



Meeting the Needs of People with Speech, Language, and Communication Needs and Learning Disabilities in Oldham: Total Communication Policy (Revised 2023)

Policy and guidelines to support each person's universal entitlement to appropriate language and systems of communication.

Revised in 2023 by:

- **Northern Care Alliance, Oldham Children's Speech, and Language Therapy at Werneth Primary Care Centre**
- **Total Communication Services CIC Speech & Language Therapists and Play Therapist.**
- **Oldham Council: Sensory and Physical Support Service**

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Background: Oldham's Total Communication Strategy Group

In 2006, the Total Communication Strategy Group, which was part of the wider Multi Agency Planning Group, was set up in response to the need identified by all agencies to have common communication systems in local authority and independent provision across all settings and phases from birth to adulthood.

The group included workers in the fields of Health, Social Services, and Education, who have the skills and ability to develop and promote an inclusive communication environment and approach through a range of languages: some spoken, some signed, some employing symbols and those supported by technology, make up the group.

The group worked to support the ongoing development of policies and a framework to support the duty of all statutory and voluntary agencies to promote the basic rights of everyone to:

- Be independent
- Exercise choice
- Express their wishes
- Interact with others

The result of this work was a comprehensive document which sets out the policy, strategies, guidelines for implementation and quality standards necessary to ensure all children, young people and adults in Oldham have these basic rights met.

The document has since been revised by Speech and Language Therapists working in Children's Speech & Language Therapy (Northern Care Alliance - Oldham Children's Speech and Language Therapy NHS Service), Total Communication Services CIC on behalf of New Bridge School and Oldham council Additional Needs Service (Visual Impairment and Deafness). The work has been separated into policy and practice guidance which support the overall policy statement. The policy describes the underpinning philosophy and context. The practice guidance provides introductory information about a range of communication tools and techniques. It is not a substitute for tailored advice from Speech & Language Therapy services. We have designed the document so that the practice guidance can be shared separately with communication partners.

We are happy for the content of the document to be shared and adopted by other services but would strongly request that the source is acknowledged.

Introduction

There is a statutory requirement for all agencies supporting children, young people, and adults with learning disabilities to develop communication policies.

The duty extends to a requirement that all written information is available in a range of accessible formats (HM Government, 2008). The aim is to develop cohesive, consistent communication systems across the borough for those who require them. Creating consistent communication approaches across different settings is vital in order to minimise communication breakdown and distress to the child or adult.

Underpinning the strategy are basic principles relating to the entitlement of all groups: those with learning disabilities as well as those with complex communication, physical and/or sensory impairment, who may not necessarily have learning disabilities, to be able to communicate in the way most appropriate to them. This is supported in various legislation: the Mental Capacity Act 2005, the Equality Act 2010, and the United Nations Convention on the Rights of the Child 1989. People who use alternative methods of communication are entitled to communicate and be communicated with using their preferred medium.

The purpose of the policy is to:

- Promote opportunities to enable all children, young people, and adults to access and share information equally and so ensure that the views and opinions of everyone are taken into account when decisions are made.
- Develop an infrastructure which values and supports all forms of communication
- Ensure all services and settings will promote and encourage Total Communication across all activities, throughout the lives of individuals with learning disabilities.
- Ensure services provide an environment where individuals' communication is recognised, encouraged, and developed in order for each person to fulfil a meaningful role in society, make effective choices and gain independence.
- Develop communication skills to the individual's greatest potential (These skills may be verbal and/or non-verbal). Communication refers to understanding of language and the use of language in a range of social situations to fulfil a range of functions.

- Support families, carers and staff with training and developing their skills in total communication and in making effective use of resources available.
- Work in partnership to promote Total Communication.
- Compile an accurate and up to date profile of a person's communication skills, and those of their communication partners, before introducing Total Communication. This will ensure the appropriateness of the form of communication chosen and its effective implementation.
- Encourage the recording of Total Communication Strategies to support transition e.g., within communication guidelines or as part of a person's Person Centred Plan (PCP), care and treatment plan or Education and Health Care plan (EHCP).

Definition

The following definition was developed by Alison Matthews in the early 1990's in Oldham, with people with learning disabilities, it remains relevant.

'Total Communication is about communicating in any way you can. It's not just about talking. It's about signing, pointing to pictures, symbols, objects, or photographs. It's also about using gestures or body movements. Facial expressions tell people how you feel. Writing, drawing, miming, drama, and other art forms are also ways of communicating. Through communication we build relationships with people. We let others know how we feel and what we think. Being able to communicate and knowing that you are being listened to is important.

People who don't use speech do communicate; it's just a matter of being more creative. If we are serious about creating person centred support and education, communication is key. Knowing your chosen form of communication is valued is an integral part of a total communication approach. Total Communication is the Key to Inclusion.

Inclusive communication is an alternative description sometimes used to describe a similar approach and philosophy. See <https://www.rcslt.org/speech-and-language-therapy/inclusive-communication-overview/> for further information.

Policy Statement

The ability to understand others, express views and contribute to personal decision making is a basic human right and fundamental to the acquisition of skills and knowledge. All organisations working with children, young people and adults who have physical, sensory, communication and learning disabilities have a duty to ensure the ongoing development of communication skills of those with whom they work. Information for children, young people and adults should be produced and disseminated in accessible formats. All agencies working with, for and on behalf of children, young people and adults with additional communication needs should provide opportunities to develop the communication skills of those with whom they work, by employing appropriate support for communication and providing information in visual, graphic, and other suitable formats and where appropriate, simplified materials.

Key values and principles are:

- Access to assessment of total communication needs, including ongoing intervention and support to ensure individual communication needs are identified and developed appropriately.
- Provision of two-way facilitation and mediation of information and views communicated in systems that are not immediately accessible.
- Assistance and support to enable everyone to make their voice heard.
- Listening and responding to the views and opinions of children, young people, and adults.
- Providing information in accessible formats.
- Consultation with children, young people and adults with total communication needs about their views on services.
- Ensuring children, young people and adults with communication needs are respected, listened to, and have every opportunity to make choices on their own terms using their preferred method of communication.
- The person's environment must be taken into consideration when looking at their communication. Communication partners share responsibility for adapting their communication
- Effective consultation with people who use the service requires the use of Total Communication. Every form of communication must be acknowledged and respected.
- Co-production is a core component of inclusive communication practice. This can be supported in schools by seeking pupil voice and in adult services by self-advocacy. The maxim from the Disability Rights

Movement 'nothing about us without us' is central to total communication philosophy.

In developing this policy adult self-advocates with learning disabilities and autism and pupils at New Bridge School were consulted about their views on their communication rights.

The Communication Rights Charter

The Communication Bill of Rights remains the underpinning values associated with the policy: http://www.scopevic.org.au/comm_compic.html

The bill of rights has been updated by Total Communication Services CIC in partnership with self-advocates from Bury People First. In 2002 they made a call to Parliament for recognition of their charter. The campaign work is on-going and the implementation and adoption of the charter in New Bridge School sites has begun.

Please see the following page for the Communication Rights Charter poster.

For principles of effective communication see Appendix: 2.

For an example of Quality Standards of language and communication-friendly environments see Appendix: 1.

References and Resources

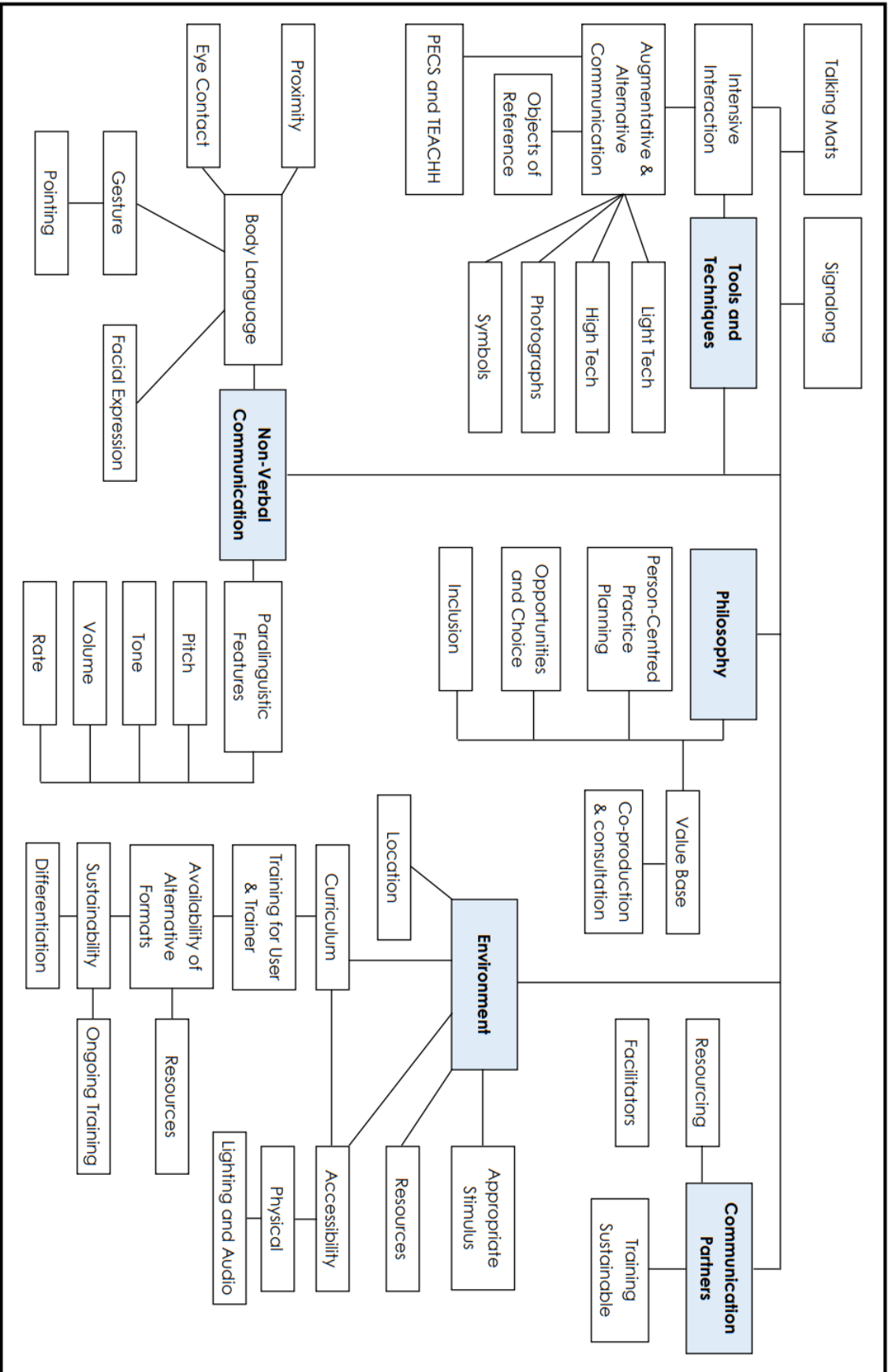
Department of Health. (2009) *Valuing People Now: A New Three-Year Strategy for People with Learning Disabilities. 'Making it Happen for Everyone'*. London: HM Government.

Marsay, S. (2017). *NHS England Accessible Information: Specification v.1.1*. Leeds: NHS England. Available at: <https://www.england.nhs.uk/wp-content/uploads/2017/08/accessilbe-info-specification-v1-1.pdf>

Communication Rights Charter



Total Communication Analysis



Matthews, A. & Newman, H. (Unpublished).

Accessible Information

When using written information there are a few things that can help to make the information easier to understand, especially for people with learning disabilities.

From 1 August 2016 onwards, all organisations that provide NHS care and/or publicly funded adult social care are legally required to follow the Accessible Information Standard. The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing, and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment, or sensory loss.

What does the Standard tell organisations to do?

As part of the Accessible Information Standard, organisations that provide NHS care or adult social care must do five things. They must:

1. Ask people if they have any information or communication needs and find out how to meet their needs.
2. Record those needs clearly and in a set way
3. Highlight or flag the person's file or notes so it is clear that they have information or communication needs and how to meet those needs.
4. Share information about people's information and communication needs with other providers of NHS and adult social care, when they have consent or permission to do so.
5. Take steps to ensure that people receive information which they can access and understand and receive communication support if they need it.

What does the Standard include?

The Standard says that patients, service users, carers and parents with a disability, impairment or sensory loss should:

- Be able to contact, and be contacted by, services in accessible ways, for example via email or text message.
- Receive information and correspondence in formats they can read and understand, for example in audio, braille, easy read, or large print.
- Be supported by a communication professional at appointments if this is needed to support conversation, for example a British Sign Language interpreter.

- Get support from health and care staff and organisations to communicate, for example to lip-read or use a hearing aid.

References and Resources

Marsay, S. (2017). *NHS England Accessible Information: Specification v.1.1*. Leeds: NHS England. Available at: <https://www.england.nhs.uk/wp-content/uploads/2017/08/accessible-info-specification-v1-1.pdf>

NHS Accessible Information Standard Easy-Read Version: <https://www.england.nhs.uk/wp-content/uploads/2016/07/access-info-stdnd-er-upd-jul16.pdf>

www.changepeople.co.uk

www.easy-read-online.co.uk/

www.goboardmaker.com/

www.mencap.org.uk

www.photosymbols.com

Please see the practice guidance on accessible information (pages 53-54)

Augmentative and Alternative Communication (AAC) High Tech/Light Tech

Alternative and Augmented Communication (AAC) is a fundamental part of Total Communication

AAC refers to methods of communicating which supplement or replace spoken language. Methods of AAC can be divided into: Light Tech (symbols books/charts anything that does not need a battery) and High Tech (Voice Output Communication Aids: VOCA).

Assessment for AAC is highly specialist and involves a team approach. This is usually led by a speech and language therapist and can include physiotherapist, occupational therapists, parents/carers, specialist teachers and support assistants/key workers as well as the person themselves. The team may consider support and advice from outside agencies such as the ACE Centre North.

A significant amount of training is required for the AAC user and all those who support the individual, to ensure that they have the opportunities to develop skills and use the AAC system effectively and consistently. There needs to be commitment and responsibility from the services to support the user to reach their communicative potential.

The communication system/equipment may require regular technical support and maintenance (including regular battery recharging or replacement). This should be carried out with as little disruption to the individual as possible.

The assessment for AAC systems will include consideration to how the person accesses the system.

The individual may be able to use "direct access" which means using, for example, finger, hand, arm, knee, chin, to directly operate/select the desired message. Alternatively, the person may use "indirect access", which involves the use of switches and scanning techniques. If the individual requires a switch, one must be considered as part of the AAC system. If required, mounting arms and plates should be selected and positioned in consultation with Physiotherapy and Occupational Therapy.

It is vital that a person-centred approach is used when considering the selection and storing of vocabulary/messages available to the individual. The user should be consulted, and their views considered at all times.

The individual needs to develop their skills in a range of situations/contexts and with different communication partners. This will entail a commitment to training and providing a supportive and responsive environment.

High tech equipment, such as Voice Output Communication Aid (VOCA) is very valuable and should be treated with great care, particularly in transit, when removed or replaced onto mounting systems etc.

The person will need custom made resources such as a books or charts as a “back-up” if the VOCA is not operating. It is important to consider the individual's level of symbolic development before making these resources. The Speech and Language Therapist will be able to advise on the most appropriate form (e.g., photographs or symbols). Just as the VOCA stays with the person, the book/charts need to be available and accessible at all times.

Picture Communication Symbols (PCS) such as Boardmaker are the most commonly recognised and accepted symbol systems in use for AAC. It is important to consider the abstract nature of some of the symbols selected.

Using AAC systems has significant time and resource implications. This is particularly relevant as resources need updating/amending on a regular basis.

There is a need to establish a consistent pathway to funding. This should include purchase of equipment, maintenance and servicing, repairs and warranties/insurance as required. There needs to be clear ownership established.

There needs to be a system to monitor, evaluate and record the development of AAC systems for the individual. This will include considering changes in their ability to participate in activities and the functional use of their AAC system. The Speech and Language Therapist has a lead role in supporting this system.

When helping an individual to communicate using an AAC, it is important to create real communication opportunities in every-day contexts to enable the individual to take an active role in all of their interactions. All modes of communication should be valued. This is central to the Total Communication philosophy described earlier.

