SECTION 4: EARLY COMMUNICATION DEVELOPMENT

SESSION 11: LEARNING TO COMMUNICATE

This section deliberately focuses on communication in its widest sense. As you will have discovered in your work, clear communication is essential to building up positive relationships with your colleagues and with the adults that you support. Not all adults with severe and profound learning disabilities will use or understand speech but this does not mean that you cannot share fun and productive communication with them.

Consider for a moment all the different means that we use to communicate our needs and wants and to understand the communication of another person.

Write a list of different ways of communicating.
Now have a look at my list for comparison purposes.

Speech
Gesture and pointing
Non-verbal behaviour like smiling, eye pointing
Signs
Using objects, photo’s, picture, cartoons
Having clear routines
Music
Scents
Vibration
Touch
Demonstrating an activity
Singing and music
Videos and DVD’s

Each of the above means of communication needs to be systematically considered to see if it can be of use to an adult with severe or profound learning disabilities.

The development of communication
It can be useful to consider how communication skills develop in typically developing babies and young children. This is because some adults with learning disabilities may be using similar early communication strategies.

Start by thinking about the communication of a child or toddler that you know well. If you do not have a baby or young child of your own, see if you can observe the child of a friend.

0-6 months
Newborns enter a world of communication. People smile, and gesture and coo at them and generally give them a strong message that communication is fun and what people do. Newborn babies are born with a preference for looking at faces. Their first smile is likely to be to a human face. Intense periods of eye contact with carers is established by 6 weeks.
Very soon carers are organising their interactions into turn taking games, for example, tickle, tickle, pause. The adults are giving their babies non-verbal experience in the turn taking skills that will later be used in conversation. Caretakers are flexible about how the baby takes their turn – burps, wiggles and sounds are all skilfully incorporated into the conversation. The baby may not intend to communicate, but the adult responds to their behaviour as a conversational turn.

6-12 months
From six months onwards, parents are more selective about what they interpret as a conversational turn, e.g. baby is given something to eat and spits it out. The carer may say “oh-dear, you don’t like that” and take it away. They are demonstrating clearly that certain behaviours have communicative value.

Between six and eight months, babies are really getting the idea that they are important communicative partner. They use eye contact looking at objects, reaching and gesturing at objects, sounds and movement to show what they want. By nine months, they show signs of communicating to share experience rather than just to ask for things. For example they may reach and vocalize simply to get someone to look at the same thing they are looking at, e.g. an aeroplane in the sky. This encourages the adult to name and comment “Oh, yes it’s a plane. "A big grey plane”

Babies are now more skillful at relating to the function of objects so they will try and drink from cup like objects and brush hair with brushes. This means there is a link between the words they hear and the objects being discussed “It’s your cup. Do you want some juice in it?”

Babies are now using their rapidly developing skills for a number of functions. For example, they may use behaviour to:
- Seek attention
- Get something they want
- Refuse to cooperate
- Keep a play session going
- Stop a play session
- Share attention
- Give information
- Seek information
Typically developing babies are doing all these wonderful and complex things before they speak their first word!

12 months plus
First words may be proceeded by proto-words that the baby makes up but uses consistently. My son used “gar” for garden but used it to mean getting out of somewhere. True first words appear between twelve and eighteen months. Between eighteen and twenty-four months, words are joined to form early sentences, e.g. “mummy-go”.

First words tend to be nouns or words that are relevant to the baby’s needs and wishes.

This is a very rapid summary of early communication development but it has some very important implications for our work with adults with learning disabilities.

- Communication skills grow out of experience of social interaction. Parents don’t wait until their babies can speak before they include them in the conversation.
- Babies can be very effective communicative partners long before they have words.
- Babies are encouraged to be partners in conversation and to take turns. They are not expected to be quiet and listen and learn language without participating.
- The best ‘conversations’ with babies are focused on things that are meaningful to babies and fun.

