Effective Date: <u>December 2024</u>   **Review Date:** <u>December 2026</u>

Communication with Children Policy

Policy Number: STP0045

Revision History

Date	Revision No.	Change	Reference Section(s)
September 2016	1	Support provided to children attending St. Paul's respite services but their main providers are external.	1.2
		Person in Charge (PIC) involvement in developing the child's Person Centred Plan and Positive Behaviour Support Plan.	5.3
		Identification of the staff's training needs	5.8
		Inclusion of Communication Profiles	5.9
		The role of the Communication Audit	6.7 6.8
April 2019	2	Full Review	
April 2021	3	Shift in focus from SLT reports to Communication Passports & Profiles	5.0
		Quarterly meeting with PICS	5.11
		Role of SLT in accessible information	5.12
April 2023	4	All staff on shift are responsible for implementing communication supports	5.6
		Inclusion of ADOS	5.9
		SLT and Key Workers will correspond via email, telephone or meeting when reviewing Communication Profiles	5.10
		Biannual meetings with PICS	5.12
Dec 2024	5	Definition of 'neuro affirming'	3.3
		Neuro affirming approach to forming communication profiles	4.1
		Communication profiles for internal and external children	4.1, 4.2, 4.3
		Annual meeting with key workers to review communication supports	4.6
		SLT available to model communication supports in real time	4.12
		SLT attendance at monthly meetings	4.14
		Annual communication audit and	4.16

		improvement plan	

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Signatures: _____ _____ Date: _____

1.0 Purpose

The purpose of this policy is to:

1.1 Fulfil St. Paul's CFCC statutory obligations as outlined in standard *1.5.1 to 1.5.7 (individualized supports and care), 2.2.1*(*effective services*)*, 3.2.3* and *3.2.9 (safe services)* of the National Standards for Residential Centres for Children and Adults with Disabilities (2013).

1.2 Ensure that each child who avails of St. Paul's CFCC respite service is supported to express himself/herself by whatever means, modes or formats that are most appropriate to them and is provided with information and addressed by staff in a neuro affirming manner and format that best meets each child's individual needs.
The children who attend St Paul's Special National School receive full clinical input from St Paul's Clinical Team and the remaining children receive clinical input from their own provider, yet, St Paul's Clinical Team do link with these children's service provider, as appropriate, cognisant that primary clinical input remains with the external provider. For those from external providers every effort will be made by the clinical team and the Person in Charge (PIC) to source updated clinical information from the child's clinical team and school and from the parent.

1.3 Outline the responsibilities of staff members for supporting communication with the children attending St Paul's

2.0 Persons Affected
This policy applies to any child availing of a service from St. Paul's CFCC. It also applies to all staff working in the service.

3.0 Definitions

3.1 **Total Communication Environment:** an environment in which all forms of Communication are acknowledged, listened to and responded to, within the context of supporting the children and adolescents attending St Paul's to achieve their maximum potential in the area of communication.

3.2 **Alternative and Augmentative Communication (AAC):** The Irish Association of Speech and Language Therapists (2016) defines AAC as an area of clinical practice that attempts to compensate (either temporarily or permanently) for the impairment and disability patterns of individuals with severe receptive and expressive communication disorders (i.e., the severe impairments in speech-language, reading and writing). AAC incorporates the individual's full communication abilities and may include any existing speech or vocalisations, gestures, manual signs, and aided communication (see table below). AAC is multimodal, permitting individuals to use every mode possible to communicate. The ability to use AAC devices may change over time, although sometimes very slowly, and the AAC system chosen today may not be the best system tomorrow. An AAC system is an integrated group of four components used by an individual to enhance communication.

These four components are:
- Symbols,
- Aids,
- Techniques,
- And/or Strategies.

AAC systems may be aided ('Low-Tech' or 'Hi-Tech') or unaided. Aided systems require devices external to the individual's own body, whereas unaided systems do not.

	Aided	**Unaided**
Low-Tech:	-Objects of reference -Photographs -Picture symbols/line drawings -Written language	-Gestures -Lámh sign language
Hi-Tech	-Voice Output Communication Aids (VOCAs)	

3.3 **Neuro-affirmative:** Neurodiversityireland.com defines being neuro-affirmative as moving away from an approach which talks about deficits or impairments and instead, recognising and respecting evolving neurodivergent culture and identities, supporting needs and challenges and not pathologising neurodivergent ways of being.

4.0   Responsibilities

4.1   The Speech and Language Therapist will form a neurodiverse affirming communication profile for all children attending St. Paul's school. This means that the children will not be assessed nor his/her skills described against 'neurotypical norms' and milestones. The children's communication will be described in relation to autistic styles of communication, attention, and language development and based on evidenced linked specifically to autistic populations. The communication profile will outline the children's strengths, identify areas for support and outline communication supports.

4.2   Where possible the service provider of external children will provide information on the child's communication skills and support strategies. If this cannot be provided by the service provider St. Paul's SLT will form a communication profile. The assessment methodology utilised may include file review, environmental assessment, observation of language in a variety of contexts and staff interviews.

4.3   It is the responsibility of all staff to familiarise themselves with the information in the Communication Profile and the communications supports the child requires.