References and Resources

Communication Matters. (2008). *Focus On ... What Can I Say? Vocabularies for Augmentative and Alternative Communication (AAC) Systems*. Leeds: Communication Matters/ISAAC (UK). Available at: <http://www.complexneeds.org.uk/modules/Module-3.1->

[Communication---augmentative-and-assistive-
strategies/All/downloads/m09p045a/What can I Say A4.pdf](https://www.communicationmatters.org.uk/wp-content/uploads/2019/02/What_can_I_Say_A4.pdf)

Communication Matters. (2015). *Focus On ... Accessing Communication Aids and Computers*. (Third Edition). Leeds: Communication Matters/ISAAC (UK). Available at: <https://www.communicationmatters.org.uk/wp-content/uploads/2019/02/Accessing-communication.pdf>

Communication Matters. (N.D.). *What is AAC?* Available at: <https://www.communicationmatters.org.uk/what-is-aac/>

Communication Matters. (N.D.). *What is AAC? Guidance: People with Communication Aids*. Available at: <https://www.communicationmatters.org.uk/what-is-aac/guidance/>

ACE Centre North: www.ace-centre.org.uk

British Sign Language (BSL) & Other Signing Systems for People Who are Deaf

British Sign Language

British Sign Language (BSL) is the language of the British Deaf community. It is also the language of choice for some deaf children and their families. BSL has been recognised as a language in its own right by the Government. In its pure form therefore, BSL is not a system to augment the development of another language e.g., English but is the first language of many deaf children and adults. The acknowledgement of BSL as a language reflects a linguistic and cultural minority view of deafness and a social model of disability.

However, in educational practice, BSL may be incorporated into a Total Communication philosophy in the education of deaf children. The way in which BSL is used may vary. For example, within a 'Sign Bilingual Approach', BSL is viewed as the first language of a deaf child and English as a second language. Both languages are used as the languages of instruction and are not used concurrently. There is an emphasis on the development of BSL in the Early Years and deaf adults are often employed to ensure access to proficient signers.

Other Signing Systems

Other signing systems are also used in deaf education to supplement spoken English. These signing systems might be used in addition to BSL within a Total Communication philosophy. These are 'Signed English', 'Sign-Supported English' and 'Cued Speech'.

Signed English

Signed English was developed by the Working Party on Signed English (WSPE) in the 1980s. The system uses signs taken from BSL with the addition of markers, generated signs, and finger spelling to accurately reproduce the components of grammatical English. Signs are produced simultaneously with speech, word for word. It is a teaching tool rather than a language.

Sign-Supported English

Sign Supported English is also only used in education. Spoken English is supplemented by signing key words that are based on BSL signs. English word order and grammar are retained.

<http://www.signedlanguage.co.uk/SignSupportedEnglish.html>

Cued Speech

Cued speech uses eight handshapes in four positions near the mouth to clarify the lip patterns of normal speech. It is used with deaf pupils as an aid to lip-reading and to understanding speech sounds that they might not be able to hear. It is described as 'a sound based language tool'. (Cued Speech Association UK)

<http://www.cuedspeech.co.uk/>

Within Oldham, members of the deaf community use BSL. However, in the education of deaf children in Oldham, BSL is used alongside English and Sign-Supported English within a Total Communication Philosophy. Some deaf children, particularly those with additional learning disabilities, may use Signalong as an alternative to BSL or Sign Supported English.

Guidelines

- The communication choice is largely dependent on parental preference and based on the needs of the individual child. The Teacher of the Deaf may act as a guide in helping parents to make this choice.
- If any signing system is used with a deaf child or young person, all core communication partners need access to training. Training should be made available to families, support staff and other relevant professionals.
- Children and young people predominantly using BSL need access to a deaf peer group.
- Children and young people learning BSL need access to deaf adult role models and proficient signers (at least Council for the Advancement of Communication with Deaf People (CACDP) Level 2).

Please see the practice guidance on Signalong (pages 82-83) and On-Body Signing (78-79)

Comic Strip Conversations

Comic strip conversations were developed by Carole Gray. They are a visual strategy to help explore different situations and unpick what was said, what may have been thought and possibly what was felt. They use a line drawing approach in the format of a comic strip, in order to describe a situation and to understand the context and the exchange from different perspectives.

Comic strip conversations can be helpful for a number of reasons. They can

- Help the individual understand the difference between what is thought and what is said, and that people don't always say what they are thinking.
- Help to solve problems or conflicts
- to help a young person communicate their feelings
- Explore feelings arising in particular situations
- Help a young person understand a situation from another person's perspective
- Reflect on a situation in a non-threatening way, without being asked lots of questions
- Reduce the pace of the conversation in order to support the person's processing
- Help to visually support a complex conversation which can be referred back to. This reduces the demand on memory.
- Work out what went wrong and think about what the person could do differently next time
- Give opportunities for the person to develop strategies to manage their feelings and behaviour

References and Resources

Gray, C. (1994). *Comic Strip Conversations: Illustrated Interactions That Teach Conversation Skills to Students with Autism and Related Disorders*. Arlington, Texas: Future Horizons.

National Autistic Society. (2023). *Social Stories and Comic Strip Conversations*. Available at: <https://www.autism.org.uk/advice-and-guidance/topics/communication/communication-tools/social-stories-and-comic-strip-conversations>

Please see the practice guidance on Comic Strip Conversations (pages 57-58)

Communication Books

Those who have difficulty using speech to communicate could benefit from the use of a communication books. Communication books can be used as an alternative or an augmentative communication method. They are highly individual in terms of content and layout and are important as a backup to high tech communication aids.

Before creating a communication book, an assessment of the most appropriate layout and access method must be carried out by a trained person, who will take into account:

- The level of symbolic development.
- Size of symbols.
- Page orientation and size.
- Number of symbols per page.
- Visual accessibility. E.g., colour coding/contrast.

The following points need to be taken into consideration when thinking about introducing a communication book:

- For successful implementation and use of a communication book, training should be sought from the specialist speech and language therapist.
- Agreement must be made with the person and families for younger children, on the content of the book.
- The size of the communication book needs to match the user's lifestyle. For example, a mobile user will need a small portable book or package of symbols. A wheelchair user can use a larger, more accessible book.
- The book should contain an introduction to the person and how the book is accessed. It should be written in the first-person context at the beginning of the book.
- Symbols, pictures, or photographs need to be arranged in categories with an index system for easy access and use.
- The everyday vocabulary used in conversation by the person should be included in their communication book.
- The communication book is not to be used as curriculum tool in school settings. Topic based charts should be used for this purpose to prevent communication books becoming impractical and unmanageable for everyday communication.
- The communication books belong to the person.

- The user should have access to their book whenever they need it. It should never be withdrawn because it gets in the way or as a punishment. It is the user's voice!
- Avoid duplicated books or different vocabulary in different books (i.e., home/school) as all vocabulary should be available to develop language and communication in every context.

References and Resources

<https://www.communicationmatters.org.uk/what-is-aac/types-of-aac/communication-books/>

www.ace-north.org.uk

<https://novitatech.com.au/podd-communication-books/>

Please see practice guidance on communication books (pages 61-62)

Communication Dictionaries

There has been much discussion over the years about the difference between communication dictionaries, profiles, one- page profiles and communication passports. The following information is in line with current thinking at the Royal College of Speech and Language Therapists.

Communication Dictionaries are a resource containing information primarily about an individual's expressive communication. They are a resource to ensure communication partners recognise an individual's communication attempts and respond in a predictable manner.

Communication dictionaries should be developed through observation and consensus by people who know the individual. They describe in detail any idiosyncratic communication. This is in contrast to communication profiles which are usually more concise documents sometimes with information on just one page. Communication profiles describe communication on one page whereas one- page profiles which are a form of person- centred planning are a broad snapshot of key facts to enable people to get to know an individual. The focus is not on communication.

The term Communication Dictionaries have also previously been used to refer to an approach developed by Alison Matthews (totalcommunication.org) which involves creating a very detailed and specific communication document. This is developed through consensus with staff and incorporates aspects of communication training. Following national consultation with Speech & Language Therapists about the differing terminology used to describe dictionaries, this approach is now referred to as the Communication Consensus Framework. This approach is led by Speech & Language Therapists.

References and Resources

Byers R, Dee L, Hayhoe H, Mauslay L, (2002) Enhancing Quality of Life: Facilitating transitions for people with profound and complex learning difficulties, Skill, University of Cambridge.

Matthews A and Stansfield, J (2009) Communication Dictionaries: person centred communication. Presented at the RCSLT Conference March 2009 www.rcslt.org

Matthews A (2019) Introducing Communication Dictionaries, Communication Matters.

For the latest version of the Communication Consensus Framework see www.totalcommunication.org

Communication Passports

Personal Communication Passports were originally developed by Sally Millar (see Call Centre website).

Communication Passports are an aid to communication and interaction. They can be created in a variety of forms e.g., books, a box of objects, a film or document stored on an iPad. Generally speaking, Passports contain information you either want or need to give to a person the first time you meet them. They are a tool to support interaction. Support staff and families can create a Communication Passport for themselves. This can help shift the balance of power in interactions and can demonstrate value for all forms of communication.

Communication Passports are often confused with other documents or tools such as communication aids, communication profiles, all about me profiles and person- centred plans.

Key features of a communication passport

- They need to be co-produced
- Need to be accessible and portable.
- Can be seen as a summary of a more detailed report, containing relevant personal information, which can be shown to anyone the person chooses.
- They should function as an aid to interaction. Communication Passports are reference guide supporting partners to 'be' / communicate with the individual.
- They are primarily a means of interacting with conversational partners. It enables people to communicate with and not at the individual.
- Communication Passports need to be flexible and can be adapted to suit different situations.
- They need to be made as accessible as possible to the individual
- They are owned by the person and can move with them between places such as home, school, the day centre or youth group, so different staff in different sites become aware of the best ways of communicating.
- Should involve the individual in choosing the way in which their Passport is presented.
- The production of a Communication Passport requires collaboration between the individual, staff, carers, and their family.

- Communication Passports require a consensus approach developed with people who know the person well
- Must present information in an empowering and positive way – showing the person as human, unique and recognisable.
- Communication Passports must be reviewed and updated. They can be regarded as living documents. Check photographs are current.
- Should not contain confidential information, jargon, and irrelevant or unverified information.
- Belong to the child/adult and not the parent or member of staff. Communication passports are not public property.
- Communication Passports are a way of telling others how to behave/react and interact, to bring out the best in the person and support opportunities for positive communication.
- Should help to achieve some consistency in how people understand and approach the child/adult.

For an example of Communication Passport categories, see the practice guidance.

References and Resources

Millar, S. & Aitken, S. (2003). *Personal Communication Passports: Guidelines for Good Practice*. Edinburgh: Call Centre,

www.communicationpassports.org.uk

Please see the practice guidance on Communication Passports (pages 63-64)

Intensive Interaction

Intensive Interaction is used as a therapeutic approach for people who have limited social and communication skills. The use of Intensive Interaction is under the clinical guidance of the Speech & Language Therapist.

Intensive Interaction is an approach that needs to be used on a daily basis in the individual's own environment, the Speech & Language Therapist has the responsibility to train staff in its use and to provide structures of support and evaluation for those using it as a therapy approach and as a means of developing engagement. See the practice guidance on how to begin with Intensive Interaction.

The purpose of this section is to reference various policy issues that arise from the use of Intensive Interaction and to outline the structure of support and monitoring.

How to do Intensive Interaction

Intensive Interaction is drawing on skills that are intuitive, natural, and comfortable to most people. In fact, many people all over the world use Intensive Interaction without any training and without any knowledge of the approach. It is an easy approach to use. Many people fail to use because they are apprehensive that anything so effective could be as simple as Intensive Interaction appears to be. Intensive interaction involves 'being with' the person instead of 'doing to' and having a type of conversation, often without words.

Intensive Interaction techniques include:

- Sharing personal space- In Intensive Interaction we look to share proximity in a mutually acceptable way e.g., somehow lying, sitting, standing, or even moving together, touching or apart.
- Vocal echoing -Echoing some aspect of a person's sounds (even any non-symbolic sounds) can be socially acknowledging and even develop into conversation-like exchanges e.g., echoing a person's sounds or vocalisations, perhaps even echoing their breathing patterns.
Behavioural mirroring
- Mirroring some aspect of a person's posture, movements or behaviour can be socially acknowledging and can develop into dynamic behavioural exchanges e.g., mirroring some aspect of a person's movements or physical activity, adopting someone's posture.

- Physical contact- Sensitive, sociable physical contact can sometimes promote mutual trust and sociability e.g., holding, squeezing, or clapping hands together; hand-over-hand games; rhythmically stroking arms or shoulders; walking arm-in-arm; touching foreheads or rubbing noses.
- Making or exchanging eye contact- Sensitive eye contact can be important for exchanging inclusive social signals e.g., looking at, and looking away games, making dramatic glances, looking in the mirror together.
- Exchanging facial expressions -Using clear and sustained facial expressions with a person creates opportunities for these to be better understood and reciprocated e.g., clear smiling, winking; even pulling faces.
- Joint focus activity -This is when both people focus their attention on the same object or activity, structuring their social engagement around this object or activity e.g., jointly exploring objects, books, and pictures; doing a structured activity together; reading to or listening to music together.
- Turn taking- Turn taking involves two people intentionally sequencing their actions in some way e.g., via sequenced vocal or physical exchanges e.g., clapping or passing things in turns, etc.
- Burst-pause sequences- This is when an action is preceded by an extended pause, building an expectancy that something is about to happen e.g., hide-and-appear games; playing 'catch' with a '1-2-3' countdown; using noise escalation games that gradually build then abruptly go quiet.
- Using 'running commentaries'- The timely use of a positive 'running commentary' on someone's actions, or on the visible actions of others in a shared environment, can provide a socialising element to an engagement e.g., using limited language to describe a person's activity e.g., "wow, great, yeah...", "I can see you looking...", "from me to you..." etc

Taken from: An introductory guide to Intensive Interaction for those who work with or support people with severe or profound and multiple learning difficulties and/or autism. Graham Firth Intensive Interaction Highly Specialist Practitioner Leeds and York Partnership NHS Foundation Trust (2019).

The Team Role

It is important and rewarding to implement Intensive Interaction in the spirit of team-working. No one individual on the staff team will have all the insight into

a particular user. No one member of a staff team will hold the 'key' to building a relationship with a particular user. It is advised to have at least four staff working with one individual. The reasons for this are:

- The work continues if someone is ill, on leave or moves.
- The work is continued between different provisions, e.g., home, school, and respite services.
- Different personalities bring different perspectives to interactions from which others can learn.
- The individual learns that other people are good to be with – not just one person.
- Team working provides a forum for discussion, support and exploration of strategies that work/don't work.
- Good team working aids long term motivation.

Warning – Not all staff are comfortable doing Intensive Interaction and this should be accepted however, it is preferable if all staff have a basic knowledge of what Intensive Interaction is and what it achieves. In this way, those that do not find that it is their forte can be supportive in other ways.

Staff using Intensive Interaction are responsible for:

- The day-to-day provision of good quality sessions.
- Completing the paperwork for sessions.
- Reading each other's paperwork to ensure that ideas and successes are shared.
- Filming sessions at regular intervals to provide an evidence base and to contribute to the progress record, which will be produced for the individual's annual review meeting or EHCP meetings.
- Reviewing their own skills by watching film footage

Intensive Interaction – Age- Appropriate Statement

Age appropriateness was a concept introduced mainly to improve respect and status for people with learning disabilities.

In practice, the adherence to age -appropriate philosophies can lead to:

- A lack of intellectual development (play is an essential part of development).
- A reduction in opportunities for personal choice.
- Prevention of emotional expression.
- Staff imposing their views on what is appropriate for each age group.

Encouraging play does not need to diminish the respect for the people we work with

- Most adults indulge in some form of play.
- The greatest respect we can give people is to respond to their needs and their communications at a level that they can understand.

Use of physical contact in the use of Intensive Interaction

The use of Intensive Interaction attempts to address the need of people who do not readily accept being with other people. Invariably, once this has been overcome, the person may initiate physical contact.

Since we are trying to address the emotional, social, and communicative needs of the person, we need to respond positively to these initiations – whilst ensuring safety for them and for staff.