In the past we had a rather strange approach to developing language skills in children and adults with learning disabilities. A lot of emphasis was placed on teaching first words and signs rather than on all the underlying skills of turn taking and interaction. The words that were taught often reflected what the carers felt was important leading to rather strange vocabulary developments like “please”, “thank you”, “toilet”, “biscuit”. Little emphasis was placed in the
real interests of the person with learning disabilities or on promoting good inter-actional skills, and making communication fun.

Some ideas to help you be a good communicative partner:
1) See of the person in your care has a communication assessment. This may have been done by a communication therapist/speech and language therapist in conjunction with people who know the adult with learning disabilities well. It should give you information and ideas in two main areas. What and how the person understands (receptive communication) and when and how the person demonstrates their needs and wants (expressive communication).

Here is an example of the sort of information you might see in an assessment.

**Jemima**

**Receptive communication**

Jemima understands some single words in sentences, e.g. “Do you want a drink?”

She does not understand grammar, so if you say “You can’t have a drink because we are going out.” She may just pick up on the word drink and get confused and upset when no drink appears.

Jemima responds to her name so always use it first to get her attention.

Jemima watches carefully and uses routines to make sense of what is happening. It is essential to have clear consistent routines. For example, get up, bath, change into day clothes, have breakfast.

Jemima uses objects to understand so you can systematically use objects to tell her what is happening, e.g. always give her the red shopping bag if you are going shopping.
You can also use objects to support Jemima in making choices. Show her the empty red shopping bag and the rucksack with bread in it. If she picks up the rucksack she wants to go and feed the ducks.

**Expressive communication**

Jemima does not speak. She will use objects and actions to explain what she wants.

- She will pull your wrist and take you to her wardrobe if she wants a change of clothes, she will pull you to other things to.
- She will stand by the kitchen door to go out, or bring you the shopper or rucksack.
- She pushes away things or looks cross if she does not want to do things.
- She scratches her shoulder if she wants the toilet but if she pulls at her skirt it is very urgent indeed.
- If she likes you and wants a cuddle she will rest her head on your shoulder.
- If she stands by the CD player and dances, she wants music.

2) Make conversation fun and interactive. Give the person the chance to take their turn wherever possible, give them a chance to express a choice.

3) Be very alert to any attempts the person makes to communicate and wherever possible respond quickly.

4) Try and have a clear method for letting people control their activities through communication. It is very important that people have a method for calling you over when they want attention, and sending you away when they want to be alone. Behaviours like smiling or frowning are very important and need a quick response. Asking for more or less of activities is also very important. Think how powerless you would feel if you were unable to do these things.
You might to look on the web for some more information about communication in people with learning disabilities.

You could try:
www.bild.org.uk
BILD publish a number of books and articles about communication.

Talking with a college
My questions:

As before, if you are not sure what you want to ask, here are some questions that might be useful.

Do we have a communication therapist linked to our service? Who are they? What sort of things does he or she do?

What sort of communication skills will I need to develop as I progress in my job and what training can I access? (This might include training in Intensive Interaction, Makaton, functional communication).

Could we look in detail at the communication assessment for one person? Can you clarify any bits that are not clear? Are there any areas that need further assessment?

Observation
Spend 5 or 10 minutes observing one of the adults or young people during an activity that requires communication with another person. Make notes on their understanding and their expressive communication.
<table>
<thead>
<tr>
<th>Name of service user</th>
<th>Name of communication partner</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Situation:</td>
<td></td>
</tr>
<tr>
<td>What did they appear to understand?</td>
<td></td>
</tr>
<tr>
<td>What did they do to express their wants and needs?</td>
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</tbody>
</table>

Discuss your findings with your mentor.
SESSION 12: ASSESSING AND DEVELOPING COMMUNICATION

In the previous section we touched on assessment of communication skills because it is so fundamental as a basis for communicating effectively. In this section we shall explore assessment in more depth so that you can have an overview of different assessment methods that may be used in your place of work.

