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A different language: Implementing the total communication approach

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Abstract:

The majority of people with a learning disability have a communication impairment; however, difficulties with communication are not limited to children with disabilities. In spite of this the importance of communication is often overlooked. This article explores the implementation of the total communication approach in a residential short breaks unit, as a way towards improving communication. In doing so it aims to provide a clearer understanding of the total communication approach, as a model that values all modes of communication. Through this, the impact of communication on efficacy, participation, meaning making, behaviour, containment, attachment, and relationships will be considered.

Key words: Total communication; Residential short breaks; Disability

Introduction

The majority of people with a learning disability have a communication impairment (Cameron and Murphy, 2002); however, difficulties with communication are not limited to children with disabilities. McCool (2008) proposes that many neurotypical children in residential care have communication impairments, possibly on a scale similar to children diagnosed with an autistic spectrum disorder.

This article explores the implementation of the total communication approach, a model that values all modes of communication, in a residential short breaks unit for children and young people with learning disabilities where I was employed as a Senior Residential Project Worker. I will provide an analysis of the historical functioning of the communication methods in this unit, examine reasons for the required change, and explore the total communication approach and the implementation of this. Through this discussion I hope to illustrate some parallels between the use of the total communication approach and best practice in residential child care more generally, based on ideas I developed while completing the MSc in Advanced Residential Child Care.

How it began

In order to start at the beginning it is necessary for me to identify the communication tools that were in place previously; I will provide explanation or analysis of these where appropriate. One of the pre-existing methods was the Picture Exchange Communication System (PECS) in which children learn to communicate within a social context, by giving a picture of a desired item to their communicative partner in exchange for the item (Bondy and Frost, 1994). This helps young people to develop the ability to initiate communication, and to develop an understanding of the power of communication.
Another tool used was Boardmaker, which is a computer software programme for making Picture Communication Symbols (Mayer-Johnson, 2010) to be used to support the child to understand information (in a visual timetable or by labelling objects, or to allow the child to express communication to others and make choices, for example by using PECS). Photos and objects were also used in place of symbols, as they are less abstract and therefore do not require such an advanced level of understanding.

Staff also used Signalong which is a sign-supporting system intended to be used alongside speech (The Signalong Group, 2010). It is based on British Sign Language, but is easier to use as there is no grammatical structure. Social stories which describe concepts, skills or situations through the child's perspective in order to explicitly describe social clues, others' views and common responses (Gray and White, 2002) were also used.

Hawthorn (2005) describes the use of pictures on doors around the building (to explain what's inside); individual boxes (for children to keep their own possessions in); and a 'talking wall' (pictures of staff and young people who are in the unit), as some examples of a communicating environment. These were also in place in the unit. In an attempt to provide individualised sensory environments, staff had made limited attempts at using 'on-body signing' for visually impaired children, song signifiers (songs which indicate the beginning or end of activities to develop awareness and anticipation), and eye pointing (where children with limited movement direct their gaze towards desired objects or symbols).

Although all these communication methods were in place in the unit staff appeared to have some confusion between them. For example, they would often wrongly use the term 'Boardmaker' when talking about 'PECS'. Many staff were able to use communication methods at a basic level only, with the young people often being more skilled. This led to them being used inconsistently and sporadically. For example a child would be provided with a visual timetable one day, but not the following day; a staff member would be unable to produce the sign to inform the child that they were going out to the park; pictures around the unit were not kept updated; and staff forgot the tune to the song signifier for teeth brushing. This created confusion in the children, resulting in increased levels of anxiety and ultimately more 'challenging behaviour.' Frequently the materials young people required were not readily available (for example, the physical symbols with which to make a request). While this may appear to be a resource issue, physical barriers to communication are rooted in the attitudes of staff and the culture of the unit (Hawthorn, 2005).

The unit's Children's Communication Local Procedure listed some of the communication tools described above, but not all of them. What it failed to do is identify the underlying ethos required in order to facilitate communication for all of the young people. The majority of staff in the unit understood that 'behaviour is a form of communication' (Feilberg, 2008); however, they thought more in terms of managing the behaviour than supporting the young person to be understood. 'Because the majority of people use spoken language to communicate those who don't find that their way of communicating is unrecognised and undervalued' (Hawthorn, 2005, p.60). When staff base strategies on their own sensory experiences without due consideration of how service users experience the world, such lack of recognition and value is inevitable. But it is not easy for people to step outside of their own realities (Caldwell and Stevens, 1998).

