AES COMMUNICATION POLICY

I. COMMUNICATION: A DEFINITION

"Communication is the act or process of using words, sounds, signs, or behaviours to express or exchange information or express your ideas, thoughts, feelings etc to someone else" (Merriam Webster dictionary).

II. COMMUNICATION DIFFERENCES IN AUTISM

"Autism is a lifelong, developmental disability that affects how a person communicates with and relates to other people, and how they experience the world around them" (National Autistic Society). Research shows a number of neurological difference that people with autism may experience. These impact on the person's ability to understand and communicate with others around them. Many autistic people do not develop spoken language. Estimates of the proportion of children who are minimally verbal vary from 25% to 35% (Trembath et al 2016).

Autism advocacy organisations (e.g. NAS, Therapist Neurodiversity Collective) recognise that autistic people have a need and a right to communicate in ways that are best suited to their preferences and abilities. The Royal College of Speech & Language Therapists (RCSLT) Inclusive Communication Statement (2016) asserts that 'all human beings use many ways of understanding and expressing themselves' and that 'we should encourage, support and enable people to use whatever ways of understanding and expressing themselves which they find easiest'. This applies equally to the neuro-typical as to the neuro-diverse population.

At AES, we recognise importance of considering internal and external factors that impact on communication in autism.

Communication difficulties arising from internal factors:

We recognise that autistic children have neurological differences which mean that their communication develops differently from their neuro-typical peers. These differences impact on their ability to understand non-verbal communication, spoken language, and the intentions of other people. We accommodate these differences through our inclusive communication approach, where we identify the individual child's communication strengths and needs, and support the child to develop their communication skills to the next level. We provide training in autism and communication with an aim to develop awareness, support strategies and acceptance to people working around the child (e.g. parents, teachers and other professionals).

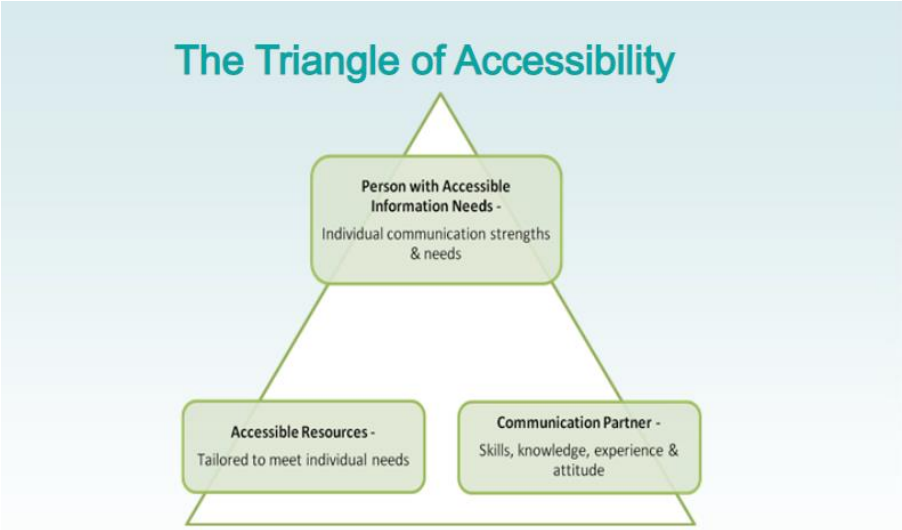
Communication difficulties arising from external factors:

We also recognise that the child's social and physical environment impacts on the communication of children with autism. Examples include how people interact with the child with autism (*social environment*); a noisy, crowded environment causing sensory and/or

information-processing overload (*physical environment).* We ensure that the child's environment (e.g. home and educational setting) is tailored to meet each of our children's communication needs. We promote interaction and communication strategies that encourage and develop our children's spontaneous, functional communication.

Inclusive Communication through the Triangle of Accessibility Model

In summary, as set out in the Triangle of Accessibility, described by Mander (2009) we recognise each child's individual communication strengths and needs; we identify and support their communication partner's skills, knowledge, experience and attitude; and we aim to provide accessible resources, tailored to meet individual needs. [1]



Mander, C. (2009) *The Triangle of Accessibility* In C. Jenkins (2009) Communication and Intellectual Disability. University of Portsmouth. Course Notes.