Approaches based on social interaction

In the over-view of typical communication development in the first eighteen months we saw how communication using words and gesture grows from the rich experience of social interaction provided from birth onwards.

This knowledge underlines a very important approach known as Intensive Interaction (Nind and Hewitt 2001). Intensive Interaction is based on assessing and developing the processes involved in early interaction which are characterised by pleasure, fun, sensitivity and intuitive responding.

On the Intensive Interaction website, www.intensiveinteraction.co.uk Nind and Hewitt say that the fundamentals of communication can be characterised by things like:

- Learning to give brief attention to another person.
- To share attention with another person.
- Learning to extend those attentions, learning to concentrate on another person.
- Developing shared attention into 'activities'.
- Taking turns in exchanges of behaviour.
- To have fun, to play.
- Using and understanding eye contacts.
- Using and understanding of facial expressions.
- Using and understanding of non-verbal communication such as gesture and body language.
- Learning use and understanding of physical contacts.
• Leaning use and understanding of vocalisations, having your vocalisations become more varied and extensive, then gradually more precise and meaningful.

They give this description of how Intensive Interaction might work.

First and foremost, Intensive Interaction is highly practical. The only equipment needed is a sensitive person to be the interaction partner. The approach works by progressively developing enjoyable and relaxed interaction sequences between the interaction partner and the person doing the learning. These interaction sequences are repeated frequently and gradually grow in duration, complexity and sophistication. As this happens, the fundamentals of communication are gradually rehearsed and learnt in a free-flowing manner. The style of the teacher person is relaxed, non-directive and responsive. In fact, a central principle is that the teacher person builds the content and the flow of the activity by allowing the learner basically to lead and direct, with the teacher responding to and joining-in with the behaviour of the learner. This simple principle is the one used by adults in interaction with babies during the first year. The first year is the period of development when a baby carries out intense and very rapid learning of the fundamentals of communication. Much of the development of Intensive interaction was based on reading of the scientific research on the way in which human beings learn to communicate during the first year.

The teaching sessions are therefore frequent, quite intense, but also fun-filled, playful and enjoyable. Both participants should be at ease with enjoyment of the activity as the main motivation. A session could be highly dynamic, with a great deal of vocalisation, sometimes with fun-filled physical contacts. A session could also be peaceful, slow and quiet.

What might a session look like?

Intensive Interaction is designed to be used with children and adults at the earliest stages of interaction. The key feature is that sessions are designed so the person with learning disabilities takes the lead. For example, a young man might be fascinated by flicking his fingers in the light. The carer might sit with him and mirror his movements. As he starts to notice the carer’s hand movements she might introduce a pause stop routine, where she starts movements again when he glances at her hands. In this way, the young man might start to notice the carer and interact with her because she has joined in the person’s world and shown interest in the person’s own interests.

If you would like to learn more about Intensive Interaction go to www.intensiveinteraction.co.uk.

Specific training is provided to staff wishing to use Intensive Interaction and services using this approach develop specific guidelines about what is good and unacceptable practice.

Even if your service does not use intensive interaction, the principles of entering someone’s world, celebrating their interests and giving them a chance to take a leading role in communication are very important. If you
support people in having interesting and fun activities, they will be far more likely to communicate than if they are bored or underestimated.

Some services develop interactional profiles for service users which give staff advice on the best way to interact and the communicative clues to look out for.

It is very important to liaise with families as they are often experts in the way their family member communicates and is the best way of interacting with them. In an example from my experience, day service staff were concerned about the number of times a quiet young man, who had recently joined their service, bit holes in his jumper. His mother told me this was his way of asking for a drink. Over time, by offering a cup when he started to bite his jumper we taught the young man to hold a cup, or give it to a staff member if he was thirsty. He also learnt to do this at home, which shows how important it is to develop interactions in partnership with families.

If a person with learning difficulties transfers to your services from home or from a different service, it is essential that a communication profile goes with him. Some people carry communication passports which detail how they interact.