Three main reasons

The management team's decision to make a change to the communication methods in this project was based on three main reasons, but influenced by the thinking I was doing as part of the MSc. The first reason was that communication is integral to everything we do. The interactional dynamics described by Anglin (2004) as being 'key relational ingredients' of a group home, all require communication to take place for example, 'listening and responding with respect,... establishing structure, routine and expectations,... (and) sharing power and decision making' (Anglin, 2004, p.180). Communication also underpins the achievement of all eight of the Well-being Indicators in the Getting it Right for Every Child (GIRFEC) model (Scottish Executive, 2008).

The National Care Standards (Scottish Executive, 2005) refer to the importance of communication. For example, Standard 16 states that young people should be supported using aids or equipment if they have any communication needs. Communication is also a human right; Article 13 of the UN Convention on the Rights of the Child (1989) states that children should have the freedom to choose any media through which to seek, obtain and convey information. 'By recognising, implementing and protecting communication rights, we are recognising, implementing and protecting all other human rights' (Thurman, 2009, p.6).

The second reason for making the change was based on the unit's outcomes. Outcomes can be valuable for evidencing the effectiveness of residential care (McPheat, Milligan and Hunter, 2007); however, they are also useful for identifying areas requiring development. In this unit 'improvement in young people's communication' is one of the outcomes measured, showing an improvement in communication for 64% of young people in the previous year. This was poor compared to the other outcomes (such as improvement in independence, behaviour, or relationships) in which an average of 89 % of young people had shown improvements.

The third reason for identifying the change was based on a self assessment the staff team carried out in preparation for the impending Care Inspectorate visit. When asked to think about the communication methods used with the young people, the staff team scored themselves collectively as a '3'. This was poor in comparison to other areas of the unit,

which frequently score ‘5’s and ‘6’s. Worryingly, communication methods were not noted as a recommendation or requirement following the inspection and this illustrates the importance of suitably experienced officers being identified for individual services.

When the team discussed the self assessment, staff identified a lack of time as the main reason for communication methods being so poor, and it is true that preparing materials can be time consuming. However, it is also likely that the team were influenced subconsciously by a dominant discourse about residential child care that supposes staff do not need to be knowledgeable or skilled (Milligan, 1998). This can provide a subtle deterrent from furthering professional development (in this instance their understanding of communication methods).

The total communication approach

Communication is more than just giving and receiving information. It involves telling each other what we want or do not want, giving or asking for information, making comments, or communicating emotion (Caldwell and Stevens, 1998). A total communication approach allows for a flexible approach in meeting a wide range of speech, language and communication needs (SLCN) and provides access to Augmentative or Alternative forms of Communication (AAC) such as photos or symbols, object signifiers, signing, and Talking Mats (Thurman, 2009). Talking Mats is a resource devised to support people with learning disabilities to share their views through the use of picture symbols, and has been found to increase the quality and quantity of information communicated compared to other methods of communication (Murphy and Cameron, 2008).

Total communication is a multi-sensory approach using tactile, auditory and visual information in which ‘all means of communication are valued and promoted as appropriate’ (Thurman, 2009, p.9). This may also include profiling such as communication passports, person centred approaches such as Social Stories, or sensory and creative approaches including Intensive Interaction. Intensive Interaction draws parallels with what Phelan (2001) describes as ‘the creation of experience gaps’ by being present in the lifespace and communicating through that presence, rather than through words.

In her description of a communicating environment, Hawthorn (2005) describes the use of different smells and textures in order to stimulate all the senses in making differentiations between activities, days, rooms, etc. Aspects of total communication also include facial expressions, body language and voice tone; simplification of language and keyword selection; and the ability to read signs performed by others (The Signalong Group, 2010). Garfat (2003) highlights the importance of monitoring the presentation of self (i.e. how one responds, when one responds, the expression on one’s face, the tone of one’s response, the attitude one conveys, and the position one is in when responding). If these are important factors to consider when responding to neurotypical children, they are crucial when responding to those with learning disabilities.