The following guidelines should be used:

Have consent from the person

Only use physical touch if the person is happy to accept it. Interactions can be done with some space in between – building up confidence until physical contact is more acceptable to the individual.

Be prepared to discuss and explain your practice

Along with other people who are using Intensive Interaction with an individual – reflect on the physical aspect of your sessions so that they can be a feature of your discussions in supervision and team meetings.

Document it

Document your session on the Intensive Interaction session sheets, care plans etc. Always explain why physical contact is a feature of your work.

Have good teamwork, both organisational and emotional

The use of Intensive Interaction should be a matter of open discussion. This includes the use of appropriate physical contact. There should be no sense of hidden practice.

Ensure physical contact is appropriate

The type and context of physical contact should reflect the fact that you are aiding the person's developmental progress. Playfulness (not tease!) and sensitivity should be your reason for physical contact.

Have others present

The most basic safeguard for staff and users is to have others present in the room when in a situation where physical contact is likely to be used. As an alternative, use film footage (LAC, 2000)

Know when to be cautious

In the unlikely and rare event that a person interprets physical contact in a sexual way, interact with some space between you – BUT – discuss as a team, ways in which you can teach the service user/person that physical contact can be for reasons other than sexual. Use desensitisation strategies such as gradually increasing touch and extending the amount of physical contact as time goes on.

Identifying the individual, you want to work with

Intensive Interaction was developed by and is regularly used with:

- Individuals who have not yet learned the fundamentals of communication. This includes non-verbal communication such as eye contact, turn-taking, facial regard, and attention to another person.
- Individuals who may be locked in their own world and show no interest in being with other people.
- Individuals on the autistic spectrum.

However, the underlying principles of Intensive Interaction are relevant to many others. It has been used effectively with individuals who have been diagnosed with various mental health problems and people with head injuries/neurological problems.

Please liaise with the Speech and Language Therapy Team to help you make a decision about who you will work with and to ensure you receive support.

References and Resources

Hewett, D. & Nind, M. (Eds). (1998). *Interaction in Action: Reflections on the Use of Intensive Interaction*. London, David Fulton.

Hewett, D. (2018). *The Intensive Interaction Handbook*. (Second Edition). London: SAGE Publications.

Nind, M. & Hewett, D. (1994). *Access to Communication: Developing the Basics of Communication with People with Severe Learning Difficulties Through Intensive Interaction*. London: David Fulton.

Nind, M., & Hewett, D. (2003). *A Practical Guide to Intensive Interaction*. Kidderminster: BILD Publications.

<http://www.intensiveinteraction.co.uk/>

<https://www.leedsandyorkpft.nhs.uk/advice-support/wp-content/uploads/sites/3/2019/02/An-Introduction-to-Intensive-Interaction-2019.pdf>

Please see the practice guidance on Intensive Interaction (pages 65-66)

Multisensory Storytelling

What are Multisensory stories?

Multisensory Storytelling (MSST) is an interactive approach combining sensory experience and storytelling. The approach is typically used with children or adults who have additional support needs and is most often facilitated in a small group. The approach uses different objects (stimuli) which stimulate the five senses, touch, smell, hearing, taste, and vision. Each stimulus is linked to one sentence of a short story. The stories are designed to be interactive, playful, and fun. Repetition is an important part of multisensory storytelling and sessions are often run over a number of weeks

Why is Multisensory Storytelling beneficial?

MSST is beneficial for people for many reasons. Firstly, opportunities for sensory exploration and experience are offered. Sensory experience and stimulation are important for brain development, and during MSST participants might experience new or interesting textures, sounds, smells, or visuals. Repetition of experience builds new neural pathways, important as brain development is use-dependant (Hong and Mason, 2016). Participants are able to explore the stimuli at their own pace and often gain the confidence to try something new. Furthermore, opportunities for developing early communication skills also occur through MSST. Research has found that MSST supports engagement and responsiveness in people with complex support needs, and they can help people to develop skills in social communication, such as turn taking, eye contact, and choice making (Halfens, 2012). A key feature of MSST is the repetition of the story and the anticipation which occurs when in a group setting. Storytellers have noticed that some people really enjoy being last in the group. This is because going last builds excitement, participants are able to watch other group members take their turn and thus, anticipate their own. This also allows participants who are nervous about being in a new environment, the chance to see what happens before it is their turn.

Further opportunities to support positive experiences in relationships occur in the relationship between the storyteller and participant. As a storyteller, it is important to build rapport with participants and notice subtle changes in their presentation and communication when delivering MSST sessions. This might look like a short smile when engaging with a certain stimulus or it could be that someone is looking worried before having their turn. It is also important for the

storyteller to respect boundaries, know when a participant has finished or had enough, or is overwhelmed by a stimulus. As the trust in the relationship builds week upon week, the storyteller becomes more able to assess the participants needs and can make judgements about when to gently encourage exploration and when to take a step back. The storytelling session becomes a dynamic process, adapting to the needs of each participant. This might look like giving a participant longer to explore something if they seem to be enjoying it. It could also look like skipping a certain stimulus or modelling how it used on yourself first if someone seems unsure. Noticing how another person feels and acting accordingly is called attunement. Attunement is an important part of building relationships and helps another person feel heard, valued and understood.

References and Resources

- Beebe, B., Lachmann, F. M., Markese, S., Buck, K. A., Bahrnick, L. E., Chen, H., & Jaffe, J. (2012). On the origins of disorganized attachment and internal working models: Paper II. An empirical microanalysis of 4-month mother–infant interaction. *Psychoanalytic dialogues*, 22(3), 352-374.
- Bretherton, I. (1992). The origins of attachment theory: John Bowlby and Mary Ainsworth. *Developmental psychology*, 28(5), 759
- Grace, J (2015). *Sensory Stories for Children and Teens with Special Educational Needs*. London: Jessica Kingsley Publishers
- Halfens, J. L. (2012). *Multisensory Storytelling: the effect on positive social responsiveness in children with profound multiple disabilities*. Utrecht University.1-62.
- Hong, R., & Mason, C. M. (2016). Becoming a neurobiologically-informed play therapist. *International Journal of Play Therapy*, 25(1), 35.
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- Trevarthen, C. (2005). Stepping away from the mirror: Pride and shame in adventures of companionship. Reflections on the nature and emotional needs of infant intersubjectivity. *Attachment and Bonding: A New Synthesis*. 55-84.
- Willems, N. W. J. (2014). "Sense the story" The effectiveness of an adapted version of Multi-Sensory Storytelling on the responsiveness of children,

adolescents, and young adults with Multiple Disabilities at a Children's Home in South Africa. Utrecht University.1-56

Please see the practice guidance on Multisensory Storytelling (pages 70-71)

Using Objects to Communicate

Objects can be used in a variety of ways to encourage communication and consultation. Objects are one of the less abstract ways of communicating and may be useful when communicating with someone who does not benefit from using photographs, symbols, signs, or the spoken word. They can, however, be used in conjunction with these methods, if needed. Unlike most other forms of communication, objects potentially register with all the senses. As well as having a certain texture, shape, size, weight, and temperature, they also have visual characteristics. Some objects have a distinctive smell and others may have a recognisable sound. All these multi-sensory properties can be used to enhance receptive communication.

Objects can be used to give information to others, to express wants and needs and to make sense of information. Although we all use objects to communicate to a degree, some people may benefit from them being used in a more structured and thorough way.

People who may benefit from the use of objects may be:

- People for which two-dimensional picture representations are not useful.
- People who have sensory impairments e.g., vision/deafness.
- People who do not understand more complex spoken language.

Assessment of the person's symbolic understanding needs to be carried out by a Speech and Language Therapist in consultation with carers, support staff and family members.

When introducing objects of reference, it is important to consider the individuals ability to discriminate between objects by touch, in order to associate an object with activities, places or people and to remember the assigned meaning. The individual may not be able to discriminate, associate or remember objects. This may need to be prompted through a structured programme over a time. The support team will need to agree the function and use of the objects.

When an area of communication breakdown has been identified for example the transition between activities and places, and the effectiveness of using the objects has been established, a thorough plan of how they will be introduced needs to be outlined. Attention to detail will enable the person to learn more effectively and will prevent further communication breakdown

from occurring. Monitoring progress and developing ideas will be an essential part of this process.

Deciding which objects to use as Objects of Reference will be a case of trial and error. The objects should be chosen through careful observation, noting how the individual interacts with their environment and taking account of objects which seem to have particular importance or meaning for that person. When introducing Objects of Reference, context is crucial to encourage the association between object and person/place/activity. They should be introduced in everyday situations whenever the need to communicate arises. It is advisable to start with simple, concrete objects that have a direct physical connection with the person/place/activity. As the user reaches the necessary level of understanding, objects that are more abstract can gradually be introduced.

Objects that are actually used in an activity can be used as objects of reference. For example, a swimsuit and towel can be used prior to going swimming. Sometimes an object is not immediately obvious, and this may require a more abstract item to be used. This will require the person to learn the association between them by seeing or feeling an item and a particular activity occurring.

Objects can be used in their complete form and in some circumstances, can be gradually reduced so that the person can recognise a small part of the object. This is useful as it makes the item more manageable and saves space and it also promotes learning.

If objects are to be used over a long period of time, a number of copies of the item will need to be acquired. This is to safeguard against objects being broken or lost and to ensure replacements are available if needed.

Objects will need to be kept in an accessible place either for the communication partner or the individual if they are using them expressively. Time can be saved if objects are to hand rather than having to find them and potentially losing the person's attention. If a person is using them expressively, not having them available is preventing the individuals' self-expression and choice. Consideration needs to be given to what choices are possible if a person requests them. This may have implications for service provision. (For an example of the choice-making process.

As with all Total Communication methods, it is essential that the objects are used consistently, even if the environment is inconsistent. Progress will depend on everyone's co-operation, with clear aims in place. The use of any objects should be documented, ideally in a Communication Dictionary/ Consensus

Framework/ Communication Passport. This will encourage consistent working practices and the prevention of future communication breakdown and distress.

Objects of Reference can be used in many of the ways that speech, signing, reading, and writing can. As well as helping people to communicate with others, objects can also boost confidence in social interaction, promote sensory and motor skills, enhance receptive skills, and help people remember things. They may also serve to reduce challenging behaviour as they help the person to understand their world better and improve their ability to communicate with others.

References and Resources

Ockelford, A. (2002). *Objects of Reference: Promoting Early Symbolic Communication*. London: Royal National Institute for the Blind.

Please see the practice guidance on Objects of Reference (pages 74-77)

Using Photographs to Communicate

Many people are able to use photographs to communicate. However, photos are symbolic in that they are two dimensional, flat and represent an item, person, or place. Not everyone recognises that a photograph means the same as the real thing. A Speech and Language Therapist can assess the appropriateness of photographs for an individual with the person, their carers, and those who work closely with them.

When using photographs, it is important to consider issues of confidentiality, consent, and disposal. Photographs can be used in many different ways, either as a means of communication or to help someone understand what is happening now or next and what to expect. Some ideas are outlined below:

- Person Centred Plans
- Communication Aids
- Photo Diaries
- Minutes of Meeting
- Memory Joggers
- Calendars
- Leaflets
- Photo Phone Books
- Posters
- CV's
- Personal Histories
- Memories
- Recipes
- Shopping Lists
- Timetable

When first introducing photographs as a means of expressive communication, it is important to choose pictures which are highly motivating. 'Toilet' and 'Drink' may seem like useful things to start with, but they may not fire the imagination. Think about the person's interests. The person may need help to realise that they can control their environment by communicating. This means that each time the photos are used, their attempt should be 'rewarded' (in other words, something positive should happen). This way, the individual will gradually learn the usefulness of photographs.

If charts or books are made with photographs it may be necessary to produce additional resources for specific occasions or topics. For example, 'swimming'

and 'bowling' and Curriculum subject areas e.g., food technology, may all need separate books or charts.

Photos and any charts or books made with them should always be available to the service user and they should have a means of requesting them.

The person's name and how they access the photos should be clearly displayed to provide information for the communicative partner.

Careful consideration needs to be given when supporting the person to move from using photographs to symbols, as symbols are more abstract and at a higher level of symbolic development.

For an example of the choice-making process,

References and Resources

Matthews, A. & Baynham, T. (2006). Photo Opportunities. *Speech and Language Therapy in Practice, Spring*. pp.7-9.

Matthews, A. & Samuels, R. (2006) 'Conference Calls: Show and Tell'. *Speech and Language Therapy in Practice, Summer*. pp.20-22.

Photo library <https://www.photosymbols.com/>

Please see the practice guidance on using photographs (pages 80-83)

Linking Photographs to Symbols

Photographs may limit some people in that it is hard to depict abstract language in a photograph. For instance, the words 'when' 'yesterday' and 'if' would be almost impossible to represent easily by photographs. It may be helpful, therefore, to move on to symbols which are more abstract. These links may need to be taught.

The Speech and Language Therapist will be able to offer advice about the appropriateness of photographs and symbols match i.e., select the most motivating photographs to link to a symbol in order to learn that the symbol represents the same concept as the photograph. The therapist will also be able to advise about the transition stage involved in moving from photographs to symbols e.g., presentation of photographs and symbols. For some people visually decoding the photograph can be a real challenge; making sense of the whole image, understanding the foreground and background, and seeing the whole context can place a heavy load on the person's processing skills. Sometimes symbols can be easier to decode.

When moving from photographs to symbols it is helpful to pick the symbols, which are the least abstract. For example, a brush would be easier to recognise than a symbol for a restaurant.

Taking Photographs

When taking photographs, the following should be considered:

- Try to use personalised photographs when appropriate.
- Ensure the photograph is clear and in focus.
- Frame the shot well – make sure the subject is in the centre.
- Make sure you don't include any hidden messages in your photo. It is easy to include something in your photo which is not relevant to what you are trying to depict. Avoid visual distractions on a photograph.
- Think about vocabulary – are you sure the person is familiar with the item being photographed. Do you need to teach it?

Symbolic development

As we develop we go through stages of understanding how things can be represented. Some of the individuals we support will be at different stages on this path of development.

Stage 1 – Understanding the real object (Knowing what it's for).

Stage 2 – Understanding photo representations of the object.

Stage 3 – Understanding picture representations of the object (drawing).

Stage 4 – Understanding symbol representations of the object.

Stage 5 – Understanding written words relating to the object.

Perspective

As with symbolic development, understanding perspective is a skill some of the individuals we support may not have. When taking photographs, try to get as near to the thing you are taking the picture of to make it fill the whole photo, i.e., we know that people in the distance look smaller than people close up, but this may be confusing for some individuals.

Focusing on part, rather than the whole meaning

The photo may have something in it that the person focuses on rather than what was the intended meaning. For example, being interested in the packet of crisps on the table in the photograph which was meant to represent 'kitchen'.

Vision difficulties

Find out whether the person you are supporting has any vision difficulties. This may distort what the photo looks like to them. Consider whether using matt laminating pouches would help avoid glare.

Some individuals do not have an actual problem with their eyes. The messages going from their eyes to the brain can get distorted or the brain may have difficulties processing information effectively.

Some individuals find it hard to focus on photos because the muscles controlling their eyes are not working properly. You may see their eyes moving rapidly from side to side. This is called nystagmus.

For further information, The Royal Institute for the Blind has a helpline.

Telephone: 0845 766 9999.

Expressive, receptive or both?

Photos can be used to help someone understand (receptive language). They can be used to help someone communicate what they want to say (expressive language). They can also be used to help someone understand. For example, we may tell someone that we are going to the park by showing them a photo of the park (receptive language). In the future they could point

to the picture of the park to communicate that they want to go there (expressive language).

Accessibility is a key issue Where will any aid be stored and how will it be used?

Do the photos need to be accessible on the wall, in a book or in a wallet? Could they be on colour-coded card? Do those individuals who will be using the system need training? Discuss which photos are a priority and start with them. Think about the things the person would be motivated to communicate about.

References and Resources

Matthews, A. & Baynham, T. (2006). Photo Opportunities. *Speech and Language Therapy in Practice, Spring*. pp.7-9.

Matthews, A. & Samuels, R. (2006) 'Conference Calls: Show and Tell'. *Speech and Language Therapy in Practice, Summer*. pp.20-22.