Go to [www.communicationpassports.org.uk/html/3.html](http://www.communicationpassports.org.uk/html/3.html) to read more about communication passports.

**Approaches based on helping people to communicate choice**

For some people with learning disabilities, it can be hard to know exactly what they are communicating which makes it hard for staff to respond consistently. For example, a person given a particular activity may make a series of vocalisations and movements which could reflect liking or disliking.

Sometimes, staff are asked to observe closely whether certain patterns of behaviour and socialisations occur to together, so that it can be easier to interpret the behaviours as reflecting like or dislike. For example, a gentleman known to me would sometimes hit staff and throw objects. Careful observation
showed that he was communicating ‘no’ long before he started to hit people. He would tense his body, turn his head away and stiffen his arms. Staff members were trained to recognise that this was his way of saying ‘no’ and remove the activity. He was later taught to clarify his signals by gently pushing away objects as his way of saying, ‘no thank you’.

Sometimes specific assessments are used like the Affective Communication Schedule (www.sense.org.uk/professionals/education/observe_assess_method.htm)

Assessments of choice may also be done as part of everyday activities. For example, you might offer two very different drinks like tea and water and see if the person is confident about reaching for one rather than the other. It is always good practice to offer choices throughout the day. If someone is confident with objects, you might assess if they can be taught to use objects of reference. For example, two different bags to represent two different activities.

Some people can use photos to make choices. This can be useful in drawing up a visual timetable or making up shopping lists.

**Assessments of communication during everyday events**

It can be useful to see how much people understand and communicate during everyday events, staff may be asked to note down how people communicate during the key routines of the day. For example, during drinks time, does the person respond to the word drink, or do they wait until they see the cups coming out, do they hover by the door of the kitchen when they are thirsty or pull you over to the fridge. It could be that early communication signs can be taught to be more effective. For example, someone might be taught to say or sign drink, or to bring a cup to a carer.

**Assessments to see which the most effective communication method is**

Sometimes staff may be asked by a communication therapist to note all the different forms of communication that a person appears to use or understand. For example, speech, sounds, natural gestures, use of objects or signs. A policy may then be decided upon about which method is the most effective in different situations.
Here is an example based on my own practice.

<table>
<thead>
<tr>
<th>How Sarah understands an activity is on offer.</th>
<th>How she shows she wants or does not want to join in.</th>
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</thead>
</table>
| **SWIMMING**
Say “Sarah do you want to swim.” Show her the swimsuit and towels and the swimming cap. Put them beside the striped bag. | If Sarah wants to swim, she will smile, and vocalise. She sometimes puts her things in the bag. A couple of staff say they have heard her say a word like ‘wim’. If she is not interested, she will walk away. |
| **GOING OUT IN THE CAR**
Say “Sarah, do you want to go in the car?” Show Sarah the car keys with the mirror on the key ring, hold your hand out to and beckon “come on”. | If Sarah wants to go, she will explore the key ring. She may put the mirror in her mouth. Then she will get up and take you hand.
If Sarah does not want to go she will explore the key ring briefly, but she does not stand up. |

It can be seen that Sarah needs a mixture of clear short sentences, gesture and objects of reference to understand situations and express her needs. It is important staff communicate consistently so that Sarah has a chance to anticipate what is happening and participate as fully as possible.

**Assessment of verbal communication**

Some people with severe learning disabilities communicate through speech and appear to understand much everyday speech. However, sometimes they may appear to understand more than they really do.

Consider these sentences:-

Yes, we are going to buy sweets.

You haven’t any money for sweets and I’m afraid the shop is shut.

After you’ve had your hair cut, we will get some sweets.
A person who clearly shows interest in the word ‘sweets’, may not necessarily have understood the whole sentence. Sometimes a communication therapist will check just how many words in a sentence have been understood, for example they may talk about information carrying words. A person who is at a one information carrying word level may just understand one key word in a sentence. You may be advised to keep sentences short, and give information in the order it will happen.

“Let’s get your coat. Good. Now find your bag. Great. Let’s go and catch the bus.”