Along with physical communication tools an effective communication environment requires suitable attitudes and expectations of staff (Bradshaw, 1998). The responsibility for communication lies with the adult (Hawthorn, 2005) who must provide opportunities

for communication for the service users. The attitudes of staff can be seen through the culture of the unit; they both influence the culture and are influenced by it. The culture of residential care settings is well known to be of importance, and has been highlighted in numerous inquiry reports (Davidson, 2007).

To summarise, the total communication approach consists of a wide variety of communication methods including:

- Visual information (timetables, object signifiers, 'talking walls,' pictures on doors, possession boxes)
- Visual choices (PECS, photos, symbols, eye pointing, Talking Mats)
- Signing (Signalong, Makaton, British Sign Language, on-body signing)
- Multi-sensory and creative approaches (smells, textures, song signifiers, Intensive Interaction)
- Profiling (communication passports)
- Person centred approaches (Social Stories)
- Presentation (body language, facial expression, voice tone, positioning, attitude)

In a similar way to which BSL is now recognised as Deaf people's first language (Sutton-Spence and Woll, 2011), I think we need to consider what the first language of each individual young person with learning disabilities is.

Making the change

One recommendation for practice has been for staff to receive more training in communication methods (Stalker, 2008), and through discussion at a team meeting the unit staff also recognised this as an area for improvement. After listening to the staff team a training session was planned, with the opportunity to learn about and implement the use of PECS, Boardmaker, Signalong, Social stories, and Talking Mats. For some of the team this was a refresher, and this was acknowledged in the way the training was delivered. Numerous inquiries have highlighted the need for improved training and qualification levels (Smith, 2009), but Clough, Bullock and Ward (2006) found that staff training and qualifications alone did not make a difference to the success of the unit. They advised that staff required opportunities to put the theory into practice, and there are obvious links between this and the culture of the unit.

To be effective the total communication approach needed to be internalised and to become part of the unit's culture. This was reflected in an update of the local procedure, in order to facilitate a downwards flow of congruence (Anglin, 2002). Congruence in the service of children's best interests was the key ingredient that Anglin (2002) found made a well-functioning residential unit, as congruent values and frameworks mean that young people are treated as individuals rather than consistently (i.e. all the same). Clough, Bullock and Ward (2006) refer to the importance of understanding the individual needs of the children being looked after in the unit, and the importance of knowing individuals was also highlighted in a young people's consultation on communication (The Communication Trust, 2009). For the young people at this unit, this included knowing their individual communication needs.

To provide an individualised approach staff needed an understanding of young people's communication needs. Garfat (1998) found that interventions were more effective when staff had a model for understanding their work experiences with young people. One way of providing such a model was by strengthening links with Speech and Language Therapists (SaLT). Bercow (2008) highlighted the importance of joint working between agencies in order to improve outcomes and GIRFEC (Scottish Executive, 2008) provides a structure for this, helping to promote inter-agency congruence. While the SaLT is able to provide a full assessment of the young person's SLCN, the residential worker is able to provide information which will inform that assessment (Hawthorn, 2005).

The most difficult change to achieve was the cultural shift in thinking required to make the total communication approach successful. Group supervision may have helped to develop the culture by challenging ideas and promoting emotional intelligence and self reflection. The space and time for reflection and sharing 'stories' about what works (Evans, 2001) have been encroached upon by the arrival of a managerialist agenda (for example, the increasing focus on outcomes) with the subsequent decreasing focus on reflection and thought (Moss and Petrie, 2002). And staff reflection on its own is not enough; to be effective staff's reflections need to be congruent with the rest of the team's (which group supervision would help with). In Archer's (2002) paper on 'what works', staff making time for reflection was one of the key areas which made the home a 'star' as this had an impact on the planning for young people.

Impact on practice

The most obvious impact of implementing the total communication approach is on young people having improved communication, which increases feelings of efficacy and influences their lives in other ways proposed below. Communication is one of the means through which young people's protection and empowerment can be promoted (Watson, 1989) and '...quality of life in residential settings is significantly improved where young people are facilitated to voice their preferences and feelings' (Stalker, 2008, p.114). Improved communication methods influence children's participation by providing means through which they can share their views of the service. Currently children with disabilities' views on what works in residential child care are not reflected much in the literature (Stalker, 2008), reflecting poor levels of participation. Where there is a lack of meaningful communication there will also be a lack of meaningful consultation.