Picture Exchange Communication System (PECS)

PECS was first used in the United States. It is a unique augmentative, alternative training package that allows individuals with autism and other communication difficulties to initiate communication. It was initially developed for use with preschool children with autistic spectrum condition (ASCs) and other communication difficulties displaying little functional speech. It is worth noting that PECS as an approach is contested by some neurodiversity advocates. PECS is considered as a way of teaching neurotypical ways of interacting and for some people this is considered as discriminatory. It is important that prior to introducing PECS, the views of the individual where possible and their family/carers is considered. An assessment of a child's/adult's current functional communication skills is also necessary in order to develop a communication plan and to determine an individual's symbolic development.

When introducing PECS, it is necessary to establish the types of activities and objects which are motivating to the person. It may be necessary to establish which items are the most preferred. This is known as a re-enforcer hierarchy (see PECS manual for detailed guidance). Once these have been established, symbols, objects or photographs can be generated. Symbols are introduced one at a time. These pictures/objects need to be accessible to the individual.

PECS is introduced in phases and the initial phase involves two trainers and one student.

Phase 1. The child/adult is taught to exchange a picture of a preferred item with an adult, who then honours the request. For example, if a child wants a drink, they will hand over a picture of drink to an adult who will then give the child the drink. Verbal prompts are deliberately reduced with a view to eliminate them entirely, as the idea is to promote **spontaneity in communication** and to reduce verbal prompt dependency. The two trainers have different roles - a physical prompter and communicative partner (see PECS manual for guidance).

Phase 2. Distance and persistence - the student is trained to 'travel' to his communication book, get the trainers attention and release the symbol into the trainee's hand.

Phase 3. Picture discrimination – the student selects the desired item from an array of pictures.

Phase 4. Sentence structure – the student begins to use multiple words/phrases on a sentence strip.

Phase 5. Responsive requesting – the student is taught to begin to respond to ‘what do you want?’ questions.

Phase 6. Commenting – the student is taught to comment on a variety of things e.g. What do you see? What do you have? What is it?

Training for PECS

Initially a person who has attended a two-day PECS training course must support the introduction of PECS. Ideally, all persons involved in using PECS would benefit from training but sharing of good practice and modelling its use is important to build confidence of staff working with students using PECS.

There is often confusion distinguishing the difference between PECS and using visual supports Treatment and Education of Autistic and related Communication-handicapped children (TEACCH) style visual schedules. PECS is a **communication system for a child/adult**, whereas TEACCH is a method of giving visual support to the structure of a lesson/day.

References and Resources

Bondy, A. & Frost, L. (1992). The Picture Exchange Communication System. *Focus on Autism and Other Developmental Disabilities*, 9(3). pp. 1-19.

Bondy, A. & Frost, L. (2011) *A Picture's Worth: PECS and Other Visual Communication Strategies in Autism*. (Second Edition). Bethesda, Maryland: Woodbine House.

Frost, L. & Bondy, A. (2002). *The Picture Exchange Communication System Training Manual*. Second Edition. Newark, DE: Pyramid Educational Products Inc.

<https://pecs-unitedkingdom.com/>

Please see the practice guidance on PECS (pages 84-86)

Using Symbols to Communicate

We use symbols within a Total Communication approach in Oldham.

Symbols are used to give and receive information to people who have difficulty either in understanding or expressing themselves. They are often used to allow people who do not use spoken language to express themselves. For example, by pointing to the symbols to get information across. They can be used alongside the text to make written information more accessible to those who do not read. In this way they can also act as a memory aid.

A Speech and Language Therapist can assess the appropriate symbols for an individual in conjunction with their carers and those who work closely with them.

There are different symbol sets (e.g., Picture Communication Symbols (PCS), Rebus, Pick and Stick etc). The function/purpose of the symbol could also be to support literacy/communication. This will be determined through joint working.

The symbols that a person is familiar with (their vocabulary) should be recorded and kept in a safe place so that this information is not lost. This should be updated and added to whenever a person learns a new symbol.

The way in which symbols are used should be consistent. This pattern of use should be recorded in either a written or videoed format. All staff members who come into contact with the service user should be familiar with and adhere to this pattern of use.

Symbols can be produced in different formats and suit the individual's physical and/or sensory needs and personal preference. Symbols should be appropriate to the needs of the individual with whom they are being used. For example, if the individual finds colour distracting, black and white symbols should be used. This may involve 'direct access', which means that the person points to a symbol.

Research was carried out in the Oldham area in 2003, to find out which symbol packages both children and adults preferred in representing a series of selected items. The research indicated that P.C.S Boardmaker symbols were the most popular for many of the items, although the Rebus package was preferred for representing days of the week. Research showed that although some symbols packages were preferred over others, individual preference must be taken into account when selecting symbols. It is also important to note

that some of the symbol packages did not contain symbols for all the items (Matthews, Hewerdine, Bassett, 2003).

When symbols are used to support text, key symbols should be used to represent the meaning of a phrase, sentence, or paragraph rather than symbols being used to represent each individual word. Please see 'Accessible Information Guidelines' (e.g., Mencap).

When a new symbol is introduced, care should be taken to ensure that the meaning of the symbol is explicitly explained to the person. If the individual has difficulty relating the meaning to the symbol that has been introduced, the team should consider whether the person might find a different symbol easier to understand for that meaning.

It is preferable to use a symbol set consistently with an individual. For example, if the individual has found Rebus symbols the easiest to understand, Rebus symbols would be the first choice when looking for a new symbol to introduce. There are situations where it is not possible to be consistent within a symbol set, for example, where a symbol does not exist for a chosen word or where the individual finds a specific symbol within the symbol system difficult to understand. In these situations, it is perfectly acceptable to introduce a symbol or produce a symbol from components from a different symbol system e.g., Boardmaker. It is the responsibility of the team to record the new symbol along with a short explanation of why it is different from others used by this person.

Symbols should be consistent with those used throughout the service wherever possible.

References and Resources

Abbott, C. (2000) Symbols Now. Publisher: Widgit Software Ltd 2000.

Elks, L. & McLachlan, H. (2007) "Language Builders for Complex Needs, Elklan.

Matthews, A. & Baynham, T. (2006) 'Photo Opportunities', Speech and Language Therapy in Practice, Spring 2006, pp.7-9.

Matthews, A, Hewerdine, N, Bassett, A. (2003) 'Symbols Consultation'-unpublished

Wilson, A. (2003) Communicating with Pictures and Symbols. Collected papers from Augmentative Communication in Practice 13th Annual Study Day.

Pick' N Stick On Disk – Imaginart

Picture Communication Symbols ©Mayer-Johnson and Rebus ©Widgit Software from Writing with Symbols 2000.

Somerset Total Communication Simple Symbols © 1999.

www.widgit.com

www.callcentresscotland.org.uk

www.dotolearn.org

www.nspcc.org

www.mayer.johnson.com

www.changepeople.co.uk

<http://www.elklan.co.uk/>

<http://www.mencap.org.uk/>

<http://www.specialed.us/autism/assist/asst10.htm>

<http://www.specialed.us/autism/nonverbal/non12.htm>

Please see the practice guidance on Communication Boards/Play Charts (pages 59-60), Communication Books (pages 61-62), Now and Next (pages 72-73), Picture Exchange Communication System (pages 84-86), Talking Mats (pages 94-95), and Visual Timetables (pages 96-98). All of these approaches typically utilise symbols.

Using Signalong

Background: Signalong in Oldham

In 1996 some exploratory work was undertaken in the adult learning disability service. The workshop compared signing systems which were available. The workshop was facilitated by the Oldham Civil Rights Group, made up of people with learning disabilities. The group considered why previous attempts to encourage signing borough-wide had not succeeded, and whether Makaton provide adequate accessibility in terms of vocabulary, training, and resources, and what the available alternatives were.

The group considered the difference in the way Signalong was taught. A major plus point was the potential for sustainability of the approach. The methodology of learning handshapes, orientation, placement, movement, and direction meant that course attendees were able to work out how to create a sign which they hadn't seen produced just by the descriptions underneath the illustration. This is a key difference between Signalong and Makaton and fundamental to the approach. Once trained, Signalong empowers people to be able to develop their sign vocabulary and not be reliant on other courses in the future.

Over the next year, research and consultation took place throughout the borough to establish the need for signing training across services. The results showed a clear lack of signing awareness, knowledge and experience, and the massive need for a consistent approach.

In 1997 a wide variety of representatives from Health, Social Services and Education services in Oldham met with people who use the service and members of the civil rights group, to plan future developments for the implementation of a signing initiative. The different signing systems available were considered. The group decided that the Signalong system would be adopted and that a special interest group would monitor progress and consider the development of a borough-wide policy in the use of sign to support people who have a learning disability. Signalong has since been the chosen sign support system for people with learning disabilities in Oldham and the decision to adopt this approach was user-led.

What is Signalong?

Signalong is a sign support system unlike British Sign Language, which is a full, naturally evolving human language, like spoken languages. It has its own

grammar, word order and regional variations. It should be included in any consideration of language diversity including bilingualism and interpretation.

Signalong is a sign-supported system used to facilitate the comprehension of verbal information by using an additional communication method. People with learning disabilities often benefit from additional visual support to aid comprehension. Signs are used in spoken English order accompanied by speech and only key words are signed at the appropriate level. Signalong stresses the necessity of person-centred vocabulary so the individual has the correct signs that they need and Signalong training teaches additional information to help understand why signing may or may not be used, such as symbolic development and generalisation.

Signalong has been established since 1991 and has a large vocabulary of signs accessible in paper and digital format. Signalong is taught using a methodology that, once learned, enables the participant to access any of the signs. The pictures used in other systems are line drawings with minimal description that can cause confusion whereas Signalong produce accurate drawings of people forming the signs with written instructions on handshape, position direction and movement to facilitate the correct production of the sign.

The methodology ensures that signs are always interpreted and signed consistently and can be described over the phone or in an e-mail and correct interpretation is assured. Also signs specific to individuals, idiosyncratic signing, can be described/translated using this methodology to ensure consistent communication.

As Signalong is based on BSL, most vocabulary is signed in a similar way except where we have found that individuals have been confused by similarities for concepts e.g., doll/baby, cup/drink, bed/sleep and look/see are almost identical. Signalong have one sign per concept, one concept per sign. Also, other systems have some dialect differences which can cause confusion.

Signalong is a registered charity is part funded via sales of resources, training, and annual registration fee for Tutors.

Role of the Speech & Language Therapist

Speech and Language Therapists have the expertise to assess the appropriateness of Signalong as a form of communication for individuals. Assessment will be carried out in close consultation with the individual, family, carers, and other professionals involved. If Signalong is recommended as a

communication strategy, all core communication partners including support staff, families and other relevant professionals will need training. Those taking part in training will acquire core skills that will enable them to access resources such as the Signalong Vocabulary Books or the Signalong library. They will have the responsibility of cascading information gained to others in order to further develop the use of Signalong. Some people who have a learning disability may use idiosyncratic signs. These need to be respected and documented. Those supporting the individual need to be aware that they may use their own version of a recognised sign. For example, certain physical disabilities may limit the accuracy of the signs.

Groups of people using Signalong with a person will need to ensure consistency and accuracy of signing in order to prevent confusion. This will require decisions to be made on the selection of vocabulary, how signing will be introduced and taught and what systems for monitoring and evaluation will be put in place.

On-body signing?

When considering signing with children, young people, and adults with complex needs and vision impairment, the work of Mary Lee and Lindi MacWilliam (1995) relating to on body signing, should be considered.

'Movement Gesture and Sign: an interactive approach to sign communication for children who are visually impaired with additional disabilities' (available to download from the Royal National Institute for the Blind website).

References and Resources

www.signalong.org.uk

Commmap British Keyword Signs: <https://bks.org.uk/>

Lee, M., Greenhill, P. & MacWilliam, L. (1995). *Movement, Gesture and Sign: An Interactive Approach to Sign Communication for Children Who Are Visually Impaired with Additional Disabilities*. Edinburgh: Royal Blind School.

Twenty core vocabulary signs agreed by self-advocates (training film): <https://www.totalcommunication.org/training>

Please see the practice guidance on Signalong (pages 89-91) and On-Body Signing (pages 78-79).

Social Stories

Social Stories are short stories, which have certain characteristics that describe a situation, concept or social skill using a meaningful format. They describe what people do, why they do it and what the common responses are. The goal is to teach social understanding, not rote compliance. They are often used to support individuals who have autism and/or social use of language difficulties. They may be particularly useful in times of transition or when introducing changes, new situations or to address fears and anxieties. They can provide a prompt for socially appropriate behaviour and help to prevent extreme reactions that stem from a lack of social understanding in a supportive (rather than bossy) way.

Any person associated with an individual may write Social Stories. This may include parents, relatives, teachers, speech and language therapists, support/key workers, and psychologists.

References and Resources

Gray, C. (2015). *The New Social Story Book: Over 150 Social Stories That Teach Everyday Social Skills to Children and Adults with Autism and Their Peers*. Arlington, Texas: Future Horizons.

National Autistic Society. (2023). *Social Stories and Comic Strip Conversations*. Available at: <https://www.autism.org.uk/advice-and-guidance/topics/communication/communication-tools/social-stories-and-comic-strip-conversations>

<https://carolgraysocialstories.com/>

Please see the practice guidance on Social Stories (pages 92-93)

Working with Children and Young People with Visual Impairment

Vision is the primary source of information for most children, young people, and adults. None of the other senses can integrate information, stimulate curiosity, or invite exploration in the same way and as efficiently as vision does. Vision impairment in children and young people is a low incidence, high impact disability and can take many forms with widely differing implications for a child or young person's access to education.

Children and young people (CYP) who are born with a vision impairment have very different needs to adults who acquire a sight loss and have had many years of full vision. Significant vision impairment can delay early childhood development and learning, including social communication, mobility, and everyday living skills.

Most teaching approaches take vision for granted, so making sure that CYP with vision impairments achieve their full educational potential can present significant challenges. In order to understand and address these challenges, schools and settings need specialist advice from Qualified Teachers of Children and Young People with a Vision Impairment (QTVIs) alongside other professionals.

The impact of a vision impairment on communication begins at birth. The mutual eye gaze observed between infant, and parent facilitates attachment between them. Later, eye gaze is used to establish joint reference to objects of interest. When vision is impaired, attachment and communication can present a challenge. Early intervention helps caregivers interpret communicative cues from their children as well as helping them to use appropriate communicative cues that may not be so dependent upon vision. As well as this, the child cannot learn everyday tasks and activities by observing others. Without early intervention, the young child will form inaccurate concepts, which will have a dramatic impact upon future cognitive and communication skills.

The following aspects of good practice should be followed when developing communication skills with CYP with a vision impairment:

- Mediate experiences to the CYP and provide a link to the world around them, i.e., talk to them about what is going on and whenever possible, supplement experiences with real objects to touch, smell and listen to.

- Refer to the CYP by name before addressing them and tell them who you are and who else is party to the communication.
- Make sure you know about the CYP's preferred communication medium (sighted or non-sighted methods) and detail of their vision impairment.
- Use a personal identifier, such as wearing the same watch or bracelet, to provide tactile identity reinforcement.
- Provide clear instructions and, if possible, talk to the CYP about their optimum learning conditions.
- Make sure the CYP can access any resources being used, for example are they presented in the CYP's required font size. Where possible, real objects are better than models and spacing to avoid crowding is also beneficial.
- Consider the environment e.g., avoid glare by seating the CYP with their back to the window and use blinds or curtains to limit any glare.
- Accept that the CYP may not give eye contact as a result of their particular vision condition.
- Be aware that the CYP will not pick up information from body language and gesture.
- Alert the CYP to changes in the environment and give them time to anticipate and adjust to them.
- Use objects of reference to develop communication and understanding of the day.
- Consider body signing for pupils with complex needs and vision impairments.
- Take extra time to allow the CYP to process and assimilate information and respond to requests.
- Be aware that some CYP, for example those who have cerebral vision impairment, may show improved participation in an activity by looking away from an object and this attention can be further enhanced by reducing sensory distraction to enable the CYP to attend to and process visual information.

Practice Guidelines

Practice guidelines have been written to support the policy and to ensure the following:

- Consensus with regard to good practice.
- Clarity with regard to assessment decisions, especially relating to the introduction of particular communication methods for individuals.
- Consistency in the use of communication systems by all agencies.
- Access to appropriate resources.
- Quality training for all.
- Ongoing monitoring.
- Continuity of language for all as individuals transfer from setting to setting and phase to phase of their education.
- Opportunities to develop and adapt skills and systems in line with technological developments.