Sometimes communication therapists will test the vocabulary of words the person understands or uses. You may be given advice about whether they understand or can use colour names, adjectives, adverbs etc.

**Discussion with a colleague**

My questions are:

If you are not sure what to ask, you may like to choose some ideas from this list.

What sort of assessments do we use to get an understanding of service user’s communication needs?

You might choose a particular person and ask your colleague for advice on the best interactional style for that person. For example do they like the interaction to be quiet and slow, active and fast or do they like a mixture. Some people are very particular about their personal space or they may have vision and hearing problems that mean they need people to be careful where they position themselves. Ask if this is of importance for the person you have chosen to study.

You might also ask what you should do if you are worried about a service users communication skills, (For example, you might notice changes in hearing or vision which affect communication. A person who is usually very communicative might appear withdrawn or unhappy).
Task
Pick a five to ten minute slot where you can observe a colleague interacting with an adult with learning disabilities.

Note down
1. Things that seemed to be effective
2. Times when a different style of interaction might have led to better results.

Discuss your findings with your mentor.
SESSION 13: USING TECHNOLOGY TO AID COMMUNICATION

We are completing this section on communication by having a brief look at technology. We shall touch on Alternative and Augmentative Communication, low and high-tech communication aids, computers and the use of symbols such as Widgit (http://www.widgit.com/index.htm) and also sound and image technology. We can only introduce these in an induction course but you can explore them in more detail if you go on to the Birmingham Certificate programme.

We have suggested several websites to help you to explore ideas about technology and although these were all live when we wrote this package, we know that web addresses change and would suggest you use a search engine to help you find up-to-date information if necessary.

**Alternative and Augmentative Communication**

Start by going to http://communicationmatters.org.uk/Publications/Focus_On/focus_on.html and downloading the pdf ‘What is AAC’. This gives you a short introduction to the topic.

What is most important is using a total communication approach: that is using anything that gets the message across. Most adults with SLD/ PMLD will be able to make use of a range of AAC even if they do not become proficient users of signs, symbols or communication aids. You may want to go to one of the websites below to learn more about signs and symbols:

- Signalong [http://www.signalong.org.uk/wa/](http://www.signalong.org.uk/wa/)
**Communication Aids**

It is tempting to think that if only we could find the right piece of technology, adults who cannot talk will be given a voice and of course, in some cases this is true. Unfortunately with most adults with SLD/ PMLD the difficulty is not just in speech production but in the intellectual aspect of learning to talk. Even if they have communication aids they often cannot use them. Go to Inclusive Technology’s website and follow the links indicated to learn a bit about the various communication aids available, for example the simple BigMack which enables a short message to be recorded and played.

http://www.inclusive.co.uk/infosite/commaids.shtml

Do be careful though not to think that just because you have recorded a message on the BigMack and an adult can press the switch that s/he can understand what is being said. However, hitting the BigMack may be enabling a person with profound disabilities to join in an activity socially even if they cannot understand the actual language being used. For example, the message on the BigMack might be the message “it’s my turn to get the takeaway” which the adult with profound disabilities can provide when requested at a house meeting. Be guided by the person’s reaction to being involved. Does s/he seem aware of the meeting? Does s/he get pleasure from being involved?

**Computers**

Start by finding the BECTA website and reading the introductory section on Learning Difficulties and ICT

This gives you a quick overview of what you might need to consider. It contains information on both child and adult learning.

You could follow this up with a factsheet from Abilitynet on Learning Difficulties and Computing. Go to the following address and scroll until you find the right factsheet.
http://www.abilitynet.org.uk/edu_factsheets

Then if you have time, you could go back to Inclusive Technology and the Severe and Complex Special Needs section.
http://www.inclusive.co.uk/severe_complex_special_needs/index.shtml
Click on ‘Information’ and then pick the area you are interested in. Try ‘Computers and People with PMLD’ for example.

