guidelines, plans and strategies.
- To integrate communication information, guidelines, plans and strategies into the individual's ISP.
- To ensure that all plans are created in a way that is individualised and accessible to each service user (see section 2.3).
- To ensure that environments are set up in such a way that all forms of communication are supported and respected.

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 attend 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 Training Department.
- 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 as part of Multidisciplinary Team

- Assessment, diagnosis and intervention / advice / consultation with regard to individual's communication.
- Design, 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.
- Provide training in Total Communication

The Lifelong Learning Department supports communication in the following ways:

- The facilitation of education and training delivery in QQI levels 1 to 3 and in house training.
- Provision of courses and learning support that are relative to the goal, need and areas of interest of the person.
- Some examples of curriculum which support communication are effective communication, communications QQI levels 1 to 3 and creative communications.
- Support is provided to adults to identify and reflect on their learning style and the way they receive and express information.

_____

- Training programmes and learning support offers different ways to support learners to contribute to and demonstrate their learning in the way that they communicate.
- The facilitation of teaching, learning and assessment in line with universal design for learning principles. (https://ahead.ie/udl)
- Working in collaboration with SLT when exploring modes of communication and inclusive teaching, learning and assessment.

_____

Section 3: Appendices

Appendix 1

Table 1:

Communication Bill of Rights:
I have the right:

1.		To be able to ask for things events and people
2.		To be offered choices
3.		To say no
4.		To communicate and be with other people
5.		To have information about things you want to know about

_____

6.		To have help with communication
7.		To be listened to
8.		To have access to what you need to communicate whenever you like (people might use pictures, tablets and mobile phones)
9.		To have people talk to you and explain things to you To do this in private place if that is what you want
10.		To be told about things that are happening around you
11.		To be included when people talk about you

12.		To communicate in your own way - the way that is right for you
13.		To be social and to build relationships
14.		To say how I feel To talk about my opinions and what I think
15.		To dignity and respect

Table 2: Why people communicate

Make choices

To express emotions

Ask questions

Say yes or no

Share personal experiences

Give information

To ask for help

To be understood

Express wants and needs

Share ideas

Have relationships

Speak up for themselves and do things themselves

Table 3: How people communicate

Eye Pointing		Objects of Reference	
Lamh		Picture Exchange Communication Systems (PECS)	
Switches (Low Tech Devices)		Talking Mats	
Pictures		Communication Books	
Photographs		Social Stories	
Body Language		Eye Contact	
Touch Cues		Speech	
Writing		Typing	
Smells		Sensory Stories	
Visual Schedules		Assistive Technology (AT)	
Music		Memory Books	
Communication Passports		Facial Expression	
Intensive Interaction		Vocalisations	
Gestures		Pointing	

_____

Appendix 2

Make it Easy Document – Total Communication - Make it Easy Guide

Appendix 3

Hospital Passport – Click to acces Hospital Passport

Appendix 4

Communication Passport – Total Communication: Communication Passport Template

_____
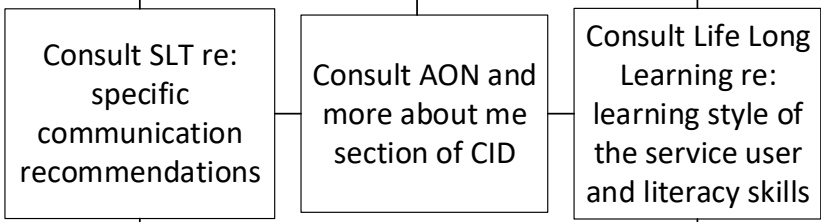
Appendix 5

Making plans accessible

Speak with the person and spend time getting to know their preferred mode of communication. Use Total Communication strategies to support the conversations.
Link with the person's family and support staff to gather more information (after checking with the service user)

| Consult SLT re: specific communication recommendations | Consult AON and more about me section of CID | Consult Life Long Learning re: learning style of the service user and literacy skills |

Follow easy read process from Total Communication Policy when creating written documents.

Try out a range of multimedia resources to support the person's understanding and expression (pictures, video, objects, lamh, assistive technology etc.).
Use intensive interaction strategies to understand the person's likes and dislikes.