References and Resources

Communication Matters. (2008). Focus On ... First Steps: Developing Communication Skills for Individuals with Multiple Disabilities. Leeds: Communication Matters/ISAAC (UK). Available at: http://www.complexneeds.org.uk/modules/Module-3.1-Communication---augmentative-and-assistive-strategies/All/downloads/m09p045a/First_Steps_A4.pdf

Communication Matters. (N.D.). *What is AAC? Guidance: People with Communication Aids*. Available at: <https://www.communicationmatters.org.uk/what-is-aac/guidance/>

Van der Gaag, A. (1998). Communication Skills and Adults with Learning Disabilities: Eliminating Professional Myopia. *British Journal of Learning Disabilities*, 26(3). pp. 88-93.

Accessible Information

What is it?

Accessible information is also known as easy read. Put simply it is usually simplified text with visual images to add meaning and convey concepts.

How to guide:

- Use every day, easy words – not jargon.
- Write in short sentences.
- Convey one idea in every sentence.
- Do not use abbreviations like e.g., write it in full: for example.
- Use numbers like 1 rather than the written word – one.
- Your information should be accurate and up to date. Think about what the reader needs to know.
- Try to keep everything about a subject on the same page.
- Do not split words over 2 lines.
- Do not split sentences over 2 pages.
- Use a typeface that is clear such as Arial.
- Do not use *Italics*.
- Text should be at least 14pt font. It may need to be bigger if someone has a vision impairment.
- Make sure headings are clear.
- Use bold to highlight your key words, using BLOCK CAPITALS or underlining words makes them harder to read.
- Make sure the writing stands out against the colour of paper.
- Words in white on coloured paper can be hard to read.
- Black text on white paper works well for the majority of people. Black text on yellow or off-white paper can also work well.
- Shiny paper or shiny laminated paper makes it harder to see the words because it reflects the light.

Using pictures with your text to help understanding

- The main purpose of the visual image is to help the reader understand, for that reason the image needs to convey the key concepts in the sentence it is placed next to.
- Pictures should go on the left of the page.
- Words on the right of the image
- Think about the picture you use; does it convey the meaning of the text? Use pictures that are clear and uncluttered. Some clipart-type pictures can be confusing or too abstract. If in doubt check with the user.

- Do not print text over a picture.
- Pictures, where possible, should be no smaller than 2.5" or 1" square.
- Consider cultural issues and the representation of minority groups when producing pictures.
- Services may need to support people to understand accessible information. Working with communication partners is often a key part of ensuring information is understandable.

References/Resources/Guidance

<https://www.changepeople.org/getmedia/923a6399-c13f-418c-bb29-051413f7e3a3/How-to-make-info-accessible-guide-2016-Final>

<https://www.mencap.org.uk/sites/default/files/2017-04/AIS%20MENCAP%20FINAL%20SC.pdf>

<https://www.learningdisabilityservice-leeds.nhs.uk/easy-on-the-i/>

Attention Autism

What is it?

Attention Autism uses fun sensory activities to develop learners' natural and spontaneous communication, attention, shared enjoyment, and turn-taking skills through the use of visually based and highly motivating activities.

Attention Autism is a programme to support children with social communication difficulties or autism who find it difficult to focus on an adult-task, turn-take, and shared attention.

The aim is for the activity to be irresistible and fun so that the learner will want to sit and focus, rather than because an adult says so. It's important to consider the child /young person's interests, e.g., light-up toys, bubbles, balloons, wind-up toys.

There are four stages which move from brief attention to sustained and complex activities. As the learner progresses, the next stage is added to the end, so they are engaging for longer overall.



The Bucket



The Attention Builder

How to Guide:

- **The Bucket** – a bucket of short, visually engaging toys presented one at a time by an adult.
- **The Attention Builder** – a longer sensory activity presented by an adult with a beginning, middle and end to sustain attention.
- **The Interactive Game** – a simple interactive turn-taking activity
- **Individual Activity** – adult demonstrates a task then each learner has a kit to complete and return to the group promoting independence skills.

Tips:

- In stages 1 and 2 DON'T GIVE THE OBJECTS OUT. Enjoyment is through watching the adult.

- Don't use the same toys/objects as choosing time as this may confuse some learners since they are allowed to touch and now they aren't.
- A shower curtain/ waterproof sheet will protect the floor and also provide a space between the adult leader and the learners to prevent the temptation of grabbing objects.
- The adult leading should be the most interesting person in the room. Ensure those supporting are modelling enthusiasm and not doing something else.
- Activities and toys can be changed regularly and themed around topics, seasons etc, e.g., Christmas, Halloween
- An Attention Autism approach can be used for carpet time, stories and introducing lessons throughout the day as appropriate to your learners.

References/Resources/Guidance

Gina Davies, Autism Centre <https://www.ginadavies.co.uk>

Sarah Jane Courtman, (2018) An evaluation of the effectiveness of using the Attention Autism programme as an intervention for increasing the level of attention during an adult led activity in pupils with Autism Spectrum Condition.

Laura Maasland (2020). The impact of Attention Autism on early social communication skills, Beyond Autism Impact Series.

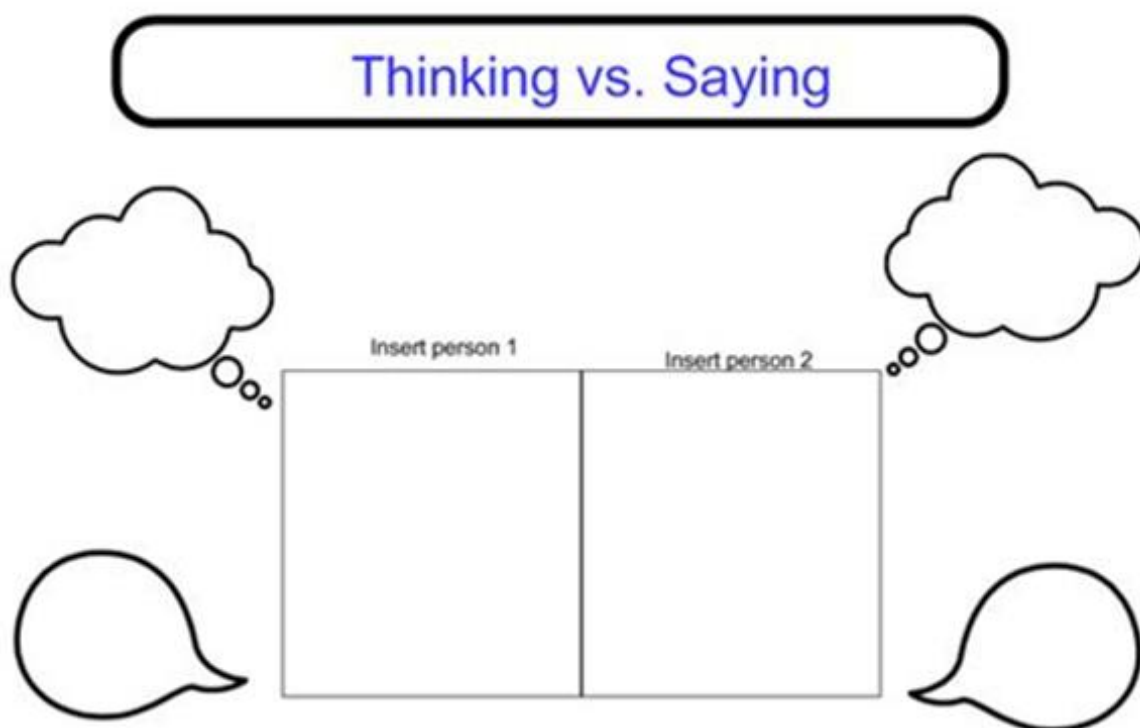
Comic Strip Conversations

What is it?

Comic strip conversations were developed by Carol Gray. A comic strip conversation is a conversation between two or more people which uses simple drawings to discuss a situation. It is a way of exploring what people said, what they might be thinking and how they might be feeling. Comic strips can be a good way to explore and talk about feelings, as the focus is not directly on the person you are working with.

You can use a comic strip conversation to break down social situations that may have been confusing or upsetting or to provide positive feedback.

Using a comic strip can help both parties to understand more about the way they, and others communicate and why a misunderstanding occurred.



To add these speech/thought bubbles to YOUR symbol finder in Boardmaker:
Pointer Tool, select thought bubble, Edit - Copy, Open Symbol Fiinder, Edit-Paste, Name it (thought bubble, think, thinking, thought, etc.) and assign it a category (General.)

How to guide:

- When introducing comic strips, use a social situation or conversation that went well, to get used to talking and drawing them out. It is very important that the young person/adult does not associate comic strips

as only being used to unpick situations that the young person feels have 'gone wrong'..

- The conversation should identify where the event took place, which people were present, recalling what was said and by whom. And in what order.
- Draw who was involved, what was happening and use the speech bubbles to record what was said.
- Use the thought bubbles to identify what the person and what other people were thinking during the interaction
- You can also discuss how the people involved were feeling
- Allow time for the person to think about another's thoughts and intentions. This perspective may reveal an unexpected interpretation of the thoughts of other people.
- This opens up an opportunity for the neurotypical person to acknowledge the other perspective as valid and then respectfully draw and write an alternative suggestion.
- Summarise the event or situation you've discussed using the drawings as a guide.
- Think about how you can address any problems or concerns that have been identified.
- Develop an action plan for similar situations in the future. This will be a helpful guide for the autistic person.
- For complex situations, or for people who have difficulty reporting events in sequence, comic strip boxes may be used, or drawings can be numbered in the sequence in which they occur.
- Comic strip conversations can be used to plan for a situation in the future that may be causing anxiety or concern, for example an exam or a social event. However, remember that plans can sometimes change. It's important to present the information in a way which allows for unexpected changes to a situation.

References/Resources/Guidance

Gray, C. (1994). *Comic Strip Conversations: Illustrated interactions that teach conversation skills to students with autism and related disorders.*

Communication Board/Play Charts

What is it?

A communication board/play chart is a single page of symbols relevant to a particular activity or topic to support communication.

A play chart/communication board is usually a single page of symbols or photographs relevant to an activity or topic. These are usually a mix of core words (e.g., more, help, stop) and fringe words (e.g., for bubbles: bubbles, pop, blow).

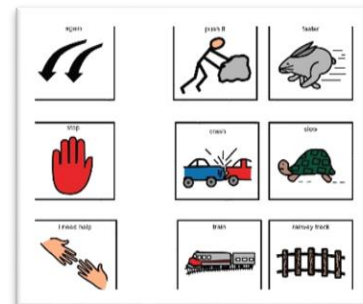
Communication boards/ play charts are used to introduce photographs or symbols in a functional meaningful and interactive context to support flexible two-way conversation between the child/person and communication partner.

It can help clarify communication, extend vocabulary, and support conversation and interaction.

They are an easy and enjoyable way to try photos or symbols out to see if the child/person is interested.



Sand play chart



Train play chart

How to guide:

- Consider the motivating or relevant topics to make a personalised communication board /play chart for the person you are supporting.
- The board/chart should be available and accessible during the activity and easily accessible at all times, e.g. taped to a table, at a workstation or reachable on the wall.
- When the child/person is playing or engaged in an activity, the communication partner talks about what the child/person is doing using simple language and pointing the symbols or photographs
 - e.g., '[more](#)', '[pour it](#)', '[my turn](#)'

- Pause to see if the child/person looks at the photograph/symbol or tries to point. If they point, name the visual image for them, and respond appropriately.
- As they become more confident with visual images, model using two photographs/symbols together in a phrase.
 - e.g., '[more sand](#)' '[want](#) the [bucket](#)'

Tips:

- Don't expect the child/person to immediately start using the visual images. They need to learn what they mean first. Modelling is important and they will need plenty of opportunity to see others use the board.
- Encourage other adults and peers to use the board/chart during an activity.
- Remember to talk at the same time as using the board/chart. It is used to encourage expressive language, rather than replacing verbal language.

References/Resources/Guidance

ACE Centre resources

<https://acecentre.org.uk/resources/all?category=symbol-charts>

Leicestershire Partnership NHS

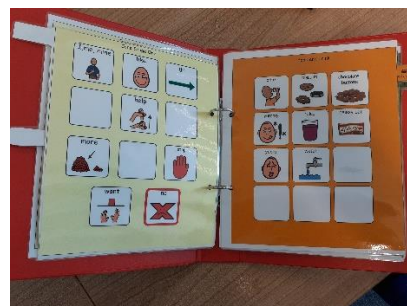
<https://www.leicspart.nhs.uk/wp-content/uploads/2019/02/Communication-Boards.pdf>

Core Communication Book

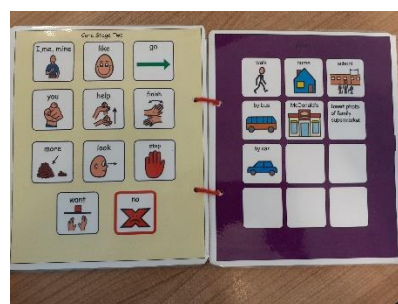
What is it?

A type of communication book using symbols to support communication.

- A core communication book is a book of symbols set up in a structured way to support communication. The core words are on the LEFT page, and fringe words on the RIGHT.
- Core words are useful across the day including 'more', 'go' and 'help'
- Fringe words are nouns, verbs and descriptive words related to a particular topic. This can be around the child's interests or topics that come up at school and home, e.g., people, places
- Core communication books can be from stage 1-5 dependent on the child's language levels. This will be decided by your speech and language therapist.
- Ideally the communication book should travel between school and home however some people prefer to have separate books.



Core stage 1 book



Core Stage 2 book

How to guide:

- Point to symbols as you talk. This models what each symbol means. Remember a learner may need new vocabulary modelled 50 times to understand and use it.
- Add and expand to what they say.
 - e.g., learner points to 'TV', communication partner adds core vocabulary 'more TV?' 'like TV?'.
- Give time to respond.
- Provide specific feedback and respond
- e.g., 'I liked the way you used your book to ask me for a pen...here's your pen'.
- Start in specific activities then move on to everyday activities and chats.

- Keep the book/charts in reach throughout the day
- Make it fun!

Tips:

- Have protected resource time for updating vocabulary. Interests may change over time, e.g., favourite toys and TV programmes.
- Opportunities to use their communication book in many everyday activities
- Model, model, model
- Let the learner take the lead and given them time to respond.
- Don't assume you know the answer
- Don't use open ended questions unless the child has a way to answer.
- Respond to your child's attempts to communicate
- Teach them to use other methods to repair the communication breakdown
- NEVER take away the book– this is taking away their voice. Instead respond by saying something is 'finished' or 'stop' when it's not appropriate.
- Share ideas for new pages, activities and vocabulary across home and school. Involve others including family, respite, after school clubs etc so the communication book is used with different partners and in different environments.

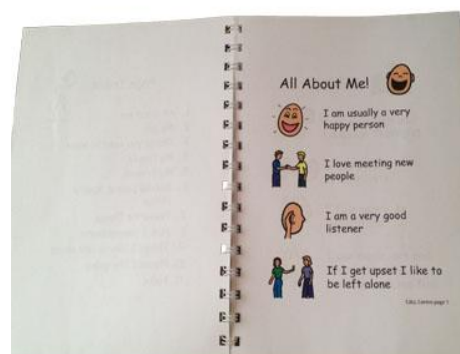
References/Resources/Guidance

[ACE Centre Getting Started with AAC: Using low tech symbol based systems with children](#)

Communication Passports

What is it?

A communication passport is a personalised tool, which enables effective communication between individuals with communication difficulties and those around them. Communication Passports are often books but can be digital or even a collection of objects. They provide information to enable communication partners to interact more effectively.



How to guide:

Communication Passports Sections

Every Communication Passport must include the **core information** shown below, but you do not need to use the same titles or stick to the order shown. Communication Passport templates are helpful but the main aim of the process is to be person centred and to involve the person as much as possible in creating their communication passport. Communication Passports do not need to replicate other documents, they contain key information which you would share the first time you meet someone.

The **core sections** of a Communication Passport are:

Front Cover, Introductory Page and Contents Page

The introductory page says what the Passport is for and how to use it, who it belongs to and who can

About Me

This page gives the reader a “flavour” of who the person is and what kind of person they are.