Enhanced communication supports young people with SLCN to make meaning out of situations; for example to make sense of what is happening at that time, or on that day. Garfat (1998) found that being able to make meaning was what made interventions effective. When thinking about this in relation to children with SLCN, meaning making reduces anxiety about what is happening, and subsequent 'challenging' behaviours arising from this anxiety (Brookner and Murphy, 1975). Routine and structure (which need to be communicated) help young people to feel safe and settled (Paul, 2008) and contained (Hewitt, 2007). Improved communication also helps to build relationships, and therefore promote attachment. Relationships are important for making meaningful connections and therefore compensating for early attachment inadequacies (Mann, 2003). Grant el al

(2009) identified communication as one of the areas needed to be developed to promote secure attachment. ‘Making friends, (and) sustaining relationships… are dependent on good speech and language skills’ (Hartshorne et al, 2009, p.10).

Conclusion

In writing this I have come to the conclusion that the total communication approach is much bigger than I had previously anticipated; it is more about a shift in thinking than the practical application of a method and this will take longer to be absorbed into the culture of the unit. ‘Total communication is a communication philosophy – not a communication method and not at all a teaching method’ (Hansen, as cited by Thurman, 2009, p.9).

This led me to wonder how models of practice come to be practice, and I have formed the conclusion that the starting point is naming the model, as language is powerful (Saleebey, 2002). Now that the staff team know they are employing the total communication approach this will begin to influence their communication practice. Clough, Bullock and Ward (2006) refer to the ‘Hawthorne effect’ i.e. that simply by paying attention to systems a difference may be seen to occur. This may also be true with regards to the communication systems in the unit, which are now regularly discussed at team meetings.

It is important to remember that while I have written this article about a short breaks unit for young people with learning disabilities, total communication is also relevant to residential child care more generally. I have shown here that there is a need to attune to each individual child’s communication style and this is also true for neurotypical children; especially when we consider that they too have communication impairments (McCool, 2008). I have also described how communication is essential to every aspect of practice, and it is clear to me that this is not limited to services for children with learning disabilities.

Many of the families of the children accessing this short breaks service may not have the time, commitment, energy, or resources to put these communication systems into place at home. However, in the same way that Anglin (2004) describes the ‘abnormal’ living environment of a group home providing a ‘bridging experience’ to engaging with more normative environments, so the artificial communication environment of the short breaks home may serve as a ‘bridging experience’ to communication in more typical family environments.

References

Anglin, J.P. (2002). *Pain, normality, and the struggle for congruence: Reinterpreting residential care for children and youth*. London: The Haworth Press, Inc.

Anglin, J.P. (2004). Creating "well-functioning" residential care and defining its place in a system of care. *Child and Youth Care Forum, 33*(3), 175-192.

Archer, L. (2002, August/September). What Works in Residential Care: Making it Work. *Scottish Journal of Residential Child Care, 1,* 7-13.

Bercow, J. (2008). *Review of services for Children and Young People (0-19) with Speech, Language and Communication Needs.* London: Department for Children, Schools and Families.

Bondy, A. S., & Frost, L. A. (1994). The Picture Exchange Communication System. *Focus on Autism and Other Developmental Disabilities, 9*(3), 1-19.

Bradshaw, J. (1998). Assessing and Intervening in the Communication Environment. *British Journal of Learning Disabilities, 26*(2), 62-66.

Brookner, S. P., & Murphy, N. O. (1975). The Use of a Total Communication Approach with a Nondeaf Child: A Case Study. *Language, Speech, and Hearing Services in Schools, 6,* 131-139.

Caldwell, P. & Stevens, P. (1998). *Person to Person: Establishing contact and communication with people with profound learning disabilities and those whose behaviour may be challenging*. East Sussex: Pavilion Publishing Ltd.

Cameron, L. & Murphy, J. (2002). Enabling young people with a learning disability to make choices at a time of transition. *British Journal of Learning Disabilities, 30,* 105-112.

Clough, R., Bullock, R. & Ward, A. (2006). *What Works in Residential Child Care: A review of research evidence and the practical considerations.* London: National Children's Bureau.

Davidson, J. (2007). *SIRCC's Response to the Minister following the Glasgow Investigation of Kerelaw.* Glasgow: Scottish Institute for Residential Child Care.

Evans, M. (2001). The Quest for Quality: Reflecting on the Modernising Agenda. *The National Institute for Social Work,* January, 2-5.