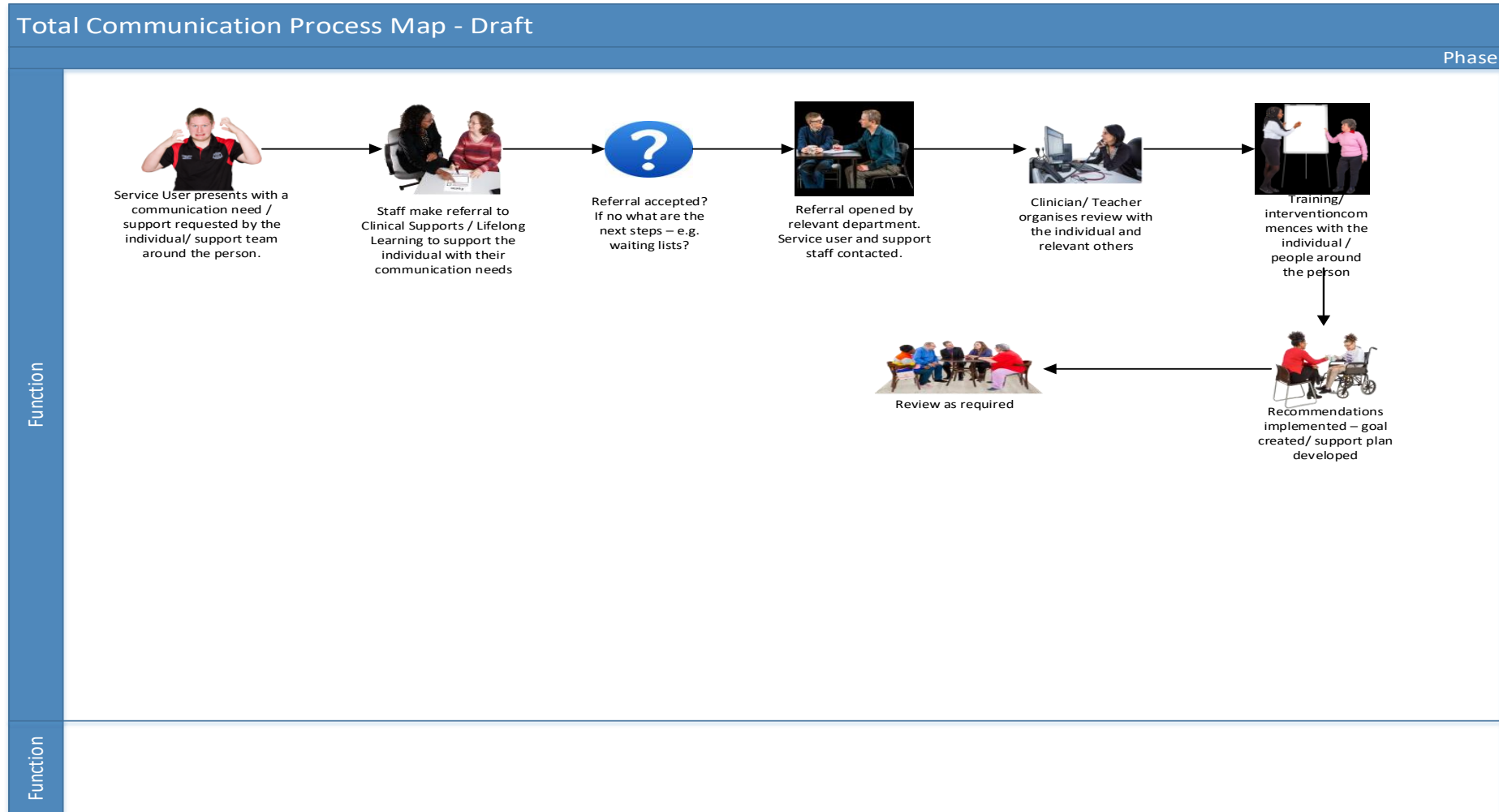Create the plan together and make sure the person understands all of the information presented

Make sure that the person can easily access their plans

Review

_____

Appendix 6

Making a referral for changing communication needs

Total Communication Process Map - Draft

Phase

Function

Service User presents with a communication need / support requested by the individual/ support team around the person.

Staff make referral to Clinical Supports / Lifelong Learning to support the individual with their communication needs

Referral accepted? If no what are the next steps – e.g. waiting lists?

Referral opened by relevant department. Service user and support staff contacted.

Clinician/ Teacher organises review with the individual and relevant others

Training/ interventioncommences with the individual / people around the person

Recommendations implemented – goal created/ support plan developed

Review as required

Function

_____

__Appendix 7__

__Environment standards__

[Total Communication Environment Powerpoint Presentation](#)