Important Information

What and who is important to the person? What is really important for others to know about them?

My Likes and Dislikes

What does the person like/dislike, how do they let you know, and how should you respond?

My Expression

How does the person get their message across? What are they good at and what do they need support with? How should you respond to their communication? What strategies should you use to make communicating easier for them?

My Understanding

What is easy/difficult for the person to understand?

What **strategies** should you use to support their understanding?

Choice

How does the person indicate choice? How can we support them with this?

Contact page

Who produced the Passport and when? When is it due to be reviewed and updated? Who should we contact for further copies.

Who is it for?

Communication passports can be helpful for anyone who has communication difficulties. Passports are made with the individual and owned by them. They are not a document stored away from the person. Passports can be made on paper, fabric, devices using video, and in many more ways. The passport should always be accessible to the person to enable them to communicate about themselves whenever they want to.

References/Resources/Guidance

Millar, S. & Aitken, S. (2003). Personal Communication Passports: Guidelines for Good Practice. Edinburgh: CALL Centre & University of Edinburgh.

Sajith, S.G., Teo, Y. & Ling, C.S. (2018). Development and Introduction of "Communication Passports" in an Adult Inpatient Psychiatric Unit for Persons with Intellectual Disabilities: A Brief Report from Singapore. *Journal of Policy and Practice in Intellectual Disabilities*, 15(2). pp. 166-170.

Guidance webpages:

www.communicationpassports.org.uk/files/cm/files/passports1.pdf

www.communicationpassports.org.uk/files/cm/files/itsmybook.pdf

www.communicationpassports.org.uk/files/cm/files/VideoPassports.pdf

www.communicationpassports.org.uk/files/cm/files/intropassports.pdf

Intensive Interaction

What is it?

Intensive Interaction is a therapeutic approach for people who have limited social and communication skills.

The aim of intensive interaction is to 'teach' the fundamentals of communication, to individuals who are at the early stages of communication development.

Within intensive interaction, we join in with what the person is doing so that you are enjoyably sharing what the individual has chosen to do.

We use behaviours as if it was an intentional request for contact with you.

Intensive interaction can be carried out by anyone who works with the individual. The activity being 'Taskless' in nature i.e. there being no set 'task' to complete during an Intensive Interaction engagement; it is the quality of the interaction that is important, not any predetermined outcomes. The idea is to join the person in their world and to enjoy being with them.



How to guide:

- Observe the individual closely. Watch and wait for them to do something that you can respond to.
- Give the person your undivided attention, mirroring what they are doing. Copy actions and sounds which you feel comfortable to join in with, whilst staying face to face with them.
- Scan for any signals to check the person is enjoying you joining in.
- Try to ease this into a turn-taking. Following a burst of your behaviour – immediately pause – signalling that you expect a response. You may not always get a response from the individual but by pausing, you are encouraging them to learn how and when to respond.
- Interpret their reaction as a request for 'more'.

- Try to allow the person to lead wherever possible. You are aiming for a conversation without words. Taking turns to make sounds, movements or facial expressions.

Tips:

- Do not jump in with comments or direct them in any way, unless it is a behaviour that you don't want to encourage- e.g. something dangerous.
- Sometimes it is helpful to have 2 of the same toy/item so that you can mirror what they are doing.
- Interaction sequences will vary in intensity. Respect the person's change of pace, needs for short rest periods during sequences and changes of focus from one sequence/activity to another.
- Don't go in with specific aims other than connecting with the child or person.
- Video interactions to track the child's/persons' progress if appropriate.

References/Resources/Guidance

[Intensive Interaction - Fundamentals of Communication](#)

<https://www.youtube.com/watch?v=Xm36G-fqUYw>

[Intensive_Interaction_bklt.pdf](#) (Leeds Leaflet)

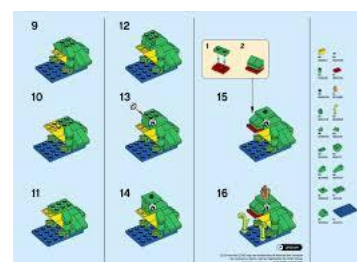
<https://www.leedsandyorkpft.nhs.uk/advice-support/wp-content/uploads/sites/3/2019/02/An-Introduction-to-Intensive-Interaction-2019.pdf>

Lego Therapy

What is it?

A structured group programme that supports learners to use social skills, language and problem-solving in collaborative play to build Lego together.

- Lego therapy is a social skills group based on collaborative play.
- A group of 2-3 learners have set roles and work together to build a Lego kit.
- This uses the natural appeal of Lego to engage the user. By working in a group participants learn a variety of skills including joint attention, listening, and giving instructions and problem solving.
- Lego therapy provides opportunities for communicating with others via a shared task.



How to guide:

Set out the roles and expectations in the group. Typically, a session lasts 45mins-1 hour. The roles are:

1. Engineer reads the instructions
2. Supplier finds the bricks
3. Builder builds the model

- Initially use a simple LEGO or DUPLO kit that can be complete within one session. It may be useful to have an adult in one of the roles initially.
- This can progress to a more independent Lego group and involve users in discussing what kits they would like to make in future. Larger models could be made over a series of sessions.
- Adult to prompt users to resolve their own conflicts and communication breakdowns.
- Ensure there's time for users to play with their model and engage in free style building within the group at the end to support a transferral of skills.

Tips:

- Establish ground rules for the group
- Start with simple models to provide a sense of achievement

- Roles should be switched at specific times or in different sessions
- Visual supports such as PECS, choice boards or play charts can also be used alongside.
- Learners may enjoy badges or props to get into their roles, e.g., clipboard, hard hat, high viz vest.
- The principles can be used across other construction style toys.

Useful videos:

What is Lego Therapy:

<https://www.youtube.com/watch?v=qrl9XKKouos>

References/Resources/Guidance

Daniel B. LeGoff et al (2014), *LEGO®-Based Therapy: how to build social competence through LEGO®-based Clubs for children with autism and related conditions*, Jessica Kingsley Publishers.

Owens, G., Granader, Y., Humphrey, A et al. LEGO Therapy and the Social Use of Language Programme: An Evaluation of Two Social Skills Interventions for Children with High Functioning Autism and Asperger Syndrome. *J. Autism Dev Discord* 38, 1944-1957 (2008)

Making Choices, Preferences, and Decisions

In order for children, young people, and adults to make choices

- There has to be choice available.
- The child/adult needs to understand the concept of choice or be taught the idea they can make a choice.
- The child/adult needs to be made aware what the options are in a way they can understand.
- The child/adult needs to have experienced the options previously or be given the opportunity to experience the options.
- The child/adult needs time and a means to communicate their choice.
- Staff or family members need to act on the choice communicated - even if the choice may not be what is expected.
- The child/adult needs to know the consequence of their choice to learn what they need to do next time.
- The communication partners need to pay attention to communication signals from the person, these could be non-verbal and could be in the form of vocalisations, facial expressions, or body movements.



Multisensory Storytelling

What is it?

Multisensory Storytelling is an approach which uses different sensory experiences associated with the story being told. This makes the story accessible to those who cannot access written stories or purely spoken stories due to their communication difficulties. Multisensory stories can lead to a range of communication-related developments.

Although Multisensory Storytelling was originally developed for children and adults with severe learning disabilities and profound and multiple learning disabilities, it has since been found that this approach can be used successfully with people with a range of abilities and can be enjoyed by children with typical development. Multisensory stories are also used with some people with dementia.



How to guide (telling a story):

- Begin the story by introducing the title ('this is the story of ...') and encouraging a clap and a cheer.
- Use a loud and clear voice and be dramatic.
- After each line is read, present the corresponding sensory stimulus to each listener, and repeat the key part of the line each time the stimulus is presented. For example, if the line is, 'One morning Tom came downstairs for breakfast and the ... LETTERBOX RATTLED', present the letterbox to each listener while saying, 'the letterbox rattled'.
- Encourage listeners to explore the stimulus by modelling, and, where relevant and appropriate, by hand over hand prompting. Allow plenty of time for this.
- At the end of the story, repeat the title ('and that was the story of ...') and end the story with a clap and a cheer.

How to guide (writing a story):

- Ensure the story is between eight and fourteen lines long. Multisensory Stories are usually around ten lines long.
- Use short and simple sentences.
- Find sensory stimuli which support each line.

- Try to include a range of sensory experiences; olfactory, tactile, visual, audible, and if appropriate, gustatory stimuli.
- Where possible, use active rather than passive stimuli. Active stimuli can be manipulated. An example is in a story about baking, a wooden spoon with a mixing bowl would be an active stimulus, where a mixing bowl on its own would be passive.
- If you are writing a story for a specific group of people, consider their interests and their sensory preferences and use this knowledge to inform the development of the story.

Tips:

- Find a quiet and preferably a visually neutral room for storytelling sessions.
- Consider whether group or individual sessions would be most appropriate in your given context.
- Ensure that the stimuli are in order and easily accessible before beginning the story. Having a table with stimuli lined up, or a box with stimuli in order is useful.
- If you are working alone, try to learn the script. If you have someone else available and you do not know the story, one person can read the story and the other can show the stimuli.
- Ensure repetition. Repetition occurs within each storytelling session by the line being repeated to each listener, but also, the story should be told more than once to the same listeners at different sessions.

Consider the order the listeners are positioned. Some listeners prefer to be the first to explore the stimuli, some listeners enjoy the anticipation of being near the end, some listeners may be nervous to explore the stimuli and so prefer to be near the end.

Measuring Progress: Example

Progress can be measured for listeners who take part in Multisensory Stories by using a table of behaviours which can be ticked off each time the story is told. Behaviours included could be facial expressions, vocalisations, looking at/away from the storyteller, looking at/away from the stimulus, symbolic gestures, reaching for the stimulus, singing, repetition of words from the story, body movements, social responses, and manipulation of stimuli. It may be useful to film storytelling sessions so there is more time to observe the listeners.

References/Resources/Guidance

Grace, J (2015). Sensory Stories for Children and Teens with Special Educational Needs. London: Jessica Kingsley Publishers.

Now and Next Board

What is it?

A 'Now and Next' or 'First and Then' board is a type of visual schedule. They can be help support transitions throughout the day and help individuals understand know what is about to happen/ what is expected of them.

The board consists of 2 sections. Something an individual is asked to do "first" and then a motivating activity they can "then" do after participation in the first activity.

They can help with:

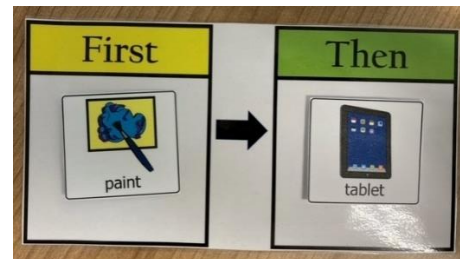
- understanding what is happening now/next
- what is the expectation of the person
- support to motivate individuals to participate in a task they may not typically choose to do themselves
- providing structure, including transitioning between activities

Activities are represented visually. This may be an object or photograph or symbol. The speech and language therapist can guide you as to what is most appropriate.

Now and Next Boards can be used throughout the day, including in an education setting, at home, or out in the community.



Now and Next Board with flap to hide symbols



First and Then Board with symbols

How to guide:

- Select which activities you wish to complete. Put the first activity on the 'now' section of the board and the second activity on the 'next' section of the board.
- Take the board to the individual and say "'Now'... (e.g., brush teeth) 'next'... (e.g., story)" pointing to and labelling the pictures as you talk.
- When the first activity has been completed show the complete board again and say, "(use the persons' name) has "finished".

- Place the symbol into a 'finished' envelope or bag to help the individual understand that the activity has ended. 'next'... " and take the child/person to the next activity.
- Move the 'next' item to the 'now' section and add another symbol to the 'next' section. Present the board to your child/person again and say "now... (e.g., story) next'... (e.g., bedtime)" pointing to and labelling the pictures as you talk before giving your child/person the new 'now' activity.

Tips:

- Showing one symbol at a time may be required in the early stages. You can do this by removing and showing one symbols from the board or using a now and next board with flaps that open and close.
- Initially you may want to keep the 'now' activity short, and quickly follow up with the 'next' activity.
- Try to complete at least one action in the first activity, even if your child/person is reluctant to engage with it i.e., you may only spend seconds on the activity before then moving on to the 'next' activity. Gradually increase the amount of time your child/person is at the 'now' / non-preferred activity.
- It may take time and teaching in order to understand how to correctly use the 'Now and Next' boards.
- Over time they may be extended to include 3 boxes – "First, Next and Last"

References/Resources/Guidance

Visual Support Strategies Training Video:

<https://www.youtube.com/watch?v=7pSzpykQh1M>

Objects of Reference

What is it?

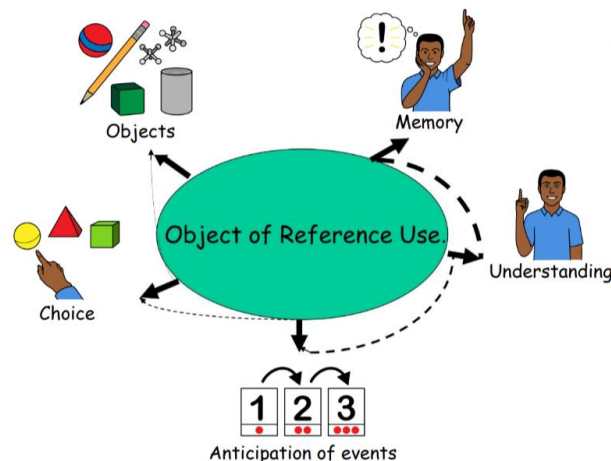
An 'Object of Reference' can be used to give information to others, to express wants and needs and to make sense of information.

Objects are one of the less abstract ways of communicating. People who may benefit include people who have sensory impairments, e.g., vision or deafness, and people who do not understand spoken language or 2-dimensional picture representations. Objects can be used in conjunction with these methods within a Total Communication Approach.



Development of use: receptive to expressive

Objects of Reference can initially be used to allow individuals to anticipate events, but over time when a link has been built between the object and the concept it represents, their use may be extended to the individual using objects expressively, such as for making choices and requests.



How to guide:

- Decide whether your initial aim of using the Object of Reference is to help the person anticipate what is about to happen or to help the person make choices. You may need to teach the person to anticipate an activity or event before they can make choices.

- Objects can represent different things such as people, events, and activities. In the guidance below, we have described linking an object to an activity.
- Consider whether the object needs to be closely linked to the activity, whether it can have a shared feature, whether it can be a miniature object or whether an abstract object could form a link.
- Just before the activity, show/ give the object to the individual, name the activity.
- Go to the activity straight away so the individual learns to directly link the object with the activity. They may need hand leading initially.
- Keep the object with you during the activity.
- At the end of the activity, you could show the activity is over by putting the object in a “finished” box or encourage the individual to put it in themselves. Clearly say e.g., “X is finished” and then move away from the activity.
- Children/people for whom Objects of Reference are an appropriate communication method may require a considerable amount of time and repetition to make progress. Establishing a baseline measure of the individual's communication prior to or at the point of introduction of Objects of Reference and deciding on an appropriate method of measuring outcomes can act as an effective means of keeping staff motivated to continue using Objects of Reference, allowing them to see gradual development over time.

Tips:

- Repeat this process each day to support learning. It will take time and consistent practice.
- The same object and word should be used as the person may form a link between the specific object and the event. It may be useful to acquire a number of copies of each item to safeguard against objects being broken or lost.
- Provide a pause. Once the individual seems to be anticipating the activity when you give them the object to see if they can move off independently.
- As with other forms of communication, some of the people we work with may require additional processing time when using Objects of Reference. Being patient and allowing more time for the person to respond can identify these people.
- Once they recognise a few objects, begin to introduce further objects.

- Objects will need to be kept in an accessible place if the individual is using them expressively, not having them available is preventing the individual's self-expression and choice.
- Consideration needs to be given to what choices are possible if a person requests them. This may have implications for service provision.
- It is important to consider how large a variety of options are available at a time. Regarding this, it is important to consider the person's processing ability as well as the availability of the people/places/activities that the objects represent at the time.
- In some cases, objects can be gradually reduced so that the person can recognise a small part of the object, this saves space, makes the items more manageable and portable, and promotes learning.