Feilberg, F. (2008). Use of Self in Residential Child Care. *SIRCC In Residence, 8.*

Garfat, T. (1998). The effective child and youth care intervention. *Journal of Child and Youth Care, 12*(1-2), 1-168.

Garfat, T. (2003). Four Parts Magic: The Anatomy of a Child and Youth Care Intervention. *The International Child and Youth Care Network, 50.*

Grant, E., McFarlane, M., & Crawford, R. (2009). Lizzy: Understanding attachment and loss in young people with complex needs. *Scottish Journal of Residential Child Care, 8*(1), 29-36.

Gray, C. & White, L.A. (2002). *My Social Stories Book.* London: Jessica Kingsley Publishers.

Hartshorne, M., Bush, M., Daly, S., & Matthews, N. (2009). *Explaining speech, language and communication needs* (2nd ed.). London: The Communication Trust.

Hawthorn, M. (2005). Dismantling the Barriers: Giving a Voice to Disabled Young People in Care. In D. Crimmens & I. Milligan (Eds.), *Facing Forward: Residential child care in the 21st century* (pp. 57-68). Dorset: Russell House Publishing.

Hewitt, J. (2007). Working with Younger Children in Residential Care. *SIRCC In Residence, 5.*

Mann, V. (2003). Attachment and discipline. *Relational Child and Youth Care Practice, 16*(3), 10-14.

Mayer-Johnson. (2010). *Welcome to Mayer-Johnson.* Warwick: Mayer-Johnson. Retrieved 1st November, 2010, from http://uk.mayer-johnson.com/default.aspx

McCool, S. (2008). Communication impairments in children in residential care: an overlooked aspect of their education and well-being? *Scottish Journal of Residential Child Care, 7*(2), 50-59.

McPheat, G., Milligan, I. & Hunter, L. (2007). What's the use of residential childcare? Findings of two studies detailing current trends in the use of residential childcare in Scotland. *Journal of Children's Services,* 2(2), 15-25.

Milligan, I. (1998). Residential child care is not social work! *Social Work Education, 17*(3), 275-285.

Moss, P. & Petrie, P. (2002). *From Children's Services to Children's Spaces.* London: Routledge Falmer.

Murphy, J. & Cameron, L. (2008). The effectiveness of Talking Mats with people with intellectual disability. *British Journal of Learning Disabilities, 36*(4), 232-241.

Paul, S. (2008). Reducing Offending in Residential Child Care. *SIRCC In Residence, 9.*

Phelan, J. (2001). Another Look At Activities. *Journal of Child and Youth Care, 14*(2), 1-7.

Saleebey, D. (2002). Power in the People. In D. Saleebey (Ed.), *The Strengths Perspective in Social Work Practice* (pp. 1-22). London: Allyn and Bacon.

Scottish Executive. (2005). *National care standards: care homes for children and young people.* Edinburgh: The Scottish Executive.

Scottish Executive. (2008). *The Guide to Getting it right for every child.* Edinburgh: Scottish Executive. Retrieved 1st November, 2010, from http://www.scotland.gov.uk/Publications/2008/09/22091734/5

The Signalong Group. (2010). *Methodology: How do we do it?* Kent: The Signalong Group. Retrieved 1st November, 2010, from http://www.signalong.org.uk/methodology/index.htm

Smith, M. (2009). *Rethinking Residential Child Care: Positive Perspectives.* Bristol: The Policy Press.

Stalker, K. (2008). Disabled Children in Residential Settings. In A. Kendrick (Ed.), *Residential Child Care: Prospects and Challenges* (pp.107-120). London: Jessica Kingsley Publishers.

Sutton-Spence, R. & Woll, B. (2011). *The Linguistics of British Sign Language: An Introduction.* Cambridge: Cambridge University Press.

The Communication Trust. (2009). *Children and Young People's Views: What do children and young people think about speech, language and communication skills?* London: The Communication Trust.

Thurman, S. (2009). *Communication is a human right.* Kidderminster: British Institute of Learning Disabilities.

United Nations Convention on the Rights of the Child. (1989). Geneva: Office of the United Nations High Commissioner for Human Rights.

Watson, G. (1989). The abuse of disabled children and young people. In W. Stainton Rogers, D. Heavey & E. Ash (Eds.), *Child Abuse and Neglect: Facing the Challenge* (pp. 113-118). Milton Keynes: The Open University.

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