This model reflects the principles of Inclusive Communication set out by RCSLT, which is all about "reducing barriers to communication for everyone, everywhere".

III. COMMUNICATION SUPPORT AND DEVELOPMENT AT AES

At AES, we use a framework called SCERTS. This acronym stands for **S**ocial **C**ommunication, **E**motional **R**egulation, and **T**ransactional **S**upports. SCERTS looks at why and how a child is communicating. The model also addresses the child's emotional regulation, which impacts on the child's readiness and ability to cope with what is happening around them, and the supports that we can put in place to help the child's communication and emotional regulation. SCERTS outlines three stages in the development of communication in autistic children. The SCERTS framework demonstrates that these stages link with typical development, but recognises that autistic children often have 'spiky profiles', as a result of their neurological differences. The priority of the framework is that children are supported to develop spontaneous, functional communication for a range of intentions. It emphasizes the importance of acknowledging all modes of communication and accepting the ones that are effective for the child. These modes of communication are wide-ranging, and include non-verbal signals such as facial expression, body language, gestures, and signing. They also include spoken language, and communication aids such as communication books and boards, or software on an electronic device.
SCERTS includes a range of different, evidence based and researched approaches, drawn from fields relevant to intervention for autistic children. These fields include

[1] Triangle of Accessibility (Claire Mander 2009, referenced in RCSLT Position Paper 2016: Inclusive Communication and the Role of Speech & Language Therapy)

neurodevelopmental science, developmental psychology, mental health, special education, occupational therapy, and speech & language therapy. Further information about how research underpins SCERTS can be found on the SCERTS website: www.SCERTS.com.

A. SCERTS Social Partner Stage

Children at this stage are often pre-verbal. They may have a few words, but may not use them meaningfully. Neurological differences mean that these children do not know how to initiate interaction, or to respond if someone is initiating an interaction with them. They find it difficult to use appropriate forms of facial and gestural communication.

Priority Communication Goals
At AES, our priority for children who are at the Social Partner stage is to develop joint attention skills, where they learn to share their attention with another person. A further priority is to increase the child's spontaneous, functional communication, by developing the use of gestures, such as giving and pointing.

B. SCERTS Language Partner Stage

Children at this stage are starting to use words (whether through spoken language, signing, or symbol systems). They are learning how to interact with others. They often have a preference for objects, and need help to develop their understanding and use of names and action words, as these are fundamental to building language.

Priority Communication Goals
At AES, our priority for children who are at the Language Partner stage is to increase their spontaneous communication with others, and to develop the use of short sentences, for a range of communicative intentions.

C. SCERTS Conversational Partner Stage

Children at this stage are developing their ability to engage in two-way interactions and conversations. Due to the neurological differences associated with autism, they may find it difficult to understand the intentions of other people, and to predict their reactions. They may also find it difficult to understand the rules of conversation.

Priority Communication Goals
At AES, our priority for children who are at the Conversational Partner stage is to increase spontaneous conversation with peers, and use tools to promote effective conversations.

IV. SPEECH AND LANGUAGE DIFFICULTIES

Children who attend AES primarily have difficulties with interaction and social communication. Children develop their communication skills according to a broadly predictable timeline. This is also true of language and speech production. However, some children experience specific difficulties with understanding, expressive language, and speech sounds, and may require targeted Speech & Language Therapy support.
In providing intervention for these difficulties, the AES Speech & Language Therapy team will draw on evidence based practice, and relevant clinical experience. Outcomes and intervention would be agreed with the child's core team

V. MAINTAINING COMMUNICATION BEST PRACTICE AT AES

We ensure that we implement up-to-date, research supported standards in developing our children's communication skills, by accessing and contributing to a range of evidence-based and good practice resources, including:

- Resources accessed through membership of The Royal College of Speech & Language Therapists. This includes guidance, policy, research, and learning tools relating to assessment and intervention for people with communication, speech and language impairment/disability. Learning tools range from a comprehensive journal library, enabling access to current relevant research, and information regarding webinars and events and current relevant policy.
- Membership of The Communication Trust Consortium, managed by ICAN, the UK children's communication charity. This includes attending meetings to keep abreast of current national issues and developments in communication policy for children with communication support needs, and sharing good practice with members of The Communication Trust Consortium.
- Membership of the Buckinghamshire Special School Clinical Excellence Network.
- Links with Autism specific organisations and practices. Some examples are as follows: - SCERTS,
  - PACT (Paediatric Autism Communication Therapy),
  - ARC (the Autism Research Centre).

  These links enable us to be aware of upcoming training opportunities, and to access these where relevant. Two of our Speech & Language Therapists are trained PACT practitioners. Every member of our AES staff team will have attended SCERTS training delivered by the authors of SCERTS within 6 months of their appointment to AES, and will receive regular SCERTS 'refresher' sessions through in-service training.
- The AES Speech & Language Therapy team maintain professional knowledge and skills by providing clinical placements, and keeping abreast of current research.

VI. CONCLUSION

In summary, the communication policy at AES is to assess the child's communication stage according to the SCERTS framework. Through assessment, the child's communication preferences and support needs are identified; they are regularly reviewed, in consultation with the key people in the child's life. The child is supported to develop communication strategies that recognise and respect his preferences; for one child, this may be the use of picture exchange, or electronically aided communication, whereas for another child, this may be the use of gesture or spoken language. We recognise that children may experience fluctuating communication skills, due to internal (*within the child)* or external factors *(within the environment)*, and that we need to acknowledge and make available a range of supportive communication strategies. We recognise that each child has a unique communication profile, which reflects his/her stage of development, as well as other factors intrinsic to the child, such as how s/he processes information.

"Rigid academic and social expectations could wind up stifling a mind that, while it might struggle to conjugate a verb, could one day take us to distant stars." – Temple Grandin

REFERENCES AND RESOURCES

Autism Level UP! https://autismlevelup.com

Mander C. (2009) The Triangle of Accessibility, In: Jenkins C. Communication and Intellectual Disability. University of Portsmouth. Course Notes.

National Autistic Society (NAS): https://autism.org.uk

Royal College of Speech & Language Therapy (RCLST) Position Paper (2016): Inclusive Communication and the Role of Speech & Language Therapy.

Therapist Neurodiversity Collective: https://therapistndc.org

The SCERTS model: https://scerts.com

GLOSSARY OF TERMS

Communication: "The act or process of using words, sounds, signs, or behaviours to express or exchange information or express your ideas, thoughts, feelings etc to someone else" *(Merriam Webster dictionary).*
Communicative intentions can be understood as the *reasons* for which a person communicates. These include requesting, protesting, sharing information, making social contact. Functional communication refers to the act of communicating for functional purposes (e.g to make a request, etc).
Inclusive Communication: "The use of all means by which human beings understand the world and express themselves" *(RCSLT Position Paper: Inclusive Communication and the Role of Speech & Language Therapy 2016, p. 16)*
Joint Attention: Joint attention occurs when two people share attention on an object or event. Sharing happens when one person directs the other person's attention by sharing eye contact, looking towards the object or event, and giving eye contact to the other person again. Eye contact may be accompanied by a gesture (such as pointing) and or verbalisation or non-verbal signalling. Shared attention refers to the process of focussing attention on an activity which is shared with another person/other people.
Language: "A system of conventional spoken, manual, or written symbols by means of which human beings, as members of a social group and participants in its culture, express themselves. The functions of language include communication, the expression of identity, play, imaginative expression, and emotional release" (*Encyclopedia Brittanica, RH Robins, D Crystal*).
Speech: the production of sounds and words, using the vocal tract.
Spiky Profile: This term is used to recognise that a child with autism does not develop skills along the same developmental pathway as neurotypical peers. Therefore, the child may excel in certain areas, while exhibiting difficulties in other areas mastered by neurotypical children in his/her age group.

Review Date:	**July 2021**
Next Review Due:	**July 2023**