4.4   The SLT will provide a speech and language therapy report when clinically warranted and at key transition points. For example: transitioning to adult services, to support funding for high-tech AAC. (NICE Guidelines, 2013)

4.5   The child's Keyworker should meet annually with the SLT to review communication supports. The Keyworker should also share this information with all staff who interact and communicate with that child.

4.6   The Respite Keyworker and PIC should consider the child's communication strengths and needs when developing the child's Person Centred Plan and Positive Behaviour Support Plan and consult with the child's SLT as appropriate.

4.7   It is the responsibility of the child's Respite Keyworker to create/develop the communication supports recommended for that child. The SLT can support with this as needed.

4.8   It is the responsibility of the staff on shift to ensure that appropriate supports for communication are available for use with that child and are used as indicated. This includes ensuring that the visual supports travel across communication environments with the child, using whatever means is appropriate (e.g., plastic folder, bum-bag, etc.). The staff member allocated is also responsible for creating/gathering any additional communication supports that are required for the individual child, at that time. All staff will modify their own language use and interaction style as necessary in order to facilitate the child's communication. Information pertaining to communication supports for individual children should be discussed by incoming/outgoing allocated staff members at each handover meeting, as appropriate.

4.9   It is the responsibility of the Shift Leader to oversee 5.5 on a daily basis while the PIC will ensure that staff have the necessary time and resources to implement the supports referenced in 5.5.

4.10   The Medical Director will monitor compliance with 5.2 and PICs will monitor compliance with 5.3-5.5 in line with the PCP audit tool.

4.11   SLTs are responsible for ensuring that all staff in St. Paul's CFCC have the adequate knowledge and training to provide children with the appropriate supports to maximise their potential for communication. The SLT and PIC will liaise with staff and identify training needs and the ADOS will be notified in order to schedule the training. The service will also, as part of the annual training needs analysis, identify staff training needs as informed by the staff feedback, audit results and incident/investigation report findings. As well as offering formal

training the SLT is also available to model Lamh signs and other communication supports in real time.

4.12   The SLTs are responsible for creating a Communication Profile for all children attending St. Paul's CFCC respite services. The Communication Profiles will be reviewed annually in line with HIQA regulation (Health Act, 2007). The SLT will link with each child's Respite Keyworker (meet, email or phone call) at least once per year to review and update the Communication Profile. It is the responsibility of the child's Key Worker to arrange this meeting.

4.13   Where possible, the SLT will participate in monthly Respite House meetings to provide up-to-date information on communication. The SLT will attend in person or send information to the PIC in advance of the meeting.

4.14   The SLT will meet with the PIC of each Respite House twice a year to review communication needs, opportunities, barriers and supports.

4.15   The SLT will advise on reasonable adjustments in the context of communication differences and difficulties and the creation of service-wide accessible information (Royal College of Speech and Language Therapists, 2013, 2016).

4.16   The Speech and Language Therapy Department will keep abreast of research and development in the area of communication supports, particularly in relation to the rapidly expanding area of hi-tech AAC.

4.17   St. Paul's CFCC will commit to ongoing provision of financial support in order to keep up to date with advances in hi-tech AAC, in consultation with the Speech and Language Therapy Department.

4.18   The SLT will complete a communication audit and follow up report and improvement plan.

5.0   Policy

St. Paul's will:

5.1   Commit to creating a 'Total Communication' environment, and a service ethos which supports children to achieve their maximum potential in the area of communication and supports their overall quality of life

5.2   Increase awareness of the language and communication strengths and needs of autistic children, and the individual nature of these strengths and needs.

5.3   Promote and respect the different modes and formats in which the children attending St. Paul's should be given information in order to support their understanding

5.4   Promote and respect the variety of ways in which the children in St. Paul's CFCC express themselves, both spontaneously and with support

5.5   Develop a bank of resources for staff to access, in order to promote effective and appropriate communication with the children in the service.

5.6   Support ongoing training and mentoring of staff, to promote awareness and enhance their skills in effective communication with all the children.

5.7   Review the effectiveness of staff communication with children, once per year through audit of staff practices.

5.8   Devise an action plan based on the outcomes of this audit, as appropriate; to provide individual staff training/mentoring, to provide service-wide staff training, or to effect change at a management/strategic level.

5.9   Feedback on communication audits to the Executive Management Committee and Board, through the Medical Director.

References:

Beukelman DR, Mirenda P. (2013). Augmentative and alternative communication: Supporting children and adults with complex communication needs (4th ed.). Baltimore: Paul H. Brookes Publishing Co.

IASLT (2016) Guidelines for Speech and Language Therapists working with people who use or may benefit from Augmentative and Alternative Communication (AAC)

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National Institute for Health & Care Excellence (NICE). (2011). Autism Spectrum Disorder in Under 19s: Recognition, Referral and Diagnosis. Clinical guideline [CG128] Published date: August 2013 Last updated: December 2017. Retrieved from https://www.nice.org.uk/guidance/cg128

Royal College of Speech and Language Therapists (2016). *Position Paper: Inclusive Communication and the Role of Speech and Language Therapy. RCSLT:* London, United Kingdom.

United Nations General Assembly Session 61 Resolution 106. Convention on the Rights of Persons with Disabilities A/RES/61/106 13 December 2006. Retrieved 25th March 2019.

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