For some people/children, it may be useful to mount objects onto card to make it clear that the intended use of the object is communication and not as a part of the activity it represents.

Measuring Progress: Example

An example of how progress with use of Objects of Reference can be measured is by working as a team to determine what stage the individual sits at from the table below. It may be useful to use film footage for this so that the whole team can see it and so it can be compared with previous videos. Some individuals will not reach stage five, and it is likely to take a long time for others to progress from stage one to stage five, so this can be a useful tool to motivate staff, families, and carers to continue use of Objects of Reference.

Stage One	Person shows little tolerance of OoR; ignores it, drops it, or throws it.	
Stage Two	Holds/carries OoR but demonstrates little understanding.	
Stage Three	Person begins to show understanding of meaning of one or more OoR.	
Stage Four	Person will correctly select or respond to a range of OoR.	
Stage Five	Person selects and uses OoR independently to express a need or follow an instruction.	

References/Resources/Guidance

Lancioni, G.E., Singh, N.N., O'Reilly, M.F., Green, V.A., Van der Meer, L., Alberti, G., Perilli, V., Boccasini, A., La Martire, M.L. & Lang, R. (2015). A Speech Generating Device for Persons with Intellectual and Sensory-Motor Disabilities. *Journal of Developmental and Physical Disabilities*, 28. 85-98.

Ockelford, A. (1994). *Objects of Reference: Promoting Communication Skills and Concept Development with Visually Impaired Children Who Have Other Disabilities (Revised Edition)*. London: Royal National Institute for the Blind.

Ockelford, A. (2002). *Objects of Reference: Promoting Early Symbolic Communication*. London: Royal National Institute for the Blind.

Park, K. (1995). Using Objects of Reference: A Review of the Literature. *European Journal of Special Needs Education*, 10(1). 40-46.

Trief, E., Cascella, P.W. & Bruce, S.M. (2013). A Field Study of a Standardised Tangible Symbol System for Learners Who Are Visually Impaired and Have Multiple Disabilities. *Journal of Visual Impairment and Blindness*, May-June. 180-191.

Visual Support Strategies Training Video:

<https://www.youtube.com/watch?v=7pSzpykQh1M>

On-Body Signing

What is it?

On-body signing is a tactile communication system designed to develop language for Children and Young People who have no, or extremely limited, expressive language. Touch is a vital method of communication and tactile communication systems utilise touch to promote meaningful interaction by communicating what is going to happen next and preparing learners for changes.

Two examples of tactile communication systems are Canaan Barrie and TaSSels.

Canaan Barrie 'on body' signs are part of a wider communication approach which is described fully in the book **Learning Together** (formerly *Movement, Gesture and Sign*) by Mary Lee and Lindi MacWilliam and published by RNIB in 2008. This can now be found in full at:

<https://www.ssc.education.ed.ac.uk/canaanbarrie/learningtogether.pdf>

'Learning together' is an interactive and person-centred approach to communication for children and adults with complex support needs. The Canaan Barrie 'on body' signing approach was developed in order to make signing, which is a visual means of communication, both meaningful and relevant to a person with complex support needs through the use of touch and other available senses. The Canaan Barrie vocabulary consists of 150 adapted signs with a core vocabulary of around 50 words based on everyday needs and activities

TaSSels (tactile signing for sensory learners) uses touch on safe areas of the body to provide information. TaSSels can be useful for CYP with complex learning difficulties. It is also useful for learners who require additional sensory cues to support their communication

Examples of two Canaan Barrie signs:



Up/stand up
Rub hand up child's upper arm then flick fingers against thumb, up high



Down/sit down
Rub hand down child's upper arm, then flick fingers against thumb, down low

and learning, e.g. when gaining their attention and maintaining an interaction.	
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References/Resources/Guidance

Canaan Barrie:

<https://www.ssc.education.ed.ac.uk/canaanbarrie/learningtogether.pdf>

<https://www.ssc.education.ed.ac.uk/canaanbarrie/sign.html>

<https://sightscotland.org.uk/articles/information-and-advice/how-sign-more-canaan-barrie-body-sign-system>

TaSSeLs:

<https://pavpub.com/tassels-tactile-signing-for-sensory-learners-2nd-edition>

Introduction to TaSSeLs: <https://youtu.be/pvuCGMNTbmE>

Using Photographs

Many people are able to use photographs to communicate. However, photos are symbolic, which means that they are two dimensional, flat and represent an item, person, or place.

Not everyone recognises that a photograph means the same as the real thing. A Speech and Language Therapist can assess the appropriateness of photographs for an individual.

Photographs can be used in many different ways, either as a means of communication or to help someone understand. Some ideas are outlined below:

- Communication Aids
- Photo Diaries
- Minutes of Meeting
- Memory Joggers
- Calendars
- Leaflets
- Personal Histories and memory books such as life stories
- Recipes
- Shopping Lists
- Visual timetables and rotas

When first introducing photographs as a means of expression, it is important to choose pictures which are highly motivating. 'Toilet' and 'Drink' may seem like useful things to start with, but they may not fire the imagination. Think about the person's interests.

The person may need help to realise that they can control their environment by communicating. This means that each time the photos are used, their attempt should be 'rewarded' (in other words, something positive should happen). This way, the individual will gradually learn the usefulness of photographs.

If charts or books are made with photographs it may be necessary to produce additional resources for specific occasions or topics.

Careful consideration needs to be given when supporting the person to move from using photographs to symbols, as symbols are more abstract and at a more demanding level of symbolic development.

How to guide:

Using Photographs to request/choose

- Build the connection between the real object and the photograph by showing the photograph to the individual alongside the real object. Keep repeating this until you think the person recognizes the photo represents the object/toy or activity.
- Start with 1 photo of a very motivating object/toy. Keep the real object out of reach or hidden. If you think the individual wants it or they lead you to the place where it is kept, show them the photo, support them to touch it or pick it up and then give them what they have asked for.
- In the early stages of this strategy, don't put photos of objects that they can't have, as each request needs to be successful. Always say the word so that the person hears it alongside the real thing and the picture. (" I want juice")
- With practice the person may eventually be able to choose from a few photos, point to them or touch them or even to remove them and pass them to you.

Using photos to share information and to enable the person to anticipate what is going to happen

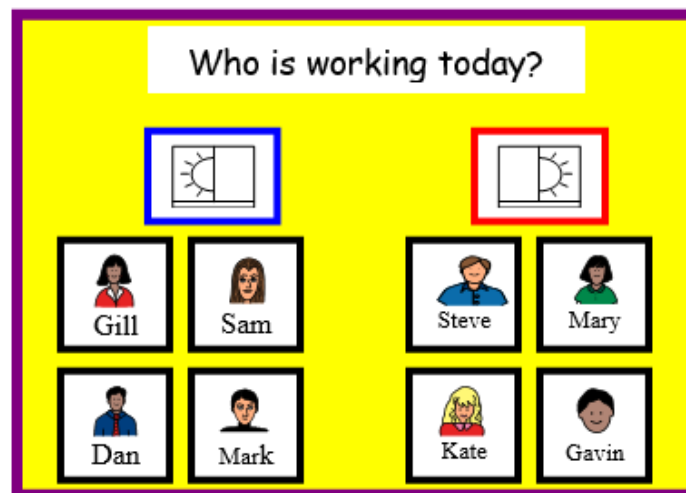
Using symbols/pictures/photos to give information is different from using pictures/photos to communicate. With these photos we are telling the person what we want/expect them to do rather than asking them what they want to do.

- Start by showing them the photos alongside the real places/activities.
- Keep repeating this until you think they recognise the photo represents the place/activity. For example- When its bedtime, show the photo of "bed", just before supporting the person to their bedroom. Say "Its bedtime ".
- We aim to put 2-3 photographs together on a strip to teach what is happening "first/now" and what is "then/next". So, you might show: **first dinner** and **then TV**. (See now and next guidance.)
- At first you may have to have preferred activities to practice moving between activities. You may then want to introduce non-preferred activities to enable the person to understand that once they have done the first activity, they can then do something they like better.

Photo Rotas

Some services use staff boards so people know who is going to be working. They can help to inform people about who is/will be supporting them. It can be useful with people who are anxious to know who is working when or is staff members' usual shift patterns have changed.

This tool can reduce challenging behaviour and be a visual reminder for the people being supported.



Using photo rotas – some useful questions to consider

- Does the individual you are developing the rota for recognise photographs of the team members? Take photos first to find out. Make sure they are well-lit and uncluttered. Go through them with the individual and try asking questions to see if the user knows who is who.
- What size photos can you use? How big or small do they need to be? Digital cameras are really useful as you can produce different sizes of the same photograph.
- Do you need to separate the day into morning, afternoon, or evening? Separating the day into three parts might be more meaningful. This may need to be done using a line or box.
- Do you need a symbol or line drawing to help indicate morning, daytime, or night?
- Would different colours for each section help or confuse the person?
- How many days at a time will you display on the timetable? For example, if you do the full week's rota, are you sure the person can understand the idea of a full week? Would it be best to start with a day at a time?
- Do you need to pair up the member of staff with an activity, or would this be too complicated?
- Do the photographs need to be laminated?
- How will you fix them onto the chart or rota board? Do you need to use Velcro? Can the user be encouraged to take part in this?
- Where will the rota be on display? Where will you store the photos that are not being used?

- When you start off the rota, who will be responsible for ensuring it is used and updated each day?
- Are there other people who need to know about the idea of a photo rota, such as the person's family, friends, college, and day centre?
- Do you need spare copies in case the originals are damaged?

If the idea to introduce a photo rota came from the repeated requests by the individual for information about 'who is on duty next?' or 'who's on the sleep tonight?' bear in mind that this may be a way for them to engage you in conversation, the photo rota may increase requests for information, or the individual may find another repetitive question as a means of interaction. Treat this as a request such as 'talk to me'. It may also be a means of the person expressing anxiety about what is happening next.

Finally, when using photographs, it is important to consider issues of confidentiality, consent, and disposal.

References/Resources/Guidance

PhotoSymbols

<https://www.photosymbols.com/>

Picture Exchange Communication System

What is it?

The Picture Exchange Communication System (PECS) is a communication system which involves using pictures. PECS is learned over six phases which are described below. The phases progress from exchanging a single picture for a desired item to commenting using full sentences.

It is worth noting that PECS is a structured communication system and is not a name for use of symbols/pictures to communicate in general. Pictures can be used to communicate in a variety of ways that do not use the PECS method.



How to guide:

- Complete a reinforcer assessment. This involves discussion with the people who know the potential PECS user well to determine motivating vocabulary to use to begin teaching PECS. These are split into categories, i.e., food, activities, etc.
- Choose an item from the reinforcer list. For the purpose of this guidance, the example used will be 'ball'. Create a symbol or photograph of the ball. Whenever the individual shows an interest in the ball, put the picture of the ball in their hand and use hand over hand prompting (if appropriate) to support the individual to exchange the picture for the ball. Ensure the ball is given to the individual as soon as they hand over the picture of the ball. As the exchange is made, say 'I want the ball'. It is important to have two people available to provide support at this stage if possible – one to support prompting and one to exchange the ball for the picture. Several items can be practiced with at this stage but only one at a time. This is phase 1
- Create distance between the individual and their PECS symbols, and between the individual and their communication partners. The aim of this stage is to teach the individual to become a persistent communicator. They have to move to get their picture then move to their communication partner to make their request. This is phase 2
- Teach picture discrimination. This is initially taught by the individual having two pictures available at one time – one which is motivating

and one which is not. When the individual hands over the picture representing the unmotivating item, it is important that the unmotivating item is given to them. Once the individual understands that the picture they pass on will be what they are given, the selection of pictures available can be gradually increased. This is phase 3.

- Teach request-making in full sentences. PECS folders generally have a 'sentence strip' on the front. The sentence strip is used at this stage. The sentence strip should have an 'I want' symbol/picture on it. When the individual goes to exchange a picture, direct them to stick the picture on the sentence strip and pass the whole sentence strip to their communication partner. The communication partner can then read out the sentence while pointing to the pictures before meeting the request.
- Teach responding. Ask the individual, 'what do you want?'. The individual can respond by exchanging a single picture, or by using the sentence strip.
- Teach commenting. At this stage, different symbols can be used on the sentence strip, such as 'I see' instead of 'I want'. An example of how this can be taught is by using an objects bag. An object is pulled out of the bag and the communication partner asks, 'what do you see?', while pointing to the 'I see' symbol. When the individual responds, the communication partner reinforces this verbally by saying, 'yes, I see a ... too', while pointing to the pictures on the sentence strip. This stage should take place when the individual is using PECS competently at the other stages and with more than one communication partner.

Tips:

- Ensure that the individual's pictures/folder is available to them at all times.
- While teaching PECS, ensure that any pictures used are representing things which are available at the time. PECS is learned by the reinforcement of receiving the physical reward of the individual's request immediately after exchanging the picture.
- Ensure that communication using PECS is reinforced verbally as much as possible. Some children use PECS who have developed to using some spoken language but need support to use language to communicate effectively.
- Liaise with people across the individual's environments to ensure consistency of approach

Measuring Progress

There are a range of forms available for measuring progress with use of PECS in Appendix G of the PECS Training Manual (reference listed below).

References/Resources/Guidance

Frost, L. & Bondy, A. (2002). *The Picture Exchange Communication System Training Manual*. Second Edition. Newark, DE: Pyramid Educational Products Inc.

Visual Support Strategies Training Video:

<https://www.youtube.com/watch?v=7pSzpykQh1M>

Power Card Strategy

What is it?

Power Card Strategy involves including special interests with visual aids to teach and reinforce academic, behavioural, and social skills to individuals with Autism Spectrum Condition.

Since many children and adults with ASC tend to have highly developed special interests, this strategy is especially beneficial for this population. By using their special interest, the individual is motivated to use the strategy presented in the scenario and on the Power Card. It's a positive strategy that is often entertaining as well as inexpensive and simple to develop.

When can the Power Card Strategy be Used?

It can be used when an individual lacks the understanding of his/her expectations, to clarify choices, to teach cause and effect between a specific behaviour and its consequence, to teach another's perspective, to aid in generalization, or as a visual reminder of appropriate behavioural expectations of a situation.

Power cards consist of two parts:

A short scenario describing how the hero solves the problem **and** a small card with a picture of the hero to recap the strategy.

Because children and adults with Autism Spectrum Condition often have well-defined special interests, the hero associated with their interest serves as a motivator. The strategy capitalizes on the relationship between child/adult and hero.

Spiderman says: "I try my best to share my toys."
When I am playing with my friends, I will try to share my toys like Spiderman. That is good. My friends will be happy.



Lightening Mc Queen says:
playing with toys is fun.
Children like to play with toys.
Sharing means letting my friends play with my toys too.
This is kind.
Lightening Mc Queen likes it when children share.
When my friends want to play with my toys I will try to share.



How to guide:

- A brief script of the special interest and the situation being addressed for the individual is created. It should be written at the individual's level of understanding and should include relevant pictures or graphics. Initially, the script should be read on a scheduled basis as the child or adult learns to use the Power Card.

- The Power Card is the size of a trading card or credit card and includes a small picture of the special interest and the solution to the problem situation broken into 3 to 5 steps.
- The child or adult is given the Power Card to keep with them. This card serves as a way to generalize the skill to new settings (Gagnon, 2001).

References/Resources/Guidance

Gagnon, E. (2001). *Power cards: Using special interests to motivate children and youth with Asperger syndrome and autism*. Shawnee Mission, KS: Autism Asperger Publishing

Signalong

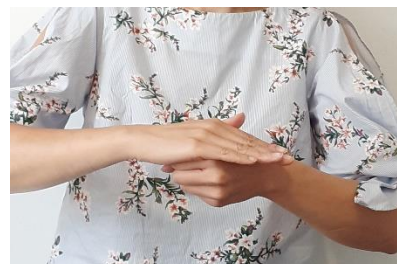
What is it?

Signing is a form of total communication by using our hands, facial expressions and body movements in a more formal way.

Signing can support learners to understand what others are saying, who have not yet developed spoken language or are unintelligible to some communication partners. There are a number of sign language systems in the UK. In Oldham we use Signalong as this is also used in special schools, adult services and the local authority. Signalong signs key words alongside speaking to help a learner understand and express themselves.