Another useful website is http://www.hft.org.uk/p/6/29/Services.html

Do remember that computers are not the answer to every difficulty and for some people with PMLD, they are only helpful if an enabler is supporting the activity. Leaving a person who is at an early stage of development in front of a computer is rarely of benefit.

**Sound and Image Technology**

Most adult services have a range of sound and image technology, from simple analogue tape recorders through to digital camcorders, keyboards and iPods. For adults who are unlikely to progress very far with conventional reading and writing. This kind of technology has enormous potential to enable inclusion in a range of activities related to literacy. If you can’t read a story, you might be able to watch a video or follow the story with photographs. You can help to make a photo album or a video to express your own ideas.

Gadgets and Gizmos are constantly being developed to be used by people with learning disabilities. For example have a look at some of the gadgets produced by Halliday James. Click on Ablelink.


This is called a ‘Pocket Ace’ and it is a mobile phone with pictures instead of names or numbers. Press the picture of the person you want to call and the number is automatically called. You can restrict incoming calls to those people on the photo gallery so the adult with learning disabilities person can see the image of the caller.

I expect you can immediately see the potential both social and safety wise of such technology for people who cannot read text. There are many ways it could be used to increase independence.
Other technology that might interest you are:

Soundbeam, which uses sensor technology to translate body movement into sounds
http://www.soundbeam.co.uk/

Multisensory environments, ranging from white rooms to dark rooms, from kaleidoscopes to bubble tubes and from fibre optics to vibracoustics
http://www.spacekraft.co.uk/index.asp

Again be careful when using multisensory environments (MSE) that you do not get carried away with the equipment, turning everything on and bombarding the person with sights and sounds. Choose one thing at a time or better still let the person choose what s/he wants through communicating that to you. MSEs can be used for a range of reasons but if you want to exploit their potential for learning about communication then another person is most important. Using switches can be helpful too so adults are encourages to control their environments. They can learn about cause and effect in a fun way. Again, remember that cause and effect is much easier to grasp if you have a person helping you. Machines are not flexible enough to respond to possible initiations from profoundly disabled people.

Sadly children with SLD/PMLD are more likely to have access to a range of up to date technology than adults because many special schools have teachers who are very skilled in this area. It might be worth you asking to visit your local special school so you can pick up ideas that might be useful for adults. Also don’t forget to keep an eye on technology for mainstream to see if it can be used by adults with SLD/ PMLD. For example, this sounds good!
MusicBlocks is an award winning toy which was designed to enable very young children to use short musical phrases to create their own compositions. Children can do this by rotating physical blocks and changing their order. Each block plays a different segment of a song. Each face of the block has a different variation of that segment. For example, the circle face on the red block may have only a piano, while the circle face on the green block may feature a piano and a flute. The equipment does not look particularly childish and would allow an adult the opportunity to experiment with composition.

Discussion with a Colleague

My questions

I’m sure you will have lots of questions about the use of technology in your service and you may want to talk to a range of different people about it.

If you need a prompt though, talk to a more experienced person about both the potential for using technology and the common pitfalls.

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<th>Potential</th>
<th>Pitfalls</th>
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Collecting Evidence

If there is no inventory of equipment, start by rummaging in cupboards to locate all the technology you have access to. Find out if any was bought for a particular adult and how it is used. If it has stopped being used, try to find out why and see if there is any need to pursue a substitute or initiate a new assessment for that person. If the equipment is in good order, how might it be used in the future? Similarly if a young person is transferring to your service from school make sure that everyone knows about any technology they need. Sometimes adult services will need to be approached to buy technology that was previously provided by child services.

You might have found equipment that you don’t know how to use or don’t feel confident in using. Select one resource and find out as much as you can about how to use it and then try it out. Alternatively, take a piece of equipment you know well (e.g. a digital camera) and use it in a different way (e.g.: if you have only used the camera for recording holidays, give it the adults and ask them to take pictures of their favourite activities) Some adults may feel more confident if they wear a neck strap so they do not need to worry about dropping the camera.