Points to Consider When Learning to Sign

- Are you able to access Signalong training? This is the best way to learn vocabulary.
- What signing experience does the person and their communication partners already have?
- Does anyone have a physical or motor difficulty which may influence how the signs are made?
- Why is signing being used? Is it to support understanding, to help the person with expression, or both?
- Are the signs we are using motivating and easy to understand, at least at first? For example, the sign 'drink' is easy to understand as it actually looks like someone drinking.
- How easy are the signs to make? Does it involve doing different movements with two hands? Are the hand shapes difficult? Do you need to make a note of



more



help

any alterations needed so other people can understand the person?	
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How to guide:

- Speak as you sign.
- Initially introduce 3-5 signs throughout the day.
- Core words that can be used across activities are really useful e.g. more, help, finished. People or objects of high interest could also be introduced, e.g. biscuit, Mummy, drink.
- You don't need to sign everything. The communication partner needs to speak and sign at same time, sign the key word which is underlined in the example e.g. do you want more?
- After modelling for a few weeks, look to see if the learner tries to sign back. Pause to give extra time to respond. The sign might not look exactly the same but that's okay.
- Some learners can be supported by another person gently showing them how to move their hands into the right position.

Tips:

- Don't expect the learner to use signs immediately. They will need time to watch and learn.
- Signing slows down your speech rate and this is a good thing. Keep your sentences simple and use repetition.
- Some people invent their own signs. It's okay to respond to these, but model back the correct sign and word so they can start to learn that too.
- Make sure to practice in context, e.g. asking for more with food, toys, TV etc. this makes it more meaningful.
- Share with family and other professionals if the learner is making up their own signs. If a learner tries to communicate and it is ignored, they can get frustrated or give up.

References/Resources/Guidance

Service training videos:

Why we use Signalong signs: <https://youtu.be/2recPEesJc>

Core vocabulary signs: <https://youtu.be/RNaLSm88fww>

Positive behaviour signs: <https://youtu.be/EBmNaT1nQqo>

Drinks signs: <https://youtu.be/TERmYRpTSbk>

How to develop language: <https://youtu.be/AkwbPuKGETA>

20 core vocabulary signs: <https://www.totalcommunication.org/training>

Signalong:

www.signalong.org.uk

Kingfisher School Signalong introduction:

<https://www.kingfisher.oldham.sch.uk/signalong>

Oldham A&E:

<https://www.emoldham.com/signalong>

Social Stories

What are they?

Social Stories are short stories, which have certain characteristics that describe a situation, concept or social skill using a meaningful format. The goal of a social story is to share information using content, format and voice that is descriptive, meaningful, physically, socially, and emotionally safe. Social stories present information in a literal, 'concrete' way, which may improve a person's understanding of a previously difficult or ambiguous situation or activity. The presentation and content can be adapted to meet different people's needs. A bossy book tells people what to do-whereas social stories help to fill in the context.

How to guide: creating a Social Story

Gather the information – the first question you need to ask is what information the person may be missing and how you could explain the context.

Social stories follow a specific format.

- A title.
- An introduction.
- A body.
- A conclusion.

Each story contains different sentence types in a ratio that defines their frequency. This is termed the Social Story Ratio.

The three basic sentence types are:

1. Descriptive: A truthful, opinion-free statement of fact. They describe the relevant aspects of context. They are free from assumption or bias, judgement, devaluation, or unidentified opinion. Most frequently used and forming the backbone of the story. E.g., Children go to school. There should be twice the number of descriptive sentences as coaching.

2. Coaching:

Coaching sentences gently guide behaviour via effective descriptions of the responses of the person or the communication partners. The following example was written to support a boy who continually erased letters in his writing to the point he made holes in his paper. The team working with him wondered if this was because he was trying to make letters look like those on posters or books. This approach is key to social stories and invites the communication partners to consider what information the person may be missing which would mean they would do that. In Aiden's case the missing information was that its ok for handwriting to look different.

Example story

My name is Aiden (descriptive)

I am learning handwriting (descriptive) My teacher is helping me with my handwriting (coaching for the 'team' working with the person)

Some people write with big letters (descriptive)

Some people write with small letters (descriptive)

I will try to remember that everyone's handwriting is different and that my handwriting is special to me (coaching the individual)

Using visual with Social Story

The Speech and Language Therapist can advise on the appropriate format of visual reinforcement according to the individual's level of symbolic development.

The individual's level of understanding must be taken into consideration when selecting the vocabulary, concepts, and grammatical structures.

Developing Social Stories into adulthood.

Dr Siobhan Timmins developed the use of Social Stories over many years writing them for her son. As her son got older she wrote more in the style of newspaper articles but still following the social stories approach. Social articles never insult the audience they are written for, they tend to use advanced vocabulary. They allow more time to explain concepts in an article. They can be used with an entire class.

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Talking Mats

What are they?

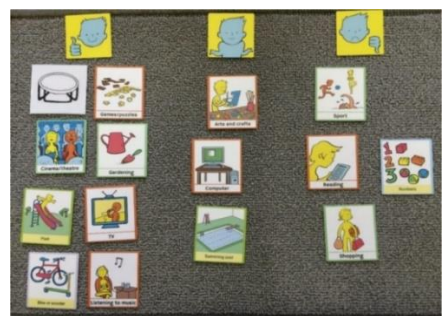
“Talking Mats” are tool to augment communication for specific situations. It can be used in conjunction with preferred communication methods (e.g., speech, signing, low and high tech AAC) as part of a total communication approach.

A “Talking Mat” is a visual framework which uses pictures to help individuals to express their own views and feelings and can support decision making.

It can be implemented physically or there is a digital version.

Talking mats can be used to support individuals with a range of communication needs, from the early years into adulthood.

To use this approach effectively, it is recommended that individuals have a symbolic understanding of symbols, understanding of language at a 3 key word level, and a reliable method of confirmation. The Speech and Language Therapist will assess these areas.



How to guide:

- Select a topic you wish to explore which is relevant to the individual. Be clear what you are trying to find out.
- Set up the “Talking Mat”. You will need a mat and to gather symbols and be clear about the topic.
- You will also need to consider the “visual scale”. The Speech and Language Therapist can support this.
- Present the options one at a time using open questions e.g. What do you feel about...?
- Pause and allow the individual to respond.
- Hand over the symbol for the person to place on the mat if they have the physical skills.

- Keep your response neutral, reflect back eg: “ So you're telling me you don't like maths ‘
- Once complete go over each choice verbally while pointing at each symbol in turn. Begin at the negative end of the mat and work towards the positive end.
- Use blanks to see if there are any issues the person may wish to include. Draw and write these on the blank cards.
- Depending on your role and the purpose of the mat, agree an action plan.
- Take a photograph of the completed mat and agree where it is shared.

Tips:

- Use a “training topic” to familiarise the individual with the concept of the mat
- Do not jump to conclusions. Use “sub mats” for further investigation to find out what it is that the individual doesn't like e.g. If an individual does not like travelling it may be a particular way of travelling/ the place/ the time of day.
- The most complex aspect of the mat is working out the wording for the top line. Attending the Talking Mats Foundation training would be helpful.

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Joan Murphy & Lois Cameron, *Talking Mats – A Resource To Enhance Communication*, 2005

<https://www.talkingmats.com>

Visual Timetables

What are they?

A visual timetable presents the abstract concept of time in a concrete form. The timetable communicates to the person when events/activities will take place and what will come next in a clear, stable, concrete, and uncluttered manner. This strategy assists predicting and planning.

Visual timetables can enhance understanding of the environment, help to organise information and ourselves.

- They stay in sight long after the spoken word has gone.
- Visual timetables can enhance understanding of the environment, help to organise information and us.
- Some people with autism and learning disabilities are visual learners. Visual timetables can therefore utilise their learning style.
- Visual timetables can therefore utilise their learning style.

Top tips

- Where it will be placed. For example, as a daily reminder, maybe on the bedroom wall or in a pocket or bag.
- Think about what the layout will look like
- The timetable may be arranged left to right or top to bottom.
- It may be a strip or a whole page.
- It may be a daily or weekly timetable.
- Individual timetables may look very different and be implemented very differently depending upon the person using it.
- Think about where the symbols or pictures will be stored if they are not in use.
- Always write the written word that the picture refers to underneath the picture on the timetable.
- Whatever is used, there is need for consistency and ease of duplication to limit any confusion.
- Use matt (not glossy) laminates where possible to aid visibility.
- Depending upon the skill level of the individual, the schedule may need to be presented in parts rather than the whole day at once.
- The timetable should be:
 - easy to create and use,
 - accessible to the individual
 - durable,
 - inexpensive,

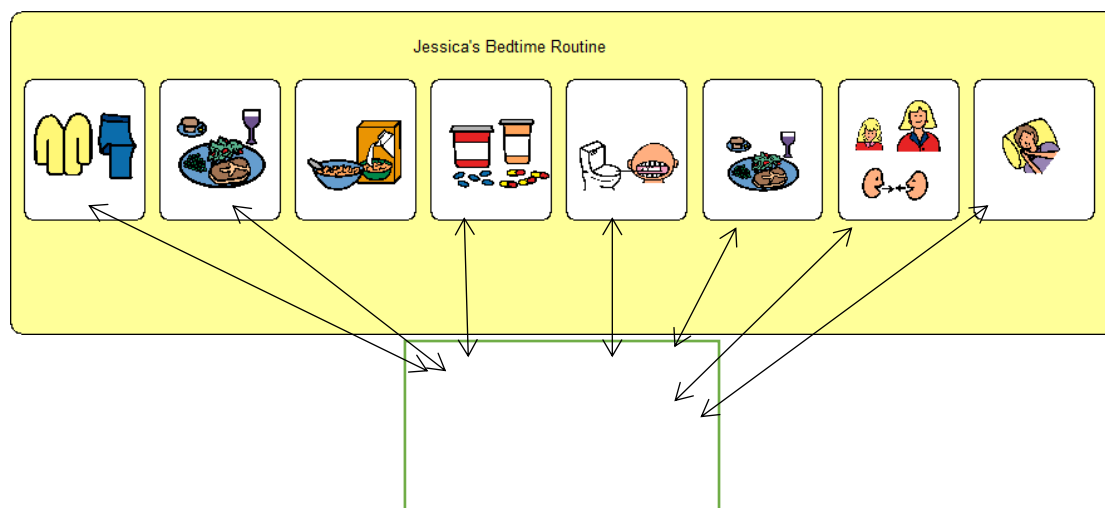
- flexible,
- visually clear (free of unnecessary details and decoration),
- appropriate to the age and skill level of the individual.

How to introduce visual timetables

Take time out and sit with your child/the person you support 1:1 to go through the visual timetable.

Place the visual timetable in front of you and go through each picture. Note: there is more than one picture enclosed for certain actions e.g., 'breakfast'- choose which image you feel the person will recognise the most.

Explain that first they need to put brush their teeth and then they need to get dressed..... and so, on according to strip.



Once completed remove each picture and put in envelope/ place 'done' tick underneath each picture

Point to each picture and tell the person once they have completed this they must take off the picture from the strip and place it in the envelope provided which can be attached to the bottom of the timetable or place a 'done' tick underneath the picture. Choose which method works best with your child.

This is to show them that the task has been completed and to remind them where they are up to.

Put the visual timetable in a visible place and somewhere where it is easily accessible by the child . E.g., the fridge, wall in bedroom or hallway.

Ensure you carry this out every day regularly. Initially many children do find it difficult but with regular input from parents will eventually benefit.

References/Resources/Guidance

[Visual Timetables Resource.I CAN.FINAL .pdf](#)
(councilfordisabledchildren.org.uk)

<https://youtu.be/-9UtEaEoAiU>

Appendix 1: Quality Standards (Language and Communication Friendly Environments)

Provider of Self Review:	Setting:
Completed by:	Date:

No 1.	Standard: Individual Service Users	Evidence
1.1	Each service users' needs are comprehensively assessed and detailed in an assessment report, which is reviewed.	
1.2	Each service user has a management sheet that identifies their optimum communication conditions.	
1.3	Each service user has a communication passport detailing how they express themselves, including appropriate strategies.	
1.4	Each service user has an appropriate copy of their daily or weekly activity timetable in the most appropriate medium for them.	
1.5	Each service user is involved in a person centred planning process, through the use of the most appropriate medium.	

No 2	Standard: Staff members	Evidence

2.1	All new staff are familiarised with the policy and guidelines as part of their induction.	
2.2	All staff have a working knowledge of the 'Principles of Effective Communication' and apply them. (Appendix 2)	
2.3	Every member of staff has a working knowledge of the core vocabulary of signs (Appendix 3)	
2.4	The setting has a sign of the week pack and displays and promotes the use of the current sign in context.	
2.5	The setting has a staff photograph and photograph supported timetable to show which staff are working, where and when.	
2.6	The setting has a symbol timetable to indicate the activity timetable for that day.	
2.7	The setting has photo/symbol menu boards indicating the day's choices	

No 3	Ongoing Support and Development	Evidence
3.1	The setting teaches and maintains communication systems and introduces new signs to service users systematically.	
3.2	The setting provides training for staff to use, maintain and update the communication systems employed by service users.	
3.3	The setting provides training for families and carers, in the communication systems used.	

3.4	The setting ensures users have timely access to quality materials to support the systems they use.	
3.5	All service users have access to the communication materials they need.	

Appendix 2: Principles of Effective Communication

Completed by:	For:	Date:
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1. Preparation	Comment
1.1 Knowledge of and commitment to Oldham's Total Communication Strategy.	
1.2 Knowledge of the individual's appropriate method of communication.	
1.3 Familiar with the individual's management sheet and communication passport.	
1.4 Establish a conducive, distraction free, quiet, and appropriately lit learning environment.	
1.5 Ensure individual needs i.e., hearing, vision, physical and learning needs are addressed.	
1.6 Ensure an appropriate secure comfortable seating/position for the individual.	
1.7 Ensure appropriate total communication resources are available at all times.	

1.8 Note and take account of the individual's understanding.	
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2. Facilitating understanding and expression	Comment
2.1 Appropriate distance and level of communicator to the individual.	
2.2 Alert the individual appropriately to gain their attention.	
2.3 Combine appropriate communication methods with speech.	
2.4 Be aware of and allow for the individuals' response time.	
2.5 Value, acknowledge and respond to all verbal/non-verbal communication.	

3. Adapting language	Comment
3.1 Monitoring use of abstract language.	
3.1.1 Time concepts such as days of the week, first, last, next etc...	
3.1.2 Position and direction such as in front, behind, beside, next to etc...	
3.2.3 Quantity such as some, few, many, full, empty etc...	
3.2 Be aware of potentially difficult parts of language.	
3.2.1 Negatives such as not, don't, can't, isn't, won't etc...	
3.2.2 Pronouns such as he, she, they, it etc...	
3.3 Avoid metaphors and idioms e.g., pull up your socks – say exactly what is meant.	

Appendix 3: Communication Passports

- Communication passports are designed to inform those with whom the service user/child comes into contact, about how they communicate and how they best understand communication.
- Passports should be completed by a group of people who know the individual well including key staff, family members and friends. The individual should be included in the process wherever possible.
- Passports ought to be reviewed regularly as part of ongoing planning and review processes.
- Passports vary from individual to individual.
- See the website <https://www.communicationpassports.org.uk/Home/> for templates

Example

A. Background Information <ul style="list-style-type: none">▪ My hearing▪ My eyesight▪ My mobility and health▪ My likes and dislikes▪ Food and drinks▪ People and places▪ Objects and activities	B. How I tell you my needs <ul style="list-style-type: none">▪ I need the toilet▪ I'm hungry▪ I'm thirsty▪ I'm in pain▪ I want to be on my own▪ I want to be with other people▪ How I make choices▪ How I tell you I want more
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	<ul style="list-style-type: none"> ▪ Other things you need to know about my communication
<p>C. How I show you my feelings</p> <ul style="list-style-type: none"> ▪ Happy ▪ Sad ▪ Angry ▪ Bored ▪ How I say yes ▪ How I say no 	<p>D. How you should communicate with me</p> <ul style="list-style-type: none"> ▪ How to greet me ▪ How to tell me you are going to move me ▪ How to offer me an activity ▪ How to tell me you are going to take me to the toilet ▪ How to tell me an activity has finished ▪ How to offer me more ▪ How to tell me I am going out ▪ How to tell me I am going home

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